

**Washoe County District Board of Health
Meeting Notice and Agenda**

CHANGE OF LOCATION

Members

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

**Thursday, February 23, 2017
1:00 p.m.**

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

PUBLIC HEARING ITEMS SCHEDULED ON THIS AGENDA

(Complete item descriptions on second page.)

- **Consideration and possible approval of Proposed Revisions of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program**

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**
February 23, 2017
5. **Approval of Draft Minutes**
January 26, 2017
6. ***Recognitions**

A. Years of Service

- i. Kim Tran Franchi, 10 years, hired 2/23/2007 – EHS
- ii. Carmen Mendoza, 15 years, hired 2/27/02 - EPHP

- B. New Hires
 - i. Michael White, 1/30/2017, Storekeeper - CCHS
- C. Promotions
 - i. Chantelle Batton from Environmental Health Trainee I to Environmental Health Trainee II – EHS
 - ii. Ellen Messenger-Patton from Environmental Health Trainee I to Environmental Health Trainee II – EHS
 - iii. Briana Johnson from Environmental Health Trainee I to Environmental Health Trainee II – EHS
 - iv. Michael Touhey from Environmental Health Trainee I to Environmental Health Trainee II – EHS
- D. Accomplishments
 - i. Dianna Karlicek, passed the National Registration Exam to become a Registered Environmental Health Specialist - EHS
- E. Retirements
 - i. Dennis Cerfoglio – 1/31/2017, Sr. Air Quality Specialist – 28.75 years – AQM
- F. TMWA and Lyon County – Recognition for Exemplary Performance during the Flood Event at Stuccliffe, Pyramid Lake Reservation.

7. Consent Items

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

A. Budget Amendments/Interlocal Agreements

- i. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2017 through December 31, 2017 in the total amount of \$290,182 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 10013 and authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Nancy Kerns-Cummins
- ii. Approve Interlocal Contract between the Nevada Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon approval through June 30, 2017 in the total amount of \$10,000 in support of the Environmental Protection Agency (EPA) Multipurpose Grant Project, IO TBD; and if approved, authorize the District Health Officer to execute the Contract.
Staff Representative: Patsy Buxton.

B. Acknowledge receipt of the Health District Fund Financial Review for January Fiscal Year 2017

Staff Representative: Anna Heenan

C. Accept cash donation in the amount of \$4,000 from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives (LARC's) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$4,000 in both revenue and expense to the FY17 Arctica Ice Donation budget, IO-20424.

Staff Representative: Steve Kutz

8. ***Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments**
Presented by Kent Choma, IHCC Chairman (2014-2016)
9. **Presentation of the 2016 Community Health Improvement Plan Annual Report**
Staff Representatives: Sara Behl and Melanie Flores
10. ***Presentation from REMSA Board Member Representing the Accounting Profession**
Presented by Tim Nelson
11. **PUBLIC HEARING Consideration and possible approval of Proposed Revisions of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program.**
Staff Representative: James English
12. **Review, discussion and possible adoption of the Business Impact Statement regarding Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 (Gasoline Transfer And Dispensing Facilities) 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 March 23, 2017 at 1:00 pm.**
Staff Representative: Charlene Albee
13. **Regional Emergency Medical Services Authority**
Presented by Don Vonarx and Kevin Romero
 - A. Review and Acceptance of the REMSA Operations Report for January 2017
 - *B. Update of REMSA's Public Relations during January 2017
14. **Approval of the Fiscal Year 2017-2018 Budget**
Staff Representative: Anna Heenan
15. **Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session.**
Staff Representative: Kevin Dick
16. **Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County**
Staff Representative: Leslie Admirand
17. ***Staff Reports and Program Updates**
 - A. **Air Quality Management, Charlene Albee, Director**
Program Update, Divisional Update, Program Reports
 - B. **Community and Clinical Health Services, Steve Kutz, Director**
Program Update – HIV Program; Divisional Update – Patagonia Health; Data & Metrics; Program Reports
 - C. **Environmental Health Services, Bob Sack, Director**
EHS Division and Program Updates – Childcare, Food, Invasive Body Decoration (IBD), Land Development, Schools, Vector-Borne Disease and Waste Management

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
District Health Officer Report –Board of County Commissioners Strategic Planning
Workshop, Quality Improvement, Accreditation, Strategic Plan, , Community Health
Improvement Plan, Community Health Needs Assessment, Truckee Meadows Healthy
Communities (TMHC), Other Events and Activities and Health District Media Contacts

18. *Board Comment

Limited to announcements or issues for future agendas.

19. *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.

20. Adjournment

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

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

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

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

Posting of Agenda; Location of Website.

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

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

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. 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 District Board of Health Meeting Minutes

Members

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

**Thursday, January 26, 2017
1:00 p.m.**

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

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 1:13 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. John Novak, Vice Chair
Dr. George Hess
Kristopher Dahir
David Silverman
Michael Brown

Members absent: Oscar Delgado

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Dr. Randall Todd
Charlene Albee
Steve Kutz
Bob Sack

2. *Pledge of Allegiance

James English led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

January 26, 2017

Dr. Novak moved to approve the agenda for the January 26th, 2017, District Board of Health regular meeting. Mr. Brown seconded the motion which was approved six in favor and none against.

5. Recognitions

A. Years of Service

- i. Nichole Sooudi, 10 years, hired 1/3/2007 – CCHS
Mr. Dick congratulated Ms. Sooudi (Alberti) on her 10 years of service.
- ii. Byron Collins, 10 years, hired 1/8/07 – EHS
Mr. Dick introduced Mr. Collins and congratulated him on his years of service
- iii. Rebecca Gonzales, 15 years, hired 1/28/2002 – CCHS
Ms. Gonzales was not in attendance.
- iv. Julie Pomi, 25 years, hired 11/4/1991 – CCHS
Mr. Dick commended Ms. Pomi for her 25 years as a nurse in CCHS.
- v. Cory Sobrio – 20 years, hired 11/25/1996 – CCHS
Mr. Sobrio was not in attendance.
- vi. Katherine Sobrio – 20 years, hired 12/9/1996 – CCHS
Ms. Sobrio was not in attendance.

B. Promotions

- i. Victoria Nicolson-Hornblower from Public Health Nurse I to Public Health Nurse II – CCHS
Mr. Dick congratulated Ms. Hornblower on her promotion.

C. New Hires

- i. Blair Hedrick, 12/19/16, Office Assistant III in Vital Statistics – EPHP
Dr. Todd introduced Ms. Hedrick as the newest addition to the Vital Records Program and stated that she came to the Health Department from G4S Security Solutions. He praised her for her accomplishments and that he was pleased to have her as part of their team.

D. Retirements

- i. Sandi Bridges – 1/1/17, Office Support Specialist, Vital Statistics – 21 years – EPHP
Ms. Bridges was not in attendance.

7. Consent Items

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

A. Approval of Draft Minutes

December 15, 2016

B. Budget Amendments/Interlocal Agreements/Purchases

- i. Approve the modification of the Community and Clinical Health Services immunization fee schedule to change the immunization administration fee to \$21.34.
Staff Representative: Nancy Kerns-Cummins

- ii. Presentation, discussion, and possible approval of an \$8,000 cash donation to supplement the Wood Stove Exchange Program administered by the University of Nevada, Reno Business Environmental Program
Staff Representative: Charlene Albee
 - iii. Retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through May 30, 2017 in the total amount of \$20,000 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Electronic Food Inspection Form – Reports and Training Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.
Staff Representative: Patsy Buxton
 - iv. Retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through October 31, 2017 in the total amount of \$2,818 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – United States Food and Drug Administration (FDA) Pacific Region Retail Food Seminar and Western Association of Food and Drug Officials (WAFDO) Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement..
Staff Representative: Patsy Buxton
 - v. Retroactively approve Award from the Association of Food and Drug Officials (AFDO) for the period January 11, 2017 through December 31, 2017 in the total amount of \$2,970 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Food Establishment Inspection Placard Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.
Staff Representative: Patsy Buxton
 - vi. Approve FY17 Purchase Requisition #3000032104 issued to KPS3 (Request for Proposal #3001-17) in the amount of \$111,984 for Marketing, Advertising, and Media Buying Services for select Washoe County Health District Programs.
Staff Representative: Phil Ulibarri
- C. Recommendation for the Board to uphold an unappealed citation issued to Nevada Division of Forestry, Case No. 1192, Citation No. 5626 with a Supplemental Environmental Project as a negotiated settlement.
- i. Nevada Division of Forestry - Case No. 1192, Notice of Violation No. 5626
Staff Representative: Charlene Albee
- D. Consideration 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 February 23, 2017 at 1:00 pm.
- (This item was considered and approved by the District Board of Health on December 15, 2016. Due to an administrative error, the item was not properly noticed for public hearing for the January 26, 2017 meeting. To comply with NRS hearing regulations, it must be considered by the governing body at its regular meeting next preceding any

regular meeting held to adopt, so it is being presented for approval a second time so it may be scheduled for a public hearing at the February 23, 2017 meeting.)

Staff Representatives: Jim English and Wes Rubio

- E. Acknowledge receipt of the Health District Fund Financial Review for December Fiscal Year 2017

Staff Representative: Anna Heenan

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

8. PUBLIC HEARING Review, discussion and possible approval of Proposed Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration.

Staff Representatives: Wes Rubio

Mr. Rubio, who presented the staff report, thanked Mr. Byron Collins for his dedication, support and work on the regulations, announcing that he assisted as co-author and advisor for this initiative.

The primary purpose for updating the regulations was for consistency with the national standards of practice and to create consistent terminology and applicability within the tattoo, piercing and removal industries in Washoe County.

While regulations exist in Washoe County, Carson, Douglas and southern Nevada, Mr. Rubio stated that currently the state of Nevada does not have any regulations governing this industry.

The state of Nevada reached out to Washoe County, asking for training and aid in developing statewide regulations while the Health District was researching and writing the proposed regulations within this report. Since that time, the state has proposed regulations intended to go before the legislature that are consistent with the report being proposed today.

Washoe County attended public workshops for the state with representatives from Carson, Douglas and southern Nevada, where there was no opposition to the proposed regulations written as they are.

If proposed repeal and replacement of these regulations are adopted, the Health District will work with all existing facilities and those requiring a permit to create a compliance timeline to allow each facility the time to meet the requirements. This will include additional notification and site visits as necessary to work with the facility to meet the intent of the regulations. As such, these regulations should not cause any existing facility to close or have any major permit issues. The regulations do require additional documentation of practices and assurances that equipment is functional.

Mr. Rubio stated that the Washoe County Environmental Health Division recommends that the District Board of Health repeal the existing regulations as originally approved on August 22, 2001, and replace with the proposed regulations of the Washoe County District Board of Health Governing Invasive Body Decoration and adoption of the fees detailed in the report.

Chair Jung opened the Public Hearing. As there was no one wishing to speak, Chair Jung closed the public comment period. Dr. Novak moved to approve the Repeal and Replacement of the Regulations of the Washoe County District Board of Health Governing Invasive Body Decoration. Dr. Hess seconded the motion which was approved six in favor and none against.

Chair Jung congratulated Mr. Rubio, stating that Washoe County Health District is a model for the state.

9. Regional Emergency Medical Services Authority

Presented by Don Vonarx

- A. Review and Acceptance of the REMSA Operations Reports for November, 2016
- B. *Update of REMSA's Community Activities during November, 2016
- C. Review and Acceptance of the REMSA Operations Reports for December, 2016
- D. *Update of REMSA's Community Activities during December, 2016

Mr. Vonarx stated that Mr. Romero will be attending the DBOH Meeting in February to present the operational update.

Mr. Vonarx indicated that there were two compliance reports for November and December being presented today.

He announced that there was gender information and demographics included in the report as had been requested by Dr. Hess.

Chair Jung noted that there were two action items, A and C, and asked Ms. Admirand if the items should be taken separately. Ms. Admirand said that they could be taken together.

Mr. Brown moved to approve items 9A and 9C, the Review and Acceptance of REMSA Operations for November and December. Mr. Dahir seconded the motion which was approved six in favor and none against.

10. *Regional Emergency Medical Services Advisory Board January Meeting Summary

Staff Representative: Christina Conti

Ms. Conti announced that this report is the summary of the quarterly EMS advisory board meeting held earlier in January.

In that meeting, it was determined that quarterly reports would no longer be produced formally through the Advisory Board, and would be replaced by a comprehensive annual data report with a mid-year briefing. Ms. Conti stated that if the Board wished, information on the actions of the EMS Advisory Board could continue to be presented on a quarterly basis at the DBOH Meetings.

She advised that the Regional Protocol Project is progressing well and they are pleased with the product produced by the consulting company and the direction of the region. Meetings will begin within the next few weeks.

11. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2015 through 6/30/2016.

Staff Representative: Brittany Dayton

Ms. Dayton presented this annual report of REMSA's adherence to requirements in the Franchise Agreement.

Included in the report was the completed compliance report, with copies of the compliance checklist available to the Board. The latter document is the tool used to track all information collected throughout the review period.

Ms. Dayton explained that the compliance report is structured similarly to the franchise agreement, including the seventeen franchise articles and associated sub-articles; also whether REMSA met the requirements as per the documentation collected by the Health District. She further explained that for each applicable article there is a narrative on the information provided and the analysis completed as appropriate.

For fiscal year 2015/2016, REMSA met all requirements except for Article 8.1, the average patient bill. REMSA reported their \$.04 overage at the December DBOH Meeting. The District Health Officer enacted Article 8.3 of the Franchise Agreement to address this overage. Ms. Dayton instructed that it is important to note that compliance with Article 8.3 cannot be determined until the next reporting period.

Ms. Dayton stated that, since REMSA has complied with the enactment of Article 8.3 and met the other requirements of the Franchise checklist, staff is recommending that the District Board of Health find REMSA in compliance with terms of the Franchise Agreement for fiscal year 2015-2016.

Dr. Novak asked the status of the CAD to CAD system. Ms. Dayton deferred to Chief Cochran of the Reno Fire Department. Chief Cochran stated that the City of Reno signed a contract with TriTech (Tiburon), and is waiting for TriTech to have time in their schedule to begin implementation of the process, approximately June or July of this year.

Since the City of Reno had been discussed as the entity to administer the implementation of the CAD to CAD, Chief Cochran informed that they'd signed the contract. The City of Reno will pay for the system and then discuss interest in co-funding the purchase with Washoe County and Sparks.

In order to keep the Board apprised, Ms. Conti indicated in a prior meeting that she would share the content of the EMS Advisory Board Meeting for the CAD to CAD update in her reports, provided by City of Reno IT. She said, with Mr. Dick's permission, she would forward the information to him to be forwarded to the Board.

Mr. Dick wished to thank Ms. Dayton for the rigor of the review that she's conducted for the REMSA compliance report. He stated that, historically, the Health District has been criticized for not being rigorous in the oversight of the Franchise Agreement. He drew attention to the two massive notebooks that Ms. Dayton has compiled in this research, as evidence of the in-depth review.

Chair Jung agreed with the assessment and stated that Ms. Dayton has developed credibility for the Health District with the public in the oversight of REMSA.

Kristopher Dahir expressed his appreciation in seeing the progress of our cities and the region as a direct result of the effort involved.

Mr. Brown moved to approve the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2015 through 6/30/2016. Dr. Novak seconded the motion which was approved six in favor and none against.

12. Presentation and possible acceptance of a progress report on the 2016-2018 Strategic Plan

Staff Representative: Kevin Dick

Mr. Dick presented the Mission Statement and Strategic Direction that was established in the Strategic Plan and is now being implemented. The six strategic priorities are the basis of the Strategic Plan. He explained that this is an actively engaged process, including monthly meetings with the Division Directors and bi-monthly meetings with Division Supervisors to assess status across the initiatives that comprise the Action Plan.

Mr. Dick explained that there has been progress over the initial six months of the Plan. A 2020 target for 80% of children 19-35 months of age who received the recommended doses of vaccine has been exceeded as of the 2016 data. He congratulated the Health District immunization program and the immunization providers in the community, and stressed that work is ongoing to better those statistics.

Also, regarding the initiative to decrease the number of food insecure children, the

percentage has decreased from 27% in 2012 to 23.8% in 2014. Mr. Dick acknowledged that it is not a recent achievement with the data being from 2014, but efforts continue to further reduce the number.

The high school graduation rates have increased beyond the target set for 2018, with 2016 data reflecting a 77% graduation rate in the Washoe County schools.

Mr. Dick expressed that it was very encouraging to see the initiatives meeting and exceeding goals set in the Strategic Plan, and stressed that work will continue to better the lives of our citizens.

Mr. Dick then explained that there are initiatives that the Health District can claim as its sole achievement during this period. Under the priority of Organizational Capacity, strengthening our work force, the Administrative Health Services are encouraging staff to partake in professional development opportunities. This is being integrated into their performance evaluations and is currently part of the evaluation process.

The air quality monitoring network has been expanded with a new monitoring station installed at the Lazy 5 Park in Spanish Springs. Data is currently being collected for record, and there will be an open house planned to show the community this important expansion into an area that has developed significantly over the years.

Mr. Dick also stated that, in Community and Clinical Health Services, the Wolfpack Coach's Challenge was implemented with Washoe County Elementary Schools. They have achieved their goals and will continue to work with the school district as a recurring program.

In Environmental Health Services, the new risk-based form and inspection process for food establishments is being implemented.

The Epidemiology and Public Health Preparedness division has completed the Washoe County antibiogram, and it will now be created annually.

In the Office of the District Health Officer, recommendations for legislation were submitted to the Interim Legislative Committee on Healthcare for consideration this session. Mr. Dick also announced that staffing for Truckee Meadows Healthy Communities has been established with Sharon Zadra as the Project Director.

Dr. Hess congratulated Mr. Dick on the progress highlighted in the report, and asked if the initiatives were ongoing. Mr. Dick confirmed that the Strategic Plan is ongoing, the initiatives will continue to be monitored and the Board will be kept apprised of outcomes.

Chair Jung directed staff to include the Strategic Priorities in the agenda to assure that the items are related to the objectives set forth in the Strategic Plan.

Dr. Hess moved to accept the progress report on the 2016-2018 Strategic Plan. Mr. Silverman seconded the motion which was approved six in favor and none against.

13. Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session, and consideration and possible approval of District Board of Health Legislative Principles

Staff Representative: Kevin Dick

Mr. Dick noted that this report includes the Legislative Principals that were in the Board's packet and an additional document, the Nevada Legislative Session Update for the January DBOH Meeting that has been duly posted. With the Legislative Session beginning on February 6th, he stressed the importance of a clear understanding of the Board's principals regarding legislation by all those involved in the process.

In presenting the Washoe County Health District 2017 Legislative Principals, he explained it was developed as a guide to assist decision making by the Board and by Health District staff in response to events within the Legislature, such as amendments to bills and

new bills that occur between the DBOH monthly meetings.

Mr. Dick stated that a similar document was created for the 2015 Legislative Session, with the new document including influences of the Strategic Plan such as financial sustainability and the ability to build programs over time to positively impact the health in our community. Additional language regarding state funding per capita was included under the section for Long Term Sustainable Solutions, stressing the importance of the state increasing its investment in public health due to Nevada's ranking as 51st in the nation.

Mr. Dick emphasized that the Health District considers itself to be a partner with the state in implementing programs locally to enhance public health. The Governor announced the Controlled Substance Abuse Prevention Act that he will be introducing in the State of the State Address. Mr. Dick expressed the Health District's need to be meaningfully engaged in support of that initiative, recognizing that it must be a County level as well as State initiative. He spoke of the need to have resources locally to address behavioral health issues.

Chair Jung clarified that Board meetings aren't always an option to relay information on monitored items due to the rapid pace of Legislative activities. This Legislative Principals document is the guideline of values for staff members and lobbyist to base decisions upon and to explain the Health Department's position on a given item.

She also encouraged staff to use the subject matter experts on the Board to testify so as to clearly define and support the Health District's position on an issue. Chair Jung asked who the staff lead would be for BDR tracking, and Mr. Dick stated that he would work with Ms. Rogers who has that responsibility. She will utilize the Washoe County Bills Tracker system, assigning the bills to the appropriate divisions for review and comment, as well as who will be providing testimony.

Mr. Dick thanked Chair Jung for noting the importance of using the subject matter experts on the Board, that being one of his Strategic Plan initiatives.

Chair Jung stressed the importance of staff relaying all communication with an elected official at the state level to Mr. Dick. This information will then be disseminated to the Chief Lobbyist at the County, assuring the Health District is supporting a single position on any given subject.

Mr. Dick informed that he has registered as a lobbyist and would be available in that capacity during this session as well.

Dr. Novak asked if a spreadsheet would be developed of information on BDR's. Mr. Dick explained that there is one, but that he would wait to distribute it until more text was available to discern pertinence of the bills to the Health District.

Mr. Dahir asked if there were any items that the Health District was opposed to that should be watched. He'd noted that there were those items indicated for support or monitoring, but opined that any that were opposed were equally important.

Mr. Dick replied that there would be opposed items to watch before the end of the session. He indicated that some of the bills on the list may be among them. As an example, SB 60, which provides for Medicaid reimbursement for governmental entities in the Indian tribes for ambulance services, also seems to provide billing for advanced EMT and paramedics to stabilize a patient for transport. The question then would be if the provided services are already covered by taxes collected for that purpose.

Regarding SB 77, its purpose is to establish an evidence-based practice committee at the state level that would identify evidence based practices for school districts for safe respect to learning environments and bully-free and cyber bullying-free zones. The language does provide for the committee to approve other practices to be used in the schools, but it is not clear whether that provision is sufficient to support the needs of a school based on the

school's data, or if the school's data may not supported as an issue by the committee.

Chair Jung complimented Mr. Dick's summary of the issues.

Dr. Novak moved to accept the Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session, and the District Board of Health Legislative Principles. Mr. Dahir seconded the motion which was approved six in favor and none against.

14. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

Ms. Albee stated that she had nothing to further to add, but was available to answer questions.

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

Divisional Update – 2016 Year in Review; Patagonia Health, Safe Sleep Campaign; Data & Metrics; Program Reports

Mr. Kutz responded to a question asked at the December DBOH Meeting regarding flu immunization rates. The information, obtained from the state immunization program, indicates that Washoe County was at 27% overall coverage for flu in the 2015-2016 flu season, which is low in comparison with the nation. This year, the rate is currently at 19% coverage. Although legally required, Mr. Kutz explained that not all providers report immunization data to WebIZ, the state immunization registry. Per the Division of Public and Behavioral Health, an actual final number for this season is not given; but a number is settled upon based on data received.

Mr. Kutz shared his excitement that the goal of 80% of children under the age of two who have had the recommended immunizations in Washoe County has been exceeded. He noted that this has been a goal for many years and was pleased to see it attained. He reiterated Mr. Dick's statement that this is a continued effort to improve that percentage.

Mr. Kutz stated that Linda Gabor, Public Health Nursing Supervisor, Jan Houk, Public Health Nurse and he are members of the Safe Sleep Statewide Workgroup, and that the Southern Nevada Health District had just joined the Workgroup as well. Mr. Kutz informed that internet meetings have been held and that this is a collaborative effort to promote safe sleeping conditions for babies.

He was pleased to have the updated video and brochures produced by the Division of Public and Behavioral Health. This campaign stresses the importance of a separate sleeping space for the baby and keeping the sleeping space safe by excluding any item that could potentially prevent breathing. Chair Jung asked who made the video, and Mr. Kutz replied that it was the Cribs for Kids Campaign. The brochure and video are both available in Spanish.

Mr. Dahir asked how this information would be disseminated to the citizens of the County. Mr. Kutz explained that the Public Service Announcement will be published via radio and television, and brochures are distributed to doctor's offices and made available at the Health District clinics and at the WIC Program. The Maternal Child Health Coalition and other providers and service organizations also work to share this message with the public. The State Health Division funded the advertisement with the Nevada Broadcaster's Association with at least a two-for-one buy, assuring greater exposure of this information to the public. The exposure times are across a 24 hour period.

Mr. Dahir asked if these brochures could also be placed at the City of Sparks and City of Reno, and Mr. Kutz confirmed that he would be happy to provide them for distribution.

Chair Jung noted that since REMSA is a major partner in this initiative, she would assume that REMSA and fire and other first responders would have these brochures due to their exposure to those at risk. Mr. Kutz confirmed that REMSA does have the brochures, and would check with the Workgroup about fire, police and other first responders.

In response to Chair Jung's directive to utilize the experts on the Board for testimony at the Legislature or in other communications requiring an expert, Mr. Kutz confirmed that the practice is in place at CCHP. He gave the example of requesting Dr. Hess' expertise during the syphilis outbreak a few years past, and that they enlist the contracted medical consultants in dealing with other physicians in the community.

C. Environmental Health Services, Bob Sack, Director

EHS Division and Program Updates – Childcare, Food, Invasive Body Decoration (IBD), Land Development, Vector-Borne Disease and Waste Management

Mr. Sack thanked the EHS staff for their efforts and flexibility in response to the flood event, and explained that they were diverted from their daily responsibilities to assess damage in the flood damaged areas related to permitted facilities.

Mr. Sack then reported that Sutcliffe, on the Pyramid Indian Tribe Reservation, had lost its access to water during the flood event. He commended members of his staff, Jim English and Wes Rubio, for their work with TMWA in organizing a temporary water supply for the area.

He went on to praise TMWA for the major role they played in this effort. TMWA mobilized their equipment and personnel, and worked extensively to repair the water system. Mr. Sack explained that the water system at Sutcliffe is not TMWA's responsibility, but they did a phenomenal job in taking the initiative in this effort.

Chair Jung opined that this may be an opportunity for a special interest story to highlight TMWA's exemplary efforts. Mr. Sack agreed, and stated that their response was immediate, robust, and seemingly without regard to expense.

Dr. Novak asked the Board's opinion on extending thanks to TMWA. Mr. Sack opined that TMWA deserves recognition, whether it is the DBOH or the BCC that does so.

Mr. Dick suggested that TMWA could be invited to be recognized for their actions at the next DBOH Meeting, and the Board responded positively.

Mr. Dahir stated he appreciated observing the cohesiveness of the responders who worked to mitigate the effects of the flood, and complimented the EHS Division for their part. Mr. Sack stressed that EHS was one part of the effort, and agreed with his observation that all components worked well together.

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

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

Dr. Todd presented his report on the issue of Zika virus in the area, stating that there were no locally acquired cases as there has been no mosquito vector here. Among the 59 returning travelers that have been tested, five were identified as cases. One of these was a pregnant woman whose case has been followed. The child was born on January 11th, and thus far is healthy. Both mother and child continue to be monitored due to Zika-

associated problems that can manifest over time. He was pleased that the initial outcome appears to be positive.

Dr. Todd stated that EPHP has had an article published in the Morbidity Mortality Weekly Report. He went on to explain that in his years in this division there have been some MMWR publications, but never one that has generated this level of media interest. Thus far there have been approximately 20 interviews. Reporters have reached out from as far away as Great Britain.

Dr. Todd indicated that there had been a typographical error in the original report on the expanded surveillance of carbapenem-resistant bacteria. NAC 441A.234 had been referenced, but it should have been NAC 441A.235.

Chair Jung congratulated both Dr. Todd and Dr. Chen for the publication, noting it as a tremendous accomplishment.

Chair Jung inquired as to what phase of the flu season we are in. Dr. Todd opined that we are approaching the middle of the season. He stated that it began with a significant number of flu cases but has appeared to have moderated somewhat. Also, Dr. Todd indicated that it could appear as though the season had peaked, but that another incidence was possible.

Chair Jung's inquired whether Dr. Todd would still recommend being vaccinated for the flu, and he replied that he would. In the instance someone has already had the flu, Dr. Todd stated that one should still be vaccinated because of the protection it offers for the different strains of the virus.

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

District Health Officer Report – 2017 Washoe Flood, Regional License/Permits Program, Quality Improvement, Public Health Accreditation, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

Mr. Dick commended Mr. Sack for his involvement in the flood response at the Regional Emergency Operations Center and the Sparks Emergency Operations Center where he was part of the leadership team.

Mr. Dick also acknowledged the Public Health Preparedness and Emergency Management System teams who provided staffing at the REOC during the lengthy level three activation. They also provided significant support with WebEOC, the software platform used for communicating and documenting information during an emergency response. Many of the responders were not proficient in the usage of WebEOC, so the support our members provided was highly beneficial. Mr. Dick stated that Dr. Todd built a damage assessment board for the region to use during the event.

Mr. Dick also recognized Mr. Ulibarri who participated as part of the Joint Information Center in facilitating regional communications, and who participated with the tour for the state damage assessment team. He will also assist the FEMA damage assessment team.

Mr. Dick presented slides of the flood damage. He commented that Crosby's Lodge at Pyramid Lake is regulated by the Board of Health as part of Washoe County, and while it was not damaged, reservation land received extensive damage.

A slide shown of the water tanks at Sutcliffe, made available for the area by EPHP, were originally purchased to provide potable water to hospitals.

By Horseman's Park, an image was taken by our staff of the very large accumulation of water at that area. Public Works was notified to respond to the situation.

There were other images presented of washouts on roads that lead out to the ranches, and other flood damage in northern Washoe County by Red Rock, Rancho Haven and Sun Valley.

The last slide was of the quarterly Family Health Festival held by Truckee Meadows Healthy Communities on 1/25/2017 at Reno Town Mall. A variety of services were available for the benefit community members.

Mr. Dick stated that the Truckee Meadows Healthy Communities held a forum on 1/12/2017 for Affordable Housing for the region. Enterprise Community Partners facilitated the meeting. A consensus was developed that affordable housing for the region is a continuum of housing addressing needs for the homeless, supportive housing services, affordable housing for disadvantaged, low income populations, through the range of housing to support the workforce. It was agreed that another meeting would be necessary to structure a strategic plan for the implementation of these initiatives. The organization for this meeting is under way.

Mr. Dick had an additional comment on the flood, commending Lyon County for their part in providing their potable water haulers to truck water from Spanish Springs to Pyramid Lake. He commented that it was truly a regional effort to support the tribe. Mr. Dick noted that most of the efforts were over the weekend, which made the response of participants in the effort all the more commendable.

Mr. Dahir stated that he'd been unaware of the Affordable Housing meeting, and asked if a representative from the Truckee Meadows Healthy Community could present at the City Council of Sparks to inform of any upcoming meetings. Mr. Dick explained the last event had been by invitation to limit the number of attendees due to the size of the venue, but that it was attended by a cross section of County. He informed that Sparks had been represented by Mayor Pro Tem, Ron Smith, Armando Ornelas from City of Sparks and Jim Rundle from Planning.

15. *Board Comment

Limited to announcements or issues for future agendas.

Mr. Silverman announced that this would be his last Board meeting. He expressed his appreciation of the opportunity to serve on the Board, and that he was thankful to have worked with the staff, Division Directors and Board members. He observed that it was a very complex, comprehensive organization. He thanked Mr. Dick and his team for their work. Mr. Silverman opined that it was important to have diversity on the Board and would be happy to assist the Board within the area of his expertise.

Chair Jung stated that Mr. Silverman would be missed, and that sentiment was expressed by the other members of the Board.

Chair Jung requested that Environmental Health, because of their close work with restaurateurs, be aware of anyone in the industry that would be interested in becoming a District Board of Health member.

16. *Public Comment

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

17. Adjournment

Chair Jung adjourned the meeting at 2:18 p.m.

Possible Changes to Agenda Order and Timing. Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may

be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

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

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

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

Posting of Agenda; Location of Website.

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

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

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Dawn Spinola, Administrative Secretary to the District Board of Health is the person designated by the Washoe County District Board of Health to respond to requests for supporting materials. Ms. Spinola is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at drogers@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.

DD_	AH	_____
DHO_	KD	_____
DA		_____
Risk		_____

STAFF REPORT
BOARD MEETING DATE: February 23, 2017

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 January 1, 2017 through December 31, 2017 in the total amount of \$290,182 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 10013 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 January 26, 2017 to support the HIV Prevention Program. The funding period is retroactive to January 1, 2017 and extends through December 31, 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 February 25, 2016, the Board approved a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health, retroactive to January 1 through December 31, 2016, for \$290,182 in support of the HIV Prevention Program.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: HIV Prevention Program

Scope of the Project: The Subgrant scope of work includes the following: conduct HIV testing, conduct comprehensive prevention activities with HIV-positive individuals, distribute condoms, and perform prevention planning, reporting and evaluation activities.

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

Benefit to Washoe County Residents: This Award supports the Sexual Health program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

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

Award Amount: \$290,182.00

Grant Period: January 1, 2017 – December 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: 93.940

Grant ID Number: 6 NU62PS003654-05-06 / HD#15923

Match Amount and Type: No match required.

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

FISCAL IMPACT

The Department anticipated this award and included funding in the adopted FY17 budget in internal order #10013. As such, there is no fiscal impact to the FY17 adopted budget should the Board approve the Notice of Subgrant Award.

Subject: Approve HIV Prevention Subgrant

Date: February 23, 2017

Page 3 of 3

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2017 through December 31, 2017 in the total amount of \$290,182 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 10013 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 January 1, 2017 through December 31, 2017 in the total amount of \$290,182 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 10013 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 #: **15923**
 Budget Account: 3215
 Category: 15
 GL: 8516
 Job Number: 9394016

NOTICE OF SUBGRANT AWARD

Program Name: HIV Prevention Program Bureau of Behavioral Health, Wellness and Prevention		Subgrantee Name: Washoe County Health District Attn: Anna Heenan																								
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: P. O. Box 11130 Reno, NV 89520-00207																								
Subgrant Period: January 1, 2017 through December 31, 2017		Subgrantee's: EIN: 88-60000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998																								
Purpose of Award: To conduct HIV Prevention Services in Northern Nevada.																										
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:																								
<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$</td><td style="text-align: right;">197,943</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$</td><td style="text-align: right;">9,522</td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$</td><td style="text-align: right;">4,704</td></tr> <tr><td>4. Supplies</td><td style="text-align: right;">\$</td><td style="text-align: right;">7,000</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$</td><td style="text-align: right;">0</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$</td><td style="text-align: right;">42,189</td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$</td><td style="text-align: right;">28,824</td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$</td><td style="text-align: right;">290,182</td></tr> </table>	1. Personnel	\$	197,943	2. Travel	\$	9,522	3. Operating	\$	4,704	4. Supplies	\$	7,000	5. Contractual/Consultant	\$	0	6. Other	\$	42,189	7. Indirect	\$	28,824	Total Cost:	\$	290,182	<p>Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i>. Total reimbursement will not exceed \$290,182 during the subgrant period.</p>	
1. Personnel	\$	197,943																								
2. Travel	\$	9,522																								
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Source of Funds:		% Funds:	CFDA:	FAIN:	Federal Grant #:																					
1. Centers for Disease Control and Prevention (CDC)		100%	93.940	U62PS003654	6 NU62PS003654-05-06																					
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																						
Lyell Collins, MBA Program Manager																										
Kyle Devine, MSW Bureau Chief																										
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health																										

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

SECTION A

Assurances

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

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

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

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

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

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

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

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

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

SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Subgrantee

A. HIV Testing

A.1: During the funding period, 100% of HIV media messages targeted to healthcare providers will include predetermined language promoting the recommendation of opt-out testing;

A.2: During the subgrant period, the Subgrantee will create and distribute provider packets on the importance of opt-out HIV testing to the top 10% of providers reporting morbidity on HIV, STD, TB, and Hepatitis;

A.3: During the funding period, the Subgrantee will offer opt-out testing at 100% of the clinics at the local health authority;

A.4: During the funding period, the Subgrantee will offer HIV testing at least once a week in a non-healthcare setting;

A.5: During the funding period, the Subgrantee will offer HIV testing at a setting that is selected based on high-risk clientele, or venues where high-risk activities are known to occur;

A.6: During the funding period, the Subgrantee will ensure at least 90% of clients testing for HIV are informed of their test results;

A.7: During the funding period, the Subgrantee will ensure that 95% of clients testing positive for HIV are informed of their test results within 7 days;

A.8: During the funding period, the Subgrantee will participate on the HIV Testing Workgroup and meet at least semi-annually to determine testing priorities;

A.9: During the funding period, the Subgrantee must utilize the Social Networks Testing model within their health jurisdiction;

A.10: The Subgrantee will continue to use the RESPECT intervention within its Counseling and Testing Program;

A.11: Annually, the Subgrantee will administer at least 2,000 HIV tests (1000 must be rapid HIV tests) within its health jurisdiction, of which, at least 75% (1500) must

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

be determined to be at high-risk for acquiring HIV and/or meeting the target populations identified in the Jurisdictional HIV Prevention Plan.

A.12: During the funding period, the Subgrantee must meet an overall 1% HIV positivity rate per grant year.

B. Comprehensive Prevention with Positives

B.1: During the funding period, the Subgrantee will link 85% of newly identified HIV-positive individuals into Partner Services;

B.2: During the funding period, the Subgrantee will ensure at least 80% of HIV-positive individuals referred to an HIV care provider attend their first appointment;

B.3: During the funding period, the Subgrantee will ensure their local HIV care services referral list is updated annually, and a copy submitted to the Nevada Division of Public and Behavioral Health's HIV Prevention Program when updates are made, but no later than December 31st.

C. Condom Distribution

C.1: During the funding period, the Subgrantee will distribute at a minimum 24,000 condoms to individuals at highest-risk for acquiring HIV and at locations where high-risk individuals gather.

D. Prevention Planning

D.1: During the grant period, the Subgrantee will provide administrative oversight and leadership to the Northern Nevada HIV Prevention Planning Group (NNHPPG). This includes, but is not limited to the provision of logistical planning, training of new co-chairs, taking of minutes, provision of hydration/nutrition to members, and general leadership. This will ensure that the Prevention Planning Group is adhering to the Centers for Disease Control and Prevention's (CDC) and Health Resources and Services Administration (HRSA) HIV Prevention and Ryan White Care Integrated Planning Guidance and its Policies and Procedures.

D2: Subgrantee shall maintain a current Membership Roster of the NNHPPG which includes the following: Name, Affiliation, Mailing address, Email address, and Phone number. A copy of the current roster shall be submitted annually to the Nevada Division of Public and Behavioral Health's HIV Prevention Program, by December 31st, or as updates are made.

D.3: The Subgrantee will participate in the statewide and regional prevention planning process as described in the CDC and HRSA HIV Prevention and Ryan White Care Integrated Planning Guidance.

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E. Reporting

E.1: The Subgrantee will submit to the Nevada Division of Public and Behavioral Health, a narrative and statistical report by July 30, 2017 and January 30, 2018. The report will be submitted in a format as determined by the Centers for Disease Control and Prevention and the Nevada Division of Public and Behavioral Health. Measurements for each goal contained in the subgrant can be found on pages 43-46 of the grant application. Unless otherwise instructed, data must be collected to address each deliverable.

E.2: During the funding period, the Subgrantee shall submit to the Nevada Division of Public and Behavioral Health's HIV Prevention Program, a monthly report on rapid HIV testing, to include: the number of rapid HIV tests performed, location where the tests were performed, and the current HIV positivity rate.

F. Evaluation

F.1: Subgrantee will collect process-monitoring data on HIV prevention activities.

F.2: Subgrantee will be responsible for the collection of all performance indicator data, as well as counseling and testing, Partner Services, and aggregate data using the CDC recommended format, or a format agreeable by Subgrantee and the Nevada Division of Public and Behavioral Health. Data entry will be kept current and reported to the Nevada Division of Public and Behavioral Health as indicated by the Centers for Disease Control and Prevention data submission timeline.

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6 NU62PS003654-05-06 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 6NU62PS003654-05-06 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

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Category	Total cost	Detailed cost	Details of expected expenses
1. Personnel	\$ 197,943		(Includes Fringe)
		\$	In Kind
			46,847
			25,510
			34,280
			<u>10,149</u>
			116,786
			Subtotal
			53,399
			Fringe Benefits: 45.724% of salary = 53,399
			27,758
			RN – Intermittent Hourly Pooled (\$26.69/hr. x 20 hrs. per wk. x 52 wks. per year) (Amount does not include fringe benefits.)
2. Travel	\$ 9,522		
		\$	2,874
			<u>In-State Travel</u>
			Airfare: \$200 per r/trip x 2 trips x 2 staff = \$800
			Per Diem: \$64/day x 2 days x 2 trips x 2 staff = \$512
			Ground Transportation: \$12/day x 2 days x 2 trips x 2 staff = \$96
			Lodging: \$108/night x 1 night x 2 trips x 2 staff = \$432
			Mileage: \$.535 per mile x 530 miles = \$284
			Conference Registration for 5 staff @\$150 = \$750
			HIV Health Educator Coordinator and one other staff to travel to Las Vegas for trainings or meetings. Registrations for 5 staff, including the HIV Health Educator Coordinator, to attend the AIDS Education and Training Center (AETC) Autumn Update locally. Mileage is for day-to-day travel expense to conduct relative HIV prevention services, including HIV testing, condom distribution and attending HIV-related local meetings.
			6,648
			<u>Out-of-State Travel</u>
			Airfare: \$400 per r/trip x 2 trips x 2 staff = \$1,600
			Per Diem: \$66/day x 4 days x 2 trips x 2 staff = \$1,056
			Ground Transportation: \$12/day x 4 days x 2 trips x 2 staff = \$192
			Lodging: \$150/night x 3 nights x 2 trips x 2 staff = \$1,800
			Conference Registration: 2 conferences x \$500 ea. x 2 staff = \$2,000
			HIV Health Educator Coordinator, and one staff or appropriate community member to attend two development conferences, such as the National HIV Prevention Conference (if offered), the U. S. Conference on AIDS (USCA), or other HIV prevention-related conference.
3. Operating	\$ 4,704		
		\$	300
			Postage and Freight: \$25 per mo. x 12 mos. = \$300
			700
			Copy Machine: \$58.33 per mo. x 12 mos. = \$700
			1,000
			Printing: \$83.33 per mo. x 12 mos. = \$1,000
			600
			Licenses & Certifications: \$600
			900
			Telephone: \$75 per mo. x 12 mos. = \$900
			480
			Network and Data Lines: \$40 per mo. x 12 mos. = \$480
			624
			Cell Phone: \$52 per mo. x 12 mos. = \$624
			100
			Books and Subscriptions: \$100
4. Supplies	\$ 7,000		
		\$	1,000
			Educational Materials = \$1,000
			5,000
			Medical Supplies = \$5,000
			1,000
			Office Supplies = \$83.33 per mo. x 12 mos. = \$1,000
5. Contractual Consultant	\$ <0>		
		\$	<0>

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6. Other	\$ 42,189		
		\$ 100	Professional Services: Marketing development & materials = \$100
		12,587	Advertising: Targeted HIV testing efforts, including social network strategies.
		1,500	Program Incentives: Implementing the social network strategy intervention - \$125/mo. x 12 mos. = \$1,500
		250	Hydration at testing events: \$250
		200	Meeting Room Rental: Meeting spaces, storage space for HIV materials and audio/visual equipment = \$200
		26,052	Lab/Outpatient Services: Costs associated with HIV testing, including test kits and controls = \$26,052
		1,500	<u>Northern Nevada HIV Prevention Planning Group</u> Hydration/Nutrition for NNHPPG meetings = \$900 Community Engagement meetings = \$500 Supplies for PPG meetings = \$100
7. Indirect	\$ 28,824		
		\$ 28,824	11.028% of Direct Costs, (including Personnel) \$261,358 x 11.028% = \$28,824
Total Cost	\$ 290,182		

- The subgrantee may move no more than 10% of their total budget (\$29,018) between existing budget categories, without prior approval, if it does not alter the agreed upon Scope of Work; however, the Subgrantee must submit a revised budget within 14 (fourteen) days, should the Subgrantee alter its budget. .
- This award has been assigned the Federal Award Identification Number (FAIN) U62PS0003654,
- 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 must be at least quarterly, but may be made monthly;
- The maximum available through this subgrant is \$290,182 per grant year;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Supporting documentation to support reimbursement requests must be retained and made available to the Nevada Division of Public and Behavioral Health when requested.
- Additional expenditure detail will be provided upon request from the Division

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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 technical assistance, upon request and when feasible;
- Provide prior approval of all reports or documents to be developed by subgrantee;
- Will be responsible for forwarding all documents or other required reports to the Centers for Disease Control (CDC) or other entity, as required under this grant;
- 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 Division's HIV Prevention Program will conduct at least annually, one (1) programmatic and fiscal review of the subgrantee. The Division of Public and Behavioral Health has the option to conduct site visits more often should they be necessary.\
- The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than 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.

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SECTION D

Request for Reimbursement

HD#: **15923**

Budget Account: **3215**

GL: **8516**

Draw #: _____

Program Name: HIV Prevention Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District Attn. Anna Heenan
Address: 4126 Technology Way, Suite 200 Carson City, NV 89706	Address: P. O. Box 11130 Reno, NV 89520-0027
Subgrant Period: January 1, 2017 through December 31, 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: 2017

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	\$197,943.00	\$0.00	\$0.00	\$0.00	\$197,943.00	0.0%
2 Travel	\$9,522.00	\$0.00	\$0.00	\$0.00	\$9,522.00	0.0%
3 Operating	\$4,704.00	\$0.00	\$0.00	\$0.00	\$4,704.00	0.0%
4 Supplies	\$7,000.00	\$0.00	\$0.00	\$0.00	\$7,000.00	0.0%
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Other	\$42,189.00	\$0.00	\$0.00	\$0.00	\$42,189.00	0.0%
7 Indirect	\$28,824.00	\$0.00	\$0.00	\$0.00	\$28,824.00	0.0%
Total	\$290,182.00	\$0.00	\$0.00	\$0.00	\$290,182.00	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: _____

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SECTION E

Audit Information Request

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

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

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? June 30, 2017
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

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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

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

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

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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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

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

Covered Entity	Business Associate
Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706	<u>Washoe County Health District</u> Business Name
Phone: (775) 684-5975	<u>1001 E. 9th Street, Building B</u> Business Address
Fax: (775) 684-4211	<u>Reno, NV 89512</u> Business City, State and Zip Code
	<u>775.328.2400</u> Business Phone Number
	<u>775.328.3752</u> Business Fax Number
_____ Authorized Signature	_____ Authorized Signature
for Cody L. Phinney, MPH _____ Print Name	<u>Kevin Dick</u> _____ Print Name
Administrator, Division of Public and Behavioral Health _____ Title	<u>District Health Officer</u> _____ Title
_____ Date	<u>2/23/2017</u> _____ Date

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

STAFF REPORT
BOARD MEETING DATE: February 23, 2017

TO: District Board of Health

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

SUBJECT: Approve Interlocal Contract between the Nevada Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon approval through June 30, 2017 in the total amount of \$10,000 in support of the Environmental Protection Agency (EPA) Multipurpose Grant Project, IO TBD; and if approved, authorize the District Health Officer to execute the Contract.

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.

