

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

Members
Kitty Jung, Chair
Oscar Delgado
Kristopher Dahir
Dr. George Hess
David Silverman
Dr. John Novak
Michael D. Brown

**Thursday, December 15, 2016
1:00 p.m.**

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

PUBLIC HEARING ITEM SCHEDULED ON THIS AGENDA

(Complete item description on second page.)

- **Proposed Amendments to the Regulations of the Washoe County District Board of Health Regulations Governing Air Quality Management**

Items for Possible Action. All items numbered or lettered below are hereby designated for possible action as if the words “for possible action” were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

1:00 p.m.

1. *Roll Call and Determination of Quorum

2. *Pledge of Allegiance

3. *Public Comment

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

4. Approval of Agenda

December 15, 2016

5. *Recognitions

A. New Appointment

- i. Sparks Councilman Kristopher Dahir, DBOH Board Member. Appointed 11/28/2016

B. Reclass/Promotion

- i. Lei Chen from Sr. Epidemiologist to Epidemiology Program Manager retroactive to 9/15/16
- ii. Christina Conti Rodriguez, title changed from EMS Program Manager to Preparedness and EMS Program Manager - EPHP

iii. Carmen Mendoza, Office Assistant II to Office Assistant III – EPHP

C. Transfers

- i. Dawn Spinola, 11/15/16, Administrative Secretary – EPHP from ODHO
- ii. Tim (Cuauhtemoc) Buitron Office Assistant II reassigned from WIC to Central Clinic - CCHS

D. New Hires

- i. Kerry Chalkley, 10/31/2016, Epidemiologist – EPHP
- ii. Falisa Hilliard, 11/14/16, Office Support Specialist – ODHO
- iii. Laura Rogers, 11/14/16, Administrative Secretary - ODHO
- iv. Christina Sheppard, 11/28/16, Advance Practice Registered Nurse – CCHS
- v. Samantha Beebe, 11/28/16, Public Health Nurse – CCHS
- vi. Jackie Lawson, 11/28/16, Office Support Specialist – EPHP

E. Achievements

- i. Charlene Albee – Elected to the Board of National Association of Clean Air Agencies (NACAA) – AQM
- ii. Suzanne Dugger – Completion of Excellence in Public Service Certificate – AQM
- iii. Laurie Griffey – Completion of Essentials of SAP for HR Reps Certificate - AHS

6. Proclamations

Radon Action Month Proclamation

7. Consent Items

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

A. Approval of Draft Minutes

October 27, 2016

B. Budget Amendments/Interlocal Agreements

- i. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2016 through July 31, 2017 in the total amount of \$296,295 in support of the Epidemiology and Laboratory Capacity (ELC) Grant Program; and if approved authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Patsy Buxton
- ii. Approve the modification of the Community and Clinical Health Services laboratory fee schedule to add semen analysis for \$105.82.
Staff Representative: Nancy Kerns-Cummins
- iii. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to October 1, 2016 through September 30, 2017 in the total amount of \$1,062,144 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; approve the abolishment of one vacant permanent full-time Office Assistant II position (PC# 70002141); and authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Nancy Kerns-Cummins

- iv. Approve Subgrant Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2016 through March 31, 2017 in the total amount of \$78,201.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program IO# 10028, IO# 10029 and IO# 11319 and authorize the District Health Officer to execute the Subgrant Amendment.
Staff Representative: Nancy Kerns-Cummins
 - v. Approval of Award from the National Association of County and City Health Officials (NACCHO) for the period upon approval through August 31, 2017 in the total amount of \$7,595.75 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards Mentorship Program, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.
Staff Representative: Patsy Buxton
- C. Acknowledge receipt of the Health Fund Financial Review for October and November, Fiscal Year 2017
Staff Representative: Anna Heenan
- 8. PUBLIC HEARING Presentation, discussion and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD)**
Staff Representative: Charlene Albee
 - 9. *Update on the Hillside Cemetery disinterment permit**
Staff Representative: Bob Sack
 - 10. Review, discussion and possible approval of the Business Impact Statements regarding Proposed Revision of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program with a finding that the revised regulations do not impose a direct or 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 January 26, 2017 at 1:00 pm.**
Staff Representatives: Jim English and Wes Rubio
 - 11. Review, discussion and possible approval of Business Impact Statements regarding Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration, with a finding that the revised regulations do not impose a direct or 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, and possible adoption of proposed fees for January 26, 2017 at 1:00 pm.**
Staff Representatives: Jim English and Wes Rubio
 - 12. Regional Emergency Medical Services Authority**
Presented by Don Vonarx and Kevin Romero
 - A. Review and Acceptance of the REMSA Operations Report for October 2016
 - B. *Update of REMSA's Public Relations Activities during October 2016

- 13. Presentation, discussion and possible acceptance of the 2016 Solid Waste Management Plan for Washoe County as drafted, and direction to staff to submit the plan to the Nevada Division of Environmental Protection for final approval as required in NRS 444.510 and if the plan is approved with no edits, to enact the plan and objectives.**
Staff Representative: Jim English
- 14. 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 (Item tabled during original meeting date of October 27, 2016).**
Staff Representative: Chair Kitty Jung
- 15. 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 (Item tabled during original meeting date of October 27, 2016).**
Staff Representative: Chair Kitty Jung
- 16. Possible Approval of 2017 Washoe County District Board of Health Meeting Calendar**
Staff Representative: Kevin Dick.
- 17. Election of District Board of Health Chair for 2017-2018**
- 18. Election of District Board of Health Vice Chair for 2017-2018**
- 19. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$550, to attend the 2017 NALBOH Interim Board Meeting in St. Louis MO in early 2017.**
Staff Representative: Kevin Dick.
- 20. *Staff Reports and Program Updates – November and December**
 - A. Air Quality Management, Charlene Albee, Director
Program Update, Divisional Update, Program Reports
 - B. Community and Clinical Health Services, Steve Kutz, Director
Divisional Update – Data & Metrics; Program Reports
Program Update – World AIDS Day; Divisional Update – Data & Metrics; Program Reports
 - C. Environmental Health Services, Bob Sack, Director
EHS Division and Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review
 - D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director
Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services
 - E. Office of the District Health Officer, Kevin Dick, District Health Officer
Staffing, Regional License/Permit Program, Panther Drive, NALHO, Quality Improvement, Truckee Meadows Healthy Communities (TMHC), Community Health Improvement Plan, Accreditation, Washoe County District Board of Health Scholarship, 2017 Legislative Session, Other Events and Activities and Health District Media Contacts

21. *Board Comment

Limited to announcements or issues for future agendas.

22. *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.

23. Adjournment

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

Special Accommodations. The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

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

Response to Public Comment. The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – Limited to Announcement or Issues for future Agendas.”

Posting of Agenda; Location of Website.

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

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

Reno City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Washoe County Health District Website www.washoecounty.us/health

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

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

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

Proclamation

RADON ACTION MONTH

January 2017

WHEREAS, for the safety and health of our community, Washoe County residents need to know that radon is a colorless, odorless, naturally occurring radioactive gas that is the leading cause of lung cancer among nonsmokers; the second leading cause of lung cancer in smokers; and,

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

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

WHEREAS, living in a home with an average radon level of 4 picocuries per liter of air poses a similar risk of developing lung cancer as smoking half a pack of cigarettes a day; and,

WHEREAS, easy and inexpensive testing can identify radon problems, and when identified, homes can be fixed; and,

WHEREAS, University of Nevada Cooperative Extension, the Nevada Division of Public and Behavioral Health, and the U.S. Environmental Protection Agency support efforts to encourage all Washoe County residents to test their homes for radon, mitigate elevated levels of radon, and have new homes built with radon-reducing materials and features.

NOW THEREFORE, BE IT RESOLVED, that the Washoe County District Board of Health does hereby proclaim January 2017, as

**RADON ACTION MONTH
In Washoe County, Nevada**

Washoe County District Board of Health Meeting Minutes

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

1. *Roll Call and Determination of Quorum

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

The following members and staff were present:

Members present: Mike Brown, Acting Chair
Dr. George Hess
Dr. John Novak
David Silverman

Members absent: Kitty Jung
Oscar Delgado

Ms. Spinola verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Anna Heenan, Administrative Health Services Officer
Steve Kutz, Director, CCHS
Dan Inouye, Acting Director, AQM
Bob Sack, Director, EHS
Randall Todd, Director, EPHP
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

2. *Pledge of Allegiance

Julia Ratti led the pledge to the flag.

3. *Public Comment

John Muran provided an overview of documentation submitted to the Board (Attachment A), which he opined demonstrated that his family members owned their burial plots within Hillside Cemetery as real property.

4. Approval of Agenda

October 27, 2016

Acting Chair Brown stated Items 12 and 13 would be tabled and heard at the November meeting, stating he felt it would be more appropriate to address the items when Chair Jung was present.

Dr. Novak moved to table Items 12 and 13 until November, when Chair Jung was present. Mr. Silverman seconded the motion

Deputy District Attorney (DDA) Admirand asked that the motion be amended to include approval of the rest of the agenda. Dr. Novak and Mr. Silverman both agreed to the amendment.

The motion passed four in favor and none against.

5. *Recognitions

A. Departures

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

The Board members and Mr. Dick expressed their appreciation of Ms. Ratti's participation and guidance during her tenure on the District Board of Health. Ms. Ratti thanked the Board and staff for their efforts over the years.

B. Years of Service

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

Ms. Tokarz was not in attendance.

C. Retirements

- i. Dale Brice, Storekeeper, 21 years, hired 12/6/1994, retired 10/8/16 – CCHS

Mr. Brice was not in attendance.

- ii. Jeanne Harris, Administrative Secretary, 14 years, hired 10/8/02, retiring 11/14/16 – EPHP

Ms. Harris 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. 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

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

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

Mr. Inouye presented the staff report and offered to answer any questions.

Mr. Dick explained the item was a formality to update the Washoe County regulations so that they more closely matched those of the Environmental Protection Agency (EPA). He opined it would be appropriate to allow for any public comment and noted that workshops had been held to accept public input on the proposed changes.

Mr. Inouye further explained the EPA had made changes at the Federal level, so the changes at the local level made them consistent.

No public comment was provided.

Dr. Hess moved to adopt of the Business Impact Statements and to set a public hearing for possible adoption of the proposed revisions to the Regulations for November 17, 2016 at 1:00 pm. Mr. Silverman seconded the motion which was approved four in favor and none against.

8. Regional Emergency Medical Services Authority

Presented by Dean Dow and Kevin Romero

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

Mr. Dow offered to answer any questions about the Compliance Report

Dr. Novak commended Mr. Dow on the fact that run times had significantly shortened over the last three months. Mr. Dow credited staff and additional resources.

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

Mr. Dow asked Reno Fire Emergency Medical Services (EMS) Chief Dennis Nolan to join him in announcing that REMSA and the City of Reno had reached a mutual aid agreement that has been approved by the Reno City Council. Chief Nolan noted the agreement had been relatively easily achieved as both organizations realized it was in the best interest of the citizens.

***B. Operations Update for September 2016**

Mr. Romero explained REMSA had provided services for many events, including Burning Man, the Rib Cookoff, Reno Air Races, and Street Vibrations. These events were addressed in such a manner as to assure that the normal 911 system would not be affected.

Mr. Romero noted REMSA had donated two Automated External Defibrillators (AEDs) to the Washoe County Sheriff's Hasty Team for search and rescue calls and trainings. The Center for Radiological and Nuclear Training had visited REMSA's education center to discuss a partnership for Homeland Security training. Additionally, REMSA worked with the Secret Service to plan Presidential and Vice Presidential candidate visits.

Mr. Romero explained an Incident Action Plan that had been developed and the pre-planning paid off when three large events converged in Reno. Medical carts were used to rendezvous with ambulances outside the crowded areas.

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

Staff Representative: Christina Conti

Ms. Conti explained the Annual Report for FY15-16 was redesigned to provide education to the community regarding the system and its achievements. It contained less data, and that data would instead be contained within the quarterly reports.

Ms. Conti announced that Washoe County is now a HeartSafe Community. She invited Karen Meskimen of Nevada Project Heartbeat and Acting Chair Brown to join her to share more information about the project. Ms. Conti went on to explain the designation is given to a community that has demonstrated the ability to quickly deal with cardiac emergencies and that the citizens are educated as to how to avoid them.

Ms. Conti reviewed a PowerPoint presentation (Attachment B) and distributed copies of the HeartSafe application packet (Attachment C) to the Board so that they may better understand the planning and preparation that has been completed. She recognized the Regional Committee members in the audience that had participated in the 10-month process. Partnering agencies included the following: Washoe County Health District, Renown Regional Medical Center, Saint Mary's Regional Medical Center, Nevada Project Heartbeat, RTAA Fire Department, REMSA, Reno Fire Department, Reno Police Department, Sparks Fire Department, and Truckee Meadows Fire Protection District.

Ms. Meskimen presented a certificate of participation to Mr. Dick and thanked the District Board of Health for their support. She noted that heart disease is still the Number 1 killer nationwide and in Washoe County. It was important that the community be prepared, be able to recognize cardiac events and know what to do. She noted that recognition and action substantially increases the survival percentages of cardiac events outside of a hospital. She opined what has been accomplished and the fact it included so many different agencies was significant.

Acting Chair Brown stated Washoe County was one of approximately six entities in Nevada to receive the designation, one of which was Incline Village. He reiterated that everyone in the room should be applauded as it was an effort by all agencies and many professionals in the healthcare profession. He opined it was important to recognize it as it was such a benefit to the community.

Acting Chair Brown noted signage will be posted and plaques will be presented to the participating Councils and Commissions. The goal is to let citizens and visitors know that the community is Heart Safe. He reiterated the beneficial aspects of the designation and requested a round of applause for the participants.

Acting Chair Brown explained that one of the future steps included development and presentation of certificates for those who are credited with assisting in a cardiac arrest situation. He thanked Ms. Meskimen for her participation and assistance with the process.

Health Officer Dick thanked Mr. Brown for bringing the idea forward and also the partners for the achievement. He suggested the meeting be paused while a picture was taken with all participants that were in the audience.

Acting Chair Brown noted there were stickers available to all of the agencies to be affixed to the emergency equipment.

Dr. Novak noted the staff report referenced a status report of the Computer-Aided Dispatch (CAD) system and asked for an update. Ms. Conti stated she could provide that update and invited Chief Nolan to add any comments. She explained the City of Reno had entered into a contract with Tiburon for the CAD-to-CAD interface which has been accepted by their City Council. The planning phase was being handled by the City of Reno's Information Technology department. Ms. Conti stated Reno staff will be providing updates to the Emergency Medical Services Advisory Board (EMSAB) on a quarterly basis and offered to bring those to the District Board of Health (DBOH). Dr. Novak stated he would like to receive those.

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

Ms. Conti reviewed a PowerPoint presentation (Attachment D) which provided an overview of the steps taken to create the plan and the more important components of the plan itself. EMSAB had accepted it and recommended staff bring it to the DBOH for approval. She explained the plan would be reviewed every two years and updated as necessary to encompass the next five years, and submitted for approval.

Acting Chair Brown asked if all involved agencies had been offered the opportunity to review and comment on the document. Ms. Conti explained the representatives at the meeting were invited to discuss it with their agencies. Additionally, she sent out minutes from each meeting detailing what had been done, as well as sending out the most updated

copy of the plan. The updates that were presented to the EMSAB on a quarterly basis included the most recent version of the plan in the Board packet in its current, complete form, offering agencies another opportunity to review it and provide input. The final version had been included in the most recent EMSAB packet.

Dr. Novak noted the use of the word “regional” throughout the document. He asked if that referred to the geographical area or if it were meant to infer regionalization. Ms. Conti clarified it was geographical. She noted the geographical area is Washoe County, but the Interlocal Agreement (ILA) does not include all EMS providers. The Health District does not have formal oversight over all entities, so entities that are not signatories on the ILA are invited to participate in any EMS projects.

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

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

Mr. Dick reviewed a PowerPoint presentation (Attachment E) that explained the Action Plan that was being proposed to achieve the goals and objectives previously approved as the Strategic Plan (SP) by the DBOH. He explained progress on all of the targets in the (SP) could be tracked utilizing a specialized software application and he provided some examples of the types of reports the software can generate.

Mr. Dick explained an annual review would be scheduled starting in the fall of 2017, for the Board to revisit the plan to be sure it is still guiding progress in the intended direction.

Mr. Dick drew the Board member’s attention to Attachment B of his staff report, explaining that staff had realized that for quite a number of outcomes it was not realistic for the Health District to launch new initiatives considering current resources. It was proposed that the outcomes listed in Attachment B continue to be monitored, but not paired with specific initiatives for action. Additionally, the wording had been altered for some of the outcomes to more clearly identify targets and create better measurements.

Mr. Dick stated that if the Board accepted the report with the changes, he would take that as their approval to incorporate those changes and move forward with the SP. Chair Jung had been advised of the changes and had indicated her support.

Dr. Hess expressed concern that removal of outcomes would equate to removal of services. Mr. Dick explained the services not included in the SP would still be provided and monitored, and would be part of the Community Health Needs Assessment and Chronic Disease report card. The items not listed just would not be tracked as a specific measurement or be part of a new program.

Mr. Kutz explained the focus for the SP was on new initiatives. He stated the current services would continue to be monitored and provided examples of program duties that are conducted daily.

Dr. Hess reiterated the outcomes should not be removed from the plan. Mr. Dick explained the reason they were being proposed to be removed was that the Health District is involved in many activities on a daily basis that have entire programs devoted to that them

are not addressed in the SP. The focus was on the new things that the Health District wanted to do and focus resources on.

Mr. Dick went on to explain that activities not mentioned would not cease to occur. He reiterated the SP was developed to guide new activities that would help the Health District achieve identified future goals.

Acting Chair Brown acknowledged Dr. Hess's point, stating it did sound like the services would no longer be offered. He opined things would stay as they are, and if the list of proposed deletions had not been submitted for review, no one would have noticed a difference in what the Health District offers to the public.

Dr. Hess opined the changes should be rejected and a statement included indicating all programs will be retained at their current level.

Mr. Kutz expressed his concern regarding adding that statement as it was dependent upon availability of resources in relation to scope of work. He stated monitoring, prevention and control of communicable disease was a cornerstone of public health. He reiterated that the activity was not considered a new initiative, and that had been the direction provided regarding the development of the SP.

Dr. Hess asked why the objectives would be removed. Mr. Kutz explained the programs would not be removed, and the plan does not change the direction of his division.

Mr. Dick suggested the outcomes be monitored within the SP but not included as part of the Action Plan with specific initiatives. Dr. Hess stated that would be better but not preferable, as the pursuit of new initiatives may pull resources from existing programs.

Dr. Novak stated some words were just being removed from the SP to clean up redundancies in the document. Nothing that is currently occurring will be stopped or changed, and it does not alter the objectives of the Health District.

Dr. Hess reiterated his idea that the plan could contain some indication current programs would be maintained at their current levels. Dr. Novak stated the SP was developed to guide future actions. Dr. Hess replied that in the future the Health District would continue to offer the services currently offered so they should be included. Dr. Novak explained the division would continue pursuit of their objectives within the limits of resources and needs. He reiterated the SP guided future direction. He went on to acknowledge that changes must be made on a regular basis, but the plan guided where the Health District would like to be in the future. It did not reduce the emphasis on public health.

Dr. Todd pointed out that some of the items that appeared to be de-emphasized are activities the Health District is legally mandated to do. He stated he had originally had some of the same concerns as Dr. Hess, but it became clear to him that the SP is focused on new initiatives, without saying that any of the ongoing initiatives will no longer be pursued. Dr. Todd went on to explain the divisions would continue to conduct the activities mandated by law, as well as enhancing them where possible.

Dr. Hess again reiterated his opinion that a statement should be added regarding the fact that current programs would be continued, because of the current programs potentially being cut due to the revenues being shifted to the new initiatives.

Dr. Novak moved to direct staff to continue the implementation of the 2016–2018 Strategic Plan as presented.

Dr. Hess stated he would like to amend the motion to exclude Attachment B. Dr. Novak declined to accept the amendment.

DDA Admirand advised Acting Chair Brown that a second was necessary for the original motion.

Acting Chair Brown seconded the motion.

Dr. Hess moved to exclude Attachment B. DDA Admirand advised there was a motion on the floor. Dr. Hess restated he was making a motion to amend the motion.

Acting Chair Brown noted there was a motion and a second and called for discussion on the motion. He called for a vote on Dr. Novak's motion.

The motion passed three in favor and Dr. Hess opposed.

- 12. (Tabled until November 17, 2016) 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. (Tabled until November 17, 2016) 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

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

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

Mr. Kutz reminded the Board that flu shots were available for them immediately following the meeting. He referred to a note of gratitude for the WIC program that had been included in the Board packet, stating he was proud of the impact that WIC and other clinical programs had on the health of community members.

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

Mr. Sack informed the Board the updated Solid Waste Management plan would be on the November agenda.

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

Dr. Todd noted that in addition to some gastrointestinal illnesses in child care facilities, there was a new outbreak of what is probably Norovirus in one of the middle schools. He stated it would be interesting to see if some of the new initiatives developed last year in

conjunction with the Washoe County School District would shorten the duration of any outbreaks.

Dr. Todd reported that as of Flu Week 42, which ended October 22, there had been 22 cases of Influenza A. Five were hospitalized and two had fatal outcomes. He stated it was unusual to see deaths happening so early in the season but it can happen anytime.

Dr. Novak asked how the number of cases compared to this time last year. Dr. Lei Chen joined Dr. Todd at the podium and stated the activity was similar but the severity was higher in terms of hospitalization and death rates.

Dr. Novak asked if the Health District was well-positioned to provide the correct vaccines for the type of flu that was occurring. Dr. Todd noted the strains that affected the deceased individuals had been in the vaccine mix, but neither of the individuals had been vaccinated.

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

Mr. Dick stated go-live for the Regional License/Permit Program was Monday, October 31. The data from the old system would be converted over the long holiday weekend. He noted the process was regional and has been challenging. Contingency plans are in place in case of problems with the go-live. He acknowledged how hard staff has worked on the project, while still addressing their other responsibilities.

Mr. Dick reminded the Board that raw sewage from the septic systems was contaminating ditches in Panther Valley. Staff met with residents on October 20 to explain how they would be connected to the community sewer system. The Community Services Department has designed a sewer system and has worked with the State to find funding for the project. The only cost to the homeowners will be their quarterly sewer bills.

Mr. Dick reported that the Health District played a minor role in the Little Valley fire, providing food and water safety guidance for residents returning to their homes after being evacuated. He congratulated the Fire agencies for their excellent work. Staff attended a community meeting with affected residents to help them understand demolition and reconstruction requirements.

15. *Board Comment

Acting Chair Brown reiterated Items 12 and 13 would be heard on the next agenda.

Dr. Hess asked what the status was on the Hillside Cemetery situation, and if it would be coming back to the Board as an agenda item. DDA Admirand stated it could. She explained she had anticipated having an answer for them prior to the October meeting, but had recently received more information that required further research. Dr. Hess asked if DDA Admirand had received a copy of the documentation submitted by Mr. Muran (Attachment A). She stated she had, and that was also information that was new to her.

Acting Chair Brown suggested it be agendaized for November. Dr. Novak stated he agreed with Dr. Hess that it should be an agenda item.

16. *Public Comment

Barrie Lynn stated there were a number of family members and public that were waiting for answers regarding the health permit for Hillside Cemetery. She opined there were a number of issues with the permit. She stated she would appreciate it if it were agendaized.

Francis Tryon, President of the Hillside Cemetery Preservation Foundation, stated she was working with many entities to get the problem resolved and save Reno's oldest cemetery. She thanked Dr. Hess for bringing it up and supported bringing it back as an agenda item. Family members wanted to know if the permit gave Sierra Memorial Gardens permission to go on to their property and move their loved ones without their permission. Ms. Tryon stated the family owns the properties. She also noted concerns expressed by citizens regarding potential community health dangers.

17. Adjournment

Acting Chair Brown adjourned the meeting at 2:30 p.m.

Respectfully submitted,



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



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2016.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

WASHOE COUNTY HEALTH DISTRICT
ENVIRONMENTAL HEALTH SERVICES DIVISION
1001 East Ninth Street • PO Box 11130 • Reno, Nevada 89520
Telephone (775) 328-2434 • Fax (775) 328-6176

Permit for Disinterment of Human Remains

No. HD140001

Sierra Memorial Gardens 142 Bell St. Reno, NV 89509	Date Issued: 08/13/2015
	Expiration Date: 08/12/2016

Facility Location: Hillside Cemetery, Reno Nevada APN Numbers 007-340-74, 0007-350-16 & 0007-330-59

Permit Conditions. *(The conditions listed on this Permit supersede all previous Permit conditions.)*

- A: The permit holder must conduct the disinterment and reinternment according to the attached scope of work.
- B: All operations will occur within the attached described parcels – labeled subject and receiving parcels.
- C: Washoe County Health District staff will conduct inspections of permit site operations.
- D: This permit is renewable upon request and review.
- E: Permittee must notify Washoe County Health District a minimum of 24 hours prior to start of site work.
- F: **This permit is not transferable.**
- G: **This permit may be suspended or revoked for failure to comply with any of the conditions specified.**


Kevin Dick, District Health Officer

7/29/15
Date

Washoe County Health District	Permit Valid for One Year
-------------------------------	---------------------------

QUITCLAIM DEED

THIS INDENTURE made and executed this 16th day of April, 1996, by and between the Board of Regents of the University and Community College System of Nevada, formerly known as the Board of Regents, University of Nevada System, hereinafter referred to as Grantors, and Sierra Memorial Estate Plans, Inc., hereinafter referred to as Grantee.

WITNESSETH:

That the Grantors, for and in consideration of the sum of ten dollars (\$10.00), lawful money of the United States of America, to them in hand paid by the Grantee, receipt of which is hereby acknowledged, and other valuable consideration, do by these presents remise, release and forever quitclaim unto the Grantee, its successors and assigns forever, all of Grantors' right, title and interest in and to that certain lot, piece or parcel of land situate, lying and being in the City of Reno, County of Washoe, State of Nevada, more particularly described as follows:

All the land and grave lots that are not platted out and all lots or tracts or pieces or parcels of land that is not platted out and any and all streets and alleys and courts now inside the enclosure in "Hillside Cemetery" in the City of Reno, County of Washoe, State of Nevada, according to the official survey and map thereof. Said map is filed for record in the recorder of deeds office in said Washoe County. Said cemetery lying and being in the W. 1/2 of the S.E. 1/4 of the S.W. 1/4 of Section No. Two Township No. 19 North of Range No. 19 E, M.D. B. & M. Washoe County, Nevada. Saving and excepting all grave lots sold by said Wiltshire Saunders prior to the date hereof out of and from said cemetery as follows, to-wit: Lots Nos. 13 to 30 inclusive, 55 to 72 inclusive, 92 to 114 inclusive, 139 to 156 inclusive, 181 to 198 inclusive, the same being known and called "Knights of Pythias" Cemetery of Reno, Nevada and Lot Nos. 330 to 347 inclusive, the same being known and called the Grand Army of the Republic Cemetery of Reno, Nevada. And also saving and excepting any and all grave lots or parts thereof sold by said Wiltshire Saunders to different individuals for burial purposes prior to the date hereof.

Together with any reversionary interest in any such property previously sold.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging, unto the Grantee and its successors and assigns forever.

BK 4548PG0864

IN WITNESS WHEREOF, the Grantors have executed this quitclaim deed the day and year first hereinabove written.



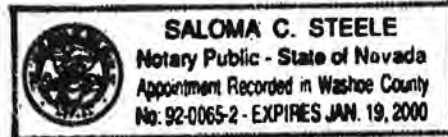
RICHARD E. JARVIS, CHANCELLOR
University and Community
College System of Nevada

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

On this 10th day of April, 1996, personally appeared before me, a notary public, RICHARD E. JARVIS, who acknowledged that he executed the above instrument.



Notary Public



BK4548PG0865

EXHIBIT "A"

That certain property situated in the City of Reno, County of Washoe, Nevada, described as follows:

All the land and grave lots that are not platted out and all lots or tracts or prices or parcels of land that is not platted out and any and all streets and alleys and courts now inside the enclosure in "Hillside Cemetery" in the City of Reno, County of Washoe, State of Nevada, according to the official survey and map thereof. Said map is filed for record in the recorder of deeds office in said Washoe County. Said cemetery lying and being in the W. 1/2 of the S.E. 1/4 of the S.W. 1/4 of Section No. Two Township No. 19 North of Range No. 19 E. M.D.B. & M. Washoe County, Nevada. Saving and excepting all grave lots sold by said Wiltshire Saunders prior to the date hereof out of and from said cemetery as follows, to-wit: Lots Nos. 13 to 30 inclusive, 55 to 72 inclusive, 92 to 114 inclusive, 139 to 156 inclusive, 181 to 198 inclusive, the same being known and called "Knights of Pythias" Cemetery of Reno, Nevada and Lot Nos. 330 to 347 inclusive, the same being known and called the Grand Army of the Republic Cemetery of Reno, Nevada. And also saving and excepting any and all grave lots or parts thereof sold by said Wiltshire Saunders to different individuals for burial purposes prior to the date hereof.

Together with any reversionary interest in any such property previously sold.

- A.P. #s: 007-330-01
- 007-330-59
- 007-340-74
- 007-350-16
- 007-151-37

MAIL TO: SIERRA MEMORIAL ESTATE PLAN, INC.
142 BELL ST.
RENO, NV 89504

BK 4548PG0866

1986287

OFFICE OF RECORDS
WASHOE COUNTY, NEVADA
RECORDED BY
U N R.
25 APR 17 AM 9:42

FEE 90

CA

90054

APN #'s 007-151-37,
007-330-01,
007-330-59
007-340-74
007-350-16

Recording Requested by:
Gustave J. Rossi, Esq.
Maupin, Cox & LeGoy
4785 Caughlin Parkway
Reno, NV 89519

When Recorded Mail to:
Sierra Memorial Gardens
142 Bell Street
Reno, Nevada 89519

Mail Tax Statement to:
Sierra Memorial Gardens
142 Bell Street
Reno, Nevada 89519

QUITCLAIM DEED

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:

(State specific law)

Christine Apuk
Signature

Notary
Title

Christine Apuk
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink. (Additional recording fee applies)

QUITCLAIM DEED

Sierra Memorial Estate Plans, a Nevada corporation, hereby quitclaims to Sierra Memorial Gardens, a Nevada corporation all of its right, title and interest in the real property situated in the City of Reno, County of Washoe, State of Nevada, the legal description of which is attached hereto as Exhibit A, and incorporated herein by reference.

This conveyance includes all water rights, tenements, hereditaments, and appurtenances of the real property and the rents, issues, and profits thereof.

Dated this 12th day of December, 2009.

Sierra Memorial Estate Plans,
a Nevada corporation



By: John H. Lawton, President

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

This Quitclaim Deed was acknowledged before me, Christine Houk, a Notary Public, on December 12 2009, by John H. Lawton, in his capacity as President of Sierra Memorial Estate Plans, a Nevada corporation.



Christine Houk
Notary Public

EXHIBIT "A"

APN #'s 007-151-37,
007-330-01,
007-330-59
007-340-74
007-350-16

All that certain real property situate in the City of Reno, County of Washoe, State of Nevada, described as follows:

All the land and grave lots that are not platted out and all lots or tracts or prices or parcels of land that is not platted out and any and all streets and alleys and courts now inside the enclosure in "Hillside Cemetery" in the City of Reno, County of Washoe, State of Nevada, according to the official survey and map thereof, Said map is filed for record in the recorder of deeds office in said Washoe County. Said Cemetery lying and being in the W. 1/2 of the S.E. 1/4 of the S.W. 1/4 of Section No. Two Township No. 19 North of Range No. 19 E. M.D.B.&M. Washoe County, Nevada. Saving and excepting all grave lots sold by said Wiltshire Saunders prior to the date hereof out of and from said cemetery as follows, to-wit:

Lot Nos. 13 to 30 inclusive, 55 to 72 inclusive, 92 to 114 inclusive, 139- to 156 inclusive, 181 to 198 inclusive, the same being known and called "Knights of Pythias" Cemetery of Reno, Nevada and Lots Nos. 330 to 347 inclusive, the same being known and called the Grand Army of the Republic Cemetery of Reno, Nevada. And also saving and excepting any and all grave lots or parts thereof sold by said Wiltshire Saunders to different individuals for burial purposes prior to the date hereof.

Together with any reverslony interest in any such property previously sold.

Gould APN 007-340-37

Hymers APN 007-350-18

Muran APN 007-340-45



Washoe County
HeartSafe Community
Designation

Nevada Project Heartbeat

- Nevada Project Heartbeat HeartSafe Community Designation
 - Strengthen local Chain of Survival
 - Increase survival rate for victims
 - Recognizes the collective efforts of a community to enhance and improve the pre-hospital system



Application Process: Nov '15 - Sep '16

- Created regional committee
- Monthly meetings
- **1450 heartbeats** required for designation
 - 911 system
 - On-going community awareness
 - CPR/AED training
 - First Responder qualifications
 - Healthcare processes



Committee Member Organizations

- Washoe County Health District
 - Staff and DBOH Board member
- Renown Regional Medical Center
- Saint Mary's Regional Medical Center
- Nevada Project Heartbeat
- RTAA Fire Department
- REMSA
- Reno Fire Department
- Reno Police Department
- Sparks Fire Department
- Truckee Meadows Fire Protection District





HeartSafe Community

Application Packet



DO YOU LIVE IN A *HeartSafe* COMMUNITY?



- If someone in your community suffers a sudden cardiac arrest tomorrow, how likely is he or she to survive due to rapid access to life-saving treatment?
- Most cities and towns in Nevada have enhanced 9-1-1. Are emergency operators in your local public safety dispatch able to provide instructions on how to handle an emergency before police, fire or EMS arrives?
- Most cardiac arrests occur outside a hospital. How many residents and public safety officials in your community can recognize the symptoms of cardiac arrest and know how to get help "on the way, right away?" Who knows CPR in your community and is prepared to administer it when necessary?
- Law enforcement officers are proven lifesavers when trained and equipped with automated external defibrillators. Does law enforcement in your community respond to medical emergencies? Are they trained in CPR/AED and equipped with automated external defibrillators?
- Are there medical emergency response plans in place for the schools and municipal buildings in your community? Are AEDs located in these buildings and where? Who has been trained to use the AEDs?
- Early treatment of heart attack improves outcomes. Does your EMS provider have 12-lead EKG capability and are they trained in Advanced Cardiac Life Support?

The answers to these questions could determine whether or not your community qualifies as a Nevada Project Heartbeat *HeartSafe* Community.

Nevada Project Heartbeat aims to help communities in Nevada improve their health and increase the chance that victims suffering from cardiovascular emergencies will have the best possible chance for survival.

Through the *HeartSafe* Community program, communities can implement programs to:

- Strengthen what the American Heart Association has called the "Chain of Survival"
- Improve heart health
- Improve chances of survival from Sudden Cardiac Arrest

Chain of Survival – Critical Steps to Take in the Event of Sudden Cardiac Arrest:

a) Early Access to Emergency Care

- Bystanders recognize the symptoms of cardiac arrest and call 9-1-1 immediately.
- EMS dispatchers are equipped with instructions for the caller and can get a Basic and Advanced Life Support response vehicles to the scene quickly.

b) Early CPR

- CPR, when properly administered, buys precious minutes until a defibrillator is available.
- Public knowledge and awareness must be increased so that those trained in CPR will actually perform CPR when it is needed.

c) Early Defibrillation

- Defibrillation is the delivery of electric shock to restore the heart's normal rhythm.
- Early defibrillation is considered to be the one of the most critical links in the Chain of Survival.
- Automated External Defibrillators (AEDs) are lightweight, sturdy, and easy to use and should be deployed so that a shock can be delivered with in 3 – 5 minutes.

d) Early Advanced Care

- An Advanced Life Support response vehicle staffed with qualified EMS professionals delivers advanced care in a timely manner.
- Additional therapies delivered by these personnel can be critical to the survival of cardiac patients.



HeartSafe Community



Designation

Letter of Intent

It is the intention of the city/town/community of _____ to obtain designation as a Nevada Project Heartbeat *HeartSafe* Community.

We have chosen _____ as the lead organization to oversee our *HeartSafe* effort, earning our first 100 heartbeats towards our *HeartSafe* Community designation.

The coordinator/contact for our *HeartSafe* Community program will be:

Name: _____

Address: _____

Contact Number: _____

E-Mail: _____

Our goal is an on-going *HeartSafe* Community campaign. We want to have the best possible chance for survival for anyone suffering a cardiovascular emergency. This will be possible by raising awareness of the signs and symptoms of a cardiovascular emergency (heart attack, stroke or sudden cardiac arrest); having residents activate the 9-1-1 system for cardiovascular related problems at least 90% of the time in lieu of going to the hospital by a privately owned vehicle; and having the elements of the Chain of Survival in place.

Please return to:

Nevada Project Heartbeat
963 Topsy Lane
Suite 306 - 230
Carson City, NV 89705



Nevada Project Heartbeat

Application Form for

HeartSafe Community

Designation

The Nevada Project Heartbeat and our partner agencies encourage and promote community awareness regarding heart health and the potential for saving the lives of persons with cardiac emergencies.

In order to increase this awareness, the Nevada Project Heartbeat has launched an initiative to designate Nevada cities, towns and communities as *HeartSafe* Communities.

A *HeartSafe* Community VIGOROUSLY supports:

- Strategies that improve the chances of favorable outcome for victims of acute event emergencies such as heart attack, stroke, and cardiac arrest.
- Promotion of heart health and early detection.

Designation as a *HeartSafe* Community is determined by gaining "heartbeats" (points). The number of heartbeats necessary for designation depends on a community's population.

To qualify as a *HeartSafe* Community, please complete all the information requested in this form and score your community by selecting the category below that agrees most closely with your community's population.

Return completed applications including: heartbeat total, a designation letter of intent, and a letter of explanation for any mandatory criteria your community cannot comply with, to the address below. Please include a check made payable to Nevada Project Heart Beat with a one time Fifty dollar (\$50.00) processing fee.

Name of City/Town/Community seeking designation:

Washoe County

City/Town/Community

1001 E. 9 th Street Reno	NV	89512
-------------------------------------	----	-------

Address

ZIP Code

Chief Elected/Appointed Official (or designee):

Kevin Dick	District Health Officer
------------	-------------------------

Name

Job Title

1001 E 9 th Street, Building B Reno, NV 89512	775-328-2416
--	--------------

Business Address

Business Phone

Christina Conti or Heather Kerwin	775-326-6042 775-326-6041	Cconti@washoecounty.us hkerwin@washoecounty.us
--------------------------------------	------------------------------	--

Contact Person Name/Title

Phone Number

E-mail Address

Lead Organization for Coordination of *HeartSafe* Designation (or designee):

Washoe County Health District	EMS Oversight Program
-------------------------------	-----------------------

Name

Job Title

1001 E 9 th Street, Building B Reno, NV 89512	n/a
--	-----

Business Address

Business Phone

Christina Conti or Heather Kerwin	775-326-6042 775-326-6041	Cconti@washoecounty.us hkerwin@washoecounty.us
--------------------------------------	------------------------------	---

Contact Person Name/Title

Phone Number

E-mail Address

Indicate your community's population and the total number of heartbeats earned for designation. (See attached worksheet.)

400,000

Community Population

--

Total Number of Heartbeats Earned

I attest that all information contained in this application is correct. Supporting documentation is on file for review.

City/Town/Community Official: _____
Title

Name (Print) *Signature*

Please **mail** this application and worksheets to the address listed below.

Nevada Project Heartbeat

Nevada Project Heartbeat
963 Topsy Lane
Suite 306 – 230
Carson City, NV 89705

Department USE ONLY Recommended Not Recommended (*Explanation Attached*)

Recommendation

--	--

Name/Title (Print)

Signature

AWARD PRESENTED: _____
Date *Place*

HEARTBEAT WORKSHEET

Community Population Category: Please select the appropriate category that most closely conforms to your community's actual total population. The population size will dictate the number of heartbeats required to be designated as a *HeartSafe* Community.

I. Up to 5,000 population: Minimum of **700** heartbeats required for designation.

- 10 HEARTBEATS for each CPR course with at least 6 participants.
- 10 HEARTBEATS for each AED placed

II. 5,001 – 30,000 population: Minimum of **850** heartbeats required for designation.

- 5 HEARTBEATS for each CPR course with a minimum of 6 participants.
- 5 HEARTBEATS for each AED placed

III. 30,001 – 50,000 population: Minimum of **1000** heartbeats required for designation.

- 4 HEARTBEATS for each CPR course with a minimum of 6 participants.
- 4 HEARTBEATS for each AED placed

IV. 50,001 – 100,000 population: Minimum of **1150** heartbeats required for designation.

- 3 HEARTBEATS for each CPR course with a minimum of 6 participants.
- 3 HEARTBEATS for each AED placed

V. 100,001 – 150,000 population: Minimum of **1300** heartbeats required for designation.

- 2 HEARTBEATS for each CPR course with a minimum of 6 participants.
- 2 HEARTBEATS for each AED placed

VI. 150,001 population or more: Minimum of **1450** heartbeats required for designation.

- 1 HEARTBEAT for each CPR course with a minimum of 6 participants.
- 1 HEARTBEAT for each AED placed

Public Access Defibrillation Program

The American Heart Association reports that sudden cardiac arrest victims who receive immediate CPR and an AED shock within three to five minutes have a much higher chance of surviving sudden cardiac arrest. As a part of the *HeartSafe* Community program public access AEDs should be deployed in target areas throughout the community. Consideration should be given to deploying AEDs so that a shock can be delivered within three to five minutes of the event occurring and members of the community are encouraged to use an AED when the need arises. Consider deployment of AEDs in the following locations.

- City/Town owned facilities - place a minimum of one AED
- Public, private and charter schools
- Nursing homes
- Health Clubs – OSHA requirement
- Churches
- Businesses/Business Parks
- Locations with large public gatherings
- Senior/Community Centers
- Tourist Attractions

HEARTBEATS will be awarded for each AED placed in the community – See “Heartbeat Worksheet” above.

Please use this sheet to calculate your community’s annual Heartbeats.

Heartbeats

A lead organization (e.g. fire, police, ambulance, board of health) is designated to oversee the *HeartSafe* effort involving community organizations (e.g., businesses, schools, churches) and coordinating with EMS. (100 Heartbeats- mandatory)

100

911 system in place (25 Heartbeats – mandatory)

25

911 Enhanced (25 Heartbeats)

25

911NG (50 Heartbeats)

50

Local agency responsible for dispatching police, fire, and/or EMS has personnel trained in Emergency Medical Dispatch (EMD) and provides instructions to the caller for a zero-minute response time for medical care. (50 Heartbeats - mandatory)

50

An on-going community awareness campaign. (See On-going Awareness Campaign attachment) (50 Heartbeats – mandatory)

50

Increase in citizen responders. Conduct community CPR/AED training sessions. A community will earn 10 heartbeats for offering CPR/AED training courses through the city/town/community.

10+3662

Additional heartbeats earned depends on your community’s population; refer to the “Heartbeat Worksheet”. Goal is 10% of community population trained. (100 Heartbeats minimum - mandatory)

Local Law Enforcement Agency has trained personnel, is equipped with AEDs, and are dispatched to appropriate medical emergencies. (50 Heartbeats)

--

Fire First Responders has trained personnel, is equipped with an AED and is dispatched to appropriate medical emergencies. (50 Heartbeats – mandatory)

50

Schools and municipal buildings have effective emergency response plans (ERP) that may include CPR and AED. (20 Heartbeats for ERP in schools/municipal buildings – mandatory)

20

Public Access Defibrillation Program - Placement of a permanent AED in target areas throughout the community. For required AED placement, refer to the “Heartbeat Worksheet.” (100 Heartbeats minimum - mandatory)

257

A program is in place to track AEDs in public locations and to reduce response times to early defibrillation. AED locations are shared with local dispatch agencies to assure that dispatchers are able to help the caller get the AED off the wall and onto the patient. (50 Heartbeats)

50

On-Going Community Awareness Campaign

Most people wait two hours or more to seek medical assistance after experiencing symptoms of a heart attack. Further, countless people travel to the emergency room by privately owned vehicle. Both of these issues are contributing factors to the high mortality rate associated with heart attacks. Ideally, people experiencing symptoms or those with someone experiencing symptoms will dial 9-1-1 right away for care and transport to a hospital in an ambulance.

An ongoing community awareness campaign should not only include information on how a person can reduce their risk of having a heart attack, sudden cardiac arrest or stroke, but just as importantly what to do should it occur. Examples of inclusion in a community awareness program are:

- A unique marketing campaign that includes information on
 - Heart disease risk factors
 - Prevention techniques
 - Signs and symptoms of a cardiovascular emergency
 - Importance of The Chain of Survival
 - Importance of early activation of 9-1-1
 - How to call 9-1-1
 - Importance of immediate initiation of CPR
 - Knowledge of public access AEDs and the importance of using available AEDs
 - HeartSafe program
- Development and implementation of a system to track and evaluate the effectiveness of various marketing tools and methods.

While prevention is the preferred method of reducing the loss of life from a cardiovascular emergency, history has shown if the focus is on prevention alone you will have little impact on decreasing the incidence of sudden cardiac arrest.

Our goal is community awareness of the signs and symptoms of a cardiovascular emergency (heart attack, stroke or sudden cardiac arrest) and at least 90% of the time residents activate the 9-1-1 system for cardiovascular related problems in lieu of going to the hospital by a privately owned vehicle.

Introduction

Washoe County encompasses 6,302 square land miles and, as of 2014, there were approximately 436,797 residents. While the majority of the population (75%) is concentrated in the Reno and Sparks metropolitan areas, the inclusion of all communities within Washoe County is important to raise awareness about and improve heart health for *all* citizens of Washoe County.

Emergency Medical Services are provided by the following career agencies: North Lake Tahoe Fire Protection District, serving Incline Village and Crystal Bay; City of Reno Fire Department; City of Sparks Fire Department; and Truckee Meadows Fire Protection District, serving the surrounding areas outside the greater Reno/Sparks metropolitan region. Our citizens also are served by the following combination and volunteer agencies: Pyramid Lake Fire and Rescue, serving the Pyramid Lake Paiute tribal lands; Gerlach Volunteer Ambulance and Fire Department, serving the towns of Gerlach, Empire, and surrounding rural region; the Red Rock Volunteer Fire Department, serving a rural area north of Reno; and the Verdi Volunteer Fire Department serving an unincorporated area west of Reno, near the California border. The main transporting agency for Washoe County is REMSA (Regional Emergency Medical Services Authority), with air support provided by CareFlight. Together, these transporting agencies are accredited by the following agencies: Commission on Accreditation of Ambulance Services (CAAS), Commission on Accreditation of Medical Transport Systems (CAMTS) and National Academies of Emergency Dispatch (NAED).

Due to the variety of population densities, terrain and geographic features within Washoe County, each entity providing EMS services strives to ensure maximum and efficient coverage in their respective response areas. The communication and coordination among these agencies is essential in order to provide the highest level of emergency care to the citizens of Washoe County.

Addressing the Chain of Survival

1) Early Access, notification and emergency personnel dispatch

In the event of a potential cardiac arrest, it is key for bystanders to be able to recognize the victim who has experienced a sudden cardiac arrest, and that bystanders are able to promptly activate the emergency response system by calling 9-1-1 and initiating CPR. Dispatchers in the region are certified to provide assistance in the rapid evaluation of victims, various pre-arrival instructions, and the initiation of CPR, which also includes hands-only CPR. Pre-arrival instructions are paramount in the event bystanders are not trained in CPR or may not be confident in their ability to properly perform this lifesaving skill.

Approximately 6% of Washoe County's population (23,500) was trained in CPR/AED during calendar year 2015. With increased awareness, more citizens will be able to recognize a potential victim of sudden cardiac arrest and appropriately utilize the 9-1-1 emergency response system.

2) Early CPR

In succession to the first link, the early administration of effective chest compressions is an essential step in victim resuscitation. CPR is important for maintaining blood circulation to the brain and heart until normal heart activity has been restored. An increase in the number of persons

trained in CPR, in conjunction with dispatcher's pre-arrival instructions, ensures the best possible outcome after a sudden cardiac arrest. In following the American Heart Association guidelines, fostering a community and team-focused approach to sudden cardiac arrest will increase the number of successful resuscitations, just like professional in-hospital resuscitation teams.

There are seven regional training centers in Washoe County, these centers enable the oversight of CPR education across the community and allow for the evaluation and improvement of the delivery of education to our community partners.

3) Early Defibrillation

Early defibrillation of a patient in sudden cardiac arrest remains the cornerstone therapy for increasing their chance of survival. The American Heart Association recommends delivering a defibrillation as soon as possible after the initial cardiac arrest. It has been proven that as time between a cardiac arrest event and defibrillation increases, the victim's survival rates decreases. Automated external defibrillators (AEDs) are designed to be mobile and easy-to-use for untrained bystanders. Visual and voice prompts provided by an AED are programmed to guide the rescuer to perform the necessary steps to deliver a defibrillation, if necessary, to the victim. All emergency medical response vehicles in the county are equipped with, as a minimum, AEDs to increase accessibility to this cornerstone therapy.

There are over 250 known AEDs located in a variety of settings throughout the community including state, county, and city buildings, fitness centers, public and private schools, the University of Nevada, Reno, Truckee Meadows Community College, as well as a multitude of other private businesses.

4) Early Advanced Care

Emergency medical responders in Washoe County provide Basic Life Support (BLS), Intermediate Life Support (ILS), or Advanced Life Support (ALS) care to their citizens. Each agency is listed with the respective level of care they provide.

- City of Reno Fire Department (ILS/ALS)
- City of Sparks Fire Department (ILS)
- Gerlach Volunteer Ambulance and Fire Department (ILS)
- North Lake Tahoe Fire Protection District (ALS)
- Pyramid Lake Fire and Rescue (BLS)
- Red Rock Volunteer Fire Department (BLS)
- REMSA (ALS)
- Reno-Tahoe Airport Authority Fire Department (BLS)
- Truckee Meadows Fire Protection District (ALS)
- Verdi Volunteer Fire Department (BLS)

All BLS providers are trained in CPR and basic emergency cardiovascular care, including oxygen, AED use and basic airway management. Advanced EMTs provide ILS care, which includes BLS care, plus some advanced airways and vascular access. ALS care, provided by paramedics, includes all of the previous skills plus further advanced airway management, complex vascular access, and the

administration of various medications recommended by the American Heart Association for emergency cardiac care, including vasopressors and anti-arrhythmics.

REMSA is recognized by the American Heart Association program, Mission Lifeline, which awards agencies based on at least a 75% compliance of the following measures:

- Percentage of patients with non-traumatic chest pain ≥ 35 years, treated and transported by EMS who receive a pre-hospital 12-lead electrocardiogram
- Percentage of STEMI patients treated and transported directly to a STEMI receiving center, with pre-hospital first medical contact to device time ≤ 90 minutes
- Percentage of lytic eligible STEMI patients treated and transported to a STEMI referring hospital for fibrinolytic therapy with a door to needle time ≤ 30 minutes

5) Integrated post-cardiac arrest care

In 2009 REMSA and Renown partnered to improve door-to-balloon times and subsequently REMSA has worked with the other two local hospitals. REMSA was a key team member in Renown's Rapid Process Improvement Workshop (RPIW) on STEMI care. We implemented changes to the process that significantly improved patient care. For example, 12-lead ECGs are done in the field and now notification to Renown occurs before leaving the scene to allow more time for the Renown Code STEMI team to be in place. We also have a process for lab draws while en route to the hospital for a shorter turnaround time. Training was provided for all EMS staff.

Our standard is that all 911 response vehicles are staffed by a paramedic and an advanced EMT. The paramedic assumes the leader role during cardiac arrest and is trained in Advanced Cardiac Life Support. All other duties with a cardiac arrest victim are delegated to other responders on scene. The paramedic leadership role only transitions to the Emergency Department physician to continue the chain of survival.

Conclusion

Improving the resuscitation rates for cardiac victims in Washoe County requires a coordinated effort across a broad spectrum of agencies and community efforts. Increasing the awareness and support for actions related to each of these five links is critical to enhance the survival rates for persons who experience an out-of-hospital sudden cardiac arrest.

Strategies for evaluating and improving the "Chain of Survival"

In Washoe County we have the ability to evaluate each chain of survival by doing the following:

- 1) Early access, notification and emergency personnel dispatch
 - a. Annual counts and rates of Washoe County residents trained in CPR/AED
 - b. Measuring the time interval from the receipt of a call to EMS dispatch
- 2) Early CPR
 - a. Annual counts and rates of Washoe County residents trained in CPR/AED
- 3) Early defibrillation
 - a. Annual counts and rates of properly maintained AEDs placed within the community
- 4) Early advanced care
 - a. Measuring the time interval from receipt of a cardiac arrest call to arrival of ALS emergency responders.

Strategies for evaluating and improving heart health and prevention

Having baseline data is essential for measuring the success of interventions or prevention programs. By monitoring behavioral health indicators which impact heart health, such as smoking prevalence, diabetes, hypertension, cholesterol, and obesity rates, it allows public health personnel to evaluate what may or may not be effective.

A baseline data element which is currently unavailable is the survival rates of patients who experience cardiac arrests. This data would need to be made available through the hospitals in the region. Currently there have been no formal agreements regarding patient care data. There is an ongoing effort to work with local hospitals in acquiring these data so a baseline survival rate can be determined in order to measure changes on an annual basis.

The first step in supporting improved heart and vascular health is education. In addition to the 23,500 residents trained in CPR/AED, there are several annual programs and events which also help to raise awareness for overall cardiovascular health. These programs include events such as Renown's Wellness Screenings, American Heart Association's Go Red for Women, Heart and Stroke Gala, Nevada Heart Walk, Running Red for Heart, and CPR Week, which combined reach over 5,000 people. These participants benefit from an array of heart health services including blood pressure screenings, pre-diabetes screenings (risk factor for heart attacks), and overall cardiovascular wellness. Increasing the general public's knowledge of preventive healthy behaviors, screening recommendations, and appropriate recognition and response of trained individuals, are all components for improving heart health and survivability in the event of a sudden cardiac arrest.

REGIONAL EMS FIVE YEAR STRATEGIC PLAN

Christina Conti
Program Manager

- District Board of Health
- Inter Local Agreement for EMS Oversight
 - Established EMS Advisory Board
 - Established Regional EMS Oversight Program
 - Defined duties of EMS Oversight Program
 - Defined duties of signatories
 - City of Reno, City of Sparks, Truckee Meadows Fire Protection District, Washoe County Board of County Commissioners, and Washoe County Health District

Authority

- SWOT Analysis (Strengths, Weaknesses, Opportunities, & Threats)
 - EMS Working Group, August 2015
- Monthly mentoring sessions
 - Manager Driscoll, City of Sparks
- Monthly meetings with stakeholders
 - Fire representatives
 - PSAP representatives
 - REMSA
 - WCRCS (radio communications)
- Quarterly updates to EMS Advisory Board

Development Process

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 IIA signatories

- 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.

Mission Statement

- 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.

Vision Statement

- Respectful
- Customer Service Oriented
- Accountable
- Professional
- Responsive
- Quality Improvement/Assurance
- Collaborative

Regional Values

- **Goals** – overarching goal for region
 - **Objectives** – the elements to achieve the goal
 - **Strategies** – the steps to achieve the objective

Overview

- Enhance utilization of EMS resources by matching appropriate services, as defined by the call for service, through alternate protocols, service options and transportation options.
 - Omega Protocols
 - Alternate Transportation Options

- Improve prehospital EMS performance by reducing system response times through the use of technology and the development of regional response policies.
 - AVL (Automatic Vehicle Locator) utilization
 - Ambulance franchisee response map
 - Mutual Aid Agreements
 - Define EMS Tier 1 (fire jurisdictions) response measurement

- Improve Communications between EMS partners through enhanced usage of technology and the development of regional guidelines.
 - Enhance radio communications
 - CAD-to-CAD interface
 - AVL visualization for EMS vehicles

- Improve continuity of care through regional processes that ensure patient information transfers from the scene to the hospital.
 - Electronic Patient Care Reporting
 - Annual EMS system performance report with hospital data

- Design an enhanced EMS response system through effective regional protocols and quality assurance.
 - Regional protocols
 - Regional continuous improvement process

- Continue collaborative model with regional EMS agencies, health organizations and public safety stakeholders.
 - Coordinate and report on strategic objectives
 - Promote EMS Oversight Program through regional education (biannual report to signatories of Inter Local Agreement & ambulance franchisee Board)

- Beginning October 2018
 - Draft goals, objectives and strategies for years 2022-2023
 - Bring updated Regional EMS strategic plan to EMS Advisory Board and District Board of Health



Washoe County Health District Strategic Plan

District Board of Health
October 27, 2016

Strategic Plan

Vision

A healthy community

Mission

To protect and enhance the well-being and quality of life for all in Washoe County

Values

Trustworthiness

Professionalism

Partner-Collaborate

Strategic Direction

Leaders in a unified community making measureable improvements in the health of its people and environment

Action Plan

Strategic Priorities

Our priorities

District Goals

Our goals

Outcomes

What are we trying to achieve (with measurable targets)

Initiatives

What we will do to reach our outcomes

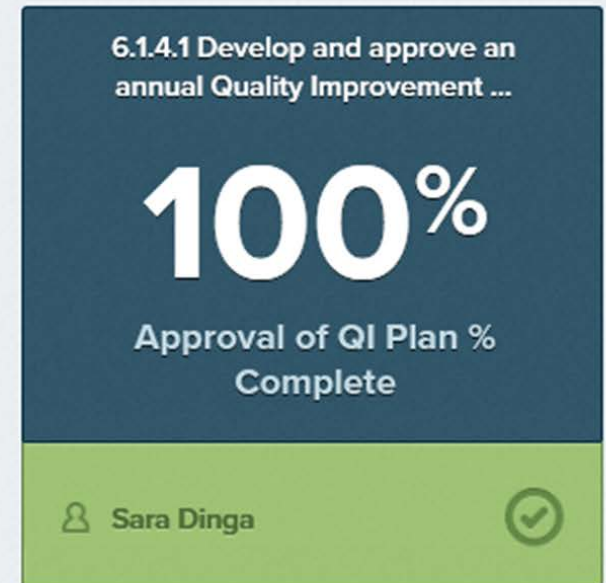
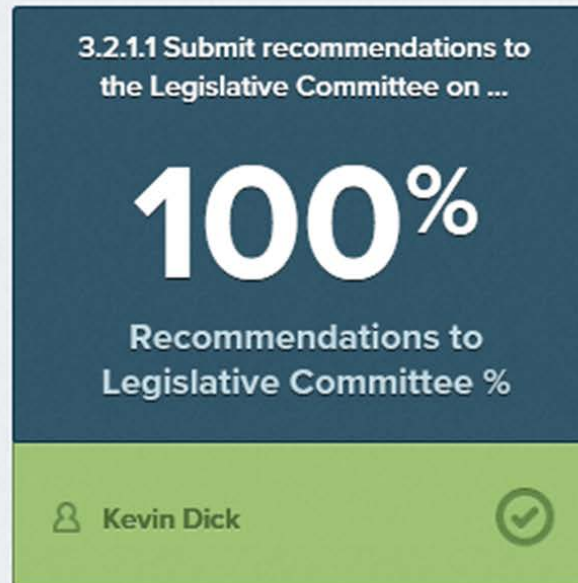
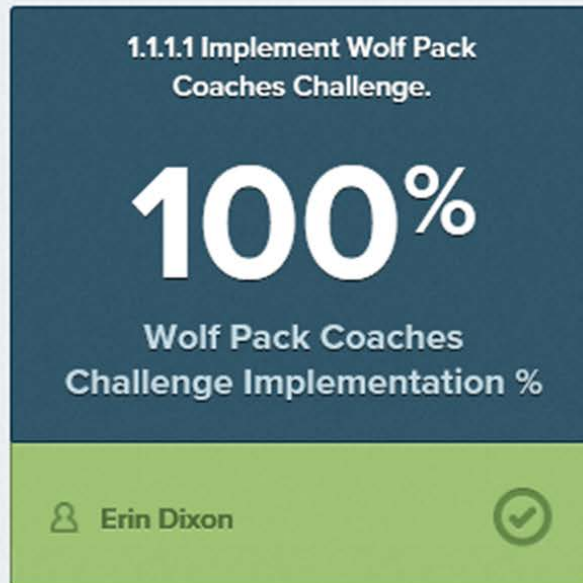
Action Plan (sample)

ACTION PLAN

Outcomes and Initiatives		Who	FY17				FY18	FY19	FY20
			Q1	Q2	Q3	Q4			
Strategic Priority #1: Improve the health of our community by empowering individuals to live healthier lives. ← Priority									
District Goal 1.1 Reduce the negative health and economic impacts of obesity and chronic disease. → Goal									
Outcome 1.1.1	Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)						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							

*The Action Plan in its entirety is included in the Board packets

Measurement: Dashboard of Completed Initiatives



*Staff can track by completed goals, outcomes, and initiatives

Measurement: Dashboard of Initiatives (sample)

1.3.2.1 Document CCHS clients' primary care provider status in ...

60%

Primary Care Provider Status in EHR Implmentation %

Steve Kutz



1.3.2.2 Advocate for increased Medicaid reimbursement to ...

10%

Medicaid Advocacy % Complete

Steve Kutz



1.3.2.3 Update clinical protocols to include counseling and referral ...

0%

Clinical Protocol Updates % Complete

Stacy Hardie



1.3.3.1 Develop Family Health Festival strategic plan to align ...

0%

Family Health Festival Strategic Plan % Complete

Sara Dinga



1.3.3.2 Increase offsite services through increased funding and ...

33

Increase in number of CCHS offsite Services

Steve Kutz



2.1.1.1 Expand air monitoring network to Spanish Springs.

90%

Spanish Springs Air Monitoring Expansion %

Charlene Albee



2.1.1.2 Implement and execute the Ozone Advance action plan.

50%

Ozone Advance Action Plan Implementation % Complete

Charlene Albee



2.1.2.1 Establish Reno-Tahoe Clean Cities Coalition with Department ...

50%

Reno-Tahoe Clean Cities Coalition Establishment %

Charlene Albee



*Initiatives are typically tracked on a monthly basis, whereas outcomes are typically tracked on an annual basis

Running Progress Reports (sample)

3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. (Kevin Dick) (06/30/17)

Comments on Status: NNBW Article on Healthy Economy, and Build Healthy Places Network Bog 8/16.

