

Washoe County District Board of Health Meeting Notice and Agenda

Members

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

**Thursday, September 28, 2017
1:00 p.m.**

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

**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 – (For possible action)**
September 28, 2017

- 5. *Recognitions**

- A. Promotions

- i. Angela Penny from Public Health Nurse to Public Health Nurse Supervisor, 9/5/2017 – CCHS
 - ii. Stephanie Chen from Intermittent Hourly to Permanent Health Educator I, 8/28/2017 - CCHS

- B. Years of Service

- i. Judy Medved-Gonzalez, Public Health Nurse II, 20 years, hired 6/23/1997- CCHS

- C. Terminations

- i. Sara Behl, Director of Programs and Projects, 15 years – ODHO

- 6. Consent Items – (For possible action)**

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 – **(For possible action)**

August 24, 2017

B. Budget Amendments/Interlocal Agreements – **(For possible action)**

i. Accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to April 1, 2017 through June 30, 2018 reducing the amount of the original award by \$15,618.00 to a new total of \$356,232.00 in support of the Community and Clinical Health Services Division Immunization Program Internal Orders #11319 and #10029 and authorize the District Health Officer to execute the Subgrant Amendment.

Staff Representative: Nancy Kerns Cummins

ii. Retroactive approval of Assistant Amendment #A-00905417-1 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$684,564 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

Staff Representative: Patsy Buxton

iii. Retroactive Approval of Assistance Amendments PM-00T56401-4 and PM-00T56401-5 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.

Staff Representative: Patsy Buxton

iv. Retroactive Approval of Notice of Grant Award #1U18FD006275-01 from the U.S. Food and Drug Administration for the period 9/1/17 through 6/30/18 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088.

Staff Representative: Patsy Buxton

v. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective October 1, 2017 through September 30, 2018 in the total amount of \$1,062,147 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns Cummins

C. Approve donation of various obsolete equipment with a current market value estimated at \$-0- to other air monitoring agencies in need of such equipment coordinated by National Association of Clean Air Agencies (NACAA); and if no interest received from other air monitoring agencies, donate the equipment to The Atmospheric Sciences Program at the University of Nevada, Reno. – **(For possible action)**

Staff Representative: Patsy Buxton

D. Approval of Memorandum of Understanding (MOU) between the Washoe County Health District and the United States Department of Agriculture, Forest Service, Region-4, Humboldt-Toiyabe National Forest and Region 5, Lake Tahoe Basin Management Unit; and if approved, authorize the Chair to execute. – **(For possible action)**

Staff Representative: Patsy Buxton

- E. Approval of the Workforce Development Plan - (**For possible action**)
Staff Representative: Kevin Dick
 - F. Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2018 – (**For possible action**)
Staff Representative: Anna Heenan
 - 7. ***Presentation: Truckee Meadows Regional Planning Agency 2017 Regional Plan Update**
Presented by: Lauren Knox
 - 8. **Regional Emergency Medical Services Authority**
Presented by: JW Hodge
 - A. Review and Acceptance of the REMSA Operations Report for August 2017 – (**For possible action**)
 - *B. Update of REMSA’s Public Relations during August 2017
 - 9. **Discussion of Process and Presentation of Evaluation Forms for the District Health Officer’s Annual Review and Possible Direction to Staff to conduct the evaluation. - (**For possible action**)**
Presented by: Chair Kitty Jung
 - 10. ***Staff Reports and Program Updates**
 - A. **Air Quality Management, Charlene Albee, Director**
Program Update, Divisional Update, Program Reports
 - B. **Community and Clinical Health Services, Steve Kutz, Director**
Program Report – Fetal Infant Mortality Review Program; Divisional Update – New Public Health Nurse Supervisor; Data & Metrics; Program Reports
 - C. **Environmental Health Services, Kevin Dick, Acting Director**
EHS Division and Program Updates – Food, 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 – Water System Regulation and Plan Reviews, Regional Business License and Permits Program, Public Health Accreditation, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Board Member Engagement, Other Events and Activities, and Health District Media Contacts
 - 11. ***Board Comment**
Limited to announcements or issues for future agendas.
 - 12. ***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.
 - 13. **Adjournment – (**For possible action**)**
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Possible Changes to Agenda Order and Timing. Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

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
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

Thursday, August 24, 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

Vice Chair Novak called the meeting to order at 1:02 p.m.
The following members and staff were present:

Members present: Dr. John Novak, Vice Chair
Oscar Delgado
Kristopher Dahir
Michael Brown
Tom Young
Dr. George Hess

Members absent: Kitty Jung, Chair

Ms. Rogers verified a quorum was present.

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

2. *Pledge of Allegiance

Mr. Delgado led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

August 24, 2017

Mr. Brown moved to approve the agenda for the August 24, 2017, District Board of Health regular meeting. Mr. Dahir seconded the motion which was approved six in favor and none against.

5. Recognitions

A. New Hires

- i. Rayona Dixon, 8/7/2017, Health Educator II – ODHO

Mr. Dick introduced Ms. Dixon and stated that he was very pleased to have her join the Health District as the new Health Educator II, and that she is assuming the duties of Ms. Flores who took a position with the University of Nevada Reno. She is a graduate of UNR in Community and Health Sciences, and comes to the Health District most recently from the United Way. Mr. Dick informed that he'd had the opportunity to work briefly with Ms. Dixon several years ago on the Community Health Needs Assessment when she was a UNR student intern with the United Way.

B. Accomplishments

Mr. Dick expressed that he was very proud of these Environmental Health Specialists who sat for the Registered Environmental Health Specialist Exam and had all passed it their first time. He stated that it is evidence of the fine job Environmental Health is doing in providing training for staff in all aspects of the test.

- i. Chantelle Batton, 8/1/2017, Registered Environmental Health Specialist – EHS

Ms. Batton was the only member of this group that was present to be recognized due to the others having either work or training conflicts. Mr. Dick congratulated Ms. Batton and the rest of the group on this great achievement.

- ii. Matthew Christensen, 8/1/2017, Registered Environmental Health Specialist - EHS
- iii. Michael Touhey, 8/1/2017, Registered Environmental Health Specialist - EHS
- iv. Ellen Messinger-Patton, 8/1/2017, Registered Environmental Health Specialist - EHS
- v. Briana Johnson, 8/1/2017, Registered Environmental Health Specialist - EHS

C. Years of Service

- i. Stacy Hardie, Public Health Nurse Supervisor, 30 years, hired 8/31/1987 – CCHS

Mr. Dick expressed how happy he was that Ms. Hardie was in attendance today to be recognized for her thirty years of service with the Health District. Mr. Dick stated that Ms. Hardie has been a tremendous employee, serving many years as a Public Health Nurse Supervisor.

Mr. Dick announced that Ms. Hardie is also retiring from the Health District and wished to congratulate her on her retirement. He asked if Mr. Kutz would also like to say a few words on Ms. Hardie's retirement.

- ii. Sandra Maestas, 9/14/2017, Office Assistant II, 10 years – CCHS

Ms. Maestas was not in attendance, but Mr. Dick wished to recognize her ten years of service with the Health District and informed that she also would be retiring, and wished to congratulate her on both occasions.

D. Retirements

- i. Stacy Hardie – 9/5/2017, Public Health Nurse Supervisor, 30 years – CCHS

Mr. Kutz informed that he'd had the pleasure of knowing Ms. Hardie since middle

school, and had worked with her in a number of capacities at the Health District with the last four years as her supervisor. Mr. Kutz stated that Ms. Hardie has been a great source of support and wisdom for him and the management team at the Health District. He informed that Ms. Hardie has dealt with challenges in her life and work with dignity, grace, tenacity and a great deal of energy. Mr. Kutz thanked Ms. Hardie for being such a wonderful Public Health Nurse Supervisor, for her dedication and passion in serving the Health District and community, that she has been an outstanding Public Health Professional and that she will be sorely missed. Mr. Kutz congratulated her on well-deserved retirement.

ii. Sandra Maestas, 9/14/2017, Office Assistant II, 10 years – CCHS

Ms. Maestas was not in attendance.

6. Consent Items

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

A. Approval of Draft Minutes

July 27, 2017

B. Budget Amendments/Interlocal Agreements

i. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$280,035 (with \$28,003.50 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; Approval of authorization to travel and travel reimbursements for three non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$6,464, to attend the Health Care Coalition Conference in San Diego, CA (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Patsy Buxton

ii. Accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to October 1, 2016 through September 30, 2017 for an additional amount of \$19,635.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; and if approved, authorize the District Health Officer to execute the Subgrant Amendment.

Staff Representative: Nancy Kerns-Cummins

iii. Approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$684,306 (\$68,431 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304.

Staff Representative: Nancy Kerns-Cummins

iv. Accept a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, retroactive to July 1, 2017 through June 30, 2019 in the amount of \$211,073.00 each fiscal year (no required match) in support of the Comprehensive Tobacco Prevention

Program; approval of amendments totaling a net increase of \$8,422.00 in both revenue and expenses to the adopted FY18 Comprehensive Tobacco Prevention Program Grant budget, IO# 11128; and if approved, authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- v. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$660,331 (with \$66,033.10 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Patsy Buxton

- C. Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2018

Staff Representative: Anna Heenan

- D. Approve FY18 Purchase Requisition #3000033962 issued to Sloan Vazquez McAfee in the approximate amount of \$107,470.00 in support of a Waste Characterization Study, on behalf of the Environmental Health Services Division of the Washoe County Health District.

Staff Representative: Patsy Buxton

- E. Approve three Interlocal Agreements between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic, to provide vasectomy procedures to clients referred by the Clinic and to provide colposcopy and/or biopsy services to clients referred by the Clinic retroactive to July 1, 2017 through June 30, 2018 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

Staff Representative: Nancy Kerns-Cummins

- F. Approve the modification of the Community and Clinical Health Services laboratory fee schedule to add ThinPrep Pap test, associated Pathologist review and HPV high risk testing.

Staff Representative: Nancy Kerns-Cummins

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

7. Regional Emergency Medical Services Authority

Presented by JW Hodge and Don Vonarx

- A. Review and Acceptance of the REMSA Operations Report for July 2017

Mr. Vonarx introduced himself as REMSA's Chief Operations Officer, and offered to answer any questions that the Board may have.

Dr. Hess moved to approve the Review and Acceptance of the REMSA Operations Report for July 2017. Mr. Dahir seconded the motion which was approved six in favor and none against.

Mr. Vonarx informed that this would be his last presentation to the Board due to his retirement in October after twenty-five years of service. He informed that the new Chief Operations Officer would be JW Hodge and would be presenting these reports going forward.

Dr. Novak thanked Mr. Vonarx for his service and stated that the Board appreciated him.

***B. Update of REMSA's Public Relations during July 2017**

Mr. Dow requested to postpone presentation of the Public Relations Report until next month when Mr. Romero would be available to give an overview of the summer's events.

Mr. Dow did wish to speak to an event that REMSA and Care Flight strongly support as a host and sponsor, the National Emergency Medical Services Memorial Bike Ride. He informed that this event takes place from September 25-30, and participants will leave from REMSA's campus with the final destination of San Francisco. He invited all present to participate or be present at 7:30 a.m. on the 25th to witness the beginning of the race.

Mr. Dow read the Mission of the National Emergency Medical Services Memorial Bike Ride, which states that it honors Emergency Medical Services personnel and celebrates their service, and honors those that became sick or injured, and those who died in the line of duty.

Mr. Dahir asked if it would be helpful for the City of Sparks to come and present a letter of support for this event, noting that the City of Reno provides such a letter. Mr. Dow indicated that any level of support would be welcome.

8. *Presentation: Update Report from REMSA Board

Presented by: James Begbie

Mr. Begbie introduced himself as Chairman and Consumer Appointee to the REMSA Board of Directors. He informed that Mr. Test, Attorney Representative to the REMSA Board, would have a presentation following his.

Mr. Begbie stated that, at a presentation to this Board a few years ago, there were concerns about REMSA's transparency, cooperation and openness with the Board. Mr. Begbie informed that they have made great strides in the last two years in improving those areas of concern at the Board's direction. Mr. Begbie stressed that work is ongoing to improve these measures and that their goal is to maintain the relationship that they now have with the District Board of Health.

Mr. Begbie informed that REMSA is working to strengthen all relationships with the local government partners and community partners, both within the State and externally, who deliver patients to our area's hospitals.

Mr. Begbie wished to thank the Health District for their ongoing support. He informed that he had retired as the District Health Officer in 2000 and had been participating in the development and creation of REMSA at the time. He stressed that he has a strong interest in making sure REMSA meets the expectations of the Health District in relationship to the Franchise Agreement as well as overall working relationships.

Mr. Begbie introduced Mr. Test, Attorney Representative to the REMSA Board. Mr. Test informed that he had been working with REMSA from the time he was in the City Attorney's Office, trying to resolve the issues that were prevalent in the 1970's and 1980's. He opined that the Franchise Agreement with REMSA has resolved these issues and stressed the importance of having one ambulance company to service the community's needs. Mr. Test stated that he viewed his role as representing the people in the community to assure they are receiving the highest quality services while maintaining the best financial status to provide that service at the best cost to the consumer.

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

Presented by: Christina Conti

Ms. Conti stated she was present to provide an update to the Board on the August Regional Emergency Medical Services Advisory Board Meeting.

She noted that the Board had requested they be updated on the CAD to CAD progress as information becomes available; however, there had been no information until the morning of the EMSAB meeting. She informed that content of the verbal update is noted in her report. She stated that Mr. Hines from REMSA and Chief Cochran were present and available to answer questions.

Ms. Conti stated that the next point of her update was one that the EMS Program and region should be very proud of, and that is the Trauma Data Report. She informed that this report has historically been produced at the state and national level, but had never been produced at the local level. Ms. Conti credited Ms. Kerwin, EMS Statistician, who used the national and state Data Reports as a guideline and compiled this report from Washoe County 2015-2016 data.

Mr. Brown asked if Reno was the main partner in the CAD to CAD interface project. Ms. Conti clarified that the City of Reno and REMSA are the only active partners at this time, and at some future point, the other entities would have the opportunity to become involved.

Chief Cochran of the Reno Fire Department informed that the RFD could be characterized as the project manager, responsible for the coordination of the project with REMSA. He stated that if the County and the City of Sparks want to become involved, they will have the opportunity to do so.

Mr. Dahir noted that the information in the CAD to CAD report was from all areas of Washoe County, although City of Reno and REMSA were the only entities involved at this time. Ms. Conti confirmed that was correct.

Mr. Dahir opined it would be interesting to observe how the new marijuana laws will affect the community in the years to come. Ms. Conti stated she would brainstorm with their partners to provide that data. She informed that one of the values of the Trauma Data Report was that it provides baseline data for the region to be able to gauge any variance and possible causes for change, as well as effects to EMS operation.

Mr. Young asked, other than marijuana, what other major challenges could the region be facing. Ms. Conti informed that she would make sure Mr. Young received the EMS Strategic Plan to bring him up to date. She stated that one of the proactive objectives was to devise methods to maintain the EMS System in light of the population growth and the increase of different types of calls. Ms. Conti informed that the Annual Report would be presented at the next District Board of Health Meeting and would serve to better inform Mr. Young of EMS operations.

Dr. Hess motioned to accept the Regional Emergency Medical Services Advisory Board August Meeting Summary. Mr. Brown seconded the motion which was approved six in favor and none against.

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

Staff Representative: Kevin Dick

Mr. Dick directed the Board's attention to the summary provided to them of the FY17 Strategic Plan Progress and Achievements. He began by saying that he was very proud of the leadership and staff at the Health District in implementing and making tremendous

progress on the Strategic Plan, developed with direction from the Board of Health and OnStrategy's assistance.

Mr. Dick stated that the Health District has been working very diligently to implement the Plan, and have been tracking progress made over the year.

Mr. Dick presented a series of slides detailing progress under the six Strategic Priorities:

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

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

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

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

Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

Mr. Dick informed the Action Plan that the Health District has developed identifies the desired Outcomes to achieve under the Goals, and the Initiatives are the actions implemented in order to bring about the Outcomes. The OnStrategy system is the tool used for tracking progress through all levels of this process.

Mr. Dick reviewed the progress made at the Goal level of the 2017 Strategic Plan, as outlined in his report. He stated that the Health District would continue to implement the Initiatives in the Plan through 2020, and continue to track and measure the Outcomes and report progress to the District Board of Health.

He informed that a Workshop with the Board is scheduled for November 2, 2017, to revisit the Plan and determine possible modifications or updates. Mr. Dick stated that suggestions on activities to continue or expand upon are being developed to present to the Board at that meeting.

Mr. Dahir motioned to accept the presentation and possible acceptance of a progress report on the 2016-2018 Strategic Plan. Mr. Brown seconded the motion which was approved six in favor and none against.