District Health Strategic Objective supported by this item:

- 1. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 2. 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

There has been no previous action taken by the Board.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: EPA Multipurpose Grant

Scope of the Project: The goal of the associated work plan is the following:

To support the implementation of the Keep it Clean – Rack Em Up and Be Idle Free outreach programs. Through the promotion of active transportation and avoidance of unnecessary vehicle idling, emission reductions will be achieved in Washoe County. The outreach campaigns will include, but are not limited to, 10 and 30 second radio spots, outdoor billboards, pamphlets, and social

media marketing to relay the messages to the community. AQMD will provide a final report of the supported contractual activities, estimate of outreach-related emission reductions, and itemized list of outreach expenditures and indirect charges.

Benefit to Washoe County Residents: Implementation of clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

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

Award Amount: Total award is \$10,000 (\$9,119 direct/\$881 indirect)

Grant Period: Effective Upon Approval – June 30, 2017

Funding Source: Environmental Protection Agency (EPA)

Pass Through Entity: Nevada Department of Conservation and Natural Resources,
Division of Environmental Protection

CFDA Number: 66.204

Grant ID Number: DEP# 17-025

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 \$9,119 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 \$9,119 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA	-431100	Federal Revenue	\$9,119
		Total Revenue	\$9,119
	-710546	Advertising	\$9,119
		Total Expenditures	\$9,119

Subject: Approval of Interlocal Contract for EPA Multipurpose Grant Project

Date: February 23, 2017

Page 3 of 3

RECOMMENDATION

Staff recommends that the District Board of Health approve Interlocal Contract between the Nevada Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon approval through June 30, 2017 in the total amount of \$10,000 in support of the Environmental Protection Agency (EPA) Multipurpose Grant Project, IO TBD; and if approved, authorize the District Health Officer to execute the Contract.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve Interlocal Contract between the Nevada Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon approval through June 30, 2017 in the total amount of \$10,000 in support of the Environmental Protection Agency (EPA) Multipurpose Grant Project, IO TBD; and if approved, authorize the District Health Officer to execute the Contract."

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting By and Through Its

Nevada Department of Conservation and Natural Resources
Division of Environmental Protection
901 S. Stewart Street, Carson City, NV 89701-5249
Phone: (775) 687-4670 Fax: (775) 687-5856

and

Washoe County Health District
Air Quality Management Division
1001 E. Ninth Street, Building B
Reno, NV 89512

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and

WHEREAS, it is deemed that the services of Washoe County Health District – Air Quality Management Division hereinafter set forth are both necessary to Nevada Department of Conservation and Natural Resources, Division of Environmental Protection and in the best interests of the State of Nevada;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. DEFINITIONS. “State” means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. CONTRACT TERM. This Contract shall be effective upon approval to June 30, 2017, unless sooner terminated by either party as set forth in this Contract.
4. TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 15 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason federal and/or State Legislature funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT A: SCOPE OF WORK

7. CONSIDERATION. Washoe County Health District – Air Quality Management Division agrees to provide the services set forth in paragraph (6) at a cost not exceeding \$10,000. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

9. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal regulations and statutes.

b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained a minimum three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall include without limitation \$125 per hour for State-employed and County-employed attorneys.

11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Actual damages for any State breach shall never exceed the amount of funds which have been appropriated for payment under this Contract, but not yet paid, for the fiscal year budget in existence at the time of the breach.

12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or

military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

13. INDEMNIFICATION.

a. To the fullest extent of limited liability as set forth in paragraph (11) of this Contract, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph.

b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.

19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).

22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.

23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

Public Agency #1

Public Agency #1 Signature

Date

Title

Public Agency #2

Public Agency #2 Signature

Date

Title

APPROVED BY BOARD OF EXAMINERS

Signature – Nevada State Board of Examiners

Date

APPROVED AS TO FORM AND COMPLIANCE WITH LAW BY:

Deputy Attorney General for Attorney General, State of Nevada

Date

**ADDITIONAL AGENCY TERMS & CONDITIONS
ATTACHMENT TO CONTRACT FOR SERVICES
CONTRACT CONTROL #DEP 17-025**

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection (NDEP) shall pay no more compensation per individual (including any subcontractors) than the federal Executive Service Level 4 (U.S. Code) daily rate (exclusive of fringe benefits): This limitation applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is \$75.27 per hour.

2. ***NDEP shall only reimburse the Contractor/Sub-grantee for actual cash disbursed.*** Original invoices (facsimiles are not acceptable) must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except at the end of the fiscal year of the State of Nevada (June 30th), at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date. Failure of the Contractor/Sub-grantee to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Contractor/Sub-grantee shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Contractor/Sub-grantee shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.

3. If match is required, the Contractor/Sub-grantee shall, as part of its approved Scope of Work or Workplan and budget under this Contract, provide third party match funds of not less than \$N/A. If match funds are required, the Contractor/Sub-grantee shall comply with additional record-keeping requirements as specified in 48 CFR 31.2 (which, if applicable, is attached hereto and by this reference is incorporated herein and made part of this contract.

4. Unless otherwise provided in the Scope of Work or Workplan, the Contractor/Sub-grantee shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.

5. At the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the Scope of Work or Workplan agreed to.

6. Any funds obligated by NDEP under this Contract that are not expended by the Contractor/Sub-grantee shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract. NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Contractor/Sub-grantee. The Contractor/Sub-grantee shall have no claim of any sort to such unexpended funds.

7. For contracts utilizing federal funds, the Contractor/Sub-grantee shall ensure, to the fullest extent possible, that at least the "fair share" percentages as stated below for prime contracts for construction, services, supplies or equipment are made available to organizations owned or controlled by socially and economically disadvantaged individuals (Minority Business Enterprise (MBE) or Small Business Enterprise (SBE)), women (Women Business Enterprise (WBE)) and historically black colleges and universities.

	MBE/SBE	WBE
Construction	3%	1%
Services	1%	1%
Supplies	1%	1%
Equipment	2%	1%

The Contractor/Sub-grantee agrees and is required to utilize the following seven affirmative steps:

- a. Include in its bid documents applicable "fair share" percentages as stated above and require all of its prime contractors to include in their bid documents for subcontracts the "fair share" percentages;
- b. Include qualified Small Business Enterprises (SBEs) Minority Business Enterprises (MBEs), and Women Business Enterprises (WBEs) on solicitation lists;
- c. Assure that SBEs, MBEs, and WBEs are solicited whenever they are potential sources;
- d. Divide total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of SBEs, MBEs, and WBEs;
- e. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by SBEs, MBEs, and WBEs;
- f. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency, U.S. Department of commerce as appropriate; and
- g. If a subcontractor awards contracts/procurements, require the subcontractor to take the affirmative steps in subparagraphs a. through e. of this condition.

8. The Contractor/Sub-grantee shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (Standard Form 334) within fifteen (15) calendar days after the end of each federal fiscal year (September 30th) for each year this Contract is in effect and within fifteen (15) calendar days after the termination date of this Contract.

9. Unless otherwise provided in the Scope of Work or Workplan, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with funds provided under this Contract, the Contractor/Sub-grantee shall clearly state that funding for the project or program was provided by the Nevada Division of Environmental Protection and, if applicable, the U.S. Environmental Protection Agency. The Contractor/Sub-grantee will ensure that NDEP is given credit in all approved official publications relative to this specific project and that the content of such publications will be coordinated with NDEP prior to being published.

10. Unless otherwise provided in the Scope of Work or Workplan, all property purchased with funds provided pursuant to this Contract is the property of NDEP and shall, if NDEP elects within four (4) years after the completion, termination or cancellation of this Contract or after the conclusion of the use of the property for the purposes of this Contract during its term, be returned to NDEP at the Contractor/Sub-grantee's expense. Such property includes but is not limited to vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Contractor/ Sub-grantee shall use all purchased property in accordance with local, state and federal law, and shall use the property only for Contract purposes unless otherwise agreed to in writing by NDEP.

For any unauthorized use of such property by the Contractor/Sub-grantee, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Contractor/Sub-grantee at the Contractor/Sub-grantee's expense. To the extent authorized by law, the Contractor/Sub-grantee shall indemnify and save and hold the State of Nevada and NDEP harmless from any and all claims, causes of action or liability arising from any use or custody of the property by the Contractor/Sub-grantee or the Contractor/Sub-grantee's agents or employees or any subcontractor or their agents or employees.

11. The Contractor/Sub-grantee shall use recycled paper for all reports that are prepared as part of this Contract and delivered to NDEP. This requirement does not apply to standard forms.

12. The Contractor/Sub-grantee and any subcontractors shall obtain any necessary permission needed, before entering private or public property, to conduct activities related to the Scope of Work or Workplan. The property owner will be informed of the program, the type of data to be gathered, and the reason for the requested access to the property.

13. Nothing in this Contract shall be construed as a waiver of sovereign immunity by the State of Nevada. Any action brought to enforce this contract shall be brought in the First Judicial District Court of the State of Nevada. The Contractor/Sub-grantee and any of its subcontractors shall comply with all applicable local, state and federal laws in

carrying out the obligations of this Contract, including all federal and state accounting procedures and requirements established in 2 CFR 1500 EPA Uniform Administrative Requirements, Cost Principles, and audit requirements for federal awards. The Contractor/Sub-grantee and any of its subcontractors shall also comply with the following:

- a. 40 CFR Part 7 - Nondiscrimination In Programs Receiving Federal Assistance From EPA
- b. 40 CFR Part 29 - Intergovernmental Review of EPA Programs and Activities.
- c. 40 CFR Part 31 - Uniform Administrative Requirements For Grants And Cooperative Agreements To State and Local Governments;
- d. 40 CFR Part 32 - Governmentwide Debarment And Suspension (Nonprocurement) And Governmentwide Requirements For Drug-Free Workplace (Grants);
- e. 40 CFR Part 34 - Lobbying Activities;
- f. 40 CFR Part 35, Subpart O - Cooperative Agreements And Superfund State Contracts For Superfund Response Actions (Superfund Only); and
- g. The Hotel And Motel Fire Safety Act of 1990.

Scope of Work

Washoe County Health District - Air Quality Management Division

EPA Multipurpose Grant Sub-contract

Issue:

The Bureaus of Air Quality Planning and Pollution control with the Nevada Division of Environmental Protection received award from the USEPA Multipurpose grant FY 2016 for air work and state-led climate activities. One element of this grant is to support an outreach campaign as a control strategy for attaining PM₁₀, PM_{2.5}, and Ozone NAAQS in Washoe County. This activity is to be implemented by the Washoe Air Quality Management Division through an inter-local agreement between NDEP and the Washoe County Health District.

Project Goal, general Schedule and Tasks:

Implementation of the Keep it Clean –Rack Em Up and Be Idle Free outreach programs for the first two quarters of calendar year 2017. In particular, for the promotion of alternative active transportation, vehicle idle reduction initiatives, and applicable indirect costs. The outreach campaign will include, but is not limited to, 10 and 30 second radio spots, outdoor billboards, pamphlets, and social media marketing to relay the messages to the community. The project location is southern Washoe County, generally Washoe Lake to Silver Knolls in the North Valleys area, including the Reno-Sparks area of the Truckee Meadows Hydrographic Basin.

Financial Information and Budget Summary

Funding for this project is generated from the USEPA Multipurpose grant FY 2016. A single up-front allocation of \$10,000 will be provided to the Washoe County Health District.

Report requirements

A final report will be due by August 31, 2017 to include a summary of supported contractual activities, estimate of outreach-related emissions decrease, and itemized list of the outreach expenditure and indirect charges.

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

STAFF REPORT
BOARD MEETING DATE: February 23, 2017

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 January, Fiscal Year 2017

SUMMARY

The seventh month of fiscal year 2017 (FY17) ended with a cash balance of \$1,662,672. Total revenues were \$11,259,499 up \$271,258 or 2.5% over fiscal year 2016 (FY16) and were 53.0% of the FY17 budget. With 58.3% of the fiscal year completed the expenditures totaled \$12,217,466 up \$852,591 or 7.5% compared to FY16 and were 54.4% 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.

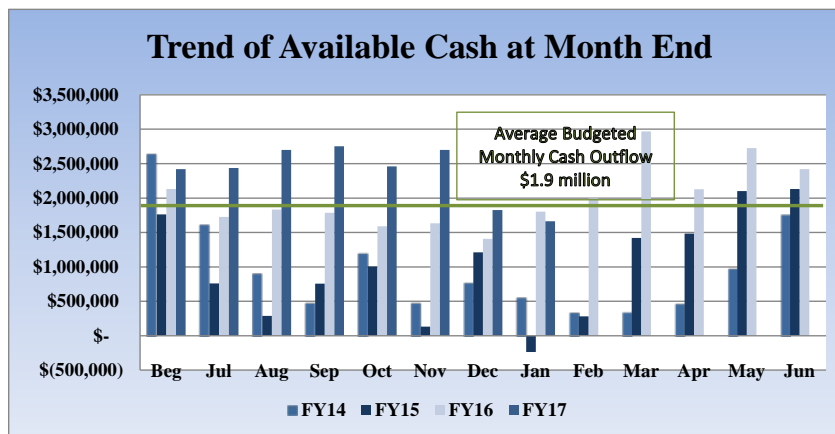
PREVIOUS ACTION

Fiscal Year 2017 Budget was adopted May 17, 2016.

BACKGROUND

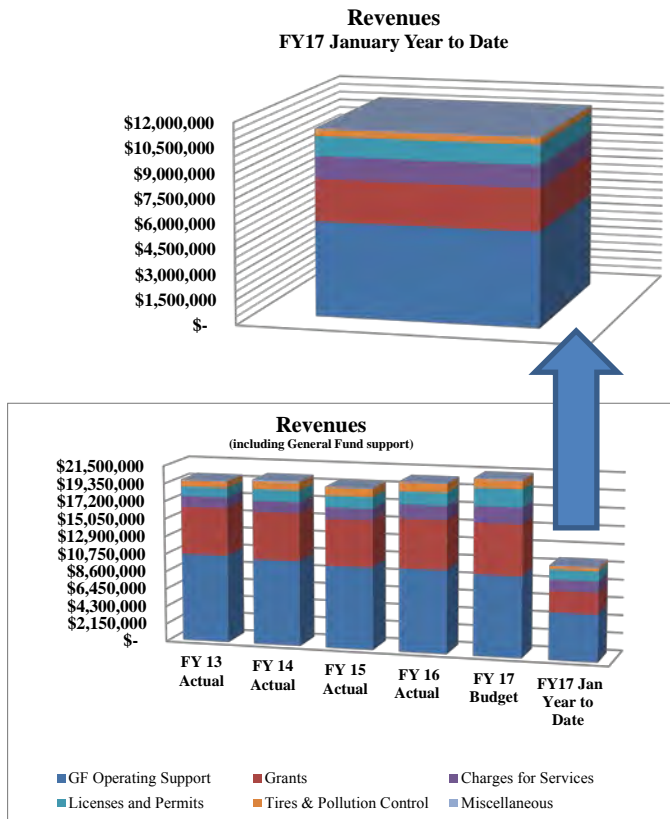
Review of Cash

The available cash at the end of January, FY17, was \$1,662,672 which was 88.9% of the average budgeted monthly cash outflow of \$1,871,150 for the fiscal year but down 7.8% or \$140,893 compared to the same time in FY16 mainly due to the delay in receipts from the DMV for the pollution control funds collected. The encumbrances and other liability portion of the cash balance totals \$909,576; the portion of cash restricted as to use is approximately \$640,711 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$112,385.



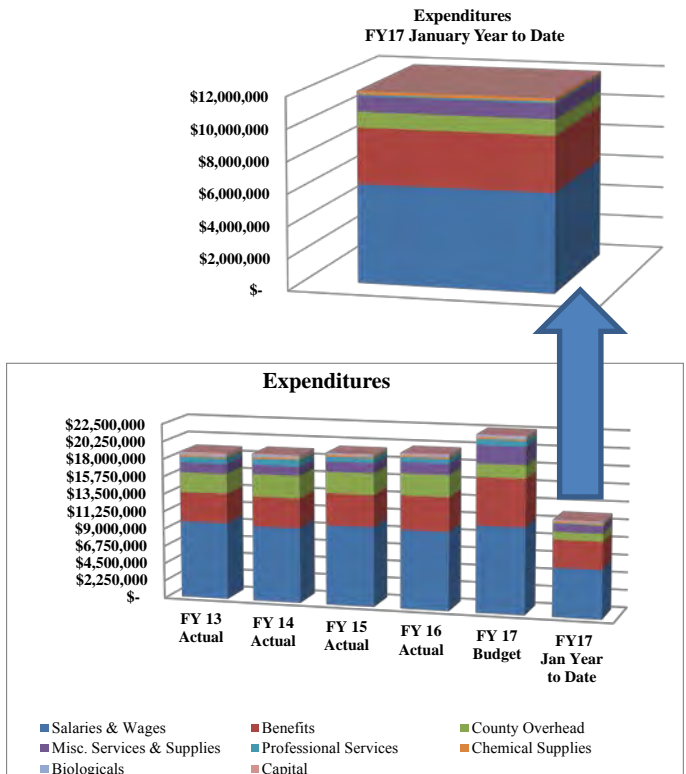
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$11,259,499 were up \$271,258 which was an increase of 2.5% over the same time last fiscal year and were 53.0% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$1,193,711 were up \$400,495 or 50.5% mainly due to fee increases effective July 1, 2016 and an increase in the work load associated with the fees; miscellaneous revenues of \$36,882 were up \$4,499 or 13.9%; and, charges for services of \$1,357,336 were up \$425,756 or 45.7%. The revenue categories that were down compared to FY16 include: federal and state grant reimbursements of \$2,544,625 were down \$16,392 or 0.6%; tire and pollution control revenues of \$412,112 were down \$379,266 or 47.9% due to the delay in pollution control distributions from the State DMV; fines and forfeitures for illegal dumping were down \$500; and the County General Fund transfer of \$5,714,833 was down \$163,333 or 2.8% due to the transfer reduction related to the subsidy for overhead that is no longer required due to the fees increase.

The total year to date **expenditures** of \$12,217,466 increased by \$852,591 or 7.5% compared to the same time frame in FY16. Salaries and benefits expenditures for the fiscal year were \$9,732,500 up \$1,286,612 or 15.2% over the prior year. The total services and supplies and regional permitting system expenditures of \$2,449,626 were down \$459,366 which was a 15.8% decrease. The major expenditures included in the services and supplies are: the professional services which totaled \$99,958 were down \$64,070 or 39.1% over the prior year; chemical supplies of \$234,975 were down 3.4% or \$8,334 over last year; the biologicals of \$152,037 were up \$27,681 or 22.3%; and, County overhead charges of \$992,132 were down 39.2% or \$638,800 over last year due to the shift of \$689,185 of retiree health benefits charges reallocated from overhead to the benefits category. There has been \$35,340 in 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

ODHO has received grant funding of \$5,145 for workforce development initiatives. AQM has received \$1,158,822 or 42.9% of budget and down \$140,270 or 10.8% in revenue compared to FY16. The decline is due to the delay in distribution of the DMV pollution control and excess reserve revenues. CCHS received \$1,854,204 in revenue or 48.2% of budget and up \$88,877 over FY16. EHS has received \$1,650,309 which is 56.8% of budget and up \$462,426 or 38.9% over FY16. EPHP has received \$876,186 in revenue and is up \$18,525 or 2.2% over last year and 45.8% of the FY17 budget. The County General Fund support is the single largest source of revenue and totaled \$5,714,833 or 58.3% of budget and down \$163,333 or 2.8% compared to FY16.

The total expenditures for FY17 were \$12,217,466 which is 54.4% of budget and up \$852,591 or 7.5% over last fiscal year. ODHO spent \$444,773 up \$118,290 or 36.2% 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 \$664,146 up \$76,582 or 13.0% 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 \$1,701,774 up \$191,394 or 12.7% over last fiscal year due to costs for advertisement campaigns and increased County benefit charges. CCHS has spent \$4,188,408 year to date and is up \$216,403 or 5.4% over last year. EHS spent \$3,733,583 and has increased \$171,587 or 4.8% over last year. EPHP expenditures were \$1,484,783 up \$78,335 or 5.6% over FY16.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through January 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 (audited)	January Year to Date	Adjusted Budget	January Year to Date	Percent of Budget	FY17 Increase over FY16
Revenues (all sources of funds)									
ODHO	-	-	-	15,000	-	55,000	5,145	9.4%	-
AHS	33,453	87,930	151	-	111	-	-	-	-100.0%
AQM	2,068,697	2,491,036	2,427,471	2,520,452	1,299,092	2,703,210	1,158,822	42.9%	-10.8%
CCHS	3,322,667	3,388,099	3,520,945	3,506,968	1,765,327	3,850,396	1,854,204	48.2%	5.0%
EHS	1,828,482	1,890,192	2,008,299	2,209,259	1,187,883	2,906,093	1,650,309	56.8%	38.9%
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	857,661	1,914,580	876,186	45.8%	2.2%
GF support	8,623,891	8,603,891	10,000,192	10,076,856	5,878,166	9,796,856	5,714,833	58.3%	-2.8%
Total Revenues	\$ 17,710,834	\$ 18,267,134	\$ 19,512,566	\$ 20,469,870	\$ 10,988,241	\$ 21,226,135	\$ 11,259,499	53.0%	2.5%
Expenditures (all uses of funds)									
ODHO	-	-	481,886	594,672	326,483	1,034,641	444,773	43.0%	36.2%
AHS	1,366,542	1,336,740	1,096,568	996,021	587,564	1,132,724	664,146	58.6%	13.0%
AQM	2,629,380	2,524,702	2,587,196	2,670,636	1,510,380	3,381,211	1,701,774	50.3%	12.7%
CCHS	6,765,200	6,949,068	6,967,501	6,880,583	3,972,005	7,630,095	4,188,408	54.9%	5.4%
EHS	5,614,688	5,737,872	5,954,567	5,939,960	3,561,995	6,575,424	3,733,583	56.8%	4.8%
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	1,406,447	2,699,708	1,484,783	55.0%	5.6%
Total Expenditures	\$ 18,815,411	\$ 18,922,800	\$ 19,399,859	\$ 19,770,532	\$ 11,364,875	\$ 22,453,804	\$ 12,217,466	54.4%	7.5%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	-	(481,886)	(579,672)	(326,483)	(979,641)	(439,628)		
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(587,453)	(1,132,724)	(664,146)		
AQM	(560,683)	(33,666)	(159,725)	(150,184)	(211,287)	(678,001)	(542,952)		
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,615)	(2,206,678)	(3,779,700)	(2,334,204)		
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(2,374,112)	(3,669,331)	(2,083,274)		
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(548,786)	(785,128)	(608,597)		
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	5,878,166	9,796,856	5,714,833		
Surplus (deficit)	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ 699,338	\$ (376,634)	\$ (1,227,669)	\$ (957,967)		
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 January, Fiscal Year 2017.

POSSIBLE MOTION

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

Attachment:
Health District Fund financial system summary report

Period: 1 thru 7 2017
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance
460527 NOE-AQM	176,103-	109,207-	66,896-	62	116,984-	73,343-	43,641-
460528 NESHAP-AQM	153,862-	97,147-	56,715-	63	99,333-	69,980-	29,353-
460529 Assessments-AQM	81,614-	49,039-	32,575-	60	51,336-	34,386-	16,950-
460530 Inspector Registr-AQ	4,608-	1,656-	2,952-	36	2,162-	98-	2,064-
460531 Dust Plan-Air Quality	257,784-	253,188-	4,596-	98	142,403-	160,706-	18,303
460532 Plan Rvw Hotel/Motel	2,530-	251-	2,530-		2,530-	462-	2,068-
460533 Quick Start			251-				
460534 Child Care Inspection	14,904-	10,978-	3,926-	74	8,514-	5,280-	3,234-
460535 Pub Accomod Inspectn	33,060-	22,655-	10,405-	69	19,000-	11,767-	7,233-
460570 Education Revenue						413-	413
460723 Other Fees	97,142-	24,699-	72,443-	25			
* Charges for Services	1,991,371-	1,357,335-	634,036-	68	1,361,248-	931,580-	429,668-
471265 Illegal Dumping						500-	500
* Fines and Forfeitures						500-	500
481150 Interest-Non Pooled		26-	26				
484000 Donations Contributions					3,000-	3,700-	700
484050 Donations Federal Pgm Income	24,201-	9,684-	14,517-	40	37,550-	15,640-	21,910-
484195 Non-Gov't'l Grants							
484197 Non-Gov. Grants-Indirect	11,367-	5,923-	5,444-	52	11,631-	2,459-	9,172-
485100 Reimbursements	42,576-	19,281-	23,295-	45	38,599-	9,210-	29,389-
485300 Other Misc. Govt Rev	35,000-	1,968-	33,032-	6			
* Miscellaneous	113,144-	36,862-	76,262-	33	90,780-	31,009-	59,772-
** Revenue	11,429,279-	5,544,666-	5,884,613-	49	10,084,311-	5,108,700-	4,975,611-
701110 Base Salaries	9,793,203	5,639,691	4,153,512	58	9,758,662	5,264,615	4,494,047
701120 Part Time	314,723	127,265	187,457	40	398,206	209,172	189,034
701130 Pooled Positions	475,463	216,982	258,481	46	374,608	224,698	149,910
701140 Holiday Work	4,319	1,503	2,815	35	4,319	2,299	2,020
701150 xcContractual Wages							
701199 Bud Labor Cost Savings-Wages	165,400	83,190	82,210	50	166,775	81,149	85,626
701200 Incentive Longevity	80,479	49,431	31,048	61	64,681	41,129	23,553
701300 Overtime	300	99	201	33	302	130	173
701403 Shift Differential	38,000	18,093	19,907	48	1,000	594	406
701406 Standby Pay	5,000	2,795	2,205	56	43,993-	58,470	8,955-
701408 Call Back	83,406		83,406		49,515	416	416-
701412 Salary Adjustment	84,041	68,002	16,039	81	7,603	2,785	385
701413 Vac Payoff/Sick Pay-Term		3,744	3,744-				
701414 Vacation Denied-Payoff		4,501	4,501-				
701417 Comp Time		4	4-				
701419 Comp Time - Transfer							
701500 Merit Awards							
* Salaries and Wages	11,044,334	6,215,302	4,829,032	56	10,781,678	5,892,674	4,889,003
705110 Group Insurance	1,749,467	1,039,199	710,267	59	1,602,223	884,553	717,670
705190 OFEB Contribution	1,181,460	689,185	492,275	58			

Period: 1 thru 7 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
705199 Lab Cost Sav-Benef	2,888,390	1,642,418	1,245,972	57	2,870,083	1,538,714	1,331,369
705210 Retirement							
705215 Retirement Calculation	142,384	85,306	57,078	60	143,292	80,580	62,712
705230 Medicare April 1986	92,671	56,809	35,862	61	69,143	40,334	28,809
705320 Workmens Comp	13,762	4,281	9,482	31	15,483	9,032	6,451
705330 Unemploy Comp	21,529		21,529				
705360 Benefit Adjustment	6,089,663	3,517,198	2,572,465	58	4,700,224	2,553,213	2,147,011
* Employee Benefits							
710100 Professional Services	628,507	57,405	571,101	9	832,764	131,813	700,951
710105 Medical Services	9,971	4,066	5,905	41	9,621	2,234	7,234
710108 MD Consultants	61,210	29,696	31,514	49	137,971	27,264	110,707
710110 Contracted/Temp Services	39,600	8,791	30,809	22	7,279	2,565	4,714
710119 Subrecipient Payments		300	300-				
710155 Lobbying Services		47,241	44,490	51	172,990	42,609	130,381
710200 Service Contract	91,731	7,512	7,331	51	24,189	4,801	19,388
710205 Repairs and Maintenance	14,843	2,942	9,378	24	16,607	12,770	3,837
710210 Software Maintenance	12,319	80,059	85,445	48	278,249	55,793	222,456
710300 Operating Supplies	165,504	1,266	169	88	23,685	794	22,891
710302 Small Tools & Allow	1,435	1,049	551	66	1,600	564	1,036
710308 Animal Supplies	1,600						
710310 Parts and Supplies	232,700	234,975	2,275-	101	231,900	243,309	11,409-
710319 Chemical Supplies							
710325 Signs and Markers	35,875	12,153	23,723	34	30,061	16,442	13,619
710334 Copy Machine Expense	2,001	2,539	538-	127			
710335 Copy Machine-Copy Charges	41,497	24,705	16,792	60	38,213	21,304	16,909
710350 Office Supplies	6,675	4,708	1,967	71	6,015	6,952	937-
710355 Books and Subscriptions	21,750	9,203	12,547	42	27,382	9,355	18,026
710360 Postage	645	152	493	24	850	16	834
710361 Express and Courier	125		125		100	184	84-
710391 Fuel & Lube							
710400 Payments to Other Agencies	31,500	38,420	6,920-	122			
710412 Do Not Use							
710500 Other Expense	104,405	7,207	97,198	7	39,891	13,731	26,160
710502 Printing	22,753	4,193	18,560	18	29,668	11,466	18,202
710503 Licenses & Permits	9,245	3,785	5,460	41	6,770	4,030	2,740
710504 Registration		504	504-				
710505 Rental Equipment	1,800	1,800	1,800	100	1,800	1,800	300-
710506 Dept Insurance Deductible		284	284-				
710507 Network and Data Lines	9,662	4,882	4,780	51	9,755	4,721	5,034
710508 Telephone Land Lines	36,606	20,412	16,194	56	36,040	19,958	16,082
710509 Seminars and Meetings	45,728	16,499	29,229	36	52,467	13,990	38,477
710512 Auto Expense	10,465	4,301	6,164	41	11,582	4,099	7,483
710514 Regulatory Assessments	20,000	6,836	13,164	34	18,500	12,998	5,502

Period: 1 thru 7 2017 P&L Accounts
 Accounts: GO-P-L
 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
710519 Cellular Phone	14,109	6,935	7,174	49	13,709	6,183	7,525
710529 Dues	8,362	31,718	23,356-	379	8,375	5,160	3,215
710535 Credit Card Fees	52,157	14,272	37,885	27	12,107	9,346	2,761
710546 Advertising	132,273	96,000	36,273	73	241,546	83,808	157,738
710551 Cash Discounts Lost		9	9-		496	496	496-
710563 Recruitment							
710571 Safety Expense	55,000	4,060	50,940	7			
710577 Uniforms & Special Clothing	5,657	6,604	947-	117	9,900	1,149	8,751
710585 Undesignated Budget	450,000		450,000				
710594 Insurance Premium	5,815	5,605	210	96	79,703	5,605	5,605-
710600 LT Lease-Office Space	76,607	41,114	35,492	54		50,248	29,455
710620 LT Lease-Equipment					245,868	124,356	121,512
710703 Biologicals	298,681	152,037	146,645	51			
710708 Foster Care Home							
710714 Referral Services	6,780		6,780				
710721 Outpatient	108,555	48,417	60,138	45	96,331	48,353	47,978
710872 Food Purchases	2,994	676	2,319	23	2,170	542	1,627
711008 Combined Utilities	90,800	52,967	37,833	58			
711010 Utilities							
711100 ESD Asset Management	47,382	27,300	20,082	58	66,552	35,908	30,644
711113 Equip Srv Replace	44,876	22,968	21,908	51	38,039	14,703	23,335
711114 Equip Srv O & M	66,315	34,351	31,964	52	62,441	41,485	20,956
711115 Equip Srv Motor Pool	5,000		5,000				
711117 ESD Fuel Charge	34,167	15,418	18,749	45	47,382	21,625	25,757
711119 Prop & Liab Billings	82,007	45,913	36,094	56	75,992	44,329	31,663
711210 Travel	172,376	38,443	133,933	22	165,570	37,325	128,245
711213 Travel-Non Cnty Pers		2,148	2,148-				
711300 Cash Over Short		40-	40				
711399 ProCard in Process		41	41-			58	58-
711400 Overhead - General Fund	1,700,797	992,132	708,665	58	2,795,882	1,630,931	1,164,951
711504 Equipment nonCapital	75,392	94,374	18,982-	125	156,299	23,289	133,010
711509 Comp Sftw nonCap		20,199	20,199-				
* Services and Supplies	5,196,254	2,391,545	2,804,709	46	6,163,813	2,850,911	3,312,902
781004 Equipment Capital	40,472	35,340	5,132	87	105,880	9,995	95,885
781007 Vehicles Capital							
781009 Computer Software Capital	25,000		25,000				
* Capital Outlay	65,472	35,340	30,132	54	105,880	9,995	95,885
** Expenses	22,395,723	12,159,384	10,236,338	54	21,751,595	11,306,793	10,444,801
485192 Surplus Equipment Sales							
* Other Fin. Sources							
621001 Transfer From General	9,796,856-	5,714,833-	4,082,023-	58	10,076,856-	5,878,166-	4,198,690-
* Transfers In	9,796,856-	5,714,833-	4,082,023-	58	10,076,856-	5,878,166-	4,198,690-
812230 To Reg Permits-230	58,081	58,081	58,081	100	58,081	58,081	58,081

Period: 1 thru 7 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	2016 Plan	2016 Actual	Balance
814430 To Reg Permits Capit						
* Transfers Out	58,081	58,081		58,081	58,081	100
** Other Financing Src/Use	9,738,775-	5,656,751-	4,082,023-	10,018,775-	5,821,460-	4,197,315-
*** Total	1,227,669	957,967	269,702	1,648,509	376,634	1,271,875

DD	SK	_____
AHSO	AH	_____
DHO		_____ <i>KD</i> _____

Staff Report
Board Meeting Date: February 23, 2017

TO: District Board of Health

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

SUBJECT: Accept cash donation in the amount of \$4,000 from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives (LARCs) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$4,000 in both revenue and expense to the FY17 Arctica Ice Donation budget, IO-20424.

SUMMARY

Pursuant to Chapter 15 of Washoe County Code, specifically section 15.160, an officer or employee of a department or agency of the county may accept personal property for the use and benefit of the county where the value singly or in the aggregate is less than \$3,000 from a contributor during a fiscal year. In such event, the officer or employee will notify the board in writing of the acceptance.

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

January 28, 2016, the Board accepted a \$3,000.00 donation from Arctica Ice Sales to the Family Planning Program.

BACKGROUND

Washoe County Health District’s Family Planning Program received a \$4,000 corporate donation from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives to help decrease high unintended pregnancy rates.

FISCAL IMPACT

Should the board accept this cash donation, the adopted FY17 budget will be increased by \$4,000 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-20424	-484000	Donations	\$4,000
		Total Revenue	\$4,000
2002-IO-20424	-710703	Biologicals	\$4,000
		Total Expenditures	\$4,000

RECOMMENDATION

Staff recommends that the District Board of Health accept cash donation in the amount of \$4,000 from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives (LARCs) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$4,000 in both revenue and expense to the FY17 Arctica Ice Donation budget, IO-20424.

POSSIBLE MOTION

Move to accept cash donation in the amount of \$4,000 from Arctica Ice Sales to purchase Long Acting Reversible Contraceptives (LARCs) to help decrease high unintended pregnancy rates; approve amendments totaling an increase of \$4,000 in both revenue and expense to the FY17 Arctica Ice Donation budget, IO-20424.

DBOH AGENDA ITEM NO. 8

IHCC
Inter-Hospital Coordinating Council

DATE: February 10, 2017

TO: Washoe County District Board of Health

FROM: Kent Choma, IHCC Chairman (2014-2016)
Brian Taylor, IHCC Vice-Chair (2016)

SUBJECT: Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments

In preparation for our annual review of achievements, Andrea Esp reviewed the IHCC 2016 meeting minutes and compiled a list of IHCC's major accomplishments. It is very important that we take the time to recognize the strides the group has made and the impact it has on the community. The IHCC achieved and/or began working on all of the annual goals and trainings established for 2016. The goals for this year were quite ambitious and required multi-month and multi-agency coordination, which is why a few have not been fully completed. The District Health Officer and the District Board of Health, along with the leaders of IHCC, appreciate the hard work the Inter-Hospital Coordinating Council does to prepare our community to provide the best health care possible at all times, and especially during times of disaster.

I. REAL WORLD RESPONSES

Monitoring Ebola Patients: During 2016, one individual was monitored.

Monitoring of Zika Patients: There were over 50 individuals tested for Zika. Three were positive cases, one of which was pregnant.

New Delhi metallo-beta-lactamase producing klebsiella pneumoniae: In September 2016, the region had a traveler return from India who was diagnosed with New Delhi metallo-beta-lactamase producing klebsiella pneumoniae, which is a drug resistant bacteria.

II. ACCOMPLISHMENTS

Hazard Vulnerability Assessment: The IHCC reviewed member hospitals' HVAs to increase capability awareness and identify training and planning needs.

Ebola Frontline Facility Assessments: Five healthcare facilities in Washoe County were identified as Ebola frontline facilities with the support of IHCC. All five facilities completed an assessment, in order to assess and mitigate their gaps.

IsoPODs: The first isolation pod demonstration event was held on September 15th at Saint Mary's Regional Medical Center. This event was to train hospital staff on the use of isolation pods. There is another demonstration planned for September 20th, and a media event on the 21st to showcase the isolation pods and our community partnerships.

Healthcare Coalition Leadership Response Training: The purpose of the course was to provide instruction and practical experience in the best practice procedures for preparing and responding as a health care coalition leadership team to community and regional public health and medical emergencies. IHCC

brought eight coalition members from public health, emergency management, emergency medical services and healthcare. IHCC was one of three coalitions to be invited to attend the pilot training.

Isolation and Quarantine Bench Book: In spring 2016, the Isolation and Quarantine Bench Book was drafted and exercised with community partners. The bench book focuses on the following areas:

- Judicial proceedings centered on the permissibility of limiting certain individual liberties, in order to protect the public health;
- Searches, seizures, and other such government actions, to ensure the public health; and
- Operation of the courts amid public health threats and states of emergency.

Isolation and Quarantine Annex: The Isolation and Quarantine Annex for Washoe County Health District, provides guidance and structure to WCHD and regional partners, regarding initiation and continuance of containment measures to prevent or decrease transmission of a communicable disease. This Annex describes the circumstances, authority and events that may necessitate specific leadership decisions, response actions, and communications mechanisms.

Disaster Behavioral Health Annex: The Annex was developed to be implemented in the event of an emergency or disaster that would result in the need for behavioral health requirements for the citizens of Washoe County and the general public. There was an exercise developed to test the Annex and ease of implementation during any emergency or disaster requiring behavioral health assistance. The scenario was an explosion at the annual Rib Cook-Off in Sparks, NV. The exercise took place on May 18, 2016, at the REOC. The Annex was revised by December 2016.

The Nevada West Region Medical Surge Plan: The Nevada West Region Medical Surge Plan was developed as part of the Nevada Statewide Medical Surge Working Group's initiative to address medical surge issues within the state of Nevada. The plan is intended to outline strategies and response activities related to an influx of patients, above and beyond the scope of normal day-to-day healthcare system operations in the West Region of Nevada. The West Region, as defined by the Nevada Division of Emergency Management, consists of the following counties:

- Carson City
- Churchill County
- Douglas County
- Humboldt County
- Lyon County
- Mineral County
- Pershing County
- Storey County
- Washoe County

Memorandum of Understanding (MOU): The MOU was developed after the identified need at the Healthcare Coalition Leadership Response Training. The purpose of the MOU is to create a voluntary agreement on common goals and expectations of IHCC members. The MOU was finalized in December 2016.

WebEOC Hospital Evacuation Board: The board was updated to address the identified needs from the hospital evacuation exercise on October 19, 2016.

Jurisdictional Risk Assessment: Washoe County Health District (WCHD) Public Health Preparedness Program completed the Jurisdictional Risk Assessment (JRA). The JRA is an analysis tool that will assist the Program with identifying potential hazards, vulnerabilities, and risks to the public health, healthcare, and mental/behavioral health systems within Washoe County. Forty-one subject matter experts in the

county were consulted to collect the data on the availability of resources and the WCHD Public Health Preparedness Program provided the data for the Hospital Preparedness Program (HPP) Capability Assessment Worksheet and the Public Health Emergency Preparedness (PHEP) Capability Assessment Worksheet.

Functional Assessment Service Teams: The development of Functional Assessment Service Teams (FAST) was 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

III. EXERCISES

Operation Egress: Operation Egress was a full-scale exercise (FSE) designed to establish a learning environment for players to exercise the emergency response plans, policies, and procedures, as they pertain to a healthcare facility evacuation. It was developed to test the Mutual Aid Evacuation Annex (MAEA) and regional partners' implementation of Communications, On-Site Incident Management, Evacuation and Shelter-In-Place, Emergency Triage and Pre-Hospital Treatment and Medical Surge capabilities and was performed on October 19, 2016.

Operation Unicorn: Held June 9, 2016, Operation Unicorn was a full-scale community-wide exercise to test a regional response to two Ebola patients. The scenario consisted of a Veteran possibly infected with the Ebola virus presenting at East Campus VA clinic shortly after her return from Sierra Leone, with her roommate checking herself into Saint Mary's Medical Center shortly thereafter, creating a host of clinical, administrative, and infection control challenges.

Night in the County: On June 16, 2016, Night in the County, a tabletop exercise, was conducted to test the region's capability to respond to a medical surge event at Night in the Country, utilizing the newly developed Nevada West Region Medical Surge Plan. With over 17 participating organizations, the exercise allowed for the identification of areas of improvement and the finalization of the plan.

Great Shake Out Exercise: Held October 19, 2016. This regional drill tested earthquake response within individual IHCC member facilities.

Ebola Full-Scale Concepts and Objectives Meeting – January 11, 2016
REOP Planning Meeting – January 16, 2016
Animal Services COOP Table-Top Exercise – January 26, 2016
REOP Planning Meeting – March 15, 2016
Mobile Medical Facility Setup – March 23, 2016
COOP Workshop for Northern Nevada – April 7, 2016
ICS 300 for Public Health – April 12-13, 2016
Statewide Disaster Recovery Workshop – April 13, 2016
Statewide Disaster Recovery Planning Meeting – May 11, 2016
Statewide Medical Surge Plan TTX – May 13, 2016
Disaster Behavioral Health TTX – May 18, 2016
Statewide Disaster Recovery Planning Workshop – June 1, 2016
Isolation and Quarantine TTX – June 17, 2016
Statewide Disaster Recovery Planning Meeting - July 13, 2016
WebEOC Training – September 9, 2016
Statewide Disaster Recovery Workshop – September 21, 2016
Reno E-Comm Evac. Ex. Concurrent with Great Nevada Shake out – October 19, 2016
Public Works/Debris Management Planning Kick-off – October 20, 2016
Evacuation Training at Renown – October 24, 2016
Vigilant Guard Exercise – November 1, 2016
Statewide Recovery Planning Meeting - November 16, 2016

IV. TRAINING

HSEEP Class – February 2-3, 2016
FEMA Earthquake Mitigation for Hospitals (FEMA P-767) – March 8, 2016
ICS 300 for Public Health – March 8-10, 2016
EOC and Hospital Liaison Interface – March 11, 2016
Healthcare Requesting Procedures – March 11, 2016
WebEOC Refresher Training - March 12, 2016
ICS 400 for Public Health – April 12-13, 2016
Fire Vaccination Training - April 28, 2016
CERC Training – May 2, 2016
JIC WebEOC Training – May 20, 2016
Regional Safety and Emergency Preparedness Expo – June 23, 2016
MCIP Training – July 21, 2016
MGT-315 TEEX Training for THIRA – August 17-18, 2016
IsoPod Training at Saint Mary's Regional Medical Center – September 15, 2016
IsoPod Training at REMSA – September 20, 2016
IsoPod Community Demonstration – September 21, 2016
Fire Vaccination Training – September 21-22, 2016
Healthcare Coalition Leadership Response Training – September 26-30, 2016
Fire Vaccination Training – October 2, 2016
Functional Assessment Service Training (FAST) – November 15-16, 2016
Psychological First Aid – December 1, 2016
Evacuation Training at Hearthstone – December 8, 2016
National Healthcare Preparedness Coalition Conference – December 13-14, 2016

V. GRANT ACTIVITIES

Through the Assistant Secretary for Preparedness and Response (ASPR) grant, the Washoe County Health District was able to work on several projects and provide equipment to the IHCC partners. Planning projects included Ebola full-scale exercise, long-term care assessments, Mass Fatality Logistics Annex, and development of Functional Assessment Service Teams. Equipment includes IsoPods, personal protective equipment, and evacuation tags were purchased with grants funds.