Measure:
% of
community
outcomes on
target

Target:
100%

Actual:
25%

Status:

As of 10/05/16

Community Outcomes	Start Date, End Date	Target, Measure	Actual	Status
3.4.1 Increase the number of initiatives contributing to building a local culture of health. (Kevin Dick)	07/01/16, 06/30/20	3 # of supporting initiatives undertaken	3	 As of 10/14/16
3.4.1.1 Establish staffing for Truckee Meadows Healthy Communities. (Kevin Dick) <i>Comments on Status: Interviews conducted, finalists selected, contract under development</i>	08/01/16, 12/31/17	100% Staffing for TMHC Establishment % Complete	90%	 As of 10/05/16
3.4.1.2 Conduct combined organizational Board meetings with nine Boards to build TMHC support. (Kevin Dick)	07/01/16, 06/30/17	100% Combined Board Meeting % Complete		 As of 10/14/16
3.4.1.3 Hold Family Health Festivals or other TMHC events/initiatives and report on the number of events. (Kevin Dick) <i>Comments on Status: FHF held 7/27/16 at Miguel Riberro Park, 10/19/16 at Reno Town Mall</i>	07/01/16, 06/30/17	# of Family Health Festivals	2	 As of 10/21/16

NEXT STEPS




Implement initiatives through 2020

Track and measure outcomes via online management system

Monitor progress

Improve performance where outcomes are not being met

THANK YOU!

DD__	AH
DHO_	 _____
DA__	LA
Risk__	DME

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

TO: District Board of Health

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

SUBJECT: Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2016 through July 31, 2017 in the total amount of \$296,295 in support of the Epidemiology and Laboratory Capacity (ELC) Grant Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

SUMMARY

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

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period August 1, 2016 through July 31, 2017 in the total amount of \$296,295 in support of the ELC Grant Program, IO 10984. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period August 1, 2015 through July 31, 2016 in the total amount of \$148,000 on November 19, 2015.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Epidemiology and Laboratory Capacity (ELC) Program – Building and Strengthening Epidemiology, Laboratory and Health Information System.

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

- Enhance Health Information Systems Workforce
- Improve outbreak investigation response and reporting
- Coordinate, collaborate, and facilitate Healthcare Associated Infection (HAI)/Antimicrobial Resistance (AR) prevention efforts
- Zika and other arboviral diseases surveillance
- Improving capacity to detect and respond to public health issues related to fungal infections
- Cross-cutting Epidemiology

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 Epidemiology and Laboratory Capacity Program.

Award Amount: Total award is \$296,295 (\$246,994 direct/\$49,301 indirect)

Grant Period: August 1, 2016 – July 31, 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: 93.323 (44%) and 93.521 (56%)

Grant ID Number: 5NU50CK000419-03-00 and 6NU50CK000419-03-01

Match Amount and Type: None

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

FISCAL IMPACT

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

As the FY17 budget in Internal Order 10984 was adopted with a total of \$148,000 in revenue (includes \$19,125 of indirect) and \$128,875 in expenditure authority, a budget amendment in the amount of \$118,119 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 \$118,119 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10984	-431100	Federal Revenue	\$118,119.00
		Total Revenue	\$118,119.00
2002-IO-10984	-701110	Base Salaries	\$ 75,712.85
	-701200	Incentive Longevity	\$ 570.00
	-705110	Group Insurance	\$ 8,952.84
	-705210	Retirement	\$ 20,213.41
	-705230	Medicare	\$ 1,046.77
	-705320	Workmens Comp	\$ 528.99
	-705330	Unemployment Comp	\$ 58.57
	-710100	Professional Services	\$ 3,500.00
	-710350	Office Supplies	\$ 1,130.00
	-710355	Books and Subscriptions	(\$ 320.43)
	-710502	Printing	\$ 550.00
	-710509	Seminars and Meetings	(\$ 148.00)
	-710512	Auto Expense	\$ 2,454.00
	-710519	Cellular Phone	\$ 600.00
	-711210	Travel	\$ 3,270.00
		Total Expenditures	\$118,119.00

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2016 through July 31, 2017 in the total amount of \$296,295 in support of the Epidemiology and Laboratory Capacity (ELC) Grant Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2016 through July 31, 2017 in the total amount of \$296,295 in support of the Epidemiology and Laboratory Capacity (ELC) Grant Program; and if approved authorize the District Health Officer to execute the Subgrant Award."



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

HD #: 15753
 Budget 3219
 Account: 3219
 Category: 16
 GL: 8516
9332317 &
 Job Number: 9352117

NOTICE OF SUBGRANT AWARD

Program Name: Office of Public Health Informatics and Epidemiology Community Services	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502
Subgrant Period: August 1, 2016 through July 31, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073-786-998</u>

Purpose of Award: This award is funded through the *Epidemiology and Laboratory Capacity (ELC) Program - Building and Strengthening Epidemiology, Laboratory and Health Information System* grant from the CDC. WCHD will use these funds to complete health information system development and exchange activities throughout Washoe County.

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

Approved Budget Categories:

1. Personnel	\$	232,285
2. Travel	\$	7,949
3. Operating Supplies	\$	2,180
4. Other	\$	1,080
5. Contractual		3,500
6. Indirect	\$	49,301
Total Cost:	\$	296,295

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$296,295 during the subgrant period.

Source of Funds:

	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Centers for Disease Control & Prevention	44%	93.323	U50CK000419	5 NU50CK000419-03-00
2. Centers for Disease Control & Prevention	56%	93.521	U50CK000419	6 NU50CK000419-03-01

Terms and Conditions:

- In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations;
 2. This award is subject to the availability of appropriate funds; and
 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:

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

	Signature	Date
Washoe County Health District		
Judy DuMonte Program Manager, ELC		10/26/16
Julia Peek, Deputy Administrator		
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

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

SECTION A

Assurances

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

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

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

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

THIS SPACE INTENTIONALLY LEFT BLANK

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

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:

Scope of Work for Washoe County Health District

Goal 1: Enhance Health Information Systems Workforce (Project C)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Develop and sustain core personnel to support the implementation, enhancement, and maintenance of an integrated health information system	1. .35 FTE Epidemiologist will support Electronic Lab Reporting (ELR), National Bureau of Statistics (NBS), and the State in their related reporting activities	ongoing	1. Quarterly report
2. Identify and dedicate personnel resources for advancing ELR implementation	2. Epidemiologist will ensure that current software support HL7 bi-directional interface with the Nevada State Public Health Lab (NSPHL)	As needed	2. Quarterly report
3. Increase the percentage of lab reports received through ELR	3. Reach ELR coverage rate within the County at 70%, a 25% increase. Assist the State to onboard one local hospital working with the Epidemiology and Laboratory Capacity (ELC) Governance Team to prioritize facilities	07/31/17	3. Quarterly report
4. Automate the use of all ELR	4. Assist the State in maintaining all automated ELR for their jurisdiction that go into NBS and National Electronics Registry Database System (NERDS)/Enhanced HIV/AIDS Reporting System (E-HARS) for Communicable Disease, STDs and HIV labs	As needed	4. Quarterly report
5. Maintain existing integrated surveillance information system	5. Assist the State in identifying issues that arise from upgrades to NBS	Ongoing	5. Quarterly report

Goal 2: Improve outbreak investigation response and reporting (Project I1)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Implement model practices to enhance the timeliness and efficiency of outbreak investigations	1. One Epidemiologist will attend the Council of State and Territorial Epidemiologist (CSTE) conference to learn the latest in model practices to enhance outbreak investigations	7/31/2017	1. Quarterly report and Request for reimbursement summary report

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

Goal 3: Coordinate, collaborate, and facilitate Healthcare Associated Infection (HAI)/Antimicrobial Resistance (AR) prevention efforts (Project K1)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Enhance outbreak investigation response capacity within Nevada's second largest population hub	1. Designate a 0.5 FTE Epidemiologist with medical training to conduct Healthcare Associated Infection (HAI)/Antimicrobial (AR)-related outbreak/cluster investigations.	8/1/2016	1. Quarterly report
2. Enhance collaboration with State and regional AR laboratories	2. Collaborate with local hospitals and the State Public Health Laboratory on Carbapenem-Resistant Enterobacteriaceae (CRE)/Carbapenem-Resistant Pseudomonas Aeruginosa (CRPA) surveillance	ongoing	2. Quarterly report
3. Community Antibigram development	3. Integrate findings from outbreak/cluster investigations into an annual community-wide Antibigram	7/31/2017	3. Quarterly report

Goal 4: Zika and other arboviral diseases surveillance (Project M1)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Enhance outbreak investigation response and reporting	1. Designate a 0.45 FTE Epidemiologist to Zika and other arboviral related diseases	8/1/2016	1. Quarterly reports

Goal 5: Improving capacity to detect and respond to public health issues related to fungal infections (Project X1)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Receive formal training on how to properly conduct environmental sample collection and testing for coccidioidomycosis	1. One staff member will travel to the State of California to attend formal training on correct techniques for soil specimen collection and correct testing procedures for coccidioidomycosis	7/31/2017	1. Quarterly report and Request for reimbursement summary report
2. Improve surveillance and investigate suspected outbreaks to drive public health action	2. Collect 50 samples from two likely affected geographic areas where cases of coccidioidomycosis resided in and had no travel history	7/31/2017	2. Quarterly report

Goal 6: Cross-Cutting Epidemiology (Project A)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Provide .65 FTE Senior Epidemiologist	1. Provide .65 FTE Senior Epidemiologist to work with the State and other local health jurisdictions on all Washoe County reportable communicable disease outbreaks.	8/1/2016	1. Quarterly reports

**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 5 NU50CK000419-03-00 and 6 NU50CK000419-03-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5 NU50CK000419-03-00 and 6 NU50CK000419-03-01 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

Category	Total cost	Details of expected expenses
1. Personnel	\$ 232,285	<p>Senior Epidemiologist @ \$89,616 x .65 FTE (\$58,250) + fringe (\$23,824) = \$82,074</p> <p>Senior epidemiologist @ \$89,616 x .35 FTE (\$31,366) + fringe (\$12,829) = \$44,195</p> <p>Epidemiologist @ \$79,202 x .50 FTE (\$39,601) + fringe (\$16,197) = \$55,798</p> <p>Epidemiologist @ \$79,202 x .45 FTE (\$35,641) + fringe (\$14,577) = \$50,218</p>
2. Travel	\$ 7,949	<p>In-State Travel:</p> <p>Attend the ELC Governance Team meeting in Las Vegas, NV – Flight estimated at \$377 round trip, per diem at \$64 per day x 1 day, transportation \$35, and airport parking at \$12 x 1 day. Total \$488*</p> <p>Travel for sample collection from two likely affected geographic areas where Cocci cases resided. Estimated at 1 sample per hour, at 50 samples. Estimated at 86 miles per trip at .54 per mile (\$46.44) per sample x 50 samples = \$2,322</p> <p>Out of State Travel:</p> <p>Attend the 2017 CSTE Conference in (location TBD). Estimated flight \$600 round trip, per diem at \$71 per day x 4 days (\$284), lodging at \$132 per night x 3 nights (\$396), Registration at \$175 = \$1,455</p> <p>Attend the 2016 West Coast Epidemiologist's conference in Sacramento, CA. Transportation mileage estimated at 245 miles x .54 per mile (\$132), per diem at \$64 per day x 3 days (\$192), Lodging at \$119 per night x 2 nights (\$238), and registration at \$50 = \$612</p> <p>Attend the CDC's Antibiotic Resistant meeting in Atlanta, GA (date TBD). Flight estimated at \$654, per diem \$69 per day x 3 days (\$207), hotel at \$148 per night x 2 nights (\$296), ground transportation estimated at \$100, parking estimated at \$15 x 3 days (\$45) = \$1,302</p> <p>Travel to ELC grantee meeting in Atlanta, GA. for 1 Governance team member. Flight estimated at \$570, per diem at \$69 per day for 4 days (\$276), hotel estimated at \$148 per night for 3 nights (\$444), ground transportation \$120, and \$15 per day for airport parking for 4 days (\$60) = \$1,470</p> <p>Travel for one epidemiologist to go to the California Department of Public Health for Cocci meeting in Sacramento, CA.; per diem for 2 days at \$64 per day x 1 staff (\$128), hotel at \$119 per night x1 night for 1 staff (\$119), and ground transportation estimated at \$26.5 per day x 2 days (\$53)= \$300</p>
3. Operating Supplies	\$ 2,180	

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

		Toner cartridges for printer to support program activities (\$690), general office supplies (\$940), Antibioqram printing (\$550).
4. Other	\$ 1,080	
		Updated books, journal subscriptions, and resource materials (\$480), and annual cellular phone service (\$600).
5. Contractual	\$ 3,500	
		Contract with a Computer programmer to develop a mobile application for Antibioqrams. WCHD plans to contract an external computer programmer who will develop an online antibioqram application for users' convenience. An antibioqram is a product tool for medical providers to check the antibiotic susceptibility for frequently seen bacterial infection. Flat rate of \$100 per hour and estimated at 35 hours needed. WCHD does not have such a person who is capable of doing this internally.
5. Admin. Fee/Indirect	\$ 49,301	
		20% of direct costs (excluding ELC grantee travel in the amount of \$488, funded by the Office of Public Health Informatics and Epidemiology)* \$246,994 - \$488 = \$246,506 (x 20% = \$49,301)
Total Cost	\$ 296,295	

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Federal Award Identification Number CK000419-03 and catalog of Federal Domestic Assistance Number's: 93.323 and 93.521.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Requests for Reimbursements will be submitted monthly and acquiesced no later than 15 days following the end of the month;
- The maximum available for this subgrant is \$296,295;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees:

- To provide reimbursements, not to exceed a total of \$296,295, for the entire subgrant period;
- To provide technical assistance, upon request from the Subgrantee;

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

- To provide prior approval of reports or documents to be developed;
- 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 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 Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other epidemiology or laboratory capacity 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 Division of Public and Behavioral Health priorities, by removing it from this agreement through a subgrant amendment

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 15th 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

Request for Reimbursement

HD#: 15753
 Budget Account: 3219/16
 GL: 8516
 Draw #: _____

Program Name: NevaDA Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subgrantee Name: Washoe County Health District
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, NV 89502
Subgrant Period: August 1, 2016 through July 31, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</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	\$232,285.00	\$0.00	\$0.00	\$0.00	\$232,285.00	0.0%
2 Travel	\$7,949.00	\$0.00	\$0.00	\$0.00	\$7,949.00	0.0%
3 Operating Supplies	\$2,180.00	\$0.00	\$0.00	\$0.00	\$2,180.00	0.0%
5 Other	\$1,080.00	\$0.00	\$0.00	\$0.00	\$1,080.00	0.0%
6 Contractual	\$3,500.00	\$0.00	\$0.00	\$0.00	\$3,500.00	0.0%
7 Admin, Free/Indirect	\$49,301.00	\$0.00	\$0.00	\$0.00	\$49,301.00	0.0%
Total	\$296,295.00	\$0.00	\$0.00	\$0.00	\$296,295.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

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

SECTION E

Audit Information Request

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

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

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time period did your last audit cover _____
8. Which accounting firm conducted your last audit? _____

Signature Date

Title

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

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the

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

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

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

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

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

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

1. Permitted Uses and Disclosures:

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

2. Prohibited Uses and Disclosures:

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

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

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

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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

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

THIS SPACE INTENTIONALLY LEFT BLANK

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

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

Covered Entity

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

Phone: (775) 684-5975

Fax: (775) 684-4211

Business Associate

Washoe County Health District

Business Name

1001 E. 9th Street

Business Address

Reno, NV 89512

Business City, State and Zip Code

Business Phone Number

Business Fax Number

Authorized Signature

for Cody L. Phinney, MPH

Print Name

Administrator,
Division of Public and Behavioral Health

Title

Date

Authorized Signature

Print Name

Title

Date

DD	AH	___
DHO	___	KD ___

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

TO: District Board of Health

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

Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve the modification of the Community and Clinical Health Services laboratory fee schedule to add semen analysis for \$105.82.

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 semen analysis.

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 October 27, 2016, the Board approved the addition of Cipro 500 mg to the fee schedule.

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.

Subject: Modify the CCHS Fee Schedule

Date: December 15, 2016

Page 2 of 2

BACKGROUND

Title X providers must offer basic infertility services for men as part of core family planning services and in accordance with grant guidelines. Male clients concerned about their fertility will be offered a semen analysis as the first screening tool. If the test result is abnormal, clients will be referred for further diagnosis and treatment.

Laboratory test are typically provided to clients in conjunction with other services but are charged separately. The fee for semen analysis is the cost charged by Quest Diagnostics plus CCHS' Division total indirect rate or \$85.00 plus 24.49%.

FISCAL IMPACT


Clients without insurance will be charged based on stated income and a sliding scale fee schedule applies. The fiscal impact to the FY17 adopted budget will be negligible as it is not anticipated this laboratory test will be prescribed often but we need to ensure it is an option.

RECOMMENDATION

Approve the modification of the Community and Clinical Health Services laboratory fee schedule to add semen analysis for \$105.82.

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 laboratory fee schedule to add semen analysis for \$105.82."

DD	AH	
DHO		
DA	N/A	
Risk	N/A	

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to October 1, 2016 through September 30, 2017 in the total amount of \$1,062,144 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; approve the abolishment of one vacant permanent full-time Office Assistant II position (PC# 70002141); and authorize the District Health Officer to execute the Subgrant Award.

SUMMARY

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

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on November 30, 2016 to support the WIC Program. The funding period is retroactive to October 1, 2016 and extends through September 30, 2017. A copy of the Notice of Subgrant Award is attached.

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 July 28, 2016, the Board accepted Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to October 1, 2015 through September 30, 2016 for an additional \$55,722.00 (no required match) in support of the WIC program.

On September 24, 2015, the Board approved the Notice of Subgrant Award for the period of October 1, 2015 through September 30, 2016 in the amount of \$1,062,145 for the WIC program and the abolishment of one vacant permanent full-time Office Assistant II position (PC# 70002142).

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Women, Infants and Children Program (WIC) Program

Scope of the Project: Funding to support staffing, travel, operating and indirect expenses for the WIC program.

Benefit to Washoe County Residents: The WIC program provides supplemental nutritious foods, nutrition education and referrals to other health and social services to eligible pregnant and postpartum women, infants and children up to age five in Washoe County to prevent the occurrence of health problems and to improve the health status of these persons.

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

Award Amount: \$1,062,144

Grant Period: October 1, 2016 – September 30, 2017

Funding Source: United States Department of Agriculture

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

CFDA Number: 10.557

Grant ID Number: 7NV700NV7 / HD#15722

Match Amount and Type: No match required.

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

A permanent full-time Office Assistant II (OAI) position became vacant on October 17, 2016. Due to increases in personnel costs (salary and health insurance), there is not sufficient funding to fully support filling the vacancy. As such, we are requesting the position be abolished.

The Washoe County Health District agrees to provide a level of service sufficient to provide WIC food instruments to an estimated 5,185 participants per year during the term of this Subgrant as compared to 5,532 participants in the prior award year.

FISCAL IMPACT

The Department anticipated this award and included funding in the adopted FY17 budget in internal order #10031. As such, there is no fiscal impact to the FY17 adopted budget should the Board accept the Notice of Subgrant Award or approve the abolishment of the vacant Office Assistant II position (PC# 70002141).

Subject: Approve WIC Subgrant and Approve Abolishment of Vacant OAH

Date: December 15, 2016

Page 3 of 3

RECOMMENDATION

Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to October 1, 2016 through September 30, 2017 in the total amount of \$1,062,144 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; approve the abolishment of one vacant permanent full-time Office Assistant II position (PC# 70002141); and authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to October 1, 2016 through September 30, 2017 in the total amount of \$1,062,144 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; approve the abolishment of one vacant permanent full-time Office Assistant II position (PC# 70002141); and authorize the District Health Officer to execute the Subgrant Award."



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

HD #: **15722**
 Budget Account: 3214
 Category: 14
 GL: 8516
 Job Number: 1055717A

NOTICE OF SUBGRANT AWARD

Program Name: Women, Infants and Children Program (WIC) Bureau of Child, Family and Community Wellness		Subgrantee Name: Washoe County Health District WIC	
Address: 400 West King Street, Ste. 300 Carson City, NV 89703		Address: 1001 East Ninth Street/PO Box 11130 Reno, NV 89520	
Subgrant Period: October 1, 2016 through September 30, 2017		Subgrantee's: EIN: 88-60000138 Vendor #: T40283400Q Dun & Bradstreet: 073-78-6998	
Purpose of Award: Provide staffing and support for WIC clinic operations in Washoe County			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>			
Approved Budget Categories:		Disbursement of funds will be as follows:	
1. Personnel	\$ <u>1,003,907.00</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 \$1,062,144.00 during the subgrant period.	
2. Travel	\$ <u>800.00</u>		
3. Operating	\$ <u>36,611.00</u>		
4. Equipment	\$ _____		
5. Contractual/Consultant	\$ _____		
6. Training	\$ _____		
7. Other	\$ <u>20,826</u>		
Total Cost: \$ <u>1,062,144.00</u>			
Source of Funds:		% Funds:	CFDA:
1. USDA/Food and Nutrition Service/WIC		100%	10.557
		FAIN:	Federal Grant #:
		177NVNV7W1003	7NV700NV7
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.			
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Business Associate Addendum			
Kevin Dick District Health Officer	Signature		Date
Michelle Walker Program Manager, WIC			
Beth Handler, MPH Bureau Chief, CFCW			
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health			

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

SECTION A

Assurances

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

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***The Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
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, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Health District

- I. GENERAL: Subgrantee shall operate using the following guidelines:
 - A. Comply with the fiscal and operational requirements prescribed by the State of Nevada WIC Program pursuant to 7CFR part 246, 7CFR part 3016, the debarment and suspension requirements of 7 CFR part 3017, if applicable, the lobbying restrictions of 7 CFR part 3018, and FNS guidelines and instructions;
 - B. Have at least one Competent Professional Authority (CPA) that has successfully completed the mandatory State training on staff of the local agency, that possesses the necessary skills to perform certification procedures;
 - C. Provide nutrition education services to participants, in compliance with 7CFR part 246.11 and FNS guidelines and instructions;
 - D. Implement a food delivery system prescribed by the State pursuant to 7CFR part 246.12 and approved by FNS;
 - E. Inform and facilitate the delivery of appropriate health services to WIC participants, and in the case of referrals, have current written agreements in place with health care providers;
 - F. Maintain and have available for review, audit, and evaluation all criteria used for certification.
 - G. Maintain complete, accurate current documentation that accounts for program funds received and expended;
 - H. Maintain comprehensive internal control procedures to insure proper funds management and separation of duties when determining eligibility and issuing benefits;
 - I. Maintain a computer back-up system that duplicates all record transactions on a daily basis, transmit transfer files daily;
 - J. Prohibit discrimination against persons on the grounds of race, color, national origin, age, sex or handicap, and compiles data, maintains records and submits reports as required to permit effective enforcement of nondiscrimination laws;
 - K. Prohibit smoking in State WIC facilities where WIC functions are carried out.
- II. CLINIC OPERATION
 - A. Term: The term of the subgrant is October 1, 2016 through September 30, 2017.
 - B. Clinic Operation: Subgrantee shall operate clinic(s) in accordance with the State WIC Policy and Procedure Manual and 7CFR part 246, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
 - C. Operating Hours: Full time clinics shall remain open for participant services a minimum of eight hours daily. Agencies are encouraged to provide staff manning during lunch period and give consideration to providing services prior to 8 AM and after 5 PM or on Saturday to meet the needs of participants receiving WIC benefits.
 - D. Personnel Assigned: Terminations, replacements or additions will be reported to the State WIC office within seventy two (72) hours of occurrence, and include affected employee's work location, position, VPN name and work telephone number.
 - E. Any change in clinic location, including opening of a new clinic, must be approved in writing by State WIC office at least 60 days prior to change in clinic location. A copy of the proposed lease must be forwarded to the State WIC office for review prior to execution.
- III. STAFF, FACILITIES AND EQUIPMENT
 - A. Training: Subgrantee shall provide, or cause to be provided, training in accordance with State WIC program objectives and Value Enhanced Nutritional Assessment (VENA) guidance, for each appropriate WIC staff member during the term of this subgrant, and will document such training. Training shall ensure that staff works toward meeting the six competency areas for WIC nutrition assessment; (1) principles of life-cycle nutrition; (2) nutrition assessment process; (3) anthropometric and hematological data collection; (4) communication; (5) multicultural awareness; (6) critical thinking.
 - B. Facilities
 1. Privacy: Subgrantee shall make provisions to insure clinic space provides privacy and confidentiality for applicants during application and individual nutritional education procedures.
 2. Laboratory Registration: All metropolitan area subgrantees must register all clinics with the United States Department of Health and Human Services in accordance with 42 CFR part 493 and with the Nevada Bureau of Health Care Quality and Compliance in accordance with Nevada Administrative Code 652. Rural clinics

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

will make arrangements with nurses in their respective counties to perform hemoglobin tests in accordance with policy #CT: 13 of the State WIC Policy and Procedure Manual.

C. Equipment

1. Title: All property purchased with funds provided by the State WIC program pursuant to this subgrant that are not fully consumed in performance of this subgrant shall be the property of the State WIC program.
2. Inventory: Equipment having a useful life over one year purchased using WIC funds, will be inventoried and reported annually, with clinic plan, to the State WIC office prior to September 30th of the current subgrant year. The inventory list shall include date of purchase, cost, clinic location, and if available, State of Nevada inventory tag number and/or subgrantee inventory tag number.
3. Loss: Subgrantee shall be responsible for all equipment purchased with funds provided by State WIC, insuring that said equipment is maintained in good repair and working order. In the event of loss of said equipment, due to theft or disaster, Subgrantee shall replace such equipment with equipment of like value at Subgrantee expense.
4. Purchase: Equipment purchases which exceed \$5,000 and all purchases of computer hardware must receive prior written approval from State WIC office.

IV. PROGRAM ADMINISTRATION

- A. General: Subgrantee shall operate clinic(s) in accordance with provisions of 7CFR part 246, 7CFR part 3016 and State WIC Policy and Procedure Manual, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
- B. Local Agency: Subgrantee shall submit to the State WIC office their annual Local Agency Nutritional Services Plan with their equipment inventory and current laboratory certification, no later than September 30th. Failure to comply may result in funding delay.
- C. Record Retention
 1. Administrative Files: Subgrantee shall maintain and have available for program review and audit all administrative files pertaining to its WIC clinic operations for a minimum of six (6) years from the date of termination of the subgrant or until all discrepancies relating to audit findings are resolved, whichever occurs later.
 2. Fiscal Records: Subgrantee shall maintain all fiscal records and books constituting the basis for submission of reimbursement requests, including records and books supporting indirect rates, for a period of five (5) years from the date of termination of the subgrant or until any discrepancies related to audit findings are resolved, whichever occurs last.
 3. Participant Files: Subgrantee shall maintain all participant files for a minimum of six (6) years after closure or until completion of Federal and State audits, whichever occurs last.
 4. Conflict of Interest: Subgrantee shall insure that no conflict of interest exists or arises between the subgrantee or persons employed by or associated with the subgrantee and any authorized vendor within or outside the State of Nevada.
 5. Inspection: USDA and Nevada WIC Program through any authorized representative shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed by subgrantee pursuant to this subgrant at the premises where such work is performed or where subgrantee records are maintained. Subgrantee shall provide reasonable facilities and assistance for the safety and convenience of WIC program representatives in the performance of their duties pursuant to this section.

V. CASELOAD AND FUNDING

- A. Assigned Caseload: Subgrantee agrees to provide the level of service to an estimated **5,185** yearly participants at a maximum allowable reimbursement award of **\$1,062,144.00**. A mid-term participant and funding review will be conducted during the month of May of the subgrant year for the purpose of evaluating expenditures and caseload. Adjustments may be necessary to the estimated caseload which may have the net effect of increasing or decreasing the maximum future awards. Subgrantee agrees to monthly reimbursements that are based on actual costs to provide services.
- B. Funding: In consideration of subgrantee's performance of all required services and fulfillment of all obligations pursuant to this subgrant, the WIC program agrees to pay monthly to subgrantee an amount for WIC services, the total not to exceed One Million Sixty Two Thousand One Hundred Forty Four Dollars (\$1,062,144) subject to any amendment of funding. The State WIC program will provide subgrantee with EBT cards, specialty infant formula (when approved), certification and nutrition education materials and technical support as necessary. Subgrantee hereby acknowledges and agrees that the maximum subgrant amount is subject to approval by the Administrator of the Nevada Division of Public and Behavioral Health and that amount is based upon the approved line item budget (Section C. Budget and Financial Reporting).

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

VI. NON-LIMITATION OF REMEDY

The provisions of sanctions or penalties pursuant to this subgrant shall not be construed as excluding or reducing any criminal or civil penalties or sanctions or other remedies that may be applicable under Federal, State or local laws. Subgrantee hereby acknowledges and agrees that, pursuant to the Regulations, whoever embezzles, willfully misapplies, steals or obtains by fraud any funds, assets or property provided under the Child Nutrition Act, whether received directly or indirectly from Federal Nutritional Services (FNS), or whoever receives, conceals or retains such funds, assets or property for his or her own interest, knowing such funds, assets or property have been embezzled, willfully misapplied, stolen or obtained by fraud shall, if such funds, assets or property are of the value of \$100 or more, be fined not more than \$25,000 or imprisoned not more than 5 years, or both; or if such funds, assets or property are of a value of less than \$100, shall be fined not more than \$1,000 or imprisoned for not more than 1 year, or both.

VII. ADVERSE ACTIONS

A. Arbitrations: This subgrant shall not be subject to arbitration.

B. Adverse Action: The right of appeal shall be granted when State WIC office takes adverse actions which affect participation.

1. State WIC office must provide written notification of adverse action with a minimum of 60 days notice.

2. Subgrantee must file appeal within 15 calendar days of receipt of notification.

3. The hearing shall be convened with 20 days advance notice.

4. The hearing officer, appointed by the Administrator of the Division of Public and Behavioral Health, shall schedule two alternative hearing dates.

5. Subgrantee shall have the opportunity to confront and cross-examine adverse witnesses; to be represented by counsel; and the opportunity to review the case record prior to the hearing.

6. Within 60 days of the date of receipt of the notice of appeal, the hearing officer shall issue a written decision.

C. Disqualification: Subgrantee may be disqualified.

1. The State WIC office determines noncompliance with program regulations.

2. The State WIC office program funds are insufficient to support the continued operation of all its existing local agencies at their current participation level.

3. When the State WIC office determines, following a periodic review of local agency credentials, that another local agency can operate the program more effectively and efficiently.

D. Participation Pending Appeal: Appealing an action does not relieve Subgrantee, while the appeal is in process, from the responsibility of continued compliance with the terms of this Subgrant.

E. Final Order: The decision shall be final and conclusive subject to an appeal to a court of law pursuant to NRS Chapter 233B (Nevada Administrative Procedures Act).

F. Exceptions: Expiration of this subgrant and reduction in caseload due to insufficient funds shall not be subject to appeal.

VIII. DISCRIMINATION

A. Data Collection: Subgrants shall comply with Federal Nutritional Services (FNS) requirements for the collection of racial and ethnic participation data.

B. Translation Services: Subgrantee shall take all reasonable steps to ensure that WIC program information and nutrition education materials and services are available in the appropriate language to non-English or limited-English speaking persons or hearing and speech impaired.

C. Employment: Subgrantee shall state in all solicitation or advertisements for employees placed by or on behalf of subgrantee that all applicants for employment shall receive consideration regardless of race, age, disability, color, sex, or national origin.

D. Notice and Opportunity for Hearing: Subgrantee shall comply with FNS requirements for public notification of nondiscrimination policy. Subgrantee shall provide all persons with notice and an opportunity to file a civil rights complaint. Subgrantee shall refer any and all complaints of discrimination filed by applicants, eligible recipients or participants to the Director, Office of Equal Opportunity, USDA, Washington, DC 20250, with a copy to State WIC office.

IX. ADDITIONAL SERVICES AND FUNDS

Nothing in this subgrant shall be deemed in any way to authorize subgrantee to perform any additional services or to expend any additional funds without prior written authorization from State WIC office.

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

X. TERMINATION

A. By Subgrantee: The Subgrant may be terminated by subgrantee prior to expiration by providing written notification to State WIC office provided that subgrantee continues to perform this subgrant during its term until such time as State WIC office is able to replace subgrantee with another provider of the services or until 120 days after notification of revocation, whichever occurs first.

B. Availability of Federal Funds: This subgrant is contingent upon federal funding and will terminate if such funding becomes unavailable. State WIC office shall notify subgrantee **immediately** in writing of such termination.

C. Cooperation: Subgrantee shall, upon notification of the termination of this subgrant and if so directed by State WIC office, cooperate in any and all efforts to refer participants to other WIC clinics in order to maintain continuity of participation in the WIC program.

D. Liability Following Termination: Following receipt of notice of termination by State WIC office, subgrantee shall cease all WIC program operations as of the effective date of termination. Subgrantee shall be liable for any and all EBT cards issued by subgrantee after the effective date of termination of this subgrant, unless the issuance of such EBT cards is expressly authorize in writing by State WIC office.

E. This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the party has served written notice upon the other party and 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 for any reason the Division of Public and Behavioral Health, State, and/or Federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

XI. VALIDITY AND EFFECTIVENESS OF SUBGRANT.

A.Both parties recognize that this subgrant's validity and effectiveness are conditional upon availability of funds as provided for by Congress for the purposes of this program.

B.It is mutually understood between the parties that this subgrant may have been written prior to October 1 of the current year and before congressional appropriation of funds, for the mutual benefit of both parties in order to avoid program and fiscal delays which would occur if the subgrant were executed after October 1.

C.This subgrant is valid and enforceable only if sufficient funds are made available to the State WIC office by the United States government for the fiscal year specified for the purposes of this program. In addition, this subgrant is subject to any additional restrictions, limitations or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this subgrant in any manner.

D. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this subgrant may be amended or terminated, to reflect any reduction in funding to the Nevada WIC program.

XII.AUDIT

Subgrantee shall have an independent audit of its operations performed during the term of this subgrant. If the subgrantee expends more than \$750,000 in aggregate federal funds, an audit must be performed in accordance with OMB Uniform Guidance, Title 2, Subpart F- Audit Requirements, 200.501. The audit must be completed and submitted to State WIC office within nine (9) months following the close of the fiscal year or subgrantee will be subject to a penalty of up to the amount paid for the audit and Subgrant funding may be withheld.

XIII.RENEWAL

Nothing in this Subgrant shall be deemed to impose any obligation on either party to enter into any subsequent Subgrant.

XIV. WHOLE AGREEMENT

This subgrant with Sections A, B, C, D, E and F constitutes the entire agreement between the parties hereto, and supersedes and replaces all previous communications, representations, or agreements, whether oral or written, between the parties pertaining to the subject matter herein.

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

SECTION C

Budget and Financial Reporting Requirements

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 7NV700NV7 from the United States Department of Agriculture, Food and Nutrition Services, Women, Infants and Children Program

Subgrantee agrees to adhere to the following budget:

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

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 1,003,907		
		\$ 6,424	Public Health Program Manager - .05 FTE @ \$6,424
		115,116	Community Health Nutritionist – 1 FTE @ 115,116
		118,840	Community Health Nutritionist – 1 FTE @ 118,840
		94,773	Human Services Support Specialist II – 1 FTE @ 94,773
		88,798	Human Services Support Specialist II – 1 FTE @ 88,798
		88,919	Human Services Support Specialist II – 1 FTE @ 88,919
		74,644	Community Health Aide – 1 FTE @ 74,644
		76,446	Community Health Aide – 1 FTE @ 76,446
		83,127	Community Health Aide – 1 FTE @ 83,127
		76,894	Office Assistant II – 1 FTE @ 76,894
		80,235	Office Assistant II – 1 FTE @ 80,235
		82,932	Office Assistant II – 1 FTE @ 82,932
		4,759	Office Assistant II – 1 FTE @ 4,759 (3 weeks in program)
		12,000	Pooled positions – Per Diem Community Health Aides
			<i>*Salaries includes fringe benefits:</i>
2. Travel	\$ 800		
		\$ 800	Mileage @ 123.4 miles per month 12 months x .54 = \$799.63
3. Operating	\$ 36,611		
		\$ 200	Medical Services @ \$200/yr. for employee screening
		100	Laundry @ \$100 for 12 months
		250	Repairs and Maintenance @ \$250 for 12 months
		8,500	Medical Supplies (i.e. hemacues, lancets, alcohol, gauze, exam paper, etc) @ \$708.33 x 12 months = \$8,500
		3,500	Copy Machine @ \$291.67 x 12 months = \$3,500
		4,000	Office Supplies (i.e. pens, paper, files, labels, markers, toner, Medfax) @ \$333.34 x 12 months = \$4,000.08
		150	Books and Subscriptions
		200	Postage @ \$200 for 12 months for missed appointments, client notifications, voter registration materials, etc.
		1,000	Printing @ \$83.34 x 12 months = \$1,000
		845	Licenses/Permits/Dues @ \$845 for 12 months (i.e. laboratory licenses for certifying staff, licensure renewal for registered dieticians, fingerprinting)
		100	Health fair registrations
		150	Other (educational materials, picture frames, etc.)
		16,866	Building Lease @ \$1,405.50 per month x 12 months = \$16,866
		750	Equipment – Non Capital (i.e.: chair, scales, keyboards, etc.)
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Training	\$		
		\$	
7. Other	\$ 20,826		
		\$ 20,826	Indirect Costs @ \$1,041,318 x 2% of Total Direct Costs = \$20,826.36
Total Cost	\$ 1,062,144		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work. Funds may be transferred to another approved category after a written request, with supporting document for the change, has been received and approved by the Division.

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

- 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.

- State WIC Program shall reimburse subgrantee monthly, and upon submission of a monthly Division of Public and Behavioral Health Request for Reimbursement with supporting documentation acceptable to the State WIC program, provided the requested amount does not exceed authorized subgrant amount. Any amount in excess of the authorized subgrant amount shall be borne by subgrantee. Monthly reports shall be submitted by the 15th of the month following service to participant. The final Request for Reimbursement report must be submitted by November 30th following the end of each Federal Fiscal Year ended September 30th.
- Maximum allowable for the term of the subgrant is **\$1,062,144.00**.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- **Allowable Expense:** Subgrantee shall be paid only for allowable expenses, as defined in the applicable regulations (OMB Uniform Guidance, Title 2, Subpart E- Cost Principles). It is the policy of the State Board of Examiners to restrict contractors/subgrantees travel 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; see State Administrative Manual (SAM) Sections 0200.0 and 0320.0. Standard mileage reimbursement rate will be at the current Nevada State per mile rate. WIC program shall have the right to determine whether expenditures made by subgrantee from funds provided pursuant to this subgrant were made in accordance with the regulations, and to withhold payment or demand reimbursement of disallowed expenditures from subgrantee. Additional expenditure detail will be provided upon request from the Division.
- **Nutrition Education Requirement:** Subgrantee shall expend a minimum of one-sixth of all funds provided in this subgrant for nutrition education by including Time and Effort Studies and Unit Breakdown forms with Request for Reimbursements. The State WIC program shall have the right to determine if the subgrantee has fulfilled this requirement in accordance with the regulations, and to withhold payment from subgrantee for the difference between the amount expended on nutrition education and an amount equal to the one-sixth of the total subgrant.
- **Refunds:** Subgrantee shall pay the State WIC program the amounts, including any interest thereon, of any and all refunds, rebates, credits, or other amounts accruing to or received by Subgrantee for services provided by Subgrantee in performance of this subgrant from any outside source to the extent that such amounts are allocable to costs for which Subgrantee has been or may be reimbursed by State WIC program pursuant to this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division of Public and Behavioral Health are SUBJECT TO AUDIT.
- **Audit Exceptions:** Subgrantee shall pay to State WIC program any and all amounts claimed for reimbursement of WIC program funds brought against subgrantee as a result of state or federal audits.
- **Food Instrument Security:** Subgrantee shall pay the State WIC program any and all amounts equal to the value of EBT cards which were in their custody and were lost, misused, or otherwise diverted from WIC program purposes through negligence, fraud, theft, embezzlement, or unexplained causes. Subgrantee shall have an opportunity to submit evidence, explanation or information concerning alleged instances of

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

non-compliance or diversion prior to a final determination being made by State WIC program as to the imposition of this requirement.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees:

- Providing 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:

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

The amount of this subgrant is subject to the availability of appropriate funds from the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS). The amount of this Federal Fiscal Year (FFY) 2017 subgrant was based on several factors including a monthly average of the WIC participants served during FFY 2016 by each local agency, and the number of clinics offered by each local agency. If that monthly average of participants or the number of clinics changes in a material way, the Division may revise the amount of the subgrant for the local agency for FFY 2017 to reflect an increase or decrease commensurate with that change. Any revision may be dependent on the total grant funding provided to the Division by the USDA FNS. The Division would provide a minimum of 60 days' notice of that change to the local agency.

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 party has served written notice upon the other party and 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 for any reason the Division of Public and Behavioral Health, 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 basis, based on the terms of the subgrant agreement, no later than the 15th 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

Request for Reimbursement

HD#: **15722**

Budget Account: 3214

GL: 8516

Draw #: _____

Program Name: Women, Infants and Children Program	Subgrantee Name: Washoe County Health District
Address: 400 West King Street, Ste. 300 Carson City, NV 89703	Address: 1001 East Ninth Street/PO Box 11130 Reno, NV 89520
Subgrant Period: October 1, 2016 - September 30, 2017	Subgrantee's: EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: 2016

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$1,003,907.00	\$0.00	\$0.00	\$0.00	\$1,003,907.00	0.0%
2 Travel	\$800.00	\$0.00	\$0.00	\$0.00	\$800.00	0.0%
3 Operating	\$36,611.00	\$0.00	\$0.00	\$0.00	\$36,611.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$20,826.00	\$0.00	\$0.00	\$0.00	\$20,826.00	0.0%
Total	\$1,062,144.00	\$0.00	\$0.00	\$0.00	\$1,062,144.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

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: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? June 30, 2016
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August 2016
7. What time period did your last audit cover? 7/1/15 - 6/30/16
8. Which accounting firm conducted your last audit? Eide Bailly

Signature

Date

Administrative Health Services Officer
Title

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

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the

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

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

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

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

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

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

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

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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

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

THIS SPACE INTENTIONALLY LEFT BLANK

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

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

Covered Entity	Business Associate
<p>Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706</p> <p>Phone: (775) 684-5975</p> <p>Fax: (775) 684-4211</p>	<p>Washoe County Health District</p> <hr/> <p>Business Name</p> <p>1001 E. 9th Street, Bldg B</p> <hr/> <p>Business Address</p> <p>Reno, NV 89512</p> <hr/> <p>Business City, State and Zip Code</p> <p>775.328.2400</p> <hr/> <p>Business Phone Number</p> <p>775.328.3752</p> <hr/> <p>Business Fax Number</p>
<hr/> <p>Authorized Signature</p>	<hr/> <p>Authorized Signature</p>
<hr/> <p>for Cody L. Phinney, MPH</p> <hr/> <p>Print Name</p>	<hr/> <p>Kevin Dick</p> <hr/> <p>Print Name</p>
<p>Administrator, Division of Public and Behavioral Health</p> <hr/> <p>Title</p>	<p>District Health Officer</p> <hr/> <p>Title</p>
<hr/> <p>Date</p>	<p>12/15/2016</p> <hr/> <p>Date</p>

DD	AH
DHO	KD
DA	LA
Risk	DME

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve Subgrant Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2016 through March 31, 2017 in the total amount of \$78,201.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program IO# 10028, IO# 10029 and IO# 11319 and authorize the District Health Officer to execute the Subgrant Amendment.

SUMMARY

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

The Community and Clinical Health Services Division received Subgrant Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on November 29, 2016 to support the Immunization Program. The funding period is retroactive to January 1, 2016 and extends through March 31, 2017. A copy of the Subgrant Amendment is attached.

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 accepted Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2016 through December 31, 2016 in the amount of \$129,628.00 (no required match) in support of the Immunization program.

Subject: Approve Immunization Subgrant Amendment #2

Date: December 15, 2016

Page 2 of 3

On February 25, 2016, the Board approved the Notice of Subgrant Award for calendar year 2016 in the amount of \$194,271 representing "Round 1" of funding in support of the Immunization Program.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Immunization Program

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

The Subgrant Amendment #2, representing "Round 3" of funding from the CDC, provides funding for personnel and indirect expenditures.

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

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

Amendment Amount: \$ 78,201.00

Grant Period: January 1, 2016 – March 31, 2017

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

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

CFDA Number: 93.268 & 93.539

Grant ID Number: HD#15389

Match Amount and Type: No match required.

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

FISCAL IMPACT

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

RECOMMENDATION

Approve Subgrant Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2016 through March 31, 2017 in the total amount of \$78,201.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program IO# 10028, IO# 10029 and IO# 11319 and authorize the District Health Officer to execute the Subgrant Amendment.

Subject: Approve Immunization Subgrant Amendment #2

Date: December 15, 2016

Page 3 of 3

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve Subgrant Amendment #2 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2016 through March 31, 2017 in the total amount of \$78,201.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program IO# 10028, IO# 10029 and IO# 11319 and authorize the District Health Officer to execute the Subgrant Amendment."



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

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

SUBGRANT AMENDMENT # 2

Program Name: Nevada State Immunization Program Bureau of Child, Family & Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: 01/01/2016 through 3/31/17	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

- Scope of Work
 Term
 Budget

Reason for Amendment: The Nevada State Immunization Program received Round 3 funding from the CDC issued on 09/08/16. It is necessary for the program to increase the subgrant award so that the subgrantee can accomplish the scope of work set out in the original subgrant. This amendment increases the original subgrant budget by \$78,201 for a total budget award of \$402,101. The CDC also extended the date of the grant to 03/31/17

Required Changes:

Current Language: Subgrant Period: 01/01/16 through 12/31/16. See Section B and C of original subgrant, and Exhibit A of amendment 1. The maximum available through this subgrant is \$323,900.00.

Amended Language: Subgrant Period: 01/01/16 through 03/31/17. See Exhibit A and B, which adds to original subgrant and amendment 1. The maximum available through this subgrant is **\$402,101.00**.

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 264,932.00	\$ 69,205.00	\$ 334,137.00
2. Travel	\$ 9,051.00	\$ 0.00	\$ 9,051.00
3. Operating	\$ 1,450.00	\$ 0.00	\$ 1,450.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Other	\$ 9,284.00	\$ 0.00	\$ 9,284.00
7. Indirect	\$ 39,183.00	\$ 8,996.00	\$ 48,179.00
Total	\$ 323,900.00	\$ 78,201.00	\$ 402,101.00

Incorporated Documents:

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

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

Name and Title	Signature	Date
Kevin Dick District Health Officer		
Karissa Loper, MPH Program Manager, NSIP	<i>Karissa Loper</i>	11/28/16
Beth Handler, MPH Bureau Chief, CFCW	<i>BHandler</i>	11/29/16
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

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

EXHIBIT A

Amended Scope of Work and Deliverables

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

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

Scope of Work for WCHD (JAN-MAR 2017)

CHAPTER B – ASSESSING PROGRAM PERFORMANCE

AFIX ASSESSMENTS

Assessment, Feedback, Incentives and Exchange (AFIX) is a continuous quality improvement process that is used to improve VFC providers' immunization practice and raise immunization coverage rates in individual offices. **All county Quality Assurance Coordinators are required to work closely with the state Provider Quality Assurance Manager.**

Goal 2: Assess program performance for program improvement.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. (IPOM B-3) By 03/31/2017, work with VFC providers in jurisdiction on quality improvement processes to increase coverage levels and decrease missed opportunities using AFIX components and move toward use of NV WebIZ as primary source of data for provider coverage level assessments.	1) Between January and March 2017, the state Provider Quality Assurance Manager and county coordinators will conduct childhood AFIX assessments on selected VFC providers in jurisdiction. The following will be conducted during each AFIX visit: <ul style="list-style-type: none"> a) Utilize NV WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. c) After receiving the updated immunization information from the providers, generate the antigen series rate in CoCASA for the 	03/31/2017	1. Quarterly Progress Report (templates will be sent by NSIP and a due date provided). 2. Within 30 days of the AFIX Visit, submit the following documentation: <ul style="list-style-type: none"> a. 2017 Childhood Immunization Report Card b. CoCASA Summary Report for the 4.3.1.3.3.1.4 series "up-to-date at age 24 months."

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

	<p>4.3.1.3.3.1.4 immunization series, the individual antigen rates and the missed opportunity rates by utilizing the “Assessment Results” tab and selecting “up-to-date rate at age 24 months.”</p> <ul style="list-style-type: none"> d) Utilizing the AFIX Online Tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback and all follow-up sessions. e) Conduct the required follow-up session within six (6) months of the feedback session and include an AFIX assessment on the same age cohort (but, not the same patients). f) Promote reminder/recall programs and NILE activities during provider visits. g) Perform immunization assessments for all NV WebIZ users in jurisdiction for the annual Silver Syringe Awards; generate immunization rates in NV WebIZ for those providers that did not receive an AFIX visit. <ul style="list-style-type: none"> i. Coordinate with NSIP staff to conduct an immunization assessment of all VFC Providers/WebIZ users in jurisdiction. 	<p>3. Enter the AFIX Visit data into the AFIX Online Tool within 10 days of completing the visit.</p> <p>4. Document progress on Quality Improvement Activities in the AFIX Online Tool during each childhood follow-up visit.</p>
--	---	--

CHAPTER C – ASSESSING ACCESS TO VACCINATIONS

PERINATAL HEPATITIS B PREVENTION

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

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

The annual Perinatal Hepatitis B Prevention Assessment is due to Doug Banghart upon his request.

Goal 3: Work with partners, as appropriate, to assure coordination of the following activities in order to prevent Perinatal Hepatitis B transmission.

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

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. (IPOM C5-a) Identify HBsAg-positive pregnant women.</p>	<p>1) Between January and March 2017:</p> <ul style="list-style-type: none"> a) Educate prenatal, postpartum and pediatric providers on the importance of screening all women during every pregnancy for HBsAg; b) Improve mechanisms to identify women who are HBsAg-positive and pregnant; and c) Identify household and sexual contacts and offer testing and Hepatitis B vaccination. 	<p>03/31/2017</p>	<p>1. Quarterly Progress Report (templates will be sent by NSIP and a due date provided).</p>
<p>2. (IPOM C5-b) Prophylax newborns with Hepatitis B vaccine and HBIG.</p>	<p>1) Between January and March 2017, provide technical assistance to each birthing hospital in jurisdiction to establish mechanisms to confirm women's HBsAg status at time of delivery, and if a woman presents for delivery without documentation or HBsAg status is unknown, establish policies or mechanisms to immediately test for HBsAg status.</p> <p>2) If mother is HBsAg-positive, then establish policies or mechanisms to administer Hepatitis B vaccine and HBIG to infant within 12 hours of birth. If HBsAg status is unknown at birth, then administer Hepatitis B vaccine to infant within 12 hours of birth. Provide technical assistance to each birthing hospital in jurisdiction to establish policies or mechanisms to administer HBIG to infant as soon as HBsAg-positive status is confirmed, but no later than one week after birth.</p> <p>3) Review mechanisms for birthing hospitals to routinely provide documentation of date and time of HBIG and Hepatitis B vaccine administration to exposed newborn to the infant's identified health care provider and the county Perinatal Hepatitis B Prevention Program.</p> <p>4) Review policies and mechanisms to have birthing hospitals routinely provide documentation of date/time and type of post-exposure prophylaxis administered to infants born to women with unknown HBsAg status to the newborn's pediatrician and the county Perinatal Hepatitis B Prevention Program and to provide results of HBsAg screening as soon as results become available.</p>	<p>03/31/2017</p>	<p>1. Quarterly Progress Report (templates will be sent by NSIP and a due date provided).</p>

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

	5) Provide technical assistance to each birthing hospital in jurisdiction to develop policies and/or procedures for administering the first dose of Hepatitis B vaccine to all infants born to HBsAg-negative women before hospital discharge or, for infants weighing less than 2,000 grams, at one month or hospital discharge, whichever comes first.		
3. (IPOM C-5c) Increase timely completion of doses two and three.	1) Between January and March 2017: <ul style="list-style-type: none"> a) Review and improve mechanisms and implement remind/recall of infants enrolled in the Perinatal Hepatitis B Prevention Program so that they receive all required doses of the Hepatitis B vaccine series on schedule. b) Review and improve protocols to actively follow up with families that do not receive the full Hepatitis B vaccine series according to the most current ACIP-recommended childhood immunization schedule. c) Review and improve mechanisms to ensure that the Perinatal Hepatitis B Prevention Program receives documentation of administration data (mm/dd/yyyy) for all hepatitis B vaccine doses administered to the identified infants born to HBsAg-positive women. 	03/31/2017	1. Quarterly Progress Report (templates will be sent by NSIP and a due date provided).
4. (IPOM C-5d) Increase post-vaccination serology.	1) Identify contributing factors that prevent infants from obtaining post-vaccination serologic testing (PVST) within the ACIP-recommended testing and time frame. 2) Develop and implement an action plan to reduce/eliminate identified factors within program's control that prevent infants from obtaining timely PVST.	03/31/2017	1. Quarterly Progress Report (templates will be sent by NSIP and a due date provided). 2. Copy of Action Plan due to NSIP Perinatal Hepatitis B Prevention Coordinator upon completion.

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

	<p>Provide a copy of the plan to State Perinatal Hepatitis B Coordinator.</p> <ol style="list-style-type: none">3) Identify, contact and collaborate with other entities that may be able to reduce/eliminate identified factors outside the program's control that prevent infants from obtaining timely and appropriate PVST.4) Develop and implement mechanisms that remind/recall infants enrolled in the Perinatal Hepatitis B Prevention Program to receive PVST when due.5) Review and improve protocols that actively follow up with families of infants that do not obtain PVST according to the ACIP recommendations.6) Review and improve protocols to close infants to Perinatal Hepatitis B Prevention Program services with PVST results that report the infants are protected against hepatitis B infection.7) Review and improve protocols to actively follow-up with families of infants with PVST results that indicate infants remain susceptible to Hepatitis B infection to revaccinate infant with 2nd Hepatitis B vaccine series and receive PVST results after the completion of the 2nd Hepatitis B vaccine series.8) Review and improve mechanisms to obtain and document date of infant's PVST and results from appropriate sources (i.e., family, lab, healthcare provider, etc.).		
--	---	--	--

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

CHAPTER E – IMPROVE AND MAINTAIN PREPAREDNESS

SEASONAL INFLUENZA VACCINATION

Goal 4: Conduct seasonal influenza vaccination activities to improve preparedness for an influenza pandemic.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. (IPOM E-3) Between January and March 2017, work with new and existing partners to increase demand for seasonal influenza vaccine to improve preparedness for an influenza pandemic, including school-located vaccination clinics.</p>	<ol style="list-style-type: none"> 1) Work with Immunize Nevada, Washoe County School District (WCSD) and other local partners, especially those which serve groups at high risk for complications from influenza and/or underserved populations, to increase demand for seasonal influenza vaccination. 2) In partnership with Immunize Nevada and WCSD, conduct school-located vaccination clinics throughout the winter of 2017. 3) Participate in training local advanced EMTs and Paramedics on the administration of intramuscular, intradermal and intranasal influenza vaccines in collaboration with the WCHD Public Health Preparedness division. 	<p>03/31/2017</p>	<ol style="list-style-type: none"> 1. Quarterly Progress Report (templates will be sent by NSIP and a due date provided). 2. SLVC Reports – Reports should include, when feasible, the number of clinics held, total number of individuals targeted, dates of clinics with respect to jurisdictions influenza season, and a description of the target population by age and race/ethnicity.