Mr. Young expressed alarm at the statistic showing 11% of high school students had attempted suicide. Mr. Dick confirmed that the statistic was gained through the Youth Risk Behavior Survey (YRBS) in our community. Mr. Kutz indicated that the source of the number was self-reported by the students. Mr. Kutz also informed that the percentage had declined slightly and that the School District is active in suicide prevention.

Mr. Dahir informed that he'd seen indications of the age range of attempted suicide beginning at a younger age.

Mr. Dick informed that, in the last Community Health Needs Assessment, this reported percentage was significantly higher in comparison to the rest of the nation and so became a priority area in the Community Health Improvement Plan.

Ms. Admirand indicated that she needed to correct the record. She explained that she had given the Board advice that item number nine on the agenda was an action item, when in fact, it is a non-action item. She apologized, stating that she had been looking at the action on item number ten when she gave that advice. She requested

Vice Chair Novak to direct that the record reflect that number nine is a non-action item, and any action taken was void, and that no vote will be counted on that item. Vice Chair Novak agreed with Ms. Admirand's direction and the matter was resolved.

11. *Presentation: NALBOH Conference Update

Presented by: John Novak

Dr. Novak stated that the NALBOH Conference he attended in Cleveland was a sensational meeting and that there were many good speakers with excellent credentials. He informed there were also many workshop items that allowed the opportunity to discuss issues, get input from local groups on best practices, and cover measures that did not work.

Dr. Novak informed that the Ohio State Associations of Local Boards of Health is requiring local boards of health to be Accredited within the next few years, and state funds are being provided to assist in this outcome. The Michigan group reported their efforts on the credentials and self-commitments that they've achieved toward PHAB, and gave information on a training manual for local boards of health, available for purchase at a discount for NALBOH Members. He informed that the states of Indiana and Connecticut hired an Accreditation manager to drive their states to become Accredited.

Dr. Novak stressed that the governance function for all Boards of Health is one of the largest issues for NALBOH, in regards to legal authority and fiscal stewardship.

He informed that the NALBOH contact information for our District Board of Health has been updated and members should now be receiving communications directly.

Dr. Novak informed that the American Public Health Association (APHA) has set a standard for Accreditation through the Public Health Accreditation Board (PHAB), and reviewed the handouts he provided outlining the benefits of Accreditation.

He announced that next year's NALBOH Meeting will be in Raleigh, North Carolina, and that he had been elected Treasurer for NALBOH with a term of three years.

12. *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 add but would be available to answer questions.

Vice Chair Novak asked about the mention in her report of new changes coming to the Environmental Protection Agency, and what effects will it have on the Health District. Ms. Albee asked if he was referring to the Ozone Standard, and Vice Chair Novak confirmed that he was. Ms. Albee opined that this is the most dynamic situation to occur in her career. She explained that when the 2015 Ozone Standard was proposed, there was a 2016 deadline to submit the recommendation for either attainment or non-attainment, and the new designations were then to be received by 2017. Ms. Albee described the monumental effort that the Air Quality Planning and Monitoring staff put forth to meet the deadline, and that theirs was the first agency to have a Wildfire/Ozone Exceptional Events Demonstration approved. The 2016 monitoring data had to be validated, certified and submitted to EPA within six to eight weeks prior to the deadline, to use the data to compile the Exceptional Events Demonstrations. Ms. Albee informed that those Demonstrations had to be submitted at least two months in advance of the original deadline so EPA could utilize the data to determine the new designations.

With the one year proposed extension from 2017 to 2018, Ms. Albee explained that this process would have to be repeated. Originally, the EPA Administrator withdrew the

extension, stating that they may not have had the technical gaps that they'd originally thought. This decision may have been based in part on lawsuits that were filed.

Ms. Albee continued to explain that there are 120-day letters that are required by statute to be sent to those areas that will not meet the Standard, but that deadline has passed and the letters were not sent. The question now is whether the EPA will have to issue the 120-day letters and extend the October deadline as needed, or if they will take action on the areas that are in attainment.

Ms. Albee stated that, upon receiving the notice that the EPA was going to withdraw the one year extension, she sent an email to the Air Division Director at Region 9 to inform her of the effort in collecting the data for the initial Wildfire/Ozone Exceptional Events Demonstration, and asked if the completion of this project would make Washoe County Air Quality Management eligible for attainment. To date, there has been no response. Ms. Albee opined that it could be because they do not have the answer to be able to respond yet. She informed that it would be very beneficial if Washoe County could become designated, because that is the one unknown factor that can affect the area's economic development.

Ms. Albee informed that the House Appropriations Committee has approved the federal budget, but there is a rider included to postpone the Ozone Standard until 2025. When the Senate convenes and begins review of the budget, if the rider is approved, the time frame will be extended to a future date in which the expected population growth will require extensive work to meet the Standard at that time. She stressed that it is very difficult to achieve attainment now, and the increased population will require implementation of every emission-reducing effort to achieve attainment in the future. She expressed she was hopeful the decision would be made to allow Washoe County to receive designation as being in attainment this October.

Dr. Novak inquired what the effect would be if Washoe County does not meet the Standard. Ms. Albee informed the designation of non-attainment would mean required development of control strategies for emission reductions with a three-year time frame in which to meet the Standard. She stated that on-road vehicles are the number one source of emissions, and the second is off-road vehicles including airplanes, trains and construction equipment. While there are restrictions in place now, they would have to become more stringent, and would also include greater controls on emissions from industry as well. She informed that the first question a business planning to relocate will ask is whether the area is in attainment or not. Industry in general does not want to relocate to an area in non-attainment due to the increased costs associated with restrictions for emissions.

Dr. Hess recalled that Washoe County was just at the edge of non-attainment during the last point when the area was measured against EPA Standards. He opined that the area needs a more aggressive plan to assure attainment, and Ms. Albee informed this is the reason Air Quality Management has joined the Ozone Advance Program. She explained that this resolution was adopted to support all of the control initiatives that are voluntary control measures to avoid having mandatory measures imposed by EPA. Measures were adopted by the area entities; the two City Councils, the County Commission and Regional Planning, and these measures set in motion a tool for them to develop construction projects with emission reduction in mind.

Dr. Hess opined that incoming industry should be held to higher standards initially in order to preserve the area's air quality and ability to achieve attainment. Ms. Albee

informed that Washoe County's standards are actually more stringent than a majority of areas in California for existing industry that wish to expand, as well as new companies that want to relocate here. She named other existing campaigns and efforts that work to reduce emissions, as well as the Air Quality Standards that are now part of the Regional Planning Goals. These Goals incorporate emission reduction into the design of new developments by locating them within the McCarran Circle vs. outside the perimeter of the city to reduce driving time. Ms. Albee informed that the Truckee Meadows Housing Development Plan now has transportation as priority in their design process to reduce emissions. Ms. Albee expressed her thanks to all of the elected officials that have been so supportive of these initiatives.

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

Divisional Update – National Immunization Awareness Month; Data & Metrics; Program Reports

Mr. Kutz informed that he had nothing further to add to his report, but would be available to answer any questions the Board might have.

Vice Chair Novak congratulated Mr. Kutz on a well written report.

C. Environmental Health Services, Kevin Dick, Acting Director

EHS Division and Program Updates – Childcare, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

Mr. Dick provided an update on vector-borne disease and highlighted the continuing efforts for mosquito abatement. He informed that a larviciding was conducted last Thursday and Friday from the North Valleys through Washoe Valley. Mr. Dick stated that the acreage of water requiring treatment is much more than it has been historically, due to the standing water that remains from last winter's flood. He informed that the Health District is utilizing an additional \$750,000 in funding provided by Washoe County for abatement efforts this mosquito season.

Mr. Dick reported that there have been sixty-six positive mosquito pool collections through the surveillance program, which is very high compared to the area's previous data. He informed that they have identified avian West Nile Virus, equine cases of West Nile Virus and more human cases of West Nile Virus this year than were recorded since the last significant flood year in 2006.

Mr. Dick stressed staff's commitment in this program area and that they are working diligently on mosquito abatement. However, he noted that they are working against nature and despite their efforts, it is expected the environment for disease transmission in the community will continue. He informed this is the reason the Health District continues to actively message the public, stressing the importance of personal responsibility for removing standing water from their areas, wearing protective clothing during the morning and evening when mosquitos are most active , using mosquito repellent and assuring their screens are in good repair.

Vice Chair Novak inquired if there had been progress in Accela. Mr. Dick replied that there has been progress, but that it is a process that will take time due to the number of issues to be resolved. He informed that there is an Oversight Meeting planned for September 5th, and that the Oversight Group is comprised of County and City Managers and himself. Mr. Dick stated that the Regional Team is also very active and have organized an ACA Improvement Team to focus on efforts to improve the function of the Citizen Interface.

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

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

Dr. Todd indicated that his report included information on two human cases of West Nile Virus. He informed that the number has risen to six human cases as of this meeting with one or two more cases that are as yet unconfirmed, and there has been one fatality due to West Nile Virus. He reiterated the precautions area residents should take to avoid being infected.

Dr. Todd provided updates to his report on unusual occurrence of illness, and indicated he normally uses this section to inform on carbapenem-resistant organisms. He informed that carbapenem is a class of antibiotics that are generally used in hospitals as the last line of defense against bacteria that is resistant to other antibiotics. Dr. Todd explained that there are different resistance mechanisms, noting that it is not always a simple resistance to the antibiotic; some of these bacteria are able to produce an enzyme that destroys the antibiotic that is designed to treat the infection. He stated these bacteria are called carbapenemase-producing organisms.

Dr. Todd detailed the instances of carbapenemase-producing bacterial infections as included in his report on the local and national level. Of the five known types of this class of bacteria, this region has had cases in four of those classes. He informed that, thankfully, instances of some of these are still relatively rare.

Dr. Todd informed that results of the local samples of Valley Fever (coccidioidomycosis) collected with the assistance of the CDC have not yet been received. He stated that the eleven cases of Valley Fever referred to in his report have unfortunately increased to twelve.

Dr. Todd reported on two gastrointestinal outbreaks in daycare centers; these are under investigation and are suspected to be norovirus. Also, he informed there were two outbreaks of hand, foot and mouth disease in daycare centers, and in a Washoe County elementary school, there is one outbreak of strep throat.

Dr. Novak inquired if the cases of coccidioidomycosis had a similar area of exposure in common. Dr. Todd informed that points of exposure seem to be inconsistent, with some likely to have been contracted out of the area. With the number of cases rising, he opined it would indicate the possibility of local exposure, and they would continue efforts to identify the areas that exposure occurred.

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

District Health Officer Report – Water System Regulation and Plan Reviews, Quality Improvement, Public Health Accreditation, Workforce Development, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

Mr. Dick provided an update on the Water System Regulation and Plan Reviews, informing that the Health District is working with TMWA and the Community Services Department and is identifying opportunities to streamline the review process. He reported that TMWA agreed to process plan review concurrently with the Health District on a trial basis. Presently, the review is sequential in which TMWA processes plans and then forwards them to the Health District for review. It is hoped the concurrent approach will expedite the process.

Mr. Dick informed that a very productive meeting was held with the City and County Managers and some of their Community Development personnel on August 15th, in

which a plan was developed to further identify and expedite the Plan Review Workflow Process. Also determined was the need for the group to communicate to the development community the critical path to move a project forward. He informed that it is not uncommon for a developer to present plans for processing without having first contacted TMWA to arrange for their capacity to provide service and the distribution system to serve the project. Mr. Dick opined that communications to developers regarding requirements for water service will help prevent delays.

Mr. Dick informed that another meeting is scheduled with the City and County Managers and TMWA on September 1st.

Mr. Dahir inquired if there would be workshops held after plans and processes were finalized for contractors to receive this information. He opined that the upcoming meeting was crucial to attend for the best opportunity for the resulting outcomes to reflect the needs of persons and entities involved in the plan review process.

Mr. Dick informed that it is planned to work through BANN to deliver a workshop with all involved entities in attendance to provide the resulting plans and strategies to the building community. There will also be a meeting at Associated General Contractors (AGC) on September 20th.

Mr. Dick reported on the status of Accreditation, informing that the Statement of Intent was not accepted through the e-PHAB system. It has been decided to postpone re-submittal of the Statement of Intent until Ms. Behl's position is filled. It is required that the Accreditation Coordinator listed on the Statement of Intent be the same person who attends the PHAB Training. He stated that the Accreditation Team continues to meet and compile documentation necessary for the formal Application, and the schedule to submit the Application should not be delayed.

Mr. Dick informed that the Remote Area Medical (RAM) Event would be held on September 29th through October 1st, and that related staff is very busy working to recruit medical and non-medical volunteers, and to obtain sponsors through Truckee Meadows Healthy Communities to support RAM's free health care delivery.

Regarding the Community Health Improvement Plan (CHIP), Mr. Dick informed that there had been a meeting of the Truckee Meadows Healthy Communities' (TMHC) Board and Steering Committee with the goal of consolidating the separate initiatives of the Health District's CHIP, the Food Bank of Northern Nevada, Collaborating 4 Communities (C4C), Family Health Festivals and the Housing Initiative through the Community Health Needs Assessment (CHNA). The decision was made to use the CHNA, which is being developed in conjunction with Renown, to guide development of a TMHC Health Improvement Plan, and for TMHC to provide backbone support in coordinating the efforts. Mr. Dick informed that it would also provide opportunities for TMHC to source and organize funding for the initiatives being implemented under that Plan.

Mr. Dick informed his proposal is for the Truckee Meadows Healthy Communities Health Improvement Plan be developed, and to bring that Plan to the District Board of Health to be endorsed as the Health District's Community Health Improvement Plan. This Plan will be implemented in conjunction with the previously named partners and is anticipated to include the Renown Health Benefits Plan. He opined that it was a significant breakthrough for Truckee Meadows Healthy Communities to take leadership of the initiative of having one plan for the partners to align with.

Mr. Dahir invited those viewing the meeting to volunteer for the RAM Event and informed that the site was very well organized and easy to use. He stated that he had volunteered for two days and invited others to join him.

The link to the RAM site for volunteer sign-up is:

<http://ramusa.org/event/reno-nevada/>

13. *Board Comment

Mr. Dahir requested Mr. Dick provide a report on the September 1, 2017 meeting with TMWA-City/County Managers regarding the Plan Review Workflow Process.

14. *Public Comment

Ms. Cathy Brandhorst commented on the Emergency Medical Services personnel's service to the community.

Vice Chair Novak closed the public comment period.

15. Adjournment

Vice Chair Novak adjourned the meeting at 2:39 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. 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.

DD	AH	___
DHO	___	___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: September 28, 2017

TO: District Board of Health

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

SUBJECT: Accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to April 1, 2017 through June 30, 2018 reducing the amount of the original award by \$15,618.00 to a new total of \$356,232.00 in support of the Community and Clinical Health Services Division Immunization Program Internal Orders #11319 and #10029 and authorize the District Health Officer to execute the Subgrant Amendment.

SUMMARY

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

The Community and Clinical Health Services Division received Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on August 16, 2017 to support the Immunization Program. The CDC did not grant anticipated funds to the State, therefore funds need to be reallocated. The funding period is retroactive to April 1, 2017 and extends through June 30, 2017. A copy of the Subgrant Amendment is attached.

District Health Strategic Priority supported by this item: Improve the health of our community by empowering individuals to live healthier lives.

PREVIOUS ACTION

On April 27, 2017, the Board approved a Subgrant Award in the total amount of \$371,850 retroactive to April 1, 2017 through June 30, 2018 in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Orders #10029 and #11319.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Immunization Program

Scope of the Project: The Subgrant scope of work includes the following: conduct Vaccine for Children (VFC) compliance visits, perform Assessment, Feedback, Incentives and Exchanges (AFIX) assessments, perinatal Hepatitis B prevention activities, and seasonal influenza vaccination

activities. The Subgrant provides funding for personnel, travel and training, operating expenses, professional services and indirect expenditures.

Benefit to Washoe County Residents: This Award supports the Immunization program mission to public health by reducing vaccine-preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

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

Amended Award Amount: \$356,232.00

Grant Period: April 1, 2017 – June 30, 2018

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: 93.268 & 93.539

Grant ID Number: HD #15959 / NH23IP000727-05-00

Match Amount and Type: No match required

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

FISCAL IMPACT

Since the adopted FY18 budget in Internal Orders #10029 and #11319 has sufficient expenditure authority, no budget amendments are necessary.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to April 1, 2017 through June 30, 2018 reducing the amount of the original award by \$15,618.00 to a new total of \$356,232.00 in support of the Community and Clinical Health Services Division Immunization Program Internal Orders #11319 and #10029 and authorize the District Health Officer to execute the Subgrant Amendment.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to April 1, 2017 through June 30, 2018 reducing the amount of the original award by \$15,618.00 to a new total of \$356,232.00 in support of the Community and Clinical Health Services Division Immunization Program Internal Orders #11319 and #10029 and authorize the District Health Officer to execute the Subgrant Amendment."