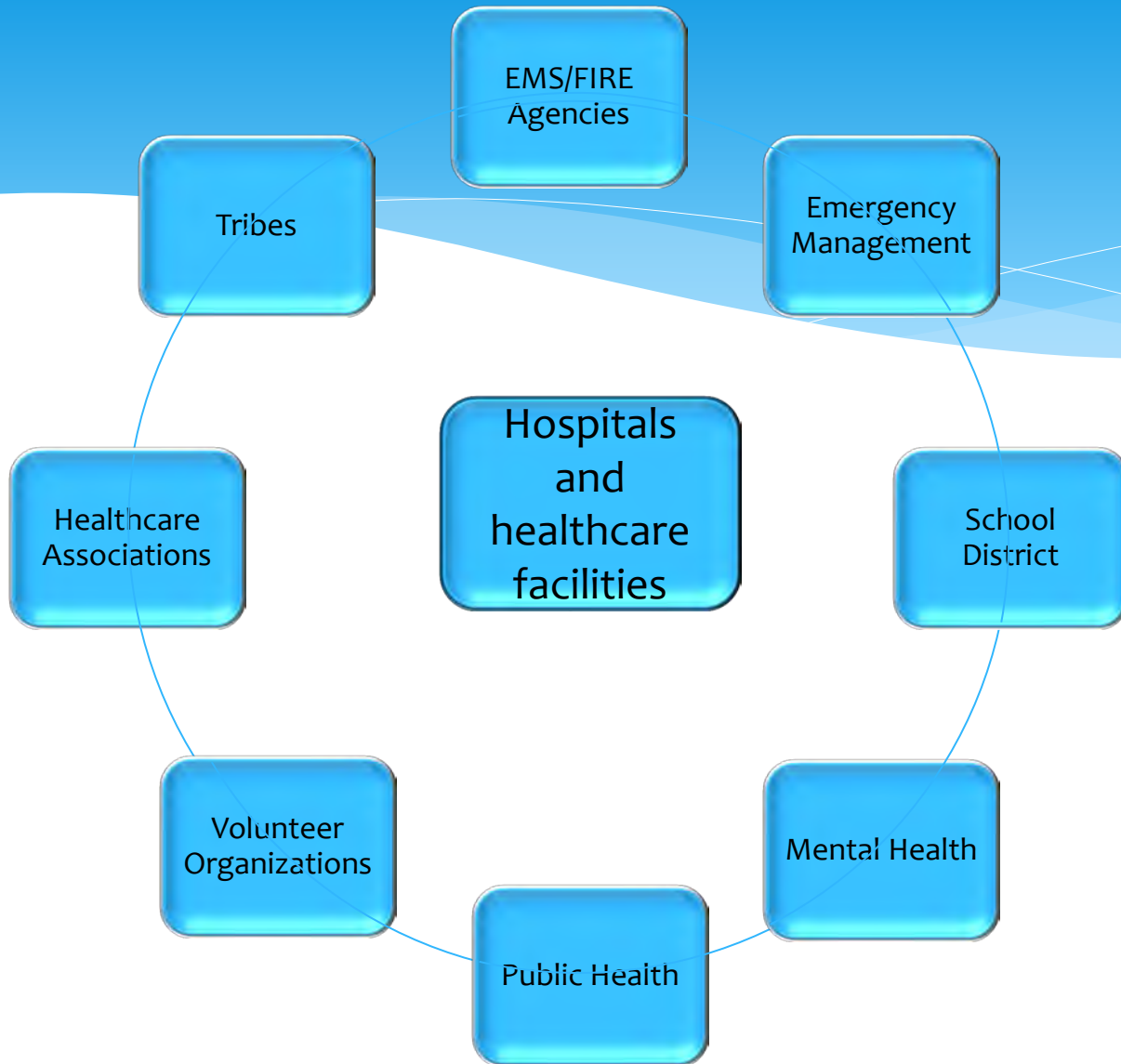
The following grants secured during 2016:

- ASPR Base Subgrant: July 1, 2016 – June 30, 2017
- PHEP Base Subgrant - July 1, 2016 – June 30, 2017
- CDC Ebola Subgrant – July 1, 2016 – June 30, 2017
- ELC Ebola Subgrant – July 1, 2016 – May 17, 2020

Inter-Hospital Coordinating Council

Kent Choma, Ph.D., P.E.
IHCC Chair (2014-2016)





Accomplishments

- National Health Care Coalition Leadership Response Training
- Isolation and Quarantine Bench Book
- Nevada West Region Medical Surge Plan
- Memorandum of Understanding
- Functional Assessment Service Teams
- Jurisdictional Risk Assessment
- 23 trainings offered to healthcare partners



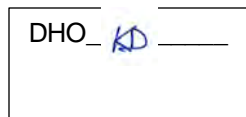
Exercises

- Operation Unicorn: Ebola full-scale, community exercise POD Full-Scale Exercise
- Operation Egress: full-scale hospital evacuation
- Disaster Behavioral Health Annex TTX
- Isolation and Quarantine TTX
- 21 additional exercises



Thank you





STAFF REPORT

BOARD MEETING DATE: February 23, 2017

TO: District Board of Health
FROM: Sara Behl, Director of Programs and Projects
(775) 328-2401, sbehl@washoecounty.us
SUBJECT: **Presentation of the 2016 Community Health Improvement Plan Annual Report**

SUMMARY

The Washoe County community, with the Washoe County Health District acting as backbone support, continues to make progress toward goals, objectives (performance measures), and strategies in the 2016-2018 Washoe County Community Health Improvement Plan (CHIP). This progress is documented in the 2016 Community Health Improvement Plan Annual Report.

This Item addresses the following Health District Strategic Priorities:

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

***Priority Three - Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.*

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

PREVIOUS ACTION

On January 28, 2016, the DBOH approved the 2016-2018 Community Health Improvement Plan after reviewing the CHIP and seeing a PowerPoint presentation that provided both a summary of the CHIP and the process for developing the CHIP.

Health District staff have supported workgroups with members who are working on strategies outlined in the CHIP, and continue to track metrics for the CHIP.

Included with this report is the Executive Summary for the 2016 Community Health Improvement Plan Annual Report. To view the draft report in its entirety, please click on the following link:

https://www.washoecounty.us/health/WCHD_CHIP_Full_Report_2016_BOH.pdf

BACKGROUND

The purpose of the Community Health Improvement Plan (CHIP) is to describe and document how the Health District and the community will work together to improve the health of the

Subject: Progress Report on 2016-2018 Strategic Plan

Date: January 26, 2017, 2015

Page 2 of 2

population it serves. The CHIP is based on the findings of the Community Health Needs Assessment (CHNA) and is a community driven process that has culminated in a set of agreed upon priorities that will be a focus for community improvement.

Staff continues to track and report on progress made under the CHIP and will report on progress annually to the Board of Health.

FISCAL IMPACT

There is no additional fiscal impact to the FY17 budget should the Board accept the 2016 Community Health Improvement Plan Annual Report.

RECOMMENDATION

Staff recommends the District Board of Health accept the 2016 Washoe County Community Health Improvement Plan Annual Report.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2016 Washoe County Community Health Improvement Plan Annual Report."

**WASHOE
COUNTY
HEALTH
DISTRICT**

ENHANCING
QUALITY OF LIFE

2016 Community Health Improvement Plan ANNUAL REPORT SUMMARY



In partnership with



TRUCKEE MEADOWS
HEALTHY COMMUNITIES

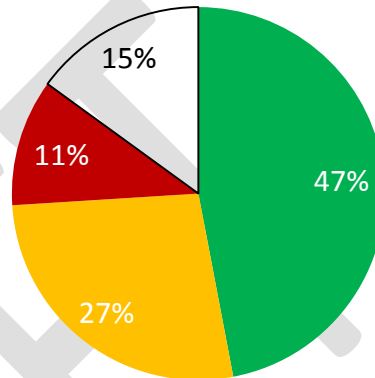
Executive Summary

A Community Health Improvement Plan (CHIP) utilizes data from a Community Health Needs Assessment (CHNA) to help organizations develop comprehensive information about a community’s current health status, needs and issues.¹ A CHIP can help a community justify how and where to allocate resources to best meet the community need. Benefits include improved organization and community coordination and collaboration, increased knowledge about public health and the interconnectedness of activities, strengthened partnerships within state and local public health systems, identified strengths and weaknesses to address in quality improvement efforts, baselines on performance to use in preparing for accreditation, and benchmarks for public health practice improvement.²

The CHIP report is published annually and evaluates the progress of goals, strategies and objectives over the last year towards the four priorities of **ACCESS TO HEALTHCARE AND SOCIAL SERVICES, BEHAVIORAL HEALTH, EDUCATION (K-12), AND FOOD SECURITY.**² The CHIP is in its first year of a triennium plan (2016-2018). This report will provide insight for the community to identify gaps in services, collaboration opportunities, potential for policy changes, and ways to remove social disparities and barriers to living healthy. Together, through collective impact strategies, Washoe County can enhance quality of life.

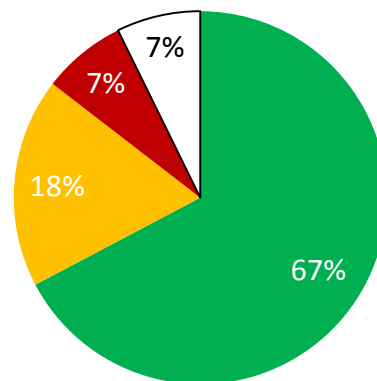
First year implementation of the inaugural Washoe County CHIP was very successful. Out of 55 strategies, 67% have already met or exceeded their targets.

Status of CHIP Objectives, 2016



■ Met/Exceeded Target
 ■ Progress Toward Target
 ■ Did Not Meet Target
 ■ No Data

Status of CHIP Strategies, 2016



■ Met/Exceeded Target
 ■ Progress Toward Target
 ■ Did Not Meet Target
 ■ No Data

¹ CDC (2015). Community Health Assessments & Health Improvement Plans. Retrieved from: <https://www.cdc.gov/stltpublichealth/cha/plan.html>.

² Washoe County Health District. (2015). Washoe County community health improvement plan: 2016-2018. Retrieved from: <https://www.washoecounty.us/health/files/data-publications-reports/CHIP%20-%20FINAL%2001.28.16.pdf>.

Additionally, almost half (47%) of the objectives outlined in the CHIP have been met or exceeded their targets.

Access to Health Care and Social Services

This priority was led by 10 community organizations to make movement on 13 strategies and 10 performance measures. Overarching goals for this priority include the development of a community health hub, increasing access to primary care, increasing coordination of care, increasing access to transportation and increasing the number of adults who receive their adult high school diploma. In the first year of implementation, 70% of the objectives have been met and 85% of the strategies have met or exceeded their targets. Major successes include:

- There was a 7.3% increase in 2015 (68.1% to 75.4%) of Washoe County residents who have a primary care provider as compared to 2014. This has already exceeded the 2018 target of 71.5%.
- There were four completed Family Health Festivals serving a total of 3,607 clients in the 89502 zip code with an average of 33 vendors participating.
- Community Health Alliance opened two new centers: The Center for Complex Care located on Crampton Street and the Sparks Health Center located on Oddie Boulevard.
- Northern Nevada HOPES opened their brand new Wellness Center and has already seen a 36% increase in their patient population (from February 2016 to November 2016).
- There was a 26.0% increase in the number of Washoe County residents who received their adult high school diploma from RISE Academy for Adult Achievement in the 2015-2016 school year, meeting their goal of 150 diplomas awarded.
- There was a 72.8% increase in the number of trips provided by private/not-for-profit organizations and a 23.7% increase in the number of reduced-rate or other discounted transit trips provided to seniors, disabled and low income residents in Washoe County.
- There was a development of a Nevada 2-1-1 strategic plan to improve coordination of care in Washoe County and throughout the rest of the State.
- Renown Health will be sustaining REMSA community services such as the Nurse Health Line, Community Paramedicine, and Ambulance Transport Alternatives.

Behavioral Health

This priority was led by 20 community organizations to make movement on 21 strategies and 32 performance measures. Overarching goals for this priority include improving access to behavioral health services, creating a healthier environment for youth and a reduction in youth substance use and abuse. In the first year of implementation, 63% of the objectives have been met and 71% of the strategies have met or exceed their targets. Major successes include:

- The UNR School of Medicine Department of Psychiatry opened their new Behavioral Health Patient Care Center on Neil Road. This allowed UNR to increase fellowships for students pursuing the field of clinical mental health.
- Crossroads, a transitional housing program for those who need support to get sober, have 131 supportive transitional housing beds and 14 crisis intervention beds with plans to expand.
- Amendments to the anti-bullying bill put forth by Nevada's Legislature in 2015 has increased reporting of bullying incidents in Washoe County's schools.
- Washoe County School District has incorporated several behavioral health supports for their students including Multi-Tiered System of Supports (MTSS), the District Intervention Assistance Team (DIAT), and Social Emotional Learning (SEL).
- The Adverse Childhood Experiences (ACEs) screening tool has not only been added to the Youth Risk Behavior Surveillance System (YRBS), but is also being included in Washoe County School District's Child and Adolescent Needs and Strengths Screener (CANS) tool. The goal is to screen all seventh graders in the School District.
- Substance abuse prevention programs were very successful across Washoe County which may have contributed to a decrease in substance use among youth.

Education (K-12)

This priority was led by eight community partners to make movement on 11 strategies and 18 performance measures. Overarching goals for this priority include improving health outcomes to influence educational attainment and supporting student health through nutritious eating habits and physical activity. In the first year of implementation, 17% of the objectives have been met and 64% of the strategies have met or exceeded their targets. Major successes include:

- 77% of Washoe County students graduated in 2016. This is a 2% increase from the previous year.
- 66% of Native American/American Indian students graduated in 2016 which is a 14% increase from the previous year, exceeding the target of 53.3%.
- Washoe County School District adopted a Student Wellness Policy and the majority of schools reported compliance with 15 out the 16 wellness goals. In addition, 60.3% of schools reported hiring wellness coordinators at each school site.
- Communities in Schools (CIS), a supplemental support program for high risk youth, expanded into five schools in Washoe County and has already seen an 82% graduation rate among CIS students.
- New legislation in 2015 encouraged Washoe County schools to improve literacy by grade three. As a result, all 62 elementary schools and five charter schools in Washoe County have designated learning strategists and have been undergoing intensive career development and trainings to better support their schools and implement the new legislation.

- Programs like Girls on the Run and the Wolf Pack Coaches Challenge made headway incorporating curricula to improve nutrition and physical activity in schools.
- Organizations such as the Education Alliance and United Way have partnered with key businesses and organizations to implement supplemental programs for Washoe County students.

Food Security

This priority was led by five community partners to make movement on 10 strategies and six performance measures. Overarching goals for this priority include implementing programs that address the immediate need for food and promote long-term health and to enhance home-delivered meal programs to seniors. In the first year of implementation, 17% of the objectives have been met and 30% of the strategies have met or exceeded their targets. Major successes include:

- The Northern Nevada Food Bank received grant and match funding equalling \$515,000 to develop a plan around food security for Washoe County. From this stemmed the Collaborating for Communities (C4C) Community Action Networks (CANs). These CANs target social determinants of health that influence food insecurity such as housing, income stability and food security. This group is developing a plan to increase access and knowledge of food sustenance programs in the 89502 zip code as well as develop a food prescription pilot with Renown Health and Community Health Alliance.

The CHIP is a living document that seeks to demonstrate the principles of collective impact, which is large-scale, cross-sector coordination with a common agenda, shared measurement/accountability, mutually reinforcing activities, continuous communication and backbone support.³ Many activities in the community have happened pushing Washoe County towards a more collective impact approach to improving health outcomes outlined in the CHIP. In the first year of implementation, the community has seen the development of the Family Health Festivals, a Medicaid Referral Pilot program to increase access and better coordination to primary care between Renown Health, the Community Health Alliance and Northern Nevada HOPES, and a project to increase coordination of care for Children in Transition (CIT) with community programs such as Communities in Schools, the Family Resource Centers and the CIT program at Washoe County School District. The community has also seen a leveraging of resources and agreement on mutually reinforcing activities such as the C4C CANs.

A shared vision to address local health issues contributing to poor health outcomes in Washoe County has been established. The community has identified a common agenda around the four health priorities: Access to healthcare and social services, behavioral health, education (K-12), and food security. Sixty-six objectives have been established to begin the structure of shared measurement. Evaluating and reporting on the first year of implementation has also established a system of accountability and transparency for the community. Many of the strategies within the CHIP were identified as mutually reinforcing activities to gain traction on the associated performance measures and this plan has greatly increased communication lines between organizations to break out of silos and begin the pathways of true collective impact and collaboration as demonstrated through many CHIP

³ Kania, J. & Kramer, M. (2011). Collective impact. Stanford social innovation review, 36-41.

related working groups. Lastly, the Washoe County Health District, Renown Health and Truckee Meadows Healthy Communities have stepped in to provide all leading agencies a backbone of support through staff time, funding, and strategic planning. The foundation for collective impact in Washoe County for optimized health of its citizens has been set.

DRAFT

DD	RS	
DHO		KD
DDA	LA	
Risk		

STAFF REPORT
BOARD MEETING DATE: February 23, 2017

TO: District Board of Health

FROM: James English, Environmental Health Specialist Supervisor
775-328-2610, jenglish@washoecounty.us

SUBJECT: Consideration and possible approval of Proposed Revisions of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program.

SUMMARY

The Washoe County District Board of Health (Board) must approve the repeal and replacement of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program (Regulations). Pursuant to NRS 439.410: “the District Board of Health may by affirmative vote of a majority of all members of the board adopt regulations consistent with law, which must take effect immediately on their approval by the State Board of Health.” Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Amendments. At the January 26, 2017, District Board of Health meeting the Board considered and accepted the Business Impact Statement as required and designated the next regular meeting of the Board, February 23, 2017, as the public hearing to consider adoption of the proposed regulations.

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.

The Business Impact Statement associated with the proposed revisions of the Regulations of the Washoe County District Board of Health Governing Public Swimming Pool and Spa Operator Certification Program was considered and accepted by the District Board of Health at the regular District Board of Health meeting on January 27, 2017. The Board also approved the next regular meeting of the Board, February 23, 2017, as the public hearing to consider adoption of the proposed revisions.

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. The regulations associated with this program were first adopted by the Board on August 25, 2011, and last amended on March 28, 2013. 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.

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 and the Health District.

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.
- Advertising for the public hearing for the proposed regulation changes were advertised in the Reno Gazette Journal on January 6, 2017, February 2, 2017, and February 16, 2017.

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.

Subject: Public Swimming Pool and Spa Operator Certification Program Regulations

Date: February 23, 2017

Page 3 of 3

A Business Impact statement was prepared in accordance with NRS 237.090 and approved by the Board on January 26, 2017.

FISCAL IMPACT

There is no negative fiscal impact by approving the proposed regulations.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health adopt the proposed revisions to the existing Washoe County District Board of Health Regulations Governing Public Swimming Pool and Spa Operator Certification Program as last amended on March 23, 2013, as proposed on February 23, 2017.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to adopt the proposed revisions to the existing Washoe County District Board of Health Regulations Governing Public Swimming Pool and Spa Operator Certification Program as last amended on March 23, 2013, as proposed on February 23, 2017."

Attachments

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	CA	_____
AHSO	_____	_____
DHO	_____	_____
DA	LA	_____

Staff Report
Board Meeting Date: February 23, 2017

TO: District Board of Health

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

SUBJECT: Review, discussion and possible adoption of the Business Impact Statement regarding Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 (Gasoline Transfer And Dispensing Facilities) 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 March 23, 2017 at 1:00 pm.

SUMMARY

The Washoe County District Board of Health must adopt any changes to the District Board of Health Regulations Governing Air Quality Management (Regulations). Per NRS 237, Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the proposed revisions.

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

PREVIOUS ACTION

Section 040.080 of the Regulations was last revised on April 22, 2005. That revision brought the Regulations into compliance with the then current U.S. Environmental Protection Agency (EPA) guidelines on Phase I and Phase II vapor recovery. On August 7, 2012, EPA issued a memorandum allowing air districts to remove Phase II vapor recovery requirements.

BACKGROUND

Gasoline dispensing pump vapor control devices, commonly referred to as Phase II vapor recovery, are systems that control volatile organic compounds (VOCs) released during the refueling of motor vehicles. This process takes the vapors normally emitted directly into the atmosphere when pumping gas and recycles them back into the fuel storage tanks, preventing them from polluting the air. The Phase II system controls the release of VOCs, benzene and other toxics emitted from gasoline.

Since the early 2000s, new passenger cars, light-duty trucks, and most heavy-duty gasoline powered vehicles are required to be equipped with onboard refueling vapor recovery (ORVR) systems. ORVR systems are carbon canisters installed directly on automobiles to capture the fuel vapors evacuated from the gasoline tank before they reach the nozzle of a gas pump. The fuel vapors captured in the carbon

AIR QUALITY MANAGEMENT

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

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

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canisters are then combusted in the engine when the automobile is in operation.

The phase-in of ORVR controls has essentially eliminated the need for Phase II vapor recovery systems. As such, EPA has been working with local agencies as they strive to address State legislation and/or revise State regulations aimed at phasing-out Phase II vapor recovery programs. Phase II vapor recovery was always intended by EPA as an intermediary step until most of the nationwide vehicle fleet could be equipped with ORVR.

Washoe County AQMD implemented the requirement for gasoline dispensing facilities (GDF) to install and maintain Phase II in 1997. This measure was adopted to aid in the control of the formation of ozone within the jurisdiction. The support documentation for the August 7, 2012, EPA letter references that in 2012 the national fleet is 75% ORVR compliant. In Washoe County the fleet reached 75% in 2016. Since the Washoe County fleet has had a slower rate of ORVR conversion, the WCAQMD delayed the Phase II decommissioning until the target ORVR fleet rate was achieved.

Public notice for the revisions to these Regulations was published in the Reno Gazette-Journal on December 30, 2016 and January 9, 2017. The proposed revisions were also made available in the "Current Topics" section of the AQMD website (www.OurCleanAir.com). All GDFs in Washoe County will potentially be affected by this rule change. Each of the affected businesses was contacted and provided with a copy of the notification and a solicitation for comments. Public workshops were scheduled on January 12 at noon and at 6 pm, to address any questions or concerns, no GDF representatives or members of the public attended either workshop. Due to the large number of affected businesses, the published notification included instructions that a request must be made to the AQMD by January 27th; no comments were received by close of business. No comments were received from any of the affected businesses or the general public.

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 the District Board of Health approve and adopt the Business Impact Statement for the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080, Gasoline Transfer And Dispensing Facilities, and set a public hearing for possible adoption of said revisions for March 23, 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 Statement for the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.080 Gasoline Transfer and Dispensing Facilities, specific to the removal of the requirement for Phase II vapor recovery systems, with a finding that the proposed regulations will not impose a direct and significant economic burden on a business; or does the proposed regulations directly restrict the formation, operation or expansion of a business. Further move to set a public hearing for possible adoption of the proposed regulations for March 23, 2017 at 1:00 pm.




UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RESEARCH TRIANGLE PARK, NC 27711

AUG 07 2012

OFFICE OF
AIR QUALITY PLANNING
AND STANDARDS

MEMORANDUM

SUBJECT: Guidance on Removing Stage II Gasoline Refueling Vapor Recovery Programs from State Implementation Plans

FROM: Stephen D. Page, Director 
Office of Air Quality Planning and Standards

TO: Regional Air Division Directors

The purpose of this memorandum is to distribute a guidance document titled "Guidance on Removing Stage II Gasoline Vapor Control Programs from State Implementation Plans and Assessing Comparable Measures" (EPA-457/B12-001, August 07, 2012). Effective May 16, 2012, the Environmental Protection Agency has used its authority under Clean Air Act (CAA) section 202(a)(6) to waive certain statutory requirements for states to implement Stage II gasoline vapor recovery at gasoline dispensing facilities in all Serious, Severe, and Extreme ozone nonattainment areas. Accordingly, states implementing Stage II programs under CAA section 182(b)(3) are now legally able to phase out those programs if doing so does not interfere with attaining or maintaining the ozone standards. This guidance provides information and tools states can use to develop a Stage II program phase-out plan and an accompanying state implementation plan revision request.

States in the ozone transport region (OTR) also have a statutory obligation to implement Stage II vapor recovery programs or "comparable measures." The EPA does not have statutory authority to waive this requirement. However, this document contains new guidance on how OTR states can phase out Stage II control programs in a manner consistent with the CAA section 184(b)(2) comparable measures requirement.

Please distribute this guidance to your respective state and local air agencies. For questions on this guidance, please contact Mr. H. Lynn Dail, (919) 541-2363, dail.lynn@epa.gov.

Attachment

cc: Margo Oge, OTAQ
Anna Wood, OAQPS
Richard Wayland, OAQPS
Sara Schneeberg, OGC



Regional Emergency Medical Services Authority

REMSA

Franchise Compliance Report

JANUARY 2017



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	\$4,462,967.40	\$1,109.36	\$1,103.55	\$397.28
November	3718	\$4,125,873.00	\$1,109.70	\$1,104.69	\$397.69
December	4281	\$4,750,796.80	\$1,109.74	\$1,105.58	\$398.01
January					
February					
March					
April					
May					
Totals	24284	\$26,847,945	\$1,105.58		

Allowed ground average bill: \$1,129.44
 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.	5 mins 47 secs	93%	94%
Dec.	5 mins 54 secs	92%	91%
Jan. 2017	6 mins 20 secs	92%	90%
Feb.			
Mar.			
Apr.			
May			
June 2017			

Year to Date: July 2016 through January 2017

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	4:57	5:46	8:32
	P-2	5:19	6:20	8:29
Dec. 2016	P-1	5:06	5:50	8:29
	P-2	5:18	6:05	8:27
Jan. 2017	P-1	5:22	6:04	10:22
	P-2	5:50	6:23	9:29
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 January 2017

Priority	Reno	Sparks	Washoe County
P-1	5:02	5:47	8:27
P-2	5:25	6:18	8:32



GROUND AMBULANCE OPERATIONS REPORT

January 2017

1. OVERALL STATISTICS:

Total Number of System Responses	6816
Total Number of Responses in Which No Transport Resulted	2072
Total Number System Transports (Including transports to Out of County Destinations)	4462

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1.4%
Medical	56.6%
OB	.5%
Psychiatric/Behavioral	7%
Transfers	9.6%
Trauma – MVA	7.4%
Trauma – Non MVA	18.9%
Unknown	2.6%

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: 3016

Total number of above calls receiving QA reviews: 342

Percentage of charts reviewed from the above transports: 11.34%



REMSA OCU Incident Detail Report

Period: 1/01/2017 thru 1/31/2017

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	1/2/2017 5:04	1/2/2017 5:05	1C13	0:08:59	0:00:34
Zone B	1/2/2017 18:13	1/2/2017 18:21	1C30	0:15:59	0:08:37
Zone A	1/7/2017 18:43	1/7/2017 18:48	1C13	0:08:59	0:04:27
Zone A	1/8/2017 2:04	1/8/2017 2:04	1C13	0:08:59	0:00:37
Zone A	1/8/2017 8:47	1/8/2017 8:50	1C12	0:08:59	0:03:47
Zone A	1/10/2017 8:44	1/10/2017 8:46	1C30	0:08:59	0:01:54
Zone A	1/10/2017 18:53	1/10/2017 18:53	1C36	0:08:59	0:00:24
Zone A	1/15/2017 15:30	1/15/2017 15:30	1C09	0:08:59	0:00:27
Zone A	1/16/2017 23:23	1/16/2017 23:25	1O27	0:08:59	0:02:08
Zone A	1/17/2017 5:52	1/17/2017 5:56	1C09	0:08:59	0:03:52
Zone A	1/19/2017 12:18	1/19/2017 12:21	1C23	0:08:59	0:02:48
Zone A	1/21/2017 5:53	1/21/2017 6:00	1C19	0:08:59	0:07:05
Zone A	1/22/2017 17:44	1/22/2017 17:49	1N10	0:08:59	0:04:36
Zone A	1/24/2017 12:40	1/24/2017 12:43	1C07	0:08:59	0:02:59
Zone A	1/25/2017 11:01	1/25/2017 11:07	1C19	0:08:59	0:06:13
Zone A	1/27/2017 22:24	1/27/2017 22:24	1C35	0:08:59	0:00:06

Upgrade Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	1/5/2017 17:49	1/5/2017 18:05	1C31	0:21:51	0:15:30



REMSA

EDUCATION AND TRAINING REPORT

JANUARY 2017

REMSA Education
 Monthly Course and Student Report
 Month: January 2017

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	5	43	5	43	0	0
ACLS EP	2	5	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	2	1	2	0	0
ACLS R	21	95	7	44	14	51
ACLS S	2	4	0	0	2	4
AEMT	1	31	1	31		
-	-	-	-	-		
B-CON	2	2	2	2	0	0
BLS	93	507	20	112	73	395
BLS I	1	27	0	0	0	0
BLS R	37	206	19	122	18	84
BLS S	14	39	0	0	14	39
CE	0	0	0	0	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	0	0	0	0		
EMT R	0	0	0	0		
FF CPR	0	0	0	0	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	0	0	0	0	0	0
HS CPR	40	222	2	5	38	27
HS CPR FA	35	307	4	27	31	276
HS CPR FA S	1	1	0	0	1	1
HS CPR PFA	4	31	1	8	3	23
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	16	105	2	3	14	102
HS FA S	0	0	0	0	0	0
HS PFA	3	23	0	0	3	23
ITLS	1	11	1	11	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
PALS	3	20	2	18	1	2
PALS I	0	0	0	0	0	0
PALS R	7	37	2	24	5	13
PALS S	3	3	0	0	3	3
PEARS	0	0	0	0	0	0
PM	1	25	1	25		
PM R	0	0	0	0		
Classes w/ CPR		CPR Students				
227		1336				



COMMUNITY OUTREACH

January 2017

Point of Impact

1/10/17	Safe Kids Washoe County monthly Coalition Meeting	
1/14/17	Child Car Seat Checkpoint hosted by Babies R Us; 21 cars and 29 seats inspected.	9 volunteers; 4 staff
1/25/17	Safe Kids Washoe County Vehicle/Road Safety Committee meeting	
1/26/17	Safe Kids Board Meeting	

Cribs for Kids-Community

1/17 Various	Updating Train the Trainer Material to comply with 2016 Safe Sleep Recommendation from the American Academy of Pediatrics.	
1/6/17	Complete new Crib for Kids Brochure. Process of going through approval before being printed.	
1/10/17	Completed RESMA new employee orientation training..	
1/25/17	Family Health Festival at the Reno Town Mall 1-4pm. Information on Cribs for Kids. Hands Only CPR and Point of Impact	About 65 participates
1/26/17	Went to Casa De Vida to provide a small Safe Sleep lesson to residents. Also A question and answer session.	5 participates
1/30/17	Got approval to move forward with	



Regional Emergency Medical Services Authority

REMSA
CUSTOMER SERVICE
JANUARY 2017

REMSA

Reno, NV
Client 7299



Assess Your Vitals

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service@EMSSurveyTeam.
www.EMSSurveyTeam.com

EMS System Report

January 1, 2017 to January 31, 2017

Your Score

94.58

Number of Your Patients in this Report

150

Number of Patients in this Report

6,764

Number of Transport Services in All

136



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **01/01/2017** and **01/31/2017**.

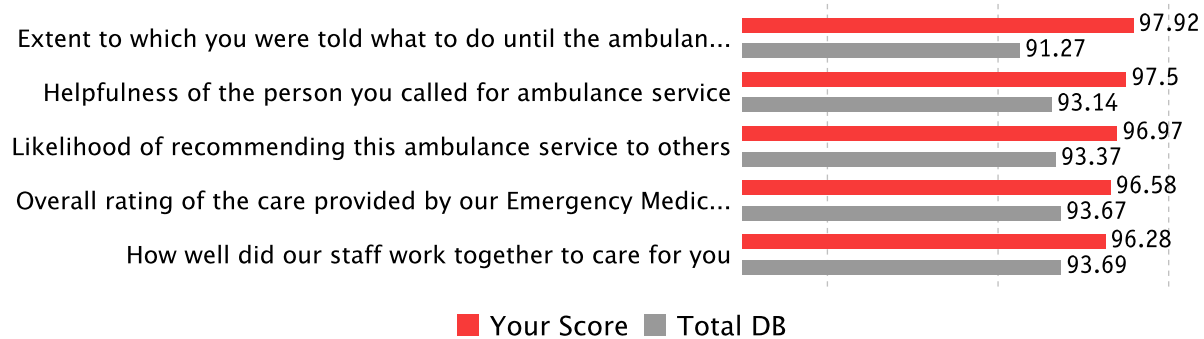
The overall mean score for the standard questions was **94.58**; this is a difference of **1.70** points from the overall EMS database score of **92.88**.

The current score of **94.58** is a change of **-0.38** points from last period's score of **94.96**. This was the **22nd** highest overall score for all companies in the database.

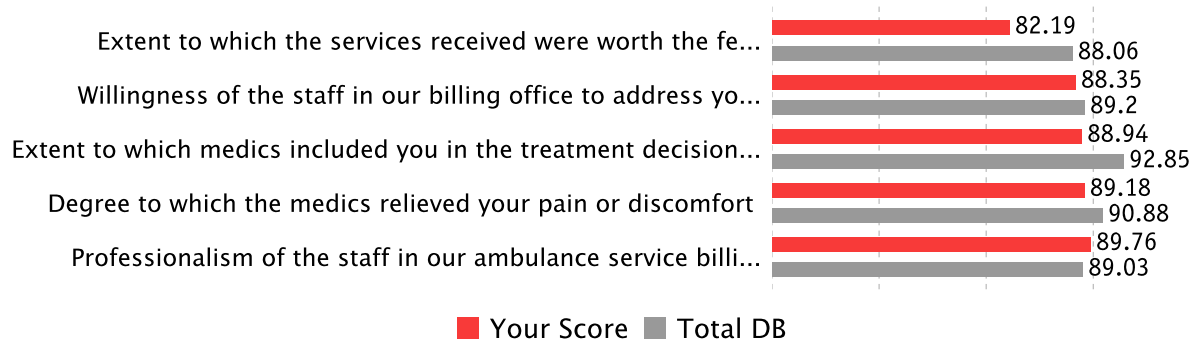
You are ranked **8th** for comparably sized companies in the system.

85.45% of responses to standard questions had a rating of Very Good, the highest rating. **97.91%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

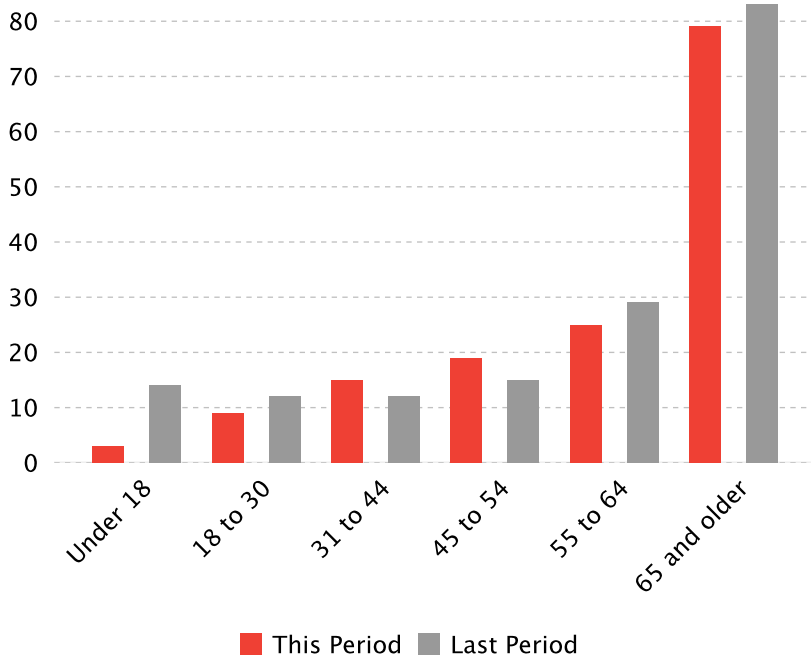




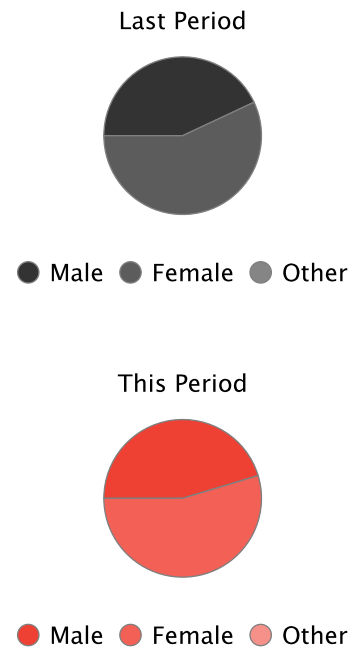
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	14	5	9	0	3	1	2	0
18 to 30	12	7	5	0	9	5	4	0
31 to 44	12	5	7	0	15	7	8	0
45 to 54	15	7	8	0	19	11	8	0
55 to 64	29	11	18	0	25	11	14	0
65 and older	83	36	47	0	79	33	46	0
Total	165	71	94	0	150	68	82	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.

	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017
Helpfulness of the person you called for ambulance	95.00	93.34	92.44	93.15	95.63	95.00	94.19	98.68	91.47	95.41	92.36	93.48	97.50
Concern shown by the person you called for	95.00	92.64											
Extent to which you were told what to do until the	91.07	91.29	91.56	89.00	97.83	94.74	96.43	97.37	88.57	93.37	86.76	91.88	97.92
Extent to which the ambulance arrived in a timely	94.74	93.53	94.36	94.59	93.97	95.21	94.14	94.87	94.44	93.75	92.14	95.79	95.01
Cleanliness of the ambulance	95.83	94.20	95.38	93.06	94.18	95.72	94.21	97.00	92.86	95.83	93.80	97.79	96.18
Comfort of the ride	94.12	93.39											
Skill of the person driving the ambulance		95.09			95.00			93.85	94.12	93.90	93.93	96.34	95.88
Care shown by the medics who arrived with the	95.00	93.11	94.01	95.74	95.95	93.76	94.75	94.10	93.46	95.63	94.73	96.23	96.23
Degree to which the medics took your problem	93.75	92.66	93.79	97.02	96.21	94.32	95.16	95.70	92.74	94.68	93.45	94.37	95.62
Degree to which the medics listened to you and/or	93.75	92.21	94.52	95.83	92.86	94.52	94.02	94.37	93.41	94.28	93.76	94.51	95.64
Skill of the medics	93.75	92.38											
Extent to which the medics kept you informed about	93.42	90.60	92.13	93.47	93.70	93.60	92.94	94.00	92.81	93.96	94.53	94.76	92.67
Extent to which medics included you in the treatment	93.06	89.59	91.98	93.37	91.85	92.68	93.42	96.31	91.45	93.76	92.52	94.44	88.94
Degree to which the medics relieved your pain or	90.79	87.45	90.15	92.78	91.90	89.79	91.20	94.49	88.30	92.22	89.57	93.16	89.18
Medics' concern for your privacy	95.00	90.99	95.46	94.07	91.98	94.47	94.77	95.35	93.75	95.52	93.70	94.53	94.41
Extent to which medics cared for you as a person	95.00	92.04	94.16	95.31	95.00	94.43	94.17	95.54	94.64	96.22	92.94	95.65	94.92
Professionalism of the staff in our ambulance service	87.50	87.31	88.04	87.50	82.14	77.60	83.33	100.0	95.00	88.89	75.00	90.10	89.76
Willingness of the staff in our billing office to address	87.50	86.47	85.87	85.00	85.00	78.25	91.67	93.75	95.00	84.38	75.00	90.10	88.35
How well did our staff work together to care for you	96.25	92.36	94.34	95.70	94.09	93.93	95.38	96.11	93.80	95.37	94.06	96.08	96.28
Extent to which our staff eased your entry into the	93.75	92.82											
Appropriateness of Emergency Medical	96.25	92.60											
Extent to which the services received were worth the	91.67	84.72	88.56	86.90	92.64	82.03	90.27	94.53	66.80	89.95	86.08	86.39	82.19
Overall rating of the care provided by our Emergency	96.25	92.54	94.75	96.05	96.72	93.67	95.57	94.50	92.70	95.93	95.18	95.27	96.58
Likelihood of recommending this ambulance service	91.67	92.66	95.06	94.67	95.74	95.55	95.79	96.48	95.19	95.84	93.28	96.24	96.97
Your Master Score	93.66	91.81	93.51	94.37	94.20	93.69	94.26	95.32	92.78	94.54	93.02	94.96	94.58
Your Total Responses	22	376	206	155	157	156	143	146	126	138	150	165	150

GROUND AMBULANCE CUSTOMER COMMENTS

January 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
1	10/27/2016		"know how to put a (urinary) catheter in"			Placing of urinary catheters are not in Paramedic's scope of practice
2	11/14/2016		"They were wonderful."			
3	11/12/2016		"Nothing to improve on. Very good. Mother took survey"			
4	11/06/2016		"Lost a couple of things between home and the hospital. Is most concerned about losing his denture."			
5	11/07/2016			"Was very out of it for ambulance ride, but had a lot of discomfort after. Had pain for weeks after the ambulance ride, assuming it was because of how she was lifted and handled by medics."		
6	11/07/2016			"Was very satisfied with the ambulance experience. Has been an ambulance director for many years, and was impressed with the service."		
7	11/07/2016	"Were very friendly and knowledgeable. Did a quick diagnosis and got him to hospital very fast- was in a minor car accident and was about to just go home but medics realized something was off which turned out to be a serious stroke"		"Had a stroke and requested to go to VA hospital, but were unable to go with his condition. One of the medics called a doctor he knew at VA hospital to give him a referral; this was greatly appreciated"		
8	11/07/2016		"Crew was young and inexperienced, <Patient> said. They had tattoos and couldn't get the needle in her arm. She thought it was a bad experience overall."			See follow below
9	11/22/2016			"I kept telling them I couldn't breathe and they just kept saying that my oxygen level was fine. The medicine they had didn't work to relieve the pain, but they tried"		
10	11/22/2016			"Couldn't do anything about the pain. They did fine for what was in their power"		
11	11/22/2016			I don't have time to go through an entire survey, but I want to say tha the ride was great, the people were great, and nothing negative occurred. It was a very good experience.		
12	11/24/2016			I didn't get along with the dispatcher. He tried to tell me to give her an epipen shot and she was still breathing, even though I was instructed not to do so until she stopped breathing. The doctor and ambulance driver both told me it was a good thing I didn't do it		See follow up below
13	11/26/2016		"Nothing, they were great"	"Medics were great"		
14	11/29/2016		"Bring coffee and donuts"			
15	11/28/2016		"More comfortable gurneys"			
16	11/29/2016			"They made sure my dogs were locked inside the house"		
17	11/30/2016			"I've always had very good service"		
18	11/30/2016		"The only thing was the time it took but it wasn't emergency"			
19	11/30/2016		"Has experienced many ambulance services in the past and none were as good as REMSA. They were amazing."	"Even ran back into her house to get a hat for her because it was cold outside"		
20	11/30/2016		"Nothing, they got it all"			
21	11/30/2016		"Nothing"			
22	11/30/2016					
23	12/03/2016		"They were so professional, and are so good at their jobs. They did exceptionally well"			
24	12/03/2016			<patient> felt that it took a long time to get seen. <patient> also was in a lot of pain when medic asked her "why are your eyes closed? are you on something?" after that question was asked <patient> said she felt humiliated by the medic.		See follow up below
25	12/02/2016			<patient> is very grateful, thank you. He is very grateful."		
26	12/04/2016		<patient> says it's expensive."			
27	12/11/2016			"The fees are something that puts me more in debt. I'm a person with two disabilities and a fixed income, so accommodations not being taken into order for that just puts me into more debt and in contact with more collection agencies"		Sent to business office for follow-up

GROUND AMBULANCE CUSTOMER COMMENTS

January 2017

Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
28 12/11/2016			When I was at the hospital and they had to pull me off the gurney, they slammed my arm underneath into the bed. My whole arm and chest swelled up.		See follow-up below
29 12/11/2016		"I had a couple of previous rides where I had gotten very ill from the heat at work which caused me to hurt my back. The driver then didn't treat me very much (Date). He was the only one that signed off on what was written on the record. It didn't have the full accurate information. It matters."	"Insurance paid for everything"		
30 12/11/2016		"Pay me to ride in it"	"wasn't much conversation. I wasn't in that bad of shape"		
31 12/11/2016			"One of the medics was kind of being a jerk. He was treating my daughter like she doesn't know what she's talking about, but she works at the hospital."		2/4/17 0905, left a message for the parents to call me. <Employee> will write an occurrence report. Stacie
32 12/12/2016		"Maybe improve on price"			
33 12/13/2016	"All very concerned and very nice. Thank you, I am very very happy and glad. You know how to do your jobs"		"I was treated very well"		
34 12/13/2016		"Cover me up better on the way out the door"			
35 12/13/2016			"It was a feat of extraordinary means. I didn't know anything"		
36 12/13/2016			"Pretty pricey"		
37 12/14/2016			"They were great and they saved my life"		
38 12/14/2016			"I don't think we have a choice of ambulance"		
39 12/14/2016			"They were very hygenic and well groomed"		
40 12/14/2016			"Very much expensive but the VA is paying for it"		
41 12/14/2016			"I wanted to move but they wouldn't let me"		See follow up below
42 12/14/2016			I learned later on when I went to see an Urgent Care doctor that they were very detailed about what happened and the extent of the accident in their report		

8 2/3/17 1235, I spoke with the <patient>, she was very nice but did not like the crew at all. She told me the female had ugly tattoos all over her and all she talked about was being a "snow bunny". The male was quiet but could not start the IV, she felt both of them should not be in this profession. <patient> had 2 other transports and had no complaints with the crews. I apologized to <patient> and told her I would talk to the crew, she thanked me for calling her. I am having Male employee write an occurrence report, Female employee is no longer employee at REMSA. Stacie

12 I have reviewed the call. Caller reported the patient was having difficulty swallowing and her chest was hurting after eating a cookie that contained nuts, with history of severe allergic reaction in the past. Patient did have Rx of EpiPen per the mother calling. Medical Priority Dispatch Pre-Arrival Protocol (Card 2 Allergic reaction) was followed without any deviation. Instructions for EpiPen were also given per protocol without any deviation (High Compliant call).

24 2/4/17 0912, I spoke with the <patient>, she was not very pleasant to talk to. <Patient> first complained it took 30 minutes to come from across the street at the Shell gas station where an ambulance is always parked. I tried to explain the ambulances are not always parked there depending on how many are available, which she argued about. It did take 12 minutes for pt contact, (crew came from Red Rock). <Patient> was embarrassed about being questioned if she had taken any drugs, she felt this should never be asked (pt was given Fentanyl en route). She was transported to RRMC, the next day she went to SMRMC Clinic. I apologized for her bad experience. Both crew members will complete occurrence reports. Stacie

28 2/4/17 0907, I spoke with the <patient>, he told me it was the RN at SMRMC who was at the head of the bed. She reached under both his arms and pulled him up which caused his injury. I told <patient> to contact SMRMC and let them know what happened, he said he has 2 yrs to file a claim. No further, closed ticket. Stacie

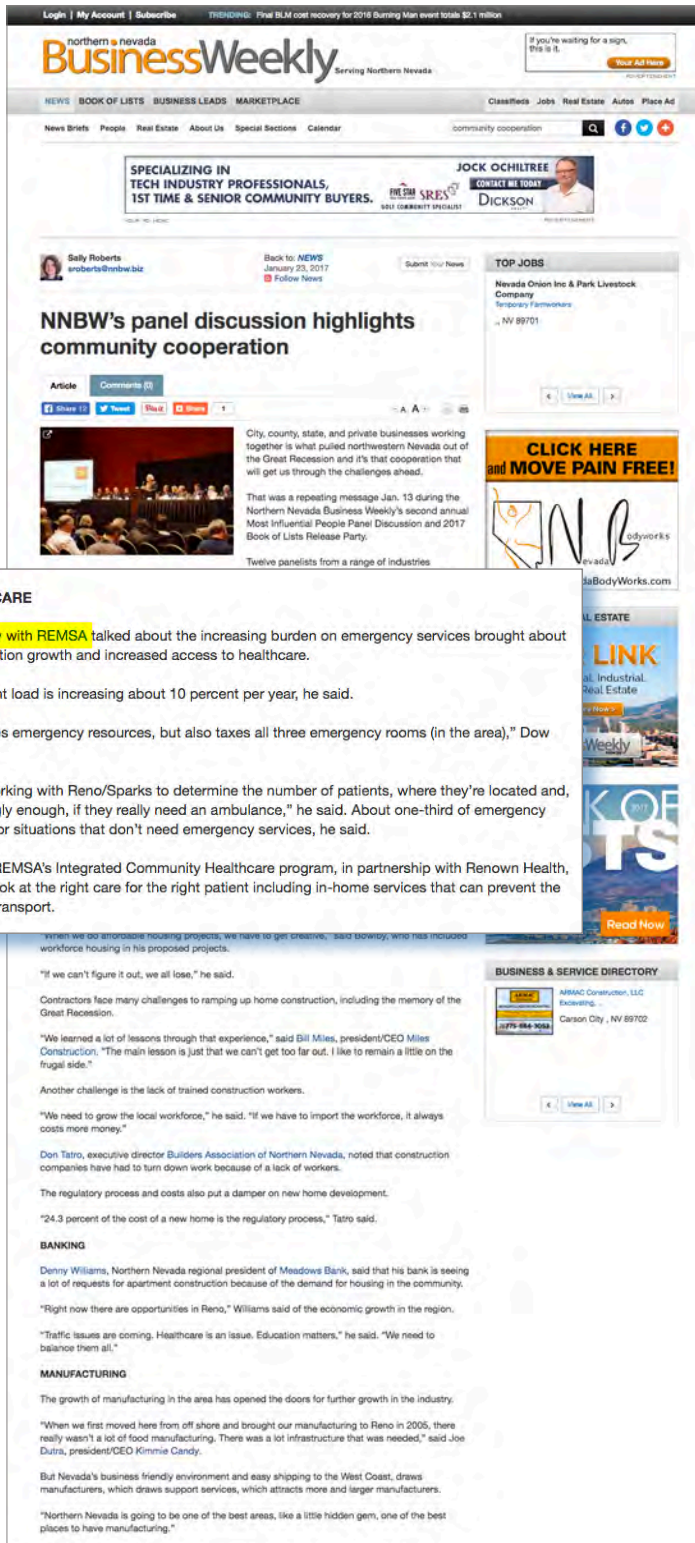
41 Chart was reviewed. PT was in the care of a Flight Crew and was a critical PT. Due to PT's condition PT was not able to move, so as not to further exacerbate his condition.