EXHIBIT B

Washoe County Health District - IMMUNIZATION GRANTS BUDGET
Round 3 Amendment - Extension to 3/31/17

VFC Ops (10029)					317 - Ops (10028)					PPHF - Ops (11319)							
Personnel:	Qty	Total Wages	3 months	%	Total	Personnel:	Qty	Total Wages	3 months	%	Total	Personnel:	Qty	Total Wages	3 months	%	Total
VFC/AFIX Coord	1	\$ 122,000	\$ 30,500.00	0.235	\$ 7,188	IZ PHN	1	\$ 90,800	\$ 22,700	0.12	\$ 2,704	VFC/AFIX Coord	1	\$ 122,000	\$ 30,500	0.67	\$ 20,262
												VFC/AFIX Coord	1	\$ 122,000	\$ 30,500	0.50	\$ 15,250
												IZ PHN	1	\$ 90,800	\$ 22,700	0.31	\$ 7,057
												IZ PHN	1	\$ 123,000	\$ 30,750	0.5	\$ 15,375
												Peri Hep-B Coord	1	\$ 109,500	\$ 27,375	0.05	\$ 1,369
Total Wages include Fringe					*Total Wages include Fringe*					*Total Wages include Fringe*							
Total Personnel:					\$ 7,188	Total Personnel:					\$ 2,704	Total Personnel:					\$ 59,313
Total Travel:					\$ -	Total Travel:					\$ -	Total Travel:					\$ -
Total Operating:					\$ -	Total Operating:					\$ -	Total Operating:					\$ -
Total Other:					\$ -	Total Other:					\$ -	Total Other:					\$ -
Indirect		Rate		Total		Indirect		Rate		Total		Indirect		Rate		Total	
\$	7,188	0.13		\$ 934.44		\$	2,704	0.13		\$ 352		\$	59,313	0.13		\$ 7,711	
Total Indirect:					\$ 934	Total Indirect:					\$ 352	Total Indirect:					\$ 7,711
Total VFC/AFIX Budget:					\$ 8,122	Total 317 Ops Budget:					\$ 3,056	Total PPHF Ops Budget:					\$ 67,023

COMBINED TOTAL \$ 78,201

DD	AH	__
DHO		KB __
DA	LA	__
Risk	DME	__

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

TO: District Board of Health

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

SUBJECT: Approval of Award from the National Association of County and City Health Officials (NACCHO) for the period upon approval through August 31, 2017 in the total amount of \$7,595.75 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards Mentorship Program, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

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 award letter from NACCHO On November 3, 2016. A copy of the award letter is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

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

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: NACCHO Retail Program Standards Mentorship Program

Scope of the Project: The scope of work addresses the following:

- Develop and implement a quality assurance program consistent with the criteria of Standard 4 – Uniform Inspection Program
- Send three staff members to the National Environmental Health Association Registered Environmental Health Specialist (REHS) Review Course and Exam in an effort to meet criteria in Standard 2 – Trained Regulatory Staff.

Benefit to Washoe County Residents: This Award supports the EHS Food Program efforts to achieve conformance with the FDA Voluntary National Retail Food Regulatory Program Standards. Implementing the standards benefits the community by reducing or eliminating the occurrence of illness and death from food produced in Washoe County food establishments. Reduction in the percentage of foodborne illness risk factors in food establishments has been identified as a goal in the Washoe County Health District Strategic Plan.

On-Going Program Support: These funds will be used for one-time program expenditures.

Award Amount: Total award is \$7,595.75 (\$6,905.25 direct/\$690.50 indirect)

Grant Period: November 8, 2016 – August 31, 2017

Funding Source: Food and Drug Administration (FDA)

Pass Through Entity: National Association of County and City Health Officials

CFDA Number: 93.103

Grant ID Number: Not available

Match Amount and Type: None

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 award was not anticipated in the FY17 budget, a budget amendment in the amount of \$6,905.25 is necessary to bring the 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 \$6,905.25 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>	
2002-IO-TBA	-431100		
	Federal Revenue	\$6,905.25	
	Total Revenue	\$6,905.25	
	-710509	Seminars and Meetings	\$1,497.00
	-711210	Travel	\$5,408.25
	Total Expenditures	\$6,905.25	

Subject: Approval of Award – NACCHO – Retail Program Standards Mentorship Program

Date: December 15, 2016

Page 3 of 3

RECOMMENDATION

Staff recommends that the District Board of Health approve the Award from the National Association of County and City Health Officials (NACCHO) for the period upon approval through August 31, 2017 in the total amount of \$7,595.75 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards Mentorship Program, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Award from the National Association of County and City Health Officials (NACCHO) for the period upon approval through August 31, 2017 in the total amount of \$7,595.75 in support of the Environmental Health Services Division (EHS) Food Program, Retail Program Standards Mentorship Program, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement."

November 3, 2016

Dear Amber English:

Congratulations! On behalf of the National Association of County and City Health Officials (NACCHO), I am pleased to announce that Washoe County Health District (NV) has been selected to participate as a mentee local health department in the Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) Mentorship Program. Your jurisdiction is one of 29 sites selected to collaborate and partner directly with NACCHO through support from the Food and Drug Administration (FDA).

It is exciting to have so much interest from around the country in this important community collaboration focused on building capacity for integrating the Retail Program Standards at health departments. Your jurisdiction will be matched with mentor, Southern Nevada Health District (NV), who will be providing guidance on Standards 2 and 4 as indicated in your application. NACCHO is pleased to award funding in the amount of \$7595.75 for the period November 2016 – August 31, 2017.

Next Steps:

- Please confirm your acceptance by **November 8, 2016** to Tiara Smith (tsmith@naccho.org).
- The plan is to schedule an orientation call in the coming weeks. You will receive separate requests via email asking for your availability in identifying a date and time that works for all selected health departments participating in the mentorship program.
- NACCHO will be sending a **follow-up email** with forms to complete. Upon receipt of these forms, NACCHO will forward a contractual agreement via email in the coming weeks.
- Upon meeting with your mentor, you will be expected to review and revise your action plan, workplan, and deliverables as appropriate. Submit completed items, with assistance from your mentor, by **December 16** to Tiara Smith (tsmith@naccho.org).

NACCHO and FDA staff looks forward to working with you and your colleagues on this important endeavor. A hard copy of the notification letter will also be mailed to you. Please do not hesitate to contact me at (202) 507-4242 or jli@naccho.org if you have any questions.

Regards,



Jennifer Li, Senior Director, Environmental Health and Disability



DD	AH	_____
DHO		_____ <i>AD</i>
DA	NA	_____
Risk	NA	_____

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

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

SUMMARY

The fourth month of fiscal year 2017 (FY17) ended with a cash balance of \$2,459,340. Total revenues were \$6,353,520 up \$547,610 or 9.4% over fiscal year 2016 (FY16) and 30.1% of budget. With 33.3% of the fiscal year completed the expenditures totaled \$7,001,421 up \$356,874 or 5.4% compared to FY16 and was 31.3% 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.

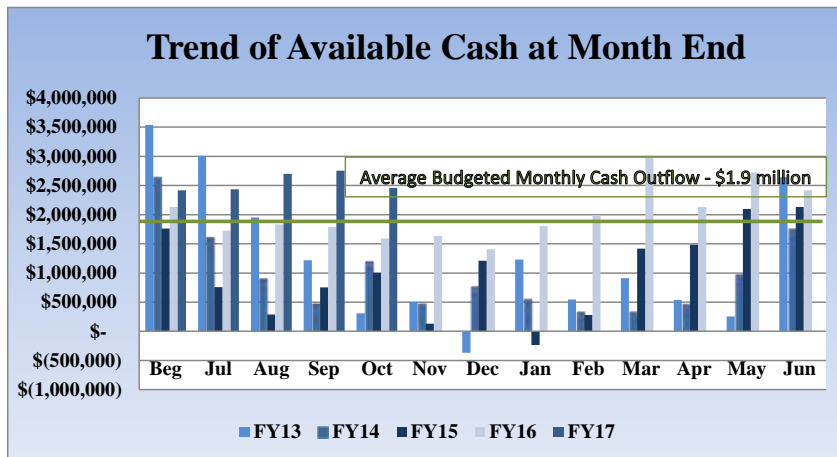
PREVIOUS ACTION

Fiscal Year 2017 Budget was adopted May 17, 2016.

BACKGROUND

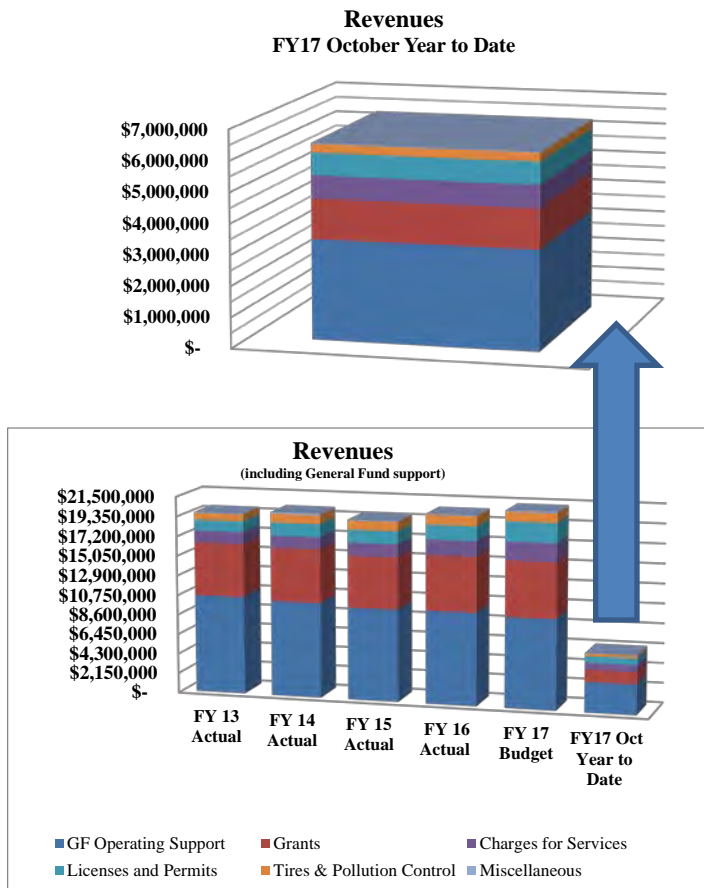
Review of Cash

The available cash at the end of October, FY17, was \$2,459,340 which was 132.3% of the average budgeted monthly cash outflow of \$1,859,174 for the fiscal year and up 54.6% or \$868,062 compared to the same time in FY16. The encumbrances and other liability portion of the cash balance totals \$1.298 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 \$232,340.



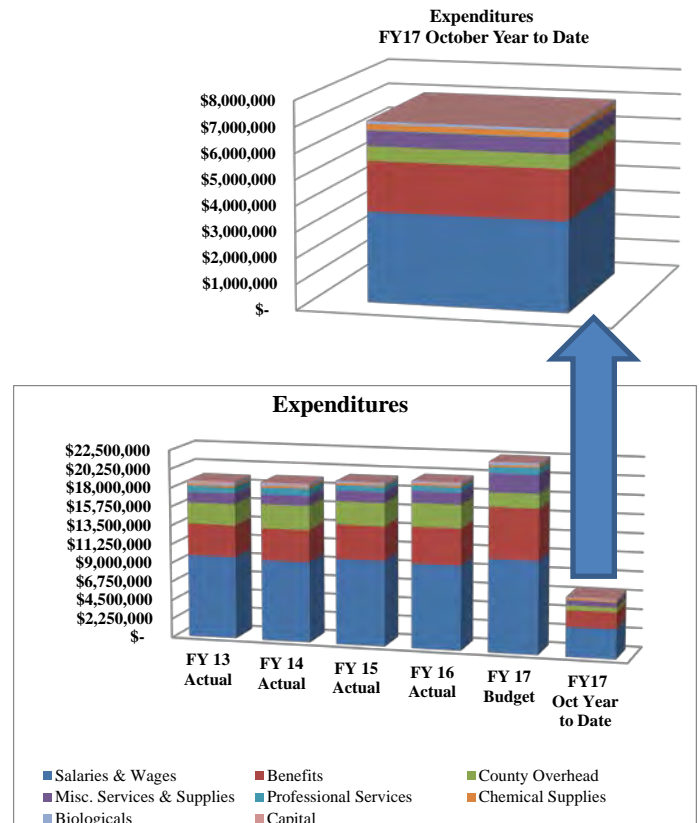
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$6,353,520 were up \$547,610 which was an increase of 9.4% over the same time last fiscal year and was 30.1% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$731,702 were up \$256,141 or 53.9% mainly due to fee increases effective July 1, 2016 and an increase in the work load associated with the fees; federal and state grant reimbursements of \$1,309,328 were up \$216,832 or 19.8%; and, charges for services of \$743,117 were up \$209,978 or 39.4%. The revenue categories that were down compared to FY16 include: tire and pollution control revenues of \$282,958 were down \$40,160 or 12.4% due to the State delaying the October distribution until November; fines and forfeitures for illegal dumping were down \$500; miscellaneous revenues of \$20,796 were down \$1,348 or 6.1%; and the County General Fund transfer of \$3,265,619 was down \$93,333 or 2.8% due to the transfer reduction related to the subsidy for overhead that is no longer required due to the fee increase.

The total year to date **expenditures** of \$7,001,421 increased by \$356,874 or 5.4% compared to the same time frame in FY16. Salaries and benefits expenditures for the fiscal year were \$5,476,592 up \$574,810 or 11.7% over the prior year. The total services and supplies expenditures of \$1,524,829 were down \$217,937 which was a 12.5% decrease. The major expenditures included in the services and supplies are: the professional services which totaled \$30,240 were down \$40,994 or 57.5% over the prior year; chemical supplies were down 1.1% or \$2,280 over last year for a total of \$231,679 spent; the biologicals of \$110,423 were up \$47,897 or 76.6%; and, County overhead charges of \$566,932 were down 39.2% or \$365,028 over last year due to the shift of \$393,820 of retiree health benefits charges reallocated from overhead to the benefits category.



Review of Revenues and Expenditures by Division

AQM has received \$761,225 or 28.4% of budget and up \$109,283 in revenue compared to FY16. CCHS received \$882,141 in revenue or 22.9% of budget and up \$34,528 over FY16. EHS has received \$953,792 which is 32.8% of budget and up \$243,427 over FY16. EPHP has received \$490,743 in revenue and is up \$253,817 or 107.1% 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 \$3,265,619 or 33.3% of budget.

The total expenditures for FY17 were \$7,001,421 which is 31.3% of budget and up \$356,874 over last fiscal year. ODHO spent \$223,277 up \$42,879 or 31.7% over FY16 mainly due to the increase in County overhead, employee benefit costs and filling a new position approved in the FY17 budget to assist with the community health improvement initiatives. AHS has spent \$377,196 up \$42,879 or 12.8% 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 \$953,417 of the division budget and has increased \$108,717 or 12.9% over last fiscal year due to costs for advertisement campaigns and increased County benefit charges. CCHS has spent \$2,355,196 year to date and is up \$115,436 or 5.2% over last year. EHS spent \$2,278,550 and has increased \$38,196 or 1.7% over last year. EPHP expenditures were \$813,785 and were \$12,122 or 1.5% over FY16.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through October 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)	October Year to Date	Adjusted Budget	October Year to Date	Percent of Budget	FY17 Increase over FY16
Revenues (all sources of funds)									
ODHO	-	-	-	15,000	-	35,000	-	0.0%	-
AHS	33,453	87,930	151	-	111	-	-	-	-100.0%
AQM	2,068,697	2,491,036	2,427,471	2,520,452	651,942	2,683,185	761,225	28.4%	16.8%
CCHS	3,322,667	3,388,099	3,520,945	3,506,968	847,613	3,849,199	882,141	22.9%	4.1%
EHS	1,828,482	1,890,192	2,008,299	2,209,259	710,365	2,906,093	953,792	32.8%	34.3%
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	236,926	1,847,962	490,743	26.6%	107.1%
GF support	8,623,891	8,603,891	10,000,192	10,076,856	3,358,952	9,796,856	3,265,619	33.3%	-2.8%
Total Revenues	\$17,710,834	\$18,267,134	\$19,512,566	\$20,469,870	\$ 5,805,910	\$21,118,295	\$ 6,353,520	30.1%	9.4%
Expenditures (all uses of funds)									
ODHO	-	-	481,886	594,672	183,752	977,616	223,277	22.8%	21.5%
AHS	1,366,542	1,336,740	1,096,568	996,021	334,317	1,189,749	377,196	31.7%	12.8%
AQM	2,629,380	2,524,702	2,587,196	2,670,636	844,700	3,361,187	953,417	28.4%	12.9%
CCHS	6,765,200	6,949,068	6,967,501	6,880,583	2,239,761	7,608,899	2,355,196	31.0%	5.2%
EHS	5,614,688	5,737,872	5,954,567	5,939,960	2,240,355	6,575,424	2,278,550	34.7%	1.7%
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	801,663	2,633,090	813,785	30.9%	1.5%
Total Expenditures	\$18,815,411	\$18,922,800	\$19,399,859	\$19,770,532	\$ 6,644,547	\$22,345,964	\$ 7,001,421	31.3%	5.4%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	-	(481,886)	(579,672)	(183,752)	(942,616)	(223,277)		
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(334,206)	(1,189,749)	(377,196)		
AQM	(560,683)	(33,666)	(159,725)	(150,184)	(192,758)	(678,002)	(192,192)		
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,615)	(1,392,148)	(3,759,700)	(1,473,055)		
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(1,529,990)	(3,669,331)	(1,324,758)		
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(564,737)	(785,128)	(323,042)		
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	3,358,952	9,796,856	3,265,619		
Surplus (deficit)	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ 699,338	\$ (838,637)	\$ (1,227,669)	\$ (647,901)		
Fund Balance (FB)	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844		\$ 1,740,175			
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 Fund Financial Review for October, Fiscal Year 2017.

POSSIBLE MOTION

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

Attachment:
Health District Fund financial system summary report

Period: 1 thru 4 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-	20,443-	36,084-	36	46,317-	18,182-	28,135-	39
422504 Pool Permits	169,246-	25,385-	143,861-	15	97,000-	17,154-	79,846-	18
422505 RV Permits	18,590-	6,998-	11,592-	38	11,000-	3,303-	7,697-	30
422507 Food Service Permits	805,632-	237,499-	568,134-	29	509,823-	146,899-	362,924-	29
422508 Wat Well Const Perm	78,840-	39,556-	39,284-	50	30,000-	16,253-	13,747-	54
422509 Water Company Permits	21,850-	10,513-	11,337-	48	5,000-	3,878-	1,122-	78
422510 Air Pollution Permits	608,864-	205,727-	403,137-	34	477,443-	175,032-	302,412-	37
422511 ISDS Permits	165,195-	81,693-	83,502-	49	75,000-	35,565-	39,436-	47
422513 Special Event Permits	168,108-	73,720-	94,389-	44	90,000-	48,024-	41,976-	53
422514 Initial Applic Fee	55,800-	30,169-	25,632-	54	31,000-	11,271-	19,729-	36
* Licenses and Permits	2,148,652-	731,702-	1,416,950-	34	1,372,583-	475,560-	897,023-	35
431100 Federal Grants	5,375,766-	1,187,284-	4,188,482-	22	5,723,952-	1,011,946-	4,712,006-	18
431105 Federal Grants - Indirect	461,750-	98,359-	363,390-	21	291,791-	65,637-	226,155-	22
432100 State Grants	211,364-	21,930-	189,434-	10	209,951-	13,839-	196,112-	7
432105 State Grants-Indirect	16,597-	1,754-	14,843-	11	15,457-	1,074-	14,383-	7
432310 Tire Fee NRS 444A.090	475,000-	196,301-	278,699-	41	468,548-	237,034-	231,514-	51
432311 Pol Ctrl 445B.830	550,000-	86,657-	463,343-	16	550,000-	86,085-	463,915-	16
* Intergovernmental	7,090,476-	1,592,286-	5,498,190-	22	7,259,700-	1,415,615-	5,844,085-	19
460162 Services to Other Agencies	39,417-		39,417-		28,421-		28,421-	
460500 Other Immunizations	42,150-	6,780-	35,370-	16	89,000-	14,588-	74,412-	16
460501 Medicaid Clinical Services	59,935-	16,686-	43,249-	28	8,200-	16,436-	8,236	200
460503 Childhood Immunizations	13,024-	93-	12,931-	1	20,000-	4,918-	15,082-	25
460504 Maternal Child Health								
460505 Non Title X Revenue								
460507 Medicaid Admin Claiming		115	115-					
460508 Tuberculosis	7,000-	937-	6,063-	13	4,100-	2,380-	1,721-	58
460509 Water Quality	500-	710-	210	142		354-	354	
460510 IT Overlay	39,025-	13,022-	26,003-	33	35,344-	11,712-	23,632-	33
460511 Birth and Death Certificates	490,000-	182,005-	307,995-	37	470,000-	175,485-	294,516-	37
460512 Duplication Service Fees						111-	111	
460513 Other Health Service Charges	60,908-	25,908-	35,000-	43	10,167-	7,578-	2,589-	75
460514 Food Service Certification		1,176-	1,176		18,000-		18,000-	
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	16,394-	19,620-	3,226	120	1,450-	8,026-	6,576	554
460517 Influenza Immunization					7,000-		7,000-	
460518 STD Fees	17,200-	12,411-	4,789-	72	21,000-	6,046-	14,954-	29
460519 Outpatient Services	1,200-		1,200-			1,469-	1,469	
460520 Eng Serv Health	120,960-	41,659-	79,301-	34	50,000-	23,026-	26,974-	46
460521 Plan Review - Pools & Spas	8,470-	4,393-	4,077-	52	1,500-	4,215-	2,715	281
460523 Plan Review - Food Services	56,150-	10,979-	45,171-	20	20,000-	7,468-	12,532-	37
460524 Family Planning	35,000-	20,868-	14,132-	60	32,000-	13,657-	18,343-	43
460525 Plan Review - Vector	82,842-	29,990-	52,852-	36	42,000-	22,098-	19,902-	53
460526 Plan Review-Air Quality	79,589-	24,221-	55,368-	30	60,804-	15,367-	45,437-	25

Period: 1 thru 4 2017 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 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%
705210 Retirement	2,884,547	926,000	1,958,547	32	2,870,083	871,333	1,998,750	30
705215 Retirement Calculation								
705230 Medicare April 1986	141,895	48,328	93,567	34	143,292	46,469	96,824	32
705320 Workmens Comp	92,580	33,349	59,231	36	69,143	23,048	46,095	33
705330 Unemploy Comp	13,752	1,126	12,627	8	15,483	5,161	10,322	33
705360 Benefit Adjustment	26,529		26,529					
* Employee Benefits	6,088,098	1,963,226	4,124,872	32	4,700,224	1,522,583	3,177,641	32
710100 Professional Services	654,097	19,347	634,749	3	832,764	59,665	773,098	7
710105 Medical Services	9,971	590	9,381	6	9,621	1,052	8,569	11
710108 MD Consultants	61,210	7,974	53,236	13	137,971	9,868	128,104	7
710110 Contracted/Temp Services	26,100	2,329	23,771	9	7,279	649	6,630	9
710119 Subrecipient Payments								
710200 Service Contract	91,731	42,367	49,364	46	172,990	36,768	136,222	21
710205 Repairs and Maintenance	14,738	6,722	8,016	46	24,189	2,743	21,446	11
710210 Software Maintenance	12,319		12,319		16,607	9,900	6,707	60
710300 Operating Supplies	127,986	51,667	76,319	40	278,249	29,652	248,597	11
710302 Small Tools & Allow	2,135	1,008	1,127	47	23,685	714	22,971	3
710308 Animal Supplies	1,600	1,049	551	66	1,600	564	1,036	35
710310 Parts and Supplies								
710319 Chemical Supplies	232,700	231,679	1,021	100	231,900	233,959	2,059	101
710325 Signs and Markers								
710334 Copy Machine Expense	35,875	6,500	29,376	18	30,061	10,162	19,898	34
710335 Copy Machine-Copy Charges	2,001	1,202	799	60				
710350 Office Supplies	41,497	13,082	28,415	32	38,213	10,913	27,301	29
710355 Books and Subscriptions	6,675	2,125	4,550	32	6,015	2,110	3,905	35
710360 Postage	21,725	4,621	17,104	21	27,382	6,829	20,553	25
710361 Express and Courier	670	7	663	1	850	16	834	2
710391 Fuel & Lube	125		125		100	5	95	5
710400 Payments to Other Agencies		6,982	6,982					
710412 Do Not Use								
710500 Other Expense	104,205	4,424	99,781	4	39,891	2,373	37,517	6
710502 Printing	22,753	2,902	19,851	13	29,668	11,727	17,941	40
710503 Licenses & Permits	9,630	2,495	7,135	26	6,770	920	5,850	14
710504 Registration		504	504					
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	3,054	6,608	32	9,755	2,427	7,328	25
710508 Telephone Land Lines	36,606	11,485	25,121	31	36,040	10,757	25,283	30
710509 Seminars and Meetings	45,728	9,637	36,092	21	52,467	8,091	44,376	15
710512 Auto Expense	10,465	2,143	8,322	20	11,582	2,329	9,252	20
710514 Regulatory Assessments	20,000	6,836	13,164	34	18,500	8,665	9,835	47
710519 Cellular Phone	14,109	2,517	11,592	18	13,709	3,945	9,764	29
710529 Dues	8,362	26,331	19,969	339	8,375	4,085	4,290	49

Period: 1 thru 4 2017 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 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	8,724	43,433	17	12,107	5,238	6,868	43
710546 Advertising	123,270	44,158	79,112	36	241,546	11,128	230,418	5
710551 Cash Discounts Lost		9	9-			223	223-	
710563 Recruitment								
710571 Safety Expense	55,000		55,000					
710577 Uniforms & Special Clothing	5,657	1,493	4,164	26	9,900		9,900	
710585 Undesignated Budget	450,000		450,000					
710594 Insurance Premium	5,815		5,815					
710600 LT Lease-Office Space	76,607	25,536	51,071	33	79,703	31,405	48,298	39
710620 LT Lease-Equipment								
710703 Biologicals	298,681	110,423	188,259	37	245,868	62,526	183,342	25
710708 Foster Care Home								
710714 Referral Services	6,780		6,780					
710721 Outpatient	108,555	19,192	89,363	18	96,331	29,565	66,766	31
710872 Food Purchases	2,894	473	2,421	16	2,170	160	2,010	7
711008 Combined Utilities	90,800	30,267	60,533	33				
711010 Utilities								
711100 ESD Asset Management	47,382	15,825	31,557	33	66,552	21,244	45,308	32
711113 Equip Srv Replace	44,876	13,464	31,412	30	38,039	8,431	29,608	22
711114 Equip Srv O & M	66,315	24,525	41,789	37	62,441	31,963	30,477	51
711115 Equip Srv Motor Pool	5,000		5,000					
711117 ESD Fuel Charge	34,167	10,582	23,585	31	47,382	16,775	30,607	35
711119 Prop & Liab Billings	82,007	26,236	55,771	32	75,992	25,331	50,661	33
711210 Travel	172,376	28,557	143,820	17	165,570	24,834	140,736	15
711213 Travel-Non Cnty Pers		2,148	2,148-					
711300 Cash Over Short		0	0-					
711399 ProCard in Process						23	23-	
711400 Overhead - General Fund	1,700,797	566,932	1,133,865	33	2,795,882	931,961	1,863,921	33
711504 Equipment nonCapital	75,007	50,805	24,202	68	156,299	10,889	145,410	7
711509 Comp Sftw nonCap		11,741	11,741-					
* Services and Supplies	5,130,618	1,466,748	3,663,870	29	6,163,813	1,684,685	4,479,128	27
781004 Equipment Capital	65,472		65,472		105,880		105,880	
781007 Vehicles Capital								
* Capital Outlay	65,472		65,472		105,880		105,880	
** Expenses	22,310,087	6,943,339	15,366,747	31	21,751,595	6,586,466	15,165,129	30
485192 Surplus Equipment Sales								
* Other Fin. Sources								
621001 Transfer From General	9,796,856-	3,265,619-	6,531,237-	33	10,076,856-	3,358,952-	6,717,904-	33
* Transfers In	9,796,856-	3,265,619-	6,531,237-	33	10,076,856-	3,358,952-	6,717,904-	33
812230 To Reg Permits-230	58,081	58,081		100	58,081	58,081		100
814430 To Reg Permits Capit								
* Transfers Out	58,081	58,081		100	58,081	58,081		100
** Other Financing Src/Use	9,738,775-	3,207,537-	6,531,237-	33	10,018,775-	3,300,871-	6,717,904-	33

Run by: AHEENAN
 Run date: 11/03/2016 07:22:02
 Report: 400/ZS16

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

Page: 5/ 5
 Horizontal Page: 1/ 1
 Variation: 1/ 135

Period: 1 thru 4 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%
*** Total	1,227,669	647,901	579,768	53	1,648,509	838,637	809,872	51

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

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

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

SUMMARY

The five months of fiscal year 2017 (FY17) ended with a cash balance of \$2,613,260. Total revenues were \$7,694,393 up \$339,147 or 4.6% over fiscal year 2016 (FY16) and 36.4% of budget. With 41.7% of the fiscal year completed the expenditures totaled \$8,608,878 up \$409,407 or 5.0% compared to FY16 and was 38.5% 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.

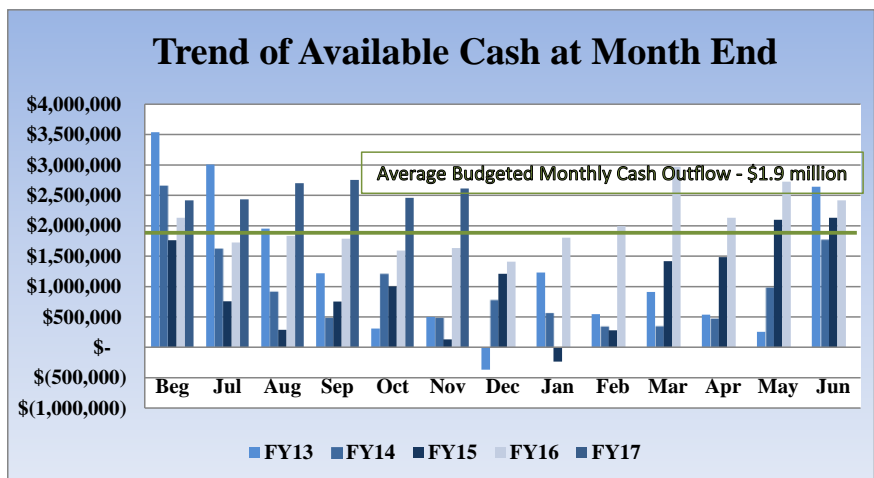
PREVIOUS ACTION

Fiscal Year 2017 Budget was adopted May 17, 2016.

BACKGROUND

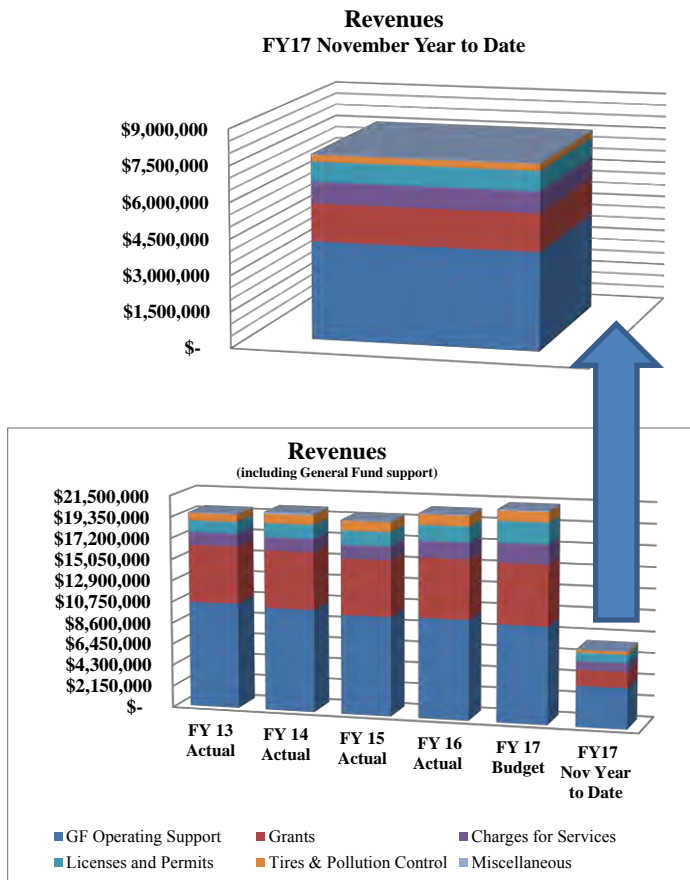
Review of Cash

The available cash at the end of November, FY17, was \$2,613,260 which was 140.4% of the average budgeted monthly cash outflow of \$1,860,841 for the fiscal year and up 60.1% or \$981,294 compared to the same time in FY16. The encumbrances and other liability portion of the cash balance totals \$1.4 million; the portion of cash restricted as to use is approximately \$831,000 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$385,000.



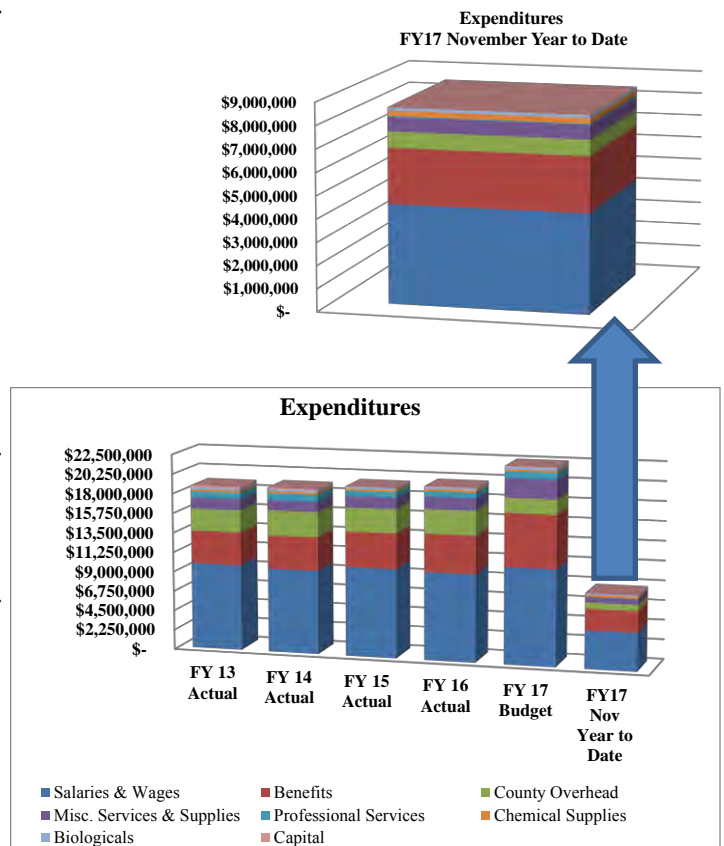
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$7,694,393 were up \$339,147 which was an increase of 4.6% over the same time last fiscal year and was 36.4% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$834,070 were up \$252,291 or 43.4% mainly due to fee increases effective July 1, 2016 and an increase in the work load associated with the fees; federal and state grant reimbursements of \$1,578,041 were up \$1,801 or 0.1%; and, charges for services of \$894,633 were up \$243,790 or 37.5%. The revenue categories that were down compared to FY16 include: tire and pollution control revenues of \$282,958 were down \$40,161 or 12.4%; fines and forfeitures for illegal dumping were down \$500; miscellaneous revenues of \$22,668 were down \$1,407 or 5.8%; and the County General Fund transfer of \$4,082,023 was down \$116,667 or 2.8% due to the transfer reduction related to the subsidy for overhead that is no longer required due to the fee increase.

The total year to date **expenditures** of \$8,608,878 increased by \$409,407 or 5.0% compared to the same time frame in FY16. Salaries and benefits expenditures for the fiscal year were \$6,794,676 up \$706,798 or 11.6% over the prior year. The total services and supplies expenditures of \$1,814,202 were down \$287,398 which was a 13.7% decrease. The major expenditures included in the services and supplies are: the professional services which totaled \$43,577 were down \$59,621 or 57.8% over the prior year; chemical supplies were up 0.4% or \$1,016 over last year for a total of \$234,975 spent; the biologicals of \$132,916 were up \$42,758 or 47.4%; and, County overhead charges of \$708,665 were down 39.2% or \$456,286 over last year due to the shift of \$492,275 of retiree health benefits charges reallocated from overhead to the benefits category. There have been no capital expenditures this fiscal year compared to \$9,995 spent in FY16 for the Clinical Services new client records management system software.



Review of Revenues and Expenditures by Division

AQM has received \$896,275 or 33.2% of budget and up \$160,010 in revenue compared to FY16. CCHS received \$1,019,639 in revenue or 26.5% of budget and down \$199,068 over FY16 mainly due to a delay in federal grant reimbursements for the Family Planning and Women Infant Children’s programs. EHS has received \$1,097,693 which is 37.8% of budget and up \$270,141 over FY16. EPHP has received \$598,763 in revenue and is up \$224,842 or 32.4% over last year due to the timing of receiving grant reimbursements. The County General Fund support is the single largest source of revenue and totaled \$4,082,023 or 41.7% of budget and down \$116,667 or 2.8% compared to FY16.

The total expenditures for FY17 were \$8,608,878 which is 38.5% of budget and up \$409,407 over last fiscal year. ODHO spent \$286,724 up \$60,062 or 26.5% over FY16 mainly due to the increase in County overhead, employee benefit costs and filling a new position approved in the FY17 budget to assist with the community health improvement initiatives. AHS has spent \$468,587 up \$52,767 or 12.7% 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 \$1,173,407 of the division budget and has increased \$104,322 or 9.8% over last fiscal year due to costs for advertisement campaigns and increased County benefit charges. CCHS has spent \$2,925,485 year to date and is up \$125,080 or 4.5% over last year. EHS spent \$2,746,906 and has increased \$51,803 or 1.9% over last year. EPHP expenditures were \$1,007,769 and were \$15,373 or 1.5% over FY16.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through November 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)	November Year to Date	Adjusted Budget	November Year to Date	Percent of Budget	FY17 Increase over FY16
Revenues (all sources of funds)									
ODHO	-	-	-	15,000	-	55,000	-	0.0%	-
AHS	33,453	87,930	151	-	111	-	-	-	-100.0%
AQM	2,068,697	2,491,036	2,427,471	2,520,452	736,265	2,703,210	896,275	33.2%	21.7%
CCHS	3,322,667	3,388,099	3,520,945	3,506,968	1,218,707	3,850,396	1,019,639	26.5%	-16.3%
EHS	1,828,482	1,890,192	2,008,299	2,209,259	827,552	2,906,093	1,097,693	37.8%	32.6%
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	373,921	1,848,944	598,763	32.4%	60.1%
GF support	8,623,891	8,603,891	10,000,192	10,076,856	4,198,690	9,796,856	4,082,023	41.7%	-2.8%
Total Revenues	\$17,710,834	\$18,267,134	\$19,512,566	\$20,469,870	\$ 7,355,246	\$21,160,499	\$ 7,694,393	36.4%	4.6%
Expenditures (all uses of funds)									
ODHO	-	-	481,886	594,672	226,662	997,616	286,724	28.7%	26.5%
AHS	1,366,542	1,336,740	1,096,568	996,021	415,820	1,189,749	468,587	39.4%	12.7%
AQM	2,629,380	2,524,702	2,587,196	2,670,636	1,069,085	3,381,212	1,173,407	34.7%	9.8%
CCHS	6,765,200	6,949,068	6,967,501	6,880,583	2,800,406	7,610,095	2,925,485	38.4%	4.5%
EHS	5,614,688	5,737,872	5,954,567	5,939,960	2,695,103	6,575,424	2,746,906	41.8%	1.9%
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	992,396	2,634,072	1,007,769	38.3%	1.5%
Total Expenditures	\$18,815,411	\$18,922,800	\$19,399,859	\$19,770,532	\$ 8,199,472	\$22,388,168	\$ 8,608,878	38.5%	5.0%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	-	(481,886)	(579,672)	(226,662)	(942,616)	(286,724)		
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(415,709)	(1,189,749)	(468,587)		
AQM	(560,683)	(33,666)	(159,725)	(150,184)	(332,820)	(678,002)	(277,132)		
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,615)	(1,581,699)	(3,759,699)	(1,905,846)		
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(1,867,551)	(3,669,331)	(1,649,213)		
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(618,475)	(785,128)	(409,006)		
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	4,198,690	9,796,856	4,082,023		
Surplus (deficit)	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ 699,338	\$ (844,226)	\$ (1,227,669)	\$ (914,485)		
Fund Balance (FB)	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844		\$ 1,740,175			
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 Fund Financial Review for November, Fiscal Year 2017.

POSSIBLE MOTION

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

Attachment:
Health District Fund financial system summary report

Period: 1 thru 5 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-	23,289-	33,238-	41	46,317-	21,942-	24,375-	47
422504 Pool Permits	169,246-	26,001-	143,245-	15	97,000-	19,014-	77,986-	20
422505 RV Permits	18,590-	7,983-	10,607-	43	11,000-	4,356-	6,645-	40
422507 Food Service Permits	805,632-	275,337-	530,295-	34	509,823-	180,638-	329,185-	35
422508 Wat Well Const Perm	78,840-	42,672-	36,168-	54	30,000-	22,575-	7,425-	75
422509 Water Company Permits	21,850-	15,573-	6,277-	71	5,000-	6,774-	1,774-	135
422510 Air Pollution Permits	608,864-	238,473-	370,391-	39	477,443-	219,575-	257,868-	46
422511 ISDS Permits	165,195-	95,699-	69,496-	58	75,000-	43,054-	31,947-	57
422513 Special Event Permits	168,108-	76,136-	91,973-	45	90,000-	50,425-	39,575-	56
422514 Initial Applic Fee	55,800-	32,908-	22,893-	59	31,000-	13,427-	17,573-	43
* Licenses and Permits	2,148,652-	834,070-	1,314,582-	39	1,372,583-	581,779-	790,804-	42
431100 Federal Grants	5,395,766-	1,431,776-	3,963,990-	27	5,723,952-	1,446,085-	4,277,868-	25
431105 Federal Grants - Indirect	461,750-	117,661-	344,089-	25	291,791-	101,239-	190,552-	35
432100 State Grants	211,364-	26,300-	185,063-	12	209,951-	26,778-	183,173-	13
432105 State Grants-Indirect	16,597-	2,304-	14,293-	14	15,457-	2,138-	13,319-	14
432310 Tire Fee NRS 444A.090	475,000-	196,301-	278,699-	41	468,548-	237,034-	231,514-	51
432311 Pol Ctrl 445B.830	550,000-	86,657-	463,343-	16	550,000-	86,085-	463,915-	16
* Intergovernmental	7,110,476-	1,860,999-	5,249,477-	26	7,259,700-	1,899,359-	5,360,341-	26
460162 Services to Other Agencies	39,417-		39,417-		28,421-		28,421-	
460500 Other Immunizations	42,150-	8,190-	33,960-	19	89,000-	17,303-	71,697-	19
460501 Medicaid Clinical Services	59,935-	36,018-	23,917-	60	8,200-	27,489-	19,289-	335
460503 Childhood Immunizations	13,024-	93-	12,931-	1	20,000-	5,751-	14,249-	29
460504 Maternal Child Health								
460505 Non Title X Revenue								
460507 Medicaid Admin Claiming		115	115-					
460508 Tuberculosis	7,000-	1,085-	5,915-	16	4,100-	2,701-	1,399-	66
460509 Water Quality	500-	710-	210	142		354-	354	
460510 IT Overlay	39,025-	14,963-	24,062-	38	35,344-	13,928-	21,416-	39
460511 Birth and Death Certificates	490,000-	221,109-	268,891-	45	470,000-	211,371-	258,630-	45
460512 Duplication Service Fees						111-	111	
460513 Other Health Service Charges	60,908-	31,301-	29,607-	51	10,167-	10,647-	480	105
460514 Food Service Certification		1,176-	1,176		18,000-		18,000-	
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	16,394-	25,810-	9,416	157	1,450-	8,253-	6,803	569
460517 Influenza Immunization					7,000-		7,000-	
460518 STD Fees	17,200-	15,402-	1,798-	90	21,000-	7,010-	13,990-	33
460519 Outpatient Services	1,200-		1,200-			1,469-	1,469	
460520 Eng Serv Health	120,960-	52,713-	68,247-	44	50,000-	31,716-	18,284-	63
460521 Plan Review - Pools & Spas	8,470-	4,393-	4,077-	52	1,500-	5,301-	3,801	353
460523 Plan Review - Food Services	56,150-	13,124-	43,026-	23	20,000-	9,373-	10,627-	47
460524 Family Planning	35,000-	23,938-	11,062-	68	32,000-	17,266-	14,734-	54
460525 Plan Review - Vector	82,842-	37,098-	45,744-	45	42,000-	29,943-	12,057-	71
460526 Plan Review-Air Quality	79,589-	27,689-	51,900-	35	60,804-	18,881-	41,923-	31

Period: 1 thru 5 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%
460527 NOE-AQM	176,103-	80,503-	95,600-	46	116,984-	54,650-	62,334-	47
460528 NESHAP-AQM	153,862-	70,715-	83,147-	46	99,333-	39,350-	59,983-	40
460529 Assessments-AQM	81,614-	36,225-	45,389-	44	51,336-	25,148-	26,188-	49
460530 Inspector Registr-AQ	4,608-	1,656-	2,952-	36	2,162-	98-	2,064-	5
460531 Dust Plan-Air Quality	257,784-	163,026-	94,758-	63	142,403-	98,359-	44,044-	69
460532 Plan Rvw Hotel/Motel	2,530-		2,530-		2,530-	462-	2,068-	18
460533 Quick Start		251-	251					
460534 Child Care Inspection	14,904-	8,908-	5,996-	60	8,514-	4,706-	3,808-	55
460535 Pub Accomod Inspectn	33,060-	15,619-	17,442-	47	19,000-	9,204-	9,796-	48
460570 Education Revenue								
460723 Other Fees	97,142-	3,033-	94,109-	3				
* Charges for Services	1,991,371-	894,633-	1,096,738-	45	1,361,248-	650,843-	710,405-	48
471265 Illegal Dumping						500-	500	
* Fines and Forfeitures						500-	500	
481150 Interest-Non Pooled		10-	10					
484000 Donations,Contributions					3,000-	700-	2,300-	23
484050 Donations Federal Pgm Income	24,201-	7,960-	16,241-	33	37,550-	11,706-	25,844-	31
484195 Non-Govt'l Grants								
484197 Non-Gov. Grants-Indirect	11,367-	2,972-	8,395-	26	11,631-	2,459-	9,172-	21
485100 Reimbursements	42,576-	9,856-	32,720-	23	38,599-	9,210-	29,389-	24
485300 Other Misc Govt Rev	35,000-	1,870-	33,130-	5				
* Miscellaneous	113,144-	22,668-	90,476-	20	90,780-	24,075-	66,706-	27
** Revenue	11,363,643-	3,612,370-	7,751,273-	32	10,084,311-	3,156,556-	6,927,755-	31
701110 Base Salaries	9,745,423	3,991,445	5,753,978	41	9,758,662	3,779,892	5,978,770	39
701120 Part Time	362,502	101,389	261,113	28	398,206	150,728	247,478	38
701130 Pooled Positions	485,753	168,129	317,625	35	374,608	176,340	198,268	47
701140 Holiday Work	4,319	1,550	2,768	36	4,319	2,204	2,114	51
701150 xcContractual Wages								
701199 Bud Labor Cost Savings-Wages								
701200 Incentive Longevity	165,400	1,663	163,737	1	166,775	2,493	164,282	1
701300 Overtime	80,479	38,619	41,860	48	64,681	31,854	32,828	49
701403 Shift Differential	300	48	252	16	302	88	214	29
701406 Standby Pay	38,000	13,264	24,736	35				
701408 Call Back	5,000	1,192	3,808	24	1,000	594	406	59
701412 Salary Adjustment	68,406		68,406		43,993-		43,993-	
701413 Vac Payoff/Sick Pay-Term	84,041	34,428	49,613	41	49,515	48,112	1,403	97
701414 Vacation Denied-Payoff								
701417 Comp Time		4,046	4,046-		7,603	6,268	1,335	82
701419 Comp Time - Transfer		4	4-			2,575	2,575-	
701500 Merit Awards								
* Salaries and Wages	11,039,624	4,355,777	6,683,848	39	10,781,678	4,201,148	6,580,530	39
705110 Group Insurance	1,749,467	694,993	1,054,474	40	1,602,223	713,897	888,325	45
705190 OPEB Contribution	1,181,460	492,275	689,185	42				

Period: 1 thru 5 2017 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 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%
705199 Lab Cost Sav-Benef								
705210 Retirement	2,888,390	1,149,640	1,738,750	40	2,870,083	1,086,621	1,783,462	38
705215 Retirement Calculation								
705230 Medicare April 1986	142,094	59,782	82,311	42	143,292	58,002	85,290	40
705320 Workmens Comp	92,671	40,981	51,690	44	69,143	23,048	46,095	33
705330 Unemply Comp	13,762	1,228	12,535	9	15,483	5,161	10,322	33
705360 Benefit Adjustment	26,529		26,529					
* Employee Benefits	6,094,373	2,438,899	3,655,473	40	4,700,224	1,886,729	2,813,495	40
710100 Professional Services	654,097	21,878	632,219	3	832,764	89,779	742,984	11
710105 Medical Services	9,971	915	9,056	9	9,621	2,010	7,611	21
710108 MD Consultants	61,210	17,961	43,250	29	137,971	10,760	127,211	8
710110 Contracted/Temp Services	26,100	2,823	23,277	11	7,279	649	6,630	9
710119 Subrecipient Payments								
710200 Service Contract	91,731	44,122	47,609	48	172,990	38,022	134,968	22
710205 Repairs and Maintenance	14,738	6,722	8,016	46	24,189	3,328	20,861	14
710210 Software Maintenance	12,319	2,942	9,378	24	16,607	9,900	6,707	60
710300 Operating Supplies	127,986	65,724	62,261	51	278,249	36,474	241,775	13
710302 Small Tools & Allow	2,135	1,008	1,127	47	23,685	714	22,971	3
710308 Animal Supplies	1,600	1,049	551	66	1,600	564	1,036	35
710310 Parts and Supplies								
710319 Chemical Supplies	232,700	234,975	2,275-	101	231,900	233,959	2,059-	101
710325 Signs and Markers								
710334 Copy Machine Expense	35,875	8,230	27,645	23	30,061	12,121	17,940	40
710335 Copy Machine-Copy Charges	2,001	2,185	184-	109				
710350 Office Supplies	41,497	16,540	24,957	40	38,213	12,555	25,658	33
710355 Books and Subscriptions	6,675	3,322	3,353	50	6,015	5,627	388	94
710360 Postage	21,725	6,837	14,888	31	27,382	6,829	20,553	25
710361 Express and Courier	670	7	663	1	850	16	834	2
710391 Fuel & Lube	125		125		100	5	95	5
710400 Payments to Other Agencies		18,562	18,562-					
710412 Do Not Use								
710500 Other Expense	104,205	4,747	99,457	5	39,891	4,170	35,721	10
710502 Printing	22,753	2,791	19,962	12	29,668	9,832	19,835	33
710503 Licenses & Permits	9,630	2,695	6,935	28	6,770	1,085	5,685	16
710504 Registration		504	504-					
710505 Rental Equipment	1,800	1,800		100	1,800	1,800		100
710506 Dept Insurance Deductible		284	284-			150	150-	
710507 Network and Data Lines	9,662	3,731	5,931	39	9,755	3,427	6,328	35
710508 Telephone Land Lines	36,606	14,324	22,282	39	36,040	13,899	22,141	39
710509 Seminars and Meetings	45,728	11,679	34,049	26	52,467	8,559	43,908	16
710512 Auto Expense	10,465	2,966	7,500	28	11,582	2,648	8,934	23
710514 Regulatory Assessments	20,000	6,836	13,164	34	18,500	8,665	9,835	47
710519 Cellular Phone	14,109	3,672	10,437	26	13,709	4,046	9,663	30

Period: 1 thru 5 2017 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 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%
710529 Dues	8,362	28,381	20,019-	339	8,375	4,085	4,290	49
710535 Credit Card Fees	52,157	10,906	41,251	21	12,107	6,743	5,364	56
710546 Advertising	123,270	45,594	77,676	37	241,546	11,515	230,031	5
710551 Cash Discounts Lost		9	9-			395	395-	
710563 Recruitment								
710571 Safety Expense	55,000		55,000					
710577 Uniforms & Special Clothing	5,657	1,618	4,039	29	9,900	958	8,942	10
710585 Undesignated Budget	450,000		450,000					
710594 Insurance Premium	5,815		5,815					
710600 LT Lease-Office Space	76,607	28,347	48,260	37	79,703	37,686	42,017	47
710620 LT Lease-Equipment								
710703 Biologicals	298,681	132,916	165,765	45	245,868	90,158	155,710	37
710708 Foster Care Home								
710714 Referral Services	6,780		6,780					
710721 Outpatient	108,555	33,392	75,163	31	96,331	40,895	55,437	42
710872 Food Purchases	2,894	473	2,421	16	2,170	464	1,706	21
711008 Combined Utilities	90,800	37,833	52,967	42				
711010 Utilities								
711100 ESD Asset Management	47,382	19,650	27,732	41	66,552	26,132	40,420	39
711113 Equip Srv Replace	44,876	16,632	28,244	37	38,039	10,522	27,517	28
711114 Equip Srv O & M	66,315	28,346	37,969	43	62,441	35,795	26,646	57
711115 Equip Srv Motor Pool	5,000		5,000					
711117 ESD Fuel Charge	34,167	12,469	21,699	36	47,382	18,695	28,686	39
711119 Prop & Liab Billings	82,007	32,795	49,212	40	75,992	25,331	50,661	33
711210 Travel	172,376	31,460	140,916	18	165,570	31,322	134,248	19
711213 Travel-Non Cnty Pers		2,148	2,148-					
711300 Cash Over Short		0	0-					
711399 ProCard in Process		41	41-			3	3-	
711400 Overhead - General Fund	1,700,797	708,665	992,132	42	2,795,882	1,164,951	1,630,931	42
711504 Equipment nonCapital	75,007	58,761	16,246	78	156,299	16,275	140,024	10
711509 Comp Sftw nonCap		13,856	13,856-					
* Services and Supplies	5,130,618	1,756,121	3,374,497	34	6,163,813	2,043,519	4,120,294	33
781004 Equipment Capital	65,472		65,472		105,880	9,995	95,885	9
781007 Vehicles Capital								
* Capital Outlay	65,472		65,472		105,880	9,995	95,885	9
** Expenses	22,330,087	8,550,796	13,779,290	38	21,751,595	8,141,390	13,610,204	37
485192 Surplus Equipment Sales								
* Other Fin. Sources								
621001 Transfer From General	9,796,856-	4,082,023-	5,714,833-	42	10,076,856-	4,198,690-	5,878,166-	42
* Transfers In	9,796,856-	4,082,023-	5,714,833-	42	10,076,856-	4,198,690-	5,878,166-	42
812230 To Reg Permits-230	58,081	58,081		100	58,081	58,081		100
814430 To Reg Permits Capit								
* Transfers Out	58,081	58,081		100	58,081	58,081		100

Run by: AHEENAN
 Run date: 12/01/2016 10:32:29
 Report: 400/ZS16

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

Page: 5/ 5
 Horizontal Page: 1/ 1
 Variation: 1/ 136

Period: 1 thru 5 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%
** Other Financing Src/Use	9,738,775-	4,023,942-	5,714,833-	41	10,018,775-	4,140,609-	5,878,166-	41
*** Total	1,227,669	914,485	313,185	74	1,648,509	844,226	804,283	51

DD	CA	-
DHO		KD -
DA	LA	-

Staff Report
Board Meeting Date: December 15, 2016

TO: District Board of Health

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

SUBJECT: Presentation, discussion and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD).

SUMMARY

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

Health District 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 U.S. Environmental Protection Agency (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.

On October 27, 2016, the District Board of Health adopted the Business Impact Statement 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.

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 EPA'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 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 PM₁₀ State Implementation Plans (SIPs). It should be noted that once adopted, the proposed regulations will be submitted as a revision to the Truckee Meadows portion of the Nevada SIPs; however, the PSD regulations do apply to all of Washoe County.

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). 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 revisions will not require any modifications to the existing administrative duties associated with the implementation of the program.

RECOMMENDATION

Staff recommends that the DBOH adopt the revisions to the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD).

POSSIBLE MOTION

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

"Move to adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 030.600 Prevention of Significant Deterioration (PSD)".

030.600 PREVENTION OF SIGNIFICANT DETERIORATION (PSD) - PERMIT REQUIREMENTS FOR NEW MAJOR FACILITIES OR MAJOR MODIFICATIONS IN ATTAINMENT OR UNCLASSIFIABLE AREAS
(Revised ~~May 24, 2007~~ 5/24/07, Revised and Renamed mm/dd/yy)

SECTION A - GENERAL

1. PURPOSE: ~~To govern and control emissions from new large industrial air pollution sources and certain types of modifications to those sources which will be located in areas designated as attainment for pollutants for which the source is or will be a "major" emitter. This regulation is designed to ensure that emissions from the new source or modification will be controlled by implementing the "Best Available Control Technology (BACT)" as required to prevent significant degradation of air quality and ensure the area will continue to meet the national ambient air quality standards. This regulation implements the federal New Source Review PSD requirements. The federal Prevention of Significant Deterioration (PSD) program is a construction permitting program for new major facilities and major modifications to existing major facilities located in areas classified as attainment or in areas that are unclassifiable for any criteria air pollutant. The application, processing requirements, and procedures are those contained in the District Board of Health Regulations Governing Air Quality Management (District Regulations) Section 030.600. The intent of this regulation is to incorporate the federal PSD rule requirements into the District Regulations by reference.~~
The federal Prevention of Significant Deterioration (PSD) program is a construction permitting program for new major facilities and major modifications to existing major facilities located in areas classified as attainment or in areas that are unclassifiable for any criteria air pollutant. The application, processing requirements, and procedures are those contained in the District Board of Health Regulations Governing Air Quality Management (District Regulations) Section 030.600. The intent of this regulation is to incorporate the federal PSD rule requirements into the District Regulations by reference.

2. APPLICABILITY: ~~This regulation (030.600) shall apply to all new major stationary sources and all major modifications to existing major sources which are subject to District permit requirements and which after construction emit or may emit one or more NSR regulated pollutants as defined in 40 CFR 52.21. The provisions of this regulation shall apply to any source and the owner or operator of any source subject to any requirement under Title 40 of the Code of Federal Regulations Part 52.21 (40 CFR 52.21) as incorporated into this regulation by reference. Sources to be located in an area within Washoe County which that has been classified as nonattainment pursuant to 40 CFR 81.329, shall also meet the applicable requirements of Regulation 030.500. In addition, this regulation (030.600) shall apply to the following:~~
This regulation (030.600) shall apply to all new major stationary sources and all major modifications to existing major sources which are subject to District permit requirements and which after construction emit or may emit one or more NSR regulated pollutants as defined in 40 CFR 52.21. The provisions of this regulation shall apply to any source and the owner or operator of any source subject to any requirement under Title 40 of the Code of Federal Regulations Part 52.21 (40 CFR 52.21) as incorporated into this regulation by reference. Sources to be located in an area within Washoe County which that has been classified as nonattainment pursuant to 40 CFR 81.329, shall also meet the applicable requirements of Regulation 030.500. In addition, this regulation (030.600) shall apply to the following:
 - a. Any major stationary source requesting a plant wide applicability limitation (PAL).
 - b. Any major stationary source that has been issued a (PAL), but which now seeks to allow the PAL to expire without renewal.