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

Original HD #: **15959**
 Budget _____
 Account: _____ 3213
 Category: _____ 20
 GL: _____ 8516
 Job Number: _____ 9326817/9353917M

SUBGRANT AMENDMENT #1

Program Name: Nevada State Immunization Program Bureau of Child, Family & Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: 04/01/17 through 06/30/18	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to:

Scope of Work
 Term
 Budget

Reason for Amendment: The CDC did not grant anticipated funds; therefore, funds need to be reallocated in order to cover all grant expenditures. This amendment also revises the scope of work to remove the original Activity #3 (EMT and Paramedic Trainings) from Goal #4.

Required Changes:

Current Language: Scope of Work: See Section B of the original subgrant.
 Budget: Total reimbursement will not exceed **\$371,850.00** during the subgrant period. See Exhibit A to Section C of the original subgrant.

Amended Language: Scope of Work: See Exhibit A, which replaces Section B of the original subgrant.
 Budget: Total reimbursement will not exceed **\$356,232.00** during the subgrant period. See Exhibit B, which replaces Exhibit A to Section C of the original subgrant.

Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 319,180.00	\$ -13,878.00	\$ 305,302.00
2. Travel	\$ 2,042.00	\$ 0.00	\$ 2,042.00
3. Operating	\$ 1,695.00	\$ 56.00	\$ 1,751.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Other	\$ 6,154.00	\$ 0.00	\$ 6,154.00
7. Indirect	\$ 42,779.00	\$ -1,796.00	\$ 40,983.00
Total	\$ 371,850.00	\$ -15,618.00	\$ 356,232.00

Incorporated Documents:

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

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

Kevin Dick District Health Officer	Signature	Date
Shannon Bennett Program Manager, NSIP		
Beth Handler, MPH Bureau Chief, CFCW		
for Amy Roukie, MBA Administrator, Division of Public & Behavioral Health		

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

EXHIBIT A

Amended Description of Services, Scope of Work and Deliverables

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

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

Scope of Work for WCHD (April 1, 2017 – June 30, 2018)

CHAPTER A – PROGRAM STEWARDSHIP AND ACCOUNTABILITY

VFC COMPLIANCE VISITS

VFC compliance visits ensure that federally provided vaccine is stored, handled and administered appropriately. **All county Quality Assurance Coordinators are required to work closely with state Provider Quality Assurance Manager.**

Goal 1: Enhance stewardship and accountability for all publicly purchased vaccine and VFC/317 funding.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. (IPOM A-7) By 6/30/2018, assure that VFC-enrolled providers comply with VFC Program requirements through compliance visits to at least <u>50%</u> of active VFC-enrolled providers in jurisdiction.	1) From 4/1/2017 – 6/30/2018, the state Provider Quality Assurance Manager and county coordinators are responsible for conducting compliance visits on a minimum of 50% of enrolled VFC providers. In addition, coordinators must ensure 100% of VFC providers satisfy the VFC annual training component. State and county coordinators are responsible for their specific jurisdiction. Every month, state and county coordinators are responsible for conducting a minimum designated amount of VFC compliance visits. This schedule will help coordinators meet the annual goal of 50%. The following are required for VFC compliance visits: a) Utilize the most current VFC Compliance Visit Reviewer Guide provided by PEAR. Submit the VFC Compliance Visit data in PEAR while in the provider office or within 10 days of the visit.	6/15/2018	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided). 2. Within 30 days of the VFC Compliance Visit, submit the following documentation: a. Acknowledgement of Receipt signed by provider/medical director or delegate. b. VFC Program training documentation when applicable.

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

	<ul style="list-style-type: none"> b) Conduct VFC Compliance Visits on 100% of newly enrolled VFC providers no sooner than 90 days and no later than 120 days after enrollment. c) Provide technical assistance and/or follow-up visits as directed by the NSIP Provider Quality Assurance Manager. d) Washoe County Quality Assurance coordinators will complete required VFC Program annually, as is required for VFC providers and staff. <p>2) As assigned by the NSIP Vaccine Manager, perform unannounced storage and handling visits on VFC providers in jurisdiction.</p> <p>3) Ensure that during 2017 and the first half of 2018, every VFC provider completes the mandatory VFC training as required by the CDC, through:</p> <ul style="list-style-type: none"> a) VFC Compliance Visit, OR b) Certificates of completion from the “You Call the Shots” modules 10 & 16, OR c) QA Coordinator training session utilizing the VFC Training Elements checklist in person or by phone. <p>4) Update VFC provider offices’ contact information in PEAR and AFIX Online Tool as changes occur within VFC providers’ offices within WCHD jurisdiction (e.g., changes in Primary or Back-Up Vaccine Coordinators).</p> <p>5) Relocate short-dated publicly-funded vaccine as requested by NSIP staff to prevent vaccine waste in jurisdiction.</p>		<p>3. Submit the compliance visit data into PEAR while in the provider office or within 10 days of performing the compliance visit.</p> <ul style="list-style-type: none"> a. Enter follow-up provider contacts in PEAR until 100% compliance is achieved. b. Submit Reviewer Follow Up Plan in PEAR when non-compliance issues are resolved. <p>4. Submit the required “Acknowledgement of Receipt” within 30 days of conducting an Unannounced Storage & Handling Visit.</p> <ul style="list-style-type: none"> a. Submit visit data into PEAR while in the provider office or within 10 days of the visit. <p>5. Provide VFC Provider’s office staff training data to the State Provider Quality Assurance Manager as requested to assist with tracking VFC Provider compliance.</p>
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CHAPTER B – ASSESSING PROGRAM PERFORMANCE

AFIX ASSESSMENTS

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

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

Goal 2: Assess program performance for program improvement.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>(IPOM B-3) By 6/30/2018, work with VFC providers on quality improvement processes to increase coverage levels and decrease missed opportunities using AFIX components and move toward use of NV WebIZ as primary source of data for provider coverage level assessments.</p>	<p>1) From April 1, 2017 – June 30, 2018, the state Provider Quality Assurance Manager and county coordinators will conduct childhood AFIX assessments on selected VFC providers. The following will be conducted during each AFIX visit:</p> <ul style="list-style-type: none"> a) Utilize NV WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. Transition to NV WebIZ generated assessments and reports when instructed. b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. Create a Quality Improvement Action Plan for each provider. c) After receiving the updated immunization information from the providers, generate the antigen series rate in CoCASA for the 4.3.1.3.3.1.4 immunization series, the individual antigen rates, and the missed opportunity rates by utilizing the “Assessment Results” tab and selecting “up-to-date rate at age 24 months.” d) Utilizing the AFIX Online Tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback, and all follow-up sessions. e) Conduct the required follow-up session within six (6) months of the feedback session and include an AFIX assessment on the same age cohort (but, not the same patients). f) Follow providers’ progress to 100% implementation of Quality Improvement activities selected. g) Attach Report Card and Quality Improvement Action Plan to “FILE” section of AFIX online. h) Promote reminder/recall programs, NV WebIZ classes, and NILE activities during provider visits. i) Perform immunization assessments for all NV WebIZ users in jurisdiction for the annual Silver Syringe Awards; generate immunization rates from NV WebIZ for those providers that did not receive an AFIX visit. 	<p>6/30/18</p>	<p>1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).</p> <p>2. Within 30 days of the AFIX Visit, submit the following documentation:</p> <ul style="list-style-type: none"> a. Childhood Immunization Report Card b. CoCASA Summary Report for the 4.3.1.3.3.1.4 series “up-to-date at age 24 months” – page 1. <p>3. Enter the AFIX Visit data into the AFIX Online Tool within 10 days of completing the visit.</p> <p>4. Document progress on Quality Improvement Activities in the AFIX Online Tool during each follow-up visit.</p>

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

CHAPTER C – ASSESSING ACCESS TO VACCINATIONS

PERINATAL HEPATITIS B PREVENTION

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

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

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

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

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. (IPOM C5-a) Identify HBsAg-positive pregnant women.	1) Throughout 2017: <ul style="list-style-type: none"> a) Educate prenatal, postpartum, and pediatric providers on the importance of screening all women during every pregnancy for HBsAg; b) Improve mechanisms to identify women who are HBsAg-positive and pregnant; and c) Identify household and sexual contacts and offer testing and Hepatitis B vaccination. 	12/31/2017	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).
2. (IPOM C5-b) Prophylax newborns with Hepatitis B vaccine and HBIG.	1) Throughout 2017, provide technical assistance to each birthing hospital in jurisdiction to establish mechanisms to confirm women's HBsAg status at time of delivery, and if a woman presents for delivery without documentation or HBsAg status is unknown, establish policies or mechanisms to immediately test for HBsAg status.	12/31/2017	1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).

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

	<p>2) If mother is HBsAg-positive, then establish policies or mechanisms to administer Hepatitis B vaccine and HBIG to infant within 12 hours of birth. If HBsAg status is unknown at birth, then administer Hepatitis B vaccine to infant within 12 hours of birth. Provide technical assistance to each birthing hospital in jurisdiction to establish policies or mechanisms to administer HBIG to infant as soon as HBsAg-positive status is confirmed, but no later than one week after birth.</p> <p>3) Throughout 2017, review mechanisms for birthing hospitals to routinely provide documentation of date and time of HBIG and Hepatitis B vaccine administration to exposed newborn to the infant's identified health care provider and the county Perinatal Hepatitis B Prevention Program.</p> <p>4) Throughout 2017, review policies and mechanisms to have birthing hospitals routinely provide documentation of date/time and type of post-exposure prophylaxis administered to infants born to women with unknown HBsAg status to the newborn's pediatrician and the county Perinatal Hepatitis B Prevention Program and to provide results of HBsAg screening as soon as results become available.</p> <p>5) Throughout 2017, provide technical assistance to each birthing hospital in jurisdiction to develop policies and/or procedures for administering the first dose of Hepatitis B vaccine to all infants born to HBsAg-negative women before hospital discharge or, for infants weighing less than 2,000 grams, at one month or hospital discharge, whichever comes first.</p>		
<p>3. (IPOM C-5c) Increase timely completion of doses two and three.</p>	<p>1) Throughout 2017: a) Review and improve mechanisms and implement remind/recall of infants enrolled in the Perinatal Hepatitis B Prevention Program so that they receive all required doses of the Hepatitis B vaccine series on schedule.</p>	<p>12/31/2017</p>	<p>1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).</p>

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

	<ul style="list-style-type: none"> b) Review and improve protocols to actively follow up with families that do not receive the full Hepatitis B vaccine series according to the most current ACIP-recommended childhood immunization schedule. c) Review and improve mechanisms to ensure that the Perinatal Hepatitis B Prevention Program receives documentation of administration data (mm/dd/yyyy) for all hepatitis B vaccine doses administered to the identified infants born to HBsAg-positive women. 		
<p>4. (IPOM C-5d) Increase post-vaccination serology.</p>	<ul style="list-style-type: none"> 1) Identify contributing factors that prevent infants from obtaining post-vaccination serologic testing (PVST) within the ACIP-recommended testing and time frame. 2) Develop and implement an action plan to reduce/eliminate identified factors within program's control that prevent infants from obtaining timely PVST. Provide a copy of the plan to State Perinatal Hepatitis B Coordinator. 3) Identify, contact, and collaborate with other entities that may be able to reduce/eliminate identified factors outside the program's control that prevent infants from obtaining timely and appropriate PVST. 4) Develop and implement mechanisms that remind/recall infants enrolled in the Perinatal Hepatitis B Prevention Program to receive PVST when due. 5) Review and improve protocols that actively follow up with families of infants that do not obtain PVST according to the ACIP recommendations. 6) Review and improve protocols to close infants to Perinatal Hepatitis B Prevention Program services with PVST results that report the infants are protected against hepatitis B infection. 	<p>12/31/2017</p>	<ul style="list-style-type: none"> 1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided). 2. Copy of Action Plan due to NSIP Perinatal Hepatitis B Prevention Coordinator upon completion.

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

	<p>7) Review and improve protocols to actively follow-up with families of infants with PVST results that indicate infants remain susceptible to Hepatitis B infection to revaccinate infant with 2nd Hepatitis B vaccine series and receive PVST results after the completion of the 2nd Hepatitis B vaccine series.</p> <p>8) Review and improve mechanisms to obtain and document date of infant’s PVST and results from appropriate sources (i.e., family, lab, healthcare provider, etc.).</p>		
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CHAPTER E – IMPROVE AND MAINTAIN PREPAREDNESS

SEASONAL INFLUENZA VACCINATION

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

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. (IPOM E-3) Throughout 2017, work with new and existing partners to increase demand for seasonal influenza vaccine to improve preparedness for an influenza pandemic.</p>	<p>1) Work with Immunize Nevada and other local partners, especially those which serve groups at high risk for complications from influenza and/or underserved populations, to increase demand for seasonal influenza vaccination.</p> <p>2) Conduct outreach seasonal influenza vaccination clinics for targeted populations.</p> <p>3) Conduct immunization trainings for new and existing partners to increase demand for seasonal influenza immunization and other recommended immunizations across the lifespan.</p>	<p>12/31/2017</p>	<p>1. Mid-Year and End-of-Year Progress Report (templates will be sent by NSIP and a due date provided).</p> <p>2. Outreach Vaccination Clinic Reports – Reports should include, when feasible, the number of clinics held, total number of individuals targeted, dates of clinics with respect to jurisdictions influenza season, and a description of the target population by age and race/ethnicity.</p> <p>3. Immunization Trainings – Reports should include location, number of participants and description of audience (ex: Nursing Students at Orvis School of Nursing).</p>

DD	AH	___
DHO	___	___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: September 28, 2017

TO: District Board of Health

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

SUBJECT: Retroactive approval of Assistant Amendment #A-00905417-1 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$684,564 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

SUMMARY

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

The Air Quality Management Division received an Assistant Amendment from the EPA on August 17, 2017, which increased the federal assistance amount by \$136,913 to bring the revised total approved assistance amount for the on-going Air Pollution Control Program, IO 10019 to \$684,564. A copy of the Assistant Amendment for the period October 1, 2016 through September 30, 2017 is attached.

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

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

PREVIOUS ACTION

The Board approved Assistant Amendment A-00905417-0 in the amount of \$547,651 for the period 10/1/16 through 9/30/17 on April 27, 2017.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Air Quality Management, EPA 105 Base Award

Scope of the Project: The base award provides funding for a portion of Air Quality Management Air Pollution Control Program personnel and operating expenditures. Additional funding comes from fees, state dedicated funds, and general fund transfer.

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: The Health District has received and anticipates receiving continuous funding to support the EPA 105 Base Program.

Award Amount: \$684,564 (partial)
Grant Period: October 1, 2016 – September 31, 2017
Funding Source: U.S. Environmental Protection Agency
Pass Through Entity: n/a
CFDA Number: 66.001
Grant ID Number: A – 00905417-1

Match Amount and Type: \$1,530,432. Funding comes from fees, state dedicated funds and general fund transfer.

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

FISCAL IMPACT

Should the Board approve the Grant Agreement, there is no additional fiscal impact to the adopted FY18 budget.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve the Assistant Amendment #A-00905417-1 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$684,564 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve the Assistant Amendment #A-00905417-1 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$684,564 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019."