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
JANUARY 2017

MEDIA COVERAGE



HEALTHCARE

Dean Dow with REMSA talked about the increasing burden on emergency services brought about by population growth and increased access to healthcare.

The patient load is increasing about 10 percent per year, he said.

"That taxes emergency resources, but also taxes all three emergency rooms (in the area)," Dow said.

"We're working with Reno/Sparks to determine the number of patients, where they're located and, interestingly enough, if they really need an ambulance," he said. About one-third of emergency calls are for situations that don't need emergency services, he said.

Through REMSA's Integrated Community Healthcare program, in partnership with Renown Health, officials look at the right care for the right patient including in-home services that can prevent the need for transport.

When we do affordable housing projects, we have to get creative," said Bowlby, who has increased workforce housing in his proposed projects.

"If we can't figure it out, we all lose," he said.

Contractors face many challenges to ramping up home construction, including the memory of the Great Recession.

"We learned a lot of lessons through that experience," said Bill Miles, president/CEO Miles Construction. "The main lesson is just that we can't get too far out. I like to remain a little on the frugal side."

Another challenge is the lack of trained construction workers.

"We need to grow the local workforce," he said. "If we have to import the workforce, it always costs more money."

Don Tatso, executive director Builders Association of Northern Nevada, noted that construction companies have had to turn down work because of a lack of workers.

The regulatory process and costs also put a damper on new home development.

"24.3 percent of the cost of a new home is the regulatory process," Tatso said.

BANKING

Denny Williams, Northern Nevada regional president of Meadows Bank, said that his bank is seeing a lot of requests for apartment construction because of the demand for housing in the community.

"Right now there are opportunities in Reno," Williams said of the economic growth in the region.

"Traffic issues are coming. Healthcare is an issue. Education matters," he said. "We need to balance them all."

MANUFACTURING

The growth of manufacturing in the area has opened the doors for further growth in the industry.

"When we first moved here from off shore and brought our manufacturing to Reno in 2005, there really wasn't a lot of food manufacturing. There was a lot of infrastructure that was needed," said Joe Dutra, president/CEO Kimmie Candy.

But Nevada's business friendly environment and easy shipping to the West Coast, draws manufacturers, which draws support services, which attracts more and larger manufacturers.

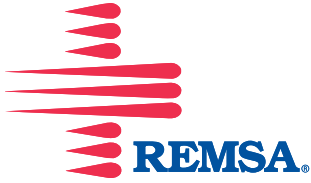
"Northern Nevada is going to be one of the best areas, like a little hidden gem, one of the best places to have manufacturing."

The Community Health Programs were mentioned in coverage in EMS World in an article discussing a community health worker certification. The article was titled: *Is CHW Certification the Magic Bullet for Community Paramedics?*

REMSA's collaboration and emergency medical services were mentioned and applauded during the January 26, 2017 State of the City delivered by Mayor Hillary Schieve.

Dean Dow, REMSA's President and CEO, was selected as one of *Northern Nevada Business Weekly's* Most Influential People and was included on a panel of speakers at the publication's event on January 13. Other panelists included Marily Mora with the Reno-Tahoe International Airport, Doug Erwin with EDAWN, and Chip Bowlby with Reno Land, Inc.

REMSA participated in the level three activation of the Regional Emergency Operations Center flood response representing EMS and patient transport needs for the area. REMSA staff worked closely with all responding and supporting agencies to ensure consistent, uninterrupted coverage and modified deployment and staffing levels to meet the needs of the community during the flood. Media inquiries were fielded through the Joint Information Center (JIC) as part of the Incident Command System structure.



Jan. 2017 Public Relations Report

District Board of Health

SOCIAL MEDIA HIGHLIGHTS



If you're on Twitter, be sure to follow @REMSAEMS and on Facebook like *Regional Emergency Medical Services Authority - REMSA*.

Social media features in January included cold weather and holiday safety tips, general health and wellness ideas and highlights about REMSA's services and programs.

Regional Emergency Medical Services Authority - REMSA added 3 new photos.
Published by Alexia Bratolotis (?) · January 26 at 8:32am · 🌐

Earlier this month, REMSA welcomed 25 paramedic students. They will complete a 14 month program to learn advanced assessment techniques, pharmacology, cardiology, and other life saving skills. To start your career in emergency medical services, click here: <http://remsa-cf.com/employment.html>

Regional Emergency Medical Services Authority - REMSA
Published by Alexia Bratolotis (?) · January 25 at 10:27am · 🌐

Join REMSA today from 1 to 4 p.m. at the Family Health Festival at Reno Town Mall. We'll be teaching you about safe sleep, proper car seat use and hands-only CPR. Stop by and visit us! Thanks for having us, Truckee Meadows Healthy Communities

Regional Emergency Medical Services Authority - REMSA
Published by Alexia Bratolotis (?) · January 6 at 12:07pm · 🌐

The approaching storm event is projected to bring substantial flooding to the region. Sparks, Reno and Washoe County officials continue to prepare. You can do your part by reviewing what to do before, during and after a flood. Get information here:

UNCE News
With flooding likely in parts of northern Nevada this weekend, residents are encouraged to familiarize themselves with what to do before, during and after a flood. The best local resource for information on flooding is the Nevada Floods...
UNCE.UNR.EDU

703 people reached Boost Post

Regional Emergency Medical Services Authority - REMSA with Rich Norgrove.
Published by Alexia Bratolotis (?) · January 20 at 7:52am · 🌐

Did you know REMSA has an elite Tactical EMS (TEMS) team? This team works along side local SWAT teams in tactical situations, providing care often in hostile environments. TEMS team members have even served along side the Secret Service, assisting with protecting the President of the United States.

2,630 people reached Boost Post

Regional Emergency Medical Services Authority - REMSA
Published by Jw Hodge (?) · January 13 at 10:03am · 🌐

There's so much fresh powder up in those mountains! If you're headed up to the slopes this weekend, remember to wear a helmet. Parents, set a good example for children - you should wear a helmet too. January is Winter Sports Traumatic Brain Injury Awareness month. A 2009 report shows that more than 20,000 emergency room visits were attributed to winter sports head injuries. Stay safe!

1,029 people reached Boost Post

Regional Emergency Medical Services Authority - REMSA
Published by Jw Hodge (?) · January 12 at 7:49am · 🌐

Driving conditions are extremely dangerous this morning. If you don't have to drive, stay home and stay safe. If you do have to drive, give yourself extra time, drive slow, allow plenty of space to ensure you can stop safely and stay alert.

556 people reached Boost Post

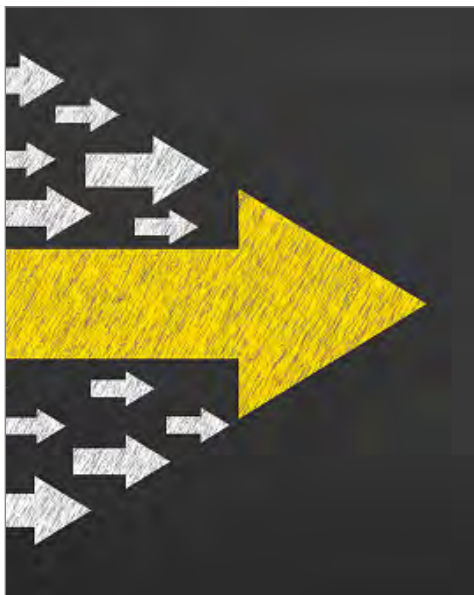


Jan. 2017 Public Relations Report

District Board of Health

STRATEGIC INITIATIVES

REMSA's website is nearing the completion of the design and content planning stage. REMSA's departments are developing content and KPS3 is creating page designs (graphics, image placement, interactive features, etc). Once completed the website will provide information on all of REMSA's program elements including Community Outreach, Education, Communications and Dispatch and Community Health. Visitors to the site will have access to information about what to expect when you call 9-1-1, fun facts about REMSA's fleet and maintenance program, how dynamic deployment functions and how to book the Special Events team. Anticipated launch of the website is first quarter 2017.



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 first quarter 2017.

In January, KPS3 and J.W. Hodge, REMSA's Director of Public Affairs prepared a proactive public relations plan aimed at raising awareness across the community about REMSA's integrated emergency medical services and pre-hospital care. The plan is a combination of resident-friendly, consumer health-related information and updates on REMSA's programs, outreach efforts, services and educational opportunities.



Regional Emergency Medical Services Authority

REMSA

PENALTY FUNDS DISTRIBUTION

JANUARY 2017



REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF JANUARY 31, 2017

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	5,296.53
December 2016	6,044.93
January 2017	7,578.83
February 2017	
March 2017	
April 2017	
May 2017	
June 2017	
Total accrued as of 1/31/2017	<u>\$39,355.13</u>

2016-17 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Child Safety	\$5,965.00	500 Sports First Aid Kits	January-17
Total encumbered as of 1/31/2017	<u>\$5,965.00</u>		
Penalty Fund Balance at 1/31/2017	<u>\$33,390.13</u>		



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

JANUARY 2017

No inquiries for JANUARY 2017

STAFF REPORT
BOARD MEETING DATE: February 23, 2017

DHO_ KD _____

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
 328-2416, kdick@washoecounty.us
SUBJECT: Approval of the Fiscal Year 2017-2018 Budget

SUMMARY

Presented in this staff report is the recommended budget for Fiscal Year 2017-2018. The budget includes the anticipated revenues and expenditures for twenty-two programs within the Health District with 151.42 full-time equivalents (FTEs) authorized to provide the services. The total revenues and County General Fund transfer are \$22,117,492 for a 5.1% increase over fiscal year 2017 (FY17) adopted budget of \$21,036,434. The budgeted revenues include: the final balance of the incremental increase in the fees for Environmental Health and Air quality; reduction of \$280,000 from the County General Fund transfer due to the fee increases; and, the board approved fees increase for the consumer price index of 2.5% for Environmental Health and Air Quality. Total expenditures projected for FY18 are \$22,490,587 which is a 2.1% increase over FY17 adopted budget of \$22,023,218. It is anticipated that FY17 will have an ending fund balance of \$2,790,080 or 13% of expenditures, which is within the policy guidelines of a 10% - 17% fund balance for special revenue funds. Opening FY18 will require \$373,095 of the FY17 fund balance to cover the gap between revenues and expenditures and leaving a fund balance for FY18 of \$2,416,984 which is 11% of total expenditures.

Included in the FY18 Recommended budget requests (details found on pages 3-6):

- New position and ancillary costs for a Health Educator II in the Chronic Disease program.
- New intermittent hourly Community Health Nutritionist for the WIC program.
- Transfer of existing Environmental Health positions to local funding and off of the restricted funding for the Solid Waste Management program to address the current workload requirements due to economic growth.
- Increase payments to the State for increased number of birth and death certificates required, \$2.00 for each registration of a birth or death certificate in Washoe County are to be transferred to the State.
- Reclassification requests for employees to better align the job classification with the work being performed.
- County General Fund transfer of \$9,516,856 decreased by \$280,000 compared to FY17 for a reduction of the shared services subsidy due to the fees increase approved in FY16.

Health District Strategic priority #5 Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.

BACKGROUND

Health District Mission

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

Health District Accomplishments

- Health District Strategic Plan
- Community Health Improvement Plan
- Truckee Meadows Healthy Communities Initiative

Health District Priorities and issues for the Future

- National public health agency accreditation
- Triennial update of Community Health Needs Assessment
- Engage community in collective impact to effect policy and systems change
- Funding policy for financial stability of the Health District
- Economic growth impacts on the Health District and the community
- Unknowns of the Trump Administration: repeal and replacement of ACA, Title X funding, freeze on EPA grants, contracts, regulations, and hiring
- Future location of Tuberculosis Clinic

Interlocal Agreement establishing the Washoe County Health District

As outlined in the Health District Interlocal agreement, the Washoe County Health District is a Special Revenue Fund within the books of Washoe County. The Special Revenue Funds account for revenue sources which are legally restricted for specified purposes. All revenues and expenditures associated with the health function of the Washoe County Health District are accounted and budgeted for within the Health Fund.

The Interlocal Agreement concerning the Washoe County Health District requires the Board of County Commissioners to adopt a final budget for the Health District, which must be prepared using the same time frames and format used by other County Departments.

The Interlocal Agreement requires a preliminary budget be transmitted to the Managers of the City of Reno, City of Sparks and Washoe County for their review and comment. The meeting with the Managers will be held in February, 2017. The District Health Officer will present the Managers' comments to the District Board of Health at the regularly scheduled meeting in March, 2017.

The Division Directors and Program staff met with Health Administration to review projected revenues and expenditures for the remainder of the Fiscal Year 2017 and to identify budget requests for Fiscal Year 2018. The proposed budget reflects the discussion of the Program Manager's, Division Director's, and direction by the District Health Officer.

Fiscal Year 2017-2018 (FY18) Proposed Budget

The FY18 proposed budget includes anticipated revenues and expenditures for twenty-two programs as outlined below.

Washoe County Health District Programs

Office of the District Health Officer

Office of the District Health Officer Program

Air Quality Management Division

Air Quality Management Program

Community and Clinical Health Services Division

Chronic Disease Prevention Program
Community & Clinical Health Admin Program
Family Planning Program
Immunizations Program
Maternal, Child & Adolescent Health Program
Sexual Health – HIV Program
Sexual Health – STD Program
Tuberculosis Program
Women, Infants and Children Program

Administrative Health Services Office

Administrative Health Services Program

Environmental Health Services Division

General Environmental Health Services/Land Development Program
Food Protection Program
Safe Drinking Water Program
Solid Waste Management Program
Underground Storage Tanks Program
Vector Borne Diseases Program

Epidemiology and Public Health Preparedness Division

Emergency Medical Services Program
Epidemiology Surveillance Program
Public Health Preparedness Program
Vital Statistics Program

The Office of the District Health Officer, Administrative Health Services Office and the Division budgets are summarized below. The details of the twenty-two program budgets within the Health District are located in Appendix A. A summary report by revenue category and total expenditures is found in Appendix B. The budgeted FTE history and classifications are in Appendix C and the Health District Organization Chart is found in Appendix D.

Office of the District Health Officer

Chapter 439 of the Nevada Revised Statutes prescribes the organization and functions of the Health District. The Health District operates through four divisions, Administrative Health Services Office and the Office of the District Health Officer.

Total program full-time equivalents:	6.33
Total FY 2018 Program Revenues:	\$5,754
Total FY 2018 Program Expenditures:	\$1,081,919

No above base requests for FY18

Administrative Health Services Office

Administrative Health Services Office provides administrative guidance and oversight for financial activities, risk management, purchasing, human resources, facilities management, and information technology for the District.

Total program full-time equivalents:	9.0
Total FY 2018 Program Revenues:	\$0
Total FY 2018 Program Expenditures:	\$1,154,904

No above base requests for FY18

Air Quality Management Division

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

Total program full-time equivalents:	18.50
Total FY 2018 Division Revenues:	\$3,195,239
Total FY 2018 Division Expenditures:	\$3,305,910

Note: \$421,844 of the unspent restricted funding from FY17 for the Pollution Control Program has been budgeted in FY18

Above base request for FY18:

- Reclassification of an Air Quality Specialist II to a Senior Air Quality Specialist.

Community and Clinical Health Services Division

The Community and Clinical Health Services Division (CCHS) provides clinical services, community and individual health education, and partners with other community organizations and health care providers to improve the health of our community.

Total program full-time equivalents:	56.40
Total FY 2018 Division Revenues:	\$3,747,513
Total FY 2018 Division Expenditures:	\$7,648,284

Above base requests for FY18:

- New position and ancillary costs for a Health Educator II in the Chronic Disease program.
- New intermittent hourly Community Health Nutritionist for the WIC program.

Environmental Health Services Division

The Environmental Health Services Division (EHS) leads the team that ensures compliance with local, state and federal laws regulating food, water, vector and other areas of public health in Washoe County. The many programs under the EHS umbrella have an emphasis on regulation and enforcement, but also have a strong education component, promoting a collaborative approach with industry to meet local and national public health goals.

Total program full-time equivalents:	43.66
Total FY 2018 Division Revenues:	\$3,870,923
Total FY 2018 Division Expenditures:	\$6,774,639

Note: \$230,490 of the unspent restricted funding from FY17 for the Solid Waste Management Program has been budgeted in FY18

FY18 Above base request:

- Transfer of existing positions to local funding and off of the restricted funding for the Solid Waste Management program to address the current workload requirements and economic growth.

Epidemiology and Public Health Preparedness

The Epidemiology and Public Health Preparedness Division (EPHP) conducts surveillance on reportable diseases and conditions; analyzes communicable & chronic disease data to identify risk factors; disease control strategies; investigates disease outbreaks; serves as the local registrar for births & deaths; and develops departmental capabilities for response to biological terrorism and other public health emergencies; and oversees the Emergency Medical Services Program.

Total program full-time equivalents:	17.53
Total FY 2018 Division Revenues:	\$1,781,207
Total FY 2018 Division Expenditures:	\$2,524,931

Above base requests for FY18:

- Increase payments to the State for increased number of birth and death certificates required, \$2.00 for each registration of a birth or death certificate in Washoe County are to be transferred to the State.

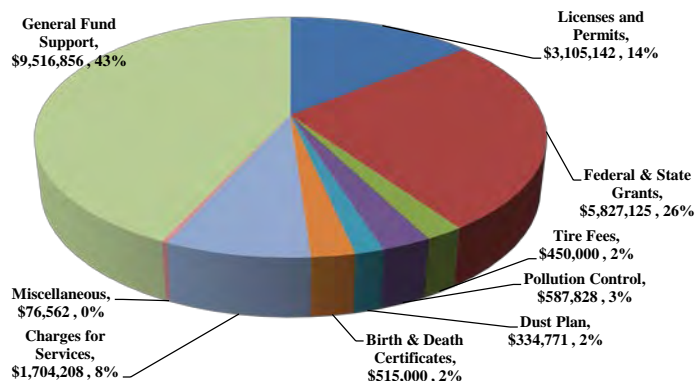
Total Health Fund revenues are budgeted to be \$22,117,492 and the expenditures are budgeted at \$22,490,587 which is a \$373,095 deficit that will be funded with savings from this fiscal year and have been anticipated in the estimated year-end financials. The total full-time equivalents (FTEs) for the Health District are budgeted at 151.42, which is the existing authorized staffing level plus the additional full-time position in the Chronic Disease program.

Total budgeted revenues of \$22,117,492 are up \$1,081,058 or 5.1% over the FY17 adopted budget and includes:

- **Licenses and Permits - \$3,105,142 up \$956,490 or 44.5% over FY17**
 - Includes the anticipated increase in fees approved by the board in FY16.
 - Anticipates an increase in permitting and economic activity in the community.
- **Grant funding - \$5,827,125 down \$134,286 or 2.3% over FY17**
 - Decreases are in the Immunization and WIC program.
- **Restricted intergovernmental funds - \$1,037,828 up \$12,828 or 1.3%, over FY17**
 - \$587,828 restricted for the Air Quality Management program (Pollution control NRS445B).
 - \$450,000 restricted for the Solid Waste Management program (Tire fees-NRS444A).
- **Charges for services - \$2,553,979 up \$562,608 or 28.3% over FY17**
 - Includes the anticipated increase in fees approved by the board in FY16.
- **Miscellaneous Revenue - \$76,562 down \$36,582 or 32.3% over FY17**
 - Reduction is due to the FY17 one-time funding of \$35,000 from community support for the update on the Community Health Needs Assessment.
- **County General Fund Support - \$9,516,856 down \$280,000 or 2.9% over FY17**
 - Reduction due to the County subsidy for the overhead now captured in the fees.
 - No additional County support will be requested.

Washoe County Health District
FY2017-18 Budgeted Revenues - \$22.1 million
(excludes opening fund balance)

FY2017 - 2018 Budgeted Revenues		
		% of Total Revenue
Licenses and Permits	\$ 3,105,142	14%
Federal & State Grants	\$ 5,827,125	26%
Tire Fees	\$ 450,000	2%
Pollution Control	\$ 587,828	3%
Dust Plan	\$ 334,771	2%
Birth & Death Certificates	\$ 515,000	2%
Charges for Services	\$ 1,704,208	8%
Miscellaneous	\$ 76,562	0.3%
General Fund Support	\$ 9,516,856	43%
Total Revenue	\$ 22,117,492	100.0%



Total budgeted expenditures are \$22,490,587 up \$467,369 or 2.1% increase over FY17 adopted budget and includes:

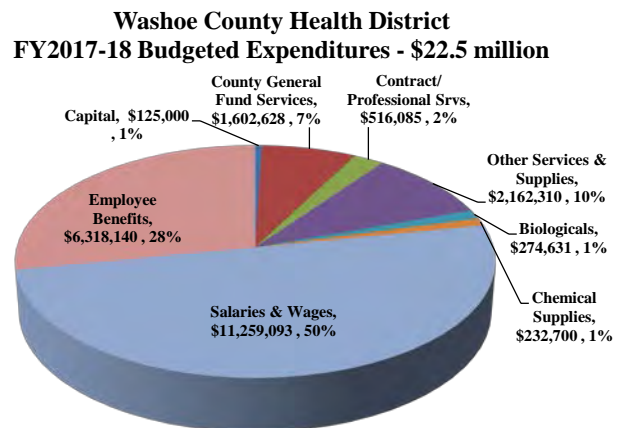
- **Salaries and Wages - \$11,259,093 up \$369,467 or 3.4% over FY17**
 - 151.42 FTEs slightly up from 151.41 budgeted in FY17 due to adjustments in the intermittent hourly & seasonal staff funding, elimination of positions due to loss of grant funding, additional position in the Chronic Disease program and an intermittent hourly position in the WIC program.
 - Includes employee merit increases for those not at the top of the pay range.
 - Includes the negotiated cost of living increase of 3.5% effective July 1, 2017.

- **Employee Benefits - \$6,318,140 up \$294,403 or 4.9% over FY17**
 - Retirement had the largest dollar increase at \$160,879 up 5.7%.
 - The percent of salaries paid to PERS remains at 28.0%.
 - Other Post-Employment Benefit (OPEB) costs increased by \$123,729 up 10.5%.

- **Services and Supplies are budgeted at \$4,788,354 down \$262,057 or 5.2% over FY17**
 - Implemented FY17 is the re-budgeting of the unspent funding for the Tire and Pollution Control dedicated resources which totaled \$652,334 for FY18 down from the \$688,337 in FY17.
 - County General Fund indirect cost allocation of \$1,520,621 down \$180,176 or 10.6% over FY17

- **Capital - \$125,000 up \$65,557 or 110.3% over FY17**
 - \$25,000 is budgeted for the FY18 cost of the Clinics electronic records system.
 - \$100,000 is budgeted for equipment related to air monitoring systems.

FY2017 - 2018 Budgeted Expenditures		
		% of Total Expenditures
Salaries & Wages	\$ 11,259,093	50%
Employee Benefits	\$ 6,318,140	28%
County General Fund Services	\$ 1,602,628	7%
Other Services & Supplies	\$ 2,162,310	10%
Contract/ Professional Svcs	\$ 516,085	2%
Biologicals	\$ 274,631	1%
Chemical Supplies	\$ 232,700	1%
Capital	\$ 125,000	1%
	\$22,490,587	100%



With calculating in the fund balance from FY16 of \$2,967,844 and combining the anticipated resources and uses for fiscal year 2017 the ending fund balance for FY17 is projected to be \$2,790,080 which will be available for the budget in FY18 and includes the \$652,334 of dedicated

funding re-budgeted for the solid waste management program and the air pollution program. The total resources and uses for FY18 are generating a fund balance of \$2,416,984 which is 11.0% of annual expenditures and within the policy guidelines of a 10%-17% fund balance for special revenue funds.

The detail of the sources and uses are as follows:

	Actual				Estimated	Proposed Budget
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018
FUND SUMMARY:						
SOURCES OF FUNDS:						
Opening Fund Balance	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 2,790,080
Revenues:						
Licenses and Permits	1,179,756	1,406,086	1,410,276	1,559,740	2,260,642	3,105,142
Federal & State Grants	5,630,117	5,438,048	5,369,889	5,571,322	5,534,808	5,329,732
Federal & State Indirect Rev.	142,069	357,864	288,770	415,541	460,737	497,393
Tire Fees (NRS 444A.090)	432,642	314,136	446,463	465,345	435,454	450,000
Pollution Control (NRS445B.830)	314,903	634,731	541,626	599,290	528,000	587,828
Dust Plan	123,364	147,678	187,763	271,308	318,540	334,771
Birth & Death Certificates	476,829	457,596	465,052	521,837	521,474	515,000
Other Charges for Services	714,058	734,285	744,250	907,373	1,339,994	1,704,208
Miscellaneous	73,204	172,819	58,286	81,259	107,164	76,562
Total Revenues	9,086,942	9,663,243	9,512,374	10,393,014	11,506,813	12,600,636
Total General Fund transfer	8,623,891	8,603,891	10,000,192	10,076,856	9,796,856	9,516,856
Total Sources of Funds	21,626,875	21,078,599	21,668,365	22,738,376	24,271,513	24,907,571
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	9,458,939	9,169,680	9,826,174	9,693,838	10,315,944	10,863,118
Intermittent Hourly Positions	344,928	421,427	360,460	358,776	447,834	395,975
Group Insurance	1,336,381	1,307,483	1,430,834	1,480,594	1,714,432	1,762,580
OPEB Contribution (1)	-	-	-	-	1,181,460	1,305,189
Retirement	2,189,491	2,310,772	2,435,635	2,654,379	2,801,651	2,996,864
Other Employee Benefits	268,263	211,142	222,327	222,140	248,077	253,507
Contract/Professional Svcs	713,360	809,059	608,663	627,111	455,669	516,085
Chemical Supplies	231,490	231,398	231,437	250,088	236,075	232,700
Biologicals	226,789	247,975	211,580	227,771	258,131	274,631
Fleet Management billings	136,051	161,263	180,112	182,379	190,242	195,705
Outpatient	85,670	79,036	77,527	89,541	103,713	111,667
Property & Liability billings	80,283	74,502	74,503	75,992	82,007	82,007
Other Services and Supplies	977,769	854,241	974,021	1,050,039	1,684,687	1,854,938
Indirect cost allocation	2,553,372	2,898,034	2,741,061	2,795,882	1,700,797	1,520,621
Capital	212,624	146,788	25,527	62,001	60,714	125,000
Total Uses of Funds	18,815,411	18,922,799	19,399,859	19,770,532	21,481,434	22,490,587
Net Change in Fund Balance	(1,104,577)	(655,665)	112,707	699,338	(177,765)	(373,095)
Ending Fund Balance (FB)	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 2,790,080	\$ 2,416,984
FB as a percent of Uses of Funds	15%	11%	12%	15%	13%	11%
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.						

Three year projection

The revenues are projected to be greater than the expenditures by \$548,714 in FY19 and \$21,243 for FY20. A negative net change in fund balance of \$508,065 is projected for FY21 due to the expenditures increasing greater than the anticipated revenues. The increase in revenues for FY21 compared to FY18 is 3.3% with an increase in expenditures projected at a 3.9% increase thus driving the decline in fund balance. The transfer from the County General Fund, the single largest source of revenue for the Health District, is projected to remain flat at the FY18 transfer of \$9,516,856 and 41.6% of the total revenue for FY21. Salaries and benefits are 80% of total expenditures and the main increases are: the negotiated cost of living adjustment of 2.5% beginning in FY19; health insurance is projected with a 6% increase; and, the OPEB is increased at 10% per year. The details are as follows:

	Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,967,844	\$ 2,790,080	\$ 2,416,984	\$ 2,965,698	\$ 2,986,941
Revenues:					
Licenses and Permits	2,260,642	3,105,142	3,171,352	3,218,923	3,267,206
Federal & State Grants	5,534,808	5,329,732	5,206,779	5,404,373	5,597,452
Federal & State Indirect Rev.	460,737	497,393	549,516	570,370	590,747
Tire Fees (NRS 444A.090)	435,454	450,000	465,032	483,562	502,056
Pollution Control (NRS445B.830)	528,000	587,828	599,584	608,578	617,707
Dust Plan	318,540	334,771	341,466	346,588	351,787
Birth & Death Certificates	521,474	515,000	520,495	528,302	536,227
Other Charges for Services	1,339,994	1,704,208	1,738,292	1,764,367	1,790,832
Miscellaneous	107,164	76,562	76,245	78,391	80,633
Total Revenues	11,506,813	12,600,636	12,668,762	13,003,454	13,334,648
Total General Fund transfer	9,796,856	9,516,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	24,271,513	24,907,571	24,602,602	25,486,008	25,838,445
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	10,315,944	10,863,118	10,689,505	10,956,742	11,230,661
Intermittent Hourly Positions	447,834	395,975	377,133	391,797	407,032
Group Insurance	1,714,432	1,762,580	1,728,099	1,831,785	1,941,692
OPEB Contribution (1)	1,181,460	1,305,189	1,435,708	1,579,278	1,737,206
Retirement	2,801,651	2,996,864	2,935,043	3,067,888	3,144,585
Other Employee Benefits	248,077	253,507	249,694	248,588	260,696
Contract/Professional Svcs	455,669	516,085	458,531	469,038	480,067
Chemical Supplies	236,075	232,700	232,904	233,371	232,895
Biologicals	258,131	274,631	273,705	285,770	295,262
Fleet Management billings	190,242	195,705	203,637	220,946	239,726
Outpatient	103,713	111,667	106,493	112,742	121,821
Property & Liability billings	82,007	82,007	82,007	83,647	85,320
Other Services and Supplies	1,684,687	1,854,938	1,206,642	1,318,594	1,441,627
Indirect cost allocation	1,700,797	1,520,621	1,555,533	1,594,421	1,634,282
Capital	60,714	125,000	102,271	104,459	106,697
Total Uses of Funds	21,481,434	22,490,587	21,636,904	22,499,067	23,359,569
Net Change in Fund Balance	(177,765)	(373,095)	548,714	21,243	(508,065)
Ending Fund Balance (FB)	\$ 2,790,080	\$ 2,416,984	\$ 2,965,698	\$ 2,986,941	\$ 2,478,876
FB as a percent of Uses of Funds	13%	11%	14%	13%	11%
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.					

Next Steps

- **February, 2017**
 - Proposed FY18 Budget due to the County.
 - District Health Officer delivers FY18 budget to County and City Managers.

- **March, 2017**
 - DBOH update on the Managers meeting for FY18 Budget.
 - Budget presentation to the County Senior Management.

- **April, 2017**
 - April 25, BCC meeting, County Manager’s recommendations for FY18 budget, General Fund support should be finalized.

- **May, 2017**
 - May 16, BCC Public Hearing and possible adoption of the FY18 Budget.

- **June, 2017**
 - June 1, County delivers Final Budget to the Department of Taxation.

FISCAL IMPACT

Approval of the FY18 proposed budget will provide an expenditure budget of \$22,490,587. Resources include \$12,600,636 in Health District revenues, \$9,516,856 in a transfer from the County General Fund, and \$2,790,080 from unspent funding in FY17. With total resources at \$24,907,571 and the expenditures at \$22,490,587 the fund balance anticipated for FY18 is \$2,416,984 which is 11% of the total expenditures.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Fiscal Year 2017-2018 Budget.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal Year 2018 budget as outlined by staff.”

Should the Board amend staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal 2018 budget as outlined by staff with the following adjustments.....”

- Attachments:
- Appendix A - History, Current Estimates, FY18 Recommended Budget & Projections to FY21
 - Appendix B FY18 Recommended Budget
 - Appendix C History of Budgeted Full-time equivalents (FTEs)
 - Appendix D Health District Organization Chart

**Washoe County Health District Fund
History, Current Estimates, FY18 Proposed Budget and Projections to FY21**

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**Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21**

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
FUND SUMMARY:									
SOURCES OF FUNDS:									
Opening Fund Balance	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 2,790,080	\$ 2,416,984	\$ 2,965,698	\$ 2,986,941
Revenues:									
Licenses and Permits	1,179,756	1,406,086	1,410,276	1,559,740	2,260,642	3,105,142	3,171,352	3,218,923	3,267,206
Federal & State Grants	5,630,117	5,438,048	5,369,889	5,571,322	5,534,808	5,329,732	5,206,779	5,404,373	5,597,452
Federal & State Indirect Rev.	142,069	357,864	288,770	415,541	460,737	497,393	549,516	570,370	590,747
Tire Fees (NRS 444A.090)	432,642	314,136	446,463	465,345	435,454	450,000	465,032	483,562	502,056
Pollution Control (NRS445B.830)	314,903	634,731	541,626	599,290	528,000	587,828	599,584	608,578	617,707
Dust Plan	123,364	147,678	187,763	271,308	318,540	334,771	341,466	346,588	351,787
Birth & Death Certificates	476,829	457,596	465,052	521,837	521,474	515,000	520,495	528,302	536,227
Other Charges for Services	714,058	734,285	744,250	907,373	1,339,994	1,704,208	1,738,292	1,764,367	1,790,832
Miscellaneous	73,204	172,819	58,286	81,259	107,164	76,562	76,245	78,391	80,633
Total Revenues	9,086,942	9,663,243	9,512,374	10,393,014	11,506,813	12,600,636	12,668,762	13,003,454	13,334,648
Total General Fund transfer	8,623,891	8,603,891	10,000,192	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	21,626,875	21,078,599	21,668,365	22,738,376	24,271,513	24,907,571	24,602,602	25,486,008	25,838,445
USES OF FUNDS:									
Expenditures:									
Salaries & Wages	9,458,939	9,169,680	9,826,174	9,693,838	10,315,944	10,863,118	10,689,505	10,956,742	11,230,661
Intermittent Hourly Positions	344,928	421,427	360,460	358,776	447,834	395,975	377,133	391,797	407,032
Group Insurance	1,336,381	1,307,483	1,430,834	1,480,594	1,714,432	1,762,580	1,728,099	1,831,785	1,941,692
OPEB Contribution (1)	-	-	-	-	1,181,460	1,305,189	1,435,708	1,579,278	1,737,206
Retirement	2,189,491	2,310,772	2,435,635	2,654,379	2,801,651	2,996,864	2,935,043	3,067,888	3,144,585
Other Employee Benefits	268,263	211,142	222,327	222,140	248,077	253,507	249,694	248,588	260,696
Contract/Professional Svcs	713,360	809,059	608,663	627,111	455,669	516,085	458,531	469,038	480,067
Chemical Supplies	231,490	231,398	231,437	250,088	236,075	232,700	232,904	233,371	232,895
Biologicals	226,789	247,975	211,580	227,771	258,131	274,631	273,705	285,770	295,262
Fleet Management billings	136,051	161,263	180,112	182,379	190,242	195,705	203,637	220,946	239,726
Outpatient	85,670	79,036	77,527	89,541	103,713	111,667	106,493	112,742	121,821
Property & Liability billings	80,283	74,502	74,503	75,992	82,007	82,007	82,007	83,647	85,320
Other Services and Supplies	977,769	854,241	974,021	1,050,039	1,684,687	1,854,938	1,206,642	1,318,594	1,441,627
Indirect cost allocation	2,553,372	2,898,034	2,741,061	2,795,882	1,700,797	1,520,621	1,555,533	1,594,421	1,634,282
Capital	212,624	146,788	25,527	62,001	60,714	125,000	102,271	104,459	106,697
Total Uses of Funds	18,815,411	18,922,799	19,399,859	19,770,532	21,481,434	22,490,587	21,636,904	22,499,067	23,359,569
Net Change in Fund Balance	(1,104,577)	(655,665)	112,707	699,338	(177,765)	(373,095)	548,714	21,243	(508,065)
Ending Fund Balance (FB)	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 2,790,080	\$ 2,416,984	\$ 2,965,698	\$ 2,986,941	\$ 2,478,876
FB as a percent of Uses of Funds	15%	11%	12%	15%	13%	11%	14%	13%	11%
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020	FY 2020- 2021
Revenues and Expenditures by Program:									
<i>Office of the District Health Officer (Opened July 1, 2014)</i>									
Revenues:									
Federal & State Grants	-	-	-	15,000	14,996	5,004	-	-	-
Federal & State Indirect Rev.	-	-	-	-	2,250	750	-	-	-
Miscellaneous	-	-	-	-	35,000	-	-	-	-
Sub-total Revenues	-	-	-	15,000	52,246	5,754	-	-	-
Expenditures:									
Salaries & Wages	-	-	281,710	328,280	460,040	572,703	563,551	577,639	592,080
Intermittent Hourly Positions	-	-	-	-	2,000	7,200	6,857	7,124	7,401
Group Insurance	-	-	29,921	38,760	61,695	68,178	66,882	70,895	75,149
OPEB Contribution (1)	-	-	-	-	43,491	63,169	69,486	76,434	84,078
Retirement	-	-	72,212	91,351	128,852	160,356	157,048	161,739	165,782
Other Employee Benefits	-	-	3,994	6,672	10,342	12,689	12,498	12,443	13,049
Contract/Professional Svcs	-	-	15,189	29,199	98,625	4,696	4,173	4,227	4,282
Property & Liability billings	-	-	-	1,682	1,640	1,640	1,640	1,673	1,706
Other Services and Supplies	-	-	9,998	22,481	175,765	149,819	144,006	146,886	149,824
Indirect cost allocation	-	-	68,863	76,246	46,382	41,468	42,420	43,481	44,568
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	\$ -	\$ -	\$ 481,886	\$ 594,672	\$ 1,028,833	\$ 1,081,919	\$ 1,068,561	\$ 1,102,541	\$ 1,137,919
Revenues Less Expenditures	\$ -	\$ -	\$ (481,886)	\$ (579,672)	\$ (976,587)	\$ (1,076,165)	\$ (1,068,561)	\$ (1,102,541)	\$ (1,137,919)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) FY18 Salaries increase is due to the first year of being fully staffed. Other Services & Supplies includes the reallocation of funding for special projects due to additional grant funding.									
Administrative Health Services Office									
Revenues:									
Other Charges for Services	5	-	-	-	-	-	-	-	-
Miscellaneous	33,448	87,930	151	-	-	-	-	-	-
Sub-total Revenues	33,453	87,930	151	-	-	-	-	-	-
Expenditures:									
Salaries & Wages	827,959	792,486	707,651	640,045	632,040	652,445	642,018	658,068	674,520
Group Insurance	91,261	87,983	84,388	91,131	99,880	100,815	98,898	104,832	111,122
OPEB Contribution (1)	-	-	-	-	81,163	81,735	89,909	98,900	108,790
Retirement	187,127	200,852	161,834	178,097	176,854	182,125	178,368	184,259	188,866
Other Employee Benefits	74,403	17,590	17,080	14,200	15,010	15,376	15,144	15,077	15,812
Contract/Professional Svcs	80,786	115,940	13,426	3,241	3,150	3,000	2,665	2,700	2,735
Fleet Management billings	-	-	-	-	-	-	-	-	-
Property & Liability billings	6,383	5,772	5,772	4,205	4,100	4,100	4,100	4,182	4,266
Other Services and Supplies	37,487	27,301	48,035	10,728	85,572	85,735	86,611	95,363	105,001
Indirect cost allocation	61,135	88,816	58,383	54,375	33,077	29,573	30,252	31,009	31,784
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,366,542	1,336,740	1,096,568	996,022	1,130,846	1,154,904	1,147,966	1,194,391	1,242,894
Revenues Less Expenditures	\$ (1,333,089)	\$ (1,248,810)	\$ (1,096,417)	\$ (996,022)	\$ (1,130,846)	\$ (1,154,904)	\$ (1,147,966)	\$ (1,194,391)	\$ (1,242,894)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020	FY 2020- 2021
<i>Air Quality Management Program</i>									
Revenues:									
Licenses and Permits	456,430	532,135	526,224	523,612	613,819	766,406	782,748	794,489	806,406
Federal & State Grants	891,875	832,542	794,723	727,088	711,103	703,151	687,575	713,668	739,165
Federal & State Indirect Rev.	27,309	63,334	32,189	32,794	31,494	31,542	34,900	36,224	37,519
Pollution Control (NRS445B.830)	314,903	634,731	541,626	599,290	528,000	587,828	599,584	608,578	617,707
Dust Plan	123,364	147,678	187,763	271,308	318,540	334,771	341,466	346,588	351,787
Other Charges for Services	254,802	280,536	344,790	366,311	535,439	771,541	786,972	798,776	810,758
Miscellaneous	15	80	156	50	-	-	-	-	-
Sub-total Revenues	2,068,697	2,491,036	2,427,471	2,520,452	2,738,395	3,195,239	3,233,246	3,298,325	3,363,342
Expenditures:									
Salaries & Wages	1,248,223	1,239,932	1,334,790	1,356,206	1,460,352	1,501,774	1,477,772	1,514,717	1,552,585
Intermittent Hourly Positions	9,421	6,449	9,044	9,516	11,000	11,000	10,477	10,884	11,307
Group Insurance	162,975	174,644	200,574	202,182	234,942	235,310	230,836	244,686	259,367
OPEB Contribution (1)	-	-	-	-	171,961	188,415	207,257	227,982	250,780
Retirement	294,714	306,953	339,148	368,286	399,620	419,852	411,191	424,121	434,724
Other Employee Benefits	26,948	27,355	29,144	29,518	37,368	38,531	37,952	37,783	39,624
Contract/Professional Svcs	156,119	133,892	175,510	95,166	18,548	77,000	68,413	69,305	70,210
Fleet Management billings	31,240	37,917	33,902	36,710	34,344	43,859	45,637	49,516	53,725
Property & Liability billings	9,525	9,322	9,322	9,508	9,841	9,841	9,841	10,038	10,239
Other Services and Supplies	146,638	114,476	101,275	179,634	312,401	488,790	66,946	73,711	81,160
Indirect cost allocation	332,303	353,791	336,921	352,173	214,235	191,539	195,937	200,835	205,856
Capital	211,274	119,972	17,566	31,736	35,340	100,000	77,640	79,581	81,570
Sub-total Expenditures	2,629,381	2,524,703	2,587,196	2,670,635	2,939,953	3,305,910	2,839,897	2,943,159	3,051,146
Revenues Less Expenditures	\$ (560,684)	\$ (33,667)	\$ (159,725)	\$ (150,183)	\$ (201,557)	\$ (110,671)	\$ 393,349	\$ 355,165	\$ 312,196
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2)\$421,844 of unspent restricted funds (DMV funds) in Other Services and Supplies from FY17 is budgeted to be spent in FY18.									

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
<u>Chronic Disease Prevention</u>									
Revenues:									
Federal & State Grants	113,678	254,348	301,412	276,505	294,639	294,639	288,112	299,046	309,730
Federal & State Indirect Rev.	-	12,834	14,152	15,536	17,338	17,338	19,184	19,912	20,623
Sub-total Revenues	113,678	267,182	315,564	292,042	311,977	311,977	307,296	318,958	330,353
Expenditures:									
Salaries & Wages	152,507	120,985	170,552	175,049	176,312	238,384	234,574	240,438	246,449
Intermittent Hourly Positions	-	27,184	27,331	45,886	75,189	50,066	47,683	49,538	51,464
Group Insurance	27,751	16,758	24,111	27,298	36,266	37,159	36,453	38,640	40,958
OPEB Contribution (1)	-	-	-	-	23,139	22,554	24,809	27,290	30,019
Retirement	36,218	27,571	43,147	48,587	49,460	76,429	74,852	67,323	69,006
Other Employee Benefits	3,248	3,053	3,645	3,944	4,990	3,813	3,756	3,739	3,921
Contract/Professional Svcs	40,431	185,753	68,696	133,251	31,524	28,274	25,121	25,448	25,780
Fleet Management billings	-	-	-	-	-	-	-	-	-
Property & Liability billings	1,473	1,178	1,178	1,202	1,640	1,640	1,640	1,673	1,706
Other Services and Supplies	8,028	10,805	117,841	15,971	138,891	137,722	139,128	153,188	168,669
Indirect cost allocation	-	-	58,114	60,345	36,709	32,820	33,574	34,413	35,273
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	269,657	393,287	514,616	511,533	574,120	628,859	621,589	641,689	673,246
Revenues Less Expenditures	\$ (155,980)	\$ (126,105)	\$ (199,052)	\$ (219,491)	\$ (262,143)	\$ (316,882)	\$ (314,293)	\$ (322,731)	\$ (342,893)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) FY18 salaries and benefits include a new Health Educator II position.									
<u>Community & Clinical Health</u>									
Revenues:									
Other Charges for Services	1,387	540	-	-	-	-	-	-	-
Miscellaneous	1,305	15	-	-	-	-	-	-	-
Sub-total Revenues	2,692	555	-	-	-	-	-	-	-
Expenditures:									
Salaries & Wages	169,560	179,916	118,376	125,305	201,072	225,642	222,036	227,587	233,276
Group Insurance	20,477	20,297	11,591	13,500	24,488	27,832	27,302	28,941	30,677
OPEB Contribution (1)	-	-	-	-	16,738	28,194	31,013	34,114	37,526
Retirement	39,990	46,068	30,109	34,803	56,527	63,180	61,876	63,724	65,317
Other Employee Benefits	3,545	3,456	2,622	2,711	4,503	5,059	4,982	4,960	5,202
Contract/Professional Svcs	1,555	836	28,420	2,954	10,500	36,378	32,321	32,742	33,170
Fleet Management billings	1,724	2,217	3,237	3,409	5,721	4,189	4,359	4,729	5,131
Property & Liability billings	1,350	842	842	859	820	820	820	836	853
Other Services and Supplies	5,104	22,707	8,009	10,093	14,521	15,260	15,416	16,974	18,689
Indirect cost allocation	796,170	1,170,065	30,212	32,461	19,747	17,655	18,060	18,512	18,975
Capital	-	23,948	-	30,265	25,374	25,000	24,632	24,878	25,127
Sub-total Expenditures	1,039,476	1,470,351	233,417	256,359	380,011	449,207	442,817	457,998	473,943
Revenues Less Expenditures	\$ (1,036,784)	\$ (1,469,796)	\$ (233,417)	\$ (256,359)	\$ (380,011)	\$ (449,207)	\$ (442,817)	\$ (457,998)	\$ (473,943)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) Increase from FY17 to FY18 is due to a full year of the Administrative Assistant position being filled and contractual support for 3rd party billings.									

**Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21**

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
Family Planning									
Revenues:									
Federal & State Grants	859,328	785,268	783,065	743,944	898,066	898,066	878,173	911,499	944,063
Federal & State Indirect Rev.	-	18,637	20,388	32,593	134,134	134,134	148,414	154,046	159,550
Other Charges for Services	27,454	34,370	34,024	74,173	72,000	67,000	68,340	69,365	70,406
Miscellaneous	22,601	24,230	19,122	20,937	12,000	12,000	12,240	12,240	12,240
Sub-total Revenues	909,383	862,505	856,599	871,646	1,116,200	1,111,200	1,107,167	1,147,150	1,186,259
Expenditures:									
Salaries & Wages	456,050	417,338	472,963	450,719	406,957	510,014	501,863	514,410	527,270
Intermittent Hourly Positions	80,619	101,970	49,087	42,336	98,827	62,756	59,770	62,094	64,509
Group Insurance	80,850	73,609	87,517	98,577	90,106	99,852	97,953	103,831	110,060
OPEB Contribution (1)	-	-	-	-	36,734	56,399	62,039	68,243	75,067
Retirement	108,016	106,676	113,797	125,217	111,422	142,806	139,860	144,035	147,636
Other Employee Benefits	11,415	11,607	11,909	12,221	9,836	11,417	11,245	11,195	11,741
Contract/Professional Svcs	23,098	24,967	18,387	22,875	29,434	22,394	19,897	20,156	20,419
Biologicals	159,047	129,887	110,025	91,652	117,928	136,428	135,968	141,961	146,677
Outpatient	15,043	15,424	19,006	22,986	27,000	27,000	25,749	27,260	29,455
Property & Liability billings	4,910	4,661	4,661	4,754	4,920	4,920	4,920	5,018	5,119
Other Services and Supplies	50,417	53,703	45,952	31,969	84,462	60,425	61,043	67,211	74,004
Indirect cost allocation	-	-	162,586	158,843	96,628	86,392	88,375	90,584	92,849
Capital	1,350	2,869	-	-	-	-	-	-	-
Sub-total Expenditures	990,814	942,710	1,095,889	1,062,150	1,114,255	1,220,804	1,208,682	1,255,999	1,304,805
Revenues Less Expenditures	\$ (81,431)	\$ (80,205)	\$ (239,290)	\$ (190,504)	\$ 1,945	\$ (109,604)	\$ (101,515)	\$ (108,849)	\$ (118,546)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) Vacancy savings in FY17 estimates is driving the increase in FY18.									
Immunizations									
Revenues:									
Federal & State Grants	273,950	279,687	305,244	290,366	270,631	263,584	257,745	267,526	277,084
Federal & State Indirect Rev.	14,069	25,601	39,707	37,748	35,183	34,266	37,914	39,352	40,758
Other Charges for Services	97,428	160,125	120,674	120,257	187,164	149,200	152,184	154,467	156,784
Miscellaneous	12,878	8,490	4,394	5,882	6,315	1,500	1,530	1,530	1,530
Sub-total Revenues	398,325	473,903	470,019	454,253	499,293	448,549	449,372	462,875	476,156
Expenditures:									
Salaries & Wages	596,496	600,842	655,438	624,783	666,005	691,083	680,039	697,040	714,466
Intermittent Hourly Positions	64,940	77,773	67,491	70,082	41,674	55,274	52,644	54,691	56,817
Group Insurance	94,011	93,382	110,036	114,657	122,916	123,505	121,157	128,426	136,132
OPEB Contribution (1)	-	-	-	-	75,357	86,484	95,133	104,646	115,111
Retirement	139,986	149,346	166,604	173,379	184,450	193,280	189,293	195,171	200,050
Other Employee Benefits	14,498	14,210	15,620	15,294	15,479	15,346	15,115	15,048	15,781
Contract/Professional Svcs	21,149	25,476	18,129	15,333	27,827	27,396	24,341	24,658	24,980
Biologicals	59,228	113,315	100,332	127,622	127,703	126,703	126,276	131,842	136,221
Property & Liability billings	5,696	5,243	5,243	5,348	5,741	5,741	5,741	5,856	5,973
Other Services and Supplies	38,299	48,530	41,501	48,215	35,572	39,380	39,782	43,802	48,229
Indirect cost allocation	-	-	222,721	214,972	130,772	116,919	119,603	122,593	125,658
Sub-total Expenditures	1,034,302	1,128,117	1,403,113	1,409,685	1,433,495	1,481,111	1,469,122	1,523,773	1,579,418
Revenues Less Expenditures	\$ (635,977)	\$ (654,215)	\$ (933,094)	\$ (955,432)	\$ (934,202)	\$ (1,032,562)	\$ (1,019,750)	\$ (1,060,898)	\$ (1,103,262)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
<i>Maternal, Child & Adolescent Health</i>									
Revenues:									
Federal & State Grants	63,622	52,856	52,894	54,540	56,622	56,622	55,368	57,469	59,522
Federal & State Indirect Rev.	-	5,141	5,106	5,181	5,662	5,662	6,265	6,503	6,735
Sub-total Revenues	63,622	57,997	58,000	59,721	62,284	62,284	61,633	63,971	66,257
Expenditures:									
Salaries & Wages	288,642	244,488	105,474	96,702	100,095	105,688	103,999	106,599	109,264
Intermittent Hourly Positions	102	274	-	-	-	-	-	-	-
Group Insurance	40,316	29,566	18,965	16,455	16,952	18,526	18,174	19,264	20,420
OPEB Contribution (1)	-	-	-	-	10,283	11,275	12,403	13,643	15,008
Retirement	68,539	62,606	26,203	26,907	27,996	29,593	28,982	29,848	30,594
Other Employee Benefits	5,943	5,806	4,679	4,644	2,168	2,296	2,262	2,252	2,361
Contract/Professional Svcs	1,759	3,114	468	468	468	600	533	540	547
Biologicals	389	222	224	215	250	250	249	260	269
Property & Liability billings	2,259	2,285	2,285	2,330	2,460	2,460	2,460	2,509	2,559
Other Services and Supplies	11,892	10,871	4,483	3,669	9,274	7,836	7,916	8,716	9,597
Indirect cost allocation	-	-	30,032	29,711	18,074	16,159	16,530	16,943	17,367
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	419,840	359,233	192,813	181,101	188,021	194,683	193,507	200,574	207,985
Revenues Less Expenditures	\$ (356,218)	\$ (301,236)	\$ (134,813)	\$ (121,380)	\$ (125,737)	\$ (132,399)	\$ (131,875)	\$ (136,603)	\$ (141,728)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
<i>Sexual Health - HIV</i>									
Revenues:									
Federal & State Grants	509,749	425,231	418,438	419,160	386,558	419,194	409,908	425,464	440,664
Federal & State Indirect Rev.	14,013	26,706	31,651	43,813	41,106	44,306	49,023	50,883	52,701
Sub-total Revenues	523,762	451,937	450,088	462,973	427,663	463,500	458,931	476,347	493,365
Expenditures:									
Salaries & Wages	247,038	229,660	206,446	202,133	176,689	237,102	233,313	239,145	245,124
Intermittent Hourly Positions	21,082	23,097	22,403	27,773	27,758	27,758	26,437	27,465	28,533
Group Insurance	30,258	30,678	25,865	30,557	34,416	38,616	37,882	40,155	42,564
OPEB Contribution (1)	-	-	-	-	24,326	26,736	29,410	32,351	35,586
Retirement	49,751	58,982	52,209	55,855	49,388	59,096	57,876	66,961	68,635
Other Employee Benefits	5,716	5,854	4,573	4,542	4,375	4,657	4,587	4,567	4,789
Contract/Professional Svcs	26,416	29,400	1,000	14	-	580	515	522	529
Outpatient	31,215	14,649	9,699	16,155	19,052	29,652	28,278	29,937	32,348
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	98,274	33,150	96,259	82,170	74,880	33,183	33,522	38,595	44,180
Indirect cost allocation	-	-	69,992	73,516	44,722	39,984	40,902	41,924	42,973
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	509,750	425,470	488,448	492,715	455,605	497,364	492,722	521,622	545,261
Revenues Less Expenditures	\$ 14,013	\$ 26,467	\$ (38,360)	\$ (29,742)	\$ (27,942)	\$ (33,864)	\$ (33,791)	\$ (45,275)	\$ (51,895)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
<u>Sexual Health - STD</u>									
Revenues:									
Federal & State Grants	116,925	94,019	123,868	118,225	118,383	118,383	115,761	120,154	124,446
Federal & State Indirect Rev.	4,086	7,525	11,691	11,250	11,246	11,246	12,443	12,915	13,377
Other Charges for Services	20,880	17,015	16,335	33,513	40,000	38,000	38,760	39,341	39,932
Miscellaneous	2,376	3,067	3,433	3,610	4,370	2,500	2,550	2,550	2,550
Sub-total Revenues	144,267	121,626	155,327	166,598	173,999	170,129	169,514	174,961	180,305
Expenditures:									
Salaries & Wages	332,324	267,808	414,082	459,342	552,460	549,636	540,851	554,373	568,232
Intermittent Hourly Positions	15,196	25,123	21,433	13,211	22,000	22,000	20,953	21,768	22,614
Group Insurance	48,950	40,020	61,414	70,734	96,011	99,888	97,989	103,869	110,101
OPEB Contribution (1)	-	-	-	-	55,392	67,885	74,673	82,140	90,354
Retirement	77,832	68,919	105,300	124,803	154,302	161,057	157,735	155,224	159,105
Other Employee Benefits	7,612	7,127	8,550	9,076	12,374	12,671	12,480	12,425	13,030
Contract/Professional Svcs	18,913	14,911	17,441	17,299	17,250	18,250	16,215	16,426	16,641
Biologicals	2,197	614	3,512	169	6,000	4,000	3,987	4,162	4,300
Outpatient	29,050	37,079	38,711	37,438	43,982	40,615	38,733	41,006	44,308
Property & Liability billings	4,812	4,930	4,930	5,029	5,741	5,741	5,741	5,856	5,973
Other Services and Supplies	13,116	24,220	19,607	18,919	17,892	16,508	16,677	18,362	20,218
Indirect cost allocation	-	-	131,548	142,778	86,855	77,654	79,437	81,423	83,458
Sub-total Expenditures	550,002	490,752	826,529	898,799	1,070,260	1,075,905	1,065,471	1,097,034	1,138,335
Revenues Less Expenditures	\$ (405,736)	\$ (369,126)	\$ (671,202)	\$ (732,200)	\$ (896,261)	\$ (905,776)	\$ (895,957)	\$ (922,074)	\$ (958,030)
<u>Tuberculosis</u>									
Revenues:									
Federal & State Grants	73,477	85,939	103,793	93,421	99,830	95,284	93,173	96,709	100,164
Federal & State Indirect Rev.	3,478	6,186	10,275	12,739	13,816	13,816	15,287	15,867	16,434
Other Charges for Services	4,624	4,298	4,844	8,463	7,100	8,580	8,752	8,883	9,016
Miscellaneous	11	57	60	21	50	50	51	51	51
Sub-total Revenues	81,590	96,479	118,972	114,644	120,796	117,730	117,263	121,510	125,665
Expenditures:									
Salaries & Wages	293,597	331,668	388,800	358,202	340,869	345,203	339,686	348,178	356,883
Intermittent Hourly Positions	16,771	17,721	12,021	7,430	16,204	11,921	11,354	11,795	12,254
Group Insurance	45,666	49,354	51,330	58,698	59,632	60,454	59,305	62,863	66,635
OPEB Contribution (1)	-	-	-	-	35,484	34,378	37,816	41,598	45,757
Retirement	69,692	84,409	89,828	99,750	94,856	98,303	96,275	97,490	99,927
Other Employee Benefits	6,600	7,117	8,205	7,719	7,593	7,559	7,446	7,413	7,774
Contract/Professional Svcs	21,317	18,072	19,609	20,918	21,494	21,294	18,919	19,166	19,416
Biologicals	5,928	2,547	(3,335)	7,908	6,150	7,150	7,126	7,440	7,687
Outpatient	7,928	10,306	8,886	11,419	11,379	12,100	11,539	12,216	13,200
Property & Liability billings	2,651	2,165	2,165	2,208	2,460	2,460	2,460	2,509	2,559
Other Services and Supplies	16,861	18,061	28,423	21,252	20,624	26,307	26,576	29,262	32,219
Indirect cost allocation	-	-	115,204	113,624	69,120	61,798	63,216	64,797	66,417
Capital	-	-	7,961	-	-	-	-	-	-
Sub-total Expenditures	487,011	541,420	729,096	709,128	685,864	688,928	681,718	704,727	730,728
Revenues Less Expenditures	\$ (405,421)	\$ (444,940)	\$ (610,125)	\$ (594,484)	\$ (565,067)	\$ (571,198)	\$ (564,455)	\$ (583,217)	\$ (605,063)

(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020	FY 2020- 2021
<i>Women, Infants and Children</i>									
Revenues:									
Federal & State Grants	1,085,348	1,040,614	1,077,421	1,058,684	1,103,227	1,041,318	1,018,251	1,056,894	1,094,653
Federal & State Indirect Rev.	-	15,303	18,956	25,708	20,826	20,826	23,043	23,918	24,772
Miscellaneous	-	-	-	700	-	-	-	-	-
Sub-total Revenues	1,085,348	1,055,916	1,096,377	1,085,091	1,124,053	1,062,144	1,041,295	1,080,811	1,119,425
Expenditures:									
Salaries & Wages	783,722	740,804	756,501	662,426	703,578	721,693	710,159	727,913	746,111
Intermittent Hourly Positions	13,420	13,350	11,293	20,084	23,000	13,000	12,381	12,863	13,363
Group Insurance	158,086	158,855	159,713	156,990	173,782	175,078	171,749	182,054	192,977
OPEB Contribution (1)	-	-	-	-	88,241	89,449	98,394	108,234	119,057
Retirement	184,801	190,005	190,959	182,955	196,962	202,075	197,907	203,816	208,911
Other Employee Benefits	18,571	17,998	18,652	17,462	15,300	15,592	15,357	15,289	16,034
Contract/Professional Svcs	732	26	1,567	509	2,458	280	249	252	255
Biologicals	-	-	-	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-	-	-	-
Fleet Management billings	-	-	-	-	-	-	-	-	-
Property & Liability billings	7,856	7,398	7,398	7,546	8,201	8,201	8,201	8,365	8,532
Other Services and Supplies	85,435	69,293	84,217	62,503	115,341	50,825	51,344	56,533	62,246
Indirect cost allocation	211,726	-	253,280	248,639	151,252	135,230	138,334	141,792	145,337
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,464,349	1,197,728	1,483,580	1,359,114	1,478,117	1,411,423	1,404,075	1,457,111	1,512,824
Revenues Less Expenditures	\$ (379,001)	\$ (141,812)	\$ (387,204)	\$ (274,022)	\$ (354,065)	\$ (349,279)	\$ (362,781)	\$ (376,299)	\$ (393,399)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
<i>General Environmental Health Services and Land Development</i>									
Revenues:									
Licenses and Permits	222,791	250,579	259,555	293,036	497,518	672,364	686,701	697,001	707,456
Federal & State Grants	75,000	37,750	-	-	-	-	-	-	-
Other Charges for Services	208,704	129,987	128,327	177,420	300,541	462,402	471,650	478,725	485,906
Miscellaneous	525	28,386	1,341	-	-	-	-	-	-
Sub-total Revenues	507,020	446,703	389,223	470,456	798,059	1,134,766	1,158,351	1,175,726	1,193,362
Expenditures:									
Salaries & Wages	1,092,282	1,098,019	1,420,457	1,383,821	1,384,132	1,383,863	1,361,746	1,395,790	1,430,685
Intermittent Hourly Positions	7,205	19,740	26,708	32,151	38,992	35,000	33,335	34,631	35,977
Group Insurance	140,658	158,564	198,203	155,441	206,913	165,854	162,701	172,463	182,811
OPEB Contribution (1)	-	-	-	-	131,922	129,875	142,863	157,149	172,864
Retirement	239,273	283,791	352,189	372,154	353,359	288,886	282,927	390,821	400,592
Other Employee Benefits	22,858	23,164	28,208	27,913	31,978	25,123	24,745	24,636	25,835
Contract/Professional Svcs	2,278	8,874	19,971	7,609	26,048	26,048	23,143	23,445	23,751
Chemical Supplies	-	-	-	845	1,200	1,200	1,200	1,202	1,200
Fleet Management billings	30,461	26,823	28,678	33,057	34,366	31,369	32,640	35,415	38,425
Property & Liability billings	8,543	7,965	8,783	8,959	24,602	24,602	24,602	25,094	25,596
Other Services and Supplies	62,884	61,631	60,143	89,021	156,823	193,777	195,757	215,539	237,321
Indirect cost allocation	841,746	896,927	364,793	289,291	175,982	157,340	160,952	164,975	169,100
Sub-total Expenditures	2,448,186	2,585,499	2,508,133	2,400,263	2,566,317	2,462,938	2,446,610	2,641,160	2,744,157
Revenues Less Expenditures	\$(1,941,166)	\$(2,138,796)	\$(2,118,910)	\$(1,929,807)	\$(1,768,258)	\$(1,328,172)	\$(1,288,260)	\$(1,465,435)	\$(1,550,795)
(1) Other Post Employment Benefits (OPEB) were included in the indirect cost allocation in services and supplies prior to FY17.									
(2) Property & Liability billings have been moved to General Environmental Health/Admin cost center									
<i>Food Program</i>									
Revenues:									
Licenses and Permits	451,114	565,818	570,704	666,695	1,069,540	1,576,910	1,610,534	1,634,692	1,659,212
Federal & State Grants	11,332	41,852	130,713	58,116	85,935	63,000	61,604	63,942	66,227
Federal & State Indirect Rev.	1,133	4,185	13,071	5,812	6,527	6,300	6,971	7,235	7,494
Other Charges for Services	49,334	44,433	41,150	25,871	76,922	81,584	83,216	84,464	85,731
Miscellaneous	-	2,500	-	-	-	-	-	-	-
Sub-total Revenues	512,913	658,788	755,638	756,493	1,238,924	1,727,794	1,762,325	1,790,334	1,818,664
Expenditures:									
Salaries & Wages	1,111,450	1,002,042	833,879	778,008	926,462	1,107,337	1,089,639	1,116,880	1,144,802
Intermittent Hourly Positions	49,741	36,664	24,788	28,409	34,169	41,800	39,811	41,359	42,967
Group Insurance	159,026	135,822	112,864	121,544	143,252	171,891	168,623	178,740	189,465
OPEB Contribution (1)	-	-	-	-	124,297	131,386	144,525	158,977	174,875
Retirement	261,423	247,974	200,491	205,363	241,222	292,200	286,173	312,727	320,545
Other Employee Benefits	24,281	22,240	20,200	19,588	24,112	27,544	27,130	27,009	28,325
Contract/Professional Svcs	-	33,788	80,664	-	41,013	46,700	41,492	42,033	42,582
Fleet Management billings	29,860	39,953	45,784	47,485	41,518	51,036	53,104	57,618	62,516
Property & Liability billings	8,543	7,335	7,335	7,482	-	-	-	-	-
Other Services and Supplies	12,052	17,738	48,199	37,466	59,954	47,965	48,455	53,351	58,743
Indirect cost allocation	-	-	277,930	347,192	211,204	188,829	193,166	197,995	202,945
Sub-total Expenditures	1,656,376	1,543,555	1,652,135	1,592,536	1,847,203	2,106,688	2,092,117	2,186,690	2,267,764
Revenues Less Expenditures	\$(1,143,463)	\$(884,766)	\$(896,497)	\$(836,043)	\$(608,279)	\$(378,894)	\$(329,792)	\$(396,357)	\$(449,100)

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
<u>Safe Drinking Water</u>									
Revenues:									
Licenses and Permits	5,336	10,051	14,364	33,251	25,518	29,941	30,579	31,038	31,504
Federal & State Grants	90,000	81,230	81,230	114,291	109,170	114,305	111,773	116,015	120,160
Federal & State Indirect Rev.	-	8,770	8,770	10,709	15,830	10,695	11,834	12,283	12,722
Other Charges for Services	-	-	377	354	710	500	510	518	525
Sub-total Revenues	95,336	100,051	104,741	158,605	151,228	155,441	154,696	159,853	164,910
Expenditures:									
Salaries & Wages	95,997	60,441	70,022	108,528	123,867	159,337	156,790	160,710	164,727
Intermittent Hourly Positions	-	-	-	-	-	-	-	-	-
Group Insurance	12,774	8,639	10,562	12,964	17,908	21,487	21,079	22,343	23,684
OPEB Contribution (1)	-	-	-	-	5,809	18,254	20,079	22,087	24,296
Retirement	23,195	13,656	16,033	23,754	34,107	40,234	39,404	44,999	46,124
Other Employee Benefits	2,330	1,862	965	1,519	3,390	3,891	3,832	3,815	4,001
Contract/Professional Svcs	-	-	-	124	-	-	-	-	-
Fleet Management billings	2,893	5,411	5,248	-	-	-	-	-	-
Property & Liability billings	982	818	-	-	-	-	-	-	-
Other Services and Supplies	1,688	2,487	2,777	4,156	3,164	4,200	4,243	4,672	5,144
Indirect cost allocation	-	-	20,027	25,784	15,685	14,023	14,345	14,704	15,071
Sub-total Expenditures	139,859	93,313	125,635	176,828	203,931	261,426	259,773	273,330	283,048
Revenues Less Expenditures	\$ (44,523)	\$ 6,738	\$ (20,894)	\$ (18,223)	\$ (52,703)	\$ (105,985)	\$ (105,077)	\$ (113,477)	\$ (118,138)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) Property & Liability billings have been moved to General Environmental Health/Admin cost center									
<u>Solid Waste Management</u>									
Revenues:									
Licenses and Permits	44,085	47,503	39,429	43,146	54,247	59,521	60,790	61,702	62,628
Tire Fees (NRS 444A.090)	432,642	314,136	446,463	465,345	435,454	450,000	465,032	483,562	502,056
Other Charges for Services	344	357	29	91	1,848	-	-	-	-
Miscellaneous	45	18,064	1,076	500	-	-	-	-	-
Sub-total Revenues	477,116	380,060	486,997	509,082	491,549	509,521	525,822	545,264	564,684
Expenditures:									
Salaries & Wages	268,091	277,111	249,081	223,501	267,797	168,856	166,158	170,311	174,569
Intermittent Hourly Positions	-	-	12,605	8,641	-	-	-	-	-
Group Insurance	38,611	40,334	38,833	39,218	44,414	62,111	60,930	64,586	68,462
OPEB Contribution (1)	-	-	-	-	42,353	46,344	50,978	56,076	61,684
Retirement	61,258	70,034	61,316	66,250	74,144	103,171	101,043	47,687	48,879
Other Employee Benefits	6,432	6,969	6,466	6,109	6,984	9,680	9,535	9,492	9,955
Contract/Professional Svcs	981	13,908	62,500	113,788	50,000	70,785	62,891	68,237	74,037
Fleet Management billings	12,261	13,144	13,165	5,796	7,711	10,153	10,565	11,463	12,437
Property & Liability billings	3,437	3,367	3,367	3,434	-	-	-	-	-
Other Services and Supplies	77,277	69,751	25,197	90,598	58,641	251,901	21,411	23,574	25,957
Indirect cost allocation	-	36,349	43,982	97,953	59,587	53,276	54,498	55,860	57,257
Sub-total Expenditures	468,347	530,966	516,512	655,288	611,632	776,278	538,008	507,287	533,236
Revenues Less Expenditures	\$ 8,769	\$ (150,907)	\$ (29,516)	\$ (146,206)	\$ (120,083)	\$ (266,757)	\$ (12,186)	\$ 37,977	\$ 31,448
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) Property & Liability billings have been moved to General Environmental Health/Admin cost center									
(3)\$230,490 of unspent restricted funds (Tire Fee revenue) in Other Services and Supplies from FY17 is budgeted to be spent in FY18									

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
<u>Underground Storage Tanks</u>									
Revenues:									
Licenses and Permits	-	-	-	-	-	-	-	-	-
Federal & State Grants	187,000	226,007	208,236	183,794	188,509	181,667	177,643	184,384	190,972
Federal & State Indirect Rev.	-	15,993	9,764	28,856	9,763	36,333	40,201	41,727	43,217
Other Charges for Services	-	-	-	23,886	33,270	26,222	26,746	27,148	27,555
Sub-total Revenues	187,000	242,000	218,000	236,536	231,542	244,222	244,590	253,259	261,744
Expenditures:									
Salaries & Wages	133,120	138,290	143,565	127,105	144,709	118,710	116,813	119,733	122,726
Intermittent Hourly Positions	-	-	-	53	21	-	-	-	-
Group Insurance	17,815	18,192	20,703	17,614	20,897	23,293	22,850	24,221	25,674
OPEB Contribution (1)	-	-	-	-	16,106	20,128	22,141	24,355	26,791
Retirement	31,655	34,884	37,046	35,888	39,181	45,022	44,093	33,525	34,363
Other Employee Benefits	2,303	2,439	2,507	2,311	3,750	4,281	4,216	4,198	4,402
Contract/Professional Svcs	-	-	-	-	-	-	-	-	-
Fleet Management billings	-	-	1,365	3,404	3,674	5,298	5,513	5,982	6,490
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	2,106	32,202	3,051	4,799	10,328	11,677	11,796	12,988	14,301
Indirect cost allocation	-	-	75,842	37,509	22,817	20,400	20,869	21,390	21,925
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	187,000	226,007	284,078	228,682	261,481	248,809	248,291	246,392	256,673
Revenues Less Expenditures	\$ -	\$ 15,993	\$ (66,078)	\$ 7,854	\$ (29,939)	\$ (4,587)	\$ (3,701)	\$ 6,866	\$ 5,071
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) Property & Liability billings have been moved to General Environmental Health/Admin cost center									
<u>Vector Borne Diseases</u>									
Revenues:									
Other Charges for Services	49,096	62,590	53,700	76,713	85,000	99,179	101,163	102,680	104,220
Miscellaneous	-	-	-	1,375	-	-	-	-	-
Sub-total Revenues	49,096	62,590	53,700	78,088	85,000	99,179	101,163	102,680	104,220
Expenditures:									
Salaries & Wages	210,479	225,935	241,078	248,282	256,458	265,471	261,229	267,759	274,453
Intermittent Hourly Positions	42,678	55,699	63,513	53,204	57,000	58,200	55,431	57,586	59,825
Group Insurance	25,392	26,100	30,312	31,270	36,740	37,661	36,945	39,162	41,512
OPEB Contribution (1)	-	-	-	-	30,482	33,187	36,505	40,156	44,171
Retirement	49,715	57,508	61,056	68,611	71,081	73,604	72,086	74,973	76,847
Other Employee Benefits	5,738	6,302	6,714	6,699	7,586	7,015	6,910	6,879	7,214
Contract/Professional Svcs	17,630	13,640	5,020	1,928	325	325	289	293	296
Chemical Supplies	231,490	231,398	231,437	249,243	234,875	231,500	231,704	232,169	231,695
Fleet Management billings	22,646	23,889	33,526	34,900	46,338	36,788	38,279	41,533	45,064
Property & Liability billings	2,151	2,107	2,107	2,149	-	-	-	-	-
Other Services and Supplies	106,999	115,954	96,212	93,827	113,502	122,400	123,650	136,146	149,905
Indirect cost allocation	-	-	97,099	96,248	58,550	52,347	53,549	54,888	56,260
Sub-total Expenditures	714,918	758,533	868,073	886,361	912,936	918,499	916,577	951,543	987,242
Revenues Less Expenditures	\$ (665,822)	\$ (695,943)	\$ (814,373)	\$ (808,273)	\$ (827,936)	\$ (819,320)	\$ (815,414)	\$ (848,863)	\$ (883,022)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) Property & Liability billings have been moved to General Environmental Health/Admin cost center									

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
<u>Emergency Medical Services</u>									
Revenues:									
Miscellaneous	-	-	28,553	48,184	49,331	60,512	59,874	62,020	64,262
Sub-total Revenues	-	-	28,553	48,184	49,331	60,512	59,874	62,020	64,262
Expenditures:									
Salaries & Wages	95,775	42,463	122,931	196,040	194,098	214,231	210,807	216,077	221,479
Intermittent Hourly Positions	-	16,383	-	-	-	-	-	-	-
Group Insurance	10,333	1,765	14,889	27,611	34,232	37,665	36,949	39,166	41,516
OPEB Contribution (1)	-	-	-	-	19,658	22,426	24,668	27,135	29,848
Retirement	17,340	7,186	31,601	54,449	54,180	59,917	58,681	60,502	62,014
Other Employee Benefits	1,980	1,353	2,485	3,478	4,820	5,145	5,068	5,045	5,291
Contract/Professional Svcs	-	28	189	11,521	18,258	14,925	13,261	13,434	13,609
Fleet Management billings	-	-	119	-	-	-	-	-	-
Property & Liability billings	687	673	673	687	820	820	820	836	853
Other Services and Supplies	1,605	1,488	7,396	11,171	12,420	13,539	13,677	15,059	16,581
Indirect cost allocation	-	-	35,413	46,578	28,334	25,332	25,914	26,562	27,226
Sub-total Expenditures	127,721	71,338	215,696	351,534	366,820	394,000	389,845	403,817	418,418
Revenues Less Expenditures	\$ (127,721)	\$ (71,338)	\$ (187,144)	\$ (303,350)	\$ (317,489)	\$ (333,488)	\$ (329,972)	\$ (341,797)	\$ (354,156)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
<u>Epidemiology Surveillance</u>									
Revenues:									
Federal & State Grants	128,554	128,331	130,307	286,515	256,690	246,994	241,523	250,688	259,645
Federal & State Indirect Rev.	11,226	17,617	20,171	42,920	29,938	49,301	54,550	56,620	58,643
Other Charges for Services	-	35	-	321	-	-	-	-	-
Miscellaneous	-	-	-	-	-	-	-	-	-
Sub-total Revenues	139,780	145,983	150,478	329,755	286,628	296,295	296,072	307,308	318,287
Expenditures:									
Salaries & Wages	464,034	475,920	489,027	415,642	418,180	376,626	370,607	379,872	389,369
Intermittent Hourly Positions	454	-	2,734	-	-	-	-	-	-
Group Insurance	63,718	60,708	65,056	57,241	54,767	46,159	45,281	47,998	50,878
OPEB Contribution (1)	-	-	-	-	53,381	56,373	62,010	68,211	75,033
Retirement	108,900	121,456	121,631	115,461	116,091	104,996	102,830	106,364	109,023
Other Employee Benefits	10,048	10,265	10,610	9,676	8,980	8,990	8,855	8,816	9,245
Contract/Professional Svcs	525	13,429	12,689	12,528	13,550	113,405	100,758	102,073	103,404
Biologicals	-	554	60	-	100	100	100	104	108
Outpatient	2,434	1,579	1,225	1,543	2,300	2,300	2,193	2,322	2,509
Fleet Management billings	1,065	1,182	-	1,654	-	-	-	-	-
Property & Liability billings	8,043	7,480	7,480	7,629	8,201	8,201	8,201	8,365	8,532
Other Services and Supplies	31,005	13,027	13,341	11,021	17,276	19,455	19,654	21,640	23,827
Indirect cost allocation	310,292	352,086	118,828	108,477	65,989	58,998	60,353	61,862	63,408
Sub-total Expenditures	1,000,518	1,057,686	842,681	740,872	758,815	795,604	780,843	807,627	835,336
Revenues Less Expenditures	\$ (860,738)	\$ (911,703)	\$ (692,203)	\$ (411,117)	\$ (472,187)	\$ (499,309)	\$ (484,770)	\$ (500,319)	\$ (517,049)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) Grant funding shifted from salaries and wages to contract/professional services in FY18 due to non-reoccurring special projects in the Community Health Improvement program.									

Washoe County Health District Fund
History, Current Estimates for FY17, FY18 Proposed Budget and Projections to FY21

	Actual				Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
Public Health Preparedness									
Revenues:									
Federal & State Grants	1,150,279	1,072,374	858,545	1,131,675	940,449	828,522	810,169	840,915	870,958
Federal & State Indirect Rev.	66,755	130,033	52,880	109,883	85,625	80,878	89,488	92,884	96,203
Sub-total Revenues	1,217,034	1,202,407	911,425	1,241,557	1,026,074	909,400	899,658	933,799	967,160
Expenditures:									
Salaries & Wages	491,703	581,273	508,998	569,544	537,808	541,130	532,482	545,794	559,439
Intermittent Hourly Positions	23,300	-	10,009	-	-	-	-	-	-
Group Insurance	52,523	67,281	54,938	68,180	71,930	77,332	75,861	80,413	85,238
OPEB Contribution (1)	-	-	-	-	72,285	68,266	75,093	82,602	90,863
Retirement	116,366	145,666	128,948	156,792	141,283	151,377	148,254	152,822	156,643
Other Employee Benefits	11,374	12,843	12,008	12,935	12,969	12,773	12,581	12,525	13,135
Contract/Professional Svcs	297,009	167,081	47,781	132,306	44,997	3,655	3,247	3,289	3,332
Biologicals	-	835	762	205	-	-	-	-	-
Fleet Management billings	3,901	10,727	15,087	15,964	16,570	13,013	13,540	14,691	15,940
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	152,955	88,651	90,176	182,206	123,224	31,930	32,256	35,515	39,105
Indirect cost allocation	-	-	128,190	139,019	84,568	75,609	77,345	79,279	81,261
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,149,131	1,074,358	996,896	1,277,150	1,105,634	975,084	970,659	1,006,932	1,044,955
Revenues Less Expenditures	\$ 67,904	\$ 128,049	\$ (85,471)	\$ (35,593)	\$ (79,560)	\$ (65,684)	\$ (71,002)	\$ (73,133)	\$ (77,794)
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									
(2) FY18 decline is due to the loss of one-time grant funding for Ebola preparedness.									
Vital Statistics									
Revenues:									
Birth & Death Certificates	476,829	457,596	465,052	521,837	521,474	515,000	520,495	528,302	536,227
Miscellaneous	-	-	-	-	98	-	-	-	-
Sub-total Revenues	476,829	457,596	465,052	521,837	521,572	515,000	520,495	528,302	536,227
Expenditures:									
Salaries & Wages	99,889	102,261	134,354	164,175	185,964	176,189	173,373	177,708	182,150
Group Insurance	14,931	14,931	19,048	29,969	32,293	33,912	32,298	34,236	36,290
OPEB Contribution (1)	-	-	-	-	22,858	22,276	24,503	26,954	29,649
Retirement	23,699	26,230	33,974	45,669	46,314	49,305	48,288	49,758	51,002
Other Employee Benefits	2,420	2,533	3,491	3,908	4,168	4,060	3,999	3,981	4,175
Contract/Professional Svcs	2,664	5,924	2,010	6,080	200	100	89	90	91
Property & Liability billings	982	962	962	981	820	820	820	836	853
Other Services and Supplies	17,647	18,196	21,929	18,169	44,159	46,305	46,778	51,505	56,710
Indirect cost allocation	-	-	41,100	50,151	30,508	27,276	27,903	28,600	29,315
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	162,232	171,036	256,868	319,103	367,285	360,243	358,052	373,669	390,237
Revenues Less Expenditures	\$ 314,597	\$ 286,560	\$ 208,184	\$ 202,734	\$ 154,287	\$ 154,757	\$ 162,443	\$ 154,634	\$ 145,990
(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.									

Appendix B

Washoe County Health District FY18 Recommended Budget

	Grant Revenue	Grant Revenue for Indirect costs	Fees, Charges for Services, & Other	Resources Required from the Opening Fund balance and General Fund Support	Total Resources Required for FY18	Expenditure (Exp.) Total (includes County Overhead allocation)	% of Total Exp.
ADMINISTRATION:							
Office of the District Health Officer	5,004	750	-	1,076,165	1,081,919	1,081,919	4.8%
Administrative Health Services Office	-	-	-	1,154,904	1,154,904	1,154,904	5.1%
TOTAL ADMINISTRATION	5,004	750	-	2,231,069	2,236,823	2,236,823	9.9%
AIR QUALITY MANAGEMENT:							
Air Quality Division	703,151	31,542	2,460,546	110,671	3,305,910	3,305,910	14.7%
COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):							
Chronic Disease Prevention	294,639	17,338	-	316,882	628,859	628,859	2.8%
Community & Clinical Health	-	-	-	449,207	449,207	449,207	2.0%
Family Planning	898,066	134,134	79,000	109,604	1,220,804	1,220,804	5.4%
Immunizations	263,584	34,266	150,700	1,032,562	1,481,111	1,481,111	6.6%
Maternal, Child & Adolescent Health	56,622	5,662	-	132,399	194,683	194,683	0.9%
Sexual Health - HIV	419,194	44,306	-	33,864	497,364	497,364	2.2%
Sexual Health - STD	118,383	11,246	40,500	905,776	1,075,905	1,075,905	4.8%
Tuberculosis	95,284	13,816	8,630	571,198	688,928	688,928	3.1%
Women, Infants and Children	1,041,318	20,826	-	349,279	1,411,423	1,411,423	6.3%
TOTAL CCHS	3,187,089	281,594	278,830	3,900,771	7,648,284	7,648,284	34.0%
ENVIRONMENTAL HEALTH SERVICES DIVISION (EHS):							
General EHS/Land Development	-	-	1,134,766	1,328,172	2,462,938	2,462,938	11.0%
Food Protection	63,000	6,300	1,658,494	378,894	2,106,688	2,106,688	9.4%
Safe Drinking Water	114,305	10,695	30,441	105,985	261,426	261,426	1.2%
Solid Waste Management	-	-	509,521	266,757	776,278	776,278	3.5%
Underground Storage Tanks	181,667	36,333	26,222	4,587	248,809	248,809	1.1%
Vector Borne Diseases	-	-	99,179	819,320	918,499	918,499	4.1%
TOTAL EHS	358,972	53,328	3,458,623	2,903,716	6,774,639	6,774,639	30.1%
EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):							
Emergency Medical Services	-	-	60,512	333,488	394,000	394,000	1.8%
Epidemiology Surveillance	246,994	49,301	-	499,309	795,604	795,604	3.5%
Public Health Preparedness	828,522	80,878	-	65,684	975,084	975,084	4.3%
Vital Statistics	-	-	515,000	(154,757)	360,243	360,243	1.6%
TOTAL EPHP	1,075,516	130,179	575,512	743,724	2,524,931	2,524,931	11.2%
TOTAL HEALTH DISTRICT	\$ 5,329,732	\$ 497,393	\$ 6,773,511	\$ 9,889,951	\$ 22,490,587	\$ 22,490,587	100.0%
Note: The base general fund transfer as of February 2017 is \$9,516,856							

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)

Appendix C

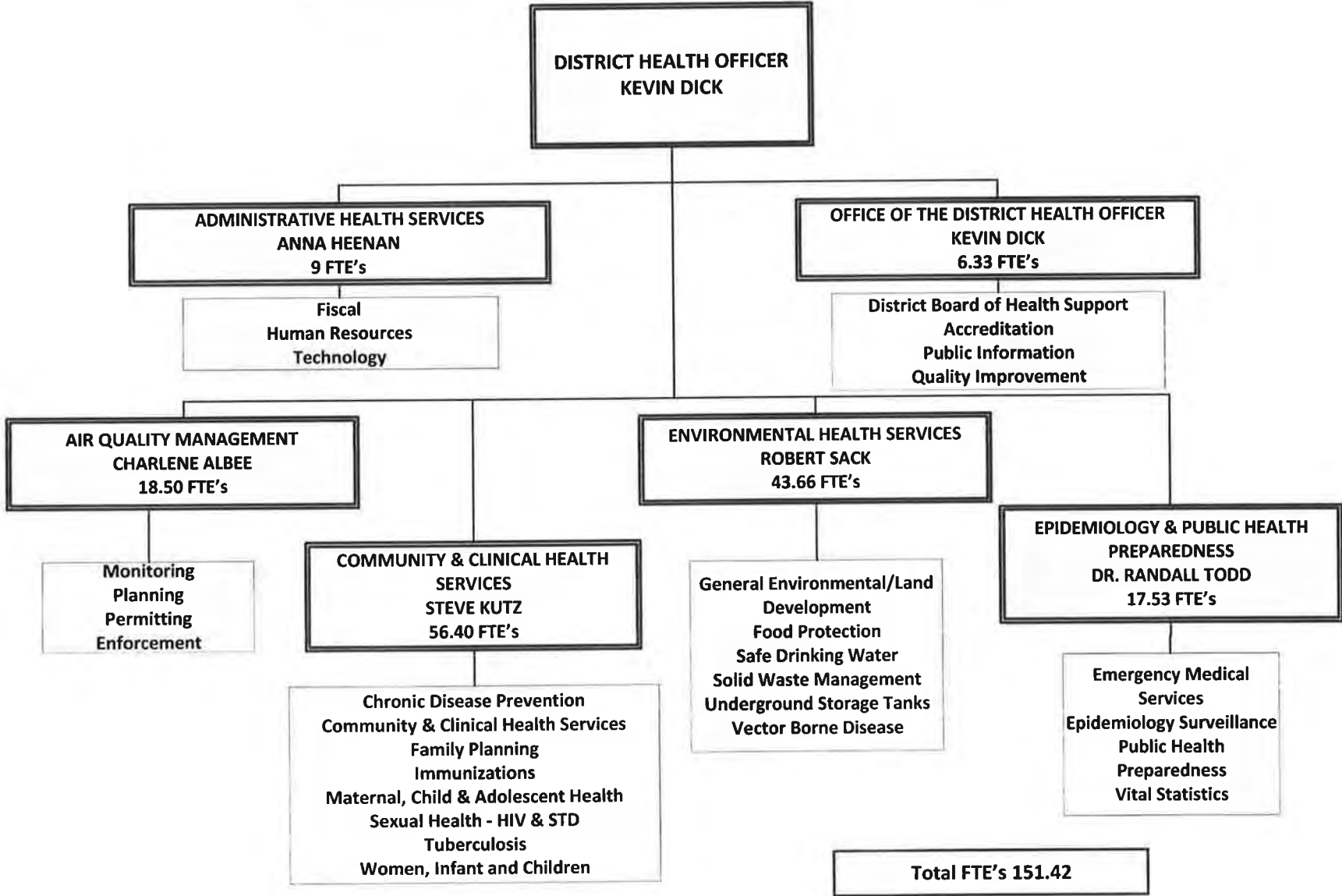
Title of FTEs	Budgeted Full-time Equivalents					FY2017/18 Budgeted Positions (on-call/seasonal is counted one per classification regardless of the number of people in the classification)				Full-Time Position Equivalent FY2017/18 (base 2080 hours)
	FY13	FY14	FY15	FY16	FY17	Full Time	Part Time	On-call/ Seasonal	Total Positions	
Account Clerk	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Administrative Assistant I	2.00	2.00	2.00	2.00	3.00	3	0	0	3	3.00
Administrative Health Services Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Administrative Secretary	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
Advanced Practitioner of Nursing	2.40	2.40	2.38	2.17	1.72	1	1	1	3	1.97
Air Quality Specialist II	8.00	8.00	8.00	8.00	8.00	7	0	0	7	7.00
Air Quality Supervisor	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
Community Health Aide	7.45	6.60	6.38	6.40	6.81	6	0	1	7	6.22
Community Health Nutritionist	2.00	2.00	2.00	2.00	2.00	2	0	1	3	2.06
Department Systems Specialist	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
Disease Intervention Specialist	4.00	4.00	0.00	0.00	0.00	0	0	0	0	-
Director of Programs and Projects	0.00	0.00	1.00	1.00	1.00	1	0	0	1	1.00
District Health Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Div Dir Air Quality Mgmt	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Div Director-CCHS	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Div Director-Environmental Services	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Emergency Medical Services Coordinator	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Emergency Medical Services Program Manager	0.00	0.00	1.00	1.00	0.00	0	0	0	0	-
Environmental Engineer II	3.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
Environmental Health Aide	0.00	0.00	0.44	0.00	0.00	0	0	0	0	-
Environmental Health Specialist	21.80	20.75	20.80	20.66	19.67	18	0	1	19	18.32
Environmental Health Specialist Supervisor	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
EPI Center Director	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Epidemiologist	2.20	2.05	2.40	2.01	2.00	2	0	0	2	2.00
Epidemiologist Program Manager	0.00	0.00	0.00	0.00	1.00	1	0	0	1	1.00
Fiscal Compliance Officer	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
Health Educator Coordinator	0.00	0.00	2.00	2.00	2.00	2	0	0	2	2.00
Health Educator II	3.10	2.72	2.88	2.91	2.03	2	0	1	3	2.94
Human Services Support Specialist II	4.00	4.00	3.00	3.00	3.00	3	0	0	3	3.00
Licensed Engineer	1.30	0.00	1.00	1.00	1.00	1	0	0	1	1.00
Licensed Practical Nurse	1.00	0.00	0.00	0.00	0.00	0	0	0	0	-
Office Assistant I	0.00	0.00	0.50	0.50	0.51	0	0	1	1	0.51
Office Assistant II	17.61	17.15	18.00	18.00	16.00	15	0	0	15	15.00
Office Assistant III	1.00	1.00	1.00	1.00	2.00	2	0	0	2	2.00
Office Support Specialist	4.00	4.00	6.00	6.00	10.00	10	0	0	10	10.00

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)