To determine if a proposed project is subject to this regulation, the applicant must determine if the project will result in both a significant emissions increase and a significant net emissions increase. Definitions for all terms necessary to make this determination are provided in 40 CFR 52.21. As an aid to the applicant, the following citations are provided to determine if a project will result in emissions increases subject to this regulation:

- ~~a.c.~~ a.c. An emissions increase or a net emissions increase for a project shall be determined by the procedures specified in 40 CFR 52.21 (a)(2)(iv)(b) through (d) and (f).
- ~~b.d.~~ b.d. To determine the post-project projected actual emissions from existing units, the procedures specified in 40 CFR 52.21 (b)(41) shall be used.
- ~~c.e.~~ c.e. To determine the pre-project baseline actual emissions, the procedures specified in 40 CFR 52.21 (b)(48)(i) and (ii) shall be used.
- ~~d.f.~~ d.f. Emissions increases calculated pursuant to this regulation are significant if they exceed the significance thresholds specified in 40 CFR 52.21 (b)(23).

eg. If the project is determined not to be a major modification pursuant to the provisions of 40 CFR 52.21 (a)(2)(iv)(b) through (d) and (f), but there is a reasonable possibility that the project may result in a significant emissions increase, the owner or operator shall comply with all of the provisions of 40 CFR 52.21 (r)(6) and (r)(7).

h. *Greenhouse Gas Applicability:*
Greenhouse gas emissions shall not be subject to the requirements of subsections (k) or (m) of 40 CFR 52.21 in effect on July 1, 2016.

SECTION B - DEFINITIONS: For the purpose of this regulation, the definitions specified in 40 CFR 52.21 (b)(1) through (54) shall apply. ~~*In addition, except that the term "reviewing authority" as used in 40 CFR 52.21 shall mean the Washoe County District Health Department, Air Quality Management Division.*~~

~~1. An NSR regulated pollutant means any pollutant for which a NAAQS has been established by EPA and for which Washoe County air basins or other portions of the county have been classified as attainment, as indicated in 40 CFR 81.329.~~ *the following incorporated provisions of 40 CFR 52.21 are revised as follows:*

1. *The term "Administrator" shall read as follows:*

- i) "EPA Administrator" in 40 CFR 52.21(b)(17), (b)(37)(i), (b)(43), (b)(48)(ii)(c), (b)(50)(i), (b)(51), (l)(2) and (p)(2); and*
- ii) "Control Officer" elsewhere, as defined in 010.042.*

2. *The phrase "paragraph (g) of this section" in 40 CFR 52.21(l)(2) and (p)(1) shall read as follows: the public notice and comment provisions of 030.600.D.1.*

SECTION C - STANDARDS: The following standards shall apply:

1. Upon the adoption of this regulation, ~~*the District adopts the requirements of 40 CFR 52.21 (as it existed on July 1, 2006) by reference and incorporates those requirements into this regulation.*~~ *except as provided below, the provisions of 40 CFR 52.21, in effect on July 1, 2016, are incorporated herein by reference and made part of the District Board of Health Regulations Governing Air Quality Management.*

a. The following paragraphs of 40 CFR 52.21 are excluded: (a)(1), (b)(55-58), (f), (g), (p)(6-8), (q), (s), (t), (u), (v), (w), (x), (y), (z) and (cc).

2. The incorporated requirements of 40 CFR 52.21 shall apply to all sources and projects which meet the applicability requirements of this regulation.

3. Compliance with the requirements of 40 CFR 52.21 shall be required for any Authority ~~*To*~~ *to* Construct, ~~*Operating Permit,*~~ or a revision of a Permit to Operate issued to sources and facility modifications subject to this regulation.

4. ~~*The following shall apply to any Authority To Construct permit issued under these regulations*~~ *For all sources subject to this regulation as defined by 030.600.A.(2):*

a. For all sources subject to this regulation as defined by 030.600 A(2), a *An* Authority to Construct shall be required to construct, erect, alter, or replace any equipment ~~*which*~~ *that* may cause, potentially cause, reduce, control, or eliminate the issuance of air contaminants. A single Authority to Construct may be issued for all components of an integrated system or process. Plans and specifications drawn in accordance with acceptable engineering practices shall be required before issuance of an Authority to

Construct. All modifications, which are major modifications as defined in this regulation, shall require an Authority to Construct permit prior to commencing construction.

- b. An Authority to Construct is not required for the performance of routine repairs and maintenance. This includes maintenance prescribed by the manufacturer, replacement of worn or broken components with like equipment, etc.

5. An owner or operator must obtain a Prevention of Significant Deterioration (PSD) permit pursuant to this regulation before beginning actual construction of a new major stationary source or a major modification, as defined in 40 CFR 52.21(b) or a PAL major modification, as defined in 40 CFR 52.21(aa)(2).

6. Notwithstanding the provisions of any other District Regulation, the Control Officer shall require compliance with this regulation prior to issuing a federal PSD permit as required by Clean Air Act (CAA) Section 165.

7. The applicant shall pay the applicable fees specified in Section 030.310.

8. Greenhouse gas emissions shall not be subject to the requirements of subsections (k) or (m) of 40 CFR 52.21 in effect on July 1, 2016.

SECTION D - ADMINISTRATIVE REQUIREMENTS: ~~In addition to the requirements of 40 CFR 52.21~~ the following ~~additional~~ administrative requirements shall ~~also~~ apply:

The Control Officer shall provide written notice of any permit application for a proposed major stationary source or major modification to the EPA Administrator. Such notification shall include a copy of all information relevant to the permit application and shall be given within 30 calendar days of receipt and at least 60 calendar days prior to any public hearing on the application for a permit to construct.

The Control Officer shall determine whether an application is complete not later than 30 calendar days after receipt of the application or after such longer time as both the applicant and the Control Officer may agree. If the Control Officer determines that the application is not complete, the applicant shall be notified in writing of the decision specifying the information that is required. Upon receipt of any re-submittal of the application, a new 30-calendar day period to determine completeness shall begin. Upon determination that the application is complete, the Control Officer shall notify the applicant in writing. The date of receipt of the application shall be the date on which the reviewing authority received all required information.

1. PUBLIC ~~NOTICE~~ PARTICIPATION: Prior to issuing a federal PSD permit pursuant to this regulation and within one year after receipt of a complete application, the Control Officer shall:
 - a. Make a preliminary determination whether construction should be approved with conditions or disapproved.
 - b. Make available in at least one location in each region in which the proposed source would be constructed a copy of all materials the applicant submitted, a copy of the preliminary determination, a copy of the proposed permit, and a copy or summary of other materials, if any, considered in making the preliminary determination.
 - c. Notify the public, by advertisement in a newspaper of general circulation in the Washoe County Health District, of the application, the preliminary determination, the degree of increment consumption that is expected from the source or modification, the opportunity for comment at a public hearing, and the opportunity for written public comment.

- d. Send a copy of the notice of public comment to the applicant, EPA Region IX, any persons requesting such notice and any other interested parties such as: any other State or local air pollution control agencies, the chief executives of the city and county where the source would be located, any comprehensive regional land use planning agency, and any State, Federal Land Manager, or Indian Governing body whose lands may be affected by emissions from the source or modification.
- e. Provide opportunity for a public hearing for persons to appear and submit written or oral comments on the air quality impact of the source, alternatives to it, the control technology required, and other appropriate considerations, if in the Control Officer's judgment such a hearing is warranted.
- f. Consider all written comments that were submitted within 30 calendar days after the notice of public comment is published and all comments received at any public hearing(s) in making a final decision on the approvability of the application and make all comments available, including the District's response to the comments, for public inspection in the same locations where the District made available preconstruction information relating to the proposed source or modification.
- g. Make a final determination whether construction should be approved with conditions or disapproved.
- h. Notify the applicant in writing of the final determination and make such notification available for public inspection at the same location where the District made available preconstruction information and public comments relating to the source.

~~The Control Officer shall send a copy of the public notice for any proposed agency action regarding the application and any draft permit, to the applicant, the EPA regional administrator and the following officials and agencies having jurisdiction over the location where the proposed construction would occur:~~

- ~~a. The City or County Manager where the proposed source or modification would be located;~~
- ~~b. Any local and regional planning agencies; and~~
- ~~c. Any state or federal land manager or Indian governing body whose land may be affected by emissions from the source or modification.~~

The Applicant is to bear cost of all public notices under this regulation.

2. PUBLIC HEARING: The Control Officer shall hold a public hearing on an application for a permit in the vicinity of the proposed source or modification if she/he receives such a request during public comment and deems a hearing to be in the public interest. At such a public hearing, the applicant and members of the public may submit any information relating to the application and the air quality impacts of the proposed operations described in the application. If a hearing is to be held, the Control Officer shall notify the public 30 calendar days prior to the hearing by advertisement in a newspaper of general circulation in the region where the proposed source or modification would be constructed, of the date, time, and place for the hearing.
3. BUILDING PERMIT ISSUANCE: No local government authority within the Health District may issue a building permit to any person who wishes to operate, construct, establish, or relocate or modify any stationary source ~~which~~ that requires an Authority ~~To~~ to Construct or ~~permit~~ Permit to

~~operate~~Operate until the Authority to Construct or Permit to Operate has been issued by the Control Officer.

SECTION E - COMPLIANCE AND RECORDS: In addition to the requirements of 40 CFR 52.21, the following additional compliance and record requirements shall also apply:

1. **RECORD REQUIREMENTS:** All records required by **Sections 030.600-~~A~~ through 030.600-~~E~~** shall be maintained at the site of the facility by the operator for a period of at least 5 years. All required records shall be provided to the Control Officer upon request.
2. **COMPLIANCE DEMONSTRATIONS:** The Control Officer may require the operator of a source to provide any applicable data to demonstrate compliance with the conditions of the Authority to Construct and/or Permit to Operate. Requested data must be provided in a timely manner, as specified by the Control Officer. Failure to provide this data constitutes a violation of the conditions of the Authority to Construct and/or Permit to Operate, and the affected source will be subject to a citation under these regulations, suspension of their Permit to Operate or both.
3. **PUBLIC NOTICE RECORDS:** The Control Officer shall maintain all notice of decisions, any public notice issued, or comments received for a period of 5 years from the time of issuance or denial of any permit issued or denied under the requirements of **Sections 030. 600-~~A~~ through 030.600-~~E~~**.
4. **COMPLIANCE WITH OTHER RULES, LAWS AND STATUTES:** Obtaining an ~~Approval~~Authority to Construct ~~and/or~~ a ~~permit~~Permit to ~~operate~~Operate shall not relieve any owner or operator of their responsibility to comply with applicable provisions of the Nevada State Implementation Plan and any other requirements under local, state, or federal law.

DD	RS
DHO	_____ KD
DDA	LA

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

TO: District Board of Health
FROM: Bob Sack, Division Director, Environmental Health Services
775-328-2644; bsack@washoecounty.us
SUBJECT: Update on the Hillside Cemetery disinterment permit

SUMMARY

The Board has requested this agenda item regarding the Hillside Gardens disinterment permit.

PREVIOUS ACTION

No previous action on this item.

BACKGROUND

Pursuant to NRS 451.045, a local health officer may issue a permit for the disinterment or removal of human remains. Under this authority, the Washoe County District Health Officer issued a permit to disinter human remains to Sierra Memorial Gardens in August of 2014. The approved location is the Hillside Cemetery, APNs 007-340-74, 007-350-16, and 007-330-59. For the three parcels, the Washoe County Assessor's summary data lists Sierra Memorial Gardens as the owner. The Health Officer issued the permit based on the Department's determination that there are no significant public health concerns posed by the proposed disinterment. The permit has been extended twice at the request of the applicant as no work was occurring. The current permit expires on August 12, 2017 (permit number HD140001, attached).

On September 15, 2016, the Health Officer issued a letter (attached) to Sierra Memorial Gardens with the additional requirement of submittal and approval of a Site Safety and Operating Plan. It stated this must be submitted and approved prior to any disinterment work at the Hillside Cemetery.

The permit in effect only references the three Assessor Parcel Numbers owned by Sierra Memorial Gardens. The shaded areas in the attached maps represent the land contained in the APNs covered in the permit. This item was brought to the attention of the District Board of Health as there is currently a dispute between citizens claiming to be heirs or representatives of owners of the private plots located within the cemetery and the permittee. The issue of whether the permittee is the cemetery authority and has authority to disinter the remains in those specific plots is an issue to be decided in a different forum.

FISCAL IMPACT

None.

RECOMMENDATION

None.

POSSIBLE MOTION

None. This is a non-action item.

Attachments

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

July 14, 2016

Garrett D. Gordon
Lewis Roca Rothgerber Christie LLP
50 West Liberty St, 410
Reno, NV 89501

Re: Extension of Washoe County Health District Permit for Disinterment of Human Remains;
Permit No. HD140001

Dear Mr. Gordon:

After review of your two-year extension request on the Washoe County Health District Permit for Disinterment, our agency is extending Permit No. HD140001 for an additional year. The new expiration date is August 12, 2017, with an amended scope of work (attached Exhibit "B") as prepared by Commonwealth Heritage Group, Inc.

Please contact our office at (775) 328-2400 with any questions or concerns.

Sincerely,



Kevin Dick
District Health Officer

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

WASHOE COUNTY HEALTH DISTRICT
ENVIRONMENTAL HEALTH SERVICES DIVISION
1001 East Ninth Street • PO Box 11130 • Reno, Nevada 89520
Telephone (775) 328-2434 • Fax (775) 328-6176

Permit for Disinterment of Human Remains

No. HD140002

Sierra Memorial Gardens
142 Bell St.
Reno, NV 89509

Date Issued:
08/13/2016

Expiration Date:
08/12/2017

Facility Location: Hillside Cemetery, Reno Nevada APN Numbers 007-340-74, 0007-350-16 & 0007-330-59

Permit Conditions. *(The conditions listed on this Permit supersede all previous Permit conditions.)*

- A:** The permit holder must conduct the disinterment and reinterment according to the attached scope of work.
- B:** All operations will occur within the attached described parcels – labeled subject and receiving parcels.
- C:** Washoe County Health District staff will conduct inspections of permit site operations.
- D:** This permit is renewable upon request and review.
- E:** Permittee must notify Washoe County Health District a minimum of 24 hours prior to start of site work.
- F:** **This permit is not transferable.**
- G:** **This permit may be suspended or revoked for failure to comply with any of the conditions specified.**


Kevin Dick, District Health Officer

Date July 15, 2016

Washoe County Health District

Permit Valid for One Year

**** Permit Valid for One Year ****

Lewis Roca
ROTHGERBER CHRISTIE

Lewis Roca Rothgerber Christie LLP
50 West Liberty Street
Suite 410,
Reno, NV 89501

775.823.2900 main
775.823.2929 fax
lrrc.com

Garrett Gordon
Partner
Admitted in Nevada
(T) 775-321-3420
(F) 775-321-5569
GGordon@lrrc.com

July 1, 2016

VIA HAND DELIVERY

Bob Sack
Washoe County Health District
1001 E. 9th Street
Reno, Nevada 89512

RECEIVED

JUL 01 2016

Washoe County Health District
Environmental Health

Re: *Extension of Washoe County Health District Permit for Disinterment of Human Remains; Permit No. HD140001*

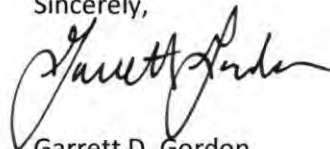
Dear Mr. Sack,

On behalf of Sierra Memorial Gardens, we are requesting a two-year extension of that certain Washoe County Health District Permit for Disinterment of Human Remains; Permit No. HD140001 (the "Permit"). A copy of the Permit is attached for your reference as Exhibit "A".

In addition to the two-year extension, we are also requesting an amendment to Condition "A" of the Permit. Attached as Exhibit "B" is an amended scope of work prepared by Commonwealth Heritage Group, Inc. ("Commonwealth") that should replace the scope of work currently attached to the Permit. It is anticipated that Commonwealth will commence this scope of work in the fall of this year. As required by Condition "E" of the Permit, we will notify you within 24 hours of starting the site work.

Please contact me at (775) 321-3420 if you need any additional information. Thank you.

Sincerely,



Garrett D. Gordon

EXHIBIT "A"

Permit for Disinterment of Human Remains

No. HD140001

Sierra Memorial Gardens
142 Bell St.
Reno, NV 89509

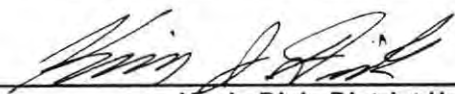
Date Issued:
08/13/2015

Expiration Date:
08/12/2016

Facility Location: Hillside Cemetery, Reno Nevada **APN Numbers** 007-340-74, 0007-350-16 & 0007-330-59

Permit Conditions. *(The conditions listed on this Permit supersede all previous Permit conditions.)*

- A:** The permit holder must conduct the disinterment and reinterment according to the attached scope of work.
- B:** All operations will occur within the attached described parcels – labeled subject and receiving parcels.
- C:** Washoe County Health District staff will conduct inspections of permit site operations.
- D:** This permit is renewable upon request and review.
- E:** Permittee must notify Washoe County Health District a minimum of 24 hours prior to start of site work.
- F:** **This permit is not transferable.**
- G:** **This permit may be suspended or revoked for failure to comply with any of the conditions specified.**



Kevin Dick, District Health Officer

7/29/15

Date

Washoe County Health District

Permit Valid for One Year

EXHIBIT "B"

SCOPE OF WORK FOR THE DISINTERMENT AND REINTERMENT OF HUMAN REMAINS AT THE HILLSIDE CEMETERY IN RENO, WASHOE COUNTY, NEVADA.

SCOPE OF WORK

The project consists of the disinterment of human remains and the reinterment of same approximately 1,146 burials at the Hillside Cemetery in Reno, Washoe County, Nevada. The purpose of the disinterment is to identify and relocate the burials from their current location in the cemetery to another section within the cemetery. The work will take place under NRS 451.069 to 451.330, entitled "Removal of Human Remains by Cemetery Authority" and pursuant to a Permit for Disinterment of Human Remains issued by the Washoe County Health District Environmental Health Services Division. The cemetery is privately owned and the project is financed by private funds. The Cemetery Authority defined in NRS 451.069 is Sierra Memorial Gardens, a Nevada corporation.

The cemetery is divided into two separate areas: the North Section (referred to as Parcel A) and the South Section (referred to as Parcel B). Parcel A is a rectangular plot of ground measuring approximately 200 feet (61 m) wide (east-west) and 350 feet (106.7 m) deep (north-south, which encompasses about 70,000 ft² (1.6 acres or 6,503.2 m²). This area is bounded by the Knights of Pythias Cemetery on the west, West 10th Street on the south, the Grand Army of the Republic Cemetery on the east, and the Jewish Cemetery to the north.

Parcel B is trapezoidal shaped measuring approximately 500 ft. (152.4 m) across the northern boundary 280 ft. (85.3 m) along the southern border, and 500 ft. (152.4 m) north-south, which constitutes an area of about 195,000 ft² (4.5 acres or 18,116.1 m²). The total area of the two sections is approximately 265,000 ft² (6.1 acres or 24,619.3 m²). The two sections are divided by a very rough private road that appears to be a segment of West 10th Street. Parcel B is generally bounded on the west by Nevada Street, University Terrace on the south, and residential housing on the east.

The Scope of work will consist generally of the following tasks:

Task 1 project supervision including project coordination, conference calls, progress reports, financial management, and other activities that are part of administrative project oversight.

Task 2 efforts undertaken to disinter, document, and re-inter each of the approximately 1,146 burials within the Hillside Cemetery. This task will include the documentation of each burial by completion of each of three inventories, taking accurate field notes, creating a map of the cemetery, locating each burial on the property, and photographically documenting all aspects of the project. The inventories will consist of a record of skeletal remains, associated artifacts, and the casket or coffin and its hardware. The burials will then be placed in a secure location.

Additional tasks will include generating a map of the cemetery and burials by utilizing a Trimble GPS handheld unit, as well as a grid in order to identify the burials and mark their location in relation to markers and other burials. All skeletal remains artifacts or any grave goods will be identified, photographed, mapped, documented, and preserved. This work will be carried out under the direction

of a Principal Investigator and teams of archaeologists each including a Principal Archaeologist. Each burial will be placed in a secure location and its information and location recorded.

After burials have been exhumed and contained, each will be transferred to specified plots for reburial. Each will be cataloged and its placement in the site recorded and mapped.

Task 3 will consist of the preparation of a report on the disinterment and re-interment process, as well as a record of each. The Principal Investigator will be responsible for the completion of the report. Graphics staff will be compiled with photographic and mapping data for the report. The Principal Archaeologist will supervise the final report.

(#156)
PORTION OF HILLSIDE CEMETERY
 PORTION OF THE SW 1/4 OF SECTION 2
 T19N - R19E



Assessor's Map Number

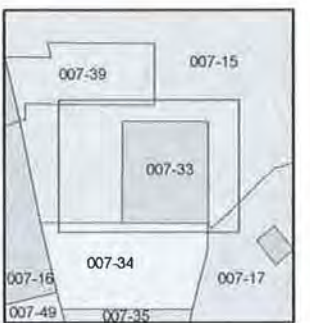
007-33

STATE OF NEVADA
WASHOE COUNTY
 ASSESSOR'S OFFICE
 Joshua G. Wilson, Assessor

1001 East Ninth Street
 Building D
 Reno, Nevada 89512
 (775) 328-2231



1 inch = 40 feet



created by: TWT 9/18/2012

last updated: _____

area previously shown on map(s) _____

NOTE: This map was prepared for the use of the Washoe County Assessor for assessment and illustrative purposes only. It does not represent a survey of the premises. No liability is assumed as to the sufficiency or accuracy of the data delineated hereon.

(#156)
PORTION OF HILLSIDE CEMETERY
 PORTION OF THE SW 1/4 OF SECTION 2
 T19N - R19E

Assessor's Map Number

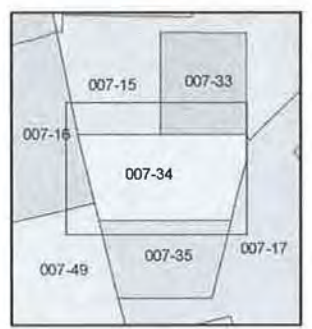
007-34

STATE OF NEVADA
WASHOE COUNTY
 ASSESSOR'S OFFICE
 Joshua G. Wilson, Assessor

1001 East Ninth Street
 Building D
 Reno, Nevada 89512
 (775) 328-2231



1 inch = 40 feet



created by: TWT 9/18/2012

last updated: _____

area previously shown on map(s) _____

NOTE: This map was prepared for the use of the Washoe County Assessor for assessment and illustrative purposes only. It does not represent a survey of the premises. No liability is assumed as to the sufficiency or accuracy of the data delineated hereon.

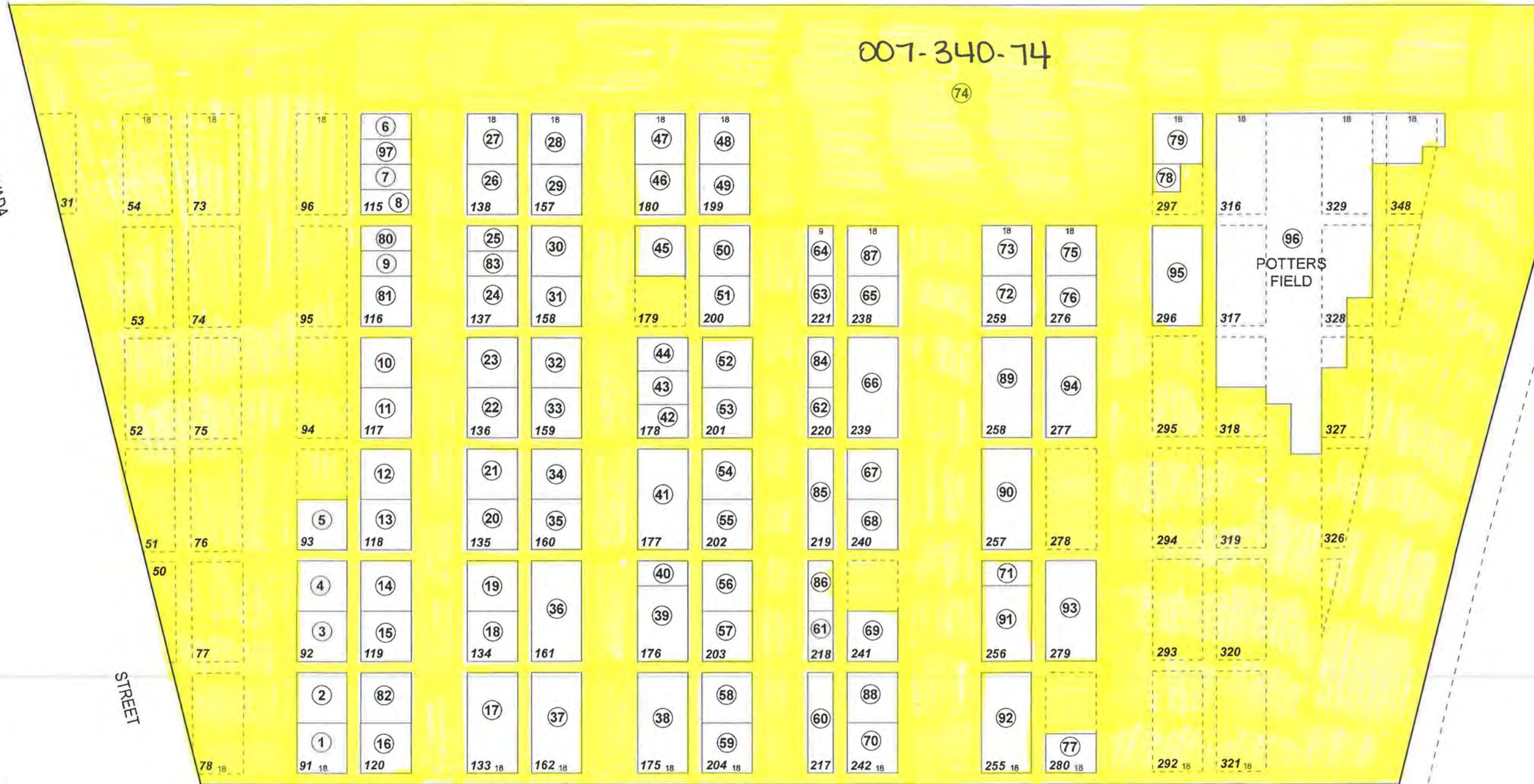
007-340-74

74

NEVADA

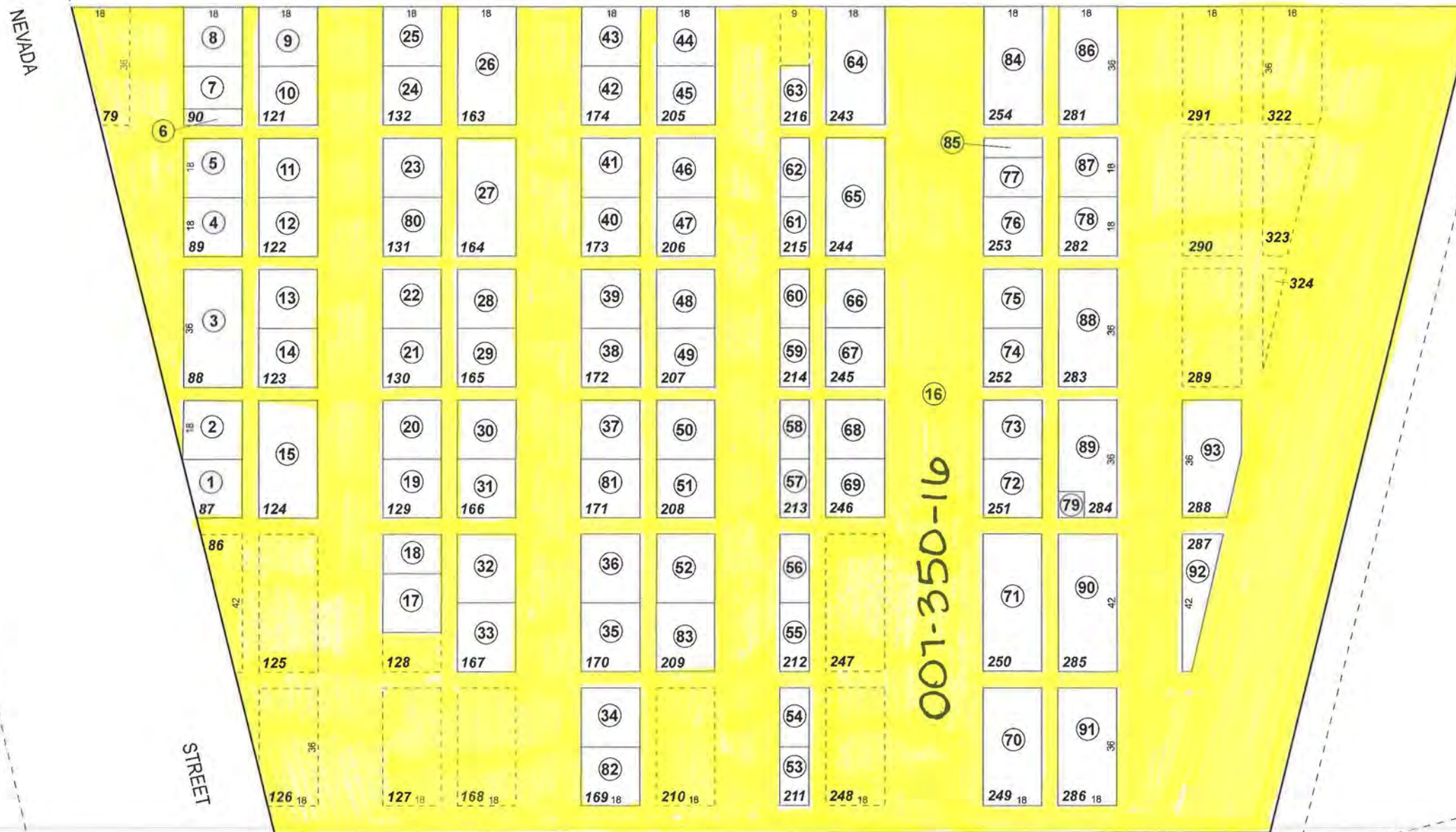
STREET

ANGEL STREET



W. TENTH STREET

(#156) PORTION OF HILLSIDE CEMETERY PORTION OF THE SW 1/4 OF SECTION 2 T19N - R19E

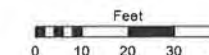


Assessor's Map Number

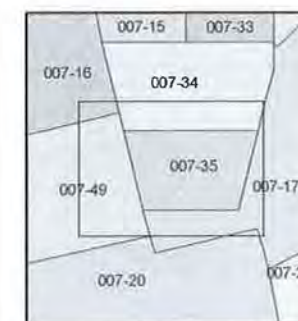
007-35

STATE OF NEVADA
WASHOE COUNTY
ASSESSOR'S OFFICE
Joshua G. Wilson, Assessor

1001 East Ninth Street
Building D
Reno, Nevada 89512
(775) 328-2231



1 inch = 40 feet



created by: TWT 9/18/2012

last updated: _____

area previously shown on map(s) _____

NOTE: This map was prepared for the use of the Washoe County Assessor for assessment and illustrative purposes only. It does not represent a survey of the premises. No liability is assumed as to the sufficiency or accuracy of the data delineated hereon.

UNIVERSITY TERRACE

NEVADA STREET

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

September 15, 2016

Garrett D. Gordon
Lewis Roca Rothgerber Christie LLP
50 West Liberty St 410
Reno, Nevada 89501

RE: Permit No. HD140001: Disinterment of Human Remains

Dear Mr. Gordon:

Due to new information regarding infectious diseases and citizen concerns regarding safety of disinterments associated with the above referenced Permit, I am requiring that a Site Safety and Operating Plan be submitted by Sierra Memorial Gardens to the Health District for review prior to initiation of disinterment work at the Hillside Cemetery. Compliance with this plan will be added as a requirement to the permit.

The plan shall include at a minimum:

- Personal protective equipment and procedures for protection of site workers,
- Procedures for managing excavations, including dust control, management of spoil piles to prevent dust entrainment, appropriate cover of excavated areas,
- Management and handling of remains and excavated artifacts from disinterment to reinterment,
- Management of waste from the site,
- Run-on and run-off controls for the site, and
- Site security.

In addition, I am adding new permit conditions that Sierra Memorial Gardens submit to Health District for review prior to initiation of disinterment:

1. Regulations governing the manner of making disinterment and providing for reinterment in a portion of the existing cemetery.
2. Documentation of compliance with NRS 451.069 -451.330, "Removal of Human Remains By Cemetery Authority."

Please submit the Site Safety and Operations Plan, and the regulations and compliance documentation noted above to the Office of the District Health Officer for review and processing. Please contact our office at (775) 328-2400 with any questions or concerns.

Sincerely,



Kevin Dick

District Health Officer

cc: Sierra Memorial Gardens
Bob Sack, EHS
Leslie Admirand, DDA

OFFICE OF THE DISTRICT HEALTH OFFICER
1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
ODHO Phone: 775-328-2416 | Fax: 775-328-3752 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



DD	RS	—
DHO		—
DA	N/A	—

STAFF REPORT

BOARD MEETING DATE: December 15, 2016

TO: District Board of Health

FROM: Wesley Rubio, Senior Environmental Health Specialist
775-328-2635, wrubio@washoecounty.us

SUBJECT: Review, discussion and possible approval of the Business Impact Statements regarding Proposed Revision of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program with a finding that the revised regulations do not impose a direct or 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 January 26, 2017 at 1:00 pm.

SUMMARY

The Washoe County District Board of Health must approve amendments to the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program. Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Amendments.

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

District Board of Health Strategic Priority: Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

The Washoe County District Board of Health last approved amendments to the Regulations on March 28, 2013.

BACKGROUND

The Public Swimming Pool and Spa Operator Certification Program is designed to be part of the managerial control for a public pool and spa operator and is a permit requirement. Currently the Health District requires that each operator obtain an additional identification card to operate in Washoe County. To obtain the identification an operator is required to provide the certification received from passing a nationally recognized course.

The Health District strives to ensure that all permitted water facilities are operated by knowledgeable staff and continuously maintained in a manner that meets or exceeds the minimum requirements of NAC 444.010 (Public Bathing Places) and NAC 444.310 (Public Spas). In an effort to create a more efficient system for the permitted facilities, operators, and Health District Staff, these revisions propose to remove the additional requirement for operators to obtain a specific Health District Identification.

ENVIRONMENTAL HEALTH SERVICES

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
775-328-2434 | Fax: 775-328-6176 | washoecounty.us/health

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



The removal of this requirement does not change the intent or purpose of the existing regulation; however this does create a more efficient process for the operators as well as a slight cost savings for every operator.

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

https://www.washoecounty.us/health/files/pool-spa/Updated_PoolSpa_CPORegs_10-11-16.pdf

In an effort to provide an overview of the proposed regulation revisions and answer questions and receive input from interested persons, two public workshops were held on November 7, 2016 and November 8, 2016. The following methods were used to provide notice of the proposed regulatory revisions:

- A total of 130 notices were mailed to all identification card holders, and 225 notices were e-mailed to all identification card holders giving notice of the proposed regulatory revisions and offering methods of providing input.
- A notice was sent to all permitted Public Pools and Spas as an additional notification process to notify all permit holders of the proposed regulatory revisions.
- A press release was issued urging interested persons to attend the workshops and hearings. This press release was published in the Reno Gazette Journal.
- The Environmental Health Services Facebook page was utilized to invite followers to the workshops
- Workshop and hearing announcements and a copy of the proposed Regulations were posted on the Health District website.

A total of 11 individuals attended the workshops – two (2) attendees on November 7th and nine (9) attendees on November 8th. Attendees included current Identification Card holders and current permit holders.

During the workshops, a presentation was given on the specific proposed regulatory changes and the basis for the proposed regulation changes. Other sections of the proposed Regulations were reviewed and discussed, and after clarification and discussion no specific items were brought forward or requested to change. All other attendees were generally accepting of the proposed regulatory changes and were willing to implement some changes as best practices. A copy of the PowerPoint presentation is attached for reference.

A Business Impact statement has been prepared in accordance with NRS 237.090 and is also attached for reference.

FISCAL IMPACT

Should the Board adopt the revisions to the regulations there will be no additional fiscal impact to the FY17 budget and these changes will not require any modifications to existing administrative duties associated with this program.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health approve and adopt the Business Impact Statement regarding Proposed Revisions to the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program and set a public hearing for possible adoption of the proposed revisions to the Regulations for January 26, 2017 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 Statements regarding Proposed Revisions to the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program and set a public hearing for possible adoption of the proposed revisions to the Regulations for January 26, 2017 at 1:00 pm.”

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Environmental Health Services (EHS) Public Swimming Pool and Spa Operator Certification Program.

1. The following constitutes a description of the number 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*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal and informational postcards were sent to each current permit holder describing the process. Postcards were mailed to all current Identification Card holders with mailing addresses provided, and postcards were e-mailed to all Card Holders with an e-mail address provided. The proposed regulation revisions were posted on the Health District website and a designated phone number and email was provided for public comment. Two public workshops were held to solicit feedback.

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; there are no fees associated with the proposed regulation revisions.

Beneficial effects: The proposed revisions will eliminate the fee associated with obtaining a separate Washoe County Health District Identification Card.

Direct effects: The removal of this fee will eliminate the requirement that a permitted public pool or spa operator must physically come to the Health District with their certification documentation, pay a fee, and obtain an Identification card.

Indirect effects: There will not be any indirect effects to the removal of this fee or the removal of the Identification Card requirement.

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*).

The Washoe County Health District Strategic Plan outlines specific priorities to create measurable improvements for the health of the community and the environment. Following the strategic plan the proposed regulatory revisions eliminate the need to obtain a public pool or spa operator Identification Card and allow for the recognition of the National Certification for each operator.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in annual cost as the work is already being conducted.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: Not Applicable, there is a reduction in cost.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: The proposed regulatory revisions do not generate any fees.
7. (If applicable, provide the following:) 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, or 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 revisions eliminate the need to obtain a public pool or spa

operator Identification Card and allow for the recognition of the National Certification for each operator. Creating a more efficient and cost effective method to verify the permit requirements reduces the impact to the public, by eliminating the associated fee, as well as staff time required to process and verify the requirements. The proposed revisions will aid in the ability to continually promote public health and safety for the community and the environment.

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

December 2, 2016

Date

Certified Pool Operator

Regulations Update and proposed changes

Proposed changes

- Remove the requirement to obtain a WCHD card
- Remove the additional fees associated with a WCHD card
- Modify the language to be consistent with the National Swim Pool Foundation

What does not change

- The responsibilities and requirements to operate a public pool and/or spa in Washoe County
- All operators must post their NSPF CPO Certification on the wall at each facility they oversee

DD	RS
DHO	<u> </u> KD
DA	N/A

STAFF REPORT

BOARD MEETING DATE: December 15, 2016

TO: District Board of Health

FROM: Wesley Rubio, Senior Environmental Health Specialist
775-328-2635, wrubio@washoecounty.us

SUBJECT: Review, discussion and possible approval of Business Impact Statements regarding Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration, with a finding that the revised regulations do not impose a direct or 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, and possible adoption of proposed fees for January 26, 2017 at 1:00 pm.

SUMMARY

The Washoe County District Board of Health must approve amendments to the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration. Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Amendments.

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

PREVIOUS ACTION

The Washoe County District Board of Health last approved amendments to the Regulations on August 22, 2001.

BACKGROUND

Currently the State of Nevada does not have any regulations governing Invasive Body Decoration Establishments. The Washoe County Health District worked with representatives of the State of Nevada Division of Health Services to train their staff on the Tattoo and Piercing industry and what the common risks associated with these establishments are. From these meetings the State of Nevada is proposing to utilize regulations developed by the Washoe County Health District as the basis to implement across the entire State of Nevada.

The Invasive Body Decoration program strives to enhance the quality of services provided by the Environmental Health Services Division while ensuring public safety and promoting safe practices. The proposed revisions strive to bring the current regulation up to current national standards of practice, while ensuring consistent terminology and vocabulary within the Tattoo and Piercing industry. The intent of the proposed regulations is to promote managerial control of risk factors that are commonly associated with cross-contamination within these establishments. Staff worked closely with members of the community to incorporate items that were important for them, as well as

researching how other Jurisdictions and States incorporated new regulations to address the changes in industry. The regulations being presented are written to ensure that all existing businesses and operations would be able to meet the minimum requirements without adversely affecting their business operations. Below is a summary of the major changes being proposed in the Regulations:

- Updated definitions - In line with industry standards and nationally accepted guidance and terminology
- Blood Borne Pathogen Training required
- Hepatitis B Vaccination required
- Infection Control Plan, this replaces the “Biohazard Plan”
- Aftercare requirements are based off of accepted wound care practices and all materials have to be manufactured for that intended use
- Sterilization Requirements
- Regulation of Tattoo Removal Establishments

The Regulations were completely restructured to address the major changes outlined above and to provide a more step-by-step process to those persons reading, researching, and/or utilizing the regulations to obtain a permit. The incorporation of Tattoo Removal establishments into these regulations is to address the facility and potential for cross-contamination. These facilities are not permitted or inspected by the Medical Board, and some processes utilize the same machines and needles to place a tattoo on a human body.

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

http://dwmofqygvzj39.cloudfront.net/washoe-county-ibd_updated_10-11-16-3.pdf

In an effort to provide an overview of the proposed regulation revisions and answer questions and receive input from interested persons, two public workshops were held on November 8, 2016 and November 9, 2016. The following methods were used to provide notice of the proposed regulatory revisions:

- A total of 66 notices were mailed to all permit holders, giving notice of the proposed regulatory revisions and offering methods of providing input.
- The 66 notices included 14 Tattoo Removal Establishments that could be identified through public record searches.
- A press release was issued urging interested persons to attend the workshops and hearings. This press release was published in the Reno Gazette Journal and the Reno News and Review to try to get as much publicity as possible.
- The Environmental Health Services Facebook page was utilized to invite followers to the workshops.
- Workshop and hearing announcements and a copy of the proposed Regulations were posted on the Health District website.
- 144 Notices were emailed to all persons who have worked in Washoe County and obtained a Temporary Permit for one of the Tattoo Conventions/Shows that have been held in Washoe County for the last two years. This encompassed persons from other States and Countries who may need to be aware of the proposed changes as part of their operations when traveling to Washoe County.

A total of 14 individuals attended the workshops – eight (8) attendees on November 8th and six (6) attendees on November 9th. Attendees included tattoo artists, business owners, and three representatives of the tattoo removal industry.

During the workshops, a presentation was given on the specific proposed regulatory changes and the basis for the proposed regulation changes. One operator asked that a section of the regulation be revised to address the 2-compartment sink requirement for a Biohazard Room. Staff agreed to revise the section to require an operational plan for those facilities that are approved with a single basin sink in rooms where tools and other metal equipment is scrubbed and prepared for sanitization. Three persons attended who represent a Laser Tattoo Removal facility and spoke in support of the proposed regulation changes. These persons agreed that the facility requirements should be the same for establishments performing the tattoo procedure and for the removal of the tattoo. One person spoke out against the proposed changes but could not articulate how or why they would adversely affect their current permitted operations. Other sections of the proposed Regulations were reviewed and discussed, and after clarification and discussion no other specific items were brought forward or requested to change. All other attendees seemed generally accepting of the proposed regulatory changes and were willing to implement the proposed changes as best practices. A copy of the PowerPoint presentation is attached for reference.

A Business Impact statement has been prepared in accordance with NRS 237.090 and is also attached for reference.

FISCAL IMPACT

There is no fiscal impact of accepting the Business Impact Statements.

Fees being created as part of the proposed revisions are described below and are not annual fees:

- Invasive Body Decoration Construction Plan Review Fee: \$307.00
- Invasive Body Decoration Promoter Permit Fee: \$523.00

Should the Board approve all proposed new fees, it is anticipated that the Environmental Health Division will have an increase in annual revenue of approximately \$1000.00.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health review, discuss and adopt the Business Impact Statements regarding Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration, with a finding that the revised regulations do not impose a direct or 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, and possible adoption of proposed fees for January 26, 2017 at 1:00 pm.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to adopt the Business Impact Statements regarding Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration, with a finding that the revised regulations do not impose a direct or significant economic burden on a business; nor do the

Subject: Business Impact Statements regarding Proposed Invasive Body Decoration Regulation

Date: December 15, 2016

Page 4 of 4

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, and possible adoption of proposed fees for January 26, 2017 at 1:00 pm.”

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration.

1. The following constitutes a description of the number 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*).

Announcements of the proposed fee changes were posted in the Reno Gazette Journal, the Reno News and Review, and informational postcards were sent to each current permit holder describing the process. The proposed regulation revisions were posted on the Health District website and a designated phone number and email was provided for public comment. Two public workshops were held to solicit feedback.

Public comment was received from one permit holder during the public meetings proposing alternative wording for one section of the proposed regulation. Staff agreed to revise the section based on the comments provided. Comments in support of the proposed revisions were received from three persons representing the tattoo removal industry. These persons stated that the requirements for a permitted facility to perform the actual Invasive Body Decoration or operation should be the same for those facilities proposing to remove those decorations. One person spoke out against the proposed revisions but could not articulate how or why they would adversely affect their current permitted facility.

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: Two EHS IBD fees would be added:

Invasive Body Decoration Construction plan review fee of \$307.00

Invasive Body Decoration Promoter permit fee of \$523.00

Monthly spore testing costs range from \$20.00 per test locally to \$105.00 for a box of 12 test strips from online service providers.

Beneficial effects: It is anticipated that any additional costs would be passed on to the consumer; the proposed revisions are not anticipated to create any additional impacts to existing business operations while improving the public health and safety for consumers.

Direct effects: The passage of the fee increase will directly increase the fees paid by businesses for EHS IBD and will result in additional money for the related required inspection activities.

Indirect effects: The increasing of EHS IBD fees will be minimal to all businesses. The two added fees will only be implemented when construction is proposed for either a new or existing facility. The Promoter fee would only be implemented when a "Tattoo Show" or other "Convention" is proposing to come to the region and operate. There will be minimal impact to existing businesses with the monthly spore testing requirement, however this cost can be lowered by utilizing online services and only applies to those facilities who autoclave and re-use specific metal equipment for tattoo procedures. This would not apply to those facilities that operate with only single-use items where all equipment utilized for the tattoo procedure is completely disposable.

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*).

The Invasive Body Decoration program strives to enhance the quality of services provided by the Environmental Health Services Division while ensuring public safety and promoting safe practices. The proposed revisions include current national standards of practice and consistent terminology within the Tattoo and Piercing industry. The proposed revisions also include the permitting of "Tattoo Removal"

facilities, these facilities utilize many of the same invasive body techniques or are considered to be invasive to the human body. The intent is to provide a standard of care and maintain the permitted facility in a manner that meets the minimum requirements for public safety, safe practices, and to maintain standards of practice across the entire industry. The proposed revisions should not adversely impact any existing or future business in this industry. These regulations were written with the intent that all existing operations would have to make minimal (if any) changes to their business operation in order to continue operation. The two additional fees are intended to cover services for with the WCHD does not currently get reimbursed for. Additional operational costs may be incurred by some businesses however these costs are estimated to be between \$100 - \$150 annually, and therefore should not impede or inhibit the business operations.

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. (If applicable, provide the following:) The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 1,000 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing EHS IBD activities.
7. (If applicable, provide the following:) 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, or 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: EHS staff discussed the proposed revisions with all persons who attended the public workshops. Staff also made the effort to discuss the proposed revisions to all persons while conducting inspections and to solicit many of the idea and recommendations from the industry to incorporate into the proposed revisions. The added fees will not impact any existing permitted facility unless additional construction is proposed. The proposed fees are intended to cover activities that are currently conducted by EHS staff. After reviewing the comments, arguments and data provided the two proposed fees do not impose a direct and significant economic burden upon a business, nor does it directly restrict the formation, operation or expansion of a business. The proposed fees are necessary to, at least partially; recover costs associated with the regulation and oversight of these permits which promotes health and safety in the community.

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

December 2, 2016

Date

WCHD Invasive Body Decoration Regulations

Updated Regulation to meet
current industry standards

Major Changes

- ◉ Updated definitions
 - Inline with industry standards and nationally accepted guidance
- ◉ Infection Control Plan
 - Replaces the Biohazard Plan
 - Outlined in proposed regulation all components that must be ready and included for inspection and normal shop operations

Major Changes

⦿ Shop requirements

- Blood Borne Pathogen training
- Hep B Vaccination
 - Included in the Draft State of Nevada Regulation

⦿ Aftercare requirements

- Must utilize material approved for wound care

Major Changes

○ Sterilization

- Spore testing monthly
- Tool logs required
- Peel packs must be dated and correspond to log sheet
 - Expire after 3 months

○ Sharps containers

- Must be mounted in each station
- Must be disposed of and receipts maintained

Major Changes

- ◉ Mobile operations
- ◉ Construction Requirements
 - Plans must be submitted with a plan review fee prior to any permit issuance
- ◉ Promotor requirements
 - Fees will be required for the oversight and planning of all special/temporary events
 - Individual booth/artist fees are still required

Proposed Regulations

- State of Nevada

- Draft regulations are going to be proposed and move through the legislative process

- WCHD regulations were provided to the State

- WCHD regulation were modified to meet the State Regulations

- WCHD regulation cannot be any less stringent than the State

Anticipated Time-line

- **Public Comment**
 - Nov 8 & 9
- **Business Impact Statement**
 - November 17
- **Regulation Adoption**
 - With or without amendments
 - Dec 15
- **State Board of Health**
 - March 2017

INVASIVE BODY DECORATION CONSTRUCTION - PLAN REVIEW FEE

PLAN REVIEW

This service provides the public health benefit of meeting Washoe County District Board of Health Regulations Governing Invasive Body Decoration safety requirements in regulated facilities, are met to prevent disease transmission and injury.

This fee is based on the Washoe County District Board of Health Regulations Governing Invasive Body Decoration Construction requirements.

This ensures facilities are planned and constructed in a manner that minimizes cross-contamination and protects all persons working and obtaining services at the facility.

Plan review activities include, but are not limited to: consultation activities with applicants and/or architects; review of of finish schedules for floors, walls, ceilings, equipment, and sharps locations; review of physical layout of the facility; and review of plumbing, ventilation and lighting.

Plan processing activities include, but are not limited to: screening of the plan, assessing fees and generating invoice; initializing record; and updating city/county building departments tracking systems. The average time spent by a Plans/Permit Aide to process plans is 15 minutes.

Personnel	Hourly Rate	# of Hours	Cost
Environmental Health Spec	\$108.63	1.750	\$190.10
Plans/Permit/App Aide	\$76.94	0.250	\$19.24
Hourly Program Expense Rate	\$ 46.00	Calculated Program Expense \$92.00	
Subtotal			\$301.34
IT Overlay			\$6.00
Total Cost			\$307.34

IBD PROMOTER PERMIT FEES

The Invasive Body Decoration Promoter fees are based on the amount of time it takes to review a permit application with regards to Washoe County District Board of Health Regulations Governing Invasive Body Decoration, Section 060, Temporary Permit Requirements. In addition, program staff conducts a pre-event interview, conducts inspection(s), issues a permit to operate and produces written reports.

Category	Personnel	Hourly Rate	# of Hours	Cost	OAI/PPAA combo		Hrly Program Expense Rate	Calculated Program Expense	Subtotal	IT Overlay	Total Cost	Permit Fee
					Hourly rate	# of Hours						
IBD Promoter Permit to Operate	Sr Env/Env Health Spec Combo	111.43	3.000	\$334.29	\$73.72	0.375	\$46.00	\$155.25	\$517.19	\$ 6.00	\$ 523.19	\$ 523.00
Reinspection Fee (for more than one reinspection)	Sr Env/Env Health Spec Combo		Equal to, but not to exceed, original permit fee									

This fee is based on the Washoe County District Board of Health Regulations Governing Invasive Body Decoration Temporary Permit requirements that facilities have a permit to operate.



Regional Emergency Medical Services Authority

REMSA

Franchise Compliance Report

OCTOBER 2016



REMSA Accounts Receivable Summary
Fiscal 2017

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	4106	\$4,485,503.00	\$1,092.43	\$1,092.43	\$393.27
August	4156	\$4,594,636.20	\$1,105.54	\$1,099.02	\$395.65
September	4000	\$4,428,168.80	\$1,107.04	\$1,101.64	\$396.59
October	4023	\$4,464,068.60	\$1,109.64	\$1,103.62	\$397.30
November			\$0.00	\$1,103.62	\$397.30
December			\$0.00	\$1,103.62	\$397.30
January			\$0.00	\$1,103.62	\$397.30
February			\$0.00	\$1,103.62	\$397.30
March			\$0.00	\$1,103.62	\$397.30
April			\$0.00	\$1,103.62	\$397.30
May			\$0.00	\$1,103.62	\$397.30
Totals	16285	\$17,972,377	\$1,103.62		

Allowed ground average bill: \$1,129.48
 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.	5 mins. 23 secs	93%	92%
Nov.			
Dec.			
Jan. 2017			
Feb.			
Mar.			
Apr.			
May			
June 2017			

Year to Date: July 2016 through October 2016

Priority 1 Zone A	Priority 1 Zones B,C,D
93%	92%

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	5:03	5:44	7:55
	P-2	5:22	6:24	8:29
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 October 2016

Priority	Reno	Sparks	Washoe County
P-1	4:55	5:42	7:50
P-2	5:22	6:18	8:18



GROUND AMBULANCE OPERATIONS REPORT

October 2016

1. OVERALL STATISTICS:

Total Number of System Responses	6412
Total Number of Responses in Which No Transport Resulted	2351
Total Number System Transports (Including transports to Out of County Destinations)	4061

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1%
Medical	50%
OB	1%
Psychiatric/Behavioral	8%
Transfers	9%
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: 2851

Total number of above calls receiving QA reviews: 395

Percentage of charts reviewed from the above transports: 13.85%



REMSA OCU Incident Detail Report

Period: 10/01/2016 thru 10/31/2016

Corrections Requested						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
AR01_Downtown	Zone A	10/2/2016 14:06	10/2/2016 14:06	1C29	0:08:59	0:00:31
CW07_Washoe_Valley	Zone C	10/2/2016 15:31	10/2/2016 15:43	1M33	0:20:59	0:12:16
CW07_Washoe_Valley	Zone C	10/2/2016 18:47	10/2/2016 19:12	1C38	0:20:59	0:24:55
AS01_S	Zone A	10/4/2016 0:49	10/4/2016 0:49	1C25	0:08:59	0:00:29
AS01_S	Zone A	10/8/2016 10:09	10/8/2016 10:15	1C14	0:08:59	0:06:04
AR01_Downtown	Zone A	10/8/2016 15:17	10/8/2016 15:19	1C22	0:08:59	0:02:07
AR01_Downtown	Zone A	10/12/2016 11:42	10/12/2016 11:44	1C39	0:00:01	0:02:10
AR02_S_of_River	Zone A	10/22/2016 14:28	10/22/2016 14:36	1C40	0:08:59	0:08:21
BW10_Verdi	Zone B	10/22/2016 17:25	10/22/2016 17:32	1C21	0:00:00	0:07:08
AR01_Downtown	Zone A	10/24/2016 10:56	10/24/2016 10:57	1C31	0:08:59	0:01:33
AR01_Downtown	Zone A	10/26/2016 14:49	10/26/2016 14:52	1C09	0:00:00	0:03:01
AR01_Downtown	Zone A	10/29/2016 10:48	10/29/2016 10:53	1C11	0:00:00	0:04:24

Exemptions Requested					Approval
Incident Number	City	Zone	Incident Date	Exemption Reason	Yes/No
281285-16	Washoe County	D	10/7/2016	Locked Gate	No

Upgrade Requested					Approval
Incident Number	City	Zone	Incident Date		Yes/No
276191-16	Washoe County	C	10/2/2016		Yes



Regional Emergency Medical Services Authority

REMSA

EDUCATION AND TRAINING REPORT

OCTOBER 2016



REMSA Education
 Monthly Course and Student Report
 Month: October 2016

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	4	41	3	33	1	8
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	0	0	0	0	0	0
ACLS R	19	104	4	36	15	68
ACLS S	3	7	0	0	3	7
AEMT	0	0	0	0		
AEMT T	0	0	0	0		
BLS	72	347	21	92	51	255
BLS I	2	17	2	17	0	0
BLS R	38	262	11	143	27	119
BLS S	12	46	1	1	11	45
CE	9	51	9	51	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	4	63	0	0	4	63
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	3	20	0	0	3	20
HS CPR	43	247	3	12	40	235
HS CPR FA	53	315	5	31	48	284
HS CPR FA S	2	3	1	1	1	2
HS CPR PFA	5	25	0	0	5	25
HS PFA S	5	25	0	0	5	25
HS CPR S	2	3	0	0	2	3
HS FA	20	69	1	1	19	68
HS FA S	1	1	1	1	1	1
HS PFA	0	0	0	0	0	0
ITLS	2	17	1	5	1	12
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	1	1	1	0	0
ITLS S	0	0	0	0	0	0
PALS	5	32	2	16	3	16
PALS I	0	0	0	0	0	0
PALS R	17	116	3	36	8	80
PALS S	1	2	0	0	1	2
PEARS	0	0	0	0	0	0
PM	1	17	1	17		
PM T	0	0	0	0		

Classes w/CPR	CPR STUDENTS
234	1290



COMMUNITY OUTREACH

October 2016

Point of Impact

10/4/16	Office Installation Appointment	
10/11/16	Safe Kids Washoe County Coalition Meeting	
10/12/16	Two Office Installation Appointments	
10/17/16	Safe Kids Board of Directors Meeting; Safe Kids Website collaboration meeting	
10/19/16	Office Installation Appointment	
10/19/16	Family Health Festival at Reno Town Mall	
10/21/16	Safe Kids Mini-Golf Tournament planning meeting	
10/22/16	Child Car Seat Checkpoint hosted by Raley's (Robb Drive); 13 cars and 20 seats inspected.	3 staff; 11 volunteers

Cribs for Kids

10/19/16	Family Health Festival at Reno Town Mall	
----------	--	--



Regional Emergency Medical Services Authority

REMSA
CUSTOMER SERVICE
OCTOBER 2016

REMSA

Reno, NV
Client 7299



Assess Your Vitals

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

EMS System Report

October 1, 2016 to October 31, 2016

Your Score

94.92

Number of Your Patients in this Report

174

Number of Patients in this Report

6,872

Number of Transport Services in All

131



Executive Summary

This report contains data from **174 REMSA** patients who returned a questionnaire between **10/01/2016** and **10/31/2016**.