	U.S. ENVIRONMENTAL PROTECTION AGENCY Assistance Amendment	GRANT NUMBER (FAIN): 00905417 MODIFICATION NUMBER: 1 PROGRAM CODE: A	DATE OF AWARD 08/10/2017
		TYPE OF ACTION Augmentation: Increase	MAILING DATE 08/17/2017
		PAYMENT METHOD: Advance	ACH# 90104
		RECIPIENT TYPE: County	
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
PROJECT MANAGER Charlene Albee P.O. Box 11130 Reno, NV 89520 E-Mail: calbee@washoecounty.us Phone:	EPA PROJECT OFFICER Roberto Gutierrez 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Gutierrez.Roberto@epa.gov Phone: 415-947-4276	EPA GRANT SPECIALIST Renee Chan Grants Management Section, EMD-6-1 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675	
PROJECT TITLE AND EXPLANATION OF CHANGES FY-2017 Air Pollution Control Program <p>The purpose is to provide continuing support for activities which include strategic planning and evaluation, compliance assistance, developing state implementation plans, monitoring air and emissions, rule making, operating permits and all other program related activities. In addition, projects under this program will be implemented to reduce criteria air emissions. These projects will result in significant, near- and long-term emissions reductions in Washoe County. This program will protect and improve the air quality in the state of Nevada and reduce the risks to human health and the environment.</p> <p>This amendment increases the federal assistance amount by \$136,913, from \$547,651, to the revised Total Approved Assistance Amount of \$684,564 to fully fund this program.</p>			
BUDGET PERIOD 10/01/2016 - 09/30/2017	PROJECT PERIOD 10/01/2016 - 09/30/2017	TOTAL BUDGET PERIOD COST \$2,214,996.00	TOTAL PROJECT PERIOD COST \$2,214,996.00
NOTICE OF AWARD			
<p>Based on your Application dated 08/01/2016 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$136,913. EPA agrees to cost-share 31.00% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$684,564. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.</p>			
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)		AWARD APPROVAL OFFICE	
ORGANIZATION / ADDRESS U.S. EPA, Region 9 Grants Management Section, EMD 6-1 75 Hawthorne Street San Francisco, CA 94105		ORGANIZATION / ADDRESS U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY			
Digital signature applied by EPA Award Official Craig A. Wills - Grants Management Officer			DATE 08/10/2017

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 547,651	\$ 136,913	\$ 684,564
EPA In-Kind Amount	\$ 0	\$	\$ 0
Unexpended Prior Year Balance	\$ 0	\$	\$ 0
Other Federal Funds	\$ 0	\$	\$ 0
Recipient Contribution	\$ 1,530,432	\$	\$ 1,530,432
State Contribution	\$ 0	\$	\$ 0
Local Contribution	\$ 0	\$	\$ 0
Other Contribution	\$ 0	\$	\$ 0
Allowable Project Cost	\$ 2,078,083	\$ 136,913	\$ 2,214,996

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	2 CFR 200 2 CFR 1500 40 CFR 33 and 40 CFR 35 Subpart A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
WCDHD	1709M7S079	17	E1	09M4	102A04	4112			136,913
									136,913

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,308,693
2. Fringe Benefits	\$629,540
3. Travel	\$43,239
4. Equipment	\$0
5. Supplies	\$300
6. Contractual	\$0
7. Construction	\$0
8. Other	\$28,052
9. Total Direct Charges	\$2,009,824
10. Indirect Costs: % Base <u>Indirect Cost Rate Proposal</u>	\$205,172
11. Total (Share: Recipient <u>69.00 % Federal 31.00 %.</u>)	\$2,214,996
12. Total Approved Assistance Amount	\$684,564
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$136,913
15. Total EPA Amount Awarded To Date	\$684,564

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. Total approved budget includes \$-0- in	\$
2. estimated non-federal non-recurrent costs.	\$
3.	\$
4.	\$
5. Cost-share requirement: 40% and MOE	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

Administrative Conditions

General, Administrative, and Programmatic Terms and Conditions of the initial assistance agreement, awarded March 2, 2017, remain in full force and effect. See paragraph below for the most current EPA General Terms and Conditions.

The recipient agrees to comply with the current EPA general terms and conditions available at:

<https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-april-27-2017-or-later> These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award.

The EPA repository for the general terms and conditions by year can be found at:

<https://www.epa.gov/grants/grant-terms-and-conditions>

-- End of Agreement --

DD	AH	___
DHO	___	KD ___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: September 28, 2017

TO: District Board of Health

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

SUBJECT: Retroactive Approval of Assistance Amendments PM-00T56401-4 and PM-00T56401-5 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.

SUMMARY

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

The Air Quality Management Division received two additional Assistant Amendments from the EPA. The first amendment, PM-00T56401-4, provided partial funding in the amount of \$30,513. The second amendment, PM-00T56401-5, increased the federal assistance amount by \$20,342 to bring the revised total approved assistance amount for the on-going Air Pollution Control Program, PM 2.5 Program, IO 10021 to \$329,462 (for the period 4/1/15 – 3/31/18). Copies of the Assistance Amendments PM-00T56401-4 and PM-00T56401-5 are attached.

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

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

PREVIOUS ACTION

The Board approved the EPA PM 2.5 Assistance Amendment, PM-00T56401-3 that extended the budget period end dates from 3/31/17 to 3/31/18 on April 27, 2017.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: EPA PM2.5 Monitoring Network

Scope of the Project:

The Assistance Amendments were received on April 21, 2017 and August 15, 2017 respectively. These Amendments are being presented for District Board of Health retroactive approval per the EPA procedure that does not require signature.

These Amendments provide support for salaries and benefits, operating supplies and indirect expenditures.

Benefit to Washoe County Residents: This award supports the Health District Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

On-Going Program Support: These funds support on-going PM 2.5 activities in the Air Quality Program.

Award Amount: Total award amount is \$329,462 (4/1/15 – 3/31/18)

Grant Period: April 1, 2017 – March 31, 2018

Funding Source: U.S. Environmental Protection Agency

Pass Through Entity: Not applicable

CFDA Number: 66.034

Grant ID Number: PM-00T56401-4, PM-00T56401-5

Match Amount and Type: No match required

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

FISCAL IMPACT

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

The FY18 budget was adopted with \$45,830 in expenditures. The total award amount for the period April 1, 2017 – March 31, 2018 is \$50,855 (\$48,236 direct and \$2,619 indirect). A budget amendment in the amount of \$2,406 is necessary to bring the Assistance Amendment into alignment with the adopted budget.

Should the Board approve these budget amendments, the adopted FY18 budget will need to be amended as follows:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10021 -431100	Federal Revenue	\$ 2,406.00
	Total Revenue	\$ 2,406.00
2002-IO-10021 -701412	Salary Adjustment	\$ 2,406.00
	Total Expenditures	\$ 2,406.00


RECOMMENDATION

It is recommended that the Washoe County District Board of Health retroactively approve the Assistance Amendments PM-00T56401-4 and PM-00T56401-5 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.

Subject: Air Quality EPA PM 2.5 Award
Date: September 28, 2017
Page 3 of 3

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve the Assistance Amendments PM-00T56401-4 and PM-00T56401-5 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021."

	U.S. ENVIRONMENTAL PROTECTION AGENCY Assistance Amendment	GRANT NUMBER (FAIN): 00T56401 MODIFICATION NUMBER: 4 PROGRAM CODE: PM	DATE OF AWARD 04/18/2017
		TYPE OF ACTION Augmentation: Increase	MAILING DATE 04/25/2017
		PAYMENT METHOD: Advance	ACH# 90104
		RECIPIENT TYPE: County	
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
PROJECT MANAGER Charlene Albee P.O. Box 11130 Reno, NV 89520 E-Mail: calbee@washoecounty.us Phone: 775-784-7211		EPA PROJECT OFFICER Roberto Gutierrez 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Gutierrez.Roberto@epa.gov Phone: 415-947-4276	
EPA GRANT SPECIALIST Renee Chan Grants Management Section, EMD-6-1 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675			
PROJECT TITLE AND EXPLANATION OF CHANGES PM 2.5 Monitoring Network This assistance amendment increases the federal funding by \$83,347 (which includes \$52,834 for in-kind costs for PM2.5 EPA contractual support), from \$225,773, to the revised Total Approved Assistance Amount of \$309,120. This action also includes the recipient's rebudget received 07/21/2016. The purpose of this grant is to provide current year funding to the Washoe County District Health Department (WCDHD) to monitor fine particulate matter with the diameter equal to or smaller than 2.5 micrometers (PM 2.5) in order to determine compliance with the PM 2.5 National Ambient Air Quality Standards and determine deductions in air emissions.			
BUDGET PERIOD 04/01/2015 - 03/31/2018	PROJECT PERIOD 04/01/2015 - 03/31/2018	TOTAL BUDGET PERIOD COST \$329,462.00	TOTAL PROJECT PERIOD COST \$329,462.00
NOTICE OF AWARD			
Based on your Application dated 03/07/2017 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$30,513. EPA agrees to cost-share % of all approved budget period costs incurred, up to and not exceeding total federal funding of \$309,120. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.			
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)		AWARD APPROVAL OFFICE	
ORGANIZATION / ADDRESS U.S. EPA, Region 9 Grants Management Section, EMD 6-1 75 Hawthorne Street San Francisco, CA 94105		ORGANIZATION / ADDRESS U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY			
Digital signature applied by EPA Award Official Craig A. Wills - Grants Management Officer			DATE 04/18/2017

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 120,105	\$ 30,513	\$ 150,618
EPA In-Kind Amount	\$ 105,668	\$ 52,834	\$ 158,502
Unexpended Prior Year Balance	\$ 0	\$	\$ 0
Other Federal Funds	\$ 0	\$	\$ 0
Recipient Contribution	\$ 0	\$	\$ 0
State Contribution	\$ 0	\$	\$ 0
Local Contribution	\$ 0	\$	\$ 0
Other Contribution	\$ 0	\$	\$ 0
Allowable Project Cost	\$ 225,773	\$ 83,347	\$ 309,120

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.034 - Surveys-Studies-Investigations-Demonstrations and Special Purpose Activities relating to the Clean Air Act	Clean Air Act: Sec. 103	2 CFR 200 2 CFR 1500 and 40 CFR 33

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1709M7S036	17	E1	09M4	102A04XPM	4112			30,513
									30,513

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$90,481
2. Fringe Benefits	\$45,011
3. Travel	\$2,500
4. Equipment	\$0
5. Supplies	\$1,100
6. Contractual	\$176,765
7. Construction	\$0
8. Other	\$4,800
9. Total Direct Charges	\$320,657
10. Indirect Costs: % Base <u>See Below</u>	\$8,805
11. Total (Share: Recipient % Federal %.)	\$329,462
12. Total Approved Assistance Amount	\$150,618
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$83,347
15. Total EPA Amount Awarded To Date	\$309,120

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. Table A, Line 6 Contractual includes	\$
2. in-kind contractor support through	\$
3. an EPA-HQ national contract.	\$
4. Therefore, No M/WBE Reporting required.	\$
5. Table A, Line 10 Indirect is based on an	\$
6. Indirect Cost Rate Proposal updated	\$
7. annually.	\$
8.	\$
9. Table A, Line 12, reflects total available	\$
10. drawdown amount.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

Administrative Conditions

General, Administrative, and Programmatic Terms and Conditions of the previous assistance amendment remain in full force and effect. See paragraph below for the most current EPA General Terms and Conditions. Programmatic terms and conditions a) is revised; e) is added. All applicable terms and conditions are reflected in this assistance amendment, PM-00T56401-4.

The recipient agrees to comply with the current EPA general terms and conditions available at:

<https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-october-3-2016-or-later>.

These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award. The EPA repository for the general terms and conditions by year can be found at <http://www.epa.gov/grants/grant-terms-and-conditions>.

A. Annual Federal Financial Report (FFR) - SF 425

For awards with cumulative project and budget periods greater than 12 months, the recipient will submit an annual FFR (SF 425) covering the period from "project/budget period start date" to September 30 of each calendar year to the U.S. EPA Las Vegas Finance Center (LVFC). The FFR will be submitted electronically to lvfc-grants@epa.gov no later than December 31 of the same calendar year. The form with instructions can be found on LVFC's website at <https://www.epa.gov/financial/grants>.

This agreement also includes EPA in-kind services. Invoices will not be provided to the recipient for recording of actual in-kind cost, however, the total in-kind amount shall be reflected as an expenditure on the Federal Financial Report(s).

B. Procurement

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with 2 CFR Part 200.319. In accordance 2 CFR Part 200.323 the grantee and subgrantee(s) must perform a cost or price analysis in connection with applicable procurement actions, including contract modifications.

State recipients must follow procurement procedures as outlined in 2 CFR Part 200.317.

C. Six Good Faith Efforts 40 CFR Part 33, Subpart C

Pursuant to 40 CFR Section 33.301, the recipient agrees to make the following good faith efforts whenever procuring construction, equipment, services and supplies under an EPA financial assistance agreement, and to require that sub-recipients, loan recipients, and prime contractors also comply. Records documenting compliance with the six good faith efforts shall be retained:

(a) Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local and Government recipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.

(b) Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.

(c) Consider in the contracting process whether firms competing for large contracts could subcontract with DBEs. For Indian Tribal, State and local Government recipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.

(d) Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.

(e) Use the services and assistance of the SBA and the Minority Business Development Agency of the Department of Commerce.

(f) If the prime contractor awards subcontracts, require the prime contractor to take the steps in paragraphs (a) through (e) of this section.

D. Utilization of Disadvantaged Business Enterprises

General Compliance, 40 CFR Part 33

The recipient agrees to comply with the requirements of EPA's Disadvantaged Business Enterprise (DBE) Program for procurement activities under assistance agreements, contained in 40 CFR Part 33.

Fair Share Objectives, 40 CFR Part 33, Subpart D

A recipient must negotiate with the appropriate EPA award official, or his/her designee, fair share objectives for MBE and WBE participation in procurement under the financial assistance agreements.

In accordance with 40 CFR Section 33.411 some recipients may be exempt from the fair share objective requirements as described in 40 CFR Part 33, Subpart D. Recipients should work with their DBE coordinator if they think their organization may qualify for an exemption.

The dollar amount of this assistance agreement, or the total dollar amount of all of the recipient's financial assistance agreements in the current federal fiscal year from EPA is \$250,000 or more. The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources (NV DCNR), as follows:

	<u>MBE</u>	<u>WBE</u>
Construction	02%	02%
Equipment	01%	01%
Services	01%	02%
Supplies	01%	01%

The recipient accepts the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as NV DCNR

Negotiating Fair Share Objectives/Goals, Section 33.404

The recipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the recipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the recipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is **not** accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study, to the Regional MBE/WBE Coordinator, Joe

Ochab at Ochab.Joe@epa.gov, within 120 days of its acceptance of the financial assistance award. EPA will respond to the proposed fair share objective/goals within 30 days of receiving the submission. If proposed fair share objective/goals are not received within the 120-day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objective/goals are submitted.

Contract Administration Provisions, 40 CFR Section 33.302

The recipient agrees to comply with the contract administration provisions of 40 CFR Section 33.302.

Bidders List, 40 CFR Section 33.501(b) and (c)

Recipients of a Continuing Environmental Program Grant or other annual reporting grant, agree to create and maintain a bidders list. Recipients of an EPA financial assistance agreement to capitalize a revolving loan fund also agree to require entities receiving identified loans to create and maintain a bidders list if the recipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Please see 40 CFR Section 33.501 (b) and (c) for specific requirements and exemptions.

E. MBE/WBE Reporting – Non-Reporting Condition

General Compliance, 40 CFR, Part 33, Subpart E

MBE/WBE reports are required annually. Reporting is required for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the recipient or procurement under subawards or loans in the “Other” category, that exceed the threshold amount of \$150,000, including amendments and/or modifications.

Based on EPA’s review of the planned budget, this award does not meet the conditions above and is not subject to Disadvantaged Business Enterprise (DBE) Program reporting requirements. However, if during the performance of the award the total of all funds expended for direct procurement by the recipient and procurement under subawards or loans in the “Other” category exceeds \$150,000, annual reports will be required and you are required to notify your EPA grant specialist for additional instructions.

The recipient also agrees to request prior approval from EPA for procurements that may activate DBE Program reporting requirements.

This provision represents an approved deviation from the MBE/WBE reporting requirements as described in 40 CFR Part 33, Section 33.502; however, the other requirements outlined in 40 CFR Part 33 remain in effect, including the Good Faith Effort requirements as described in 40 CFR Part 33, Subpart C, and Fair Share Objectives negotiation as described in 40 CFR Part 33, Subpart D.

F. Indirect Costs

Recipients are entitled to reimbursement of indirect costs, subject to any statutory or regulatory administrative cost limitations, if they have a current rate agreement or have submitted an indirect cost rate proposal to their cognizant federal agency for review and approval. Recipients are responsible for maintaining an approved indirect cost rate throughout the life of the award. Recipients may draw down grant funds once a rate has been approved, but only for indirect costs incurred during the period specified in the rate agreement. Recipients are not entitled to indirect costs for any period in which the rate has expired.

Recipients with differences between provisional and final rates are not entitled to more than the award amount. Recipients may request EPA approval to rebudget funds from direct cost categories to the indirect cost category (to grants which have not expired or been closed out) to cover increased indirect costs.