Appendix C

Title of FTEs	Budgeted Full-time Equivalents					FY2017/18 Budgeted Positions <small>(on-call/seasonal is counted one per classification regardless of the number of people in the classification)</small>				Full-Time Position Equivalent FY2017/18 <small>(base 2080 hours)</small>
	FY13	FY14	FY15	FY16	FY17	Full Time	Part Time	On-call/ Seasonal	Total Positions	
Plans/Permits/Applications Aide	4.00	4.00	3.00	3.00	0.00	0	0	0	0	-
Preparedness and EMS Program Manager	0.00	0.00	0.00	0.00	1.00	1	0	0	1	1.00
Program Coordinator	3.00	3.00	1.00	1.00	2.00	2	0	0	2	2.00
Public Health Communications Program Manager	0.00	0.00	1.00	1.00	1.00	1	0	0	1	1.00
Public Health Emergency Response Coord	2.00	3.00	2.00	2.00	2.00	2	0	0	2	2.00
Public Health Investigator II	2.20	2.05	2.05	1.01	1.00	1	0	0	1	1.00
Public Health Nurse II	13.69	13.15	14.40	15.40	15.40	14	2	0	16	15.40
Public Health Nurse Supervisor	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
Public Health Preparedness Manager	1.00	1.00	1.00	1.00	0.00	0	0	0	0	-
Public Health Supervisor	0.00	0.00	0.00	1.00	1.00	1	0	0	1	1.00
Public Information Officer	1.00	1.00	0.00	0.00	0.00	0	0	0	0	-
Public Service Intern	2.76	2.26	2.17	2.54	4.04	0	0	1	1	4.66
Registered Nurse I	1.21	1.30	0.90	1.88	2.70	0	0	1	1	2.81
SR. Air Quality Specialist	3.00	3.00	3.00	3.00	3.00	4	0	0	4	4.00
SR. Environmental Health Specialist	6.00	6.00	6.00	6.00	6.00	7	0	0	7	7.00
SR. Epidemiologist	1.00	1.00	1.00	1.00	0.00	0	0	0	0	-
Senior Licensed Engineer	1.00	1.00	0.00	0.00	0.00	0	0	0	0	-
Statistician	1.00	1.00	1.53	1.53	1.53	1	1	0	2	1.53
Storekeeper	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
Vector Borne Disease Specialist	3.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
Vector Control Coordinator	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
WIC Program Manager	1.00	1.00	1.00	0.00	0.00	0	0	0	0	-
Total Health District FTE's	156.72	149.43	149.83	150.01	151.41	139	4	8	151	151.42
Year over year increase (decrease)	(8.76)	(7.29)	0.40	0.18	1.40					0.01
Reconciliation of FY17 versus FY18 FTEs										
FY17 eliminated an OAI due to loss of grant funds						-1			-1	(1.00)
FY17 Part-time APRN went to full-time						1	-1		0	0.25
Health Educator II-New position						1			1	1.00
Community Health Nutritionist new on-call position								1	1	0.06
Decrease in on-call seasonal hours available									0	(0.30)
Total Adjustments for FY18						1	-1	1	1	0.01
					FY17 count	138	5	7	150	151.41
					Variance from FY17 to FY18	1	-1	1	1	0.01

**WASHOE COUNTY DISTRICT BOARD OF HEALTH
FY18 Proposed Budget**



District Health Officer's Recommended Fiscal Year 2017-2018 Budget

**District Board of Health
February 23, 2017**



**Fiscal Year
2017-2018
Recommended
Budget**

- **Health District Programs**
- **Summary of Revenues and Expenditures**
- **FY18 Sources and Uses**
- **Impact of Recommendations on Future Fund Balance**
- **Next Steps**



Health
District
provides
twenty-two
different
programs
to the
Community

Office of the District Health Officer
Program

Administrative Health Services
Program

Air Quality Management Program

**Programs in the Community and
Clinical Health Services Division**

Chronic Disease Prevention

Community & Clinical Health

Family Planning

Immunizations

Maternal, Child & Adolescent Health

Sexual Health – HIV

Sexual Health – STD

Tuberculosis

Women, Infants and Children

**Programs in the Environmental
Health Services Division**

General Environmental Health/Land
Development Services

Food Protection

Safe Drinking Water

Solid Waste Management

Underground Storage Tanks

Vector Borne Diseases

**Programs in the Epidemiology and
Public Health Preparedness Division**

Emergency Medical Services

Epidemiology Surveillance

Public Health Preparedness

Vital Statistics



**FY18
Recommended
Expenditures
(includes County
Indirect Costs)
and FTEs for
each Division**

Office of the District Health Officer

- **Total program FTEs: 6.33**
- **Total FY 2018 Revenues \$5,754**
- **Total FY 2018 Expenditures: \$1,081,919**

Administrative Health Services Office

- **Total program FTEs: 9.0**
- **Total FY 2018 Revenues \$0**
- **Total FY 2018 Expenditures: \$1,154,904**

Air Quality Management Program

- **Total program FTEs: 18.50**
- **Total FY 2018 Revenues \$3,195,239**
- **Total FY 2018 Expenditures: \$3,305,910**



**FY18
Recommended
Expenditures
(includes County
Indirect Costs)
and FTEs for
each Division**

Community & Clinical Health Services

- **Total program FTEs: 56.40**
- **Total FY 2018 Revenues \$3,747,513**
- **Total FY 2018 Expenditures: \$7,648,284**

Environmental Health Services

- **Total program FTEs: 43.66**
- **Total FY 2018 Revenues \$3,870,923**
- **Total FY 2018 Expenditures: \$6,774,639**

Epidemiology and Public Health Preparedness

- **Total program FTEs: 17.53**
- **Total FY 2018 Revenues \$1,781,207**
- **Total FY 2018 Expenditures: \$2,524,931**



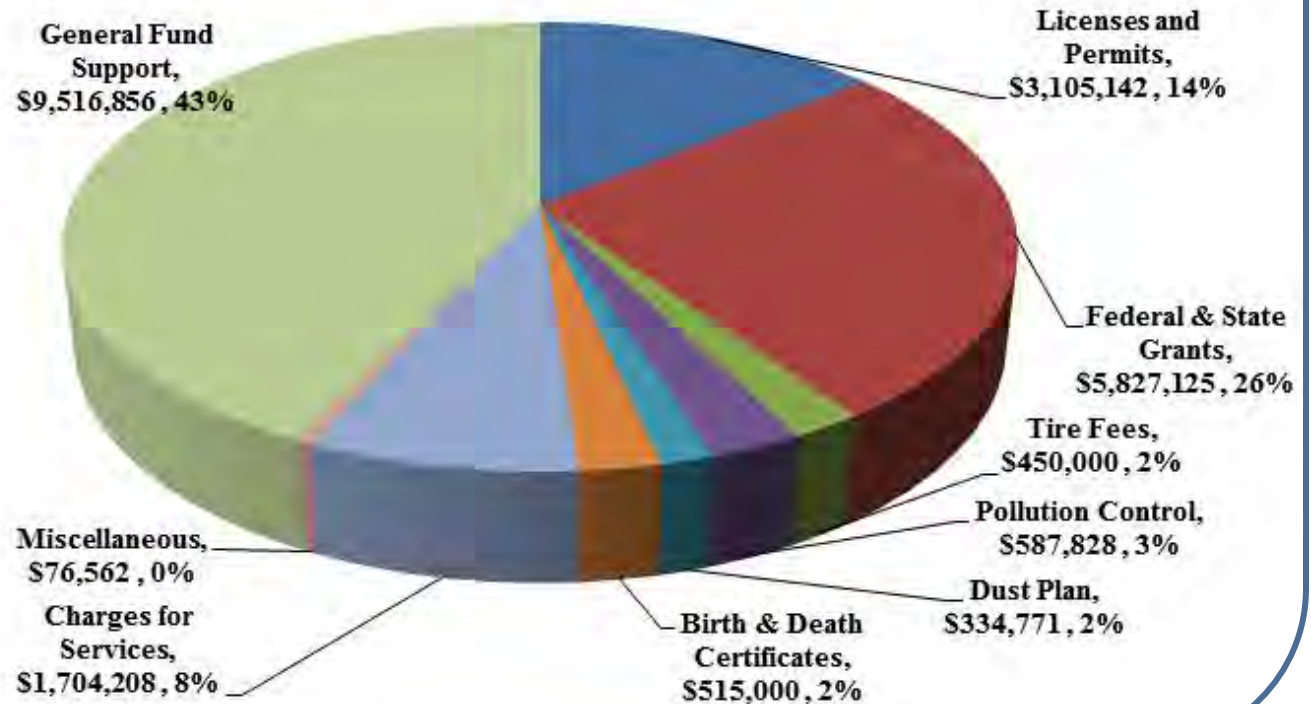
Summary
Of
Health
Fund
Revenue

- **Total budgeted revenues-\$22,117,492 up \$1,081,058 or 5.1% over FY17 adopted budget**
- **Licenses and Permits-\$3,105,142 up \$956,490 or 44.5%**
 - Includes the anticipated increase in fees
 - Anticipates an increase in permitting and economic activity
- **Grants - \$5,827,125 down \$134,286 or 2.3%**
 - Decreases are in the Immunization and WIC program
- **Intergovernmental - \$1,037,828 up \$12,828 or 1.3%**
 - \$587,828 restricted for the Air Quality program
 - \$450,000 restricted for the Solid Waste program
- **Charges for services - \$2,553,979 up \$562,608 or 28.3%**
 - Includes the anticipated increase in fees
- **Miscellaneous - \$76,562 down \$36,582 or 32.3%**
 - \$35,000 one time funding in FY17 for Community Health Needs Assessment has been removed from FY18 budget
- **County General Fund Support - \$9,516,856 down \$280,000 or 2.9%**
 - Reduction in County subsidy for the overhead now captured in the fees
 - No additional County support will be requested



Summary
of
Health
Fund
Revenue
\$22,117,492

Washoe County Health District
FY2017-18 Budgeted Revenues - \$22.1 million
(excludes opening fund balance)



Summary
Of
Expenditures

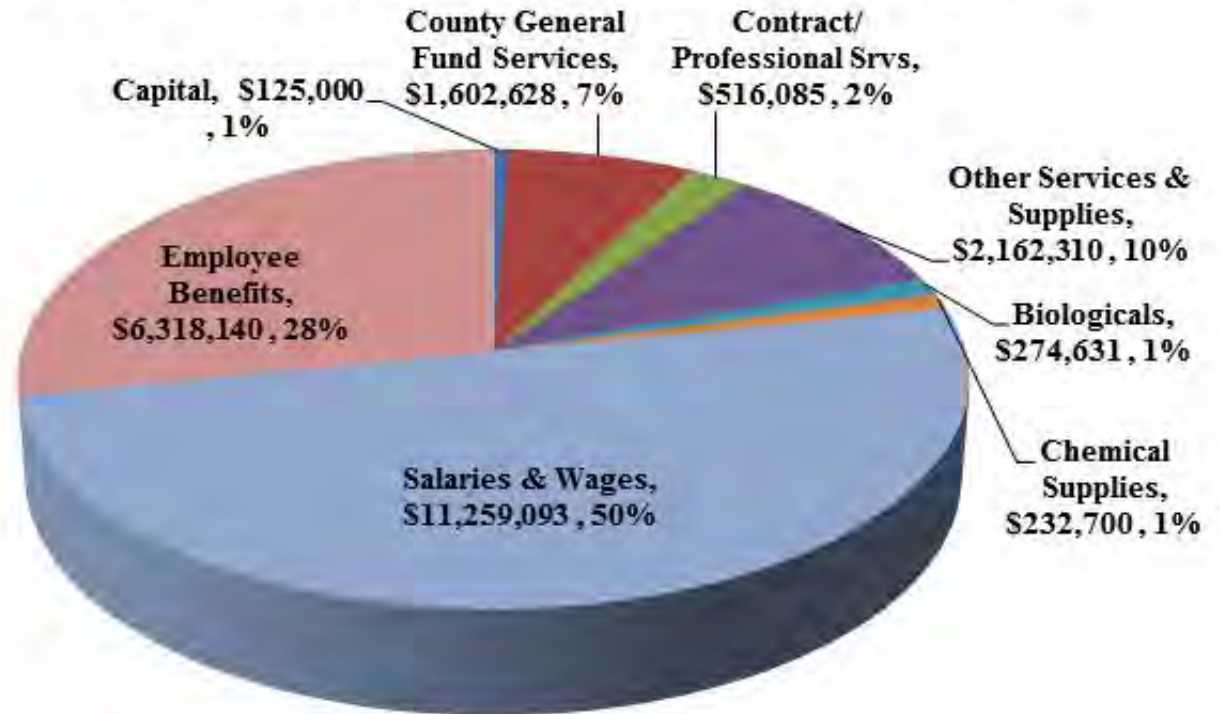
Total budgeted Expenditures: \$22,490,587 up \$467,369 or 2.1% over FY17 adopted budget

- **Salaries and Wages - \$11,259,093 up \$369,467 or 3.4%**
 - 151.42 FTEs slightly up from 151.41 in FY17
 - Includes merit increases
 - Includes the negotiated cost of living increase of 3.5% effective July 1, 2017
- **Employee Benefits - \$6,318,140 up \$294,403 or 4.9%**
 - Retirement had the largest dollar increase at \$160,879
 - The percent of salaries paid to PERS remains at 28.0%
 - OPEB costs increased by \$123,729 up 10.5%
- **Services & Supplies-\$4,788,354 down \$262,057 or 5.2%**
 - Unspent FY17 funding for the Tire and Pollution Control dedicated resources went from \$688,337 to \$652,334 and has been re-budgeted in FY18
 - County General Fund indirect cost allocation of \$1,520,621 down \$180,176 or 10.6% over FY17
- **Capital - \$125,000 up \$65,557 or 110.3%**
 - \$25,000 for the Clinics electronic records system
 - \$100,000 for air monitoring equipment



**Summary
of
Expenditures
\$22,490,587**

**Washoe County Health District
FY2017-18 Budgeted Expenditures - \$22.5 million**



**Summary
of Above
Base
Requests**

Summary of Above Base Requests

- New position and ancillary costs for a Health Educator II in the Chronic Disease program.
- New intermittent hourly Community Health Nutritionist for the WIC program.
- Transfer of existing Environmental Health positions to local funding and off of the restricted funding for the Solid Waste Management program to address the current workload requirements in other programs.
- Increase payments to the State for increased number of birth and death certificates required, \$2.00 for each registration of a birth or death certificate in Washoe County are to be transferred to the State.
- Reclassification requests for employees to better align the job classification with the work being performed.
- County General Fund transfer of \$9,516,856 decreased by \$280,000 compared to FY17 for a reduction of the shared services subsidy due to the fees increase approved in FY16.



**Sources
and Uses of
Funds**

**FY 2017-2018
Fund Balance
projected to
be \$2,416,984
11% of
Expenditures**

	Actual				Estimated	Proposed Budget
	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018
FUND SUMMARY:						
SOURCES OF FUNDS:						
Opening Fund Balance	\$ 3,916,042	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 2,790,080
Revenues:						
Licenses and Permits	1,179,756	1,406,086	1,410,276	1,559,740	2,260,642	3,105,142
Federal & State Grants	5,630,117	5,438,048	5,369,889	5,571,322	5,534,808	5,329,732
Federal & State Indirect Rev.	142,069	357,864	288,770	415,541	460,737	497,393
Tire Fees (NRS 444A.090)	432,642	314,136	446,463	465,345	435,454	450,000
Pollution Control (NRS445B.830)	314,903	634,731	541,626	599,290	528,000	587,828
Dust Plan	123,364	147,678	187,763	271,308	318,540	334,771
Birth & Death Certificates	476,829	457,596	465,052	521,837	521,474	515,000
Other Charges for Services	714,058	734,285	744,250	907,373	1,339,994	1,704,208
Miscellaneous	73,204	172,819	58,286	81,259	107,164	76,562
Total Revenues	9,086,942	9,663,243	9,512,374	10,393,014	11,506,813	12,600,636
Total General Fund transfer	8,623,891	8,603,891	10,000,192	10,076,856	9,796,856	9,516,856
Total Sources of Funds	21,626,875	21,078,599	21,668,365	22,738,376	24,271,513	24,907,571
USES OF FUNDS:						
Expenditures:						
Salaries & Wages	9,458,939	9,169,680	9,826,174	9,693,838	10,315,944	10,863,118
Intermittent Hourly Positions	344,928	421,427	360,460	358,776	447,834	395,975
Group Insurance	1,336,381	1,307,483	1,430,834	1,480,594	1,714,432	1,762,580
OPEB Contribution (1)	-	-	-	-	1,181,460	1,305,189
Retirement	2,189,491	2,310,772	2,435,635	2,654,379	2,801,651	2,996,864
Other Employee Benefits	268,263	211,142	222,327	222,140	248,077	253,507
Contract/Professional Svcs	713,360	809,059	608,663	627,111	455,669	516,085
Chemical Supplies	231,490	231,398	231,437	250,088	236,075	232,700
Biologicals	226,789	247,975	211,580	227,771	258,131	274,631
Fleet Management billings	136,051	161,263	180,112	182,379	190,242	195,705
Outpatient	85,670	79,036	77,527	89,541	103,713	111,667
Property & Liability billings	80,283	74,502	74,503	75,992	82,007	82,007
Other Services and Supplies	977,769	854,241	974,021	1,050,039	1,684,687	1,854,938
Indirect cost allocation	2,553,372	2,898,034	2,741,061	2,795,882	1,700,797	1,520,621
Capital	212,624	146,788	25,527	62,001	60,714	125,000
Total Uses of Funds	18,815,411	18,922,799	19,399,859	19,770,532	21,481,434	22,490,587
Net Change in Fund Balance	(1,104,577)	(655,665)	112,707	699,338	(177,765)	(373,095)
Ending Fund Balance (FB)	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 2,790,080	\$ 2,416,984
FB as a percent of Uses of Funds	15%	11%	12%	15%	13%	11%

(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.



WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Fiscal Year 2018
Recommendations
Impact to
Health Fund

Positive Net
Change in Fund
Balance for FY19
and FY20 & FY21
the projections
reflect a negative
change to fund
balance

	Estimated	Proposed Budget	Projected Actual Based on Historical Trends		
	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,967,844	\$ 2,790,080	\$ 2,416,984	\$ 2,965,698	\$ 2,986,941
Revenues:					
Licenses and Permits	2,260,642	3,105,142	3,171,352	3,218,923	3,267,206
Federal & State Grants	5,534,808	5,329,732	5,206,779	5,404,373	5,597,452
Federal & State Indirect Rev.	460,737	497,393	549,516	570,370	590,747
Tire Fees (NRS 444A.090)	435,454	450,000	465,032	483,562	502,056
Pollution Control (NRS445B.830)	528,000	587,828	599,584	608,578	617,707
Dust Plan	318,540	334,771	341,466	346,588	351,787
Birth & Death Certificates	521,474	515,000	520,495	528,302	536,227
Other Charges for Services	1,339,994	1,704,208	1,738,292	1,764,367	1,790,832
Miscellaneous	107,164	76,562	76,245	78,391	80,633
Total Revenues	11,506,813	12,600,636	12,668,762	13,003,454	13,334,648
Total General Fund transfer	9,796,856	9,516,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	24,271,513	24,907,571	24,602,602	25,486,008	25,838,445
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	10,315,944	10,863,118	10,689,505	10,956,742	11,230,661
Intermittent Hourly Positions	447,834	395,975	377,133	391,797	407,032
Group Insurance	1,714,432	1,762,580	1,728,099	1,831,785	1,941,692
OPEB Contribution (1)	1,181,460	1,305,189	1,435,708	1,579,278	1,737,206
Retirement	2,801,651	2,996,864	2,935,043	3,067,888	3,144,585
Other Employee Benefits	248,077	253,507	249,694	248,588	260,696
Contract Professional Svcs	455,669	516,085	458,531	469,038	480,067
Chemical Supplies	236,075	232,700	232,904	233,371	232,895
Biologicals	258,131	274,631	273,705	285,770	295,262
Fleet Management billings	190,242	195,705	203,637	220,946	239,726
Outpatient	103,713	111,667	106,493	112,742	121,821
Property & Liability billings	82,007	82,007	82,007	83,647	85,320
Other Services and Supplies	1,684,687	1,854,938	1,206,642	1,318,594	1,441,627
Indirect cost allocation	1,700,797	1,520,621	1,535,533	1,594,421	1,634,282
Capital	60,714	125,000	102,271	104,459	106,697
Total Uses of Funds	21,481,434	22,490,587	21,636,904	22,499,067	23,359,569
Net Change in Fund Balance	(177,765)	(373,095)	548,714	21,243	(508,065)
Ending Fund Balance (FB)	\$ 2,790,080	\$ 2,416,984	\$ 2,965,698	\$ 2,986,941	\$ 2,478,876
FB as a percent of Uses of Funds	13%	11%	14%	13%	11%

(1) Other Post Employment Benefits (OPEB) were included in the Indirect cost allocation in services and supplies prior to FY17.



Next Steps

- **February, 2017**
 - Proposed FY18 Budget due to the County
 - District Health Officer delivers FY18 budget to County and City Managers
- **March, 2017**
 - DBOH update on the Managers meeting for FY18 Budget
 - Budget presentation to the County Senior Management
- **April, 2017**
 - April 25, BCC meeting, County Manager's recommendations for FY18 budget, General Fund support should be finalized
- **May, 2017**
 - May 16, BCC Public Hearing and possible adoption of the FY18 Final Budget
- **June, 2015**
 - June 1, County delivers Final Budget to the Department of Taxation



Staff requests
approval of the
FY18 Budget

Once approved it
will be submitted
to the Cities and
County Managers
for comment as
outlined in the
Interlocal
Agreement

Staff recommends that the DBOH approve the Fiscal Year 2017-2018 Budget which in summary includes:

- Approval to fund 22 programs
- Total Revenues budgeted at \$22.1 million
- Total Expenditures budgeted at \$22.5 million which includes re-budgeting \$652,334 of FY17 savings in restricted funding for the Air Quality and Solid Waste Management program
- Budget authorization for 151.42 FTEs
- Anticipated FY18 ending fund balance of \$2,416,984 which is 11% of expenditures (Fund Balance policy is 10%-17% of expenditures)

Approval today does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May, 2017



**Fiscal Year
2017-2018
Recommended
Budget**

Questions?



STAFF REPORT

BOARD MEETING DATE: February 23, 2017

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us
SUBJECT: Update regarding Bill Draft Requests and Bill Drafts for the 2017 Legislative session.

SUMMARY

This is a monthly update regarding bill draft requests (BDRs) or bill drafts which may be of interest to the District Board of Health. Legislative Principles have been drafted for consideration by the Board to guide the Health District's legislative activities.

District Health Strategic Objective supported by this item:

- 1. Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
- 2. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health.

BACKGROUND

Staff will monitor and provide comment on bill drafts and/or legislative action occurs during the 2017 legislative session. DBOH will be briefed on these comments and activities during the monthly 2017 meetings. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District's legislative activities.

FISCAL IMPACT

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY17 budget

RECOMMENDATION

Staff recommends the Board accept the February 2017 legislative session update, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2017 Legislative Session bill drafts affecting the Health District and/or public health.

POSSIBLE MOTION

A possible motion would be: Accept the February 2017 Nevada legislative session update, and *[provide input and/or direction as DBOH may feel is appropriate]*.

2017 Nevada Legislative Session Update for February District Board of Health Meeting

As of February 21, 2017, 985 Bill Draft Requests (BDRs) have been filed. 229 Assembly Bill Drafts, and 198 Senate Bill Drafts have been filed for these BDRs. The Health District has reviewed and identified the following Bill Drafts as of interest:

BILLS AFFECTING THE HEALTH DISTRICT, PROGRAMS, OR LEGISLATIVE PRIORITIES

AB18 – AN ACT relating to nursing; ratifying the Nurse Licensure Compact; and providing other matters properly relating thereto. Existing law generally provides for the regulation of nurses in this State. (Chapter 632 of NRS) This bill ratifies the enhanced Nurse Licensure Compact adopted by the National Council of State Boards of Nursing. If a nurse residing in this State is issued a multistate license in this State, the Compact provides for a licensure privilege for that nurse in all other member states of the Compact. The Compact regulates the licensure and discipline of nurses holding multistate licenses through the Compact. The Compact also creates the Interstate Commission of Nurse Licensure Compact Administrators to carry out the Compact, and provides for the governance of the Commission, including, without limitation, authorizing the Commission to levy and collect assessments from member states to cover the cost of its operations. The Compact becomes effective either upon ratification by 26 states or on December 31, 2018, whichever occurs first. Currently, 10 states have ratified the enhanced Compact. **Position: Support, Monitor.**

AB32 - AN ACT relating to pest control; requiring certain persons who engage in pest control, including governmental agencies and their employees, to obtain a license from the Director of the State Department of Agriculture; establishing procedures relating to such licensure; providing a penalty; and providing other matters properly relating thereto. We have been in discussions with the State on this bill and have no issues. There may be a small financial impact from licensing costs. **Position: Neutral, Monitor.**

AB50 - AN ACT relating to water; authorizing the State Environmental Commission to establish fees for certain services relating to public and community water systems; increasing the maximum civil penalties and administrative fines imposed on water suppliers for certain violations relating to public water systems; authorizing the State Environmental Commission to adopt regulations and establish fees for the review of certain water issues relating to land development plans; and providing other matters properly relating thereto.

This bill requires the State Environmental Commission to establish a separate fund within the general fund to deposit all money it receives for fees and permits related to Safe Drinking Water regulation. This fund can only be used for the purposes of carrying out the regulation and services of public and community water systems. The bill also increases the Civil and Administrative penalties that NDEP can apply for violations of regulations governing water systems. The bill also enables NDEP to develop regulations and fees for regulating the subdivision of land. Since NRS does not provide for enforcement by the Health District, we have to refer water systems to the State for enforcement action and we spend a significant amount of staff resources working with systems to correct violations without strong State action. The added penalties should improve the situation. **Position: Support the provisions that allow increased penalties on water systems for non-compliance. Letter of Support provided for 2/23 Natural Resources Committee Meeting. Track.**

AB62 – AN ACT relating to tobacco products; revising provisions governing the reporting and disclosure of certain information relating to sales of cigarettes in and into this State; requiring the submission of certain monthly reports relating to the sale, transfer, shipment or delivery in or into this State of cigarettes; providing that an importer is jointly and severally liable for such monthly reports; providing that certain information reported to the Department of Taxation or the Attorney General relating to sales of cigarettes is confidential; requiring a nonparticipating manufacturer to post a bond approved by the Attorney General and revising the amount of such a bond; revising provisions governing the circumstances under which a nonparticipating manufacturer and its brand families may be denied listing in or removed from the directory of manufacturers and brand families created and maintained by the Department; revising provisions relating to the assignment to the State of the interest of a manufacturer in money in a qualified escrow fund; and providing other matters properly relating thereto. This bill generally revises existing, and provides additional, procedures and licensing requirements to aid in the statutory enforcement of the Master Settlement Agreement. **Position: Support, Monitor.**

AB74 – AN ACT relating to offenders; revising provisions governing the disclosure of the name of an offender who tests positive for exposure to human immunodeficiency virus; and providing other matters properly relating thereto. Existing law requires offenders committed to the Department of Corrections for imprisonment to submit to certain initial and supplemental tests to detect exposure to the human immunodeficiency virus. If the results of a supplemental test are positive for exposure to the human immunodeficiency virus, the name of the offender is required to be disclosed to certain persons within the Department. (NRS 209.385) This bill authorizes, rather than requires, the disclosure of the name of the offender when the results of a supplemental test are positive. **Position: Opposed, Track, Testify or submit letter.**

AB113 - AN ACT relating to public health; requiring certain employers to provide a reasonable time and place for an employee who is a nursing mother to express breast milk; prohibiting an employer from retaliating against an employee for certain actions relating to this requirement; authorizing a public employee who is aggrieved by an employer's failure to comply with this requirement or for retaliation by the employer to file a complaint; exempting certain small employers from this requirement based on an undue hardship; authorizing a local board of health to establish a voluntary mediation program to mediate disputes concerning a violation of this requirement; authorizing the Labor Commissioner to enforce the requirement against a private employer; providing a penalty; and providing other matters properly relating thereto. **Position: Support with amendment to remove local board of health mediation program, Track.**

AB140 - AN ACT relating to counties; revising the boundary line between Carson City and Washoe County; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB153 - AN ACT relating to local government; requiring counties to determine whether projects are projects of intercounty significance; requiring counties to pay impact fees to certain local governments for certain costs incurred as a result of projects of intercounty significance; and providing other matters properly relating thereto. Section 10 of this bill requires a county to determine if a project is a project of intercounty significance before the county approves or issues any permit for the development, construction or expansion of a project. Section 10 also sets forth a process for a local government to dispute a county's finding that a project is not a project of intercounty significance. Section 11 of this bill provides that before a county may approve or issue any permit required for the development, construction or expansion of a project of intercounty significance, the county must: (1) notify and request an impact statement from every affected local government; and (2) allow every affected local government a reasonable amount of time to submit an impact statement. An impact statement must include, without limitation, supporting documentation and set forth the costs that the affected local government reasonably can expect to incur for the development, creation, construction, expansion or improvement of the following as a result of the project: (1) housing units; (2) transportation infrastructure and facilities; (3) educational facilities for kindergarten through grade 12; (4) facilities for water or sewer services; (5) facilities for flood control; (6) facilities and services related to public safety, health and criminal justice; and (7) social services. Section 12 of this bill sets forth the process for determining the amount of impact costs that will be caused by a project of intercounty significance and which must be paid by the county to an affected local government. Section 13 of this bill authorizes an affected local government to submit an impact statement to and request compensation from a county for not more than one project of

intercounty significance that is already developed, constructed or in operation on July 1, 2017. **Position: Support, Track.**

AB193 - AN ACT relating to water; requiring the fluoridation of water provided by public water systems and water authorities in certain circumstances; and providing other matters properly relating thereto. Reduces population threshold in a County for community water fluoridation to 100,000. **Position: Support, Track, Testify.**

AB200 - AN ACT relating to children; requiring an accommodation facility or child care facility to notify the parent or guardian of a child of whether another child admitted to the facility is exempt from immunization requirements under certain circumstances; requiring a public or private school to notify the parent or guardian of a pupil of whether another pupil enrolled in the school is exempt from immunization requirements under certain circumstances; requiring an accommodation facility, child care facility, public school or private school to notify a parent or guardian of the ability to request such notice; and providing other matters properly relating thereto. **Position: Neutral, Track.**

SB44 - AN ACT relating to state property; authorizing the Deputy Administrator of the Public Works - Compliance and Code Enforcement Section of the State Public Works Division of the Department of Administration to issue to a person certain permits for the planning, maintenance or construction of buildings and structures on property of the State or held in trust for the State; and providing other matters properly relating thereto. **Position: Neutral, Monitor,** If passed contact SPWD to make sure they are aware of the air quality regulations in Washoe County, specifically related to asbestos, dust control and stationary source permitting requirements.

SB91 - AN ACT relating to prescription drugs; combining the HIV/AIDS Drug Donation Program and the Cancer Drug Donation Program to create the Prescription Drug Donation Program; authorizing a person or governmental entity to donate certain drugs to the Program; and providing other matters properly relating thereto. **Position: Support, Track, Testify,** SNHD provided testimony of WCHD support.

SB122 - AN ACT relating to family planning; establishing a program to award grants to local governmental entities and nonprofit organizations for the purpose of providing certain services relating to family planning; and providing other matters properly relating thereto. Provides for State account to be established and funds to be distributed from the account. **Position: Support, Track.**

SB127 - AN ACT relating to local governing bodies; authorizing a board of county commissioners to appoint members of certain local governing bodies; and providing other matters properly relating thereto. Could be applied to the District Board of Health. **Position: Oppose** unless amended to exclude Districts established under NRS 439, **Track**.

SB151 - AN ACT relating to public health; requiring the district board of health in certain counties to establish a public health laboratory; specifying the duties of the laboratory; and providing other matters properly relating thereto. **Position: Neutral with concerns** regarding resource diversion from State lab, and duplication of services, **Track**.

SB 152 - AN ACT relating to motor vehicles; revising provisions governing the exemption of certain older motor vehicles from emission control compliance; providing a penalty; and providing other matters properly relating thereto. Under existing law, certain older vehicles qualify for special license plates inscribed with the words “Old Timer,” “STREET ROD,” “CLASSIC ROD” or “CLASSIC CAR.” (NRS 482.381, 482.3814, 482.3816) Such vehicles are exempt from certain standards for exhaust emissions, fuel evaporative emissions and visible emissions of smoke provided that the owner of the vehicle certifies to the Department of Motor Vehicles that the vehicle was not driven more than 5,000 miles during the immediately preceding year and pays a fee at the time of registration that is equal to the fee for a form certifying emission control compliance. (NRS 445B.760) Section 1 of this bill newly requires that the owner of such a vehicle with a “CLASSIC ROD” or “CLASSIC CAR” special license plate who is seeking the exemption from emission control compliance to also provide to the Department verification of the odometer reading of the vehicle completed by an approved inspector at certain emissions compliance stations, and proof satisfactory to the Department that the vehicle is covered by a motor vehicle liability policy that: (1) is designed or designated specifically for classic or antique vehicles; or (2) includes an endorsement that is designed or designated specifically for classic or antique vehicles. Sections 6 and 7 of this bill make conforming changes. Sections 2-4 of this bill revise provisions relating to certain emission compliance stations, authorizing performance of the odometer inspection and verification required by section 1. Section 5 of this bill adds the falsification of an odometer reading to the list of certain acts by emission compliance inspectors and other persons that are unlawful, thereby making such an act punishable as a misdemeanor. (NRS 445B.840, 445B.845) **Position: Support, Track, Testify**.

SB165 - AN ACT relating to public health; defining the term “obesity” as a chronic disease; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to prepare an annual report on obesity; requiring certain school districts to collect data concerning the height and weight of pupils; and providing other matters properly relating thereto. Existing law uses the term “obesity” in listing the benefits of breast-feeding, mandating training

for child care providers and mandating public information and prevention programs of the Division of Public and Behavioral Health of the Department of Health and Human Services. (NRS 201.232, 432A.1775, 439.517, 439.521) Section 1 of this bill defines the term “obesity” in the preliminary chapter of NRS as a chronic disease having certain characteristics. Sections 2 and 4-6 of this bill define the term “obesity” as used in those provisions of existing law. Section 5 also requires the Division to prepare an annual report on obesity statistics in this State and the efforts to reduce obesity. Existing law requires certain school nurses to conduct or supervise certain examinations of pupils in certain grades for scoliosis, visual and auditory problems or any gross physical defects. School authorities must provide notice of those examinations to the parent or guardian of a child before performing the examination, and each school nurse or designee of the nurse must report the results of those examinations to the Chief Medical Officer. (NRS 392.420) Section 3 of this bill: (1) requires the board of trustees of each school district in a county whose population is 100,000 or more (currently Clark and Washoe counties) to use school nurses, health personnel and certain teachers and other personnel to conduct examinations of the height and weight of certain pupils; and (2) provides that, under certain circumstances, the school authorities are not required to provide notice to the parent or guardian of a child before conducting the examination. Section 3 also requires the Division to: (1) compile a report of the results of those examinations specific to each region of this State for which the information is collected; and (2) publish and disseminate the reports. **Position: Support** height and weight measure, **Track** and evaluate bill draft from Legislative Committee on Healthcare when available, **Potentially Testify**.

SB170 - AN ACT relating to public records; requiring copies of public books and records to be provided in an electronic medium except under certain circumstances; revising provisions governing action by governmental entities in response to requests for public books or records; revising provisions governing the fees that governmental entities are authorized to charge for a copy of a public book or record; and providing other matters properly relating thereto. **Position: Neutral, Monitor**

SB193 - AN ACT relating to public employment; limiting the amount of certain payments to public officers and employees in relation to their resignation, retirement or termination from employment; and providing other matters properly relating thereto. Existing law imposes certain requirements and restrictions with respect to the compensation of public officers and employees. (NRS 281.120-281.1575) For example, existing law, with certain exceptions, limits the salary of persons employed by the State to not more than 95 percent of the Governor's salary for the same period. (NRS 281.123) This bill prohibits a governmental entity, including a state agency and local government, from paying an officer or employee in relation to his or her resignation, retirement or termination from employment with the governmental entity an amount of money

pursuant to a settlement agreement between the officer or employee and the governmental entity relating to the employment of the officer or employee or as a bonus or other monetary incentive, which is greater than the Governor's current annual salary. This bill makes any provision in a contract or other agreement relating to the employment of an officer or employee of a governmental entity entered into, extended or renewed after the effective date of this bill that conflicts with this limitation void. **Position: Neutral, Monitor.**

BDRs that will be tracked and supported if in alignment with recommendations previously provided by the Nevada local health authorities, and the Nevada Public Health Association.

353 - Requires the board of trustees of certain school districts to collect and report information on the height and weight of a representative sample of certain pupils. Legislative Committee on Health Care..

355 - Imposes certain requirements concerning vapor products and alternative nicotine products. Legislative Committee on Health Care.

BILLS AFFECTING CHIP PRIORITIES

AB105 - AN ACT relating to public health; revising continuing education requirements relating to suicide prevention and awareness for certain providers of health care; and providing other matters properly relating thereto. **Position: Neutral, Monitor**

AB108 - AN ACT relating to Medicaid; requiring the Division of Health Care Financing and Policy of the Department of Health and Human Services periodically to review Medicaid reimbursement rates; and providing other matters properly relating thereto. **Position: Neutral, Monitor**

AB156 - AN ACT relating to public health; authorizing public and private schools to obtain and maintain an albuterol inhaler and certain other devices under certain conditions; requiring certain training relating to the storage and use of an albuterol inhaler; requiring public and private schools, to the extent feasible, to develop a comprehensive action plan relating to symptoms of respiratory distress; authorizing certain providers of health care to issue an order for an albuterol inhaler and certain other devices to a public or private school; and providing other matters properly relating thereto. **Position: Support**, if amended to require that child must have previously been diagnosed with asthma, **Track.**

AB157 - AN ACT relating to health care; requiring a provider of health care or health facility, under certain circumstances, to notify a patient whether the provider or facility is an in-network provider or facility; and providing other matters properly relating thereto. This bill requires a provider of health care or health facility to notify a patient with health coverage whether the provider or facility is an in-network provider or facility for the patient at least 48 hours before the provider or facility is scheduled to provide any nonemergency care and services for which preauthorization is required. **Position: Neutral, Monitor.**

AB166 - AN ACT relating to education; requiring a school district to set the time for the commencement of a school day; requiring public schools in the Breakfast After the Bell Program to increase instructional time; requiring the boards of trustees of school districts to adopt a policy for kindergarten and grades 1 to 5 within the school district to provide a certain amount of time each school day for recess; and providing other matters properly relating thereto. **Position: Support, Monitor.**

AB182 - AN ACT relating to education; authorizing the Superintendent of Public Instruction to carry out an on-site inspection of a provider of special education in certain circumstances; authorizing the Superintendent of Public Instruction to take certain measures to ensure compliance with the laws governing the education of pupils with disabilities in certain circumstances; and providing other matters properly relating thereto. **Position: Support, Monitor.**

AB183 - AN ACT relating to hospitals; restricting the enforcement by a hospital of certain statutory liens; limiting the amount that a hospital may collect or attempt to collect from a patient or other responsible party under certain circumstances; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB186 - AN ACT relating to education; requiring the board of trustees of each school district to establish, equip and maintain a prekindergarten education program and a kindergarten in each elementary school or school attendance area in the district; revising provisions governing the age at which a child is required to be enrolled in and attend school; authorizing a child who is 4 years of age on or before September 30 of a school year to be admitted to a prekindergarten education program; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB194 - AN ACT relating to professions; providing for the certification of behavioral healthcare peer recovery support specialists by the Board of Examiners for Alcohol, Drug and Gambling Counselors; providing penalties; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB196 - AN ACT relating to educational personnel; providing for an endorsement that a teacher, administrator or other educational personnel may obtain in culturally responsive educational leadership; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB199 - AN ACT relating to health care; authorizing a physician assistant or advanced practice registered nurse to take certain actions relating to a Physician Order for Life-Sustaining Treatment; revising provisions governing the execution and revocation of a Physician Order for Life-Sustaining Treatment form; requiring the Registry of Advance Directives for Health Care to include a form for electronically completing and registering a Physician Order for Life-Sustaining Treatment; providing penalties; and providing other matters properly relating thereto. **Position: Support, Monitor.**

AB210 - AN ACT relating to education; authorizing the creation of a community education advisory board by certain local governmental entities to provide input, advice and assistance to the board of trustees of a school district on issues relating to public education; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB212 - AN ACT relating to educational personnel; prohibiting the use of pupil achievement data to evaluate employees of a school district; and providing other matters properly relating thereto. **Position Neutral, Monitor.**

AB213 - AN ACT relating to dental care; revising provisions governing certain policies of health insurance and health care plans that provide coverage for dental services; requiring a dentist to post certain notices relating to fees for services; repealing provisions which limit the amount that may be charged by dentists in certain circumstances; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB215 - AN ACT relating to prescription drugs; requiring the manufacturer of certain prescription drugs to submit a report to the Division of Insurance of the Department of Business and Industry containing information about the costs of the drug; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

SB 3 – AN ACT relating to education; revising provisions governing participation by public schools in the Breakfast After the Bell Program that provides breakfast to certain pupils; and providing other matters properly relating thereto. Existing law provides for the creation of the Breakfast After the Bell Program for the purpose of requiring certain public schools with large populations of pupils from low-income families to provide breakfast to their pupils after an

instructional day of school has officially begun. (NRS 387.114-387.1175) Existing law also requires the State Department of Agriculture to monitor participating schools and provide written notice to a school at the end of each school year if the school did not increase the provision of breakfast to eligible pupils by at least 10 percent in that school year. Existing law requires a school that receives such notice to submit a plan for increasing participation in the Program to the Department. (NRS 387.1165) This bill removes the requirement that the Department provide such notice and instead requires the Department to notify a school if the school has not maintained or increased the provision of breakfast to eligible pupils. This bill also requires a school that receives such notice to submit to the Department: (1) a statement identifying the reasons the school did not maintain or increase the provision of breakfast to eligible pupils; and (2) a plan for increasing participation in the Program by eligible pupils which addresses the reasons identified in the statement. **Position: Neutral, Monitor.**

SB28 - AN ACT relating to public welfare; requiring the Administrator of the Division of Health Care Financing and Policy of the Department of Health and Human Services to conduct an annual review of rates paid by Medicaid in this State; requiring the Administrator to submit an annual report to the Legislature that proposes rates to be paid by Medicaid in this State that reflect the costs of providing certain services; and providing other matters properly relating thereto. **Position: Support, Monitor.**

SB59 – AN ACT relating to controlled substances; requiring a law enforcement officer who encounters certain situations relating to prescribed controlled substances or who receives a report of a stolen prescription for a controlled substance to report certain information to his or her employer; requiring the employer of such a law enforcement officer to upload such reported information to the database of the program developed by the State Board of Pharmacy and the Investigation Division of the Department of Public Safety to monitor prescriptions for certain controlled substances; providing a penalty; and providing other matters properly relating thereto. **Position: Support, Monitor.**

SB60 - AN ACT relating to Medicaid; requiring the Director of the Department of Health and Human Services to include in the State Plan for Medicaid voluntary programs through which certain governmental entities and Indian tribes may obtain supplemental payments for providing ground emergency medical transportation services to recipients of Medicaid; requiring a participating governmental entity or Indian tribe to reimburse the Department for the costs of implementing and administering the program; and providing other matters properly relating thereto. The bill appears to provide for Medicaid billing of services provided by emergency medical technicians, advanced emergency medical technicians and paramedics in prestabilizing

patients and preparing patients for transport. Currently these services provided by Fire EMS agencies are funded by local taxes. **Position: Neutral, Monitor.**

SB77 - AN ACT relating to education; establishing the Evidence-Based Practice Committee; requiring that certain programs and information relating to the provision of a safe and respectful learning environment be derived from evidence-based research; revising provisions relating to the code of honor for pupils concerning cheating; and providing other matters properly relating thereto.

Existing law requires the Department of Education to prescribe a policy for all school districts and public schools to provide a safe and respectful learning environment that is free of bullying and cyber-bullying. (NRS 388.133) Section 3 of this bill requires such a policy to provide that: (1) a program of training on methods to prevent, identify and report incidents of bullying and cyber-bullying must be derived from evidence-based research; (2) any information delivered during the “Week of Respect” must be derived from evidence-based research; and (3) a program used by a public school to create and provide a safe and respectful learning environment must be derived from evidence-based research. Section 3 defines “evidence-based research” to mean research that is included in a national registry of evidence-based programs and practices or has been approved by the Evidence-Based Practice Committee created by section 1 of this bill. Section 1 creates the Evidence-Based Practice Committee in the Department and prescribes the membership and duties of the Committee. Section 3 provides that a school district that wishes to use a program that is not included on a national registry for evidence-based programs and practices must apply for and obtain approval from the Committee to use the program. **Position: Neutral, Monitor** to determine position based on ability of schools to implement programs based on their data analysis.

SB132 - AN ACT relating to education; providing for the establishment of an individual graduation plan for certain pupils to allow them to remain in high school for an additional period to work towards graduation; requiring the Superintendent of Public Instruction to determine certain requirements for eligibility for such a plan; revising provisions relating to academic plans for high school pupils; and providing other matters properly relating thereto. **Position: Support, Monitor**

SB139 - AN ACT relating to patient-centered medical homes; requiring the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease to establish an advisory group to study the delivery of health care through patient-centered medical homes; requiring the Commissioner of Insurance to adopt regulations prescribing standards concerning payments to and incentives for patient-centered medical homes; requiring the inclusion of such payments and

incentives in the State Plan for Medicaid; requiring plans of health insurance to provide such payments and incentives when applicable; and providing other matters properly relating thereto. **Position: Support, Monitor.**

SB143 - AN ACT relating to education; requiring each public school in a school district to establish and maintain a school library that meets certain standards; requiring the State Board of Education to adopt regulations prescribing the minimum standards for a school library; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

SB153 - AN ACT relating to education; requiring a pupil enrolled in a public high school to successfully complete a course of instruction in computer education and technology to receive a standard high school diploma; establishing a pilot program to provide internship opportunities at private companies involved with computer technology to certain pupils; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

SB154 - AN ACT relating to education; creating the Program to Develop Leadership Skills for Elementary School Pupils; requiring the State Board of Education to adopt regulations to carry out the Program; requiring the State Board to post certain information relating to the Program on its Internet website; requiring the Department of Education to report on the effectiveness of the Program; creating the Account for Leadership Skills in the State General Fund to provide grants of money on a competitive basis to schools to participate in the Program; requiring schools participating in the Program to make certain reports; making an appropriation; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

SB155 - AN ACT making an appropriation for the implementation and operation of educational leadership training programs; and providing other matters properly relating thereto. **Position: Oppose, establishes earmark for Clark County Public Education Foundation, Inc., Monitor.**

SB162 - AN ACT relating to psychology; requiring the registration of psychological assistants, psychological interns and psychological trainees by the Board of Psychological Examiners; requiring an applicant for such a registration to submit an application and his or her fingerprints; requiring a psychologist who supervises the performance of certain services by a registrant to be reimbursed for such services under the State Plan for Medicaid; and providing other matters properly relating thereto. **Neutral, Monitor.**

SB166 - AN ACT relating to education; requiring the Department of Education to establish a program to survey pupils enrolled in public schools concerning the use and abuse of alcohol and drugs; prescribing the requirements for such a survey; authorizing the Department to contract

with a qualified person or entity to administer the program; and providing other matters properly relating thereto. **Position: Oppose**, duplicative of YBRS survey of students and SAMSA data, **Monitor**.