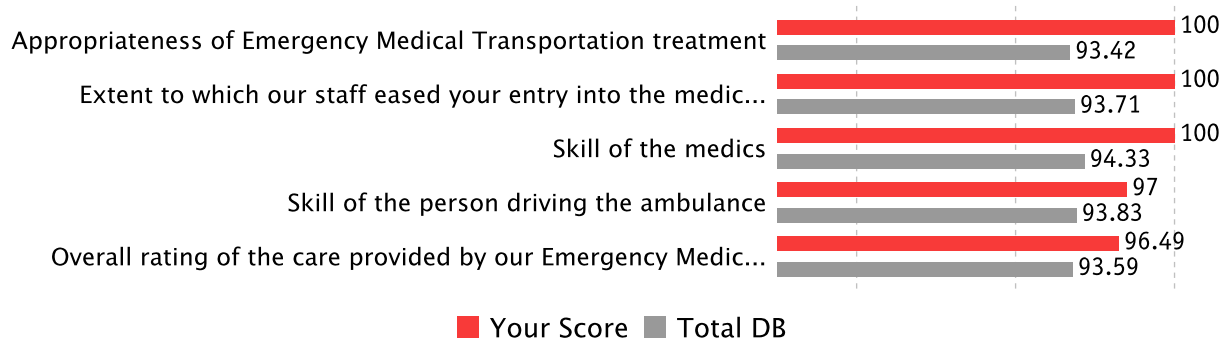
The overall mean score for the standard questions was **94.92**; this is a difference of **2.23** points from the overall EMS database score of **92.69**.

The current score of **94.92** is a change of **2.10** points from last period's score of **92.82**. This was the **27th** highest overall score for all companies in the database.

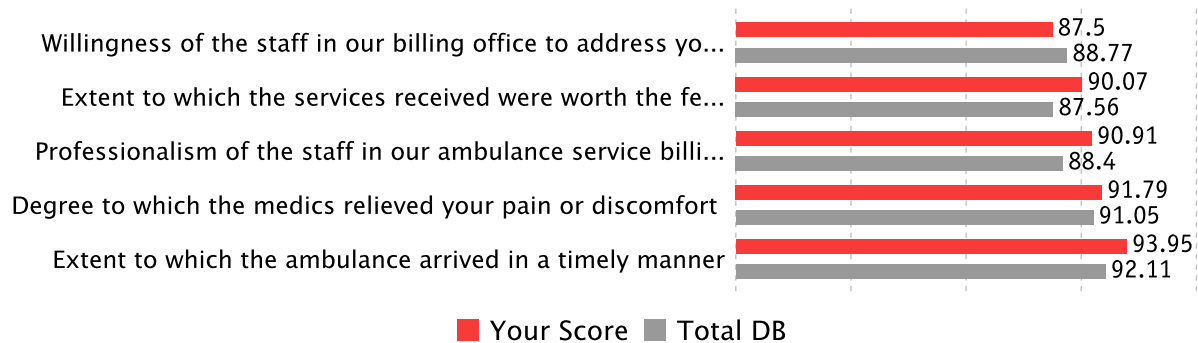
You are ranked **9th** for comparably sized companies in the system.

83.64% of responses to standard questions had a rating of Very Good, the highest rating. **99.31%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

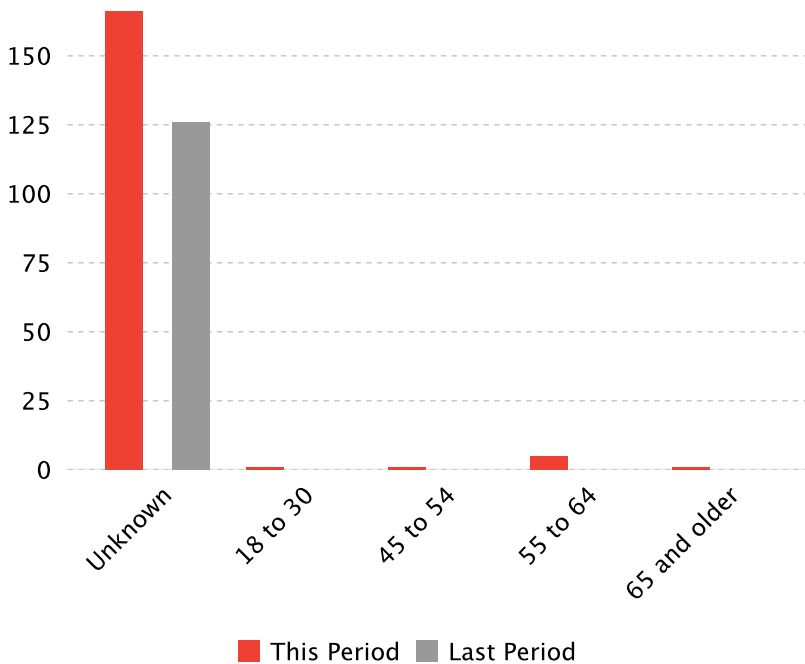




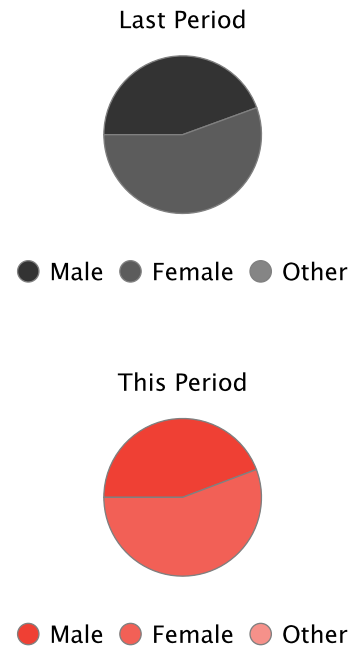
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	126	56	70	0	166	75	91	0
18 to 30		0	0	0	1	1	0	0
45 to 54		0	0	0	1	0	1	0
55 to 64		0	0	0	5	1	4	0
65 and older		0	0	0	1	0	1	0
Total	126	56	70	0	174	77	97	0

Age Ranges



Gender





Monthly Breakdown

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

	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016
Helpfulness of the person you called for ambulance	95.27	90.05	87.91	95.00	93.34	92.44	93.15	95.63	95.00	94.19	97.50	91.47	95.91
Concern shown by the person you called for	95.27	91.28	87.15	95.00	92.64	90.76	83.33	93.75	100.0	96.43			
Extent to which you were told what to do until the	96.05	92.13	85.19	91.07	91.29	91.56	89.00	97.83	94.74	96.43	96.25	88.57	94.09
Extent to which the ambulance arrived in a timely	95.63	89.56	93.59	94.74	93.53	94.36	94.59	93.97	95.21	94.14	94.92	94.44	93.95
Cleanliness of the ambulance	95.39	95.51	95.59	95.83	94.20	95.38	93.06	94.18	95.72	94.21	96.76	92.86	96.10
Comfort of the ride	97.30	94.26	95.71	94.12	93.39	95.56	92.83	90.97	94.05	93.63	94.39	94.07	95.26
Skill of the person driving the ambulance					95.09			95.00					97.00
Care shown by the medics who arrived with the	97.50	97.56	91.22	95.00	93.11	94.01	95.74	95.95	93.76	94.75	94.03	93.46	95.59
Degree to which the medics took your problem	96.88	96.25	91.67	93.75	92.66	93.79	97.02	96.21	94.32	95.16	95.68	92.74	94.86
Degree to which the medics listened to you and/or	98.13	96.88	89.86	93.75	92.21	94.52	95.83	92.86	94.52	94.02	94.42	93.41	94.82
Skill of the medics	96.79	96.88	93.06	93.75	92.38	96.00	93.75	93.75	96.43	95.00	93.75		100.0
Extent to which the medics kept you informed about	94.74	94.59	87.50	93.42	90.60	92.13	93.47	93.70	93.60	92.94	93.93	92.81	94.29
Extent to which medics included you in the treatment	94.08	93.78	84.20	93.06	89.59	91.98	93.37	91.85	92.68	93.42	96.09	91.45	94.21
Degree to which the medics relieved your pain or	93.24	91.43	83.16	90.79	87.45	90.15	92.78	91.90	89.79	91.20	94.22	88.30	91.79
Medics' concern for your privacy	96.15	95.39	85.74	95.00	90.99	95.46	94.07	91.98	94.47	94.77	95.36	93.75	95.63
Extent to which medics cared for you as a person	95.95	95.63	90.28	95.00	92.04	94.16	95.31	95.00	94.43	94.17	95.35	94.64	96.07
Professionalism of the staff in our ambulance service	94.44	93.75	86.11	87.50	87.31	88.04	87.50	82.14	77.60	83.33	100.0	95.00	90.91
Willingness of the staff in our billing office to address	93.75	89.47	87.50	87.50	86.47	85.87	85.00	85.00	78.25	91.67	93.75	95.00	87.50
How well did our staff work together to care for you	94.74	96.34	87.50	96.25	92.36	94.34	95.70	94.09	93.93	95.38	95.87	93.80	96.20
Extent to which our staff eased your entry into the	94.74	97.37	90.03	93.75	92.82	92.81	93.75	86.82	95.83	65.00	75.00		100.0
Appropriateness of Emergency Medical	94.74	95.39	89.71	96.25	92.60	94.66	93.06	96.09	95.83	95.39	100.0		100.0
Extent to which the services received were worth the	94.29	90.74	80.10	91.67	84.72	88.56	86.90	92.64	82.03	90.27	94.23	66.80	90.07
Overall rating of the care provided by our Emergency	96.71	95.51	88.24	96.25	92.54	94.75	96.05	96.72	93.67	95.57	94.38	92.70	96.49
Likelihood of recommending this ambulance service	97.79	94.74	91.67	91.67	92.66	95.06	94.67	95.74	95.55	95.79	96.24	95.19	95.95
Your Master Score	95.72	94.24	89.07	93.66	91.81	93.64	94.21	93.97	93.74	94.18	95.16	92.82	94.92
Your Total Responses	41	47	40	22	376	206	155	157	156	143	157	126	174

GROUND AMBULANCE CUSTOMER COMMENTS

October 2016

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
1	08/22/2016		"Hard for him to remember all of it but was a very nice experience"			
2	08/22/2016		"Very young team, very nice, ""unpolished but they will work up to a 5 rating soon"""			
3	08/23/2016		"So grateful to have REMSA, absolutely terrific job!"			
4	08/23/2016		"Couln'd't have asked for better medics"			
5	08/23/2016		"Always been nice service"			
6	08/23/2016		"Medics were way better than the treatment of doctors and nurses at the hospital"			
7	08/24/2016		"lower the rates"			
8	08/25/2016		"Hope it never happens again, but if it should, would call REMSA right away"			
9	08/25/2016		"Can't think of anything"			
10	08/26/2016		"NOTHING- VERY SATISFIED"			
11	08/26/2016		"FELT EVERYTHING WENT SMOOTHLY - NO CHNGS."			
12	08/26/2016		"NOTHING"			
13	08/26/2016		"NOTHING - IT WAS GOOD"			
14	08/26/2016		"NOTHING - DID WONDERFUL JOB"			
15	08/26/2016		"NOTHING - GOOD JOB"			
16	08/27/2016	"A lot of times now people think because of age, doesn't understand things. The medics were not rude at all, informed her of everything that was going on and that they were going to do and talked to her. Very respectful"	"Nothing, has had some bad experiences with ambulances but this time, everyone was gentle, informative, and very nice."	"Everyone was so respectful. That meant a lot and made it much more comfortable"		
17	09/01/2016		"Double check with patient and conditions i.e. temprature, blood pressure"			
18	09/02/2016		"HAVE EMT'S PAY MORE ATTENTION AND TAKE PATIENT CONCERNS MORE SERIOUSLY"		Assigned to Stacie pn 11/18/16. Ticket # 3276	There is no chart information for this PT-JK.
19	09/03/2016		"THERE WAS ANOTHER COMPANY THERE AS WELL AND SOMEONE TRACKED IN SOMETHING ON THE CARPET THAT HAD TO BE PROFESSIONALLY REMOVED."		Assigned to Stacie Selmi 11/18/16. Ticket #3274	NO follow up done by Stacie
20	09/03/2016		"PT FEELS AS IF HE'S ALIVE TODAY BECAUSE OF THE WORK OF THE EMT'S"			
21	09/03/2016		"THEY LOST HER WALKER. SHE STILL DOESN'T HAVE IT BACK."		Assigned to Stacie Selmi 11/18/16. Ticket #3275	SEE BELOW

GROUND AMBULANCE CUSTOMER COMMENTS

October 2016

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
22	09/02/2016		"EMT'S MADE COMMENTS ABOUT THE COMPANY TO EACH OTHER AS IF THE PT WASN'T LAYING RIGHT THERE."			11/23/16, emailed both the crew members (Pellow/Nolan), to complete an occurrence report from both of them and just watch what they say in front of the pt and others.
23	09/02/2016		"KEEP ME BETTER INFORMED"			
24	09/04/2016		"Can't think of anything"			
25	09/04/2016		"Nothing"			
26	09/04/2016		"Maybe a little quicker."			Call was dispatched at 23:15:29. Crew enroute 23:15:41. On scene at 23:16:24.
27	09/05/2016	"Very caring, very nice. Just wonderful"	"Can't think of a thing. No improvement necessary"			
28	09/05/2016		"I hope there isn't a next time"			
29	09/05/2016	"medics give her a hassle about going to the hosptial"	"Medics need to take her to the hospital when they come."			
30	09/10/2016					
31	09/22/2016	"Medics were thorough, kind, and caring"	"They were excellent, couldn't think of a thing that they could do better"			
32	09/23/2016	"Wasn't much medics could do"				
33	09/23/2016		"have billing office call him"			
34	09/24/2016			"Survey was completed by family member, Patient now deceased"		
35	09/24/2016		"more tactful with mental illness/anxiety"		Assigned to Stacie Selmi 11/18/16 ticket #3279	NO follow up done by Stacie
36	09/22/2016			"You guys have always been very good, My only recommendation would be not to have a trainee start an IV"		
37	09/25/2016			"He does not recommend ambulances"		
38	09/25/2016		"Nothing. Absolutely wonderful"	"Has been trying to recommend to friends to get the yearly service."		
39	09/25/2016		"Just do the same quality service. They treated me like family."			

GROUND AMBULANCE CUSTOMER COMMENTS

October 2016

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
40	09/26/2016		"Same thing"			
41	09/26/2016		"Can't think of anything could do better"			
42	09/26/2016		"Nothing. It was all very good"			
43	09/15/2016	"One was a condescending ass. Might have been from the fire truck or from REMSA"	"Have staff keep their opinions to themselves"		Assigned to Stacie Selmi 11/18/16 ticket #3277	SEE BELOW
44	09/16/2016	"Very strict"	"Be a little courteous and serious"	"I'm not happy with REMSA"	Assigned to Stacie Selmi 11/18/16 ticket #3278	SEE BELOW
45	09/16/2016	"Waited for my daughter to cover me before they came in"				
46	09/16/2016					
47	09/17/2016		"When they were getting a patient history/prescription information and what happened for the ambulance to be called didn't get to the hospital because it wasn't written down very clearly. Communication with ER staff for patient history."			
48	09/17/2016		"More communication and awareness of her condition"			

#21 12/1/16 0815,
 I left another message for the pt and told her the walker and meds were left at RRMCC in Trauma South area. xxx called me back and told me she already bought a new walker and was not happy with it being lost in the first place. I apologized to xx again. I also told Amy Carpenter to please write in her chart of all the pt belongings and who they were left with. No further, Stacie

#43 11/25/16
 1035 I spoke with the pt xxxx, (530)xxx xxxx, she was very nice and happy I called. xxx told me the first guys to arrive taking care of her and one of them was very rude to her, told her the pills and drinking alcohol made her fall that day. She could not remember if it was the fire department or REMSA. I asked her if he went with her to the hospital and she told me no those two were great. I thanked her for talking to me and I would look into this and write up a report. Chart has ALS unit 1C08 arrived on scene to meet Sparks fire at pt side. Pt was transported in a position of comfort. Pt was cooperative and friendly with EMS. I am having the crew (Bean/Harter) complete an occurrence report, I do not think it was the REMSA crew for the complaint. No further, Stacie

#44 11/25/16
 1625, I spoke with the pt xxx (359-xxxx) and he was very confused about what happened with this complaint from 9/16/16. He could not tell me anything about the call and going to NNMC. xxx did complain about the last time REMSA saw him on 10/11/16 as the medics were trying to force him to go and they went upstairs to talk to his wife to force him to go. He was not happy at all with them and signed AMA. I asked him about his dog (mentioned in the chart) and he told me he asked the paramedic's to remove his dead dog from his house to the porch. I am closing this chart because the pt does not remember this complaint. No further. Stacie



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

OCTOBER 2016

No inquiries for OCTOBER 2016

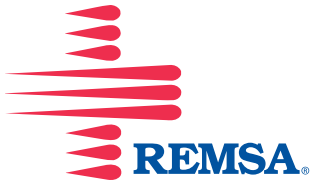


Regional Emergency Medical Services Authority

REMSA

PUBLIC RELATIONS REPORT

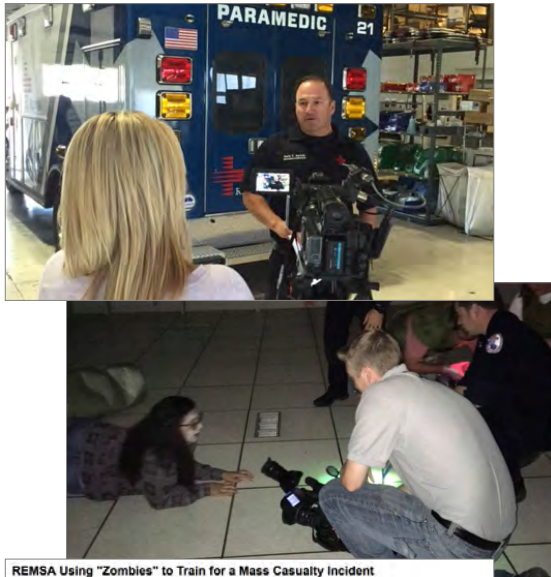
OCTOBER 2016



October 2016 Public Relations Report

District Board of Health

MEDIA COVERAGE



REMSA Using "Zombies" to Train for a Mass Casualty Incident
Posted: Oct 20, 2016 9:18 PM PDT
 Updated: Oct 21, 2016 10:19 PM PDT



Due to proactive media outreach, REMSA received coverage on KOLO for its expanded special event coverage during the weekend of October 21, 22, 23; this included staffing up for the Zombie Crawl, the Chili Cook Off, rock concerts and the Nevada homecoming game. This media story featured Sark Aerick and highlighted REMSA's special ability to flex its special event vehicles and staffing to accommodate additional needs while maintaining its regular regional coverage.

REMSA's Continuing Education class – Zombie Apocalypse – drew a lot of attention. It was featured on KTVN's Facebook page and then also as a feature story (REMSA Using Zombies to Train for a Mass Casualty Incident) on KTVN as well as twice on KOLO. These stories featured Avery Baldwin and Rob Harper as the subject matter experts.

Other coverage included an RGJ Winners column feature titled *REMSA, County Donate Two Defibrillators*.

On October 26, the City of Reno approved a mutual aid agreement with Reno Fire Department. KTVN aired brief coverage of this city council meeting consent agenda item.



Remsa Care Flight and Safe Kids Celebrate Walk Your Child to School



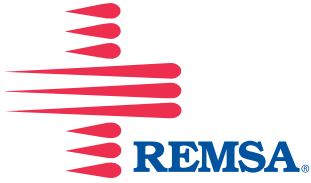
REMSA Community Advisor: Halloween Costume Safety
 REMSA would like to remind parents of some costume tips to help make your child's Halloween safe and fun
NEVADABUSINESS.COM | BY CHRISSE YANIS

SOCIAL MEDIA HIGHLIGHTS

Walk Your Child to School/Pedestrian Safety

Halloween Costume Safety

Trick or Treat Safety Tips



October 2016 Public Relations Report

District Board of Health

STRATEGIC INITIATIVES



Planning and development meetings continue for the redesign of the REMSA website. Site navigation and architecture are finalized. High-level content is being developed and the first step in design is underway – basic layouts that outline the specific size and placement of page elements, site features, and navigation for the site. Anticipated launch is early 2017.

JW Hodge, REMSA's Director of Public Affairs and Alexia Bratiotis, KPS3's Senior Account Director have met or scheduled meetings with various media outlets in northern Nevada. The purpose of these meetings is to audit and build REMSA's media relationships, give them information about new programs, equipment and services lines and to enhance our visibility and availability.

Planning and development is underway for a comprehensive Community Benefit report to share REMSA's and Care Flight's regional contributions, recent strategic growth and programmatic developments. The report will be delivered primarily online. The anticipated completion is January 2017.



Regional Emergency Medical Services Authority

REMSA

PENALTY FUNDS DISTRIBUTION

OCTOBER 2016



REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF OCTOBER 31, 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	5,856.87
November 2016	
December 2016	
January 2017	
February 2017	
March 2017	
April 2017	
May 2017	
June 2017	
Total accrued as of 10/31/2016	<u>\$20,434.84</u>

2016-17 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Total encumbered as of 10/31/2016	<u>\$0.00</u>		
Penalty Fund Balance at 10/31/2016	<u>\$20,434.84</u>		

DD	RS	-
DHO		AD
DDA	N/A	
Risk	N/A	

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

TO: District Board of Health

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

SUBJECT: Presentation, discussion and possible acceptance of the 2016 Solid Waste Management Plan for Washoe County as drafted, and direction to staff to submit the plan to the Nevada Division of Environmental Protection for final approval as required in NRS 444.510 and if the plan is approved with no edits, to enact the plan and objectives.

SUMMARY

Pursuant to Nevada Revised Statutes (NRS) 444.495 The Washoe County Health District (WCHD) acting as the Solid Waste Management Authority (SWMA) for Washoe County has developed the 2016 Solid Waste Management Plan for Washoe County as required by NRS 444.510.

District Health Strategic Priority #2: Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The WCHD developed the first solid waste management plan in 1975. Since that initial plan, updates have been made and the plan rewritten in 1991. In 1996 and 1997 work was done to update the 1991 plan via a consultant and needs assessment survey, but the work was not completed and therefore a plan was not drafted. In October of 2011, the District Board of Health accepted and adopted the 2011 Solid Waste Management Plan. Pursuant to NRS 444.570 the 2016 Solid Waste Management Plan (Plan) is the five year update for solid waste management in Washoe County.

BACKGROUND

The Waste Management Program within the WCHD is responsible for carrying out the requirements of NRS 444 for solid waste management. Part of these requirements is the development and five year update of a Solid Waste Management Plan for Washoe County which clearly demonstrates the proper management and disposal of solid waste within the County. The purpose of the 2016 Plan is to ensure the protection and promotion of our environment to the people who live, work and visit Washoe County. The 2016 Plan is a collaborative effort of various solid waste management stakeholders in the community to develop a plan which demonstrates the current status and future path towards better solid waste management within our community.

During the course of 2016, the 2016 Plan was drafted and developed with input from the Washoe County community. Early in 2016 staff began the process of notifying stakeholders of the WMP requirement to update the plan which included asking for input on the plan’s development. The initial plan was completed in August of 2016. During the months of September and August, public

Subject:
Date: October 31, 2016
Page 2 of 2

comment was requested on the plan. This process included holding two public workshops on the plan and its creation. During the review process, the Nevada Division of Environmental Protection (NDEP) reviewed the plan in accordance with the requirements of Chapter 444 of NRS and the State of Nevada Solid Waste Management Plan. During October, staff compiled all citizen, industry and regulatory comments and completed the final draft which is before you today.

This is the first time the WCHD has met the requirements of Chapter 444 of NRS to revise and complete a solid waste management plan within the five year requirement.

FISCAL IMPACT

Should the Board accept the 2016 Solid Waste Management Plan for Washoe County, there will be no additional fiscal impact to the adopted FY17 budget as expenses for the development and implementation of the 2016 Plan were anticipated and projected in the Waste Management Program (Cost Centers 172700 and Internal Order 20269).

RECOMMENDATION

WMP staff recommends the Washoe County District Board of Health accept the 2016 Solid Waste Management Plan for Washoe County as drafted, directing staff to submit the plan to the Nevada Division of Environmental Protection for final approval as required in NRS 444.510 and if the plan is approved with no edits, to enact the plan and objectives as outlined within it.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2016 Solid Waste Management Plan for Washoe County as drafted, directing staff to submit the plan to the Nevada Division of Environmental Protection for final approval as required in NRS 444.510 and if the plan is approved with no edits, to enact the plan and objectives as outlined within it."

Attachments

Solid Waste Management Plan of Washoe County 2016



Prepared by the Washoe County Health District, Waste Management Program

November 2016

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Table of Contents

EXECUTIVE SUMMARY	pg 1
CHAPTER 1 INTRODUCTION	4
1.1 CONTENTS AND ORGANIZATION	4
CHAPTER 2 SOLID WASTE GENERATION	5
2.1 INTRODUCTION	5
2.2 CURRENT GENERATION	5
A. Generation Rate	5
1. Residents of Washoe County	
2. Tourism Estimates	
3. Construction	
B. Waste Flow Impacts to Washoe County	9
C. Recycled and Diverted Materials	10
D. Future Quantity of Solid Waste	11
2.3 CHAPTER OBJECTIVES	13
CHAPTER 3 OVERVIEW OF THE WASTE MANAGEMENT SYSTEM	14
3.1 INTRODUCTION	14
3.2 SOLID WASTE GENERATION	14
A. Collection Requirements	14
B. Solid Waste Facilities	15
1. Transfer Stations	
2. Landfills	
3.3 FRANCHISE RECYCLING SYSTEM	15
A. Residential	15
B. Drop-off Locations and Programs	16
C. Commercial and Industrial	16
3.4 NON-FRANCHISE RECYCLING AND DIVERSION SYSTEM	17
A. Recycling and Diversion	17
B. Commercial and Industrial	17
C. Reuse	17
D. Reduction	18
E. Composting and Green Waste Facilities	18
F. Waste-To-Energy (WTE)	19
F. Pharmaceuticals and Biohazardous Waste	20
G. Waste Tire Hauler and Management Facilities	21
H. Rendering and Rendering Services	21
3.5 ILLEGAL DUMPING	22
A. Introduction	22
B. Community Clean-up Programs and Organization	22
3.6 CHAPTER OBJECTIVES	23
CHAPTER 4 PUBLIC AND COMMUNITY OUTREACH	25
4.1 INTRODUCTION	25
4.2 SOLID WASTE DISPOSAL SERVICES	25
4.3 LOCAL CLEAN-UP PROJECTS	25
4.4 EDUCATION AND OUTREACH	26
4.5 PROGRAM EVALUATION	26

4.6	CHAPTER OBJECTIVES	26
CHAPTER 5	FINANCIAL SUSTAINABILITY	28
5.1	INTRODUCTION	28
5.2	CURRENT FUNDING SOURCES	28
	A. Tire Fund	28
	B. Local Funding	29
5.3	POTENTIAL FUNDING SOURCES	29
5.4	CHAPTER OBJECTIVES	29
CONCLUSION		30

Acronyms

C&D	Construction and Demolition
CTH	Castaway Trash Hauling, Inc.
DBOH	District Board of Health (Washoe County)
EHS	Environmental Health Services
EPA	United States Department of Environmental Protection
FY	Fiscal Year
GID	General Improvement District
IDTF	Illegal Dumping Task Force
IVGID	Incline Village General Improvement District
KTMB	Keep Truckee Meadows Beautiful
LRL	Lockwood Regional Landfill
MRF	Materials Recovery Facility
MSW	Municipal Solid Waste
NAC	Nevada Administrative Code
NDEP	Nevada Division of Environmental Protection
NDT	Nevada Department of Taxation
NRS	Nevada Revised Statutes
PSA	Public Service Announcement
SVHD	Southern Nevada Health District
SW	Solid Waste
SWM	Solid Waste Management
SWMA	Solid Waste Management Authority
TS	Transfer Stations
USDA	United States Department of Agriculture
WC	Washoe County
WCHD	Washoe County Health District
WCSD	Washoe County Sheriff's Office
WMP	Waste Management Program
WTE	Waste To Energy

Table of Figures

Figure 1.1	Washoe County Vicinity Map	pg 3
Graph 2.1	Stead & Incline Transfer Station Tonnage Totals	6
Graph 2.2	All Transfer Station & Sage Street Transfer Station Tonnage Totals	7
Graph 2.3	Municipal Solid Waste Generation in Washoe County	7
Figure 2.1	Washoe County Transfer Stations & Landfills	8
Graph 2.4	Recycling Rate Comparisons	11
Graph 2.5	Recycling Stream Composition	12
Chart 2.1	Composition of 2015 Recycled Materials	12
Table 3.1	Current Franchise Agreement Terms in Washoe County	14
Graph3.1	Illegal Dumping Cases in Washoe County	23

Appendicies

Appendix A	Applicable Statutes and Regulations
Appendix B	Grabage Franchise Agreement Contacts

EXECUTIVE SUMMARY

In 1991 the Nevada State Legislature passed Nevada Revised Statutes (NRS) 444.510 which required the Washoe County Health District to produce a solid waste management plan and update it no less than every 5 years. All updates must be submitted to the Nevada Department of Conservation and Natural Resources for review and approval. The Washoe County Solid Waste Management Plan would contain descriptive statistics on the current status of the solid waste management and hazardous waste programs, disposal and recycling trends; serve as a community-wide needs assessment for services and programs and describe progressive tools, technologies and pertinent issues for future advancement of the solid waste system. To manage federal solid waste mandates, the State Legislature passed NRS 444.580 which gave the District Board of Health the ability to pass regulations to create a solid waste system that was able to manage solid waste and make available proper disposal sites. As a result, the Solid Waste Management Program was created and given the responsibility of producing and updating the Washoe County Solid Waste Management Plan.

When the original Washoe County Solid Waste Management Plan was written in 1991, solid waste management was still in its infancy in Washoe County and landfilling was, and still is, the preferred and cheapest disposal method. By restricting the disposal avenues for different waste streams, the door was opened for innovation, the development of new industries and forever influenced the way most jurisdictions looked at waste. Landfilling could no longer be the catch-all for difficult waste streams or unknowns; all these new regulations forced communities to take a hard look at the refuse they produced and reevaluate their relationship with garbage.

In the twenty years since the first Solid Waste Management Plan was written, solid waste management has become a science and an evolving multi-billion dollar industry; collecting and disposing of refuse is only one facet of this dynamic field. The Washoe County Solid Waste Management System infrastructure has expanded to meet some of the growing needs of the community, comply with new solid waste legislation and stay abreast with current solid waste trends both regionally and nationally. Typical municipal garbage and rubbish is managed with local haulers, but private businesses have led the way in managing the more obscure and difficult streams including hazardous waste, universal waste, electronic waste, biohazardous waste and other textiles. Private businesses have also been pivotal in increasing the County's diversion rate by applying progressive technologies and creating more outlets for recyclable materials.

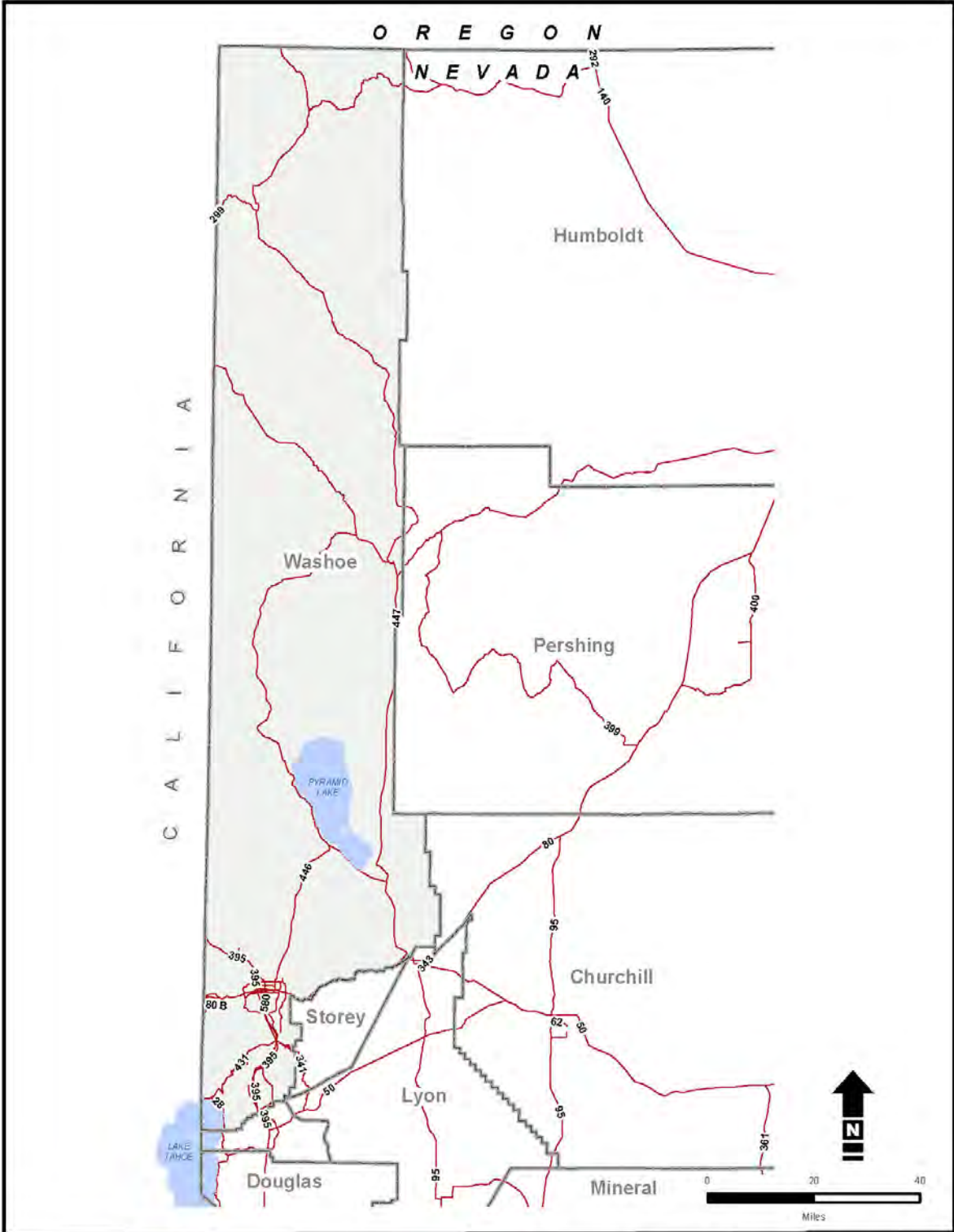
After the 1996 Washoe County Solid Waste Management Plan, there would not be another update until 2011. This update was very descriptive in nature as the data available for Washoe County solid waste generation was limited and scattered, so true projections of solid waste generation could not be produced. Prior to the 2011 update, the population had been decreasing in Washoe County, primarily because of the effect of the recession, however, since that time population has increased every year, since 2009. Likewise, there has been an overall increasing trend in Municipal Solid Waste (MSW) generated and recycling in Washoe County through 2009. Volumes of MSW generated and recycled have fluctuated thereafter, year to year, and they will probably continue to do so primarily because of WM franchise agreements with City of Reno and City of Sparks and the use of single stream recycling programs. Washoe County has yet to come to an agreement with WM for a franchise agreement of their own, but implementation of these programs have effects on how recycling numbers are reported due to customer acceptance, use and/or misunderstanding. Projections indicate reliance on gaming and the construction industries for economic recovery are unrealistic. Solid waste generation is tied to economic conditions; therefore diversifying both economically and in the solid waste management field is the key to long-term recovery. Garbage service is mandated throughout Washoe County while recycling is still an optional service offered through the local franchised waste haulers. Other recycling outlets and services for the recycling and disposal of household hazardous

waste, composting, green waste, textiles and tires also exist in the community. Most of these augmented services are offered by private businesses and have helped increase Washoe County's diversion rate to above 30% which is similar to the national rate. Though many diversion outlets exist in the community, they are scattered and usually carry a fee to drop off or collect waste and recyclables.

Illegal dumping has been a persistent nuisance in the community even though it was not addressed in the 1991 or the 1996 update of the Solid Waste Management Plan. Illegal dumping has the potential to be very damaging to the environment and costly for tax-payers to clean-up. There are local non-profits that focus on combating this issue, but they usually operate with limited budget. WM offers free dump days to residents of unincorporated Washoe County through the year as stipulated in the garbage franchise agreements which have been very popular. Additionally, City of Reno and City of Sparks residents have the ability to use four free trips to the transfer stations, per year, as part of the aforementioned Franchise Agreements with those two entities, where bulky items and household waste can be disposed of free of charge, provided the owner is current on their WM bill. However, despite the resources available to residents and organized clean-up efforts, illegal dumping remains an issue throughout Washoe County.

The management of solid waste can be influenced prior to disposal, even before the consumer has produced waste. Source reduction and procurement practices can be effective in reducing solid waste generation or altering the composition of waste streams. Institutional source reduction programs can be found throughout the County, but community-wide focuses have not been imitative outside of events sponsored by local non-profit organizations. Solid waste and recyclable materials can also be managed between the generator and disposal/treatment. Different methods to pick-up recyclable material and municipal waste can alter the recovery rate of materials and dictate future development of recovery and recycling facilities. The most popular facilities for recyclable material recovery are called material recovery facilities (MRFs) and they are becoming an essential component to increasing recycling, diversion and profit. In 2016, WM began construction of a new MRF to serve this community.

This 2016 Washoe County Solid Waste Management Plan serves two purposes; one, to inform the reader of the regulatory and contextual factors that led to the genesis of local solid waste management, and two; provide information on the current status of the solid waste management system of Washoe County including the programs which are fully implemented and those areas or programs which are under development or in need of being emphasized. The common theme of the 2016 Plan is to emphasize new techniques, technologies and ideas which the SWMP can incorporate into the system to make it more progressive, efficient, beneficial, cost-effective and accessible for residents and businesses.



NOTE: THE SCALE AND CONFIGURATION OF ALL INFORMATION SHOWN HEREON ARE APPROXIMATE ONLY AND ARE NOT INTENDED AS A GUIDE FOR DESIGN OR SURVEY WORK. REPRODUCTION IS NOT PERMITTED WITHOUT PRIOR WRITTEN PERMISSION FROM THE WASHOE COUNTY GIS.

WASHOE COUNTY VICINITY MAP
WASHOE COUNTY HEALTH DISTRICT
HUMBOLDT COUNTY, CALIF. 1999

FIGURE 1.1

Geographic Information Systems / Technology Services



1001 E. 9th St
 Reno, Nevada 89520

DATE: May 2016

CHAPTER 1

INTRODUCTION

1.1 CONTENTS AND ORGANIZATION

The Washoe County Solid Waste Management Plan (hereafter called the Plan) has been developed by the Washoe County Health District (WCHD) acting as the Solid Waste Management Authority (SWMA) for Washoe County in accordance with the Nevada Revised Statutes 444.510. The Waste Management Program (WMP) of the WCHD is responsible for writing, updating and enacting this plan within Washoe County. This Plan contains a written description of the current solid waste trends of Washoe County. The end of each chapter includes a list of objectives developed to address areas where the WMP wants to concentrate its efforts over the next five years or to address shortcomings outlined in the respective chapters. A summary of the information included in each chapter of the report follows:

A. Chapter 2: Solid Waste Generation

It provides information on the generation of solid waste excluding hazardous waste in Washoe County. This chapter contains information and discussion regarding the current waste generation rates for the residents of Washoe County based on tourism, imported & exported waste, and finally recycled (and diverted) waste.

B. Chapter 3: Overview of the Solid Waste Management System

Outlines the current solid waste collection system and transportation. Solid waste facilities and services are identified as well as the current recycling, composting, liquid waste, waste tire management and medical waste treatment programs.

C. Chapter 4: Public and Community Outreach

Discussion about how the WMP disseminates information to the public about solid waste issues, problems and programs in Washoe County. Also current limitations to expanding public education and conducting internal program evaluations of the Waste Management Program.

D. Chapter 5: Financial Sustainability

Describes the different funding sources of the Waste Management Program. It also outlines the restrictions of these funding sources in regards to administration and expansion of the program both internally and for public outreach.

The 2011 Plan had a chapter pertaining to the Washoe County Emergency Debris Management Plan. This Emergency Debris Management Plan is currently being updated and therefore is not included in this Plan. Please contact the Washoe County Emergency Management and Homeland Security Department for all inquiries regarding the Washoe County Emergency Debris Management Plan.

CHAPTER 2

SOLID WASTE GENERATION

2.1 INTRODUCTION

There are three SWMA's in the Nevada; the Nevada Division of Environmental Protection (NDEP), Southern Nevada Health District (SNHD) and the WCHD. The NDEP receives its authority from the NRS 444.440-444.654 and the State Environmental Commission. The SNHD and WCHD have their authority derived from their respective Board of Health and the above referenced NRS to oversee and manage the solid waste system in their individual jurisdictions. As the SWMA of Washoe County (WC), the Waste Management Program (WMP) of the WCHD collects data on local SW generation as it is important for resource management and long-term planning for both the WMP and community stakeholders. A list of all enabling statutes and regulations can be found in the include appendices. This data allows WMP to see SW generation trends highlight community needs and impact to local SW facilities such as transfer stations (TS), landfills, recycling facilities and other disposal outlets.

This chapter details current SW generation trends in WC including MSW disposed at the Lockwood Regional Landfill (LRL) sited in Storey County, NV, recycling activity and SW generation projections. The chapter also outlines total recycling tonnage and trends based on the WC recycling reports submitted to the NDEP. As a point of clarification, SW includes MSW, construction & demolition waste and other waste streams that are not removed for recycling.

2.2 CURRENT GENERATION

A. Generation Rate

1. Residents of Washoe County

The WC population was 436,797 in 2014 and is projected to grow by 1.4% over the next 5 years adding estimated 6,000 to 8,000 residents to the community ¹ Understanding population changes is pivotal to understanding overall waste generation rates. The SW generation data is based on records that are kept by Waste Management, INC. (WM), NDEP, WCHD and the Pyramid Lake Paiute Tribe Environment Department. The vast majority of the SW disposed from WC is landfilled at the LRL. The SW generation information from WM includes disposal records from LRL and incorporates data from the transfer stations (TS) owned and operated by WM. Two of these TS facilities are located in Reno; the others are located in Incline Village. Waste disposed of at the LRL is organized into three categories: compacted commercial vehicles, uncompacted commercial vehicles and private vehicles, uncompacted.

All MSW landfilled in the LRL from WC is first collected and consolidated at one of WM's TSs. Quarterly landfill tonnage reports are provided by WM to NDEP and other counties that use the LRL for disposal including WC. The WCHD also requires WM to submit annual TS tonnage reports² as a permit condition to operate as a SW hauler and TS operator.

¹ Nevada State Demographer's Office, Nevada County Population Projections 2014-2033, October 1, 2014.

² Solid Waste Disposal Reports, 2009-2014, compiled by Washoe County Solid Waste Management Program.

The remaining SW generated wastes within WC are hauled to either the Russell Pass Landfill located outside of Fallon Nevada or the Carson City Landfill. This SW is captured through SW hauler reports filed by permitted SW haulers through the WMP. Auditing or verifying this information is difficult based on the inability to cross reference reporting with other regulatory agencies or the landfills themselves.

There are five main TS's in WC that receive waste from WC waste generators; three are operated by WM, one in Gerlach is operated by the Gerlach GID and the fifth TS is operated by Nevada Recycling and Salvage LTD. The four TS's permitted to accept garbage and other putrescible wastes are commonly called: Sage Street, Stead, Incline Village and Gerlach. Waste entering the TS's is not weighed but is consolidated and weighted prior to being transported to the LRL for disposal.

Of the WM operated TS, two of the three experienced waste increases. The Sage Street and Stead TS documented an approximate 7% increase from late 2009 to late 2015, whereas, the Incline TS documented a decrease in the amount of waste accepted at its facility. The Gerlach TS data is not represented below due to incomplete records.

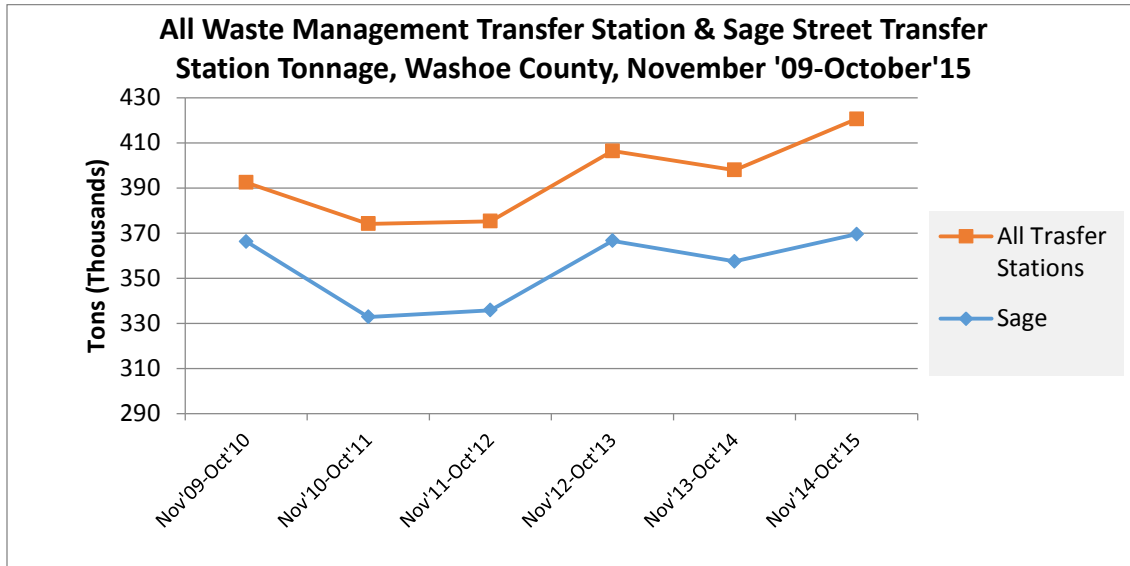
The one independently owned and operated commercial TS only accepts nonputrescible, SW and recyclables from commercial customers which does not require special handling or permitting as required by the WMP. In 2015 this facility transported over 86,000 tons of commercial SW to Russel Pass Landfill for disposal. Due to inconsistent tonnage reporting and lack of historical data for waste shipped for disposal, this TS is not shown in Graph 2.1 for comparison.

Graph 2.1 Stead & Incline Transfer Station Tonnage Totals

A marginal volume of the MSW derived from the Pyramid Lake Paiute Tribe Reservation within WC but there will be no in-depth discussion of this waste stream in this Plan as the WMP does not regulate any of the tribal lands. Based on email correspondences with Benjamin John, Director of Pyramid Lake Paiute Tribe Public Utilities, only 1,200 tons of waste has been generated from these lands in the last 5

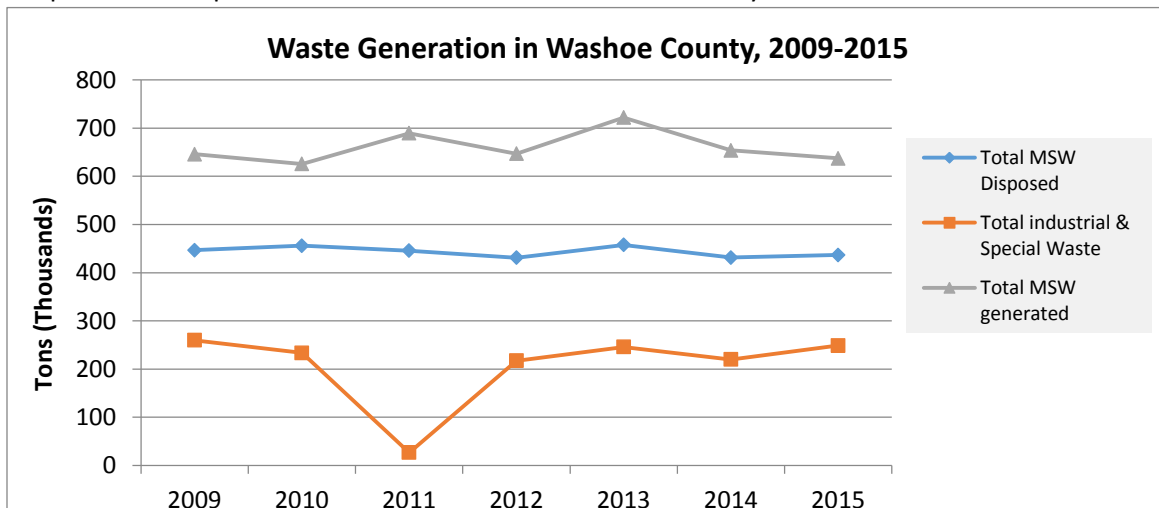
years. This waste is disposed of at waste bins that are located in Nixon, Sutcliffe and Wadsworth per the Pyramid Lake SW Ordinance³ and disposed at Russel Pass Landfill outside Fallon, Nevada.

Graph 2.2 All Trasfer Station & Sage Street Transfer Station Tonnage Totals



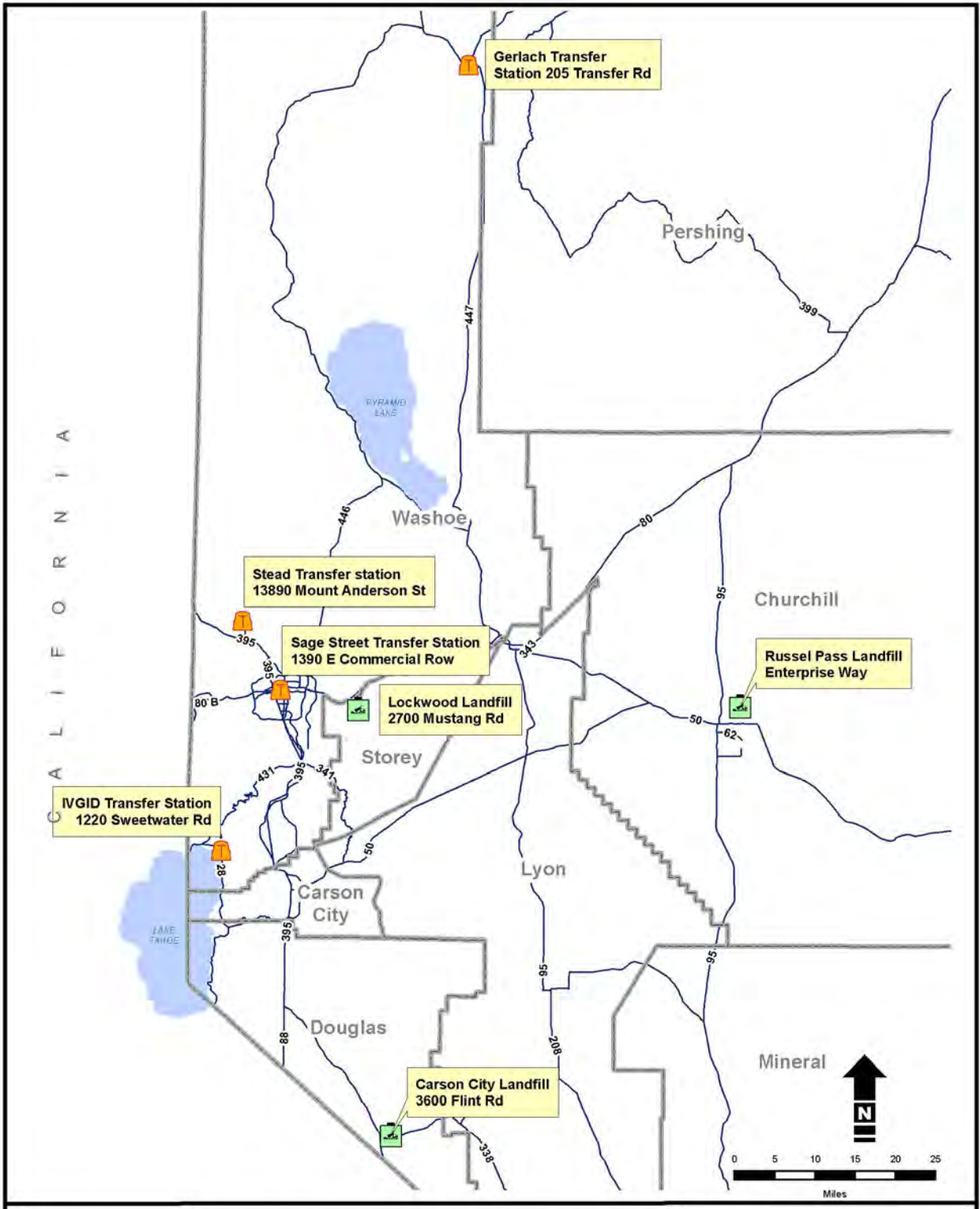
The SW generation has been relatively stable in WC from the last Plan update in 2011 to 2015. The slight increase in industrial and special waste disposal may be due to the elevated issuance of construction and building permits since 2014 in WC⁴. Total MSW has also had a slight decrease from October 2013 to October 2014, which may be attributed to the implementation of single stream recycling in the City of Reno where most of the WC residents reside. The increases in MSW in from October 2014 to October 2015 may be attributed to the strengthening local economy.

Graph 2.3 Municipal Solid Waste Generation in Washoe County



³ Pyramid Lake Paiute Tribe Utility District Solid Waste Ordinance <http://plpt.nsn.us/pud/policy/wasteordinance.pdf>, Retrieved on March 12, 2016.

⁴ City of Reno, City of Sparks, Washoe County and Incline Village municipal building permit issuance records.



NOTE: THE SCALE AND CONFIGURATION OF ALL INFORMATION SHOWN HEREON ARE APPROXIMATE ONLY AND ARE NOT INTENDED AS A GUIDE FOR DESIGN OR SURVEY WORK. REPRODUCTION IS NOT PERMITTED WITHOUT PRIOR WRITTEN PERMISSION FROM THE WASHOE COUNTY GIS

WASHOE COUNTY TRANSFER STATIONS & LANDFILLS

WASHOE COUNTY HEALTH DISTRICT
 FINANCING QUARTY OF 1 PP

FIGURE 2.1

Geographic Information Systems / Technology Services

1001 E. 9th St
 Reno, Nevada 89520



DATE: August 2016

The per capita SW generation rate for WC is nearly double the national rate of 4.38 lbs/day/person⁵. Crude calculations for the WC estimate the per capita MSW generation is 7.9 lbs/day/person. However, this is less than the State of Nevada average of 8 lbs/day/person⁵. These generation rates may be elevated compared to the National average due to cheap disposal cost and lack of government mandated diversion rates. Both Nevada's strong tourism industry and the population growth may be impacting or causing the elevated the per capita SW generation rate.

2. Tourism Estimates

There has been a turnaround in the tourism rates since the 2011 Plan. A visitor count estimate^{6,7} from Reno-Sparks Convention and Visitor Authority along with information from the University of Nevada, Las Vegas (UNLV) Center for Business and Economic Research of visitor's volume has shown a 7.9% increase in the number of visitors to WC from 2011 to 2014. This follows a 17.5% decline in tourism from 2005 to 2011 during the national recession. Increases in tourism may directly lead to increases in local SW generation through both wastes generated from local special events (e.g., Nugget Rib Cook Off) and from increased hotel/motel utilization. It is estimated that on average, hospitality guests generate up to 2.2 lbs of SW per day⁸, so increases in local tourism rates will increase the WC overall waste generation.

3. Construction

Increases in construction and demolition (C&D) disposal (and potentially diversion) may also be affected by increases in construction in both the residential and commercial realms. Revival of the local economy, as with the national economy, has resulted in an uptick in the issuance of building permits in WC. A number of large companies including Amazon, Apple and FedEx have begun or finished construction of large facilities in WC which may have increased local business interest. Overall, the combined construction building permits issued for all included entities increased roughly 37% from 2013 to 2015⁹.

B. Waste Flow Impacts to Washoe County

Currently, there is no MSW imported into WC for direct disposal as there are no permitted or approved disposal facilities in WC. Waste generated in WC is consolidated at a TS and then exported to the LRL for disposal. However, there are biohazardous waste streams which are imported into WC for treatment (e.g., autoclaving) which are then transported to LRL for land disposal. There are four facilities in WC that can treat biohazardous waste though only two of them accept waste that is generated outside WC. Based on phone conversations with the District Manager for WM roughly 75% of the biohazardous waste treated at the WM facility is from WC and the remaining from outside WC.

Detailed data about the WC MSW stream composition is not publically available at this time, so it is impossible to compare the local MSW stream to the national or other regional waste streams.

⁵ Advancing Sustainable Materials Management: Facts and Figures 2013, USEPA 2016.

⁶ Estimated Visitor Counts for Reno-Sparks and Washoe County Area, (2007-2015) RSCVA, https://www.visitrenotahoe.com/docs/8_-_Visitor_Counts_-_February_2016.pdf, Retrieved on March 3, 2016.

⁷ Annual Data, UNLV Center for Business and Economic Research, 2010-2014, <http://cber.unlv.edu/WCEconData.html>, Accessed on March 3 2016.

⁸ Pirani S. & Arafat H. (December 2014) *Solid Waste Management in the Hospitality Industry: A Review*, Journal of Environmental Management.

⁹ City of Reno, City of Sparks, Washoe County and Incline Village municipal building permit issuance records.

Understanding what WC residents put into their trash may be useful to determine local disposal needs and potential economic development of alternative disposal technologies or outlets.

Waste generation in WC is likely to increase due to a growing population, tourism visits, construction and a strengthening local economy. Increases to waste generation will affect the local franchise collection system and may increase the need for access to facilities such as TS's, drop-off recycling site at Commercial Row and possibly to LRL by the general public. Limited hours and days of operation has been a historical complaint voiced by the public for these facilities, specifically for the transfer stations which may directly affect illegal dumping frequency as access becomes more limited. WM also does not maintain a local contact number for customers and are usually routed to a customer service agent based in California. Local residents have found it difficult to use this WM resource to get information about local recycling, diversion and general waste outlets. The local garbage franchises will need to address these issues and make reasonable accommodations to address increasing demand for these services by the public. The public also needs to be aware the WCHD does not have any control over any of the franchises negotiated within WC, and likewise does not enforce the local franchises.

C. Recycled and Diverted Materials

There are two main avenues for recycling (and diversion) in WC; curbside recycling services offered by WM who is the franchised recycling hauler, and local commercial recycling or diversion businesses. Residents in multi-family units such as apartments may not have access to curbside services but are dependent upon the rental property to provide this access. In 2012, the WMP staff conducted focus groups to study¹⁰ the recycling behaviors of WC residents including those living in multi-family units. The study found that access to recycling or diversion options was limited to this population. Increasing the local recycling rate may require more attention to residents who do not live in single-family dwellings, especially since there is an increase in the construction of multi-family units. Implementation of single stream recycling has alleviated some of the barriers to participants living in single-family homes, but apartment residents still face similar barriers to recycle.

Though many counties and municipalities across the State calculate their own recycling rates, there are two SWMA's that must report to NDEP for annual reporting. The recycling rates of these three are shown below in Figure 2.4 and are compared to the overall State average and National average. Based on the WC annual reports submitted to NDEP, the recycle rate for WC in 2015 was 31.5% and has been decreasing since it peaked in 2013 at 36.5%⁷. The 2015 recycle rate is below the 2013 EPA national average of 34.3%, but above the 2014 Nevada average of 23.4%. WC has exceeded the State of Nevada recycling goal of 25% recycle rate since 2008.