Programmatic Conditions

- a). This grant includes the performance of environmental measurements, therefore Quality Assurance planning documents are required. They are to be resubmitted to EPA every five years. The Washoe County Quality Management Plan was approved on October 2, 2014 and should be resubmitted in FY2019. The QA Program Plan for Criteria Pollutants, approved on February 12, 2013, should be submitted in FY2018.
- b). The recipient agrees to inform EPA as soon as problems, delays or adverse conditions become known which will materially impair the ability to meet the outputs/outcomes specified in the assistance agreement work plan. Since this grant is solely for the purpose of monitoring, quarterly reporting is required in the form of data entered into EPA's national Air Quality System (AQS) database.
- c). Consistent with local, state, and federal grant procurement rules, recipient shall, when feasible, purchase environmentally preferable products/services and hold conferences/meetings using environmentally preferable measures. Environmentally preferable products/services and environmentally preferable measures include those that have a lesser or reduced effect on the environment when compared with competing products, services, or measures that serve the same purpose. This comparison may consider raw material acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance, or disposal of the product or service. In addition, environmentally preferable measures for conferences/meetings apply to large gatherings of ten or more persons.
- d). Cybersecurity:
- (a) The recipient agrees that when collecting and managing environmental data under this assistance agreement, it will protect the data by following all State or Tribal law cybersecurity requirements as applicable.
- (b)(1) EPA must ensure that any connections between the recipient's network or information system and EPA networks used by the recipient to transfer data under this agreement, are secure. For purposes of this Section, a connection is defined as a dedicated persistent interface between an Agency IT system and an external IT system for the purpose of transferring information. Transitory, user-controlled connections such as website browsing are excluded from this definition.
- If the recipient's connections as defined above do not go through the Environmental Information Exchange Network or EPA's Central Data Exchange, the recipient agrees to contact the EPA Project Officer (PO) no later than 90 days after the date of this award and work with the designated Regional/Headquarters Information Security Officer to ensure that the connections meet EPA security requirements, including entering into Interconnection Service Agreements as appropriate. This condition does not apply to manual entry of data by the recipient into systems operated and used by EPA's regulatory programs for the submission of reporting and/or compliance data.
- (b)(2) The recipient agrees that any subawards it makes under this agreement will require the subrecipient to comply with the requirements in (b)(1) if the subrecipient's network or information system is connected to EPA networks to transfer data to the Agency using systems other than the Environmental Information Exchange Network or EPA's Central Data Exchange. The recipient will be in compliance with this condition: by including this requirement in subaward agreements; and during subrecipient monitoring deemed necessary by the recipient under 2 CFR 200.331(d), by inquiring whether the subrecipient has contacted the EPA Project Officer. Nothing in this condition requires the recipient to contact the EPA Project Officer on behalf of a subrecipient or to be involved in the

negotiation of an Interconnection Service Agreement between the subrecipient and EPA.

- e). Competency of Organizations Generating Environmental Measurement Data
Following EPA Policy Directive Number FEM-2012-02, recipient agrees to demonstrate competency of any laboratory carrying out any activities involving the generation of environmental data on its behalf. Laboratory competency shall be maintained for the duration of the project period of this agreement and documented during the annual reporting process. A copy of the Policy is available online at http://www.epa.gov/fem/lab_comp.htm.

-- END OF AGREEMENT --

	U.S. ENVIRONMENTAL PROTECTION AGENCY Assistance Amendment	GRANT NUMBER (FAIN): 00T56401 MODIFICATION NUMBER: 5 PROGRAM CODE: PM	DATE OF AWARD 08/08/2017
		TYPE OF ACTION Augmentation: Increase	MAILING DATE 08/15/2017
		PAYMENT METHOD: Advance	ACH# 90104
		RECIPIENT TYPE: County	
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
PROJECT MANAGER Charlene Albee P.O. Box 11130 Reno, NV 89520 E-Mail: calbee@washoecounty.us Phone: 775-784-7211	EPA PROJECT OFFICER Roberto Gutierrez 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Gutierrez.Roberto@epa.gov Phone: 415-947-4276	EPA GRANT SPECIALIST Renee Chan Grants Management Section, EMD-6-1 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675	
PROJECT TITLE AND EXPLANATION OF CHANGES PM 2.5 Monitoring Network The purpose s to provide funding to monitor fine particulate matter with the diameter equal to or smaller than 2.5 micrometers (PM 2.5) in order to determine compliance with the PM 2.5 National Ambient Air Quality Standards and determine deductions in air emissions. This amendment increases the federal assistance amount by \$20,342, from \$309,120, to the revised Total Approved Assistance Amount of \$329,462 to fully fund this program.			
BUDGET PERIOD 04/01/2015 - 03/31/2018	PROJECT PERIOD 04/01/2015 - 03/31/2018	TOTAL BUDGET PERIOD COST \$329,462.00	TOTAL PROJECT PERIOD COST \$329,462.00
NOTICE OF AWARD			
Based on your Application dated 03/07/2017 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$20,342. EPA agrees to cost-share 100.00% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$329,462. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.			
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)		AWARD APPROVAL OFFICE	
ORGANIZATION / ADDRESS U.S. EPA, Region 9 Grants Management Section, EMD 6-1 75 Hawthorne Street San Francisco, CA 94105		ORGANIZATION / ADDRESS U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY			
Digital signature applied by EPA Award Official Craig A. Wills - Grants Management Officer			DATE 08/08/2017

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 150,618	\$ 20,342	\$ 170,960
EPA In-Kind Amount	\$ 158,502	\$	\$ 158,502
Unexpended Prior Year Balance	\$ 0	\$	\$ 0
Other Federal Funds	\$ 0	\$	\$ 0
Recipient Contribution	\$ 0	\$	\$ 0
State Contribution	\$ 0	\$	\$ 0
Local Contribution	\$ 0	\$	\$ 0
Other Contribution	\$ 0	\$	\$ 0
Allowable Project Cost	\$ 309,120	\$ 20,342	\$ 329,462

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.034 - Surveys-Studies-Investigations-Demonstrations and Special Purpose Activities relating to the Clean Air Act	Clean Air Act: Sec. 103	2 CFR 200 2 CFR 1500 and 40 CFR 33

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1709M7S057	17	E1	09M4	102A04XPM	4112			20,342
									20,342

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$90,481
2. Fringe Benefits	\$45,011
3. Travel	\$2,500
4. Equipment	\$0
5. Supplies	\$1,100
6. Contractual	\$176,765
7. Construction	\$0
8. Other	\$4,800
9. Total Direct Charges	\$320,657
10. Indirect Costs: % Base <u>See Below</u>	\$8,805
11. Total (Share: Recipient <u>0.00 %</u> Federal <u>100.00 %</u> .)	\$329,462
12. Total Approved Assistance Amount	\$329,462
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$20,342
15. Total EPA Amount Awarded To Date	\$329,462

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. Table A, Line 6 Contractual includes	\$
2. in-kind contractor support through	\$
3. an EPA-HQ national contract.	\$
4. Therefore, No M/WBE Reporting required.	\$
5. Table A, Line 10 Indirect is based on an	\$
6. Indirect Cost Rate Proposal updated	\$
7. annually.	\$
8.	\$
9. Table A, Line 12, reflects total available	\$
10. drawdown amount.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

Administrative Conditions

General, Administrative, and Programmatic Terms and Conditions reflected in Amendment #4, awarded April 18, 2017, remain in full force and effect. See the paragraph below for the most current EPA General Terms and Conditions.

The recipient agrees to comply with the current EPA general terms and conditions available at:

<https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-april-27-2017-or-later>

These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award. The EPA repository for the general terms and conditions by year can be found at:

<https://www.epa.gov/grants/grant-terms-and-conditions>

-- End of Agreement --

DD	AH	__
DHO	___	KD ___
DA	_____	__
Risk	_____	__

Staff Report
Board Meeting Date: September 28, 2017

TO: District Board of Health

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

SUBJECT: **Retroactive Approval of Notice of Grant Award #1U18FD006275-01 from the U.S. Food and Drug Administration for the period 9/1/17 through 6/30/18 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088.**

SUMMARY

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

The Environmental Health Services Division received a Notice of Grant Award from the U.S. Food and Drug Administration on August 29, 2017 in the amount of \$70,000 for the period 9/1/17 through 6/30/18 in support of the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program. This award is being presented for District Board of Health retroactive approval per the FDA procedure that does not require signature. A copy of the Notice of Grant Award is attached.

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

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

PREVIOUS ACTION

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

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: FDA Voluntary Retail Food Regulatory Program Standards

Scope of the Project:

This Award provides support for travel for the 2018 Conference for Food Protection, documentation translation services through the University of Nevada, Reno, an Intervention Strategy Media Campaign, postage, printing, and indirect expenditures.

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

On-Going Program Support: These funds support on-going FDA Retail Food Regulatory Program Standard expenditures.

Award Amount: Total award amount is \$70,000
Grant Period: September 1, 2017 – June 30, 2018
Funding Source: U.S. Food and Drug Administration
Pass Through Entity: Not applicable
CFDA Number: 93.103
Grant ID Number: 1U18FD006275-01
Match Amount and Type: No match required
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 FY18 budget, a budget amendment in the amount of \$63,636 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 FY18 budget will need to be amended as follows:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11088 -431100	Federal Revenue	\$ 63,636.00
	Total Revenue	\$ 63,636.00
2002-IO-11088 -710400	Payments to Other Agencies	\$ 8,000.00
-710500	Other Expense	\$ 1,656.00
-710502	Printing	\$ 11,124.00
-710509	Seminars and Meetings	\$ 2,480.00
-710546	Advertising	\$ 32,072.00
-711210	Travel	\$ 8,304.00
	Total Expenditures	\$ 63,636.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health retroactively approve the Notice of Grant Award #1U18FD006275-01 from the U.S. Food and Drug Administration for the period

Subject: FDA Voluntary Retail Food Regulatory Program Standards

Date: September 28, 2017

Page 3 of 3

9/1/17 through 6/30/18 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve the Notice of Grant Award #1U18FD006275-01 from the U.S. Food and Drug Administration for the period 9/1/17 through 6/30/18 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088."



FOOD AND DRUG ADMINISTRATION

Grant Number: 1U18FD006275-01
FAIN: U18FD006275

Principal Investigator:
Tony Macaluso

Project Title: RFA-FD-17-007: Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) (U18)

Mr. Macaluso, Tony
Environmental Health Specialist Supervisor
1001 East Ninth Street
Reno, NV 895200027

Budget Period: 09/01/2017 – 06/30/2018
Project Period: 09/01/2017 – 06/30/2020

Dear Business Official:

The Food and Drug Administration hereby awards a grant in the amount of \$70,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to COUNTY OF WASHOE in support of the above referenced project. This award is pursuant to the authority of PHS Act, Sec 1706, 42 USC 300u-5, as amended; Sec 2(d), PL 98-551 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the Grants Management Specialist and the Project Officer listed in the terms and conditions.

Sincerely yours,

Kimberly Pendleton
Grants Management Officer
Office of Acquisitions & Grants Services
Division of Acquisition Support and Grants
Grants & Assistance Team
FOOD AND DRUG ADMINISTRATION

See additional information below

SECTION I – AWARD DATA – 1U18FD006275-01

Award Calculation (U.S. Dollars)

Travel Costs	\$10,784
Other Costs	\$12,780
Consortium/Contractual Cost	\$40,072
Federal Direct Costs	\$63,636
Federal F&A Costs	\$6,364
Approved Budget	\$70,000
Federal Share	\$70,000
TOTAL FEDERAL AWARD AMOUNT	\$70,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$70,000

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$70,000	\$70,000
2	\$70,000	\$70,000
3	\$70,000	\$70,000

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.103
 EIN: 1886000138A1
 Document Number: UFD006275A
 PMS AccountType P(Subaccount)
 Fiscal Year: 2017

IC	CAN	2017	2018	2019
FD	6990928	\$70,000	\$70,000	\$70,000

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

FDA Administrative Data:

PCC: ORA12 / OC: 414L / Processed: ERAAPPS 08/24/2017

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U18FD006275-01

Grant payments will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center (PSC), DHHS, Office of the Deputy Assistant Secretary, Finance. Requests for downloadable forms and inquiries regarding payment should be directed to:

Regular Mailing Address:
 Division of Payment Management
 P.O. Box 6021
 Rockville, MD 20852
 Telephone: (301) 443-1660

Included are the following Links & Instructions for drawing down funds, reporting expenditures, required forms, and the help desk info:

Homepage: <http://www.dpm.psc.gov/Default.aspx>

Grant Recipient Information:

http://www.dpm.psc.gov/grant_recipient/grant_recipient.aspx?explorer.event=true

Grant Recipient Forms:

http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx?explorer.event=true

PMS Help Desk: <http://www.dpm.psc.gov/help/help.aspx?explorer.event=true>

The ONE-DHHS Help Desk for PMS Support is now available Monday – Friday from 7 a.m. to 9 p.m. EST (except Federal Holidays). Phone (877) 614-5533; Email PMSSupport@psc.gov

SECTION III – TERMS AND CONDITIONS – 1U18FD006275-01

This award is based on the application submitted to, and as approved by, FDA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Grant Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75.
- d. The HHS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- f. A required Federal Financial Report (FFR) SF-425 must be submitted annually. FDA now requires all annual financial expenditure reports to be submitted electronically using the Federal Financial Report (FFR) system located in the eRA Commons. Annual FFRs must be submitted for each budget period no later than 90 days after the end of the calendar quarter in which the budget period ended. The reporting period for an annual FFR will be that of the budget period for the particular grant; however, the actual submission date is based on the calendar quarter. Failure to submit timely reports may affect future funding.
- g. Closeout Requirements (when applicable): A Final Program Progress Activity Report, Final Federal Financial Report SF-425, Final Invention Statement HHS-568 (if applicable), Tangible Personal Property Report SF-428, and Statement of Disposition of Equipment (if applicable) must be submitted within 90 days after the expiration date of the project period.
- h. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) U18FD006275. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Treatment of Program Income: Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and

administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – FD Special Terms and Condition – 1U18FD006275-01

SPECIAL PROGRAMMATIC TERMS AND CONDITIONS:

Monitoring Activities

The ORA Project Officer and Technical Advisor will monitor award recipients periodically. The monitoring may be in the form of face-to-face meetings, telephone conversations, e-mails, or written correspondence between the project officer/grants management officer and the principal investigator. Periodic site visits with officials of the recipient organization will occur, including program assessments and audits. The results of these monitoring activities will be recorded in the official cooperative agreement file and will be made available to the grant recipient, upon request, consistent with applicable disclosure statutes and FDA disclosure regulations. Also, the grantee organization shall comply with all special terms and conditions of the cooperative agreement, including those which state that future funding of the project will depend on recommendations from the Project Officer and Technical Advisor.

The scope of the recommendation will confirm that:

- (1) There has been acceptable progress on the project;
- (2) there is continued compliance with all FDA regulatory requirements; and
- (3) if necessary, there is an indication that corrective action has taken place.

When multiple years are involved, awardees will be required to submit the Research Performance Progress Report (RPPR) ([//grants.nih.gov/grants/rppr/index.htm](http://grants.nih.gov/grants/rppr/index.htm)) annually and financial statements as required in the Notice of Award.

A final progress report, invention statement, and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement (<http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>)

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All awardees of applicable FDA grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsr.gov ([//grants.nih.gov/grants/guide/url_redirect.htm?id=11170](http://grants.nih.gov/grants/guide/url_redirect.htm?id=11170)) on all subawards over \$25,000.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts from all Federal awarding agencies with a cumulative total value greater than \$10,000,000 for any period of time during the period of performance of a Federal award, must report and maintain the currency of information reported in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently FAPIIS). This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75 – Award Term and Conditions for Recipient Integrity and Performance Matters.

Reporting Requirements

Mid-year progress and End of Year reports are required as part of the grant. The Mid-year ends December 31st and reporting is required within 30 days. The End of Year report is due 60 days before the close of the budget period on June 30th. End of year reports are due on May 1st.

Mid-year progress and End of Year reports shall contain the elements below as applicable to their proposal and award, including but not limited to, the following:

1. Detailed progress report on the grantee meeting the project milestones identified in the proposal.
2. Status report on the hiring and training of food program personnel.
3. Certification of current appropriation funding levels for the retail food regulatory program.
4. A strategic plan that accurately reflects when specific objectives and tasks have been, or will be, completed and/or implemented and when new objectives and tasks are identified to advance conformance with the Retail Program Standards. The strategic plan should include significant milestones or action items, anticipated completion dates, responsible personnel, and other required resources.
5. A full description of achievements with conformance to the Retail Program Standards and what activities have been done to promote more effective control of foodborne illness risk factors.
6. A completed Program Self-Assessment and Verification Audit Form for each standard or an equivalent form or process documenting the current status of the jurisdictions. The Self-Assessment and Verification Audit Form can be found in the Voluntary National Retail Food Program Standards.

The final program progress report shall provide full written documentation of the entire project and summaries of accomplishments and goals, as described in the grant application. The documentation shall be in a form and contain sufficient detail such that other agencies could reproduce the final project. The final program progress report should also detail the strategy to continue advancing conformance with the Retail Program Standards (current and future versions).

This award is subject to the Special Requirements of the RFA-FD-17-007 entitled, "Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS)" is hereby incorporated by reference as special terms and conditions of this award. Copies of this announcement may be obtained from the Grants Management Contact referenced in the award.

This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to you based on your recipient type and the purpose of this award. This includes any requirements in Parts I and II (available at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>) of the HHS GPS that apply to an award.

Although consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 75, directly apply to this award apart from any coverage in the HHS GPS that apply to an award.

Salary Cap: None of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the current salary cap. Current salary cap level is \$179,700.

STANDARD TERMS AND CONDITIONS:

2.A. Cooperative Agreement Terms and Conditions of Award

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (HHS) grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and FDA grant administration policies.