SB167 - AN ACT relating to education; making an appropriation for the creation and maintenance of school gardens for certain Title I schools; and providing other matters properly relating thereto. **Position: Support, Monitor**

SB171 - AN ACT relating to pharmacies; requiring certain pharmacies in this State to provide a means for persons to dispose of unused drugs; and providing other matters properly relating thereto. **Position: Support, Track**.

SB178 - AN ACT relating to education; revising the Nevada Plan to include a funding multiplier of 2.0 for pupils with disabilities and a funding multiplier that increases incrementally over a 4-year period for pupils who are English learners and pupils who are at risk; requiring the State Board of Education to adopt regulations requiring school districts and charter schools to report the number of pupils enrolled who are identified as English learners and the number of pupils who are at risk; requiring the Department of Education to prescribe annual measurable objectives and performance targets to track the performance of the school districts and charter schools in providing education and services to such pupils; requiring the submission of an annual report by each school district and charter school which includes their results with respect to the annual objectives and performance targets prescribed for the preceding school year and a plan for meeting those objectives and targets for the ensuing school year; and providing other matters properly relating thereto. **Position: Neutral, Monitor**.

SB180 - AN ACT relating to education; revising provisions governing the expenditure of money by a school district or charter school that receives money from the State Supplemental School Support Account; and providing other matters properly relating thereto. Further defines how funds should be used to improve student achievement. **Position: Support, Monitor**.

SB181 - AN ACT relating to public safety; creating the Account for the Treatment of Substance Abusers; providing that money in the Account must be distributed for programs relating to the treatment of certain offenders who are abusers of alcohol or drugs; requiring the appointment of a Deputy Director for Substance Abuser Programs within the Department of Corrections; increasing the taxes imposed on intoxicating liquor, cigarettes and gaming; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to establish a pilot program for the treatment of certain heroin-dependent persons; making appropriations; and providing other matters properly relating thereto. Increases cigarette and

alcohol taxes to pay for substance abuse treatment for certain offenders. **Position: Support, Monitor.**

SB190 -AN ACT relating to education; extending the duration of the Zoom schools program; providing for the use of a portion of the money distributed to a Zoom school to provide evidence-based integrated student support systems; and providing other matters properly relating thereto. **Position: Support, Monitor.**

BILLS OF INTEREST DUE TO CHINA

AB 142 - AN ACT relating to children; requiring a court to enter an order setting forth certain findings that enable a child to apply for status as a special immigrant juvenile with the United States Citizenship and Immigration Services of the Department of Homeland Security upon a determination that evidence exists to support such findings; and providing other matters properly relating thereto. **Position: Support, Monitor**

AB146 -AN ACT relating to domestic violence; enacting the Uniform Recognition and Enforcement of Canadian Domestic-Violence Protection Orders Act; requiring the Central Repository for Nevada Records of Criminal History to include Canadian domestic-violence protection orders registered in this State in the Repository for Information Concerning Orders for Protection Against Domestic Violence; and providing other matters properly relating thereto. **Position: Support, Monitor.**

AB165 - AN ACT relating to long-term care; providing for the licensure of certain persons as health services executives; authorizing the holder of such a license to perform the functions of an administrator of a residential facility for groups and a nursing facility administrator; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB171- AN ACT relating to concealed weapons; removing the prohibition against carrying certain concealed weapons; and providing other matters properly relating thereto. **Position: Oppose, Monitor.**

AB175 - AN ACT relating to employment; requiring certain increases in the minimum wage paid to employees in private employment in this State; and providing other matters properly relating thereto. Increases minimum wage to \$15. **Position: Support, Monitor.**

AB222 - AN ACT relating to financial services; prohibiting a person who is licensed to operate certain loan services from making certain short-term loans to a customer under certain

circumstances; requiring a person who is licensed to operate certain loan services to verify a customer's ability to repay the loan before making certain short-term loans to the customer; prohibiting a person who is licensed to operate certain loan services from making certain short-term loans to a customer with an annual percentage rate greater than 36 percent; requiring the Commissioner of Financial Institutions to develop, implement and maintain a database storing certain information relating to short-term loans made to customers in this State; providing that information in such a database is confidential; revising requirements for the contents of written loan agreements between licensees and customers; revising various provisions governing short-term loans; and providing other matters properly relating thereto. **Position: Support, Monitor.**

SB13 - AN ACT relating to motorcycles; abolishing the Advisory Board on Motorcycle Safety; and providing other matters properly relating thereto. Existing law creates an Advisory Board on Motorcycle Safety, whose members are appointed by the Governor. (NRS 486.376) The Board is required to advise and assist the Director of the Department of Public Safety and the Administrator of the Program for the Education of Motorcycle Riders in the development, establishment and maintenance of the Program, and to review the Program regularly and make recommendations to the Director and the Administrator relating to the administration and content of the Program. (NRS 486.377) Section 7 of this bill abolishes the Advisory Board on Motorcycle Safety. Sections 1-6 of this bill make conforming changes. **Position: Neutral, Monitor.**

SB106 - AN ACT relating to employment; requiring certain increases in the minimum wage paid to employees in private employment in this State; and providing other matters properly relating thereto. Increases minimum wage 75 cents each year for 5 years, or until the minimum wage is \$12, or \$11 if the employer offers health insurance. **Position: Support, Monitor**

SB115 - AN ACT relating to crimes; revising provisions concerning the prohibition against carrying or possessing certain weapons while on certain property; and providing other matters properly relating thereto. Prohibits carrying firearms in libraries without written permission. **Position: Support, Monitor**

SB123 - AN ACT relating to long-term care; revising the authority of the State Long-Term Care Ombudsman to review and recommend changes to certain governmental policies relating to facilities for long-term care; revising provisions governing the appointment of advocates and the creation of a volunteer advocacy program; revising provisions relating to certain inspections of long-term care facilities by the Ombudsman; revising provisions concerning the reporting of the abuse, neglect, exploitation, isolation or abandonment of an older person; repealing certain

provisions governing the investigation of certain complaints; and providing other matters properly relating thereto. **Position: Support, Monitor**

SB124 - AN ACT relating to firearms; revising provisions concerning the surrender, sale or transfer of any firearm by an adverse party subject to an extended order for protection against domestic violence; requiring a person convicted of a battery which constitutes domestic violence or stalking to permanently surrender, sell or transfer any such firearm; adding additional persons to the list of persons who are prohibited from owning or having in their possession or under their custody or control any firearm; providing penalties; and providing other matters properly relating thereto. **Position: Support, Monitor.**

SB147 - AN ACT relating to taxation; authorizing certain credits against the payroll taxes imposed on certain businesses for costs incurred by employers relating to the provision of day care to the children of their employees; and providing other matters properly relating thereto. **Position: Support, Monitor.**

SB149 - AN ACT relating to regional transportation commissions; authorizing a regional transportation commission to participate in transit-oriented developments; authorizing a regional transportation commission to recommend the imposition of certain taxes to fund the projects of the commission; requiring the board of county commissioners to adopt an ordinance imposing any such taxes that are approved by the voters; authorizing a regional transportation commission to develop and maintain high-capacity transit systems; authorizing a regional transportation commission to adopt rules for the parking of vehicles at facilities of the commission and the imposition of fees for the use of services or facilities of the commission; repealing provisions requiring certain regional transportation commissions to establish a regional rapid transit authority; revising various provisions relating to the powers and duties of regional transportation commissions; and providing other matters properly relating thereto. **Position: Support, Monitor**

SB156 - AN ACT relating to motor vehicles; revising provisions relating to the transportation of children in motor vehicles; providing immunity from civil liability to child passenger safety technicians relating to the provision of or failure to provide certain services regarding child restraint systems in certain circumstances; and providing other matters properly relating thereto. The bill would strengthen child safety seat and seat belt laws. **Position: Support, Monitor.**

BILLS AFFECTING DHHS

AB41 - AN ACT relating to State Government; revising qualifications for certain members of the State Public Works Board; revising qualifications for administrators of various divisions of

State Government; providing that the State Library, Archives and Public Records Administrator is in the unclassified service of the State; authorizing the Chief Medical Officer to maintain a clinical practice; and providing other matters properly relating thereto. Existing law establishes the qualifications for the Administrators of the Division of Health Care Financing and Policy, the Division of Welfare and Supportive Services, the Aging and Disability Services Division, the Division of Child and Family Services and the Division of Public and Behavioral Health of the Department of Health and Human Services. (NRS 422.2354, 422A.155, 427A.060, 432.012, 433.244) Sections 5-9 of this bill revise these provisions so that the Administrators of all of these Divisions have the same qualifications. Existing law prohibits the Chief Medical Officer from engaging in any other business or occupation. (NRS 439.110) Section 10 of this bill removes this restriction and authorizes the Chief Medical Officer to maintain a clinical practice. **Position: Neutral, Monitor.**

AB141 - AN ACT relating to state departments; revising provisions relating to the organizational structure and purposes of the Office of Minority Health; and providing other matters properly relating thereto. **Position: Support, Monitor.**

SB136 - AN ACT relating to health care; creating the State of Nevada Advisory Council on Palliative Care and Quality of Life; authorizing the Council to apply for and accept certain money; establishing the Palliative Care and Quality of Life Consumer and Professional Information and Education Program within the Department of Health and Human Services; and providing other matters properly relating thereto. **Position: Support, Monitor.**

OTHER BILLS OF INTEREST

SB112- AN ACT relating to education; requiring a course of study in health prescribed for pupils enrolled in middle school, junior high school or high school to include certain information on organ and tissue donation; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB190 - AN ACT relating to occupational safety; requiring employees on certain sites related to the entertainment industry to receive certain health and safety training; providing civil penalties; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

AB203 - AN ACT relating to cemeteries; clarifying that a cemetery authority is not authorized to order the disinterment and removal of human remains from certain burial plots; requiring a governmental authority to make certain determinations before a cemetery authority may order the disinterment and removal of human remains; requiring a cemetery authority to prescribe a

time for the removal and reinterment of human remains under certain circumstances; providing when a receptacle for reinterment will be deemed suitable; authorizing certain persons to maintain an action to require a cemetery owner to keep the cemetery in an orderly condition; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

SB159 - AN ACT relating to drugs; prohibiting the sale, distribution, bartering, dispensing or offering to sell a material, compound, mixture or preparation containing dextromethorphan to a minor under certain circumstances; prohibiting a minor from purchasing, receiving or otherwise acquiring any material, compound, mixture or preparation containing dextromethorphan under certain circumstances; providing penalties; and providing other matters properly relating thereto. **Neutral, Monitor.**

SB189 - AN ACT relating to public welfare; revising the amount and type of training that an employee of a child care facility is required to complete; setting forth certain requirements relating to services performed by an independent contractor at a child care facility; revising provisions concerning the frequency and timing of certain background investigations required to be conducted by the Division of Public and Behavioral Health of the Department of Health and Human Services; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

SB192 - AN ACT relating to mental health; establishing required hours of operation for mobile units operated by the Division of Public and Behavioral Health of the Department of Health and Human Services to provide mental health services in certain counties; and providing other matters properly relating thereto. Existing law establishes certain facilities through which the Division of Public and Behavioral Health of the Department of Health and Human Services provides mental health services. (NRS 433.233) This bill requires, in counties whose population is 100,000 or more (currently Clark and Washoe Counties), any mobile unit operated by such a facility to be available to provide services from 8 a.m. or earlier to 12 a.m. or later, 7 days a week, including holidays. **Position: Neutral, Monitor.**

SB196 - AN ACT relating to employment; requiring an employer in private employment to provide paid sick leave to each employee of the employer under certain circumstances; providing an exception; providing a penalty; and providing other matters properly relating thereto. **Position: Neutral, Monitor.**

2017 Legislative Summary

BDR	Bill	Text	Sponsor	Status	Summary	Division	Track/ Monitor	Testify	Group	Support/ Oppose	Evaluation
7	AB113	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4847/ Text	Assemblywoman Spiegel	Pending	Requires an employer to make certain accommodations for a nursing mother.	;#CCHS;#ODHO ;#WIC;#	Track		WCHD	Support with Amendment (provide language)	Support if amended to remove local board of health mediation.
796	AB153	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4900/ Text	Assemblyman Daly	Pending	Revises provisions relating to counties.	ODHO	Track		WCHD	Support	
581	AB156	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4903/ Text	Assemblyman Yeager	Pending	Revises provisions governing the health and safety of pupils.	;#CCHS;#WIC;#	Track		CHIP	Support with Amendment (provide language)	support w/amendment for those w/an Asthma diagnosis only
182	AB18	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4624/ Text	State Board of Nursing	Pending	Adopts the Nurse Licensure Compact.	CCHS	Track		WCHD	Support	
716	AB193	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4962/ Text	Assemblywoman Joiner	Pending	Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties.	;#EHS;#ODHO;#	Track		WCHD	Support	
726	AB200	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4978/ Text	Assemblywoman Woodbury	Pending	Revises provisions governing the health and safety of children.	;#CCHS;#WIC;#	Track		WCHD	Support	CCHS-not in favor of IZ exemption bill. Parents can see IZ conveyance in support
181	AB50	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4717/ Text	Division of Environmental Protection of the State Department of Conservation and Natural Resources	Pending	Revises provisions relating to the imposition of fees, civil penalties and administrative fines by the State	EHS	Track		WCHD	Support with Amendment (provide language)	Support the provisions that allow increased penalties on water systems for non-compliance

390	AB62	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4741/ Text	Attorney General	Pending	Revises provisions relating to the supervision of tobacco manufacturers and wholesale dealers.	;#CCHS;#EHS;#	Track	WCHD	Support	bill adds provisions - should help ensure Master Settlement Agrmt funds are
257	AB74	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4755/ Text	Department of Corrections	Pending	Revises provisions relating to the policies of the Department of Corrections.	EPHP	Track	WCHD	Oppose (provide explanation)	Opposite to language "authorizes" rather than requires disclosure-WILL
630	SB122	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4921/ Text	Senator Cancela	Pending	Revises provisions relating to health care.	;#CCHS;#WIC;#	Track	WCHD	Support	
786	SB127	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4933/ Text	Senator Goicoechea	Pending	Revises provisions relating to certain local governing boards.	;#ALL;#AFS;#AQM;#CCHS;#EHS;#EPHP;#CD;#EMS;#ODHO;#CDPP;#WIC;#PPD;#	Track	WCHD	Oppose (provide explanation)	Oppose unless amended to exclude Districts established under NRS 439
752	SB151	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4987/ Text	Senator Manendo	Pending	Revises provisions relating to public health.	;#CCHS;#ODHO;#	Track	WCHD	Neutral	w/Concerns regarding resource diversion from State lab and duplication of
802	SB152	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4988/ Text	Senator Hammond	Pending	Revises provisions relating to motor vehicles.	AQM	Track	WCHD	Support	
791	SB165	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5009/ Text	Senator Denis	Pending	Makes various changes concerning the prevention and treatment of obesity.	;#CCHS;#WIC;#	Track	WCHD	Support	
634	SB171	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5022/ Text	Senator Gansert	Pending	Requires pharmacies to accept unused medication under certain circumstances.	;#ODHO;#PPD;#	Track	CHIP	Support	

271	SB91	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4786/Text	Senator Hardy	Pending	Revises provisions regarding health care	ODHO	Track	Yes	WCHD	Support	SNHD will indicate our support
353			Legislative Committee on Health Care (NRS 439B.200)	Pending	Requires the board of trustees of certain school districts to collect and report information on the height and weight of a representative sample	; #ODHO; #CDPP; #PPD; #	Track		WCHD	Support	
355			Legislative Committee on Health Care (NRS 439B.200)	Pending	Imposes certain requirements concerning vapor products and alternative nicotine products.	; #ODHO; #CDPP; #	Track		WCHD	Support	
32	AB105	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4839/Text	Assemblyman Thompson	Pending	Enacts provisions relating to suicide prevention for veterans.	; #CCHS; #ODHO; #	Monitor		CHIP	Neutral	
209	AB108	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4842/Text	Assemblyman Oscarson	Pending	Provides for the periodic review of rates under the State Plan for Medicaid	; #CCHS; #ODHO; #	Monitor		CHIP	Neutral	
696	AB140	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4886/Text	Assemblyman Krarr	Pending	Revises the boundary lir	ODHO	Monitor		WCHD	Neutral	position- involves Duck Hill area of southeast Washoe County
214	AB141	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4887/Text	Assemblyman Thompson	Pending	Revises the organizational structure of the Office of Minority Health.	; #ODHO; #PPD; #	Monitor		DHHS	Support	
739	AB142	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4889/Text	Assemblyman Flores	Pending	Requires certain findings relating to juvenile immigrants.	; #ODHO; #PPD; #	Monitor		CHNA	Support	

617	AB146	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4893/ Text	Assemblyman Watkins	Pending	Revises provisions governing recognition and enforcement of domestic orders.	;#ODHO;#PPD;# Monitor	CHNA	Support
796	AB153	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4900/ Text	Assemblyman Daly	Pending	Revises provisions relating to counties.	;#ODHO;#PPD;# Monitor	CHIP	Neutral
697	AB157	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4904/ Text	Assemblywoman Spiegel	Pending	Makes various changes related to medical billing practices.	;#CCHS;#WIC;# Monitor	CHIP	Neutral
566	AB165	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4918/ Text	Assemblyman Hambrick	Pending	Revises provisions governing long-term care administrators.	;#ODHO;#PPD;# Monitor	CHNA	Neutral
778	AB166	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4924/ Text	Assemblyman Edwards	Pending	Revises provisions governing education.	;#ODHO;#PPD;# Monitor	CHIP	Support
458	AB171	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4932/ Text	Assemblyman Marchant (Originally requested by Assemblyman Moore)	Pending	Revises provisions governing carrying certain concealed weapons.	;#ODHO;#PPD;# Monitor	CHNA	Oppose (provide explanation)
866	AB175	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4939/ Text	Assemblyman McCurdy II	Pending	Revises provisions governing the minimum wage.	;#ODHO;#PPD;# Monitor	CHNA	Support
490	AB182	.state.nv.us/App /NELIS/REL/79th 2017/Bill/5016/ Text	Assemblyman Oscarson	Pending	Revises provisions governing special education.	;#ODHO;#PPD;# Monitor	CHIP	Support

694	AB183	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4947/ Text	Assemblyman Ohrenschaal	Pending	Revises provisions relating to liens.	;#ODHO;#PPD;#	Monitor	CHIP	Neutral
868	AB186	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4952/ Text	Assemblywoman Diaz	Pending	Makes various changes relating to education.	;#ODHO;#PPD;#	Monitor	CHIP	
151	AB190	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4959/ Text	Assemblywoman Diaz	Pending	Requires certain health and safety training for entertainment industry workers and supervisors.	ODHO	Monitor	ODHO	Neutral
712	AB194	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4970/ Text	Assemblywoman Monroe-Moreno	Pending	Provides for the certification of peer support specialists.	;#ODHO;#PPD;#	Monitor	CHIP	Neutral
659	AB196	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4972/ Text	Assemblyman McCurdy II	Pending	Provides for a culturally responsive educational leader endorsement for teachers, administrators and other educational personnel.	;#ODHO;#PPD;#	Monitor	CHIP	Neutral
813	AB199	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4977/ Text	Assemblywoman Woodbury	Pending	Revises provisions governing health care.	;#ODHO;#PPD;#	Monitor	CHIP	Support
723	AB203	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4995/ Text	Assemblywoman Joiner	Pending	Revises provisions relating to cemeteries.	ODHO	Monitor	ODHO	Neutral
457	AB210	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5012/ Text	Assemblyman Osca	Pending	Provides for Community Education Advisory Boards	;#ODHO;#PPD;#	Monitor	CHIP	Neutral

693	AB212	.state.nv.us/App /NELIS/REL/79th 2017/Bill/5017/ Text	Assemblyman Fumo	Pending	Revises provisions governing education.			;#ODHO;#PPD;# Monitor	CHIP	Neutral
288	AB213	.state.nv.us/App /NELIS/REL/79th 2017/Bill/5018/ Text	Assemblyman Ohrenschall	Pending	Revises provisions regarding health care			;#ODHO;#PPD;# Monitor	CHIP	Neutral
284	AB215	.state.nv.us/App /NELIS/REL/79th 2017/Bill/5040/ Text	Assemblywoman Joiner	Pending	Provides for transparency in prescription drug costs.			;#ODHO;#PPD;# Monitor	CHIP	Neutral
574	AB222	.state.nv.us/App /NELIS/REL/79th 2017/Bill/5052/ Text	Assemblywoman Swank	Pending	Revises provisions governing loans and check-cashing services.			;#ODHO;#PPD;# Monitor	CHNA	Support
176	AB32	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4678/ Text	State Department of Agriculture	Pending	Revises provisions relating to governmental entities that apply pesticides	EHS	Monitor		WCHD	Neutral
240	AB41	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4687/ Text	Department of Administration	Pending	Makes various changes relating to the qualifications for various Administrator positions in state government.	ODHO	Monitor		DHHS	Neutral
865	SB106	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4835/ Text	Committee on Commerce, Labor and Energy	Pending	Requires certain increases in the minimum wage paid to employees in private employment in this State.			;#ODHO;#PPD;# Monitor	CHNA	Support
516	SB112	.state.nv.us/App /NELIS/REL/79th 2017/Bill/4870/ Text	Senator Ratti	Pending	Revises provisions relating to education.	ODHO	Monitor		ODHO	Neutral

279	SB115	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4875/Text	Senator Denis	Pending	Revises provisions relating to public safety	;#ODHO;#PPD;# Monitor	CHNA	Support
507	SB123	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4922/Text	Senator Ratti	Pending	Revises provisions relating to the State Long-Term Care Ombudsman.	;#ODHO;#PPD;# Monitor	CHNA	Support
307	SB124	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4923/Text	Senator Spearman	Pending	Revises provisions relating to firearms.	;#ODHO;#PPD;# Monitor	CHNA	Support
311	SB13	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4606/Text	Office of the Governor	Pending	Eliminates the Advisory Board on Motorcycle Safety.	;#ODHO;#PPD;# Monitor	CHNA	Neutral
47	SB132	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4953/Text	Senator Harris	Pending	Revises provisions governing education	;#ODHO;#PPD;# Monitor	CHIP	Support
143	SB136	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4964/Text	Senator Woodhouse	Pending	Makes various changes relating to palliative care.	;#ODHO;#PPD;# Monitor	DHHS	Support
679	SB139	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4967/Text	Senator Hardy	Pending	Revises provisions relating to patient-centered medical homes.	;#ODHO;#PPD;# Monitor	CHIP	Support
59	SB143	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4975/Text	Senator Harris	Pending	Revises provisions relating to education	;#ODHO;#PPD;# Monitor	CHIP	Neutral

56	SB147	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4983/ Text	Senator Spearman	Pending	Authorizes certain credits against the taxes imposed on financial institutions and other businesses for certain costs incurred by employees	;#ODHO;#PPD;# Monitor	CHNA	Support	
318	SB149	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4985/ Text	Senator Manendo	Pending	Makes certain changes relating to fixed guideway systems.	;#ODHO;#PPD;# Monitor	CHNA	Support	
819	SB154	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4990/ Text	Senator Hammond	Pending	Revises provisions relating to education and leadership.	;#ODHO;#PPD;# Monitor	CHIP	Neutral	
1	SB155	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4991/ Text	Senator Farley	Pending	Makes certain changes relating to fixed guideway systems.	#ODHO;#PPD;# Monitor	CHIP	Oppose (provide explanation)	Establishes earmark for Clark County Public Education Foundation, Inc.
349	SB156	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4992/ Text	Senator Woodhouse	Pending	Revises provisions relating to the safe transportation of children.	;#ODHO;#PPD;# Monitor	CHNA	Support	
543	SB159	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4998/ Text	Senator Farley	Pending	Revises provisions relating to the sale of certain medications.	ODHO Monitor	ODHO	Neutral	
614	SB162	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5002/ Text	Senator Gansert	Pending	Revises provisions relating to public welfare.	;#ODHO;#PPD;# Monitor	CHIP	Neutral	
795	SB166	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5010/ Text	Senator Farley	Pending	Revises provisions relating to youth risk behavior surveillance surveys.	;#ODHO;#PPD;# Monitor	CHIP	Oppose (provide explanation)	Duplicative of YBRS survey of students.

834	SB167	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5011/ Text	Senator Farley	Revises provisions concerning education.	Pending	;#ODHO;#PPD;#	Monitor	CHIP	Support	
560	SB170	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5021/ Text	Senator Segerblom	Revises provisions governing public records.	Pending		Monitor	WCHD	Neutral	
792	SB178	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5029/ Text	Senator Denis	Revises provisions relating to the funding formula for K-12 public education.	Pending	;#ODHO;#PPD;#	Monitor	CHIP	Neutral	
461	SB180	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5031/ Text	Senator Segerblom	Requires money in the State Supplemental School Support Account to be spent for specified purposes to improve student achievement.	Pending	;#ODHO;#PPD;#	Monitor	CHIP	Support	
513	SB181	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5032/ Text	Senator Segerblom	Revises provisions governing certain alcohol and drug abuse programs.	Pending	;#ODHO;#PPD;#	Monitor	CHIP	Support	increase 'sin tax' to support substance abuse treatment-possible funding for tobacco
61	SB189	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5041/ Text	Senator Woodhouse	Revises provisions relating to child care facilities.	Pending		ODHO	Monitor	ODHO	Neutral
774	SB190	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5044/ Text	Senator Cannizzaro	Revises provisions relating to education.	Pending	;#ODHO;#PPD;#	Monitor	CHIP	Support	
816	SB192	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5047/ Text	Senator Cannizzaro	Revises provisions relating to health care.	Pending		ODHO	Monitor	<u>ODHO</u>	Neutral

81	SB193	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5058/ Text	Senator Settelmeyer	Pending	Revises provisions relating to public financial administration	;#AHS;#ODHO;#	Monitor	WCHD	Neutral	
682	SB196	.state.nv.us/App/NELIS/REL/79th/2017/Bill/5063/ Text	Senator Ford	Pending	Requires an employer to provide paid sick leave to each employee of the employer under certain circumstances.	ODHO	Monitor	ODHO	Neutral	
373	SB28	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4636/ Text	Nevada Silver Haired Legislative Forum	Pending	Requires periodic reviews of certain rates paid under the State Plan for Medicaid.	;#ODHO;#PPD;#	Monitor	CHIP	Support	
135	SB3	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4593/ Text	State Department of Agriculture	Pending	Revises provisions governing the Breakfast After the Bell Program in public schools	;#CCHS;#ODHO;#PPD;#	Monitor	CHIP	Neutral	
238	SB44	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4671/ Text	State Public Works Division of the Department of Administration	Pending	Authorizes the State Public Works Division to issue permits to private contractors for construction projects on state land or land held in trust by the	;#AQM;#EHS;#	Monitor	WCHD	Neutral	Charlene indicated she wants to track, but doesn't expect to act on it.
386	SB59	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4699/ Text	Committee on Health and Human Services	Pending	Requires the reporting of certain information to the database of the program to monitor prescriptions for certain controlled substances.	CCHS	Monitor	CHIP	Support	
411	SB60	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4700/ Text	Las Vegas, City of	Pending	Revises provisions relating to supplemental reimbursement for Medicaid ground emergency medical transportation services	;#ODHO;#PPD;#	Monitor	CHIP	Neutral	
252	SB77	.state.nv.us/App/NELIS/REL/79th/2017/Bill/4733/ Text	Department of Education	Pending	Revises provisions relating to ensuring a safe and respectful learning environment for pupils.	;#ODHO;#PPD;#	Monitor	CHIP	Neutral	



Christopher J. Hicks
District Attorney

STAFF REPORT
BOARD MEETING DATE: February 23, 2017

TO: District Board of Health

FROM: Leslie H. Admirand, Deputy District Attorney
775-337-5714, Ladmiraand@da.washoecounty.us

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

SUMMARY

Section 7(c) of the Interlocal Agreement requires annual review of the Agreement by the Board and that recommendations for possible amendments may be made to Reno, Sparks and Washoe County.

District Health Strategic Objective supported by this item: # 4 – Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

BACKGROUND

On November 27, 1972, the governing bodies of the Cities of Reno and Sparks and the County of Washoe formed the Washoe County Health District by adopting an Interlocal Agreement in conformance with the provisions of NRS 439.

The Interlocal Agreement was amended in August of 1986 to delegate to the Health District the powers granted to the Cities and County to displace or limit competition in the grant of any franchise for ambulance services.

The Interlocal Agreement was further amended in August of 1993 after a legislative revision to the composition of the Board of Health pursuant to NRS 439.390. The revision required the seventh member of the board, the member appointed by the other six, to be a physician.

There have been no further amendments to the Agreement.

This item will be calendared for review annually.

FISCAL IMPACT

There are no fiscal impacts for the Board's review of the Interlocal Agreement.

RECOMMENDATION

Staff recommends the District Board of Health review, discuss and provide direction to staff regarding the provisions of the Interlocal Agreement entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Staff further recommends the Board take action to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County."

AMENDMENT OF INTERLOCAL AGREEMENT
CONCERNING THE WASHOE COUNTY HEALTH DISTRICT

WHEREAS, the Washoe County Health District has heretofore been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of Nevada Revised Statutes and an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies; and

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WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created;

NOW, THEREFORE, the Interlocal Agreement Concerning the Washoe County Health District is hereby amended to read as follows:

INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

SECTION 1. Definitions.

A. As used in this agreement, unless the context otherwise requires:

1. "Board" means the Washoe County District Board of Health.
2. "Chairman" means the chairman of the Board.
3. "County" means Washoe County, a political subdivision of the State of Nevada.
4. "Department" means the Washoe County District Health Department.
5. "Health Officer" means the health officer of the Washoe County Health District.
6. "Reno" means the City of Reno, Nevada.
7. "Sparks" means the City of Sparks, Nevada.

B. Except as otherwise expressly provided in this agreement or required by the context:

1. The masculine gender includes the feminine and neuter genders.
2. The singular number includes the plural number, and the plural includes the singular.
3. The present tense includes the future tense.

The use of a masculine noun or pronoun in conferring a benefit or imposing a duty does not exclude a female person from that benefit or duty. The use of a feminine noun or pronoun in conferring a benefit or imposing a duty does not exclude a male person from that benefit or duty.

SECTION 2. District Board of Health; Creation; composition.

A. The Washoe County District Board of Health, consisting of seven members appointed by Reno, Sparks and the County is hereby created.

B. Two members of the Board shall be appointed by the Reno Council only one of whom shall be an elected member of the governing body.

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C. Two members of the Board shall be appointed by the Sparks Council only one of whom shall be an elected member of the governing body.

D. Two members of the Board shall be appointed by the Board of County Commissioners. One of those members shall be a physician licensed to practice medicine in this State and the other shall be an elected member of the governing body.

E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

F. Except as provided in subsection J, below, members of the Board shall serve four year terms commencing January 1, 1979. Each member may be reappointed in the same manner as their original appointment to serve not more than two additional terms. Upon the expiration of this term of office, a member shall continue to serve until his successor is appointed and qualifies.

G. Not later than January 31, 1979, the Board shall meet and conduct an organizational meeting. At that meeting, the Board shall select a chairman and vice-chairman from among its members and may appoint such officers from among its members as it deems necessary to assist it in carrying out its prescribed duties. The chairman and vice-chairman shall serve two years and until their successors are appointed by the Board and qualify.

H. Except as otherwise provided in this Agreement or by law, a majority of the Board constitutes a quorum for the conduct of business and a majority vote of the quorum is necessary to act on any matter.

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I. If a vacancy occurs on the Board, the entity which appointed the member whose position is vacated shall appoint a person to fill the remainder of that member's unexpired term. At the end of that term, the appointee may be reappointed to serve not more than two additional terms.

J. When a person appointed to the Board as a member of the governing body of Reno, Sparks or the County no longer qualifies to serve as a member of that governing body, his term of office on the Board expires and a vacancy automatically occurs. That vacancy shall be filled in the same manner specified in subsection I, above.

K. If the boundaries of the Health District are enlarged to include any additional political subdivision of the State of Nevada, or if any additional political subdivision is created within the District's boundaries, the political subdivision, upon request, may become a party to this agreement. In that event, the number of members on the Board shall be increased by appointment of two persons by the political subdivision, only one of whom shall be an elected member of the governing body of that political subdivision, and this agreement shall apply in all particulars to the new party thereto.

L. The Board may adopt procedural rules for the organization of its meetings and may adopt any other operational or procedural rules and guidelines to carry out their assigned functions and duties in an efficient and orderly manner. Such operational or procedural rules and guidelines must be consistent with the other terms of this agreement.

SECTION 3. Board of Health; Jurisdiction; powers; duties.

A. The Board, through the Department, has jurisdiction over all public health matters in the Health District. As used

in this subsection, "Health District" means the Washoe County Health District with boundaries conterminous with the boundaries of the County and as those boundaries may be amended from time to time.

B. The Board may exercise all powers conferred on such boards by the Nevada Revised Statutes, regulations and other laws.

C. The Board shall perform, or cause to be performed through the Department, all duties prescribed by Nevada Revised Statutes, regulations and other laws.

D. The Board of Health may exercise the power granted to the cities of Reno and Sparks regarding ambulance services specifically set forth in NRS 268.081 and NRS 268.083 and may exercise the power granted to Washoe County regarding ambulance services specifically set forth in NRS 244.187 and NRS 244.188. In that regard, the District Board of Health may displace or limit competition in the grant of any franchise for ambulance service.

E. The Board of County Commissioners shall assist the Board by providing the administrative procedures by which the Board, through the Department, shall exercise the powers and perform the duties specified in Subsections B, C and D of this section. However, the Councils of Reno and Sparks and the Board of County Commissioners recognize and agree that ultimate responsibility for establishing policies and procedures relating to public health programs rests solely with the Board.

SECTION 4. Preparation of annual budget; accounting for funds of District Health Department; supervision of District Health Department.

A. A proposed annual budget for the Department including estimates of revenues to be derived from service

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charges, permits, donations, contracts, grants and any other sources other than local tax resources for the budget period as well as planned operating expenditures shall be prepared by the Health Officer or his designee prior to the start of the fiscal year for which that budget is prepared and in accordance with the budget preparation time frame established by the County. Copies of the proposed budget shall be transmitted to the City Managers of Reno and Sparks and to the County Manager for their review or a review by their designated representatives.

B. Prior to the adoption of a final budget by the Board of County Commissioners, the Board shall review the proposed annual budget for the Department. Comments received from the City Managers of Reno and Sparks and the County Manager shall be presented to the Board for consideration as part of that budget review. The Board will approve a tentative budget for the Department and transmit that budget, in a format designated by the County, to the County for action by the Board of County Commissioners and inclusion within the County budget documents, being separately designated a special revenue fund known as the Health Fund in accordance with the Local Government Budget Act.

C. The Board of County Commissioners shall allocate the local tax resources and approve a final budget for the Department using the same policies and procedures that are used to allocate and approve budgets for County Departments. However, the allocation shall not be determined on the basis of the public health policies, procedures or programs established by the Board pursuant to Subsection E of Section 3 of this Agreement. The Board of County Commissioners shall notify the Board of the total amount of the allocation for each fiscal year. The Board shall be responsible for carrying out the public health goals, objectives and priorities established for the Department within the limits of that final budget as approved by the Board of County Commissioners.

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D. Once the budget for the Department has been included within the final approved budget for the County and filed with the State in accordance with applicable law, it cannot be reduced, increased or otherwise altered by the County without the approval of the Councils of Reno and Sparks except under the circumstances hereinafter described. 1) Should it become necessary to increase the budget as a result of salary and/or benefit increases negotiated with recognized employee associations of the County in effect now and in the future, the budget for the Department will be increased by that necessary amount through appropriation of local tax resources by the County in the same manner as County Department budgets are increased as a result of those negotiations and in accordance with the provisions of the Local Government Budget Act. 2) Any nonlocal funds made available to the Department from such sources as the State or Federal government, foundations or through donations may be added to the final approved budget upon approval by the Board and through action of the Board of County Commissioners in accordance with the provisions of the Local Government Budget Act and consistent with County policy or ordinance on budget amendments. Any proposed decrease by the County in the unappropriated fund balance of the Health Fund will be brought to the notice of the Board who may make comment to the County regarding the proposed action.

E. The Health Officer or his designee shall keep a proper accounting for all expenses incurred and revenues received in the operation of the Department.

F. No obligation may be incurred or payment made in the operation of the Department except by the approval of the Health Officer or his designee. Approved claims shall be submitted to the Office of the County Comptroller who shall execute payment of such approved claims.

G. The County Treasurer's Office is hereby designated as the office to and from which funds of the Department shall be deposited or disbursed.

H. The County Purchasing Department is hereby designated as the office through which the Board shall exercise its authority under the Local Government Purchasing Act.

I. The Board shall establish a policy for supervision of all public health programs of the Department.

J. The Board may authorize new public health programs upon the recommendation of the Health Officer or his designee provided sufficient funds are available to carry out such programs at the time they are authorized.

K. In the event that grant, donation, contract or foundation funds for a specific program are terminated, that program will also be terminated, including its personnel, unless it is determined by the Board that continuation of the program is necessary and sufficient local tax resources are appropriated by the Board of County Commissioners for the program.

L. If insufficient funds are available to maintain a program and it becomes necessary to restrict or eliminate the program, the Board shall notify the City Managers of Reno and Sparks and the County Manager of the proposed restriction or elimination.

M. If an external fiscal audit of a grant or contract funded program requires a fiscal adjustment in the benefit of the contractor or grantor, such fiscal adjustment will be made within the existing appropriations of the Department.

SECTION 5. Health Officer; position created; appointment; qualifications; powers; duties and authority.

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A. There is hereby created the position of Health Officer of the Washoe County Health District.

B. The Health Officer shall be appointed, and may only be removed, by a majority vote of the total membership of the Board. The Health Officer shall hold his position and serve at the pleasure of the Board. He shall reside within the boundaries of the Washoe County Health District.

C. The Board may only appoint as Health Officer a person who possesses the qualifications set forth by law for that position.

D. The salary of the Health Officer shall be established and approved in the manner specified in Chapter 439 of the Nevada Revised Statutes.

E. The Health Officer is empowered to appoint such deputies and delegate such authority as he deems necessary to carry out the authorized health programs of the Washoe County Health District and those deputies shall receive such compensation for the classification designated as provided in the approved salary schedule of the County and as adopted by the Board of County Commissioners; provided sufficient funds are available in the approved annual budget of the Department. In addition, the Health Officer shall comply with the provisions of Section 6 below in making any such appointment to the staff of the Department.

F. The Health Officer shall be responsible to the Board for the proper administration of the Department in areas not directly subject to the supervision and control of the Board as set forth above.

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G. The Health Officer and his deputies shall maintain complete records concerning public health programs provided by the Department.

H. The Health Officer, upon request, shall provide to the City Managers of Reno and Sparks, the County Manager and to any member of the Board a copy of any report or record of any activity of the Department.

I. The Health Officer shall cooperate with the State Board of Health, State Health Division and Federal agencies in all matters affecting public health. He shall make such reports and provide such information as the State Board, State Health Division and Federal agencies require.

J. The Health Officer shall designate a person to act in his stead during his temporary absence from the District or during his temporary disability. The Health Officer shall make such designation by letter to the Chairman of the Board, to the staff of the Department, to the City Managers of Reno and Sparks and the County Manager. The person so designated shall occupy the position of "Acting Health Officer" during the Health Officer's absence or disability. If necessary, the Health Officer shall also designate a physician licensed to practice medicine in this state to act as a consultant on all medical matters with which the Department is involved. If the Health Officer fails to make the designation or designations required by this subsection, the Board may do so by resolution.

K. If the position of Health Officer becomes vacant, an Acting Health Officer shall be appointed by the Board to fill the position until the Board appoints a new Health Officer.

L. No member of the Board may be appointed as Health Officer or Acting Health Officer.

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SECTION 6. District Health Department of Washoe County Health District.

There is hereby established a District Health Department of the Washoe County Health District, subject to the following provisions:

A. The Department shall be organized in the same manner as divisions, departments, agencies, offices, etc. of the County are organized for the purpose of providing a structure for the day-to-day execution of the public affairs of the Department.

B. The Department has jurisdiction over all public health matters arising within the Washoe County Health District and shall carry out all public health programs approved by the Board.

C. All personnel matters in the Department shall be regulated by those ordinances applicable to County employees, except as otherwise provided herein.

D. The Health Officer or his designee shall employ qualified persons under the County's Merit Personnel Ordinance. Those persons shall receive the compensation specified for the classification designated in the approved salary schedule adopted by the Board of County Commissioners provided sufficient funds are available in the approved budget of the Department. The Health Officer or his designee may only select persons to fill authorized vacancies within the Department.

E. The Health Officer or his designee may take disciplinary action against any employee, including suspension or termination of any employee of the Department in accordance with any applicable provisions of County ordinances in effect now and in the future and any negotiated contracts with recognized employee associations in effect now and in the future.

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F. The Department shall cooperate with the State Health Division and State Board of Health in carrying out all public health programs within the Washoe County Health District as permitted or required by the Nevada Revised Statutes and other laws.

SECTION 7. Term of agreement.

A. Except as provided in subsection D, this agreement shall be in effect for a period of one year from January 1, 1979.

B. After the initial one-year term has expired, this agreement shall automatically be renewed for a one-year period on each anniversary date after December 31, 1979, unless either Reno, Sparks, or the County serves by certified mail on the other parties to this agreement a written notice of termination 15 days prior to the date of expiration (which shall coincide with each anniversary date of this agreement), in which event this agreement shall terminate on the day of expiration. As used herein, "the expiration date" or "day of expiration" means the last day of this agreement or the last day of any extended one-year period under the terms of this agreement. If no written notice of termination has been received by any party to this agreement from any other party to this agreement at the end of its initial term or at the end of any one-year renewal period after the initial term of this agreement has expired, it shall automatically be renewed for another one-year period and will continue in full force and effect during such renewal.

C. This agreement shall be reviewed annually by the Board, and recommendations for possible amendments may be made to Reno, Sparks and the County.

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D. This agreement may be amended by mutual consent of the parties hereto not later than 90 days before its annual renewal date. oct 1

E. Reno, Sparks or the County may terminate this agreement for cause, including the breach of any provision thereof, upon written notice to the other parties to this agreement. In that event, the agreement shall terminate 60 days after the parties have received the written notice of termination for cause.

SECTION 8. Property acquired by District Health Department.

A. All property acquired by the Department during the term of this agreement shall be subject to the jurisdiction and control of the Board through the Health Officer and the Department.

B. Upon termination of this agreement, all property acquired by or held in the name of the Department shall become the property of the County, except that any property purchased with Federal funds must be disposed of in accordance with Federal Grants Administration policies.

B2409PU447

IN WITNESS WHEREOF, the parties hereto have executed this amended agreement on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By [Signature] Chairman

Date August 26, 1986



ATTEST

[Signature]
County Clerk

B2409PU448

CITY OF RENO, by and through its City Council

By [Signature] Mayor

Date 8/25/86



ATTEST

[Signature]
City Clerk

CITY OF SPARKS, by and through its City Council

By [Signature] Mayor

Date 8/25/86



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ATTEST

[Signature]
City Clerk

RECORDS
CLERK
WASHOE COUNTY DA
86 SEP 19 P 1:12

COUNTY REGISTER
FEE NONE DEP

AMENDMENT TO THE
INTERLOCAL AGREEMENT CONCERNING THE
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

WHEREAS, the Washoe County Health District has been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of the Nevada Revised Statutes, and pursuant to an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies and amended from time to time; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health and of the governing bodies of the cities of Reno and Sparks and Washoe County that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created in order to comply with legislative amendments to Chapter 439 of the Nevada Revised Statutes;

NOW THEREFORE, Sections 2.D. and E. of the Interlocal Agreement Concerning the Washoe County Health District are hereby amended to read as follows:

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OF SPARKS
OF THE CITY CLERK

AUG 13 1993

2. D. Two members of the Board shall be appointed by the Board of County Commissioners only one of whom shall be an elected member of the governing body.

2. E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. This member must be a physician licensed to practice medicine in this state. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

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AUG 13 1993

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By *James Cornwall*
Chairman

Date *July 20, 1993*

ATTEST:

Judith Bass
County Clerk

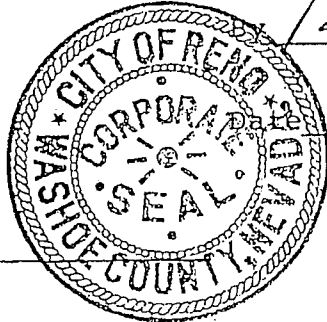
CITY OF RENO, by and through its City Council

Pete J. Gonyea
Mayor

Date *8/24/93*

ATTEST:

Tracy Cade
City Clerk



CITY OF SPARKS, by and through its City Council

By *[Signature]*
Mayor

Date *August 9, 1993*

ATTEST:

[Signature]
City Clerk

APPROVED AS TO FORM:

Steven P. Elliott
STEVEN P. ELLIOTT, City Attorney

CITY OF SPARKS
OFFICE OF THE CITY CLERK

AUG 13 1993

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: February 23, 2017

DATE: February 10, 2017

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. AQM Participates in Preparation of Recommendations for EPA Transition Team



On January 28, 2017, AQM Division Director Charlene Albee attended the National Association of Clean Air Agencies (NACAA) Board of Directors meeting in Memphis, Tennessee. The primary objective of the meeting was to finalize a report to be presented to the EPA Transition Team outlining recommendations for consideration by the incoming Administration related to key issues associated with our nation's clean air program. The Clean Air Act (CAA) places the primary responsibility to ensure the air is clean and healthful to breathe with state and local air agencies. Based on this, the members of NACAA are uniquely positioned to identify the greatest air quality challenges of the day. A final copy of the report, including specific recommendations and background, will be available following the presentation to the new EPA Administrator.

The recommendations include increasing the technical and financial assistance provided to the state and local agencies. With level funding for a number of years in spite of increased costs, state and locals are feeling the burden of increasing regulatory

requirements without sufficient guidance and resources. Improving the regulatory assistance also includes the need for effective federal measures to address emissions from both mobile and stationary sources.