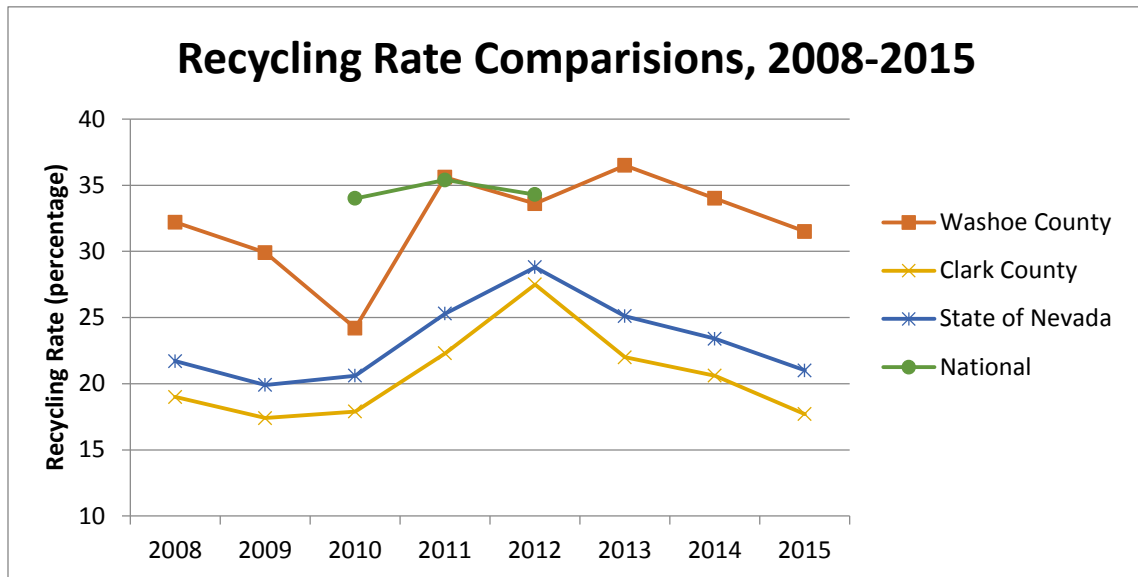
The reduction of the recycle rate may be attributed to various factors including changes in the recycling stream composition and report since the 2011 Plan. Since the implementation of single stream recycling in City of Reno in 2013, this waste stream has been reported differently to the WMP for the annual WC recycling report than in years past. Individual recyclable commodity streams were reported to the WMP, all the single stream volumes from WM are inclusive of all materials. Another reason could be changes to the commodities markets and economics surrounding recycling costs to proactively and voluntarily recycle. For example, in 2014 and 2015 the price for scrap metal was relatively low compared to years past, which may limit the amount of metal purchased by recyclers or waste brokers.

¹⁰Bryant L. & Brown E. (2012) *Recycle Focus Groups: Understanding the Recycling Behaviors and Barriers in Washoe County*.

It may be attributed to an inconsistent collection of recycling information from local businesses as they are not required to report recycling activities to the WMP or any other regulatory entity. Based on email correspondences from WM staff, 11% of the recyclables from single stream curbside collection are contaminated by other wastes, which therefore mean the recyclables are not collected. This loss of volume may affect the overall recycling rate and suggest a continued and ongoing need to educate customers on how to properly segregate recyclables using the single stream system.

The overall recycling rate may have also been affected by the loss of a local trash hauler (Castaway Trash Hauling Inc. (CTH)) which also collected recyclables and diverted materials, from commercial and industrial generators. This business was sold to WM and had maintained significant number of local customers and received large volume of recyclables from commercial customers. The recent City of Reno franchise agreement has language to include two zones, which had been written to give CTH a portion of the commercial franchised waste stream within the local SW management system. With the acquisition of CTH, Reno has effectively reverted back to one franchised waste hauler under their current franchise agreement, which was confirmed by the City of Reno Assistant City Attorney. There has been a dramatic reduction of metal recycled in the last five years, which is half of the recycled material in WC. The WC recycling rate is calculated from self-reported tonnage from local commercial companies, so incomplete data could be affecting the overall recycling rate. The reduction could also be reflective of the WMP continued efforts to not double count any reported metals volumes. The reduction in reported metals recycling must be looked into over the next five years.

Graph 2.4 Recycling Rate Comparisons



D. Future Quantity of Solid Waste

The biggest producers for the SW in WC are those residents in single-family homes, based on tonnage reports from the local franchised garbage hauler. The US Census reported¹¹ in 2014 the WC population was 440,078 and has been steadily growing at a 3.45% increase since 2011. An increasing population, coupled with the increase in tourist visits and construction projects, is very likely to produce

¹¹ Washoe County Population Estimates, US Census Bureau, 2014 <http://www.census.gov/quickfacts/table/PST045214/32031,00>.

an increase in the volume of SW generated in WC for disposal in the LRL, Carson City and Russell Pass Landfill. However, the implementation of single stream recycling in the City of Reno in 2013 and City of Sparks in 2016 may have a more measurable impact in the MSW stream and in-turn, reduce the SW landfilled.

Graph 2.5 Recycling Stream Composition

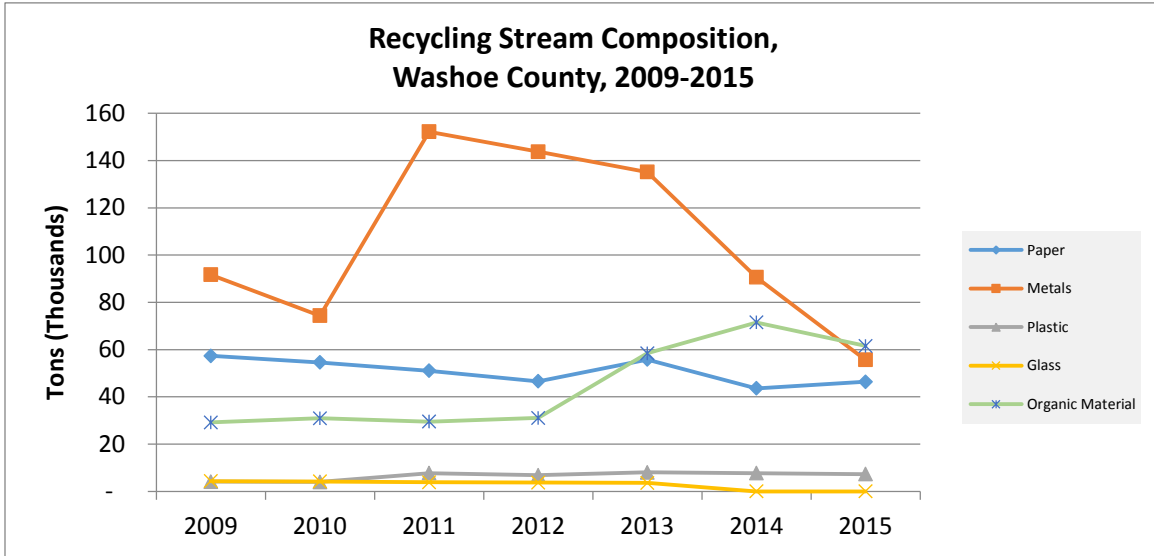
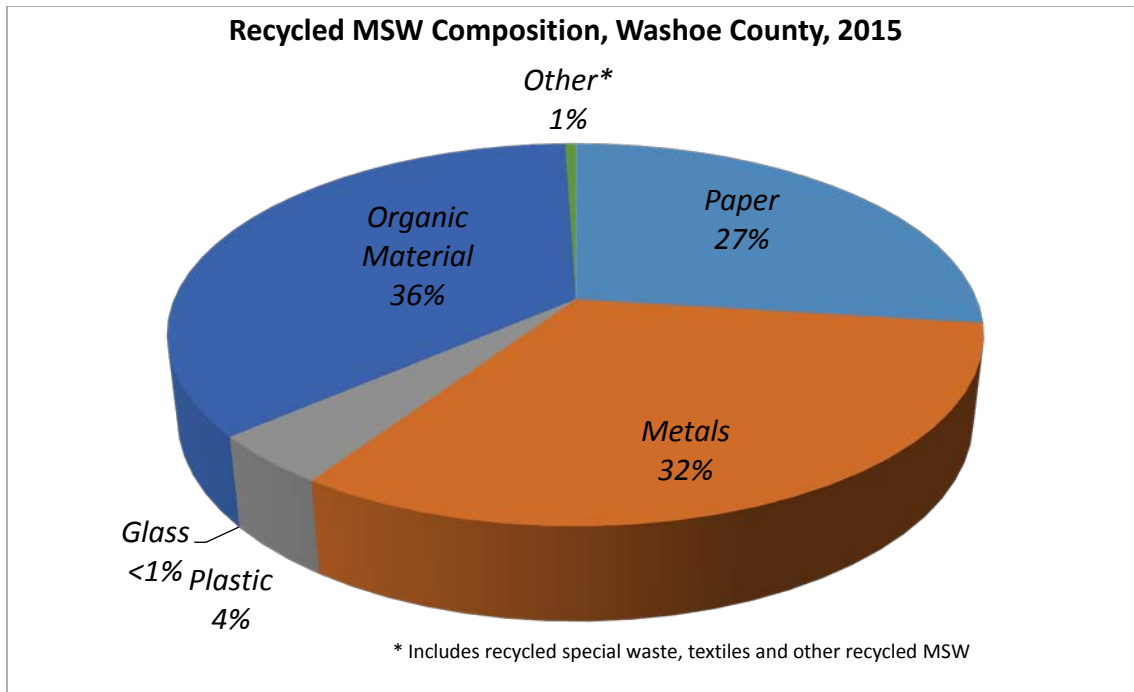


Chart 2.1 Composition of 2015 Recycled Materials



2.3 CHAPTER OBJECTIVES

A. Current Generation

- WCHD should maintain a data base of all tonnage reports and other waste reporting data for ease of future analysis
- WCHD should work with regulatory partners to better capture the volumes of waste actually produced in WC
 - Build better lines of communication with the other two SWMA's
 - Work with nonprofits and the other SWMAs to build a more comprehensive public education program regarding waste generation and how to possibly reduce it in WC and Nevada
- Conduct a waste stream compositional study of the WC waste stream
- Conduct a needs assessment to determine additional means to increase the WC recycling rate for both residential and commercial residents
- Develop ways for multi-family dwellings to increase/develop ways for them to participate in recycling
- Work with local hospitality businesses to determine the average solid waste generation for visitors

B. Waste Flow Impacts to Washoe County

- Analyze the impact of small haulers in the area and where they transport waste
- Work with NDEP to obtain complete data of SW transported to Russel Pass Landfill and Carson City Landfill from WC for disposal
- Determine whether any other wastes are imported into WC for disposal outside of biohazardous waste
- Educate the general public regarding the responsibilities of the entities which negotiate the local franchise agreements
 - Determine if current franchise agreements prevent better management of waste streams or hinder diversion efforts
 - Determine if current franchise agreements adversely affect the WC recycling rate

C. Recycled and Diverted Materials

- Partner with local business to bring more green initiatives and opportunities to local events and community programs
 - Create or initiate a comprehensive waste audit program for the reduction of SW in WC
 - Work with governmental agencies to create a comprehensive purchasing program to reduce SW generation and buy recycled products
- Conduct studies or needs assessments of residents to determine the SW generation behavior and barriers for waste reduction
- Develop a SW disposal reporting system or reporting form to collect consistent data from the franchised hauler and other independent waste haulers to ensure all permitted parties are reporting in the same manner
- Meet with WM and discuss increasing TS, recycling and LRL operational hours to meet potential growing demands of the general public's SW needs

CHAPTER 3
OVERVIEW OF THE SOLID WASTE
MANAGEMENT SYSTEM

3.1 INTRODUCTION

This chapter of the Plan provides a description of the current SW management system in WC. This chapter includes a description of the different waste collection methods, the regulatory requirements for services and a description of the disposal system. The current major focus of the WMP is in the area of collection, transport and processing of the SW stream.

3.2 SOLID WASTE GENERATION

A. Collection Requirements

The NRS 444.510 requires every municipality with a DBOH to develop a SW management system which includes a system to collect and dispose of garbage. There are five entities in WC: the Cities of Reno and Sparks, Incline Village and Gerlach General Improvement Districts (GIDs) and unincorporated WC which fall within the prevue of the DBOH. Each of these entities has the privilege to negotiate a franchise agreement with a third party company for collection and disposal within their respective jurisdictions. The franchisee is then granted certain rights to the collection, transport and ultimately disposal of all garbage waste streams. The franchisee must determine appropriate collection routes to meet the minimum requirement of seven day garbage removal in all areas of WC (see appendix B for franchise agreement information).

Table 3.1 Current Franchise Agreement Terms in Washoe County

	Agreement Effective Date	Agreement Expiration Date
City of Reno	11/07/2012	11/07/2029
City of Sparks	10/28/2015	06/30/2028
Incline Village GID	07/07/2016	06/30/2026
Washoe County*	12/12/2000	12/2/2016 [§]

* Includes coverage of Sun Valley GID

§Original agreement expired in 2015, but two six month extensions were granted

All residences in WC are required to subscribe to garbage service with the franchised hauler. However, WCHD can grant an exemption for garbage service if the applicant for exemption meets specific criteria (e.g., vacant property, no garbage self-haul, etc.) as outlined in the *Regulations of the Washoe County District Board of Health Governing Solid Waste Management*. Any exemption request which may violate the various negotiated franchise agreements of the various entities must have the support of the entity of which it is applied in. Furthermore, it is noted the original intent of the exemption process was for individual residences and customers. Over the past decade, this process has seen the applicants include various business and commercial entities. Attempts by the WMP to educate

and have the language of the various franchises clarify this issue have been unsuccessful even with the support of WM.

As described in Chapter 2, WM and their local subsidiaries are the garbage franchise holders for all the individually negotiated franchises within WC. Each contract has differences regarding service levels, pricing and recycling services. The franchised waste hauler is the only SW hauler permitted by the WCHD to transport and dispose of garbage and other putrescible wastes within WC.

The WMP requires permits of all businesses operating waste and recycling hauling services within WC. This permitting includes those businesses which transport and dispose of C & D, trash, rubbish, recycling, biohazardous waste, liquid wastes, asbestos containing materials, and other special wastes as outlined in regulation. The WMP staff use new business license applications for finding out when new hauling businesses are starting up within WC. The program needs to continue to educate the general public and business community of the need to utilize properly permitted waste haulers to ensure the proper and safe transport and disposal of the solid wastes they generate which will ultimately protect the environment and the community.

B. Solid Waste Facilities

1. Transfer Stations

All MSW generated in WC is required to be processed through a TS for processing prior to being transported to LRL for land disposal. The purpose for requiring the processing through TS facilities is to allow for additional load checking for wastes which are prohibited from land disposal and for the compaction and efficient transport of bulk SW to a landfill. There is one TS in WC that is not operated by WM. This facility is operated by Nevada Recycling & Salvage LTD and is located in the City of Reno; this facility only accepts trash, rubbish, C & D, and recyclable material from commercial businesses. Waste processed through NRS which is not recovered or diverted from landfilling is ultimately transported to the Russell Pass Landfill for disposal.

2. Landfills

The LRL is a class I and III landfill in Storey County off Interstate 80. It receives nearly 5,000 tons of waste daily and is operated by WM. It is the second largest landfill in Nevada¹²; the largest is Apex Landfill in Southern Nevada which it is also the largest in the United States. The NDEP permits and regulates the LRL. Based on a conversation with staff from the NDEP, the most recent report for the LRL states that its life span is over 100 years with the approved expansion.

There are no permitted landfills in WC and there are no immediate plans to build sites due to the capacity of the LRL to accommodate the need of the WC residents. Historical sites for SW disposal were discussed in the 2011 Plan but are not included in this Plan.

3.3 FRANCHISE RECYCLING SYSTEM

The NRS 444A.040 requires all counties with a population greater than 100,000 make a program available for, “the separation at the source of recyclable material from other solid waste originating from residential premises and public buildings where services for the collection of solid waste are

¹² Nevada Division of Environmental Protection. Bureau of Waste Management. http://ndep.nv.gov/bwm/landfill_lockwood.htm. Retrieved June 8, 2016.

provided[...]" All recycling services for residential customers and public areas were included in the franchise agreements with WC entities, with slight differences between the different contracts. The NRS 444A.050 also requires the WMP to report all recycled materials to the NDEP annually on or before April 1st of each calendar year.

A. Residential

All entities in WC require all residents who accumulate SW to have garbage service, but not recycling services. However, all entities in WC have negotiated voluntary recycling services for single family residences of some fashion in their respective franchise garbage agreements. None of the franchise agreements require users to recycle. These agreements also include pricing and services for commercial garbage and recycling services. All the agreements include terms for ownership of the waste, required services, pricing and term of agreement.

In late 2012, the City of Reno signed a new franchise agreement with WM for garbage service which included a curbside single stream recycling program for residential customers. This was the first time individuals who wanted to recycle no longer had to segregate their recyclable commodities while also increasing the types of materials which could be recycled, such as but not limited to cardboard, chip board, plastic food containers, etc. curbside within an entity of WC. This service included one garbage bin and one recycling bin of which all recyclables could be contained and comingled; the single stream program was implemented in 2013. City of Sparks followed in Reno by adopting the single stream recycling model for use by their customers in late 2015, implementation of their program was completed in early 2016. Currently, unincorporated WC is in the process of negotiating a new franchise agreement with WM which also has the single stream recycling model included in the proposal.

B. Drop-off Locations and Programs

WM maintains drop-off locations at all of their permitted facilities for recyclable commodities. WM has also begun the permitting and plan submittal process for the construction of a materials recovery facility (MRF) at the Commercial Row TS site; the current franchise agreement states WM will make "reasonable efforts to commence and diligently prosecute construction of the Eco-Center..." within 28 months of the November 7th, 2012 effective date. Current construction completion for this project is late 2016 or early 2017. MRF's are usually large recycling facilities where MSW or segregated recycling is delivered after collection and sorted by material type. The construction of this MRF in WC will increase the ability of WM to remove more recyclable materials from the SW stream and has a proposed area for household hazard waste collection. When completed, it will be the largest recycling facility in WC.

C. Commercial and Industrial

Though recycling is not required for non-residential businesses, all commercial and industrial customers have access to recycling services through the local garbage franchisee. Customers can contract with WM directly for recycling of commodities including, but not limited to, paper, plastic, metal, glass, cardboard and food waste. Because commercial and industrial businesses constitute a large fraction of the SW stream, mandating recycling for this sector may greatly impact the WC recycling and diversions rate and should be considered during garbage franchise agreement negotiation and WC regulations updates.

3.4 NON-FRANCHISE RECYCLING AND DIVERSION SYSTEM

A. Recycling and Diversion

The recycling rate for WC has three main components: recyclables from residential curbside recycling, commercial industrial recycling and special waste diversion. Commercial recycling and diversion outlets are the bulk of the materials represented in the WC recycling report. In WC there are 28 businesses¹³ currently permitted to conduct recycling and reuse activities from carpet to household hazardous waste. Most of these outlets accept materials from the public, but not all. For the public's benefit, Keep Truckee Meadows Beautiful (KTMB) is a local non-profit organization which maintains the most complete list of local recycling and diversion outlets (www.ktmb.org) for WC with funding provided by the WCHD. Residents can access their recycling guide on their website which is updated on a regular schedule. The SWMA actively promotes the KTMB recycling list in an effort to increase recycling efforts within WC.

B. Commercial and Industrial

Businesses who do not utilize WM for recycling services may contract with other permitted recycling businesses, waste brokers or waste reduction companies. Commercial and industrial generators of SW have not been addressed in previous Plans. In order to increase the overall WC recycling and diversion rate, a more targeted approach to the local commercial and industrial business needs to be developed, not only to capture unrepresented recycling and diversion streams, but also to explore the barriers or disincentives of these businesses to utilize alternative disposal means or initiate internal waste reduction practices. Over the next five years as part of this plan update, the WMP will work with other regulatory entities, local agencies and non-profit groups to address these issues which will include a much more broad and encompassing educational program for waste reduction and diversion programs.

There are many businesses with green initiatives or internal recycling systems that could greatly boost the WC recycling rate. Their efforts also go unrewarded and unacknowledged within the SW management system. However, Keep Truckee Meadows Beautiful does have a mechanism to acknowledge local businesses with significant waste reduction activities or that have helped in the community which has been financially supported by the WCHD for the last two years.

C. Reuse

Reuse outlets in WC are limited and data on this diversion stream is not captured adequately in the annual recycling report. Reuse outlets currently are the same as during the 2011 Plan, they include computer parts for refurbishing, clothing and other items from thrift stores, refilled ink cartridges, wrapping materials and refurbished furniture. The WM MRF is part of a larger Eco-center and may increase reuse of waste in WC to expand their current drop-off locations at the TS where items like bikes are collected for reuse or donation. The proposed Eco-center which is currently under construction will also have a public collection area for household hazardous waste and other special wastes generated by the general public. WM is considering potentially providing a reuse component to this program as a way to promote the reuse of materials which have high disposal costs.

D. Reduction

¹³ Washoe County Health District Permits, accessed June 13, 2016.

The United States Environmental Protection Agency (US EPA) has developed a hierarchy of preferred management for SW with reduction and reuse being the most advantageous diversion avenue. The WMP has not actively promoted reduction of SW streams in the community consistently for either residents or businesses. This is partially due to their function in the waste management system as a regulatory authority, but also due to limited staff resources. However, internally, WC has adopted a variety of procurement policies for recycled products (e.g., printer paper) and maintains recycling services for paper products and electronics. Many of the green initiatives or reduction efforts in WC have been organic developments from the community itself or from local organizations. A major emphasis of the program over the next five years will be to actively work with the regulated community and generators of SW to promote the reduction of waste generation and landfilling.



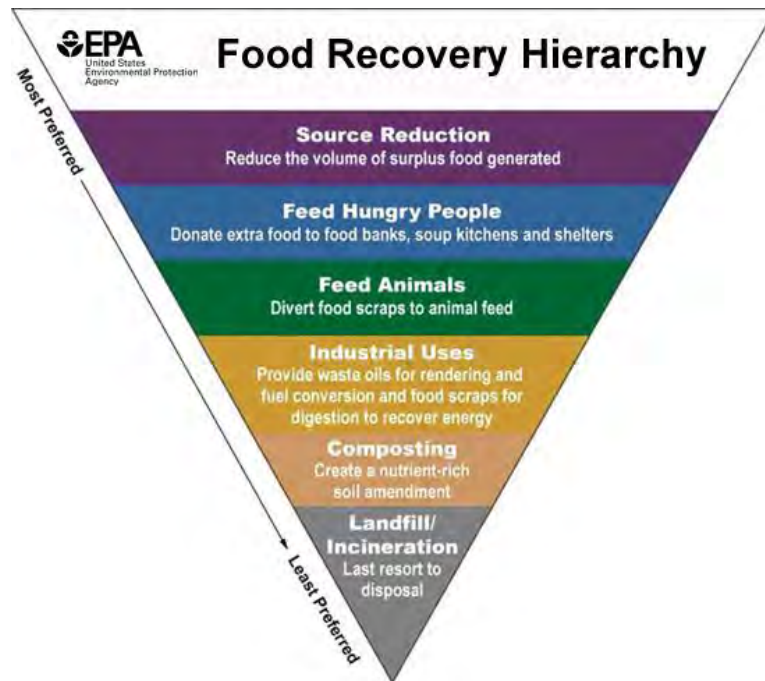
US EPA, <https://www.epa.gov/smm/sustainable-materials-management-non-hazardous-materials-and-waste-management-hierarchy>, Accessed June 13, 2016.

E. Composting and Green Waste Facilities

Residents of WC have very limited outlets for composting and green waste disposal. There is only one commercial composting facility permitted in WC as of June 2016 and it is RT Donovan located on Pyramid Highway in unincorporated Washoe County. Pursuant to NAC 444.6405 every resident in the State has the authority to compost on their own property without the need of a permit or regulatory oversight. Though WC does have a green waste transfer station permit type, none are currently permitted. The WC residents do not have a designated green waste container for curbside pick-up as with other parts of the country so they must either self-haul to a composting facility, compost onsite or have materials disposed as SW. IVGID residents do have the opportunity to dispose pine needles for composting during a 12 week period in the late spring and early summer. They are allowed 72 bags of pine needles for curbside pick-up and this service is included in their garbage service as negotiated in the franchise agreement. Lastly, there is one other season-specific green waste collection event that is sponsored by KTMB. It is the annual Christmas Tree Collection event where residents may drop off

Christmas trees for mulching and reuse within the community. In 2015 this program collected over 100 tons of trees that otherwise would have been discarded or potentially illegally dumped¹⁴.

US EPA, <https://www.epa.gov/sustainable-management-food>, accessed June 13, 2016



Food waste has become a hot topic in the world of SW and the United States Environmental Protection Agency (EPA) has made a call to reduce the amount of food waste in the United States. In 2013 the EPA and the USDA set a goal to reduce food waste in the United States by 50% by 2030 as part of the larger EPA Net Zero campaign to reduce use and loss of energy, SW and water¹⁵. As with SW, the EPA has developed a hierarchy for food management and recovery that utilizes many of the same management techniques to reduce food waste. In WC, food waste is addressed with composting and innovative ideas and projects from local groups including the WC Food Safety Council, individual school projects within the Washoe County School District and at the University of Nevada-Reno. However, there have been no County-wide campaigns or outreach programs to address food waste reduction activities by the WMP or the WCHD. Some local businesses have developed outlets for their own food waste or food oil/grease waste. This is an area where the WMP believes outreach and education could lead to an increase in food waste recycling. WM does operate a food waste pick-up route service for commercial customers of which waste is taken to RT Donovan for composting.

F. Waste-To-Energy (WTE)

When the 2011 Plan was written there were two WTE plants in California utilizing wood fuel from WC to produce electricity; one in Loyalton and one in Honey Lake, California. Currently, the facility in Honey Lake is operational and is accepting biomass waste from WC. Since 2011, this facility has received 27,316 tons of material from WC¹⁶. However, due to costs of operation and diminishing

¹⁴ Keep Truckee Meadows Beautiful 2015 annual report.

¹⁵ US EPA, <https://www.epa.gov/water-research/promoting-sustainability-through-net-zero-strategies>, accessed June 13, 2016.

¹⁶ Email correspondences from Mark Shaffer, Greenleaf Power, September 12th 2016.

feedstock contracts, this renewable energy technology may not be viable in the future and limit WTE diversions outlets for WC. We were unable to gather information from the Loyaltan plant so it could not be determined if it was still in operation, furthermore, we do not have records or knowledge of WC facilities sending material to this plant.

The LRL has two generators that produce electricity from methane gas captured from the landfill. Though WTE is considered a renewable energy source, it only accounts for 12% of the SW disposal in the United States¹⁷ and zero currently in WC. However, the SW from WC and other users of the LRL produces enough methane gas to produce around 3.2 Megawatts which is enough power for approximately 2,400 households. To put this in prospective, this energy production is equal to using 14,000 tons of coal¹⁸. These generators have been in operation since 2012 and the energy produced by the generators is put back into the electrical grid. Any additional methane captured by this system is burned with the expectation more generators will be approved and installed in the foreseeable future when there is additional sustainable methane to operate a third generator.

Fulcrum Bioenergy has built an MSW processing plant and plans to build a biorefinery near LRL which will transform a MSW feedstock into a low-carbon precursor of jet fuel. This site is called Sierra Biofuels and the company's website states that it will accept nearly 200,000 tons of MSW that would have otherwise been landfilled; operations are said to begin in 2017. All of the waste diverted to this plant derives directly from WC TS's.

G. Pharmaceuticals and Biohazardous Waste

Biohazardous waste can include anything from sharps (needles) to human tissue originating from medical facilities or treatment centers. Certain types of biohazardous wastes generated in WC are treated under high pressure and temperature in steam sterilizers commonly called autoclaves to render the wastes free of potentially contagious blood borne pathogens. There are four facilities permitted in WC as biohazardous waste treatment facilities which receive waste generated from WC and a limited volume from outside WC for treatment. Once treated, the waste is transferred to the LRL for disposal. For those types of biohazardous wastes which are not capable of being autoclaved, the wastes are transported to facilities capable of incinerating the wastes. Residents can also utilize mail-in-sharps programs or can be arranged in conjunction with home care though these avenues are minimally used. Northern Nevada Hopes, local homeless shelters and the WCHD will also accept sharps for disposal from the public on a limited basis. The WCHD will provide all citizens of WC with sharps containers for the proper storage and handling of home generated sharps. Proper handling of sharps within the community continues to be a major issue within WC.

Disposing of pharmaceuticals into on-site treatment (e.g., septic tanks) or flushing down toilets into city sewer systems is not recommended as the medicines may affect aquatic life and bioaccumulate into the environment¹⁹. Properly encapsulating medicine for disposal in curbside SW is allowed when media such as coffee grounds, soil and diatomaceous earth are used, but this is not the preferred practice. Local law enforcement departments will also accept old medications and contract with a third party for proper disposal. Join Together Northern Nevada is a local coalition aimed at combatting

¹⁷ EPA, Advancing Sustainable Materials Management: 2013 Fact Sheet, June 2015.

¹⁸ Phone correspondences with Chris Anderson, PE. of Refuse, Inc. June 14 2016.

¹⁹ EPA, How to Dispose of Medicine Properly, <https://archive.epa.gov/region02/capp/web/pdf/ppcpflyer.pdf>, accessed June 14, 2016.

substance abuse in the community and hosts biannual prescription drug round up events²⁰ where residents are allowed to drop-off unused and outdated prescriptions for disposal.

H. Waste Tire Hauler and Management Facilities

Waste tires can be difficult to recycle and dispose of as they do not decompose readily, can fill with methane when landfilled, affect compaction and lastly, tire fires are difficult to extinguish and are highly toxic²¹. In light of these issues, the WCHD has adopted the State of Nevada's regulations regarding waste tires, including transport, tracking and processing. As of June 2016, there are two waste tire management facilities in WC. When the 2011 Plan was written there were none. One of the facilities grinds the tires down into smaller particulate and sells it to a rubber recycler in California, and the other facility collects tires, recycles usable ones, and shreds the remaining unusable waste tires. The shredded tires are then transported to the LRL for use as alternative daily cover and for buffer materials in trenches as part of the methane collection system at the landfill.

Handling and disposal of waste tires continue to be an issue for the WMP. Continued compliance issues with waste tire haulers are a problem within WC. Future regulation revisions will include the requirement for financial assurance for all waste tire haulers going forward. This requirement will hopefully help with the management and tracking of waste tires within WC.

I. Rendering and Rendering Services

Rendering is a SW outlet for deceased animals, waste restaurant oil and grease and food waste that may not be appropriate for composting (e.g., meats). Rendering is a very important niche in the WC SW system because it diverts waste streams that would otherwise be directly landfilled but now can be recycled and reused. Rendered products can be used in a variety of consumer products including make-up, soap, plastics and fertilizers²².

Reno Rendering is the only facility currently permitted in WC for rendering activities. They also pick up deceased livestock and cooking by-products such as meat processing scraps, outdated protein products, grease and oil. The grease and oil are minimally processed and transported with other collected by-products out of WC to California for final handling. In 2015 this facility collected over 42,000 tons of materials suggesting there is still a great need in this community for rendering services especially there limited outlets for grease and oil disposal for non-commercial residents²³. Although there is only one permitted rendering facility in WC, other companies provide hauling services for the collection and disposal of cooking oils, greases and fats. The WMP issues both solid waste management permits and individual truck permits for all businesses working with this waste stream. The WMP works closely with both the City of Reno and Sparks Environmental Control Programs to ensure the proper management and disposal of these waste streams in an effort to protect the region's sewer and storm drain infrastructure.

²⁰ Join Together Northern Nevada, <http://www.jtnn.org/>, accessed June 14, 2016.

²¹ US EPA, Scrap Tires: Handbook on Recycling Applications and Management for US and Mexico, Dec 2010

²² National Renders Association, Ten facts about rendering 2016.

https://d10k7k7mywg42z.cloudfront.net/assets/570e6675edb2f35b7900d9df/Ten_Facts_About_Rendering_2016.pdf, accessed June 16, 2016.

²³ Reno Rendering Co., Permit File, Washoe County Health District, 2016.

3.5 ILLEGAL DUMPING

A. Background

Illegal dumping and unlawful dumping are interchangeable terms which refer to the unapproved disposal or placement of SW. This can include dumping in the open spaces around WC (which is usually BLM land), on private property or in public spaces such as parks or federal lands. Illegal dumping creates a variety of hazards including vermin harborage, chemical hazards if the SW is hazardous, fire hazards and odor nuisances. Often illegal dumpsites tend to beget more illegal dumping and can become continuous issues if not managed. If responsible parties cannot be located, sites may persist and ultimately cost tax-payers for their clean-up.

In 2009-2010 University of Nevada, Reno staff published a report on illegal dumping in Northern Nevada²⁴. It showed that many people in Northern Nevada would be willing to report illegal dumping but that less than 15% of those surveyed were aware there was an illegal dumping hotline. This report showed that residents were also supportive of paying a marginal fee monthly to combat illegal dumping and clean-up sites. Based on these findings it can be assumed that the community supports preserving the free spaces of WC void of unwanted SW. Based on this premise, the WCHD has partnered with KTMB to fund and support a variety of public outreach and educational components to combat illegal dumping.

In 2006 a regional group started the Illegal Dumping Task Force (IDTF) in an effort to combine resources to combat illegal dumping. This group includes KTMB, regulatory agencies, Bureau of Land Management, Washoe County Sheriff's Office (WCSO) and concerned citizens. The focus of this group has been education and public awareness of ongoing illegal dumping within WC. The group meets quarterly and continues to be proactive.

B. Community Clean-up Programs and Organizations

KTMB is a local non-profit organization that has organized a variety of events throughout the year to clean-up the community including the Great Community Clean-up, Adopt-a-Spot and Truckee River Clean-Up Day. As a result of this group's efforts and clean-up events, since 2001, 377.68 tons of unwanted SW and 1,397 tires have been removed from WC's open spaces and the beautiful Truckee River²⁵. As an ongoing goal of the 2011 plan, the WCHD has provided ongoing funding to KTMB to support the continued efforts of these programs. WCHD has worked closely with KTMB to provide a structured and sustainable funding source to ensure these programs may be supported for years to come.

The WCSO has been an important force on the IDTF and in combatting illegal dumping. In 2013 an illegal dumping hotline was initiated to report dumpings in progress and have also developed a mobile phone application for reporting illegal dump sites that went live in early 2016. Since 2013 the number of illegal dumping complaints received from the public by the WCHD has reduced and the number of WCSO illegal dumping cases has increased significantly. In 2015, the WCHD received over 250 SW complaints²⁶. Many of these involve illegally dumped SW or private properties with

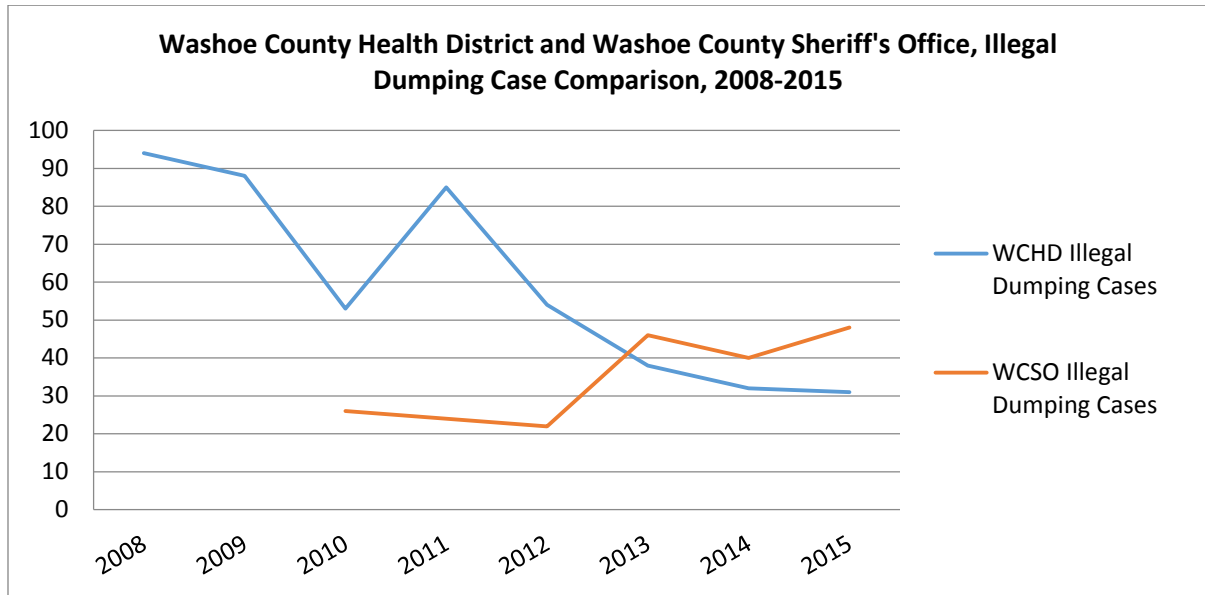
²⁴ Cowee, M. & Curits, K. Illegal Dumping in Northern Nevada: Resident Perceptions and Willingness to Pay for Expanded Cleanup and Enforcement. 2009-2010.

²⁵ Keep Truckee Meadows Beautiful, annual report 2016.

²⁶ Washoe County Health District, complaint report from Permit Plus, accessed June 21, 2016.

accumulated SW creating a health hazard due to odor, vector and vermin harborage or littering. At this time the WCSO does not track the actual volume of waste removed from illegal dump sites reported by the illegal dumping application, but the total number of sites abated is tallied starting from the go live date. The WC Sheriff's Office also has a community work crew program for inmates who need to complete community service. In addition to cleaning animal cages at WC Animal Services and painting local schools, they also do litter removal and some illegal dumpsite clean-up within the community.

Graph3.1 Illegal Dumping Cases in Washoe County



3.6 CHAPTER OBJECTIVES

A. Solid Waste Generation

- Determine if the current WMP website is adequate for addressing public SW needs
- Streamline data collection of SW disposal information in WC from permitted facilities whether located within or outside of WC
- Develop a better system or form to streamline the SW generation and diversion tonnage tracking
- Develop a full waste analysis of WC generated wastes, include residential, commercial, industrial and tourism sections
- Develop educational materials to reduce wastes prior to generation; i.e., reduced packaging purchasing, reusing products, sending wastes back to the generators
- Work with local garbage franchise holders to address the use of garbage exemptions in their jurisdictions

B. Franchise Recycling System

- Continue to be available for franchise agreement negotiations and provide input
- Begin commenting on all development projects for the need to provide access to recycling
- Update regulations with the requirement to provide access to recycling at multifamily and other high density housing within WC

- Update regulations requiring locations for both garbage and recycling containers at all commercial locations at the plan review stage Require all commercial and industrial business to maintain minimum recycling services

C. Non-Franchise Recycling and Diversion System

- Develop a more efficient system to collect recycling information for the State recycling report
- Provide more support to KTMB for their of all local recycling and diversion whether or not they are required to be permitted by the WMP
- Coordinate with local agencies and non-profit groups to address potential recycling and diversion strategies in the community to include commercial and industrial businesses outreach programs
- Determine barriers of commercial and industrial businesses to reduce waste generation or utilize waste reduction practices
- Update the SW regulations to require financial assurance for all waste tire haulers to combat compliance issues

D. Illegal Dumping

- Conduct a study to determine the WC residents knowledge of the illegal dumping hotline
- Continue to monetarily support Keep Truckee Meadows Beautiful
- Provide a framework to have ongoing support of the IDTF
- During the five year plan period look at the potential to develop a separate enforcement program for the investigation and prosecution of illegal dumping

CHAPTER 4

PUBLIC AND COMMUNITY OUTREACH

4.1 INTRODUCTION

The NRS 444A.1100 requires a SW authority funded with tire fund monies to develop a program to educate the public on issues concerning the, “disposal of solid waste, recycling, reuse and waste reduction; reduction of waste and litter; technical assistance; grants for projects concerning solid waste management systems; and efficient use of resources.” This regulation also requires the SW authority to establish databases and a means to support efforts in Nevada that have encouraged recycling.

The WMP is also working to maintain a more user friendly website for the general public which includes links to local recycling resources and more current information published by the EPA as it relates to SWM activities. The WMP is also implementing an updated permitting and inspection platform along with WC, which will allow for a more user friendly system to apply for and track the status of various SWM permits.

4.2 SOLID WASTE DISPOSAL SERVICES

The WCHD WMP does not provide any disposal services within WC. This is a common misunderstood issue in the community. Nor does the WMP directly organize events or programs to collect SW for disposal, recycling or other forms of processing. Instead the WMP indirectly supports local organizations which may organize and lead these events. Such support includes advertising, staffing resources, promotional and educational items and direct financial support.

At times the WMP will provide dumpsters to residents who meet specific criteria for property clean-ups whether on public or private lands. Many of these dumpsters are initiated based on incoming complaints, which require responsible parties to personally finance removal. In the event no responsible party is identified, the underlying property owner is responsible for the proper removal of the wastes. In some situations the WCHD will provide dumpsters to residents with limited financial means but have shown active SW removal on properties.

4.3 LOCAL CLEAN-UP PROJECTS

Although the WMP does not directly organize events or programs to collect SW for disposal or recycling materials for processing, it does offer support to local organizations for clean-up events. This includes providing dumpsters to residents who meet specific criteria for property clean-ups whether on private or public lands. The WMP relies on local organizations and partners such as KTMB to promote and educate the public on recycling and SW issues in the community. The KTMB organizes a variety of clean-up events and disseminates a variety of public service announcements (PSA's) about proper SW disposal and recycling opportunities. Each year the WMP financially supports this organization so they can continue to help keep WC beautiful and keep the open space free of unwanted SW.

The WMP has also supported local chapters of the National Boys Scouts to organize and support small targeted clean-up of projects. Many of these projects have resulted in awarding members of these chapters Eagle Scout promotion. The WMP has also provided sharps containers to Join Together

Northern Nevada drug and sharps round up events to help better educate the general public of need to properly manage sharps generated wastes.

4.4 EDUCATION AND OUTREACH

In the past, the program had a partially funded PIO position for education and outreach. This position helped to promote clean-up events and disseminate information about proper SW disposal, household hazardous waste disposal, recycling & diversion outlets. During the recession, this position was eliminated and currently does not have a dedicated public information officer (PIO) or Public Health Educator for the WMP. No plans have been developed to rebuild this capability within the program. The WMP does however maintain a webpage and FAQ site with information about SW issues and diversion outlets.

The WMP does not develop PSA's or public outreach directly regarding SW disposal, recycling or diversion on a routine basis. However, in 2015 the WCHD partnered with the Nevada Department of Wildlife to develop a video about urban bear management. The video addressed issues such as garbage and solid waste management to prevent bear attraction. The video was shown on the WCHD website, broadcast on local television stations and DVD's were produced for dissemination. The WMP has also started utilizing the EHS Facebook page for program outreach in the past year which is starting to build traction and momentum in the community.

The WMP has never conducted an overarching community needs assessment to determine what if any needs are out there for the program to address regarding SWM. Only one small targeted assessment was made in 2011 where 14 focus groups were conducted to measure the recycling behaviors and barriers of residents of WC. Follow-up focus groups or surveys have not been conducted to see if any of the findings or barriers have changed since the original project was completed.

4.5 PROGRAM EVALUATION

The basic function of this Plan, and all previous drafts, has been to develop a snapshot of the SW management system in WC. It outlines and describes of the movement of waste streams within the county but also outlines the major barriers and limitations facing WC regarding waste diversion and recycling efforts. The WMP has begun to address some of the programmatic limitations that will need to be improved to achieve the objectives listed at the end of each chapter. For example, the regulations used by WMP were last updated in 2011, but prior to that had not been updated for at least a decade. These regulations need to be reviewed and updated on a routine basis to address new technologies, loopholes for enforcement, reporting requirements and remove irrelevant sections of the regulations.

4.6 CHAPTER OBJECTIVES

A. Solid Waste Disposal Services & Clean-up Projects

- Continue to support local organizations that organize local community clean-up and collection events
- Develop feedback mechanism with supported organizations to determine if there are any barriers to achieving increasing SW removal in the community
- Partner with other organizations and entities to compile resources and for consistent messaging regarding the how to manage wastes, organize clean-ups and eliminate illegal dumping and waste storage prior to it becoming an issue in WC

B. Education and Outreach

- Continue to use the updated WC website to disseminate information about proper SW disposal and recycling/diversion to the community
- Determine if the current WM website is meeting the public's need for information dissemination
- Utilize the SW email blast list on the WC website to disseminate information to residents about clean-up events or other topics pertaining to SW topics
- Evaluate the WMP and the potential to expend additional resources for public education and outreach much like the program had prior to the recession educator

C. Program Evaluation

- Commit resources for the evaluation of data and reporting
- Utilize more student interns at the local University for projects
- Develop outcome objectives for future program evaluations
- Develop a new layout for the 2021 SWM Plan to have a more user friendly plan which better captures all of the components of the solid waste management system within WC
- Develop a process for standard regulation review and updates

CHAPTER 5

FINANCIAL SUSTAINABILITY

5.1 INTRODUCTION

Chapter 444 of the NRS, which enables the creation of the SWMA's in Nevada, also created a funding mechanism through a fee on the sale of automobile vehicle tires. This funding mechanism is referred to as the Solid Waste Management Account which is funded through the sales of automobile tires. For every automobile tire sold in this State, a \$1 fee is charged and collected by Nevada Department of Taxation (NDT). The Solid Waste Management Account is the primary source of funding for the WMP. Additional funding comes from local revenues, funding through the collection of fees and the WC general fund tax transfer to the WCHD.

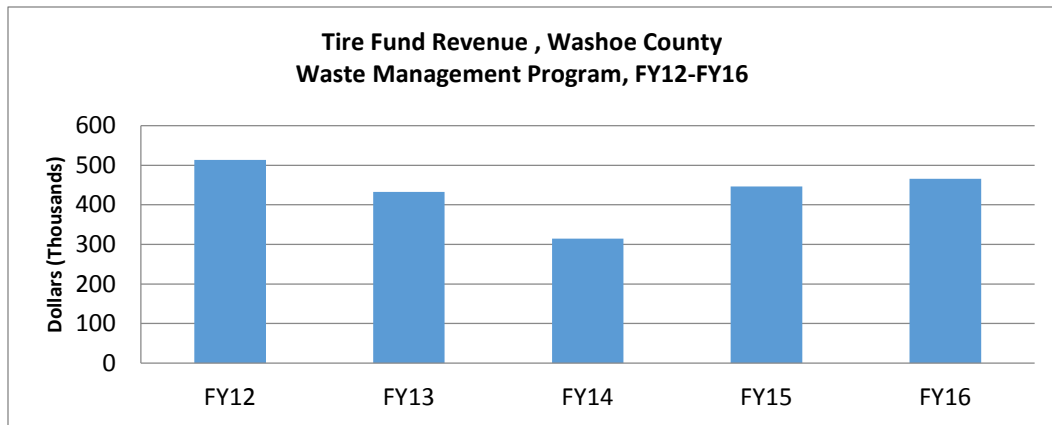
5.2 CURRENT FUNDING SOURCES

A. Tire Fund

As described above, the Solid Waste Management Account commonly referred to as the Tire Fund, which funds the three SWMAs in Nevada. The Tire Fund is allocated based on the following percentages: the NDT receives 0.5%, the NDEP receives 44.5%, the SNHD receives 30% and the WCHD receives 25%. The WCHD portion of the funding constitutes approximately 80% of the WMP operating budget.

In 2015, the WCHD conducted a cost analysis of the WMP based on funding, revenue and the resources necessary to complete the required program elements. The cost analysis demonstrated the revenue historically received through the Tire Fund is adequate to cover the WMP operational costs and meet the requirements of all applicable Federal, State and WCHD laws and regulations. The Tire Fund has the potential to fluctuate as it is consumer driven based on the purchase of new automobile tires, but it has been relatively stable over the past five years as demonstrated below. Fluctuations in Tire Fund revenue may be related to both the health of the local economy and the continued population growth in WC.

Figure 5.1 Tire Fund Revenue for the past Five Years



B. Local Revenue

Local revenue accounts for approximately 15-20% of the WMP operating budget. The sources of this funding include: collected fees from permitted and new SW facilities, and funding from WC allocated to the WCHD general health fund. All SW facilities and haulers in WC are required to obtain and maintain a permit to operate. New facilities must submit site and operational plans for review prior to permit issuance to ensure they meet all DBOH Regulations Governing Solid Waste Management.

All applicants must also pay application, plan review and permit fees as applicable. All currently permitted facilities pay an annual permit fee and receive at least one inspection each calendar year. However, they can be subject to additional site visits for re-inspections if violations are found during the annual inspections or pending any complaints which may incur additional fees.

All fees charged by the DBOH, including SW permit to operate fees, are calculated based on operational costs of the respective program. Any proposed fee changes must go to the DBOH for approval, where they are subject to public comment and must be accompanied by a business fiscal impact statement. The most recent approved fee schedule went into effect on July 1, 2016.

5.3 POTENTIAL FUNDING SOURCES

Grant funding is a potential revenue option available to the WMP but has not historically been pursued. Currently, the WMP is not utilizing any grant funding but in the future is interested in investigating potential grants that may help with SW management, diversion, recycling, waste audits and outreach within WC.

Because the WMP does not own any of the waste management or recycling system infrastructure, it is difficult to increase revenue outside of the mechanisms described above. Revenue generation through tipping fees (as in the SNHD) would have to come through the franchised garbage hauler, and receiving funding with property or sales tax would need to come from the State Legislature.

5.4 CHAPTER OBJECTIVES

A. Current Funding Sources & Potential Funding Sources

- Continue to evaluate staff capacity to achieve programmatic objectives
- Continue to build efficiencies within the program to maximize utilization of funding
- Actively seek and apply for grants to meet programmatic goals and special projects
- Continue to be active and aware of any legislative initiatives which may negatively impact the State Tire Fund or the WCHD portion of the money collected
- Complete an updated Cost Analysis of the WMP for FY 2018

CONCLUSION

The SW management system in WC has changed in the last five years. This change has been shaped by major updates to local garbage franchise agreements, implementation of single stream recycling for most WC residents and a recovering economy. While management of *all* waste is the primary focus of the WMP, increasing emphasis has been placed on recycling and, more broadly, diversion. This paradigm shift towards waste reduction is parallel with the recent goals of the EPA, in that local jurisdictions should focus on the prevention of SW rather than simply its final disposal or reclamation. In writing this recent draft of the Plan, it became apparent that the original descriptive nature of the previous Plans used as templates, may not render a document comprehensive enough to be used as a true planning tool, but simply as a community and programmatic assessment. Future Plans may need to change how information is reported to address transportation issue of SW and how this impacts disposal, strategies for more directed community outreach, and development of diversion resources commercial and industrial SW generators.

This 2016 Plan begins that paradigm shift and evolution, and many of the objectives identified focus on improvement of the local SW management system both within the brick and mortar of the Health District and in the greater WC community. Based on this thought process, the WC SWMA has eliminated listing all applicable municipal ordinances, WC Codes, and information regarding the LRL operations and rates in the appendices, because the WC SWMA does not have regulatory oversight of these items. Additionally, this information may change more frequently than this Plan is updated; therefore this information is available online. As mentioned in chapter one, the WC Emergency Debris Management Plan is currently being updated as therefore was not included in the appendices.