The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial FDA programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement, FDA's purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; it is not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardees for the project as a whole, although specific tasks and activities may be shared among the awardees and FDA as defined below.

2.A.1. Principal Investigator Rights and Responsibilities

The PD(s)/PI(s) will have the primary responsibility for the scientific, technical, or programmatic aspects of the cooperative agreement and for day-to-day management of the project or program. The PD(s)/PI(s) will maintain general oversight for ensuring compliance with the financial and administrative aspects of the award, as well as ensuring that all staff have sufficient clearance and/or background checks to work on this project or program. This individual will work closely with designated officials within the recipient organization to create and maintain necessary documentation, including both technical and administrative reports; prepare justifications; appropriately acknowledge Federal support in publications, announcements, news programs, and other media; and ensure compliance with other Federal and organizational requirements.

Awardees will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current HHS, PHS, and FDA policies.

Additionally PD/PIs will:

1. Participate in site visits or attend meetings as requested by the FDA. A portion of the budget should be reserved for such travel.
2. FDA may also request data be made available through speaking engagements and publications, presentations at scientific symposia and seminars, while making sure that confidentiality and privacy of the data is protected.
3. The awardees will provide FDA any data obtained from investigations if requested by FDA.
4. Any publication or oral presentation of regarding outcomes of this grant must undergo FDA Office of Research and Center review and approval process. This process can take 30-90 days.

2. A.2. FDA Responsibilities

An FDA Project Officer (PO) will have substantial programmatic involvement as described below. The PO is the official responsible for the programmatic, scientific, and/or technical aspects of assigned applications and grants. The PO's responsibilities include, but are not limited to, post-award monitoring of project/program performance, including review of progress reports and making site visits; and other activities complementary to those of the Grants Management Officer (GMO). The PO and the GMO work as a team in many of these activities.

Additionally, an agency program official will be responsible for the scientific and programmatic stewardship of the award and will be named in the award notice.

FDA will provide technical monitoring and/or direction of the work, including monitoring of data analysis, interpretation of analytical findings and their significance.

FDA will assist and approve (as deemed appropriate) the substance of publications, co-authorship of publications and data release.

Funding Restrictions:

These awards may only be used for achieving and sustaining conformance with the Retail Program Standards within retail food regulatory programs. The FDA will provide up to three years of funding, contingent on continued availability of federal funds. Budgets are limited to \$70,000 (direct and indirect costs) of funding requested and must reflect the actual needs of the proposed activities. Allowable costs include:

- 1) Audio/visual materials such as videotapes, DVDs, public service announcements, etc.
- 2) Consultant services
- 3) Employee salaries, wages and fringe benefits
- 4) Rental, purchasing, calibration, and maintenance of supplies and equipment, including investigational, GPS interface, communication, and laboratory
- 5) Indirect costs
- 6) Recruitment costs for hiring new employees
- 7) Registration fees
- 8) Purchase or development of IT equipment, software, and support
- 9) Shipping and mailing of equipment and supplies
- 10) Travel
- 11) Speaker fees
- 12) Conducting standardizations
- 13) Training programs, including the development, delivery, and attendance
- 14) Subcontracting to third parties (other than local/county/tribal agencies) is allowed but limited to 25% of each year's award. No limit exists for subcontracting to local/county/tribal agencies.

Non-allowable costs:

- 1) Facilities, work, and training reimbursed under other cooperative agreements, grants, contracts, and other funding mechanisms shall remain distinct and separate from this cooperative agreement.
- 2) Vehicle purchases are not permitted.
- 3) Cooperative agreement funds may not be utilized for new building construction; however, remodeling of existing facilities is allowed, provided that remodeling costs do not exceed 10% of the grant award amount.
- 4) Cooperative agreement funds may not be utilized for uniforms or clothing.

Additional funding restrictions may be part of the Notice of Award.

Financial Reporting:

A. Cash Transaction Reports

The Federal Financial Report (FFR) has a dedicated section to report Federal cash receipts and disbursements. For recipients this information must be submitted quarterly directly to the Payment Management System (PMS) using the web-based tool. Quarterly reports are due 30 days following the end of each calendar quarter. The reporting period for this report continues to be based on the calendar quarter. Questions concerning the requirements for this quarterly financial report should be directed to the PMS.

B. Financial Expenditure Reports

A required Federal Financial Report (FFR) must be submitted annually. FDA now requires all annual financial expenditure reports to be submitted electronically using the Federal Financial Report (FFR) system located in the eRA Commons. This includes all initial FFRs being prepared for submission and any revised FSR/FFRs being submitted or re-submitted to FDA. Paper expenditure/FFR reports will not be accepted.

Annual FFRs must be submitted for each budget period no later than 90 days after the end of the calendar quarter in which the budget period ended. The reporting period for an annual FFR will be that of the budget period for the particular grant; however, the actual submission date is based on the calendar quarter. Failure to submit timely reports may affect future funding.

Performance Progress Reporting:

1. Annual progress reports are required. The Annual Progress Report will be due as part of the Research Performance Progress Report (RPPR).
2. Grants with Multiple Years: When multiple years are involved, awardees will be required to submit the Research Performance Progress Report (RPPR).

Information regarding submitting the RPPR is available at <https://era.nih.gov/erahelp/commons/default.htm#csid=1020>

PROGRAM INCOME:

1. The grantee is required to report any Program Income generated during the Project Period of this grant. Except for royalty income generated from patents and inventions, the amount and disposition of Program Income must be identified on lines 10 (l), (m), (n), and (o) of the grantee's Federal Financial Report (FFR) SF-425.
2. Examples of Program Income include (but are not limited to): fees for services performed during the grant or sub-grant period, proceeds from sale of tangible personal or real property, usage or rental fees, patent or copyright royalties, and proceeds from the sale of products and technology developed under the grant.
3. Any Program Income generated during the Project Period of this grant by the grantee or sub-grantee is subject to the Addition Alternative for Program Income and, therefore, must only be used to further the goals of the project for which this grant was awarded.

PRIOR APPROVAL:

All requests that require prior approval must include the award number and bear the signature of an authorized official of the grantee business office as well as that of the PI/PD. Any requests involving funding issues must include a new proposed budget and a narrative justification of the requested changes. If a grantee questions whether prior approval is required for an activity or cost, they should contact the assigned Grants Management Specialist prior to expenditure of funds for clarification. Below are activities that require prior approval from FDA:

1. CHANGE IN SCOPE OR OBJECTIVES
2. CHANGE IN KEY PERSONNEL
3. CHANGE IN GRANTEE ORGANIZATION
4. DEVIATION FROM TERMS AND CONDITIONS OF THE AWARD
5. CARRYOVER OF UNOBLIGATED BALANCES
6. NO COST EXTENSIONS
7. SIGNIFICANT REBUDGETING

ACKNOWLEDGEMENT OF FEDERAL SUPPORT:

When issuing statements, press releases, publications and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state:

*Funding for this statement, publication, press release, etc. was made possible, in part, by the Food and Drug Administration through grant **U18FD006275**. Views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does any mention of trade names, commercial practices, or organization imply endorsement by the United States Government.*

FDA/ORA CONTACT INFORMATION:

Grants Management Contact:
Kiara Fowler
Grants Management Specialist
Food and Drug Administration, MSC HFA-500
5630 Fishers Lane, Rockville, MD 20857
Phone: 240.402.3099
Email: Kiara.Fowler@fda.hhs.gov

Programmatic Contact:
Maribeth G. Niesen
Project Officer
Office of Regulatory Affairs (ORA), Office of Partnerships
Food and Drug Administration
Phone: 513-679-2704
Email: maribeth.niesen@fda.hhs.gov

Technical Advisor:
Your Regional Retail Food Specialist
Office of Regulatory Affairs
Food and Drug Administration

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS COULD RESULT IN THE SUSPENSION OR TERMINATION OF THIS COOPERATIVE AGREEMENT.

All formal correspondence/reports regarding the grant should be signed by an authorized institutional official and the Principal Investigator and should be sent to the attention of the grants management specialist, unless otherwise directed.

Direct inquiries regarding scientific programmatic issues to the official listed below.

Direct inquiries regarding fiscal and/or administrative matters to the grants management specialist listed below.

All formal correspondence/reports regarding the grant should be signed by an authorized institutional official and the Principal Investigator and should be sent to the attention of the grants management specialist, unless otherwise explicitly directed.

STAFF CONTACTS

Grants Management Specialist: Kiara Fowler

Email: Kiara.Fowler@fda.hhs.gov

SPREADSHEET SUMMARY

GRANT NUMBER: 1U18FD006275-01

INSTITUTION: COUNTY OF WASHOE

Budget	Year 1	Year 2	Year 3
Travel Costs	\$10,784	\$11,292	\$13,960
Other Costs	\$12,780		\$20,304
Consortium/Contractual Cost	\$40,072	\$52,344	\$29,372
TOTAL FEDERAL DC	\$63,636	\$63,636	\$63,636
TOTAL FEDERAL F&A	\$6,364	\$6,364	\$6,364
TOTAL COST	\$70,000	\$70,000	\$70,000

DD	AH	__	__
DHO	_____	KD	__
DA	_____		
Risk	_____		

STAFF REPORT
BOARD MEETING DATE: September 28, 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 effective October 1, 2017 through September 30, 2018 in the total amount of \$1,062,147 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031 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 September 15, 2017 to support the WIC Program. The funding period is effective October 1, 2017 and extends through September 30, 2018. 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 August 24, 2017 the Board accepted Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to October 1, 2016 through September 30, 2017 for an additional \$19,635.00 (no required match) in support of the WIC program.

BACKGROUND/GRANT AWARD SUMMARY

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

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

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

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

Award Amount: \$1,062,147

Grant Period: October 1, 2017 – September 30, 2018

Funding Source: United States Department of Agriculture

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

CFDA Number: 10.557

Grant ID Number: 7NV700NV7 / HD#16163

Match Amount and Type: No match required.

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

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

FISCAL IMPACT

The Department anticipated this award and included funding in the adopted FY18 budget in internal order #10031 in the amount of \$1,062,144. A budget adjustment will be done for the difference of \$3 should the Board accept the Notice of Subgrant Award.

RECOMMENDATION

Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective October 1, 2017 through September 30, 2018 in the total amount of \$1,062,147 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031 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 effective October 1, 2017 through September 30, 2018 in the total amount of \$1,062,147 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031 and authorize the District Health Officer to execute the Subgrant Award."



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

State of Nevada
Department of Health and Human Services

Division of Public & Behavioral Health
(hereinafter referred to as the Division)

HD #:	16163
Budget Account:	3214
Category:	14
GL:	8516
Job Number:	TBD

NOTICE OF SUBGRANT AWARD

Program Name: Women, Infants and Children Program (WIC) Bureau of Child, Family and Community Wellness		Subgrantee Name: Washoe County Health District WIC		
Address: 400 West King Street, Ste. 300 Carson City, NV 89703		Address: 1001 East Ninth Street/ P.O. Box 11130 Reno, NV 89520		
Subgrant Period: October 1, 2017 through September 30, 2018		Subgrantee's: EIN: 88-60000138 Vendor #: T40283400Q Dun & Bradstreet: 073-78-6998		
Purpose of Award: Provide staffing and support for WIC clinic operations in Washoe County				
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>				
Approved Budget Categories:		Disbursement of funds will be as follows:		
1. Personnel	\$ <u>1,002,341.00</u>	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$1,062,147.00 during the subgrant period.		
2. Travel	\$ <u>803.00</u>			
3. Operating	\$ <u>38,177.00</u>			
4. Equipment	\$ _____			
5. Contractual/Consultant	\$ _____			
6. Training	\$ _____			
7. Other	\$ <u>20,826.00</u>			
Total Cost:	\$ <u>1,062,147.00</u>			
Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. USDA/Food and Nutrition Service/WIC	100	10.557	TBD	7NV700NV7
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.				
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Business Associate Addendum				
Kevin Dick District Health Officer	Signature			Date
Michelle Walker Program Manager, WIC				
Beth Handler, MPH Bureau Chief, CFCW				
for Amy Roukie, MBA Administrator, Division of Public & Behavioral Health				

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

Assurances

As a condition of receiving sub granted 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

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

Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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 WASHOE COUNTY - WIC

- I. GENERAL: Subgrantee shall operate using the following guidelines:
- A. Comply with the fiscal and operational requirements prescribed by the State of Nevada WIC Program pursuant to 7CFR part 246, 7CFR part 3016, the debarment and suspension requirements of 7 CFR part 3017, if applicable, the lobbying restrictions of 7 CFR part 3018, and FNS guidelines and instructions;
 - B. Have at least one Competent Professional Authority (CPA) that has successfully completed the mandatory State training on staff of the local agency, that possesses the necessary skills to perform certification procedures;
 - C. Provide nutrition education services to participants, in compliance with 7CFR part 246.11 and FNS guidelines and instructions;
 - D. Inform and facilitate the delivery of appropriate health services to WIC participants, and in the case of referrals, have current written agreements in place with health care providers;
 - E. Maintain and have available for review, audit, and evaluation all criteria used for certification.
 - F. Maintain complete, accurate current documentation that accounts for program funds received and expended;
 - G. Maintain comprehensive internal control procedures to insure proper funds management and separation of duties when determining eligibility and issuing benefits;
 - H. Maintain a computer back-up system that duplicates all record transactions on a daily basis, transmit transfer files daily;
 - I. Prohibit discrimination against persons on the grounds of race, color, national origin, age, sex or handicap, and compiles data, maintains records and submits reports as required to permit effective enforcement of nondiscrimination laws;
 - J. Prohibit smoking in State WIC facilities where WIC functions are carried out.
- II. CLINIC OPERATION:
- A. Term: The term of the subgrant is October 1, 2017 through September 30, 2018.
 - B. Clinic Operation: Subgrantee shall operate clinic(s) in accordance with the State WIC Policy and Procedure Manual and 7CFR part 246, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
 - C. Operating Hours: Full time clinics shall remain open for participant services a minimum of eight hours daily. Agencies are encouraged to provide staff manning during lunch period and give consideration to providing services prior to 8 AM and after 5 PM or on Saturday to meet the needs of participants receiving WIC benefits.
 - D. Personnel Assigned: Terminations, replacements or additions will be reported to the State WIC office within seventy two (72) hours of occurrence, and include affected employee's work location, position, VPN name and work telephone number.
 - E. Any change in clinic location, including opening of a new clinic, must be approved in writing by State WIC office at least 60 days prior to change in clinic location. A copy of the proposed lease must be forwarded to the State WIC office for review prior to execution.

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

III. STAFF, FACILITIES AND EQUIPMENT:

- A. Training: Subgrantee shall provide, or cause to be provided, training in accordance with State WIC program objectives and Value Enhanced Nutritional Assessment (VENA) guidance, for each appropriate WIC staff member during the term of this subgrant, and will document such training. Training shall ensure that staff works toward meeting the six competency areas for WIC nutrition assessment; (1) principles of life-cycle nutrition; (2) nutrition assessment process; (3) anthropometric and hematological data collection; (4) communication; (5) multicultural awareness; (6) critical thinking.
- B. Facilities:
1. Privacy: Subgrantee shall make provisions to insure clinic space provides privacy and confidentiality for applicants during application and individual nutritional education procedures.
 2. Laboratory Registration: All metropolitan area subgrantees must register all clinics with the United States Department of Health and Human Services in accordance with 42 CFR part 493 and with the Nevada Bureau of Health Care Quality and Compliance in accordance with Nevada Administrative Code 652. Rural clinics will make arrangements with nurses in their respective counties to perform hemoglobin tests in accordance with policy #CT: 13 of the State WIC Policy and Procedure Manual.
- C. Equipment:
1. Title: All property purchased with funds provided by the State WIC program pursuant to this subgrant that are not fully consumed in performance of this subgrant shall be the property of the State WIC program.
 2. Inventory: Equipment having a useful life over one year purchased using WIC funds, will be inventoried and reported annually, with clinic plan, to the State WIC office prior to September 30th of the current subgrant year. The inventory list shall include date of purchase, cost, clinic location, and if available, State of Nevada inventory tag number and/or subgrantee inventory tag number.
 3. Loss: Subgrantee shall be responsible for all equipment purchased with funds provided by State WIC, insuring that said equipment is maintained in good repair and working order. In the event of loss of said equipment, due to theft or disaster, Subgrantee shall replace such equipment with equipment of like value at Subgrantee expense.
 4. Purchase: Equipment purchases which exceed \$5,000 and all purchases of computer hardware must receive prior written approval from State WIC office.