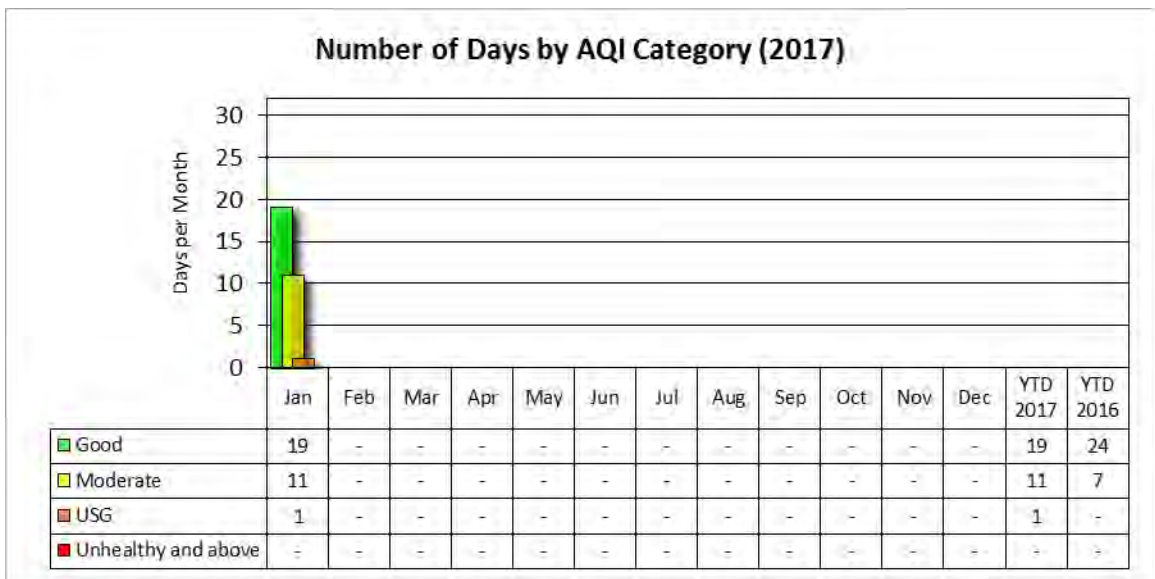
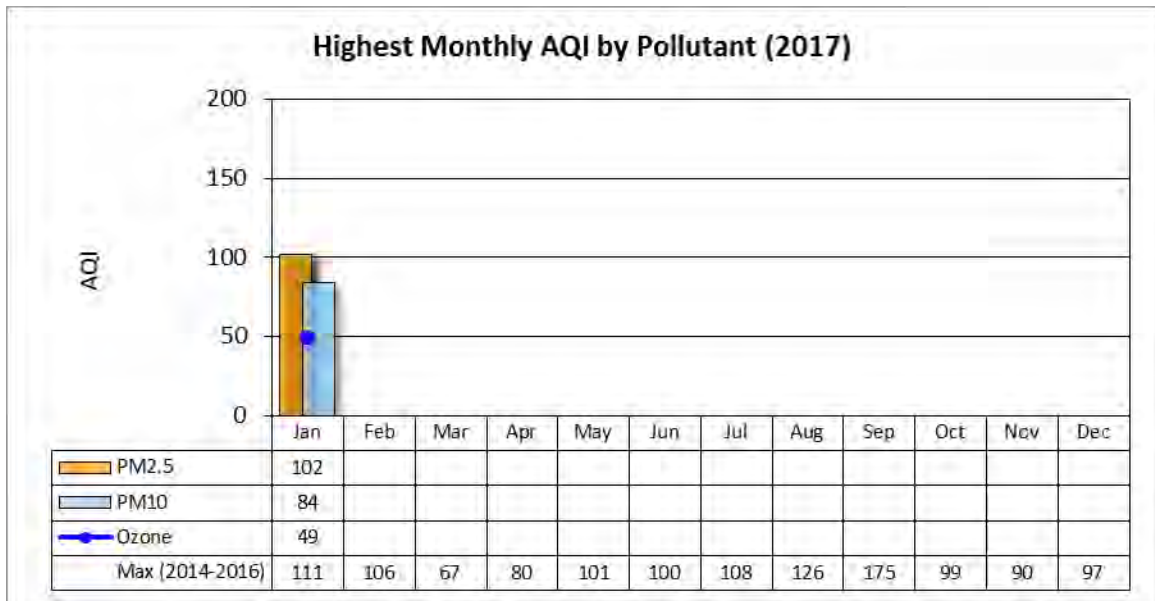
One measure of significant concern to Western States is to expand the efforts to address interstate transport of air pollution. This challenge impacts the implementation of the National Ambient Air Quality Standards (NAAQS) with respect to the health of our communities, both environmental and economic. This subject also includes the critical air monitoring and planning challenges posed by the transport of air pollution.

The most important recommendation is the new Administration make working together with the state and local air pollution control agencies a top priority. As co-implementers of the CAA, EPA and the states and locals need to work collaboratively and forge a truly cooperative partnership to address air quality challenges. NACAA is encouraging the new Administration to draw upon the expertise of state and local agencies and empower them to protect the health of their communities. The NACAA Spring Membership meeting has been scheduled for the end of April in Washington, D.C. to provide an opportunity for the new Administration to meet with members and establish a path forward.

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 January. 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

January Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of January; however, the Air Quality Index (AQI) for PM_{2.5} briefly reached 102 (Unhealthy for Sensitive Groups) on January 31.

January Particulate Matter (PM) Episode: Weather conditions in January were very unsettled with well above average amounts of snow and rain. Active weather conditions keep temperature inversions from forming and PM concentrations from reaching unhealthy levels. A storm in mid-January dropped up to a foot of snow in the Truckee Meadows and was followed by a very strong high pressure system and temperature inversion. Because of the snow and cold temperatures, a sand/salt mixture was applied to many major streets in the valley. Cars and trucks continued to crush the sand into smaller particles (PM₁₀ and PM_{2.5}). Traffic re-entrained the PM which added to the existing wood smoke PM. PM_{2.5} levels increased and a Red burn code was issued on January 31. This was first Red burn code issued since December 1, 2015, and one of the latest Red codes issued during the Burn Code Season since the program began in the late 1980's. This episode is a good reminder that wintertime street sanding is not complete until it is swept up. AQMD Rule 040.032 requires sand to be picked up within four days after a storm event. The combination of PM from woodsmoke and street sanding resulted in air pollution levels that barely met health-based standards, prohibited residential woodburning, and postponed prescribed fire projects.

Our partners at the National Weather Service do an excellent job informing the public about air pollution issues throughout the year. They have more than 46,000 Facebook likes and 18,000 Twitter followers.



Ozone Advance: In February 2016, the Washoe County Health District was accepted to participate in EPA's Ozone Advance program. A Path Forward plan was prepared and submitted to EPA in early February 2017. It's the AQMD's roadmap to improve air quality through collaborations, voluntary initiatives, and collective impact. Initiatives concentrate on technology, behavior, and the built environment to achieve long-term

permanent improvements. These initiatives support the Path Forward's five primary goals:

1. Reduce ozone precursor emissions from on-road motor vehicles
2. Reduce ozone precursor emissions from non-road motor vehicles and equipment
3. Reduce impacts from heat island effects that contribute to ozone formation
4. Increase efficiency of buildings
5. Expand air quality education and outreach programs

Path Forward is intended to be a living plan that will adapt to and reflect any future changes to community priorities. It will also improve the environmental and public health of the community.

Volkswagen Environmental Mitigation Trust: In January, under the direction of the Governor, the State of Nevada Advisory Committee on the Control of Emissions from Motor Vehicles created a sub-committee to assist the Nevada Division of Environmental Protection in the establishment of a process to administer the VW Environmental Mitigation Trust. The AQMD will participate on the sub-committee which will develop criteria on how to best invest the Trust funds to reduce nitrogen oxide (NOx) emissions. NOx is an ozone precursor emission and will complement Ozone Advance programs in Washoe and Clark Counties.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2017		2016	
	January	YTD	January	Annual Total
Renewal of Existing Air Permits	76	76	98	1285
New Authorities to Construct	6	6	3	97
Dust Control Permits	17 (423 acres)	17 (423 acres)	11 (174 acres)	161 (2239 acres)
Wood Stove (WS) Certificates	33	33	22	434
WS Dealers Affidavit of Sale	8 (5 replacements)	8 (5 replacements)	6 (3 replacements)	81 (57 replacements)
WS Notice of Exemptions	639 (7 stoves removed)	639 (7 stoves removed)	561 (2 stoves removed)	7523 (66 stoves removed)
Asbestos Assessments	80	80	85	1020
Asbestos Demo and Removal (NESHAP)	23	23	23	261

Note: The reduction in the total number of monthly renewals of existing air permits, as compared to last year, is a result of multiple industrial process permits issued to a facility being consolidated into a single facility permit which includes multiple industrial processes. This is a result of streamlining made possible by the Accela Regional Licensing & Permitting System.

Staff reviewed thirty (30) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Senior Air Quality Specialist Dennis Cerfoglio officially retired effective January 31, 2017. Mr. Cerfoglio has been a Health District team member since 1988. His leadership and experience will be greatly missed and difficult to replace. A request to fill this position has been submitted to human resources with an April start date.

Staff conducted inspections of sixty (60) stationary sources and fifty-two (52) gas station inspections in January 2017. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2017		2016	
	January	YTD	January	Annual Total
Asbestos	1	1	3	29
Burning	0	0	3	16
Construction Dust	0	0	0	58
Dust Control Permit	0	0	0	13
General Dust	2	2	4	72
Diesel Idling	0	0	0	8
Odor	0	0	3	31
Spray Painting	0	0	0	3
Permit to Operate	0	0	0	8
Woodstove	0	0	1	1
TOTAL	3	3	14	239
NOV's	January	YTD	January	Annual Total
Warnings	1	1	0	16
Citations	0	0	1	24
TOTAL	1	1	1	40

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

Mike Wolf
 Chief, Permitting and Enforcement

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: February 23, 2017**

DATE: February 10, 2017
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Update – HIV Program; Divisional Update – Patagonia Health; Data & Metrics; Program Reports

1. Program Update – HIV Program

CCHS' Sexual Health Program (SHP) has participated in successful grant year end reporting and site visits in the HIV section of the program.

Ryan White Part B funds provide linkage, engagement and retention to HIV care activities for persons living with HIV (PLWH) that are newly diagnosed, those that have fallen out of HIV care, those living with HIV that move into Washoe County. Staff assesses clients' strengths, motivations and experiences and utilizes this strength based approach to encourage retention in HIV care. During the site visit covering FY16-17 funding period, the program performed well, with 100% compliance with a random client chart audit and compliance with grant policy requirements.

HIV prevention activities were reported through the 2016 Annual Progress Report submitted to the Nevada Division of Public and Behavioral Health's HIV Prevention Program. Of note, the following successes were reported:

- During CY2016, WCHD provided 2,425 tests funded through CDC HIV prevention resources. The year-end goal of 2,000 tests provided was met and exceeded by 21%.
- The provision of rapid HIV tests (RHTs) instead of conventional HIV test through blood draw increased at all testing sites. From 2015 to 2016, the number of RHTs provided increased 96%, from 584 (2015) to 1,142 (2016). This increase also exceeded the deliverable of 1000 RHTs by 14%.
- Since increasing the number of appointment slots available to participants at the static, offsite testing site, monitoring "appointments kept", was initiated. During 2016, of the appointments made, 73% of the appointments have been kept. This is an increase of 2% from 2015. Other offsite, "non- clinical", testing sites are available for walk-in testing without appointments.

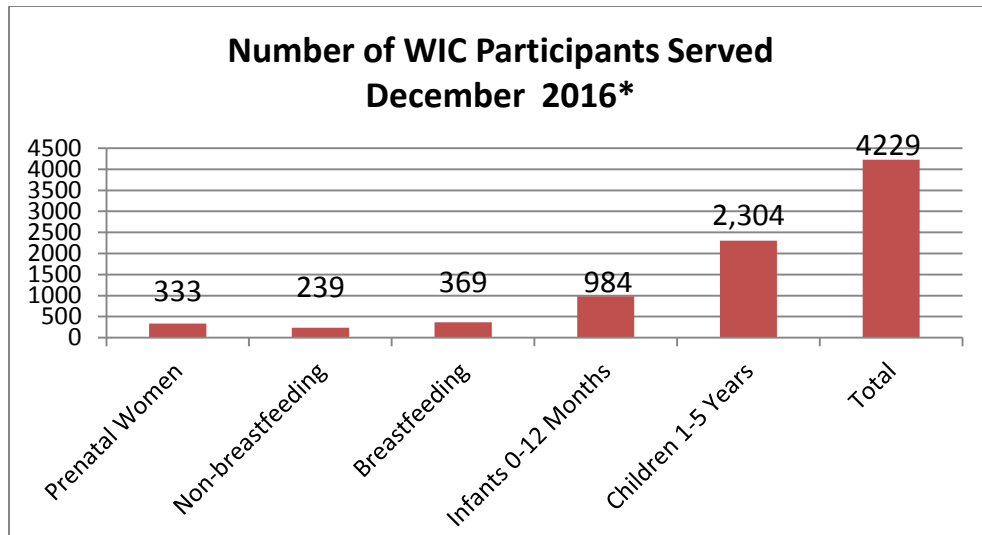
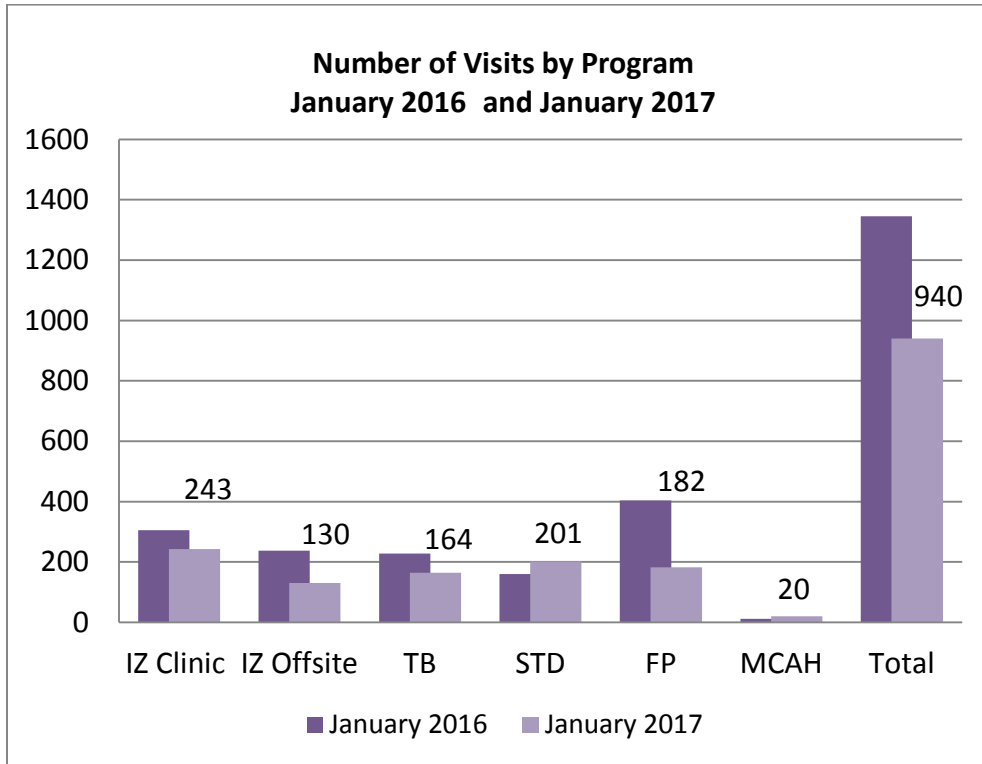
- Clients not receiving their conventional HIV test results within two weeks of testing are contacted by WCHD staff to provide the results. This activity has increased WCHD's HIV test results provided to clients from 76% in 2015 to 91% in 2016.
- WCHD has collaborated with the jurisdiction's law enforcement agencies to comply with Nevada Revised Statute 441A.320 which requires individuals arrested for sexual assault to be tested for HIV and syphilis, and the results be provided to the victim and perpetrator. An assessment of the testing and follow up processes in 2015 indicated area for improvement by law enforcement and the regional detention facility. By working with the stakeholders, compliance with the law and related protocol increased significantly, from a 60% compliance rate in 2015 to 82% during 2016.
- Condom distribution numbers have exceeded the annual objective. During the reporting period 69,800 condoms were distributed, surpassing the deliverable of 24,000. An estimated 3,490 condoms were distributed to HIV positives individuals. Condom distribution is successful in part because of the relationship and collaboration with the Northern Nevada Outreach Team (NNOT). Volunteers distribute the condoms at high-risk bars, clubs, and venues in the jurisdiction while WCHD provides programmatic guidance to the group. Sites added in 2016 included a primary care center for low income community members and a LBGTQ community center.

Increasing the positivity rate in HIV tests provided by WCHD is an identified area of improvement that will be a continued priority during 2017.

2. Divisional Update

- a. **Patagonia Health (PH)** – we continue to roll out new features in PH, and we recently implemented the text and voice messaging feature to remind clients of their upcoming appointment. Clients are reminded at three days and one day prior to their appointment. This is a timesaving measure for staff as they no longer will need to call clients to remind them of their upcoming appointment, allowing staff to address other priority work areas. Staff are already reporting that the three day reminder is better allowing us to refill cancelled or rescheduled appointments. We are now also receiving lab results directly into the electronic health record, which increases record accuracy, and saves staff time.
- b. **Insurance Contracts** – we are currently working with Aetna to become a provider for their clients beginning in July 2017. Aetna will be an additional Medicaid Managed Care Organization in the coming fiscal year. Staff are also reviewing contracts with Prominence and United Health Care before moving them forward in the approval process.

c. Data/Metrics



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

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

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Patagonia Health was implemented in the Sexual Health programs on January 12, 2017. As of February 1, 2017, lab results from the state lab are being received electronically.
- b. **Immunizations** – A School Located Vaccination Clinic (SLVC) was held on January 24, 2017 at Glenn Duncan Elementary School, in partnership with Immunize Nevada and the Washoe County School District, where a total of 64 flu shots were administered. A second SLVC was rescheduled due to weather. Flu shots were given at the Family Health Festival on January 25, 2017 to 18 participants. Additionally, 102 doses of vaccine were administered to 38 adults and 10 children during Project Homeless Connect on January 31, 2017.

The Immunization Clinic has been working on a Quality Improvement project to increase clinic efficiency since the implementation of Patagonia Health EHR. Starting in January of 2017, we are now routinely staffing clinics with one nurse with the option of scheduling additional nurses if the demand exceeds available appointment slots.

- c. **Tuberculosis Prevention and Control Program** – Washoe County has had three cases of active Tuberculosis since January 1, 2017. Staff is currently investigating a case necessitating community testing.
- d. **Family Planning/Teen Health Mall** – Program staff met with Early Head Start staff to explore how to best partner with each other. A Memorandum of Understanding is being developed.

Budget planning for FY 18 has been completed, and staff is working to meet goals for the current FY.

The program manager will be attending a Region IX meeting in San Francisco this month.

Expanded use of Patagonia Health is going well. Clinical staff decreased appointment time frames, electronic lab results are being received and automated text/phone call appointment reminders have been implemented.

- e. **Chronic Disease Prevention Program (CDPP)** – CDPP staff worked with community partners to provide information regarding smoke/tobacco free parks at the Joint Parks Commission Meeting on January 18th. All three entities (Reno, Sparks and Washoe County) will be working towards making parks in Washoe County smoke free.

The GetHealthyWashoe.com website was successfully updated to redirect those visiting the site

to the Health District website, specifically the Chronic Disease Prevention Program page.

Staff participated in Project Homeless Connect to provide tobacco cessation information to attendees and service providers that work with homeless and low income populations. While we do not have local data, national estimates show that about 70% of all homeless individuals smoke, four times that of the general U.S. population. Staff also attended a statewide tobacco partner meeting to discuss and coordinate statewide tobacco prevention and control strategies and provide direction for future priorities.

The Wolf Pack Coaches Challenge pilot program successfully recruited 38 elementary school classrooms to participate in the physical activity and nutrition based program. Next steps are to encourage classrooms to complete participation and submit results for recognition and prizes. Anticipating a successful evaluation, the program is expected to grow in the coming school year.

- f. **Maternal, Child and Adolescent Health (MCAH)** – In 2016, staff provided safe sleep training and distributed a total of 70 Pack ‘N Play portable cribs through the Safe Sleep/Cribs for Kids program. Staff also presented a Safe Sleep training at Innovations High School for pregnant and parenting teens on February 7, 2017.

- g. **Women, Infants and Children (WIC)** – WCHD WIC clinics have been serving refugees that have recently resettled to our community. To increase knowledge and ensure that the most effective services are being provided, staff met with the Director of the Northern Nevada International Center and learned about the vetting process, the experience of many refugees, and other services available to them. Due to language and cultural barriers staff allocate more time for these appointments and special translation services are offered.

Outreach was provided at the Family Health Festival and Project Homeless Connect promoting WIC services.

DD	RS	___
DHO	___	___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: January 26, 2016

DATE: February 10, 2017
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 – Childcare, Food, Invasive Body Decoration (IBD), Land Development, Schools, Vector-Borne Disease and Waste Management

DIVISION UPDATE

Fleet Management

- Staff continues to manage the EHS fleet so that it is properly sized to meet the Division's needs. The Division turned in six vehicles (2110, 2117, 2118, 2119, 2213, 2145) and received three new ones (1341, 1342, 1349).

Quality Improvement

- Staff has one Quality Improvement project that has been approved by Environmental Health Services and is underway with two more that are being developed. **Having staff members participate in Quality Improvement is consistent with principles set forth for the Accreditation of the Health District.**

Student Interns

- As of this report, Environmental Health Services staff has taken on two new student interns for the Spring Semester of 2017. One has already started in the Foods program and the other will be assisting in projects for the School and Childcare programs.

Workforce Development

- The first REHS Trainee candidate successfully passed the REHS examination. Cataloging for the REHS study library material was completed in early February and there are five (5) trainees who now have study materials and are on-course to take the REHS exam in the summer of 2017. **Having staff members registered as Environmental Health Specialists is consistent with principles outlined in FDA Standard 2 – Trained Regulatory Staff.**

PROGRAM UPDATES

Childcare

- Childcare inspection program staff has completed all licensed childcare inspections for the calendar year 2016 and are caught up through February of 2017. Additionally, we are in the process of training three (3) staff members on routine childcare facility inspections.

Having staff members trained is consistent with principles outlined in FDA Standard 2 – Trained Regulatory Staff.

Food

- **Food Safety** - Staff held three food safety workshops on January 10th and 11th, 2017. The workshops focused on how service animal laws affect the restaurant and retail food establishment industries. Representatives from the Retail Association of Nevada, the Nevada Restaurant Association, Nevada Disability Advocacy and Law Center, and Canine Companions for Independence also participated in the workshops. The workshops were well attended by food establishment owners, operators, and the general public. Due to the success of the workshop, staff is developing a service animal informational window cling to be provided to food establishment operators and has been asked to present the workshop again at the upcoming Nevada Environmental Health Association – Nevada Food Safety Task Force conference in April, 2017. **Participation in public outreach and workshops for consumers and industry meets the criteria of Standard 7- Industry and Community Relations.**
- Staff has begun work on the action plan for the National Association of County and City Health Officials (NACCHO) Program Standards Mentorship Program. The action plan includes the development and implementation of a food inspection quality assurance program. The Food Safety Program was matched with Southern Nevada Health District as the mentor who will provide guidance on the development of the program. A site visit at the Southern Nevada Health District is scheduled for the end of February. **Activities outlined in the work plan for the NACCHO Mentorship Program meets criteria Standard 4 – Uniform Inspection Program.**
- Staff has begun to conduct data collections at Washoe County food establishments as part of the risk factor study. The risk factor study is a research project designed to assess the occurrence of food preparation procedures and practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention (CDC) as contributing factors to foodborne illness outbreaks at the retail level. From the data collected, the WCHD will provide guidance to industry food safety professionals to assist them in addressing food safety issues that have the most significant impact on protecting public health. **Completion of a risk factor study at least every five years to measure trends in the occurrence of foodborne illness risk factors meets the criteria of Standard 9 – Program Assessment.**
- **Foodborne Illness Epidemiology Program** – In late November the Environmental Health Services Epidemiology Program staff conducted site investigations for gastrointestinal and upper respiratory illness outbreaks at the Volunteers of America shelter on Record Street. At least 30 were hospitalized and the majority of staff from the shelter was sick with vomiting and diarrhea. Measures were taken with sanitizing and foodservice operations to ensure sanitation. With prompt response and direction from Environmental Health Services staff and cooperation from the Volunteers of America, the outbreak was under control by early December. The case has since provided a template for Communicable Disease and Environmental Health Services Epidemiology programs to work together to standardize response to outbreaks at community shelters. Epidemiology Program staff is also assisting Communicable Disease Program staff on the next phase of surveillance for increased coccidioidomycosis in Washoe County which includes mapping and may culminate in environmental sampling. **Investigative**

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

- **Special Events** – Staff continues to assist in the collection of data for the on-going risk factor study during the slower event season.

Invasive Body Decoration (IBD)

- The Invasive Body Decoration regulations were approved by the Board during the January meeting. The regulations must now go before the State Board of Health for final approval, which meets next in March.

Land Development

- The Residential Septic and Well Program continues to work on reducing plan review times after a very busy finish to the year. The group outlined several goals for the year and will begin this month by reworking outdated inspection sheets. Other goals for the year include finalizing the standard operating procedures for plan review and beginning research for updating regulations.
- The Safe Drinking Water Program reassigned out all water systems based on their three year sanitary survey rotation schedule to distribute workload. The team also set up specific month assignments for Total Coliform Rule compliance over the entire team. Finally, goals for the year were set up. First up, cleaning up the server to make the file structure consistent and more efficient to work with. Training is also a high priority this year.

Schools

- The school inspection program has taken steps towards risk based inspections for school grounds to coincide with the risk based food inspections. A new inspection form draft has been completed and is under review. Included as part of routine inspections will be an emphasis on knowledge and protocol among school district staff on infectious disease outbreaks and control. Additionally, Environmental Health Services staff is working closely with the School District reviewing plans for upgrades and will be involved to ensure that pertinent long-standing violations are addressed as the facility improvements progress. The number of reported outbreaks in schools is substantially lower than last year. There were a total of 3 outbreaks for Washoe County School District reported in the Fall semester of 2016 compared to 19 in the Fall semester of 2015.

Vector-Borne Diseases

- It is typical this time each year that midges emerge as adults as we approach the latter part of February. The Vector Borne Diseases Program receives many calls on this gnat-like two winged fly that is annoying, unpleasant and often mistaken for adult mosquitoes. Like their relatives the adult mosquitoes, midges develop and hatch in stagnant water and tend to come out in warm weather. They often form thick swarms and are not pleasant to look at or walk through. When the public sees these swarms they immediately think they are adult mosquitoes. Since midges are attracted to light our recommendation is to use yellow bulb lights in outdoor fixtures.

- Staff will begin to calibrate the Program’s equipment including the foggers, centaurs and hand held equipment in preparation of the mosquito season. This equipment must be calibrated each year prior to use as required by state and federal law.
- Staff submitted the 2016 Scientific Collection permit annual report to the Nevada Department of Wildlife. The report includes the collection or release locations for all live or dead fish, mammals and birds collected, trapped or salvaged during 2016. The specimen totals in the report included 48 rodents, 5 bats, 2 raccoons and 114 fish.
- Staff reviewed 8 building projects in the Truckee Meadows Community and signed off on commercial and project housing projects in Golden Valley and the downtown area.
- Vector Responses to Public Requests:

Public Requests	Jan. 2017
Mosquito	1
Hantavirus	5
Plague	0
Rabies	2
Planning	21
Lyme Disease/Ticks	0
Media	0
Outreach/Education/ Miscellaneous	2
Cockroach/Bedbug	12
West Nile Virus	0
Zika	1
TOTAL	44

Waste Management

- Staff completed the Request for Proposal (RFP) for a Waste Composition Study for Washoe County. The request is with Washoe County Purchasing for solicitation of proposals. The timeline for beginning the actual study is July 2017.

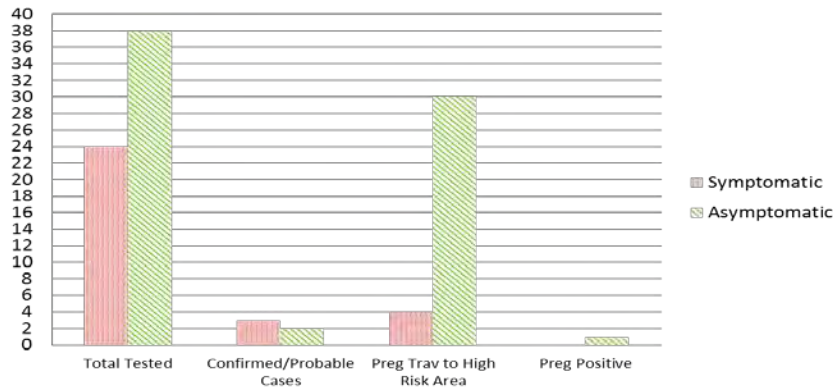
**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: February 23, 2017**

DATE: February 13, 2017
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 February 13, 2017, there have been 68 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 delivered her baby on January 11, 2017, and the baby was healthy and was not infected with Zika according to laboratory tests at CDC. However, testing for the maternal tissues is still pending at CDC.

**Zika Virus Testing in Washoe County
As of February 13, 2017**



Note: Categories above are not mutually exclusive

Outbreaks - Since the last District Board of Health meeting, the CD Program has investigated three outbreaks of RSV in three childcare facilities. As of February 13, three outbreaks are still open.

Post-MMWR publication communication – Since January 12, Dr. Lei Chen, Dr. Randall Todd, and Phil Ulibarri have spent a lot of time in managing 47 email inquiries from around the world after our report “Pan-Resistant New Delhi Metallo-Beta-Lactamase-Producing *Klebsiella pneumoniae* – Washoe County, Nevada, 2016.” was published in CDC’s MMWR (

https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a7.htm?s_cid=mm6601a7_e . Of 47 inquiries received, 20 were media outlets from US, Canada, UK, Thailand, and India. Thirteen US media outlets included STAT News, RGJ, NBC News, Infectious Disease News, NPR, Center for ID Research and Policy, Vocativ, KOH, Huffington Post, Las Vegas Review Journal, CNN, ABC News, and Las Vegas Sun Newspaper. Ten requests seeking collaborations from prestigious universities or research institutions have been referred to Dr. Julie Kiehlbauch, the Director of Nevada State Public Health Laboratory. Such institutions included Stanford University, Harvard University, Duke University, J. Craig Ventor Institute, Naval Medical Research Center, and others. The research collaboration will primarily focus on testing novel drugs against this pan-resistant bacterial isolate.

In addition, Dr. Sonja Rasmussen, Editor-in-Chief of MMWR, from CDC notified WCHD that the report's Altmetric score was 1797 as of January 27 (it was 1818 as of February 13). An Altmetric score provides an indication of how much an article is being written about in the lay press and in various social media outlets. To put this into context, any score ≥ 19 is in the top 5% of all publications that are tracked by Altmetric. This article will likely become the most discussed MMWR paper in 2017 according to historic Altmetric scores.

Seasonal Influenza Surveillance – For the week ending February 4, 2017 (CDC Week 5) 12 participating sentinel providers reported a total of 170 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 2.5% (170/6,873) which is at the regional baseline of 2.5%. During the previous week (CDC Week 4, 2017), the percentage of visits to U.S. sentinel providers due to ILI was 3.9%. This percentage is above the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 2.2% to 6.9%.

Nine death certificates were received for week 5 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 5 was 131. This reflects a P&I ratio of 6.9%. The national P&I ratio for week 2 was not available. The total P&I deaths registered to date in Washoe County for the 2016-2017 influenza surveillance season is 117. This reflects an overall P&I ratio of 7.2% (117/1633).

Public Health Preparedness (PHP)

The PHP Program collaborated with WCHD Environmental Health Services Division, Nevada Division of Emergency Management, Saint Mary's Regional Medical Center, and Q&D Construction to provide Sutcliffe with over 10,000 gallons of water until Sutcliffe's water system was restored. It is important to note, that from the time the request was made to Q&D Construction to fill and move the water tanks to Sutcliffe, it took less than six hours.

Community partners met at the REOC on February 3 to conduct a region wide after action review of the response to NV Flood 2017. This meeting included the numerous agencies that reported to the incident in a variety of capacities. An After Action Report – Improvement Plan (AAR-IP) will be developed that will include both the positives and areas for improvement for future incidents. Additionally, EPHP staff met and conducted a mini after action review. An after-action report specific to the Health District will be developed which will include all aspects of the WCHD NV Flood 17 response, including the water restoration to Sutcliffe. The Improvement Plan will focus on improving response to a disaster, which will include updating forms/processes and conducting an MRC volunteer survey.

The Public Health Emergency Response Coordinator participated in a State of Nevada Receipt, Storage, and Staging (RSS) site training as part of the Medical Countermeasures Distribution (MCM) plan. The training focused on the receipt of federal medical assets, and the process of distributing those assets to local point of dispensing sites.

The Public Health Emergency Response Coordinator participated in a two-day Pediatric Disaster Response & Emergency Preparedness training on January 18-19. The knowledge gained from this course will allow staff to improve community preparedness, focusing on pediatrics.

The Public Health Emergency Response Coordinator continues to participated in the planning process of the emPOWER Initiative exercise. This will test the state's and Local Health Authority's (LHAs') capabilities to request, obtain and analyze Centers for Medicare and Medicaid Services (CMS) data which can be utilized in a disaster to identify those who may need additional assistance with evacuating or sheltering in place. The midterm planning meeting was held on January 17 and the exercise is scheduled for March 9.

The PHP Program staff is participating in the Statewide PHP Strategic Planning meetings. One aspect of strategic planning includes prioritizing areas for grant activities across the state. The Public Health Emergency Response Coordinator met with Inter-Hospital Coordinating Council (IHCC) leadership to obtain input from a healthcare perspective and assisted in the completion of the State PHP survey.

The PHP Program finalized the Jurisdictional Risk Assessment as it relates to public health impacts. This information is utilized for disaster planning and trainings within Washoe County, as well as to assist the State with understanding the gaps within the various jurisdictions.

The Medical Reserve Corp (MRC) Coordinator has finalized arrangements with WCHD Division of Community and Clinical Health Services (CCHS) to have MRC Nurses become able to register for vaccination volunteer opportunities working with CCHS Nurses. MRC Nurses will help provide vaccinations to students at various Washoe County School District elementary schools beginning in fall 2017. MRC Nurses will also work with CCHS Nurses helping to provide vaccinations to indigent clients who are living in community shelters.

MRC volunteers participated in the Family Health Fair held on January 25th. Volunteers handed out emergency preparedness information and provided blood pressure checks to citizens.

Emergency Medical Services (EMS)

The EMS Coordinator continues to participate on the Triennial Exercise Planning team and will be the point of contact for the Health District. The 2017 exercise will follow tradition with a significant fire/EMS/multi-casualty/healthcare response component built into the scenario. The triennial exercise is scheduled to occur in early May 2017.

The Public Health Emergency Response Coordinator and EMS Coordinator met with the Executive Director of Northern Nevada Adult Mental Health Services (NNAMHS) on January 27. The purpose of the meeting was to review the Mutual Aid Evacuation Annex (MAEA) and

to review development of a Point of Dispensing (POD) plan. NNAMHS is the first behavioral healthcare facility to sign-on to the MAEA plan.

The EMS Coordinator participated in two ride-alongs in January 2017: Airport Fire Department and REMSA. Both ride-alongs provided an opportunity to spend time with field crews and gain a better understand of the EMS system as a whole and see first-hand some of the improvements that have been implemented over the last year.

The regional EMS agencies held the first EMS protocols task force meeting on February 2. EMS Program staff is facilitating the meetings in an effort to develop a regional protocol document to be used by all EMS agencies in Washoe County. This is a strategic planning objective within the Regional EMS 5-year Strategic Plan. The first meeting was very collaborative with thoughtful discussion. The task force selected a format and came to consensus on the first set of protocols reviewed. The group will meet every other week through June 2017.

EMS staff continues to work on the improvement items identified in the AAR from the Rivers Edge RV incident that occurred in August 2016. Staff is currently working with first-response agencies to develop a mutli-casualty incident (MCI) command training and tabletop exercise for the region. The training is schedule for mid-March 2017.

**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%
November 2016	93%	94%	93%	100%	94%	94%
December 2016	92%	88%	96%	100%	91%	92%
January 2017	92%	87%	95%	100%	90%	92%
YTD	93%	90%	96%	97%	92%	93%

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
November 2016	8:17	15:03	19:32	N/A*
December 2016	8:27	16:56	17:14	29:48
January 2017	8:42	17:33	19:48	N/A*

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

Regional EMS System Performance

These tables includes EMS calls which both REMSA and a partner fire agency were notified of, from July through December 2016.

The following table illustrates the patient's perspective from the time a call is initially received at a dispatch center to the first arriving unit, regardless if it is a fire agency or REMSA that arrives first. "Fire Alarmed First" is the call came through PSAP first; "Fire Alarmed Second" is when the call rang in REMSA's dispatch center first.

REMSA Priority	Patient's Perspective Median Response Time: Initial Call to First Arriving Unit		
	All Calls	Fire Alarmed First*	Fire Alarmed Second*
1	05:42	05:43	05:34
2	06:07	06:10	05:35
3	07:04	06:59	08:29
9	06:59	07:00	06:31
All	06:03	06:04	05:48
N calls used in each column	N = 24,907	N=22,114	N=2,793

The following table illustrates the six options for response to a call, by REMSA call priority for all matched calls with necessary time stamps to complete the analysis for July through December 2016.

First on Scene	REMSA Priority									
	1		2		3		9		Total	
	#	%	#	%	#	%	#	%	#	%
REMSA First	5,299	45.0%	3,798	40.2%	927	24.6%	34	17.2%	10,058	39.9%
REMSA Only	1,487	12.6%	1,430	15.2%	702	18.6%	44	22.2%	3,663	14.5%
Fire First	4,790	40.7%	3,826	40.5%	1,694	44.9%	80	40.4%	10,390	41.3%
Fire Only	106	0.9%	227	2.4%	423	11.2%	19	9.6%	775	3.1%
Same Time	36	0.3%	23	0.2%	7	0.2%	0	0.0%	66	0.3%
All Cancelled	56	0.5%	134	1.4%	20	0.5%	21	10.6%	231	0.9%
Total	11,774	100.0%	9,438	100.0%	3,773	100.0%	198	100.0%	25,183	100.0%

District Health Officer Staff Report
Board Meeting Date: February 23, 2017

TO: District Board of Health

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

SUBJECT: District Health Officer Report –Board of County Commissioners Strategic Planning Workshop, Quality Improvement, Accreditation, Strategic Plan, , Community Health Improvement Plan, Community Health Needs Assessment, Truckee Meadows Healthy Communities (TMHC), Other Events and Activities and Health District Media Contacts

Board of County Commissioners Strategic Planning Workshop

The Board of County Commissioners (BCC) held a strategic planning workshop on January 31. I provided a three-minute update of accomplishments and future priorities that are included in the FY 2018 Budget Report item. Of note, the BCC changed the medical marijuana goal to address the impacts of recreational marijuana as well. They also agreed to expand the goal of providing services to seniors to include all vulnerable populations including children and other adults.

Quality Improvement

In January 2017, the annual Quality Improvement survey was distributed to all Health District staff. FY 2016-2017 marks the fourth year of the survey, with a record breaking 117 staff members completing this survey. Two Q-Team members are completing a quantitative and qualitative analysis of survey results at this time and will compare results of previous years to this current year.

Within the past month, Health District staff has initiated three new QI projects. Aim Statements for each QI Project include:

AQM: By October 1, 2017, reduce staff members' time at outreach events by 50% and increase air quality awareness to the public through higher quality demonstrations and visuals.

CCHS: By May 1, 2017, the CDPP team will improve upon the ratio of average student output to average staff time spent on supervising each intern from 13.58 to 20.

EPHP: Decrease the time it takes Epi staff to fill out and scan investigation forms by 20% or more. Also decrease the amount of paper resources used to print out investigation forms.

In addition, **EHS** continues to implement its FDA quality improvement project, and **ODHO** has plans to lead two large, new QI projects beginning in March 2017. Finally, **AHS** continues to provide support to QI projects across the District.

Accreditation

The Accreditation Team continues to hold team and individual meetings to review and gather documentation for public health accreditation purposes. The ODHO Office Support Specialist continues documentation review and placement within folders.

Strategic Plan

Staff continues to work toward meeting outcomes within the Health District Strategic Plan and track progress utilizing the OnStrategy software program. The Board of Health will continue to receive quarterly updates.

Community Health Improvement Plan

January 2017 is the end of the first year of implementing the 2016-2018 Community Health Improvement Plan (CHIP) for Washoe County. A staff report has been submitted to present the first annual report of this triennial plan.

Community Health Needs Assessment

Work to develop an updated 2018-2020 Community Health Improvement Plan began in collaboration with Renown Health. Heather Kerwin of EPHP will conduct the professional staff work to develop the assessment. The CHNA will be prepared under the direction of a committee of Health District and Renown Health members, and will be coordinated with Truckee Meadows Healthy Communities. Renown Health is contributing funding support to prepare the CHNA.

Truckee Meadows Healthy Communities

The first Family Health Festival of 2017 was January 25th at Reno Town Mall. This event was hosted by Truckee Meadows Healthy Communities and provides direct services and resource education to the highest need communities. Over the last year and a half, this event has concentrated services within the 89502 zip code. At the January event, 109 clients and 36 vendors attended. Of those clients who attended, 76% reported they attended for food from the mobile pantry followed by health (63%) and transportation (34%) services. This event is a strategy outlined in the Community Health Improvement Plan (CHIP) to help improve referrals/access to primary care. From this event, 86% of the clients were referred to a primary care provider. Primary care providers onsite for this event included Renown Health, Community Health Alliance and Northern Nevada HOPES.

TMHC worked with the January Housing Forum planning team and Social Entrepreneurs to organize a follow-up meeting that is scheduled for March 8 to continue to work to identify and develop a framework, structure, leadership and next tasks for a regional effort to address a continuum of affordable housing needs. Charles Schwab, Wells Fargo, and the Federal Home Loan Bank have pledged contributions to support the event.

TMHC leadership met with the Family Health Festival workgroup to discuss objectives, strategies, tactics, and future direction and sustainability for the Family Health Festivals.

Work to complete and submit the IRS Form 1023 submittal for determination of status as a 501(c)(3) not for profit continued. Applications for funding were completed and submitted to the Build Health Challenge and to Charles Schwab Bank.

Other Events and Activities

1/27/17	REMSA Board Meeting
1/31/17	Board of County Commissioners Annual Workshop
2/1/17	CHNA Renown/WCHD Partner Meeting
2/1/17	H/R Annual Workforce Analysis Meeting
2/2/17	NV Health Authority Monthly Conference Call
2/6/17	Meeting regarding TMHC and Housing Forum
2/6/17	TMHC/FHF Strategic Planning Session
2/7/17	Nevada Public Health Foundation Board Meeting
2/7/17	Monthly Meeting w/ John Slaughter
2/8/17	Department Heads Meeting
2/10/17	Nevada Public Health Association Advocacy Call
2/10/17	CHNA Renown/WCHD Partner Meeting
2/14/17	Urban Institute TMHC C4C grant meeting with Urban Institute
2/14/17	Nevada Urban and Rural County Public Health Quarterly Meeting
2/16/17	Builders Association Land Users Group
2/17/17	NPHA Advocacy Call
2/17/17	LiveStories Demonstration
2/22/17	NALHO Monthly Conference Call
2/22/17	Meeting with Chronic Disease Director, NDPBH

Health District Media Contacts: January 2017

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
1/31/2017	KTVN CH2 - CBS Reno	Mark Cronon	Air Quality - Inouye
1/30/2017	KTVN CH2 - CBS Reno	Andi Guevara	Flu - Chalkley
1/24/2017	KOLO CH8 - ABC Reno	Jennifer Carothers	HPV - Howell/Shore
1/19/2017	Las Vegas Sun	Daniel Rothberg	NDMCRE - Chen/Todd
1/18/2017	KOLO CH8 - ABC Reno	Erin Dixon	Tobacco - Dixon
1/17/2017	Bureau of Investigative Journalism	Madlen Davies	NDMCRE - Chen/Todd
1/16/2017	Bloomberg News Canada	Jason Gale	NDMCRE - Chen/Todd
1/16/2017	Bloomberg News Canada	Natalie Obiko Pearson	NDMCRE - Chen/Todd
1/16/2017	ABC News - New York	Gilian Mohney	NDMCRE - Chen/Todd
1/16/2017	CNN/Medical Daily - Atlanta	Susan Scutti	NDMCRE - Chen/Todd
1/13/2017	Las Vegas Review Journal	Pashtana Usufzy	NDMCRE - Chen/Todd/Ulibarri
1/13/2017	Huffington Post	Anna Almedrala	NDMCRE - Chen/Todd
1/13/2017	KKOH 780 AM - CNN Reno	Jim Fannon	NDMCRE - Chen/Todd
1/13/2017	Vocative.com	Ed Cara	NDMCRE - Chen/Todd
1/13/2017	Canadian National Post Toronto	Sharon Kirkey	NDMCRE - Chen/Todd
1/13/2017	NPR Canadian Public Radio	Kevin Robinson	NDMCRE - Chen/Todd
1/13/2017	Center for Infectious Disease Research	Chris Dall	NDMCRE - Chen/Todd
1/13/2017	NPR International Health Blog	Susan Brink	NDMCRE - Chen/Todd
1/13/2017	Infectious Disease News	Gerard Gallagher	NDMCRE - Chen/Todd
1/13/2017	NBC News - New York	Maggie Fox	NDMCRE - Chen/Todd
1/12/2017	Reno Gazette-Journal	Marcella Corona	NDMCRE - Chen/Todd/Ulibarri
1/12/2017	STAT-Boston Globe	Helen Branswell	NDMCRE - Chen/Todd
1/9/2017	KTVN CH2 - CBS Reno	Kristen Remington	Flood and Drinking Water - Todd
1/5/2017	KOLO CH8 - ABC Reno	Terri Russell	Flu - Ulibarri
1/4/2017	KOLO CH8 - ABC Reno	Terri Russell	Flu - Chalkley
1/4/2017	Las Vegas Review Journal	Pashtana Usufzy	Flu - Ulibarri
1/3/2017	KOLO CH8 - ABC Reno	Ed Pierce	Mold- Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

1/23/2017	Food Establishment Risk Factor Assessment	Ulibarri
1/12/2017	EHS power outage tips	Messinger-Patton
1/10/2017	Coaches Challenge	Ulibarri
1/10/2017	Flood cleanup Health and safety tips	Ulibarri
1/4/2017	Free Food Safety Workshops	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	127 (CCHS 12 ODHO 10 EHS 19 AQM 74 GHW 12)
Twitter	AQMD/CCHS	76 (CCHS 6 AQM 70)
Grindr/Sexual Health Program	CCHS	13 posts 50,019 impressions