Appendix A

Applicable Statutes and Regulations

Nevada Revised Statutes

<http://www.leg.state.nv.us/Nrs/>

Nevada Administrative Code

<https://www.leg.state.nv.us/NAC/CHAPTERS.HTML>

Regulations of the Washoe County District Board of Health Governing Solid Waste Management

<https://www.washoecounty.us/health/files/regulations/ehs/solid-waste-regs-2011-10-27.pdf>

Appendix B

Grabage Franchise Agreement Contacts

For copies of specific franchise agreements, please contact their respective municipality

Unincorporated Waste County:

Washoe County Manager's Office
1001 East 9th Street
Reno NV 89512
(775) 328-2000

City of Reno:

City Manager's Office
1 East First Street, #1500
Reno NV 89501
(775) 334-2020

City of Sparks:

City Manager's Office
431 Prater Way
Sparks NV 89431
(775) 353-1633

Incline Village General Improvement District:

Public Works Office
1220 Sweetwater Rd
Incline Village NV 89451
(775) 832-1203

DD	AH	—
DHO		—
DA	NA	—
Risk	NA	—

STAFF REPORT
BOARD MEETING DATE: December 15, 2016

TO: District Board of Health

FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, 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: December 15, 2016

TO: District Board of Health

FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, 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 24th, 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 24th, 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

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

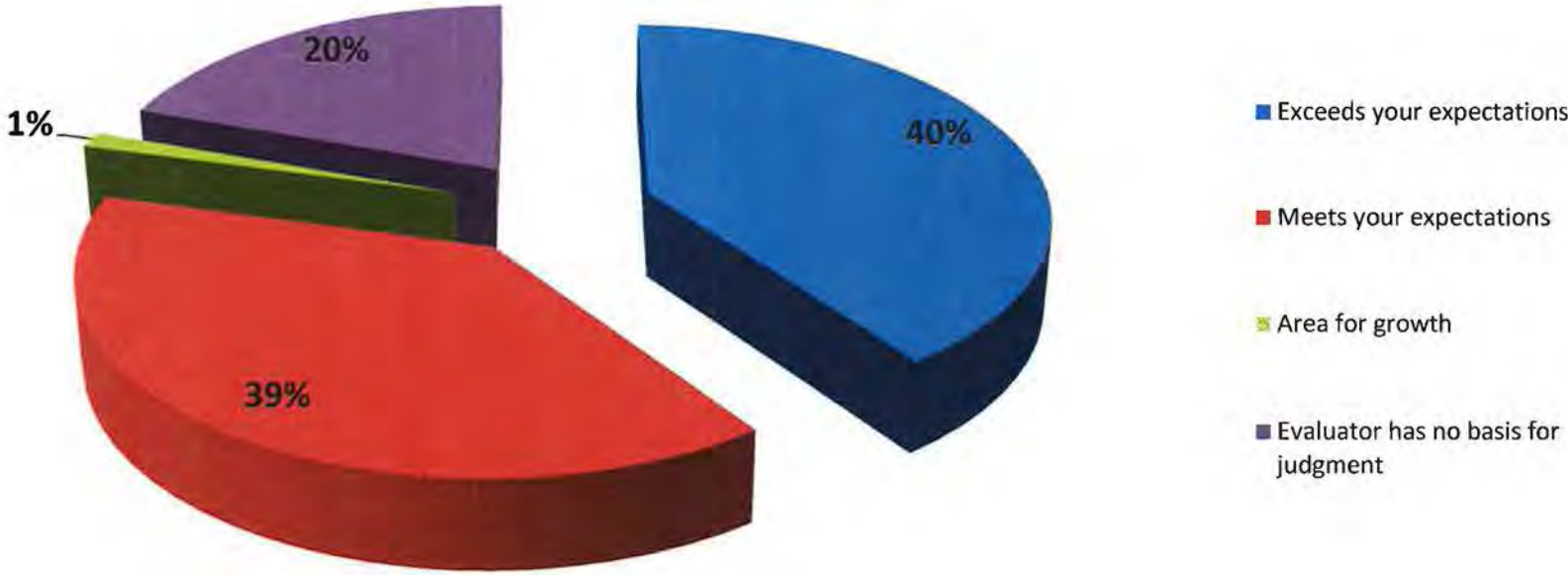
Question	3	COMMUNICATION	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Practices timely and effective	3	9	0	4	16
			Listens attentively and effectively.	10	6	0	0	16
			Speaks and writes logically,	8	7	0	1	16
			Delivers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

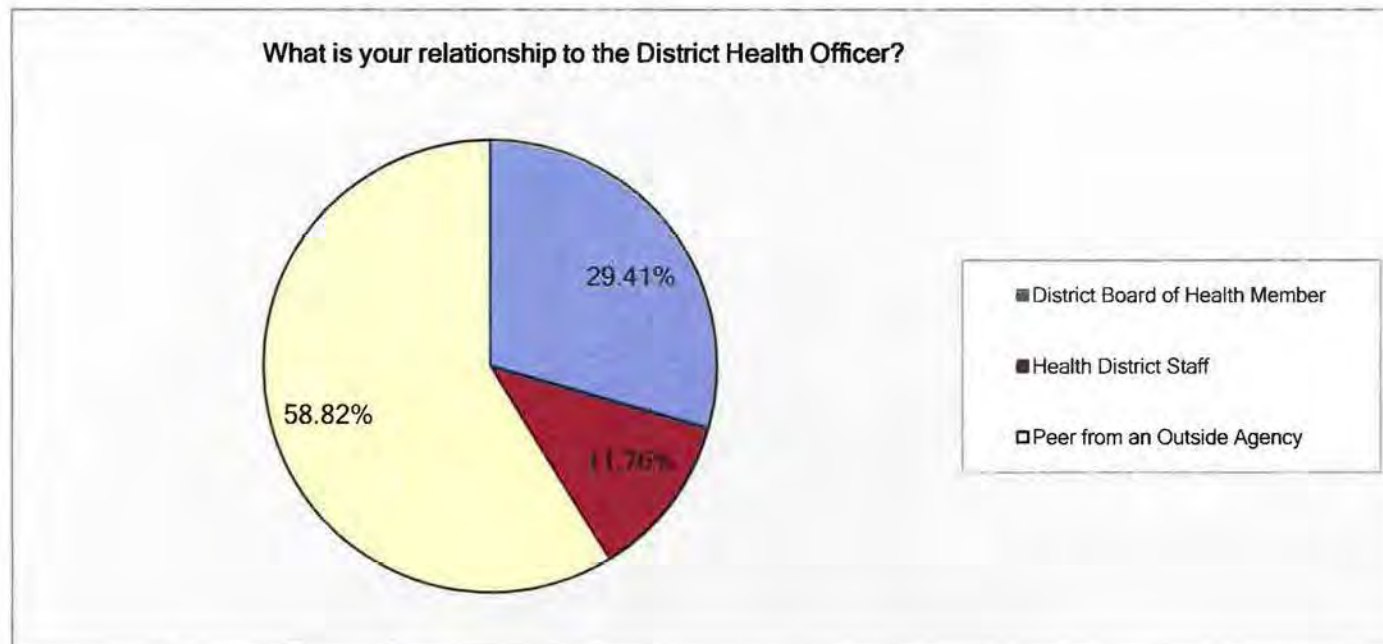
Kevin Dick's 2016 Overall Performance Evaluation Results



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>		17
<i>skipped question</i>		0



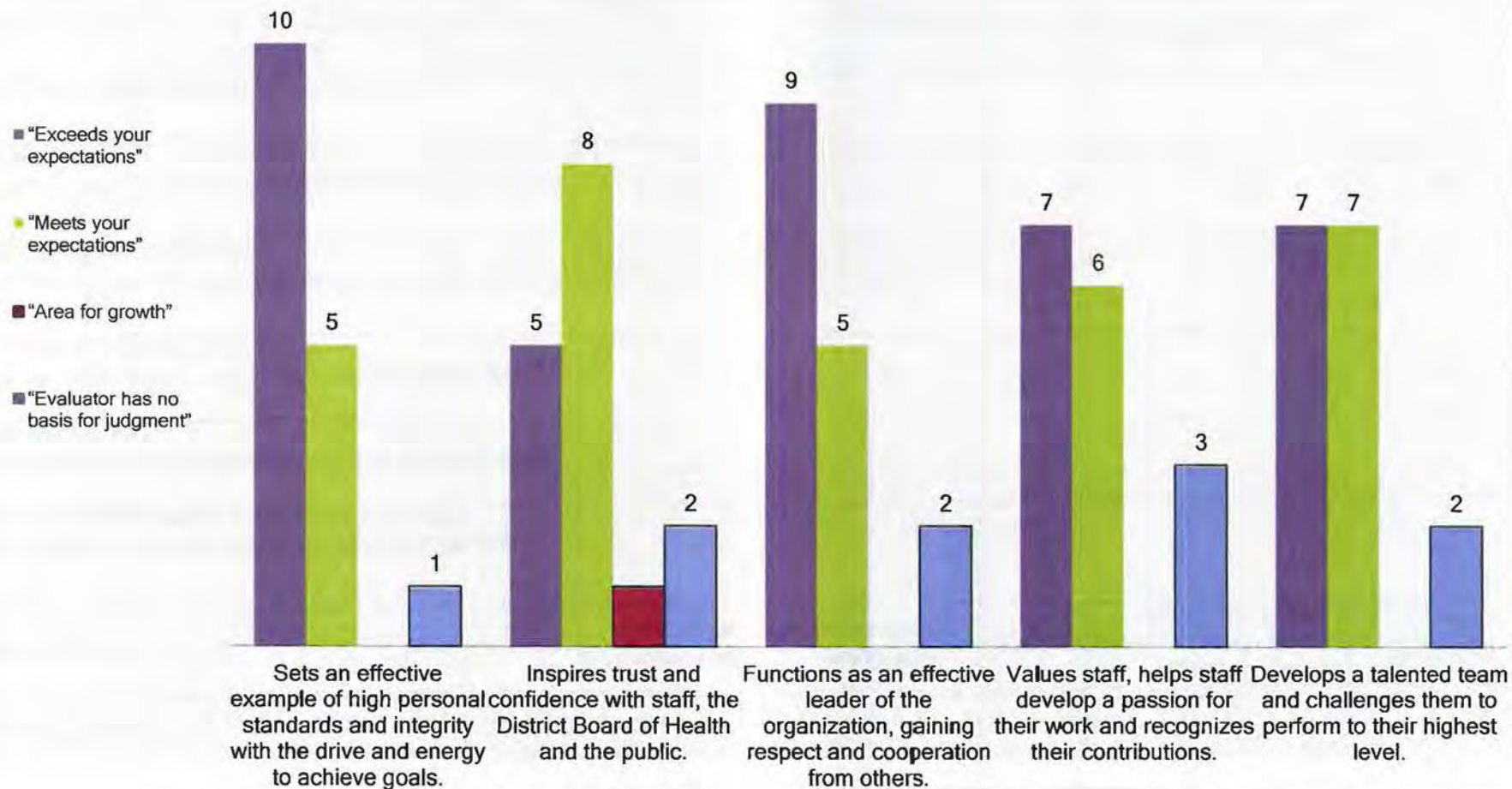
Kevin Dick's 2016 District Health Officer Evaluation Question 2

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



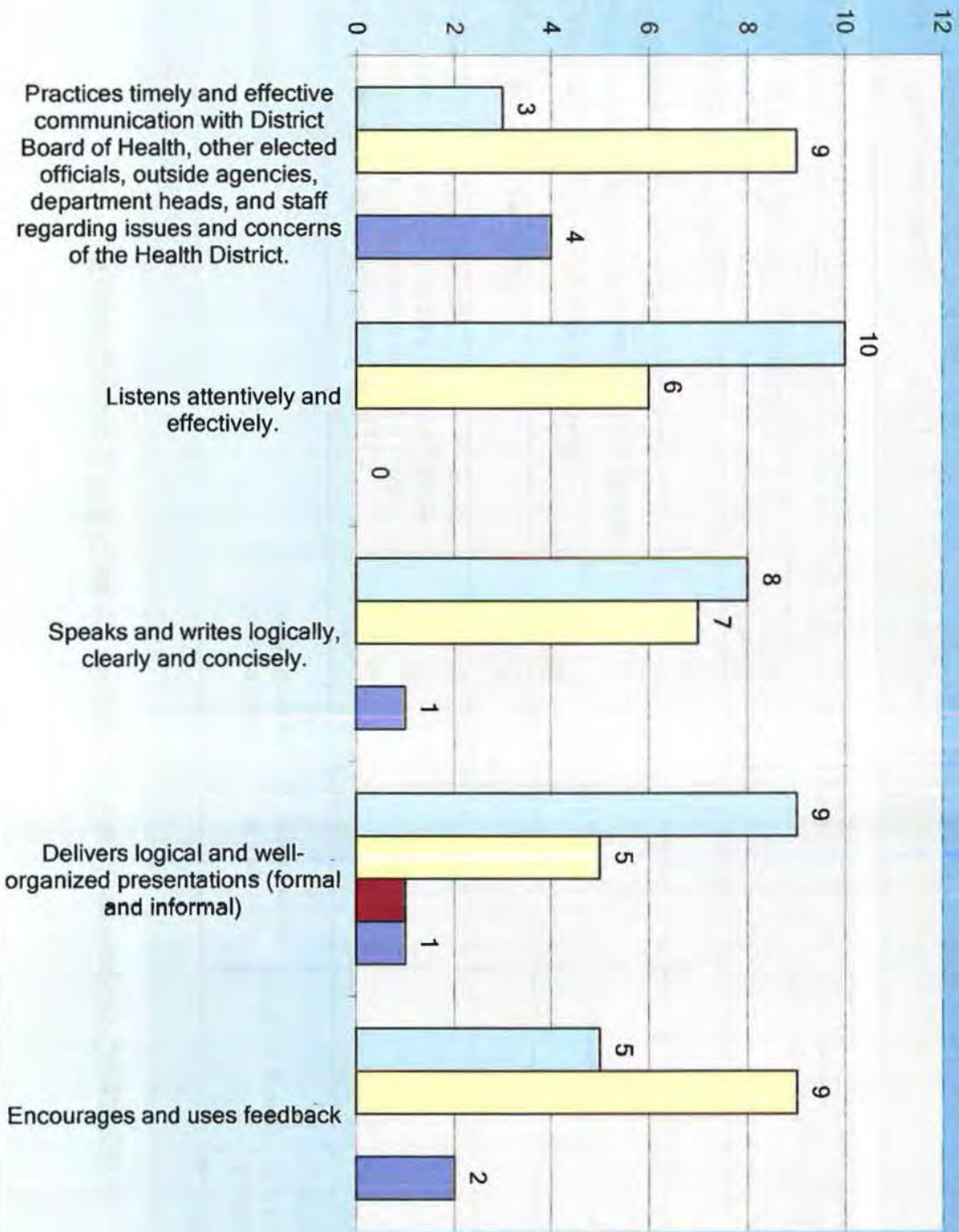
Kevin Dick's 2016 District Health Officer Evaluation Question 3

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>
					<i>skipped question</i>
					16
					1

Number	Response Date	Additional comments regarding Communication:
1	Oct 5, 2016 9:15 AM	Kevin is clear and concise in his communicaiton, 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"

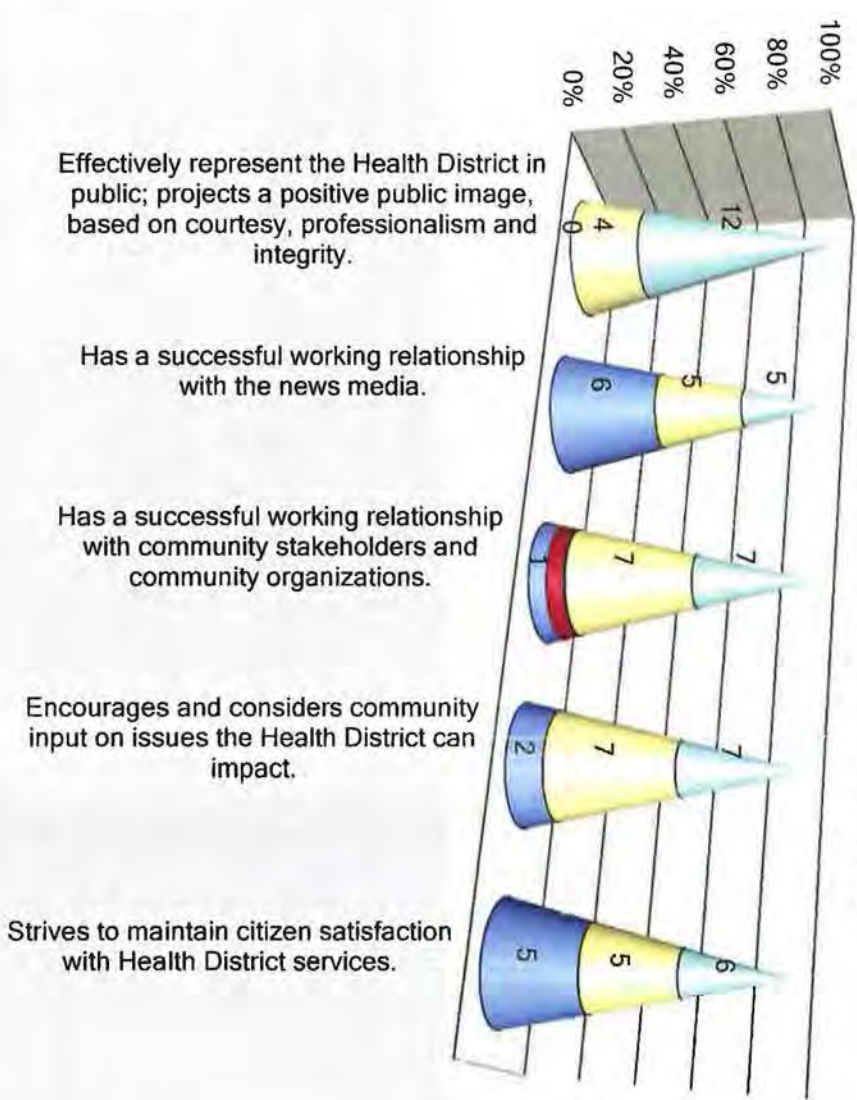
Kevin Dick's 2016 District Health Officer Evaluation Question 4

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"

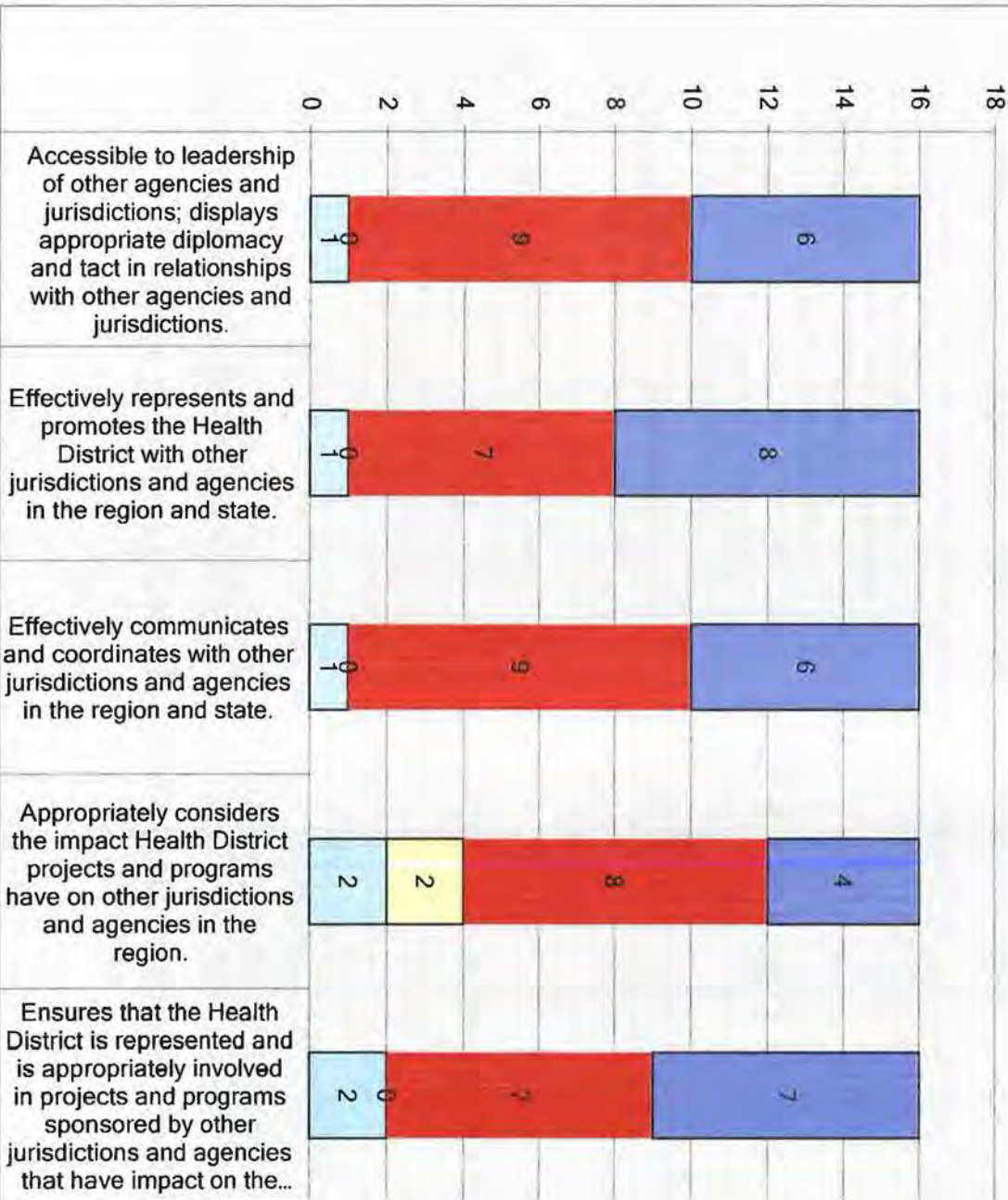
Kevin Dick's 2016 District Health Officer Evaluation Question 5

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



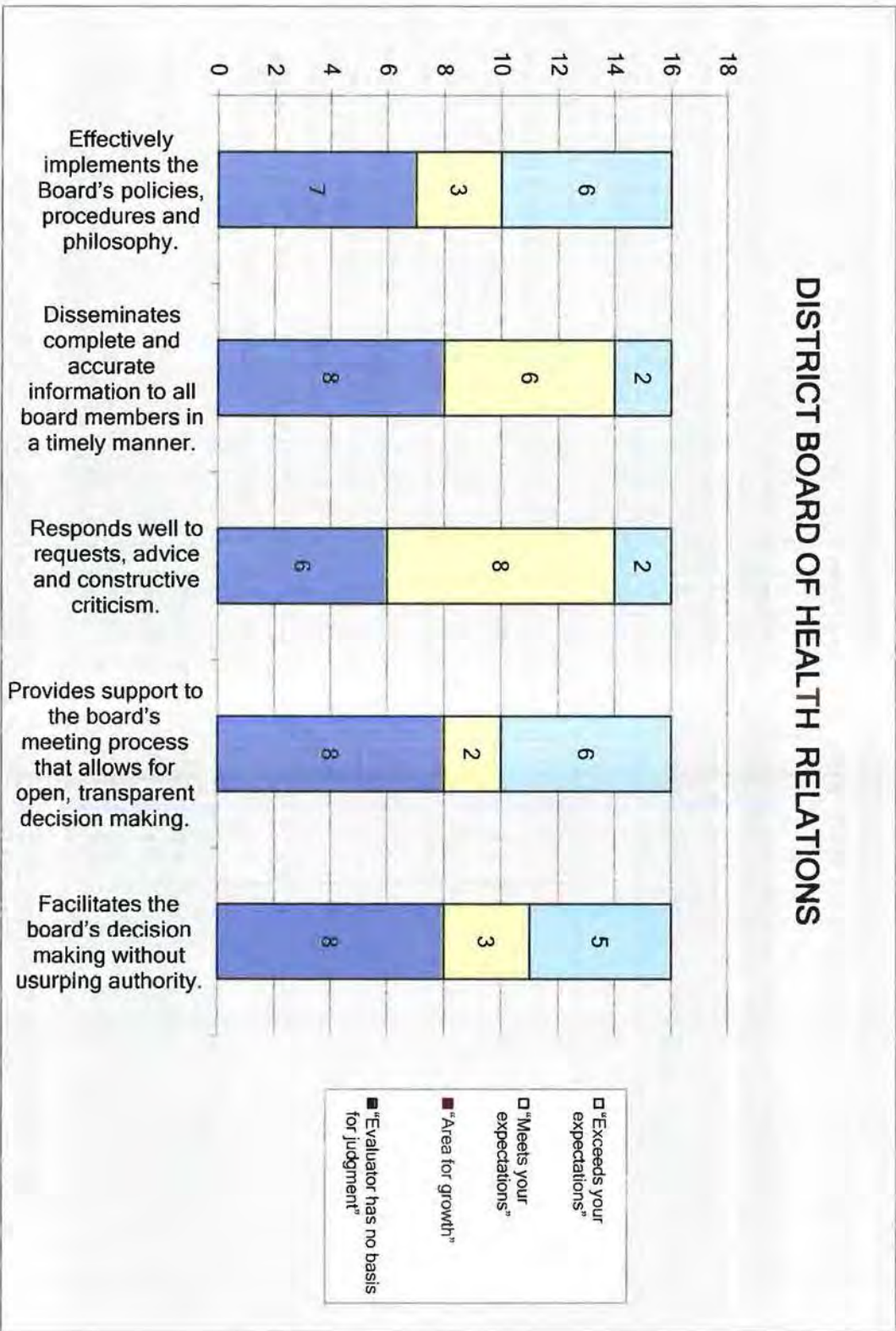
Kevin Dick's 2016 District Health Officer Evaluation Question 6

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

Staff Report
Board Meeting Date: December 15, 2016

TO: District Board of Health

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

SUBJECT: Possible approval of the proposed 2017 Washoe County District Board of Health Meeting Calendar.

SUMMARY

A proposed DBOH meeting Calendar for 2017 is attached. Per the Rules, Policies and Procedures approved in 2016, DBOH meeting dates for November and December are scheduled the third Thursdays of those months rather than the fourth Thursday. Due to the third Thursday in December 2017 falling on the 21st, staff proposes that the Board consider scheduling that meeting on the second Thursday, December 14, 2017.

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

PREVIOUS ACTION

The DBOH approved the 2016 meeting calendar in December 2015.

BACKGROUND

The RPP's approved in 2016 provide for the November and December DBOH meetings to be scheduled on the third Thursdays of those months due to the close proximity to the holidays. Due to the third Thursday in December 2017 falling on the 21st, staff proposes that the Board consider scheduling that meeting on the second Thursday, December 14, 2017.

FISCAL IMPACT

- There is no additional fiscal impact to the FY17 budget should the Board approve the proposed meeting calendar.

RECOMMENDATION

Staff recommends that the Board move to approve the proposed DBOH meeting calendar for 2017.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve the proposed DBOH meeting calendar for 2017."

2017 MEETING CALENDAR

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

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

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

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

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

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

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

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

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

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

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

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



- DBOH Meetings - Fourth Thursday of Each Month Except November and December*
- EMS Advisory Board Meetings - First Thursday of Each Quarter
- DD Meetings - First and Third Wednesdays of Each Month
- DD/Supervisor Meetings - First Wednesday of Every Other Month
- Introduction to the Health District - Third Monday of Third Month of Each Quarter
- All-Staff Meetings - First Tuesday of Each Quarter
- Holiday

*November 2017 DBOH meeting is scheduled on the 3rd Thursday due to the holiday.

*December 2017 DBOH meeting is scheduled on the 2nd Thursday due to the holiday.

Staff Report
Board Meeting Date: December 15, 2016

TO: District Board of Health

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

SUBJECT: **Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$550, to attend the 2017 NALBOH Interim Board Meeting in St. Louis MO in early 2017.**

SUMMARY

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

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

PREVIOUS ACTION

No previous action has been taken relevant to this item.

BACKGROUND

The National Association of Local Boards of Health (NALBOH) Interim Board Meeting, which will be scheduled for early 2017, will provide attendees with information, skills and resources focused on the six functions of public health governance. The meeting will also provide time for attendees to learn and share information on critical public health issues.

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

The cost of this travel is estimated to be approximately \$550 and includes airfare, per diem, shuttle transportation and parking.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the District Board of Health approve the authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$550, to attend the NALBOH Interim Board Meeting in St. Louis, MO, in early 2017.

Subject:
Date:
Page 2 of 2

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$550, to attend the 2017 NALBOH Interim Board Meeting in St. Louis MO in early 2017."

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: November 17, 2016

DATE: November 4, 2016

TO: District Board of Health

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

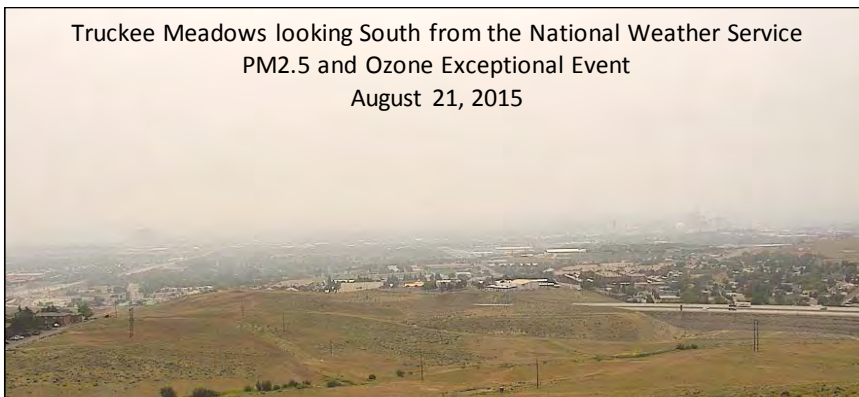
SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update

a. Exceptional Events

The Exceptional Events Demonstration for the August 21, 2015 wildfire ozone event completed its 30-day public comment period in late October. No written comments were received. AQMD Planning staff worked closely with EPA Region IX throughout the entire process. The

Demonstration was formally submitted to EPA in early November. EPA's concurrence with this Demonstration is critical for their initial designations for the 2015 8-hour Ozone National Ambient Air



Quality Standard (NAAQS) expected in October 2017. In 2016, EPA finalized revisions to the Exceptional Events Rule (EER) and Wildfire Ozone Guidance. Here are two new elements of the EER that affected this Demonstration.

Initial Notification: The EER now requires a formal notification process to EPA requesting evaluation of any proposed Exceptional Event (EE). EPA reviews the notification and determines if the AQMD should prepare and submit a full EE demonstration. The two situations where EPA will not recommend an EE submittal are:

1) The EE does not have a regulatory impact, or 2) the EE does not meet the criteria of an EE per the EER. Examples of regulatory impacts include attainment/non-attainment designations, levels of non-attainment, and progress towards attainment. AQMD has expressed concerns to EPA that evaluating EE's based on primarily on regulatory impacts will quickly create a backlog of Initial Notifications. The EER also does not contain

mechanisms to appeal EPA's evaluation should AQMD disagree with their decision. AQMD's Initial Notification is one of the first that EPA Region IX has evaluated. EPA will be presenting this Initial Notification at a WESTAR (Western States Air Resources Council) EE Workshop scheduled for November 8-9, 2016 in Denver, CO.

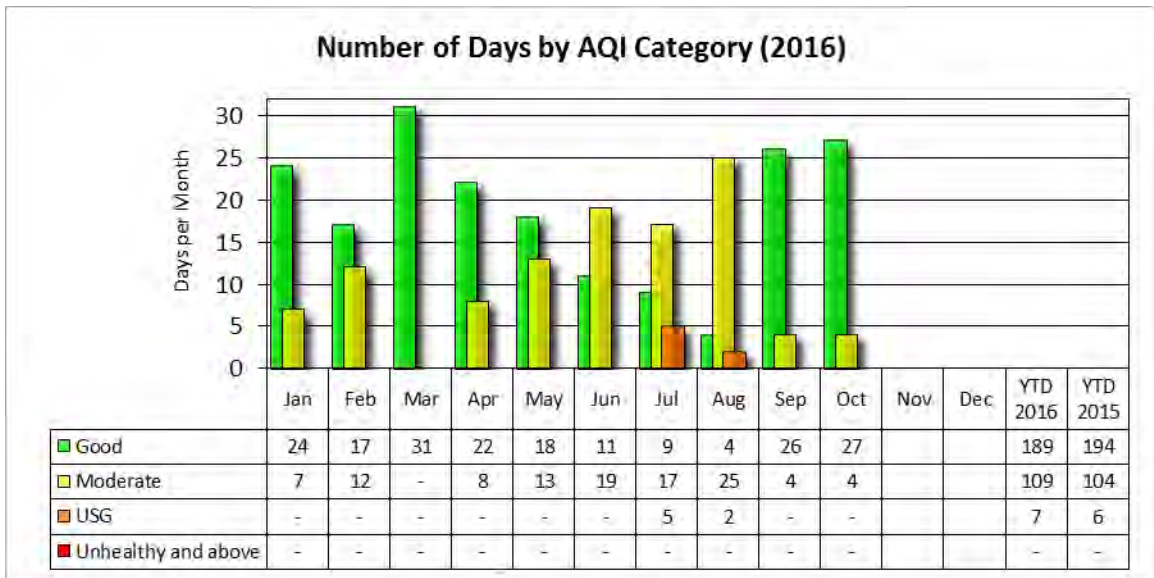
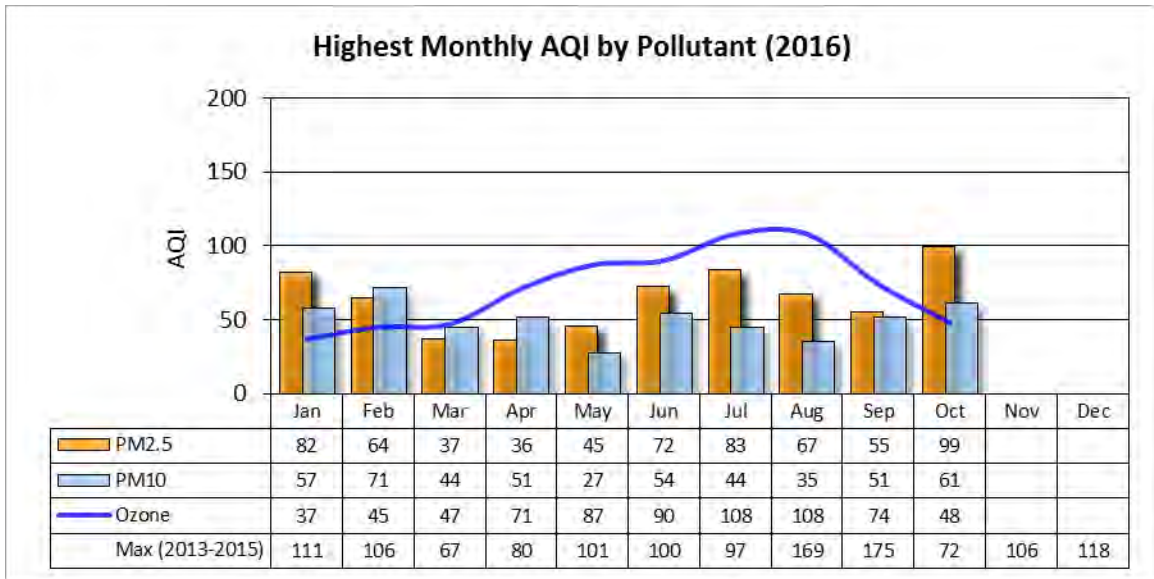
Wildfire Ozone Guidance: EPA also finalized guidance for ozone EE's resulting from wildfire smoke. The key component of the guidance is a tiering process which requires less documentation for extreme events, and an increasing amount of documentation for events closer to historic norms. Tier 1 demonstrations are primarily based on statistics of historic monitoring data. EE's above the 98th percentile is one of the strong criteria for a Tier 1 demonstration. Tier 3 demonstrations are the most complex and will typically require very complex and resource intensive photochemical modeling. Although the ozone concentration on August 21, 2015 was in the 99th percentile of historic data (and 2 ppb less than the 100th percentile), EPA required additional documentation and the Demonstration was prepared as a Tier 2 level demonstration.

Again, AQMD has been working closely with EPA to implement the new EER and guidance. This demonstration is one of the first that is subject to the revised EER. Staff has been providing feedback and suggestions to improve the EE process. The collaborative effort will improve future EE demonstrations by AQMD and all the other air quality management agencies throughout the country.

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



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

3. Program Reports

a. Monitoring & Planning

- October Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of October.
- 2016 Ozone Season: This was the first ozone season subject to the NAAQS that was strengthened in 2015 from 75 to 70 ppb. The highest 8-hour ozone concentration in 2016 was 73 ppb which occurred four times at the downtown Reno monitoring station. Smoke from wildfires throughout the Western US caused these elevated levels. In fact, wildfire smoke influenced ozone levels on ten of the 14 highest days of 2016. Staff will be coordinating with EPA to develop Exceptional Events demonstrations for at least four of these ten days.
- Spanish Springs Monitoring Station Update: Work continues on the new air ambient air monitoring station at Lazy 5 Regional Park. Ozone, PM_{2.5}, PM₁₀, and telemetry instrumentation is undergoing final programming and calibrations. A 10 meter tower will be installed in November/December for temperature, wind speed, and wind direction sensors. Official data collection for submittal to EPA is expected to begin on January 1, 2017. EPA provided one-time additional funding from the Clean Air Act Section 103 grant program to help offset a large portion of the expenses associated with establishing this new monitoring station.
- Woodstove Exchange Program: Instant rebates up to \$1,000 are still available to replace those old, uncertified woodstoves. Today's new stoves are very efficient and will produce more heat while burning less wood. Stoves and fireplaces account for approximately half of the wintertime air pollution during strong temperature inversions. Information about the wood stove exchange and Know the Code programs can be found at OurCleanAir.com.



Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2016		2015	
	October	YTD	October	Annual Total
Renewal of Existing Air Permits	84	1127	83	1297
New Authorities to Construct	7	92	2	99
Dust Control Permits	11 (257 acres)	141 (1958 acres)	9 (53 acres)	151 (2129 acres)
Wood Stove (WS) Certificates	26	344	34	391
WS Dealers Affidavit of Sale	0 (0 replacements)	51 (32 replacements)	18 (6 replacements)	135 (85 replacements)
WS Notice of Exemptions	539 (6 stoves removed)	6888 (50 stoves removed)	734 (6 stoves removed)	7490 (50 stoves removed)
Asbestos Assessments	77	876	82	1077
Asbestos Demo and Removal (NESHAP)	18	227	25	150

Staff reviewed thirty-two (32) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting Engineer Genine Wright attended the WESTAR Effective Permit Writing course in Santa Fe, NM.
- Accela transition team members completed all required transition assignments for the conversion to Accela Automation. Permitting and Enforcement staff is now utilizing Accela Automation.

Staff conducted inspections of forty-six (46) stationary sources in October 2016. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2016		2015	
	October	YTD	October	Annual Total
Asbestos	3	27	3	25
Burning	4	12	1	8
Construction Dust	4	52	2	32
Dust Control Permit	0	12	1	6
General Dust	1	68	5	48
Diesel Idling	1	8	0	3
Odor	1	21	2	30
Spray Painting	0	3	0	8
Permit to Operate	0	8	0	12
Woodstove	0	1	2	13
TOTAL	14	212	16	185
NOV's	October	YTD	October	Annual Total
Warnings	0	16	0	24
Citations	0	23	0	8
TOTAL	0	39	0	32

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

Mike Wolf
 Chief, Permitting and Enforcement

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: December 15, 2016

DATE: December 2, 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. 2016 Year in Review



As we approach the end of another year, AQMD would like to take this opportunity to look back on our 2016 accomplishments and provide a glimpse into where our challenges will lead us in the coming year. On October 1, 2015, EPA issued a revised ozone National Ambient Air Quality Standard (NAAQS) of 70 ppb which was a strengthening from the previous standard of 75 ppb. Advance notification was provided identifying the new standard was going to be between 65 and 70 ppb.

AQMD realized that within that range, Washoe County would either barely be in attainment of the new standard or marginal non-attainment. Recognizing the NAAQS is a health based standard, AQMD focused a tremendous amount of effort in 2016 on attaining the new ozone standard not only for the health of our citizens but to preserve the positive atmosphere of economic development in the region. The good news is that AQMD was able to submit a recommendation to EPA that all hydrographic areas within Washoe County be designated as “attainment”. The following programs and activities were critical in enabling this determination and will be vital in order to continue to meet the standard in the future.

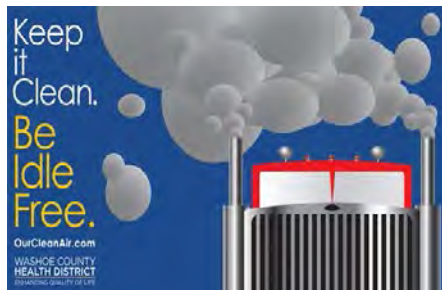
- **U.S. EPA Ozone Advance Program**

In order to take advantage of proven emission reduction programs and engage community leaders, AQMD made application to EPA and was accepted into the Ozone Advance Program. As Ozone Advance is a voluntary program, implementation does require the support of partner organizations in order to achieve measureable emission reductions. Following adoption by the District Board of Health, resolutions were presented to and adopted by the Reno City Council, Sparks City Council, and the Washoe County Commissioners. Each of the elected bodies unanimously adopted the resolutions which provide direction to their staff to encourage implementation of control measures whenever possible. Resolutions were also adopted by the Regional Planning Governing Board and the Regional Transportation Commission.

- **Keep it Clean – Be Idle Free**



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



- **Exceptional Events Rule Revision & Wildfire/Ozone Guidance**

The recommendation for Washoe County to be designated as attainment was based on certified ozone data collected for 2013 – 2015 and EPA's potential concurrence with an Exceptional Events Demonstration for exclusion of ozone data for August 18 – 21, 2015. EPA was in the process of issuing a revision to the Exceptional Events Rule as AQMD was developing the demonstration for the 2015 Wildfire Season. An Exceptional Events Initial Notification was submitted to EPA on June 3, 2016 as a result of the smoke impacts from California wildfires. On June 21, 2016, EPA Region IX determined that ozone data from that event may affect a future regulatory decision (attainment v. non-attainment) and could be considered for exclusion under the Exceptional Events Rule. AQMD and EPA Region IX staff collaborated on the development of the demonstration utilizing the proposed rule. This demonstration package was one of the first submittals under the new rule and has been used by EPA at regional workshops across the county. AQMD continues to work with EPA Headquarters and Regional staff to improve the development and submittal process in preparation for submittal of the 2016 wildfire demonstration package.

- **Next Gen Compliance Technology**

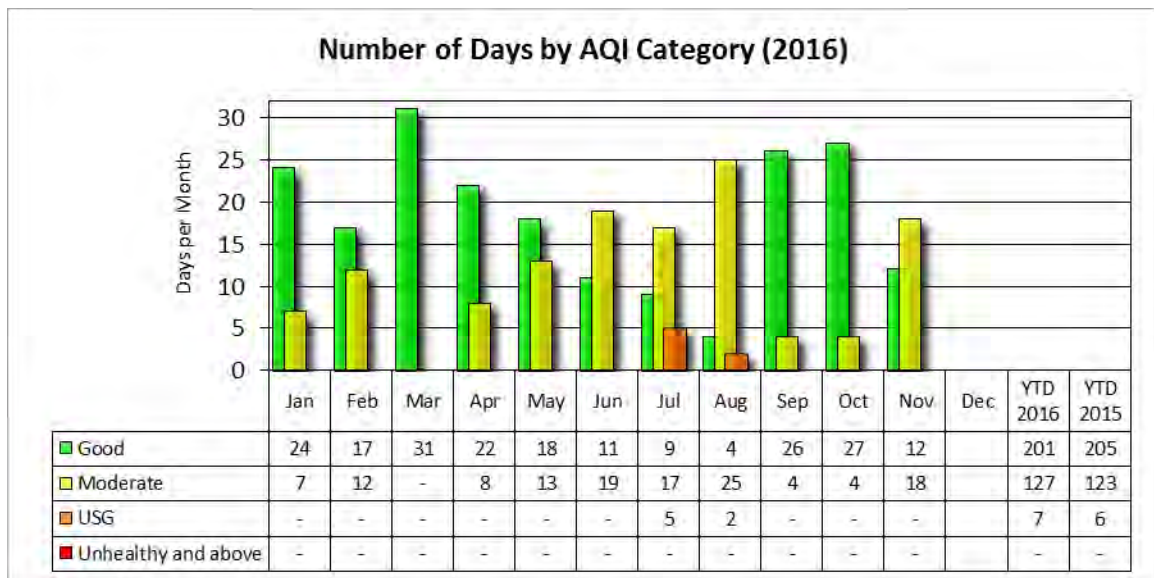
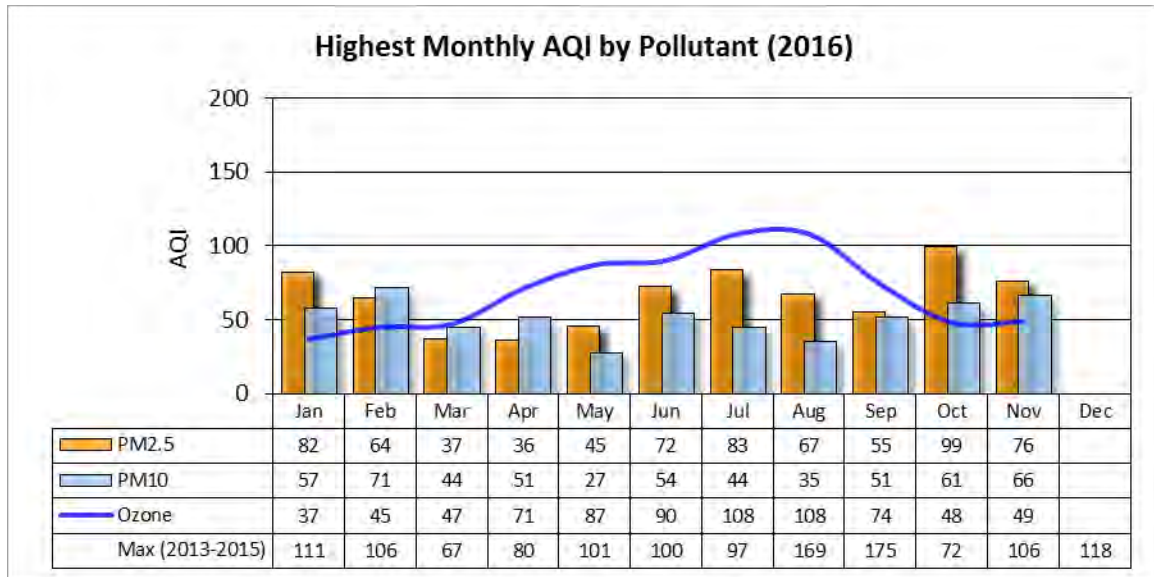
With the issuance of the new ozone NAAQS, all efforts have been focused on finding emission reductions whenever possible. Following the direction of the EPA Office of Enforcement & Compliance Assurance, AQMD staff collaborated with EPA Region IX to field test a FLIR camera which uses infrared thermal imaging technology to visibly identify VOC (volatile organic compound) emissions in the field. Overall, the facilities were exceptionally well maintained; however, a few small leaks were detected. This proved to be a testament to the effectiveness of our current permitting and enforcement programs. The FLIR camera was so successful that one of our facility operators is purchasing their own camera recognizing emission reductions result in cost savings by reducing product loss.

As we celebrate 2016 and prepare for the challenges of 2017, AQMD is committed to our mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County. As always, we'll work to help our community ***Keep it Clean.***

Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

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



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

3. Program Reports

a. Monitoring & Planning

- November Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of November.
- Nevada Chapter of the American Planning Association Annual Conference: Staff attended at this year's conference in Henderson. The conference provided a great opportunity to collaborate with planners that directly impact our built environment which has a strong connection to public health. Staff also gave a presentation on the award winning Keep it Clean program.

- EPA/WESTAR Exceptional Events Implementation Workshop: Staff participated in this workshop in Denver to discuss actual implementation scenarios of the revised Exceptional Events Rule (EER) and Wildfire Ozone Guidance. Federal, state, and local air quality management agencies provided input on challenges with the EER and Guidance along with suggestions on how to improve implementation.



- International Smoke Symposium: Staff attended this symposium in Long Beach, CA. The purpose of this symposium is to convene air quality, fire, and smoke specialists from the research community, non-governmental organizations, local/state/federal government agencies, and tribes to discuss the state-of-the-science and state-of-the-applied-science for smoke management and addressing the air quality impacts of wildland fire smoke. The symposium provided additional tools that will be incorporated into AQM's exceptional events demonstrations and prescribed burn program.
- California Desert Air Working Group Conference: Staff attended this conference in Las Vegas. A pre-conference Exceptional Events workshop provided another information sharing session. Staff gave a presentation on Air Quality Impacts from California Wildfires. There were several other presentations on wildfire and high wind exceptional events. A common theme from this and the conferences listed above is that exceptional events demonstrations: 1) Require extensive time and resources; 2) are complex, especially when trying to demonstrate very small incremental air pollution impacts;

3) can be prepared at a regional level; 4) need additional analysis tools; and 5) reprioritizes AQM programs.

Daniel K. Inouye
 Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2016		2015	
	November	YTD	November	Annual Total
Renewal of Existing Air Permits	79	1206	96	1297
New Authorities to Construct	9	94	2	99
Dust Control Permits	9 (152 acres)	150 (2110 acres)	11 (63 acres)	151 (2129 acres)
Wood Stove (WS) Certificates	28	372	16	391
WS Dealers Affidavit of Sale	13 (9 replacements)	64 (41 replacements)	12 (7 replacements)	135 (85 replacements)
WS Notice of Exemptions	157 (10 stoves removed)	7045 (60 stoves removed)	404 (3 stoves removed)	7490 (50 stoves removed)
Asbestos Assessments	68	944	91	1077
Asbestos Demo and Removal (NESHAP)	15	242	39	150

Staff reviewed fifteen (15) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff is working with the Accela transition team members to ensure all permits have successfully migrated into Accela accurately.
- Suzanne Dugger Air Quality Specialist II has completed the Washoe County Excellence in Public Service High Performance Team Program Certificate, and received the Certificate from the Board of County Commissioners at the November 15 Board Meeting.

- Permitting and Enforcement staff has completed all of their required training for 2016.
- Permitting staff attended the EPA Regional, State, and Local Modelers' Workshop, held in New Orleans.

Staff conducted inspections of forty-eight (48) stationary sources in November 2016. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2016		2015	
	November	YTD	November	Annual Total
Asbestos	1	28	1	25
Burning	1	13	2	8
Construction Dust	2	54	2	32
Dust Control Permit	0	12	0	6
General Dust	3	71	2	48
Diesel Idling	0	8	1	3
Odor	7	28	4	30
Spray Painting	0	3	0	8
Permit to Operate	0	8	2	12
Woodstove	0	1	1	13
TOTAL	14	226	15	185
NOV's	November	YTD	November	Annual Total
Warnings	0	16	3	24
Citations	0	23	0	8
TOTAL	0	39	3	32

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

Mike Wolf
 Chief, Permitting and Enforcement

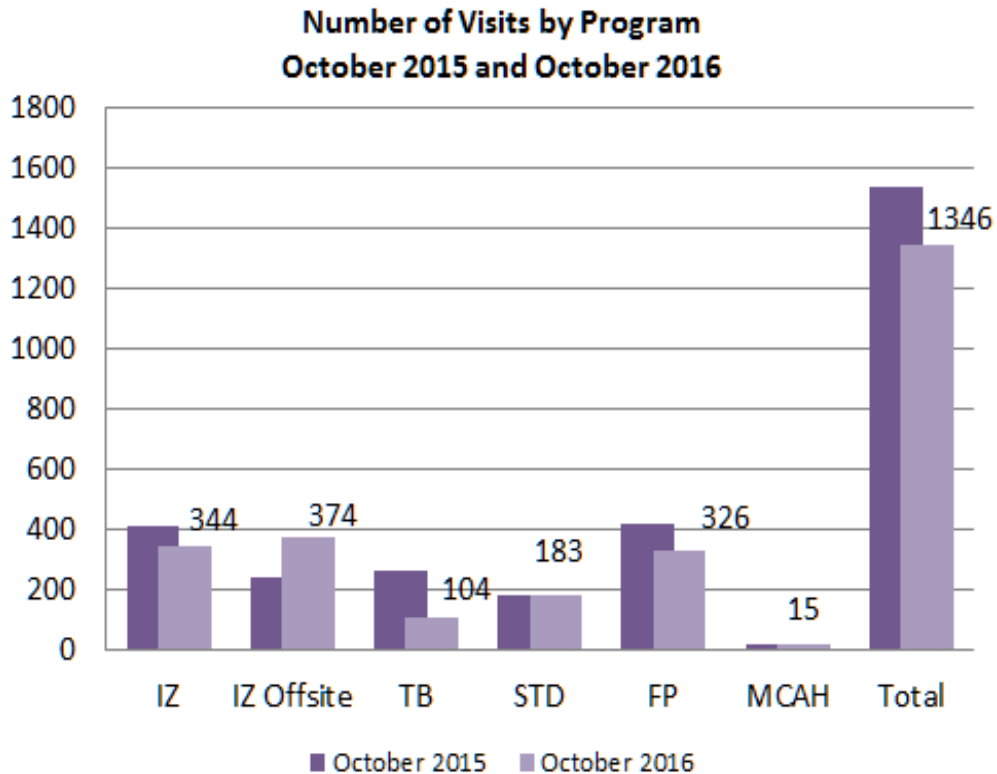
DD_	SK
DHO_	KD

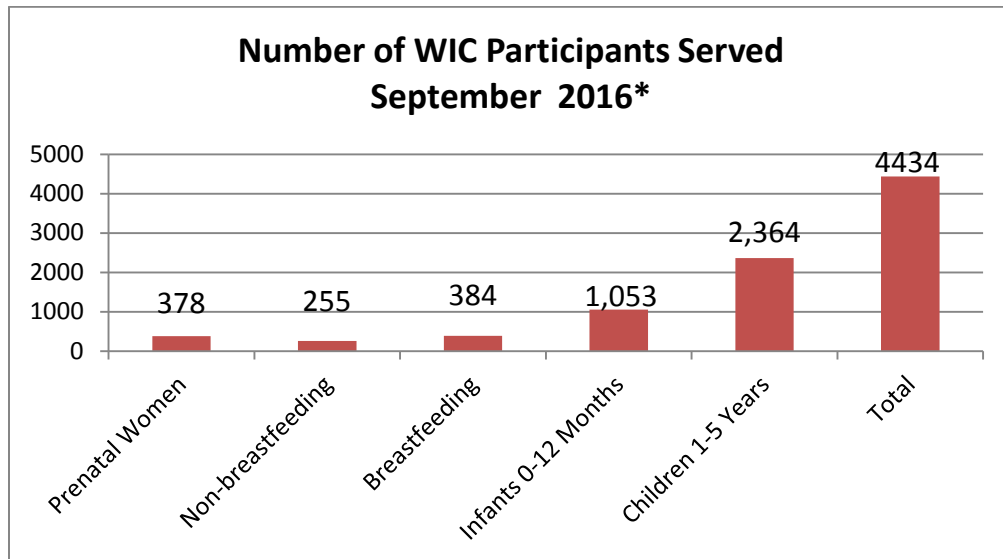
**Community & Clinical Health Services
Director Staff Report
Board Meeting Date: November 17, 2016**

DATE: November 4, 2016
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – Data & Metrics; Program Reports

1. Divisional Update

a. **Data/Metrics**





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

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

2. Program Reports – Outcomes and Activities

Sexual Health – Victoria Nicolson-Hornblower and Kelly Verling will be attending Partner Services training the week of November 14, 2016 in California. Passport to Partner Services is a national curriculum developed by the CDC for disease investigation.

The HIV program initiated offsite HIV/STD testing at “Our Center”, which is a community center for the LGBTQ populations. Testing will be provided twice monthly. Discussions are also underway with the Eddy House director to initiate routine testing at their location. The Eddy House provides homeless, runaway, foster and other at-risk youth with the opportunity to reach their full potential through a continuum of services.

The interview process for a vacant Public Health Nurse is nearing completion. Staff anticipates filling this vacancy by the end of the month.

- a. **Immunizations** – Flu vaccine has been offered at onsite and offsite locations since October 3, 2016. Employee flu vaccine clinics were held on October 11, 2016 and October 20, 2016 with a total of 91 doses administered as of October 31, 2016. Flu vaccine was administered to 92 participants of the Family Health Festival at Reno Town Mall on October 19, 2016, in partnership with Kids to Seniors Korner (KSK) and Immunize Nevada. The School Located

Vaccination Clinic (SLVC) program is also underway, providing flu shots to children at two schools in October.

Immunizations were provided at the Mexican Consulate Binational Health Event at Little Flower Church on Saturday, October 15, 2016, in partnership with the Nevada State Immunization Program and Immunize Nevada. A total of 79 participants (26 children and 53 adults) received 222 doses of vaccines.

Staff continues to provide Firefighter/EMT vaccine administration trainings, in partnership with EPHP. Staff also attended the Nevada Health Conference on October 17-18, 2016.

The program welcomes Hope Reiher, our new Intermittent Hourly Registered Nurse.

- b. **Tuberculosis Prevention and Control Program** – Staff are investigating a new case of tuberculosis disease. This is the fifth case in calendar year 2016.

Staff provided training for approximately 30 employees at the Men's, Women's, and Family shelters on October 27, 2016. The training included basic information about the TB infection. Staff also discussed prevention and provided cough logs and screening questionnaires to each shelter.

On November 16, 2016, staff will attend a local training on best practices for recognizing and controlling TB in correctional settings.

- c. **Family Planning/Teen Health Mall** – Staff welcomes Christina Sheppard MSN, FNP-C, RN, who just accepted a position with the program. Christina is a new graduate from UNR. She's worked in the Neonatal ICU at Saint Mary's Regional Center for the last six years. Christina received her Certification from the American Academy of Nurse Practitioners Certification Program, and her first day will be November 28, 2016. Staff also welcomes, APRN, Emily Barnes, who will be returning to the program as an Intermittent Hourly APRN. Emily retired from the program approximately one year ago.

Theresa Goins MSN, FNP-C, RN, our Advanced Practice Registered Nurse (APRN), will be resigning from the program on November 18, 2016. Theresa has worked with the program for the last three years. Theresa provided excellent client care and has worked tirelessly to ensure clients receive all the family planning services they need. Katie Tanner, APRN resigned after five years as an Intermittent Hourly employee. Katie also provided excellent client care and was of tremendous assistance during times of short staffing. Both Katie and Theresa will be missed.

Staff is working diligently to minimize the impact of the above listed changes to the program.

However, there will be a temporary slowdown in services.

- d. **Chronic Disease Prevention Program (CDPP)** – In collaboration with the Washoe County School District and the WCHD Statistician, height and weight data was analyzed for Washoe County School District 4th, 7th and 10th grade students. An Epi News report was developed and published in October. A copy is attached to this report.

Staff worked with the Washoe County Food Policy Council to develop a Healthy Food Access Proclamation to coincide with Food Day, which was October 24th. The Food Policy Council received proclamations from the Board of County Commissioners and the cities of Reno and Sparks, declaring support for healthy food access and sustainable regional food systems.

Staff is organizing the 2016 Healthy Living Forum which will be held on December 1st at UNR's Joe Crowley Student Union. Additional information, including agenda and registration can be found at www.gethealthywashoe.com. Kevin Dick will be providing the welcome.

Staff conducted a survey of residents in multi-unit housing locations to identify smoke-free implementation successes and opportunities for improvement. Staff often receive questions from owners and residents about marijuana smoke in addition to tobacco smoke. While the legal issues encompassing secondhand marijuana smoke and multi-unit housing are new and complex, multi-unit housing owners have the legal authority to adopt smoke-free policies, including prohibiting medical marijuana and recreational marijuana at their properties. Furthermore, based on federal law, new admissions of medical marijuana users are prohibited into public housing and housing choice voucher programs. Due to funding sources, staff focus on limiting tobacco smoke however, property owners and managers have the ability to include marijuana in their smoke-free policy at their discretion.

- e. **Maternal, Child and Adolescent Health (MCAH)** – Staff attended the Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS) 6th Annual “Day of Remembrance” event on October 9, 2016. In addition to routine office visits, a home visit was made for a lead investigation.
- f. **Women, Infants and Children (WIC)** – Staff attended the first of many trainings to prepare for a new paperless records system (NV WISH). The system is being implemented by the State of Nevada for all WIC clinics and WCHD is scheduled to go live in August 2017. An additional week of training will be provided in February and again in early August.

After attending a state sponsored training Staff has been implementing an educational approach with parents of young children called Baby Behaviors. Staff educates caregivers on how infants communicate their needs and include realistic expectations for crying, eating, and sleeping. UC

Subject: CCHS Division Director's Report

Date: November 4, 2016

Page 5 of 7

Davis has documented that when parents understand their infants cues, they can meet the babies need appropriately resulting in an increase in exclusive breastfeeding and a decrease in formula feeding and overfeeding.



IN THIS ISSUE: WEIGHT STATUS OF WASHOE COUNTY SCHOOL DISTRICT YOUTH

Surveillance of weight status of youth is important to identify trends over time and to help evaluate and monitor interventions intended to impact weight.

Table 1. Weight Status for Children

Weight Status	BMI Percentile Range
Underweight	<5 th percentile
Healthy Weight	5 th to <85 th percentile
Overweight	85 th to <95 th percentile
Obese	≥ 95 th percentile

Being outside the healthy weight category carries risk for short and long-term effects on youth health and well-being.

Immediate health effects of obesity in childhood¹:

- ◆ Increased risk factors for cardiovascular disease, such as high cholesterol and high blood pressure
- ◆ More likely to have prediabetes, indicating a high risk for development of diabetes
- ◆ Greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem

Long-term health effects of obesity in childhood¹:

- ◆ More likely to become obese as adults, therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis

While not the only factors in youth weight, physical activity levels and the type and amount of food consumed play a large role. Data from Washoe County's 2015 Youth Risk Behavioral Survey (YRBS) show:

- ◆ High school students are not meeting recommended levels of physical activity, with only 31.8% of male and 22.1% of female students being physically active for 60 or more minutes each day
- ◆ Middle school students are doing slightly better with 42.3% of males and 30.0% of females reporting 60 minutes of physical activity each day
- ◆ Among high school pupils, 38.5% report consuming fruit/fruit juices less than once daily, and 39.6% report consuming vegetables less than once daily
- ◆ Among high school pupils, 43.0% reported they were trying to lose weight (58.7% females; 28.4% males)

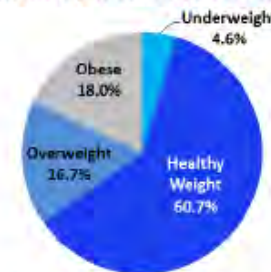
METHODS

For the past nine school years (07-08 thru 15-16), height and weight were collected on samples of Washoe County School District (WCSD) 4th, 7th, and 10th grade students. Data are weighted to the grade-specific enrollment and represent only those grades which were sampled. Data in this report were calculated using the Centers for Disease Control and Prevention's *Children's BMI Tool for Schools*.

RESULTS & DISCUSSION

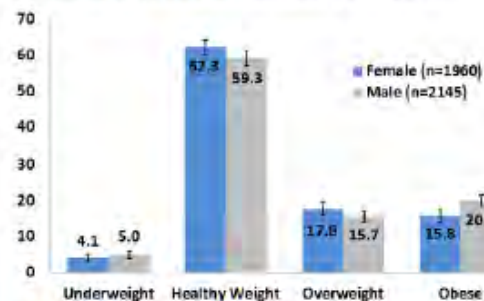
Comparisons of weight status by gender, race/ethnicity, and Title 1 vs. non-Title 1 schools provide confidence intervals to indicate statistical significance.

Figure 1. Weight Categories of 4th, 7th, and 10th Grade Students (combined) in WCSD, 2015-2016.



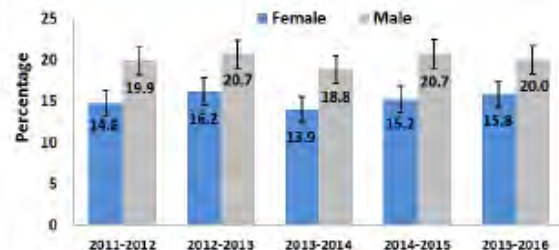
The majority of WCSD youth were of healthy weight, but over a third of the students were either overweight or obese. There was no significant statistical difference in the weight categories between 4th, 7th, and 10th grade students.

Figure 2. Weight Categories of 4th, 7th, and 10th Grade Students in WCSD by Gender, 2015-2016.



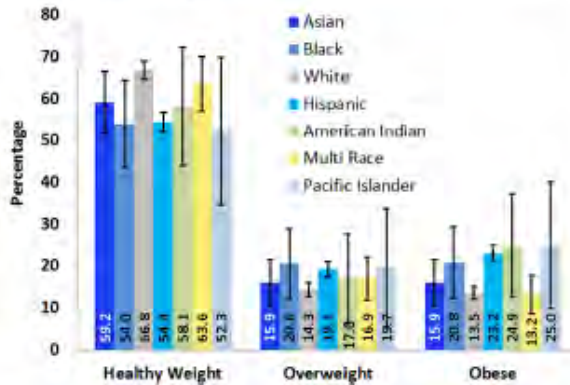
In 15-16, a higher proportion of male pupils were obese than females. The difference is statistically significant.

Figure 3. Obesity by Gender Among 4th, 7th, and 10th Grade Students in WCSD for Past Five Years



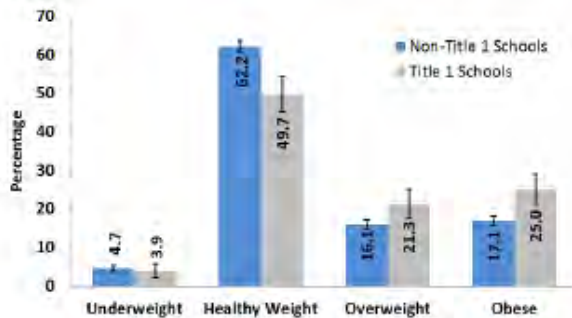
Review of student data from the past five years reveals consistently higher obesity rates for males.

Figure 4. Washoe County Childhood BMI Group by Race and Ethnicity, 2015-2016.



More White students were at a healthy weight compared to Hispanic and Black students. More Hispanic students were overweight and obese compared to White students.

Figure 5. Weight Categories of 4th and 7th Grade Students (combined) in WCSD by Title 1 Status, 2015-2016.



Title 1 schools are those with large concentrations of low-income students. Title 1 schools had a significantly lower proportion of healthy weight students, and had a significantly higher proportion of obese students compared to non-Title 1 schools.