IV. PROGRAM ADMINISTRATION:

- A. General: Subgrantee shall operate clinic(s) in accordance with provisions of 7CFR part 246, 7CFR part 3016 and State WIC Policy and Procedure Manual, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
- B. Local Agency: Subgrantee shall submit to the State WIC office their annual Local Agency Nutritional Services Plan with their equipment inventory and current laboratory certification, no later than September 30th. Failure to comply may result in funding delay.
- C. Record Retention:
1. Administrative Files: Subgrantee shall maintain and have available for program review and audit all administrative files pertaining to its WIC clinic operations for a minimum of six (6) years from the date of termination of the subgrant or until all discrepancies relating to audit findings are resolved, whichever occurs later.
 2. Fiscal Records: Subgrantee shall maintain all fiscal records and books constituting the basis for submission of reimbursement requests, including records and books supporting indirect rates, for a period of five (5) years from the date of termination of the subgrant or until any discrepancies related to audit findings are resolved, whichever occurs last.
 3. Participant Files: Subgrantee shall maintain all participant files for a minimum of six (6) years after closure or until completion of Federal and State audits, whichever occurs last.

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

4. Conflict of Interest: Subgrantee shall insure that no conflict of interest exists or arises between the subgrantee or persons employed by or associated with the subgrantee and any authorized vendor within or outside the State of Nevada.
5. Inspection: USDA and Nevada WIC Program through any authorized representative shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed by subgrantee pursuant to this subgrant at the premises where such work is performed or where subgrantee records are maintained. Subgrantee shall provide reasonable facilities and assistance for the safety and convenience of WIC program representatives in the performance of their duties pursuant to this section.

V. CASELOAD AND FUNDING:

- A. Assigned Caseload: Subgrantee agrees to provide the level of service to an estimated **62,220** yearly participants at a maximum allowable reimbursement award of **\$1,062,147.00**. A mid-term participant and funding review will be conducted during the month of May of the subgrant year for the purpose of evaluating expenditures and caseload. Adjustments may be necessary to the estimated caseload which may have the net effect of increasing or decreasing the maximum future awards. Subgrantee agrees to monthly reimbursements that are based on actual costs to provide services.
- B. Funding: In consideration of subgrantees performance of all required services and fulfillment of all obligations pursuant to this subgrant, the WIC program agrees to pay monthly to subgrantee an amount for WIC services, the total not to exceed One Million Sixty Two Thousand One Hundred Forty Seven Dollars (\$1,062,147) subject to any amendment of funding. The State WIC program will provide subgrantee with EBT cards, specialty infant formula (when approved), certification and nutrition education materials and technical support as necessary. Subgrantee hereby acknowledges and agrees that the maximum subgrant amount is subject to approval by the Administrator of the Nevada Division of Public and Behavioral Health and that amount is based upon the approved line item budget (Section C. Budget and Financial Reporting).

VI. NON-LIMITATION OF REMEDY:

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

VII. ADVERSE ACTIONS:

- A. Arbitrations: This subgrant shall not be subject to arbitration.
- B. Adverse Action: The right of appeal shall be granted when State WIC office takes adverse actions which affect participation.
 1. State WIC office must provide written notification of adverse action with a minimum of 60 days notice.
 2. Subgrantee must file appeal within 15 calendar days of receipt of notification.
 3. The hearing shall be convened with 20 days advance notice.
 4. The hearing officer, appointed by the Administrator of the Division of Public and Behavioral Health, shall schedule two alternative hearing dates.
 5. Subgrantee shall have the opportunity to confront and cross-examine adverse witnesses; to be represented by counsel; and the opportunity to review the case record prior to the hearing.

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

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

C. Disqualification: Subgrantee may be disqualified.

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

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

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

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

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

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

VIII. DISCRIMINATION:

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

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

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

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

IX. ADDITIONAL SERVICES AND FUNDS:

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

X. TERMINATION:

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

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

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

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

continuity of participation in the WIC program.

- D. Liability Following Termination: Following receipt of notice of termination by State WIC office, subgrantee shall cease all WIC program operations as of the effective date of termination. Subgrantee shall be liable for any and all EBT cards issued by subgrantee after the effective date of termination of this subgrant, unless the issuance of such EBT cards is expressly authorize in writing by State WIC office.
- E. This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the party has served written notice upon the other party and the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately for any reason the Division of Public and Behavioral Health, State, and/or Federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

XI. VALIDITY AND EFFECTIVENESS OF SUBGRANT:

- A. Both parties recognize that this subgrants validity and effectiveness are conditional upon availability of funds as provided for by Congress for the purposes of this program.
- B. It is mutually understood between the parties that this subgrant may have been written prior to October 1 of the current year and before congressional appropriation of funds, for the mutual benefit of both parties in order to avoid program and fiscal delays which would occur if the subgrant were executed after October 1.
- C. This subgrant is valid and enforceable only if sufficient funds are made available to the State WIC office by the United States government for the fiscal year specified for the purposes of this program. In addition, this subgrant is subject to any additional restrictions, limitations or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this subgrant in any manner.
- D. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this subgrant may be amended or terminated, to reflect any reduction in funding to the Nevada WIC program.

XII.AUDIT:

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

XIII.RENEWAL:

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

XIV. WHOLE AGREEMENT:

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

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

SECTION C

Budget and Financial Reporting Requirements

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

Subgrantee agrees to adhere to the following budget:

THIS SPACE INTENTIONALLY LEFT BLANK

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

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 1,002,341.00		
		\$ 6,867	Public Health Program Manager - .05 FTE @ \$6,867
		120,827	Community Health Nutritionist - 1 FTE @ \$120,827
		131,177	Community Health Nutritionist – 1 FTE @ \$131,177
		99,335	Human Services Support Specialist II – 1 FTE @ \$99,335
		93,158	Human Services Support Specialist II – 1 FTE @ \$93,158
		45,069	Human Services Support Specialist II – 1 FTE @ \$45,069
		79,142	Community Health Aide – 1 FTE @ \$79,142
		80,210	Community Health Aide – 1 FTE @ \$80,210
		87,155	Community Health Aide – 1 FTE @ \$87,155
		80,663	Office Assistant II – 1 FTE @ \$80,663
		86,960	Office Assistant II – 1 FTE @ \$86,960
		81,115	Office Assistant II – 1 FTE @ \$81,115
		10,663	Pooled office assistant positions x3 @ \$10,663 yr
			**Salary includes fringe benefits (including medical, dental, vision, life insurance, Medicare, FICA, FUTA, workers comp)*
2. Travel	\$ 803.00		
		\$ 803	Mileage @ 125 miles per month 12 months x .535 = \$802.50
3. Operating	\$ 38,177.00		
		\$ 200	Medical Services @ \$200/yr. for employee screening
		50	Laundry @ \$50 for 12 months
		766	Repairs and Maintenance @ \$63.83 for 12 months = \$766
		8,500	Medical Supplies (i.e. hemacues, lancets, alcohol, gauze, exam paper, etc) @ \$708.33 x 12 months = \$8,500
		3,500	Copy Machine @ \$291.67 x 12 months = \$3,500.04
		4,000	Office Supplies (i.e. pens, paper, files, labels, markers, toner, Medfax) @ \$333.33 x 12 months = \$4,000
		150	Purchase of Books/Subscriptions to WIC related Nutrition Education/Breastfeeding materials @ \$150 yr
		200	Postage @ \$16.67 per month x 12 months for missed appointments, client notifications, voter registration materials, etc. = \$200
		1,000	Printing @ \$83.34 x 12 months = \$1,000.08
		845	Licenses/Permits/Dues @ \$845 for 12 months (i.e. laboratory licenses for certifying staff, licensure renewal for registered dieticians, fingerprinting)
		600	Registration fees for health fair/online WIC related trainings@\$600
		1,500	Purchase of education outreach materials (i.e. posters, pamphlets) printers, baby scales @ \$1,500
		16,866	\$1,405.50 per month x 12 months = \$16,866
4. Equipment	\$ 0.00		
		\$	
5. Contractual Consultant	\$ 0.00		
		\$	
6. Training	\$ 0.00		
		\$	
7. Other	\$ 20,826.00		
		\$ 20,826	Indirect Costs @ 2% of Total Direct Costs = \$1,041,320.62 x 2% = \$20,826.41
Total Cost	\$ 1,062,147.00		

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

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

The Subgrantee agrees:

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

- State WIC Program shall reimburse subgrantee monthly, and upon submission of a monthly Division of Public and Behavioral Health Request for Reimbursement with supporting documentation acceptable to the State WIC program, provided the requested amount does not exceed authorized subgrant amount. Any amount in excess of the authorized subgrant amount shall be borne by subgrantee. Monthly reports shall be submitted by the 15th of the month following service to participant. The final Request for Reimbursement report must be submitted by November 30th following the end of each Federal Fiscal Year ended September 30th.
- Maximum allowable for the term of the subgrant is **\$1,062,147.00**.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- **Allowable Expense:** Subgrantee shall be paid only for allowable expenses, as defined in the applicable regulations (OMB Uniform Guidance, Title 2, Subpart E- Cost Principles). It is the policy of the State Board of Examiners to restrict contractors/subgrantees travel to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions; see State Administrative Manual (SAM) Sections 0200.0 and 0320.0. Standard mileage reimbursement rate will be at the current Nevada State per mile rate. WIC program shall have the right to determine whether expenditures made by subgrantee from funds provided pursuant to this subgrant were made in accordance with the regulations, and to withhold payment or demand reimbursement of disallowed expenditures from subgrantee. Additional expenditure detail will be provided upon request from the Division.
- **Nutrition Education Requirement:** Subgrantee shall expend a minimum of one-sixth of all funds provided in this subgrant for nutrition education by including Time and Effort Studies and Unit Breakdown forms with Request for Reimbursements. The State WIC program shall have the right to determine if the subgrantee has fulfilled this requirement in accordance with the regulations, and to withhold payment from subgrantee for the difference between the amount expended on nutrition education and an amount equal to the one-sixth of the total subgrant.
- **Refunds:** Subgrantee shall pay the State WIC program the amounts, including any interest thereon, of any and all refunds, rebates, credits, or other amounts accruing to or received by Subgrantee for services provided by Subgrantee in performance of this subgrant from any outside source to the extent that such amounts are allocable to costs for which Subgrantee has been or may be reimbursed by State WIC program pursuant to this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division of Public and Behavioral Health are SUBJECT TO AUDIT.
- **Audit Exceptions:** Subgrantee shall pay to State WIC program any and all amounts claimed for reimbursement of WIC program funds brought against subgrantee as a result of state or federal audits.

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

- **Food Instrument Security:** Subgrantee shall pay the State WIC program any and all amounts equal to the value of EBT cards which were in their custody and were lost, misused, or otherwise diverted from WIC program purposes through negligence, fraud, theft, embezzlement, or unexplained causes. Subgrantee shall have an opportunity to submit evidence, explanation or information concerning alleged instances of non-compliance or diversion prior to a final determination being made by State WIC program as to the imposition of this requirement.

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- Providing technical assistance, upon request from the Subgrantee;
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

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

The amount of this subgrant is subject to the availability of appropriate funds from the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS). The amount of this Federal Fiscal Year (FFY) 2018 subgrant was based on several factors including a monthly average of the WIC participants served during FFY 2017 by each local agency, and the number of clinics offered by each local agency. If that monthly average of participants or the number of clinics changes in a material way, the Division may revise the amount of the subgrant for the local agency for FFY 2018 to reflect an increase or decrease commensurate with that change. Any revision may be dependent on the total grant funding provided to the Division by the USDA FNS. The Division would provide a minimum of 60 days' notice of that change to the local agency.

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 basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

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

SECTION D

Request for Reimbursement

HD #: **16163**
 Budget Account: 3214
 GL: 8516
 Draw #: _____

<u>Program Name:</u> Women, Infant and Children Program	<u>Subgrantee Name:</u> Washoe County Health District
<u>Address:</u> 400 West King Street, Ste, 300 Carson City, NV 89703	<u>Address:</u> 1001 East Ninth Street/P.O. Box 11130 Reno, NV 89520
<u>Subgrant Period:</u> October 1, 2017 – September 30, 2018	<u>Subgrantee's:</u> EIN: 88-6000138 Vendor #: T40283400Q

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	\$1,002,341.00	\$0.00	\$0.00	\$0.00	\$1,002,341.00	0.0%
2. Travel	\$803.00	\$0.00	\$0.00	\$0.00	\$803.00	0.0%
3. Operating	\$38,177.00	\$0.00	\$0.00	\$0.00	\$38,177.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contract/ Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$20,826.00	\$0.00	\$0.00	\$0.00	\$20,826.00	0.0%
Total	\$1,062,147.00	\$0.00	\$0.00	\$0.00	\$1,062,147.00	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: _____

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

Reason for contact: _____	
Fiscal review/approval date: _____	
Scope of Work review/approval date: _____	
ASO or Bureau Chief (as required): _____	Date _____

SECTION E

Audit Information Request

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

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

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?

YES NO

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

Signature

Date

Title

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

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

WASHOE COUNTY HEALTH DISTRICT – WIC

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.

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

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.

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

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

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 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,

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

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.
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,

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

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, 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

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

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 and Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

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

Covered Entity	Business Associate
Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706	_____ Business Name
Phone: (775) 684-4200	_____ Business Address
Fax: (775) 684-4211	_____ Business City, State and Zip Code
	_____ Business Phone Number
	_____ Business Fax Number
_____ Authorized Signature	_____ Authorized Signature
_____ for Amy Roukie, MBA Print Name	_____ Print Name
_____ Administrator, Division of Public and Behavioral Health Title	_____ Title
_____ Date	_____ Date

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

DD	CA	___
DHO	___	KD ___
DDA	___	___
AHSO	___	___

STAFF REPORT
BOARD MEETING DATE: September 28, 2017

TO: District Board of Health

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

SUBJECT: Approve donation of various obsolete equipment with a current market value estimated at \$-0- to other air monitoring agencies in need of such equipment coordinated by National Association of Clean Air Agencies (NACAA); and if no interest received from other air monitoring agencies, donate the equipment to The Atmospheric Sciences Program at the University of Nevada, Reno.

SUMMARY

The Washoe County District Board of Health must approve the donation of equipment to ensure there is a benefit to the citizens of Washoe County.

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

PREVIOUS ACTION

There has been no previous action taken this fiscal year.

BACKGROUND

The Washoe County Health District has five pieces of old air monitoring equipment that they would like to dispose of. Originally, the thought was to donate the equipment to the Atmospheric Sciences Program at the University of Nevada, Reno. The Atmospheric Sciences Program collaborates with the Orvis School of Nursing at the University of Nevada, Reno to help provide a greater understanding of the linkage between air quality and public health. However, in light of the recent destruction with Hurricane Harvey and Hurricane Irma, the Air Quality Management division would like to give other air monitoring agencies first right of refusal before donating to the Atmospheric Sciences Program.

In a recent publication received from NACAA, they intend to develop networks that enable clean air agencies to help each other in crisis and provide mutual assistance. NACAA will serve as a hub for its members to help each other, including helping agencies with needs connect with spares or other equipment to supplement existing supplies, to meet increased monitoring requirements, or to stand in for damaged equipment. NACAA will explore creating a spares inventory in the future for critical equipment if there is member demand.

Subject: Donation of equipment to either the Atmospheric Sciences Program at UNR or to other air monitoring agencies

Date: September 28, 2017

Page 2 of 2

Should no other air monitoring agencies be interested in this equipment, the equipment will be donated to the Atmospheric Sciences Program.

FISCAL IMPACT

Should the Board approve this donation, there will be no additional fiscal impact to the adopted FY18 budget.

RECOMMENDATION

Staff recommends the District Board of Health approve the donation of various obsolete equipment with a current market value estimated at \$-0- to other air monitoring agencies in need of such equipment coordinated by National Association of Clean Air Agencies (NACAA); and if no interest received from other air monitoring agencies, donate the equipment to The Atmospheric Sciences Program at the University of Nevada, Reno.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the donation of various obsolete equipment with a current market value estimated at \$-0- to other air monitoring agencies in need of such equipment coordinated by National Association of Clean Air Agencies (NACAA); and if no interest received from other air monitoring agencies, donate the equipment to The Atmospheric Sciences Program at the University of Nevada, Reno."

DD	CA	__	__
DHO	_____	AD	__
DDA	_____		
AHSO	_____		

STAFF REPORT
BOARD MEETING DATE: September 28, 2017

TO: District Board of Health

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

SUBJECT: Approval of Memorandum of Understanding (MOU) between the Washoe County Health District and the United States Department of Agriculture, Forest Service, Region-4, Humboldt-Toiyabe National Forest and Region 5, Lake Tahoe Basin Management Unit; and if approved, authorize the Chair to execute.

SUMMARY

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

District Board of Health strategic priority: **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

PREVIOUS ACTION

There has been no previous action taken this fiscal year.

BACKGROUND

A Smoke Management Program (SMP) balances the need for prescribed fires with the mandate of providing clean air. It requires Land Managers to address and mitigate air quality impacts before the prescribed fire occurs. Participation in the Washoe County SMP is voluntary and implemented through a Memorandum of Understanding (MOU).