RECOMMENDATIONS

Recommendations for pediatricians and pediatric primary care providers in the health care setting include:²

- ✦ Measure patients' BMI percentile for age at every well-child visit for children ages 2 and older; for younger children, measure weight-for-length percentile
- ✦ Counsel all patients and their families on healthy eating, physical activity, and healthy growth, regardless of current weight status

- ✦ Counsel all patients and their families to limit television time to no more than two hours per day and to remove televisions from children's bedrooms
- ✦ Counsel all patients and their families to limit consumption of sugar-sweetened beverages and encourage other healthful eating behaviors:
 - Eating breakfast daily
 - Limiting restaurant eating, especially fast-food
 - Eating meals as a family
 - Watching portion sizes
- ✦ Counsel all patients and their families to help children achieve at least 60 minutes of moderate to vigorous physical activity per day
- ✦ Establish procedures for follow-up assessment (including lab tests), counseling, and treatment plans for children who are overweight or obese
- ✦ Establish policies to avoid weight bias in pediatric clinics, such as by requiring all employees to be trained on weight-bias prevention

Local resources include:

- ✦ The 2016 Healthy Living Forum, put on by the Washoe County Health District, is scheduled for December 1st. Visit www.GetHealthyWashoe.com for the agenda and more information. CMEs are available for physicians.
- ✦ Prescription pads to "prescribe" healthy eating, physical activity, and decreased consumption of sugar sweetened beverages. Available on the www.GetHealthyWashoe.com website.
- ✦ Educational materials for parents on beverage choices available from the University of Nevada, Reno *Rethink Your Drink* campaign. For more information, visit www.rethinkyourdrinknevada.com.

REFERENCES

1. Centers for Disease Control and Prevention. Basics About Childhood Obesity. Retrieved October 3, 2016 from: <http://www.cdc.gov/obesity/childhood/causes.html>
2. Healthcare Obesity Prevention Recommendations. Retrieved September 15, 2016 from <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-prevention/healthcare/healthcare-obesity-prevention-recommendations-complete-list/>

ACKNOWLEDGEMENTS

The Washoe County Health District would like to thank the Washoe County School District for their collection of the height and weight data and their continued partnership.

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: December 15, 2016**

DATE: December 2, 2016
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Update – World AIDS Day; Divisional Update – Data & Metrics; Program Reports

1. Program Update – Sexual Health Program: World AIDS Day

World AIDS Day

28th year of commemorating the lives lost and impacted by HIV and recommitting to ending the disease

Around the world, approximately 37 million people are living with HIV. In the United States, about 44,000 people get infected with HIV every year. In the United States, about 1 in 8 people who have HIV are not aware of their infection. World AIDS Day is a global initiative to raise awareness, fight prejudice, and improve education about HIV, the virus that causes AIDS. In recognition of World AIDS Day on December 1, the Washoe County Health District (WCHD) encourages everyone in Washoe County to get tested for HIV

Because people can be infected with HIV and not have symptoms, the Centers for Disease Control and Prevention recommend that everyone aged 13-64 have at least one HIV test in their lifetime. People who engage in higher risk behaviors of having unprotected sex or sharing syringes/drug use equipment are encouraged to test more often. HIV testing, along with other STD testing, is offered at WCHD's Sexual Health Clinic as well as offsite to reach higher risk, priority populations. Offsite testing is provided free of cost and funded through HIV prevention grant funding. Advertisements were placed in the Reno Gazette Journal and the Reno News & review to honor World AIDS Day (See below) and encourage the community to access free, confidential testing.

A concerning trend are people who test for HIV well after they are infected and are considered "late testers". Implications of late testing are far reaching including considerable negative health outcomes as well as the potential of unknowingly infecting other people. Last year staff submitted an Epi News report to the medical community entitled, Late HIV Testing Outcomes and Recommendations for Earlier Diagnosis. In Washoe County, between 2009 and 2014, 51 out of 178 HIV cases (29%) progressed to an AIDS diagnosis in less than 12 months. During the same time period, 84% of those AIDS cases were diagnosed *within a month* of the initial HIV diagnosis. The majority of the patients progressing to an AIDS diagnosis within the first month were diagnosed through the two major regional medical centers in Washoe County. This indicates that people are accessing healthcare due to AIDS related illnesses rather than being tested earlier through other healthcare access points. Over the course of 2016, twenty six percent of the 38 HIV cases that were diagnosed were also diagnosed with AIDS within a month indicating that late diagnosis continues to be an issue.

Subject: CCHS Division Director's Report

Date: December 15, 2016

Page 2 of 6

In addition to working with the medical community to improve sexual risk health history taking and encouraging compliance with the CDC's guidelines for HIV testing, staff works diligently to provide outreach to at risk communities to raise awareness of testing HIV/STD testing resources. This is accomplished through advertisements in local newsletters/newspapers, social media, health fairs, and poster placement in high risk neighborhoods. Interviewing each newly diagnosed HIV/AIDS case in Washoe County also enables staff to reach high risk partners and offer testing and connection to care.

In addition to the marketing outreach to bring awareness to World AIDS Day, WCHD partnered with HOPES, the Northern Nevada Outreach Team (NNOT), and the Nevada Division of Public and Behavioral Health's Office of HIV/AIDS for an event to bring together community partners and provide awareness of the impact HIV has on the community.

Through these efforts and the daily work of HIV prevention, surveillance, and supporting people living with HIV in their HIV care, WCHD continues to implement best practices and community driven planning to decrease the impact of HIV on Washoe County.



RED NIGHT 2016

Leadership. Commitment. Impact.

An evening dedicated to ending the HIV epidemic worldwide

Thursday, December 1st, 2016

7:00-9:00PM · Northern Nevada HOPES

580 W. 5th Street – Reno, NV

Appearances by:

- Reno's Biggest Little Sisters of Perpetual Indulgence ·
- Access for Community & Cultural Education Programs & Trainings (ACCEPT) ·
- University of Nevada, Reno HIV/AIDS class ·

... & many more!

Light refreshments will be served

After-party to be held at The Patio directly following the event

Please wear RED

#EndHIVNV



For more information, contact Austin Porsborg: aporsborg@nnhopes.org

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE



WORLD AIDS DAY

December 1

**GET THE FACTS.
GET TESTED.
GET INVOLVED.**

Find an HIV/STD Test site 24/7
<http://locator.aids.gov>
Or text your zip code to
"KNOWIT" (566948)
www.cdc.gov/ActAgainstAIDS
www.aids.gov

**Free, confidential HIV testing is available.
Call 775-328-6147 for your appointment today.**

CONNECT WITH US TODAY!

Join us on Facebook or Twitter to get weekly news on healthier sexual behavior.



Like us at "Sexual Health Program - Washoe County Health District"

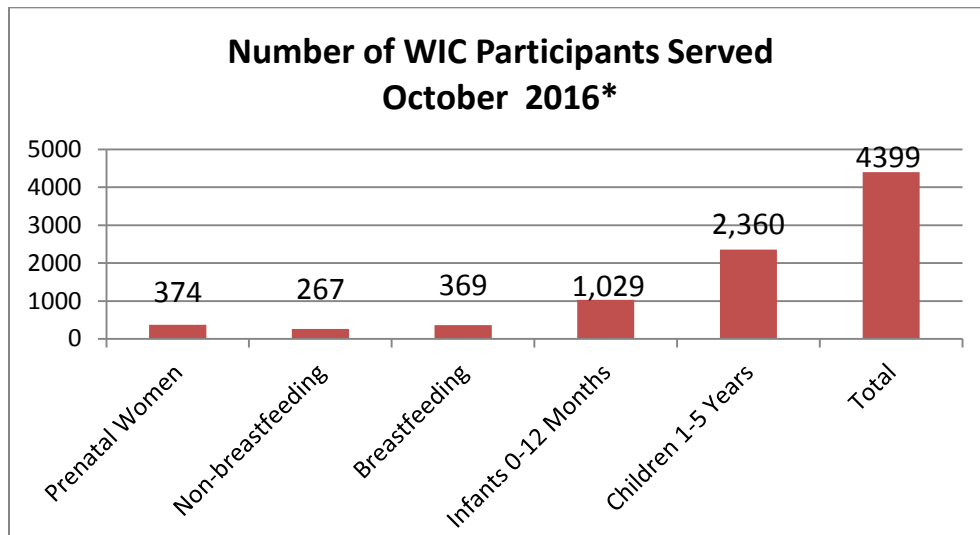
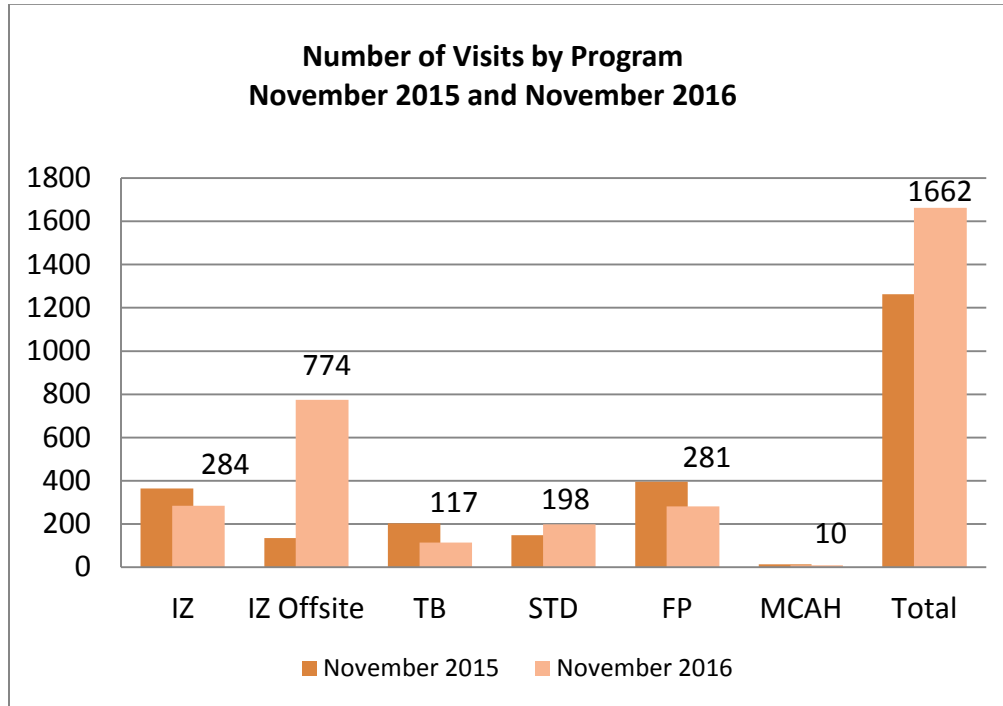


Follow us at @SexualHealthWC

This publication was supported by the Nevada State Center of Public and Behavioral Health through grant number #2016-00000001 to both the Center for Disease Control and Prevention. It is not to be construed as an endorsement of the authors and is not necessarily reflective of the official view of the State of Nevada or the Center for Disease Control and Prevention.

2. Divisional Update

a. Data/Metrics



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

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

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff will have training this month on our new Electronic Health Record (EHR), Patagonia Health, with a tentative “go live” scheduled for January 9, 2016.

On November 8, 2016, the Division of Public and Behavioral Health issued a Technical Bulletin related to the rise of Congenital Syphilis in Nevada. Nationally, Congenital Syphilis rates are the highest they have been since 2001. Nevada is currently ranked 4th in the nation for Congenital Syphilis cases, with 8 cases in 2015 and 8 cases in 2016. Washoe County had two cases in 2015 and one case to date in 2016. The bulletin provided recommendations for clinicians related to screening pregnant women for syphilis, treatment guidelines, and the importance of addressing the barriers pregnant women face with obtaining early and adequate prenatal care.

Samantha Beebe, RN, began working with the HIV program as a Public Health Nurse I on November 28, 2016. Samantha has worked for West Hills Mental Health Hospital in Reno. Samantha has been a Registered Nurse for seven years. The team welcomes Samantha and is very happy to be fully staffed again.

The HIV Program will also be working with two Intermittent Hourly Registered Nurses to provide offsite testing. Margaret Battin and Tracy Leavy began their orientations to the HIV program in November.

- b. **Immunizations** – Eight School Located Vaccination Clinics (SLVCs) were conducted in November, in partnership with Immunize Nevada and the Washoe County School District. A total of 613 doses of flu vaccine were administered to 515 children and 98 adults. A total of 314 doses of vaccine were administered to 161 participants at 9 locations in partnership with the Kids to Seniors Korner program. Additionally, two Express Flu Vaccination Clinics were held onsite to respond to increased request for services.

Beginning in January, the Immunization Program will be focusing on special outreach clinics for targeted populations with Kids to Seniors Korner (KSK), in lieu of routine weekly activities. This is in response to decreased grant funding. KSK plans to prioritize vaccine outreach to the senior population.

- c. **Tuberculosis Prevention and Control Program** – There have been five cases of TB disease to date in 2016. Staff spent time preparing for the Northern Nevada Cohort Review, which was held December 1, 2016. Staff hosted this event and presented the 11 cases of TB disease followed in Washoe County in 2015. The event was well attended, and feedback was very favorable.

Staff are distributing Tuberculosis Provider Packets which were supplied by the Nevada Department of Public and Behavioral Health TB Program. The packets include information on Nevada Administrative Code, Tuberculosis surveillance, and Tuberculosis risk assessment. Delivery of the packets to local providers is a grant deliverable for the program.

- d. **Family Planning/Teen Health Mall** – Christina Sheppard, APRN, began her employment with the Family Planning Program on November 28, 2016. Christina's orientation is going well. Staff is pleased to have one of two APRN vacancies filled. Supervisory staff will be interviewing two more APRN applicants this month. Family Planning staff is also preparing for the planned "go live" of Patagonia Health in January, with training this month.
- e. **Chronic Disease Prevention Program (CDPP)** – The program hosted a successful Healthy Living Forum on December 1st with over 90 community members in attendance. One of the highlights included a speaker from New Orleans discussing how their smoking ban protects all employees, including casino workers from secondhand smoke exposure.

As part of the ECHO Series offered by the University of Nevada School of Medicine and the University of Nevada Public Health Training Center, staff presented on youth weight in Washoe County, the Wolf Pack Coaches Challenge and the WOW! Program. The ECHO series is promoted statewide and is striving to bring continuing education to rural communities in particular.

Staff participated in 1 Day Stand events at both Sierra Nevada College in Incline Village and TMCC on November 17th. The 1 Day Stand is an initiative for campuses of higher education to celebrate the Great American Smoke Out and encourage those on campus to quit tobacco for one day.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Jan Houk, Public Health Nurse, attended the March of Dimes Strategic Preterm Birth Planning Summit in Las Vegas on November 16, 2016. The summit brought together a selected group of perinatal leaders from across Nevada to identify the key drivers, best practices, and risk reduction interventions that can be replicated throughout Nevada to lower the State's preterm birth rate. Nevada's preterm birth rate declined from 10.1% in 2014 to 9.9% in 2015, which remains higher than the national average of 9.6%.
- g. **Women, Infants and Children (WIC)** – The program received positive feedback from the State on the annual Local Agency Nutrition Services Plan. Two grant goals of the plan, in addition to providing WIC services, are to work with the Epi team to produce an EpiNews on a WIC related topic and participate in a QI project to implement a referral system that allows for increased and timely access for clients among all WCHD clinics. We are pleased that Soni Monga, a Community Health Nutritionist, was highlighted by the State as one of the best practitioners at providing a Value Enhanced Nutrition Assessment.

DD	RS
DHO	<i>KD</i>
DA	N/A
Risk	N/A

Staff Report
Board Meeting Date: November 17, 2016

DATE: November 4, 2016
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
 775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division and Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- Environmental Health Services went live with Accela on October 31, 2016, and staff has been identifying areas that need additional work for implementation of changes.
- Three (3) student interns from University of Nevada, Reno are finishing up projects in Environmental Health Services on the childcare, food safety and land development programs.

PROGRAM UPDATES

Childcares

- The childcare inspection program continues to work on a project to determine the best practices for sanitizing in childcare facilities. As the current project culminates staff will provide updated and new outreach information to childcare providers via Facebook and a recently updated email list.

Food

- The Food Safety Program was selected to participate as a mentee in the Voluntary National Retail Food Regulatory Program Standards Mentorship Program administered by the National Association of County and City Health Officials (NACCHO) with support from the Food and Drug Administration (FDA). The Food Safety Program will be matched with Southern Nevada Health District as the mentor who will provide guidance on the development and implementation of a food inspection quality assurance program. The Mentorship Program award will also provide funding for Environmental Health Specialist Trainees to attend the 2017 National Environmental Health Association (NEHA), Registered Environmental Health Specialist (REHS) Credential Review Course, and subsequently sit for the REHS exam. **Activities outlined in the work plan for the NACCHO Mentorship Program meets criteria of Standard 2- Trained Regulatory Staff and Standard 4 – Uniform Inspection Program.**
- The new color coded food establishment inspection process and rating system was implemented on November 1, 2016. The new risk based inspection system identifies the status of foodborne illness risk factors and public health intervention. **Implementation**

of the inspection process meets the criteria of Standard 3 – Inspection Program Based on HACCP Principles.

- A Senior Environmental Health Specialist completed the field standardization training to become a Training Standard using the FDA Standardization Procedures. With this addition, the Food Safety Program now has three Training Standards who are responsible for evaluating field inspector's ability to apply food safety knowledge and skills, and ensure staff is conducting risk based inspections and obtaining corrective actions for those factors that will directly contribute to foodborne illness. **Field Standardization of staff conducting food establishment inspections meets the criteria of Standard 2 – Trained Regulatory Staff.**
- Staff participated in the Truckee Meadows Healthy Communities Fall Family Health Festival. The Food Safety Program booth included an interactive demonstration on how to access on-line food establishment inspection results using the WashoeEats.com website. **Participation in educational outreach for the consumers and industry meets criteria of Standard 7– Industry and Community Relations.**
- **Foodborne Illness Epidemiology Program** – In October, staff in the Foodborne Illness Epidemiology Program took twelve (12) complaints and conducted fourteen (14) interviews of patrons who reported illness after eating at food establishments in Washoe County. Additionally there were seven (7) referrals from clinicians for diagnoses including E.coli, legionellosis, campylobacteriosis and salmonella that staff reviewed for any potential connection to local food establishments. 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. There were two (2) samples that tested positive for Noro-type virus. Exclusion criteria and sanitation were enforced at both facilities. One of the outbreaks has been closed and the other is showing a decrease in illness but has carried over into November in outbreak status. There were two (2) recalls for Washoe County Food Establishments that were handled by Foodborne Illness Epidemiology Program Staff to ensure the indicated product was pulled from consumer shelves. Staff also has transitioned well into the new Accela program, which is now fully functional for Environmental Health Services staff for complaints and referrals. **Investigative procedures for foodborne illness and recalls meet criteria of FDA Standard 5 – Foodborne Illness and Food Defense Preparedness and Response.**
- **Training Program** – In preparation for Environmental Health Specialist Trainees to take the National Registration Exam efforts are underway to gather the most relevant material and set dates for each candidate. **Having staff members registered as Environmental Health Specialists is consistent with principles outlined in FDA Standard 2 – Trained Regulatory Staff.**
- **Special Events** – The final large scale special events of the year were overseen during October with the Great Italian Festival being held in Downtown Reno and the Chili and Beer Festival held at the Grand Sierra Resort. A total of 16 different staff members volunteered in some capacity over the course of the major event season (April-October). The four (4) trainees in particular were instrumental in the special events program by

consistently taking on a bulk of the inspection load. Staff is anticipating using the slower special event season to become acclimated to the new Accela system in preparation for the busy season beginning next spring.

IBD

- Public workshops to discuss the new proposed Invasive Body Decoration regulations were held November 8th at 5:30pm and November 9th at 12:30pm in the Health District South Conference Room. Staff will take input from these meetings to produce a final draft to present to the District Board of Health in the coming months.

Land Development

- Septic and Wells to date has processed 643 plans versus 490 to date last year. While some of this is due to new permitting at Building, it continues the pattern of 25-30% year over year growth rate. The team continues to struggle with this increase in their workload, but has worked diligently to maintain reasonable plan review times for the community.
- The Safe Drinking Water program is completing the last of its sanitary surveys and expects to have all completed by the week of the 15th. The State is assisting in training on joint surveys to allow the program to have more trained staff for sanitary surveys. Planning is underway to begin to clean up the G drive folder for the program as well set up some routine processes and scheduling for regular work next year.

Schools

- Staff has been finishing up inspections for the fall 2016 semester and will be finished prior to December 1st. During inspections, emphasis has been placed on outbreak procedures and protocol relevant to managing them. There have been two (2) gastrointestinal illness outbreaks reported in late October that staff continues to evaluate and monitor as well as responding by collecting stool specimens. Environmental investigation has not as of this writing been conducted, however may follow if the outbreaks continue to grow. Staff has worked diligently along with the Communicable Disease Program to make the necessary contacts to ensure that all measures are being instituted to control the outbreaks.

Vector-Borne Diseases

- The Program's five public health interns finished our mosquito season the end of October. They inspected and treated 8,000 of the 11,000 catch basins, provided mosquito fish from service calls when residents called for resources for their ornamental ponds, watering units for livestock and abandoned swimming and inspected and treated mid-size bodies of water. They assisted in early morning (4:30 am) fogging to knockdown disease carrying adult female mosquitoes, assisted in identifying adult mosquitoes, and collected mosquitoes through our surveillance trapping methods. They were involved in larviciding bodies of water by applying pesticides with a backpack sprayer. Their support in the Program's field activities to protect the public against mosquito arboviruses is invaluable.
- Dave Solaro, Director of Washoe County Communities Services Department assigned a senior engineer to design the Heliport behind Fire Station 12 on Damonte Ranch Parkway. This has to be built to FAA standards. A meeting with the Reno Airport

Authority, approval by the Architectural committee at Damonte Ranch and obtaining a building permit from the City of Reno that includes a hydrology report and Best Management Practices (BMP, s) are the items required prior to building of the Heliport.

EHS 2016 Inspections / Permits / Plan Review

	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUNE 2016	JULY 2016	AUG 2016	SEPT 2016	OCT 2016	Mo. Avg
Child Care	8	6	7	5	15	10	17	11	14	16	11
Complaints	103	68	103	93	97	175	121	144	143	57	110
Food	217	317	454	369	363	580	706	580	511	539	464
General*	38	73	125	137	296	185	164	365	102	97	158
Developmental Review Numbers	20	26	27	34	41	42	21	39	34	40	32
Plan Construction Inspection (Commercial)	11	9	6	12	25	34	32	39	60	28	26
Construction Plans Received (Commercial)	35	31	63	41	52	22	16	30	7	14	31
Plan Review (Residential - Septic/Well)	54	35	63	76	59	73	72	69	68	54	62
Residential Septic/Well Inspections	58	67	94	110	86	93	74	90	65	85	82
Temporary Foods/Special Events	24	26	45	106	120	360	286	305	699	167	214
Well Permits	11	7	20	20	15	21	11	18	15	14	15
Waste Management	19	29	16	16	14	13	12	28	17	15	18
TOTAL	563	663	960	978	1,183	1,608	1,532	1,718	1,735	1,126	1,224

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

DD	RS	___
DHO	___	___
DA	N/A	___
Risk	N/A	___

Staff Report
Board Meeting Date: December 15, 2016

DATE: December 2, 2016
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
 775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division and Program Updates - Food, Land Development, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- **Student Interns** – All three (3) student interns from University of Nevada, Reno are finished with projects in Environmental Health Services in the childcare, food safety and land development programs. The paid interns have completed their pool inspection for the 2016 calendar year.
- **Quality Improvement** – There are two (2) quality improvement projects in Divisional review and two (2) more that are being considered and may submit following updated training prior to submittal that will occur during the Divisional meeting in mid-December. **Having staff members participate in Quality Improvement is consistent with principles set forth for the Accreditation of the Health District.**

PROGRAM UPDATES

Childcares

- Childcare inspection program staff has completed all licensed childcare inspections for the year through November. Along with the student intern, program staff has completed outbreak summaries and updated childcare outbreak frequently asked questions for posting to the Health District web page. The more formal best practices and risk study continues.

Food

- **Food Safety** – Staff will be holding three food safety workshops on January 10th, 11th, and 12th, 2017. The workshops will focus on how service animal laws affect the restaurant and retail food establishment industries. Representatives from the Retail Association of Nevada and Canine Companions for Independence will also participate in the workshops. **Participation in workshops for the consumers and industry meets the criteria of Standard 7- Industry and Community Relations.**

- **Foodborne Illness Epidemiology Program** – In November Environmental Health Services Epidemiology Program staff handled foodborne illness complaints, communicable disease referrals, outbreaks of gastrointestinal illness at local schools and a large national recall for strawberries. Foodborne illness complaints and referrals were handled on the new Accela platform that went live on November 1st.

The outbreaks in schools included one (1) middle school and one (1) elementary feeder school first reported in late October and a middle school reported in late November. Program staff conducted an investigation of the first outbreak at the middle school and noted that all outbreak procedures that were agreed to between the Health District and the School District were being followed. This particular outbreak and the outbreak at the elementary feeder school have now both been closed. Of note both were opened and closed within a month; good progress in terms of the numerous lingering outbreaks at this time last year. The remaining middle school outbreak was only a few days in at the time of this writing.

In late October an international exporter of strawberries expanded a recall notice of shipments to the United States. The recall was in response to a multi-state outbreak of Hepatitis-A linked to a product of Egypt. The imported bulk strawberries had been labeled by food distributors and shipped throughout the country. Program staff worked in conjunction with and ahead of the regional office of the Food and Drug Administration to trace forward any shipments of the recalled product to Northern Nevada. There was one large distributor out of Sacramento that had five retail establishments in Washoe County that received the product. All retailers were identified following recall standard operating procedures and then contacted by staff to ensure that there was no remaining product on their shelves. All strawberries at local retailers were pulled or gone with most served in late August and early September. The rest were thoroughly cooked prior to service in October. As a result of the investigation it was determined among program staff and the Communicable Disease Program that public notice and post exposure prophylaxis was not necessary.

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

- **Training Program** – A library has now been put together for study material for the national Registered Environmental Health Specialist (REHS) exam. The first REHS Trainee candidate has applied and will sit for the exam in January of 2017. There will be five (5) trainees to follow 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** – Staff continues to use the slower special event season to become acclimated to the Accela system and is putting processes/procedures in place in advance of the busy season beginning in the spring.

IBD

- Public workshops for the new proposed Invasive Body Decorations regulations were held on November 8th and 9th. They were well attended by the regulated community. A mix of tattoo artists, piercing artists and tattoo removal facilities were in attendance and provided input. Information from the workshops is being reviewed for inclusion into the

draft regulations, which are anticipated to be presented along with a business impact statement to the Board during the upcoming December meeting.

Land Development

- Septics and Well inspection requests have continued to come in at higher than usual levels as contractors work to get construction started before the cold weather finally sets in. There has also been some increased repair permit activity over the last month. Team members are prioritizing their time to ensure this on demand work is handled while at the same time working diligently to finish all other routine permit inspection requirements. Plan review time frames have suffered slightly, but the outstanding teamwork within the group is keeping all workload assignments moving along.
- The Safe Drinking Water program has finished all field work for the year. Over December, the group will focus on producing reports for all completed sanitary surveys. The task of finishing the reports will be used to make sure that the whole group is trained in the software so that they will be able to work more independently in 2017.

Schools

- All school inspections have been completed for the fall term as required by Nevada Revised Statutes. School Inspection Program staff will be working with an intern from University of Nevada, Reno in the spring semester to conduct a risk survey in Washoe County Schools as a follow-up to the new procedures to control norovirus outbreaks.

Vector-Borne Diseases

- Zika is in the news again. A Brownsville woman infected with Zika in this south Texas City is the second place in the continental United States where local mosquito-borne virus transmission has occurred. The Brownsville location in the Rio Grande Valley is directly across the border from Mexico that has ongoing local transmission of Zika. The valley is considered high risk due to previous outbreaks of dengue, a similar virus spread by *Aedes aegypti* which is the same type of mosquito found in the south Texas City and a primary carrier of Zika. While our mosquito season in the Truckee Meadows is basically over, the Brownsville case lets us know there are parts of the United States where Zika can still spread.
- A Licensed Engineer from Washoe County Communities Services Department and staff met with the Reno Tahoe Airport Authority to review the design and location of the Heliport pad at Fire Station #12 at Damonte Ranch. The Reno Tahoe Airport Authority in their review had no issues with the Heliport pad. The next step is an application submittal to the FAA that includes the type of aircraft, location, size of the pad and number of landings per month. Review process will take from one to three months.
- Staff investigated an exposure to multiple bats at Lawlor Events Center. The exposed person had developed grand mal seizures several weeks after exposure and was admitted to a local ICU. Fortunately the individual did not develop rabies and is now completing rabies post exposure prophylaxis. Vector Staff inspected the facility and after interviewing the Lawlor facility manager it appears the bats entered through a large service door that was left open overnight by a contractor. Staff discussed rabies risks

with the facility manager, provided rabies brochures for UNR staff and advised the service door be monitored by security and kept closed unless it is currently in use.

- Staff reviewed six building plans in the Truckee Meadows Community with six of these building projects signed off. Staff is ensuring that the review of the building plans and inspections are being completed in a timely manner.

Waste Management

- The Solid Waste Management Plan (SWMP) approval by the DBOH was postponed until the December meeting because of inability to provide a quorum.
- Staff provided the Emergency Management and Homeland Security Program with input on updating the Washoe County Regional Debris Management Plan, which has not been updated since 2010.

EHS 2016 Inspections / Permits / Plan Review

	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUNE 2016	JULY 2016	AUG 2016	SEPT 2016	OCT 2016	Mo. Avg
Child Care	8	6	7	5	15	10	17	11	14	16	11
Complaints	103	68	103	93	97	175	121	144	143	57	110
Food	217	317	454	369	363	580	706	580	511	539	464
General*	38	73	125	137	296	185	164	365	102	97	158
Developmental Review Numbers	20	26	27	34	41	42	21	39	34	40	32
Plan Construction Inspection (Commercial)	11	9	6	12	25	34	32	39	60	28	26
Construction Plans Received (Commercial)	35	31	63	41	52	22	16	30	7	14	31
Plan Review (Residential - Septic/Well)	54	35	63	76	59	73	72	69	68	54	62
Residential Septic/Well Inspections	58	67	94	110	86	93	74	90	65	85	82
Temporary Foods/Special Events	24	26	45	106	120	360	286	305	699	167	214
Well Permits	11	7	20	20	15	21	11	18	15	14	15
Waste Management	19	29	16	16	14	13	12	28	17	15	18
TOTAL	563	663	960	978	1,183	1,608	1,532	1,718	1,735	1,126	1,224

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

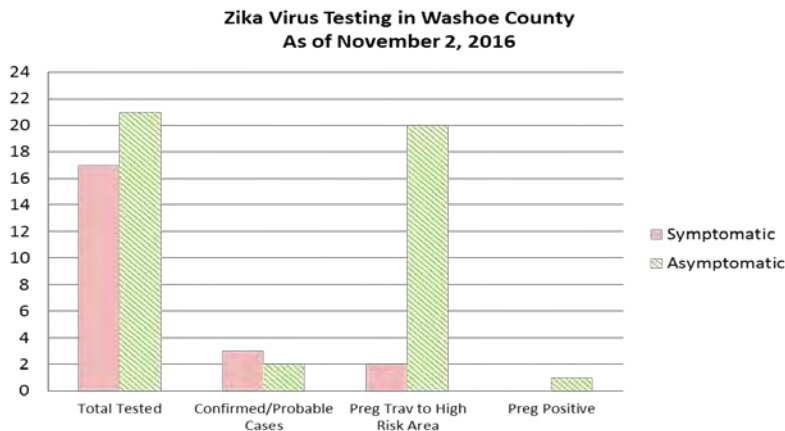
Unable to generate report numbers due to Accela transition for November and December

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: November 17, 2016**

DATE: November 7, 2016
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
 775-328-2443, rtodd@washoecounty.us
Subject: Program Updates for Communicable Disease, Public Health Preparedness, and
 Emergency Medical Services

Communicable Disease (CD) –

Zika Virus Disease Evaluation and Testing - As of November 2, 2016 there have been 43 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. The testing for the newborn and the mother has been coordinated and arranged among several agencies including the state lab, WCHD, hospital, primary care provider, and obstetrician.



Note: Categories above are not mutually exclusive

Gastrointestinal (GI) illness outbreaks - Since the last District Board of Health meeting, the CD Program has investigated two GI illness outbreaks in two public schools. Approximately 60 cases have been reported as of November 2. The suspected etiology is norovirus. As of November 2, 2016, these two outbreaks remain open.

Seasonal Influenza Surveillance – For the week ending October 29, 2016 (CDC Week 43) 12 participating sentinel providers reported a total of 75 patients with influenza-like-illness (ILI). The

percentage of persons seen with ILI by the 12 providers was 1.2% (75/6262) which is below the regional baseline of 2.5%. During the previous week (CDC Week 42), the percentage of visits to U.S. sentinel providers due to ILI was 1.3%. This percentage is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.5% to 1.8%.

Seven death certificates were received for week 42 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 42 was 112. This reflects a P&I ratio of 6.3%. The national P&I ratio for week 40 was 6.5%, above the epidemic threshold for week 40 at 5.3%. The total P&I deaths registered to date in Washoe County for the 2015-2016 influenza surveillance season is 14. This reflects an overall P&I ratio of 4.9% (14/287).

Public Health Preparedness (PHP)

PHP staff completed the delivery of personal protective equipment to the Washoe County Sheriff's office. The Sheriff's office received approval to accept the donation from the Board of County Commissioners on October 18.

PHP staff met with Northern Nevada Mental Health and Washoe County Juvenile Services to discuss the development of point of dispensing plans. The intent is to increase the number of closed POD sites to help reduce the demands on the public PODs in a public health emergency.

PHP staff participated in a POD exercise in Carson City on October 22. This exercise was conducted by Carson City Department of Health and Human Services and took place at the Carson Valley Mall and vaccinated 220 community members.

Medical Reserve Corps (MRC) volunteers were activated to staff a First Aid Station in a joint effort by the organization Voluntary Organizations Active in Disasters (VOAD), in a "Clean-up Day Campaign" to help victims from the recent "Little Valley Fire." The Washoe County Emergency Manager, Aaron Kenneston, coordinated this effort which was also joined by: LDS Emergency Services, Washoe County Amateur Radio Emergency Services, American Red Cross, Citizen Corps Program, Salvation Army, Nevada Volunteers AmeriCorps, Veterans Administration, and Washoe County Social Services. The "Clean-up Day Campaign" event scheduled for October 29, 2017, was cancelled by "burn area experts" due to additional rain in the area that caused safety concerns for the volunteers. The "Clean-up Day Campaign" will take place at a later date at which time MRC Volunteers can again be deployed to staff a First Aid Station.

Emergency Medical Services (EMS) –

The EMS Coordinator, the REMSA EMS Manager and Saint Mary's personnel conducted Mutual Aid Evacuation Annex (MAEA) training at Northern Nevada Medical center on October 17. Multiple area healthcare facilities had staff that would respond to an evacuation incident attend. The participants had an opportunity to learn about the MAEA and the patient tagging and tracking system. Then the 22 attendees used what they just learned to walk through the processes of an evacuation of 20 "patients" in a tabletop exercise.

The EMS Coordinator conducted a full-scale evacuation exercise on October 19. The exercise scenario involved a complete evacuation of Tahoe Pacific Hospital – Meadows due to a power outage and malfunction of the back-up generator system. The exercise included more than 80

staff and volunteers from 13 agencies. The Final AAR/IP was distributed to the participating agencies on October 31.

The EMS Coordinator has been working with the selected contractor for the regional protocols project, which was included in the EMS 5-year strategic plan. The contractor intends on presenting to the PMAC in December. The presentation will include their analysis of current protocols and an initial assessment of possible challenges to regionalize.

Then EMS Coordinator and Public Health Emergency Response Coordinator met with the leadership of Rosewood Rehabilitation Center on November 3 to review the MAEA member responsibilities and have the agency sign onto the plan. Rosewood is the first skilled nursing facility to become a member of the MAEA.

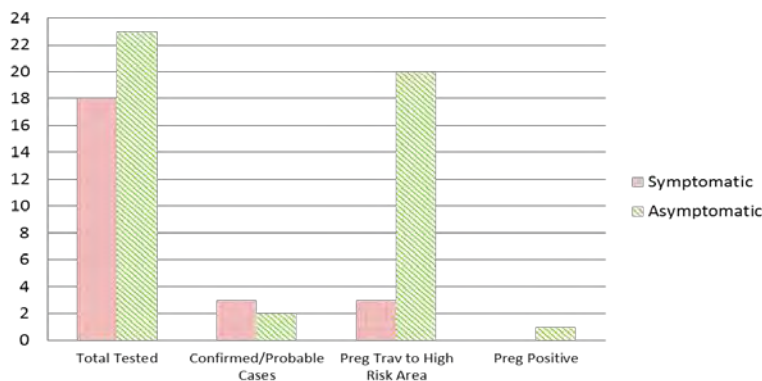
**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: December 15, 2016**

DATE: December 5, 2016
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
 775-328-2443, rtodd@washoecounty.us
Subject: Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Communicable Disease (CD) –

Zika Virus Disease Evaluation and Testing - As of November 28, 2016 there have been 47 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. The testing for the newborn and the mother has been coordinated and arranged among several agencies including the state lab, WCHD, hospital, primary care provider, and obstetrician. The due date for this pregnant woman will be in January 2017.

**Zika Virus Testing in Washoe County
As of November 28, 2016**



Note: Categories above are not mutually exclusive

Outbreaks - Since the last District Board of Health meeting, the CD Program has investigated five outbreaks. Three of these are Gastrointestinal (GI) illnesses in three public schools. Another is Shiga toxin-producing Escherichia coli (STEC) O157. The STEC O157 is a cluster of two cases within the same household and is part of an outbreak in California associated with a pumpkin farm / petting zoo. Finally, an outbreak occurred in a local shelter with mixed symptoms of both norovirus and influenza-like illness. Looking at all five of these outbreaks there have been more than 200 ill individuals.

Publications – The CD Program completed the 2015 CD Annual Summary by working with staff from Environmental Health Services and Community and Clinical Health Services. Also, the 2015 Community-wide antibiogram has been completed by working with local hospitals. Both publications are now available online at <http://tinyurl.com/WashoeCDAnnualSummary> and at <http://tinyurl.com/WashoeAntibiogram>. Hard copies of the antibiogram will be distributed among hospital infection control practitioners.

Seasonal Influenza Surveillance – For the week ending November 26, 2016 (CDC Week 47) 12 participating sentinel providers reported a total of 148 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 2.4% (148/6,235) which is below the regional baseline of 2.5%. During the previous week (CDC Week 46), the percentage of visits to U.S. sentinel providers due to ILI was 1.6%. This percentage is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.6% to 3.0%.

Ten death certificates were received for week 47 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 47 was 97. This reflects a P&I ratio of 10.3%. The national P&I ratio for week 44 was 5.6%, below the epidemic threshold for week 44 at 6.8%. The total P&I deaths registered to date in Washoe County for the 2016-2017 influenza surveillance season is 37. This reflects an overall P&I ratio of 5.5% (37/674).

Public Health Preparedness (PHP)

The Washoe County Medical Reserve Corps Volunteer Program (MRC) has acquired a new Automated External Defibrillator (AED). This unit will be primarily available for MRC volunteer use when staffing first aid stations during community events. The AED will be located in the EPHP/EHS office area for general use when MRC is not using it.

The Public Health Emergency Response Coordinator successfully executed the first two-day Functional Assessment Service Team (FAST) training in partnership with Carson City Health and Human Services, the American Red Cross Northern Nevada Chapter, and the California Department of Social Services. The intent of the FAST program is to deploy trained volunteers/staff, known as FAST members; during a disaster to assist shelter managers in assessing the needs of individuals with access or functional needs and to assist in ensuring those needs are met. FAST members must possess the ability, skills and knowledge acquired from working with people who have disabilities or access and functional needs. There were 25 people trained to be FAST members from the following organizations:

- American Red Cross
- Community Emergency Response Team (CERT)
- Northern Nevada Disability
- Desert Regional Center
- Medical Reserve Corps
- Nevada Disability Resources
- Nevada Division of Public and Behavioral Health
- Nevada Governor's Council on Developmental Disabilities
- Northern Nevada Adult Mental Health Services
- Northern Nevada Center for Independent Living

- Renown Rehabilitation Hospital
- Renown Home Health
- Sierra Regional Center

Memoranda of Agreement (MOAs) have been finalized for the donation of Personal Protective Equipment (PPE) to the Reno Police Department, Washoe County Sheriff, Washoe County School District, Gerlach Fire Department, and the Sparks Police Department. Each MOA outlines the expectation and use of over \$100,000 worth of PPE for these local law enforcement and paramedic level transport agencies.

Emergency Medical Services (EMS) –

Since the 5-Year Strategic Plan was accepted by the District Board of Health, EMS Program staff have been working with the designated contractor, EMS Consultant Group, on EMS regional protocols. The contractors have been diligently working on the first deliverable of the project, which is an analysis of current EMS protocols of the Airport Fire Department, Gerlach Volunteer Fire Department, North Lake Tahoe Fire Protection District, REMSA, Reno Fire Department, Sparks Fire Department and the Truckee Meadows Fire Protection District.

On November 22 the EMS Coordinator facilitated a meeting with Inter-Hospital Coordinating Council members to discuss the improvement plan items from the full-scale exercise conducted on October 19. In an effort to expand training for EMS and healthcare personnel on hospital evacuations, regional agencies are collaborating to design a training video. The group hopes to have the project completed by early 2017.

The EMS Coordinator met with Various Washoe County Department personnel on November 23 to discuss the permit process for special events/mass gatherings in unincorporated Washoe County. The group intends to enhance internal communications between departments through a shared calendar and committee meetings.

From November 28-30 the EMS Coordinator and Public Health Emergency Response Coordinator (PHERC) completed one of the improvement plan items from the full-scale exercise held on October 19. The healthcare facilities identified a gap in 800 MHz radio training and utilization. All healthcare radios were reprogrammed with the channels listed in the Multi-Casualty Incident Plan. Additionally, each facility was provided with a laminated training guide that outlines the basics for using the radios.

The members of the Prehospital Medical Advisory Committee (PMAC) received an electronic copy of the EMS protocol analysis completed by the EMS Consultant Group on December 1. This gives the Medical Directors two weeks to review the contractor's initial recommendations before they present at the December PMAC meeting.

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

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2016	94%	91%	100%	100%	94%	94%
August 2016	93%	88%	100%	100%	92%	93%
September 2016	95%	90%	100%	100%	93%	95%
October 2016	93%	92%	94%	80%	92%	93%
YTD	94%	90%	99%	94%	93%	94%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2016	8:04	15:33	13:39	N/A*
August 2016	8:18	16:02	18:12	N/A*
September 2016	7:52	16:02	16:20	19:13
October 2016	8:29	15:07	21:48	31:04

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

District Health Officer Staff Report
Board Meeting Date: November 17, 2016

TO: District Board of Health

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

SUBJECT: District Health Officer Report –Staffing, Regional License/Permit Program, Panther Drive, NALHO, Quality Improvement, Truckee Meadows Healthy Communities (TMHC), Community Health Improvement Plan, Accreditation, Washoe County District Board of Health Scholarship, Other Events and Activities and Health District Media Contacts

Staffing

Dawn Spinola transferred to the EPHP on November 15. Ms. Spinola will continue to provide support to ODHO/DBOH and assist with the training of her replacement, Laura Rogers. Ms. Rogers was selected through a competitive recruitment and was promoted to the Administrative Secretary position on November 14.

Falisa Hilliard also joined the ODHO on November 14 as an OSS transfer from Community Services Division (CSD). Ms. Hilliard will provide administrative support for the Health District's Accreditation process.

Regional License/Permit Program

The new Regional Business License and Permit system software program, Accela Automation, went live on October 31. Staff worked on Sunday October 30 to assess the results of the Permits Plus data conversion and ensure that the system could go live on the 31st. A number of issues were identified and a team of County and Accela staff worked to resolve them. There are still outstanding issues from the go-live that are being resolved, and a number of issues from the implementation phase that still need to be addressed. However, the system is functioning and is now being used for licensing and permitting activities.

Panther Drive

The Health District and CSD sent a joint letter to Panther Drive residents informing them that the Health District is requiring that they connect to the municipal sewer system. The letter included a right-of-entry form for them to sign and return to CSD to enable work to survey and install the sewer connections to proceed.

NALHO

WCHD worked cooperatively with Carson City Health and Human Services and the Southern Nevada Health District to establish the Nevada Association of Local Health Officials (NALHO). NALHO is affiliated with the National Association of County and City Health Officials (NACCHO) and is now recognized by NACCHO to be the State Association of County and City Health Officials (SACCHO) for Nevada. Establishing NALHO as the Nevada SACCHO

provides opportunities for some of the dues paid to NACCHO to be returned for use by NALHO, it provides opportunities for free NACCHO conference registration, and to participate as a SACCHO during NACCHO governance meetings and outreach events with U.S. Congressional Representatives. NALHO will also provide an opportunity to strengthen the voice of the local health authorities around public health issues and during the legislative session.

NALHO worked with Dr. Packham at UNR to organize an inaugural videoconference meeting with local public health representatives throughout the State on November 8. Representatives from NDPBH also participated in the videoconference meeting. Statewide meetings are scheduled to continue on a quarterly basis.

Quality Improvement

The QI Refresher training will be provided to staff during the month of November and December 2016. 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

TMHC was established as a legal entity with the Nevada Secretary of State.

I chaired the monthly TMHC Steering Committee meeting, which was held on November 2.

Truckee Meadows Healthy Communities held its sixth Family Health Festival at Reno Town Mall on October 19th. Rapid feedback response forms were collected from participants, and vendors completed a new, streamlined evaluation form. Evaluation highlights include:

Participants:

- 217 participants
- 83 evaluation forms (38% response rate) were returned
- Language: 51% English speakers and 49% Spanish speakers
- Primary Care: Only 56% of participants had a primary care doctor and only 48% had some form of health insurance
- 89% of participants reported they attended the Family Health Festival for health services
- 83% of participants rated the Family Health Festival as “excellent”
- Participants would like to see diabetes testing, hearing tests, immunizations beyond flu shots, dental care and vision care at future Family Health Festivals

Vendors:

- 36 vendors
- 28 evaluation forms (78% response rate) were returned

Subject: District Health Officer Report

Date: November 17, 2016

Page 3 of 3

- More than 90% of those vendors who completed an evaluation form rated booth space, pre-planning, management, and the facilities as “excellent” or “good.” Vendors rated three areas as needing improvement: location of booth, publicity, and attendance.

The next Family Health Festival is schedule to at Reno Town Mall on January 25, 2017.

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.

Accreditation

ODHO staff are completing items on the PHAB Readiness Checklist to ensure the Health District is ready to formally move forward with accreditation in the near future. For example, an Accreditation Coordinator has been selected, an Accreditation Team is being formed, and online required trainings are being completed. Once the Accreditation Team is fully formed, the team will complete a timeline for PHAB Accreditation.

Washoe County District Board of Health Scholarship

The UNR Division of Health Sciences has selected Ms. Natalie Reavy to receive this year’s annual scholarship. Ms. Reavy is currently working towards her Master’s degree in Public Health and hopes to pursue a Doctorate in Epidemiology. Further information is attached to this report.

Other Events and Activities

Chaired a TMHC Steering Committee meeting November 2.

Met with Chief Cochran, RFD, to discuss EMS Program and Strategic Plan implementation on November 3.

Participated in the Nevada Health Authorities conference call November 3.

Attended the Department Heads meeting November 9 held at Juvenile Services.

Chaired a meeting of the Health District/BANN Land Development User’s Group on November 10.

Met with City of Reno Acting City Manager, Bill Thomas, on November 16 to provide briefing and update on the Health District.

Met with the Division Directors and Supervisors on November 2 and with the Division Directors November 16. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Health District Media Contacts: October 2016

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
10/18/2016	KOLO CH8 - ABC Reno	Rebecca Kitchen	Family Health Festival - Dick
10/13/2016	KOLO CH8 - ABC Reno	Steve Timko	Smoke from Prescribed Burn - Inouye
10/13/2016	KRNV CH4 - NBC Reno	Ben Margiott	Smoke from Prescribed Burn - Inouye
10/13/2016	UNIVISION	Carolina Lopez	Smoke from Prescribed Burn - Inouye
10/12/2016	KUNR 88.7FM - NPR Reno	Anh Gray	Indian Colony Flu Pod - Ulibarri/Shipman
10/6/2016	KOLO CH8 - ABC Reno	Terri Russell	Strep Outbreak - Ulibarri
10/3/2016	KTVN CH2 - CBS Reno	Ryan Canaday	Flu Shots - Shore

Press Releases/Media Advisories/Editorials/Talking Points

10/27/2016	Know the Code - Burn Code Season Begins	Ulibarri
10/27/2016	Health District EMS Oversight Program	Ulibarri
10/21/2016	A second flu-related death reported in Washoe C	Ulibarri
10/20/2016	First flu-related death of season in Washoe Coun	Ulibarri
10/17/2016	Drug Roundup set to collect prescription drugs .	Ulibarri
10/17/2016	Family Health Festival slated ...	Ulibarri
10/14/2016	Food Establishment Power Outage Guidelines	McNinch
10/14/2016	New Certified Pool Regs	Bryant/Rubio
10/14/2016	New Invasive Body Regs	Bryant/Rubio

Social Media Postings**Facebook**

AQMD/CCHS/ODHO 101
EHS

Twitter

AQMD/CCHS 50

Grindr/Sexual Health Program

CCHS 66 posts
827,562 impressions



Division of Health Sciences
University of Nevada, Reno

Thomas L. Schwenk, M.D.
Professor of Family Medicine
Vice President, Division of Health Sciences
Dean, School of Medicine

October 31, 2016

Mr. Kevin Dick
Washoe County Health District
PO Box 11130
Reno, NV 89520-0027

Dear Mr. Dick,

The health sciences students at the University of Nevada, Reno are developing the skills and knowledge to improve health and well-being as the healthcare professionals of tomorrow. I write to personally thank you for your support through the Washoe County District Board of Health Scholarship. Your generosity helps our students realize their dreams of becoming health professionals. It is an investment into the future health of your family and your community.

Enclosed you will find a note of thanks from the recipient of the Washoe County District Board of Health Scholarship. I hope you enjoy hearing directly from our students about how your generosity impacts their experience.

Should you like further information about any of our programs please feel free to contact our Director of Development, Seema Donahoe at 775-682-7304 or sdonahoe@unr.edu. Again, thank you for your commitment to health sciences education at the University of Nevada, Reno.

Sincerely,

Thomas L. Schwenk, M.D.
Professor of Family Medicine
Vice President, Division of Health Science
Dean, School of Medicine

Office of the Vice President and Dean
Pennington Medical Education Bldg.
University of Nevada, Reno/332
Reno, Nevada 89557-0332
(775) 784-6001 office
(775) 784-8251 fax



Washoe County District Board of Health Scholarship Recipient Report 2016-2017

*Prepared for Mr. Kevin Dick
Washoe County Health District on October 20, 2016*

Fund History and Purpose: Through its programs and services and establishing this scholarship in 2007, the Washoe County District Health Department pursues the public health mission of health promotion, disease prevention and protection of the public and the environment, to improve the quality of life for all citizens of Reno, Sparks and Washoe County. Recipients shall be pursuing a graduate or undergraduate degree in the school of Public Health, have a minimum 3.0 gpa and be from Nevada or from northern California counties adjoining Nevada.

	Student Name	Major	Level	UNR GPA
1.	Natalie Reavy	Public Health MPH	Graduate Student	4.000

September 22, 2016

Dear Mr. Dick,

I would like to take this opportunity to thank you for the Washoe County District Board of Health Scholarship. I am very honored to receive this award as Public Health is a passion of mine. I am currently finishing up my Masters of Public Health (MPH) at the University of Nevada, Reno (UNR) and plan to graduate Spring 2017. In the future I also hope to pursue a Doctorate in Epidemiology.

As I am entering my second year in this MPH program, I have recently finished an internship with the Nevada Division of Public and Behavioral Health: Office of Public Health Informatics and Epidemiology. In this position I was performing data analysis for one of the reports this office periodically releases. As one of my first experiences in the "real world" of public health and epidemiology, I really enjoyed my experience and hope to work for them (or another health department) in the future. The final objective for my degree is to take my internship project a step further and create a professional paper. This professional paper is in-depth and meant to be an opportunity for students to show all the knowledge and experience they have gained through the program.

Coming from Fallon, NV, one of my interests in epidemiology is disease investigation. I am also interested in prevention, and chronic disease risk factors. When I graduated from Churchill County High School with honors I came to UNR to pursue a degree in Nursing. However, when I took my first epidemiology class, I found where my passion truly was. Health promotion and disease prevention are very close to my heart and I desire a career in this field.

I am especially grateful for this award because I rely on financial aid and grants to help finance my education. As a first generation student, this was also true of my undergraduate degree. I am proud to say that I graduate debt free. As my parents and other family members have debt of their own, this is an accomplishment in my family. Thanks to your generosity, I will be able to graduate without debt for a second time.

Once again I thank you for this award,

A handwritten signature in black ink, appearing to read "Natalie Reavy". The signature is fluid and cursive, with a large loop at the end.

Natalie Reavy

Masters of Public Health Candidate

University of Nevada, Reno

Washoe County District Board of Health Scholarship Recipient 2016-2017

District Health Officer Staff Report
Board Meeting Date: December 15, 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, Accreditation, Truckee Meadows Healthy Communities (TMHC), Community Health Improvement Plan, 2017 Legislative Session, Other Events and Activities and Health District Media Contacts

Regional License/Permit Program

The Health District has been using Accela Automation for permits and complaint investigations since October 31, 2016. A number of issues still remain that need to be resolved, many of which require time consuming “work-arounds” for the Health District to be able to utilize the system. Additional work with the cities and counties are required to improve functionality of workflows. The mobile application is not functional for use to conduct inspections and complaint investigation activities. Ongoing work to resolve the back-office functionality issues has delayed efforts to develop functionality of the Citizen Access Internet portal. An Oversight Group meeting, scheduled for December 6, 2016, to address numerous issues with the system and Accela’s completion of the implementation phase, was postponed due to open meeting notice concerns.

Accreditation

Staff are making progress toward accreditation: An Accreditation Coordinator has been selected, an Accreditation Team has now been formed, and online required trainings are being completed by the Accreditation Team. The Accreditation Team will hold its first meeting on December 14th. The purpose of the meeting is to review team roles and develop a timeline for accreditation.

Truckee Meadows Healthy Communities

Sharon Zadra has joined TMHC as Project Director. Plumas Bank has donated office space at their Meadowood Mall Circle location. The Bosma Group is providing pro bono accountant services to assist with filings necessary to establish the entity as a 501(c)(3) not-for-profit organization.

Schwab Bank is working with TMHC to host a Housing Forum on January 12, 2017. Schwab has arranged for Enterprise Community Partners to lead discussion in an effort to establish a more comprehensive approach to addressing the regional housing needs and connecting different initiatives that are occurring in the community. Enterprise Community Partners have nationally recognized expertise in addressing housing issues and recently assisted Oakland, California in developing their housing plan, *A Roadmap Toward Equity*. I was interviewed by Enterprise on November 21, in preparation of the forum.

Truckee Meadows Healthy Communities concluded a successful year of Family Health Festivals in Washoe County focusing on the 89502 zip code. The Community Health Improvement Plan (CHIP) goal was to provide a Family Health Festival quarterly in the year of 2016. This goal has been achieved.

Date	Location	Participants
February 29, 2016	Wooster High School	953
May 25, 2016	Miguel Ribera Park	721
July 27, 2016	Miguel Ribera Park	1,028
October 19, 2016	Reno Town Mall	217

This event served a total of 2,919 participants in the year of 2016, with an average of 33 vendor participants. This event serves a high percentage of clients who are Hispanic/Latino (54%-77%).

Community Health Improvement Plan (CHIP)

January 2017 will be the end of the first year of implementing the inaugural Community Health Improvement Plan (CHIP) for Washoe County. An annual report is being developed on the progress of 67 objectives and 55 strategies spanning access to health care, behavioral health, education K-12 and food security. Success highlight so far include: Implementation of four Family Health Festivals, the creation of a Nevada 2-1-1 Strategic Plan, decreasing substance use among Washoe County's youth, the adoption of a Washoe County School District Student Wellness Policy, the completion of an 89502 community needs assessment, and the increasing graduation rates to 77%. The CHIP Annual Report will be presented for the board February of 2017.

2017 Legislative Session

I met with Assemblywoman Joiner who plans to submit a Bill Draft Request to reduce the population threshold for community water fluoridation to 400,000. I've involved Truckee Meadows Water Authority regarding the potential for fluoridation of their system and they have worked with Stantec to develop preliminary design and cost-estimates. This work will enable a better understanding of costs and benefits in order to establish a return on investment that would result from fluoridation of the water system.

The Health District continues to track postings of new BDRs in preparation for the coming 2017 session. Training on the Washoe County Bill tracking system is anticipated to occur in January.

Other Events and Activities

Nevada Association of Local Health Officials Statewide Videoconference, 11/21/16

Hosted Opioid Workgroup Meeting, 11/21/16

Provided Welcoming Remarks at the Healthy Living Forum, 12/1/16

Participated on the NV Health Authority Conference Call, 12/1/16

Subject: District Health Officer Report

Date: November 17, 2016

Page 3 of 3

Participated on the NPHA Policy Advocacy Call, 12/2/16

Chaired TMHC Steering Committee Meeting, 12/7/16

Participated in Children's Health Alliance Advisory Board meeting 12/7/16

Met with the Division Directors on December 7. I meet regularly with the Division Directors and ODHO staff on an individual basis.

Met with Assistant County Manager, Christine Vuletich to provide Health District orientation, 12/8/16

Panelist at the NCIAA 10th Anniversary Meeting and Luncheon, 12/8/16

Provided Report for State Board of Health Meeting 12/9/16

Met with Councilman Dahir to provide Health District orientation, 12/9/16.

Monthly Meeting with Manager Slaughter, 12/9/16

Attended Department Heads Meeting, 12/14/16

Health District Media Contacts: November 2016

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
11/30/2016	KKOH 780AM - CNN Reno	Daniella Zaninno	Healthy Living Forum - Seals
11/22/2016	KRNV CH4 - NBC Reno	Terri Hendri	Flu - Todd
11/22/2016	KUNR 88.7FM - NPR Reno	Marcus Laverne	Flu - Dick
11/22/2016	UNIVISION	Liliana Salgado	Flu - Ulibarri
11/3/2016	KTVN CH2 - CBS Reno	Angela Shilling	Burn Code - Inouye
11/2/2016	KTVN CH2 - CBS Reno	Kristin Remington	Acute Flacid Muelitis (AFM) - Todd/Chen

Press Releases/Media Advisories/Editorials/Talking Points

11/30/2016	Healthy Living Forum	Ulibarri
11/21/2016	Early flu reports high in Washoe County	Ulibarri
11/17/2016	Holiday Food Tips	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	107
-----------------	-----------------------	-----

Twitter	AQMD/CCHS	68
----------------	-----------	----

Grindr/Sexual Health Program	CCHS	60 posts 814,907 impressions
-------------------------------------	------	---------------------------------