The MOU includes performance and contingency measures to ensure its effectiveness. If a prescribed fire causes air quality levels to approach National Ambient Air Quality Standards (NAAQS), then the SMP will be evaluated and/or revised to protect the citizens of Washoe County. In areas with an approved SMP, the U.S. Environmental Protection Agency has the option to consider the short-term air quality impacts from prescribed fires as an anomaly and therefore, would not apply towards exceedances of any NAAQS. Approval and commitment to the MOU is a critical requirement of the SMP.

Subject: MOU between Washoe County Health District and USDA, Forest Service, Region 4 and Region 5

Date: September 28, 2017

Page 2 of 2

The District Board of Health approved a Washoe County Smoke Management Program Memorandum of Understanding with USDA Forest Service, Region 4, Humboldt-Toiyabe National Forest, and Region 5, Lake Tahoe Basin Management Unit in 2004.

The 2004 MOU was updated and presented for approval to the District Board of Health at their August 28, 2014 meeting, however, it was recently discovered that it was never fully executed by the USDA Forest Service. Air Quality staff is working closely with Byron Keely, Grants and Agreements Specialist of the Forest Service, Region 4 Acquisition Management Division to ensure that this MOU is executed properly.

FISCAL IMPACT

There will be no additional direct fiscal impact to the Washoe County Health District associated with the approval of this Smoke Management Program Memorandum of Understanding.

RECOMMENDATION

Staff recommends the District Board of Health approve the Memorandum of Understanding (MOU) between the Washoe County Health District and the United States Department of Agriculture, Forest Service, Region-4, Humboldt-Toiyabe National Forest and Region 5, Lake Tahoe Basin Management Unit; and if approved, authorize the Chair to execute.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Memorandum of Understanding (MOU) between the Washoe County Health District and the United States Department of Agriculture, Forest Service, Region-4, Humboldt-Toiyabe National Forest and Region 5, Lake Tahoe Basin Management Unit; and if approved, authorize the Chair to execute."



FS Agreement No. 17-MU-11041710-063

Cooperator Agreement No. _____

MEMORANDUM OF UNDERSTANDING
Between The
THE WASHOE COUNTY HEALTH DISTRICT
And The
USDA, FOREST SERVICE
REGION 4, HUMBOLDT-TOIYABE NATIONAL FOREST AND
REGION 5, LAKE TAHOE BASIN MANAGEMENT UNIT

This MEMORANDUM OF UNDERSTANDING (MOU) is hereby made and entered into by and between the Washoe County Health District on behalf of its Air Quality Management Division, hereinafter referred to as "District," and the United States Department of Agriculture (USDA), Forest Service, Humboldt-Toiyabe National Forest and the Lake Tahoe Basin Management Unit, hereinafter referred to as the "U.S. Forest Service."

Background: The legal foundation of smoke management is the Clean Air Act which establishes primary (public health) and secondary (welfare and environmental quality) standards for controlling air pollution. The Act also requires the Environmental Protection Agency (EPA) to set National Ambient Air Quality Standards (NAAQS) to control pollution and protect public health, safety, and welfare. The Clean Air Act establishes state-level responsibilities for preventing and controlling air pollution. The U.S. Forest Service and the District have had an agreement for managing smoke from prescribed fire operations since 2006.

Title: Washoe County Area Smoke Management

I. PURPOSE: The purpose of this MOU is to document the cooperation between the parties to establish a framework for the coordination and cooperation to implement the Washoe County Smoke Management Program (SMP) to manage and report the emissions of air pollutants generated from prescribed fire used to meet local and state objectives as well as federal resource management objectives and to facilitate communication and coordination on the smoke from wildfires. in accordance with the following provisions.

II. STATEMENT OF MUTUAL BENEFIT AND INTERESTS:

The District and U.S. Forest Service has an interest in minimizing smoke generation and impacts of smoke and loss of visibility impacts from smoke in smoke sensitive areas, including but not limited to roads, schools, hospitals, nursing homes, airports, recreational areas, and those designated by the Secretary of the Interior as Class I areas and wilderness areas with designated Class I air sheds. The District and U.S.



Forest Service benefit from communication and coordination on the smoke from wildfires to achieve their management objective

In consideration of the above premises, the parties agree as follows:

III. OBJECTIVES:

- A. To minimize smoke generation and impacts of smoke in Washoe County when prescribed burning is necessary to conduct range and forest practices. Alternative treatments shall be encouraged and used where environmentally acceptable, technologically feasible, and economically reasonable to achieve the management objective.
- B. To minimize visibility impacts from smoke in smoke sensitive areas, including but not limited to roads, schools, hospitals, nursing homes, airports, recreational areas, and those designated by the Secretary of the Interior as Class I areas and wilderness areas with designated Class I air sheds.
- C. To assist in meeting visibility goals required in the Nevada Regional Haze State Implementation Plan.
- D. To acknowledge the role of fire in Washoe County and allow the use of fire under controlled conditions to maintain healthy ecosystems while meeting the requirements of state and federal ambient air quality standards.
- E. To produce a program for the people of Washoe County that provides the opportunity for forest, rangeland, and crop residue burning while minimizing air quality impacts.
- F. To demonstrate compliance with the applicable “conformity” requirements described in federal law and regulation.
- G. To maintain and improve a system to inventory emissions from prescribed fires.
- H. To coordinate open burning among land management agencies and observe, monitor and communicate impacts.
- I. To provide technical support for the protection of affected resources and visibility.
- J. To address smoke transport issues through enhanced communication and the development of interstate and interagency agreements.

IV. THE DISTRICT SHALL:

- A. Review and process all requests for authorization of open burning in the order received within the time allocated in the Washoe County SMP.
- B. Provide and update the list of local health agency contacts at the District’s web site on an annual basis.
- C. Notify all cooperating parties of air pollution episodes in the area of burning.



- D. Collect and tabulate reports releasing one (1.0) tons or more of PM10 emissions within Washoe County during each calendar year and make the results available at the District's web site.

V. THE U.S. FOREST SERVICE SHALL:

- A. Ensure proper smoke management of prescribed fires. On a case-by-case basis, identify and implement appropriate smoke management techniques to minimize the amount and/or impact of smoke produced.
- B. Ensure each proposal for prescribed fire conforms to applicable land use plans and identifies the specific resource objective(s) to be attained.
- C. Ensure general conformity, air quality impacts, mitigation, and alternatives to prescribed burning are addressed in the appropriate National Environmental Policy Act (NEPA) documentation, as applicable.
- D. Obtain a permit from the District before initiating a prescribed burn when emissions are expected to exceed the *de minimis* quantity, over 1.0 tons of emissions, and/or when predicated by the proximity to a sensitive area.
- E. Comply with the Washoe County SMP and applicable local, state, and federal requirements.
- F. Notify the District 24-hours prior to ignition of the time, location, and duration of all prescribed burns that are initiated.
- G. Provide the District with post-burn fire activity data for prescribed fires in Washoe County. The data will include project name date, location, size, fuel type, pre-burn fuel loading, type of burn, final burn area and estimated emissions. Washoe County will provide a spreadsheet for the submittal of this information.

VI. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

- A. Comply with all applicable local, state, and federal laws and regulations in furtherance of the objectives of this Agreement.
- B. Develop and implement a SMP for reporting and coordinating burning operations within Washoe County.
- C. Review the Washoe County SMP annually and improve the SMP where feasible. Changes to the SMP shall be made with the approval of the signatories, or their designated representative, to this MOU.
- D. Participate in the development and presentation of interagency training concerning prescribed burning.
- E. Notify the cooperating parties of any policies, agreements, statutory or regulatory developments, or interstate issues that may affect the implementation of this Agreement or SMP.



- F. Work cooperatively to provide real-time air quality monitoring for the purposes of evaluating prescribed fire impacts and protecting air quality in Washoe County.
- G. Principal Contacts: Individuals listed below are authorized to act in their respective areas for matters related to this agreement.
- H. PRINCIPAL CONTACTS. Individuals listed below are authorized to act in their respective areas for matters related to this agreement.

Principal Cooperator Contacts:

Cooperator Program Contact	
JULIE HUNTER Washoe County Health District Air Quality Management Division 1001 E. 9th Street, Suite B171 Reno, NV 89512 (775) 784-7210 jdhunter@washoecounty.us	

Principal U.S. Forest Service Contacts:

U.S. Forest Service Program Manager Contact	U.S. Forest Service Administrative Contact
DUNCAN LEAO Region 4 Humboldt-Toiyabe National Forest 1200 Franklin Way Sparks, NV 89431 (775) 352-5342 dleao@fs.fed.us	JOHN WASHINGTON Region 5 Lake Tahoe Basin Management Unit 35 College Drive South Lake Tahoe, CA 96150 (530) 543-2652 jwashington@fs.fed.us

- I. NOTICES. Any communications affecting the operations covered by this agreement given by the U.S. Forest Service or the District is sufficient only if in writing and delivered in person, mailed, or transmitted electronically by e-mail or fax, as follows:

To the U.S. Forest Service Program Manager, at the address specified in the MOU.

To U.S. Forest Service Program Manager Contact, at Contact’s address shown in the MOU or such other address designated within the MOU.

Notices are effective when delivered in accordance with this provision, or on the effective date of the notice, whichever is later.

- J. PARTICIPATION IN SIMILAR ACTIVITIES. This MOU in no way restricts the U.S. Forest Service or the District from participating in similar activities with other public or private agencies, organizations, and individuals.



- K. ENDORSEMENT. Any of the District's contributions made under this MOU do not by direct reference or implication convey U.S. Forest Service endorsement of the District's products or activities.
- L. NONBINDING AGREEMENT. This MOU creates no right, benefit, or trust responsibility, substantive or procedural, enforceable by law or equity. The parties shall manage their respective resources and activities in a separate, coordinated and mutually beneficial manner to meet the purpose(s) of this MOU. Nothing in this MOU authorizes any of the parties to obligate or transfer anything of value.

Specific, prospective projects or activities that involve the transfer of funds, services, property, and/or anything of value to a party requires the execution of separate agreements and are contingent upon numerous factors, including, as applicable, but not limited to: agency availability of appropriated funds and other resources; cooperator availability of funds and other resources; agency and cooperator administrative and legal requirements (including agency authorization by statute); etc. This MOU neither provides, nor meets these criteria. If the parties elect to enter into an obligation agreement that involves the transfer of funds, services, property, and/or anything of value to a party, then the applicable criteria must be met. Additionally, under a prospective agreement, each party operates under its own laws, regulations, and/or policies, and any Forest Service obligation is subject to the availability of appropriated funds and other resources. The negotiation, execution, and administration of these prospective agreements must comply with all applicable law.

Nothing in this MOU is intended to alter, limit, or expand the agencies' statutory and regulatory authority.

- M. MEMBERS OF U.S. CONGRESS. Pursuant to 41 U.S.C. 22, no U.S. member of, or U.S. delegate to, Congress shall be admitted to any share or part of this agreement, or benefits that may arise therefrom, either directly or indirectly.
- N. FREEDOM OF INFORMATION ACT (FOIA). Public access to MOU or agreement records must not be limited, except when such records must be kept confidential and would have been exempted from disclosure pursuant to Freedom of Information regulations (5 U.S.C. 552).
- O. TEXT MESSAGING WHILE DRIVING. In accordance with Executive Order (EO) 13513, "Federal Leadership on Reducing Text Messaging While Driving," any and all text messaging by Federal employees is banned: a) while driving a Government owned vehicle (GOV) or driving a privately owned vehicle (POV) while on official Government business; or b) using any electronic equipment supplied by the Government when driving any vehicle at any time. All cooperators, their employees, volunteers, and contractors are encouraged to adopt



- and enforce policies that ban text messaging when driving company owned, leased or rented vehicles, POVs or GOVs when driving while on official Government business or when performing any work for or on behalf of the Government.
- P. PUBLIC NOTICES. It is the U.S. Forest Service's policy to inform the public as fully as possible of its programs and activities. The District is/are encouraged to give public notice of the receipt of this agreement and, from time to time, to announce progress and accomplishments. Press releases or other public notices should include a statement substantially as follows:
- " U.S. Forest Service Program Manager of the U.S. Forest Service, Department of Agriculture ."
- The District may call on the U.S. Forest Service's Office of Communication for advice regarding public notices. The District is/are requested to provide copies of notices or announcements to the U.S. Forest Service Program Manager and to The U.S. Forest Service's Office of Communications as far in advance of release as possible.
- Q. TERMINATION. Any of the parties, in writing, may terminate this MOU in whole, or in part, at any time before the date of expiration.
- R. DEBARMENT AND SUSPENSION. The District shall immediately inform the U.S. Forest Service if they or any of their principals are presently excluded, debarred, or suspended from entering into covered transactions with the federal government according to the terms of 2 CFR Part 180. Additionally, should the District or any of their principals receive a transmittal letter or other official Federal notice of debarment or suspension, then they shall notify the U.S. Forest Service without undue delay. This applies whether the exclusion, debarment, or suspension is voluntary or involuntary.
- S. MODIFICATIONS. Modifications within the scope of this MOU must be made by mutual consent of the parties, by the issuance of a written modification signed and dated by all properly authorized, signatory officials, prior to any changes being performed. Requests for modification should be made, in writing, at least 30 days prior to implementation of the requested change.
- T. COMMENCEMENT/EXPIRATION DATE. This MOU is executed as of the date of the last signature and is effective through July 15, 2022 at which time it will expire.
- U. AUTHORIZED REPRESENTATIVES. By signature below, each party certifies that the individuals listed in this document as representatives of the individual parties are authorized to act in their respective areas for matters related to this MOU.



In witness whereof, the parties hereto have executed this MOU as of the last date written below.

KITTY JUNG, Chair Date
Washoe County Health District, Washoe County District Board of Health

WILLIAM A. DUNKELBERGER, Forest Supervisor Date
U.S. Forest Service, Humboldt Toiyabe National Forest, Region 4

JEFF MARSOLAIS, Forest Supervisor Date
U.S. Forest Service, Lake Tahoe Basin Management Unit, Region 5

The authority and format of this agreement **17-MU-11041710-063** have been reviewed and approved for signature.

BYRON KEELY Date
U.S. Forest Service Grants Management Specialist

Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0217. The time required to complete this information collection is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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DDA	<u> </u>
Risk	<u> </u>

STAFF REPORT
BOARD MEETING DATE: September 28, 2017

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: Approval of the Workforce Development Plan.

SUMMARY

The Health District staff has developed an action plan to achieve implementation of the Workforce Development Plan. The Workforce Development Plan includes strategic priorities, and goals and objectives that will:

- Expand workforce capacity to best meet the needs of our stakeholders and customers through direct service delivery and population-based public health practice.
- Improve WCHD’s supportive work environment
- Improve performance of WCHD staff
- Meet requirements for Public Health Accreditation Standards and Measures 1.5 within Domain 8: “Maintain a Competent Public Health Workforce”.

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

PREVIOUS ACTION

On September 22, 2016 the DBOH moved to accept a Subgrant Award from the State of Nevada Department of Health and Human Services’ Division of Public & Behavioral Health effective October 1, 2016 through September 30, 2017, to support the assessment and development of the Health District Workforce Development Plan, and authorize the District Health Officer to execute the Subgrant Award. The grant scope of work included DBOH approval of the Workforce Development Plan.

BACKGROUND

In May of 2016, the WCHD BOH approved the FY 2017-2020 WCHD Strategic Plan. Throughout the strategic planning process leadership expressed a need to support workforce development opportunities across all Divisions and for all Health District staff. To ensure our Health District staff met the current and future needs of the community, leadership must examine the competencies and skill levels of all employees at all levels to determine both proficiencies and skill gaps in order to develop competencies and productivity of the workforce. This process supports identification of appropriate training for staff on an individual and organizational, as well as development of a Workforce Development Plan that meets the needs of the staff and the Health District for development of our most valuable resource, our workforce.

In June of 2016, the WCHD BOH approved the District Health Officer and staff to pursue accreditation through the Public Health Accreditation Board and to provide semi-annual progress reports to the District Board of Health. Through completion of the PHAB Accreditation Readiness Checklist and discussions with the recently accredited Carson City Health and Human Services, it was determined that the Health District complete a workforce development plan, a performance management plan and a branding strategy plan.

The workforce development plan serves to address the documentation requirement for Public Health Accreditation Standard 8.2.1: Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.

FISCAL IMPACT

There is no additional fiscal impact to the FY18 budget should the Board approve the Washoe County Workforce Development Plan.

RECOMMENDATION

Staff recommends the District Board of Health approve the Workforce Development Plan as presented.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the Workforce Development Plan."

WASHOE
COUNTY
HEALTH
DISTRICT

ENHANCING
QUALITY OF LIFE

[WORKFORCE DEVELOPMENT PLAN]

This document provides a comprehensive workforce development plan for Washoe County Health District

For approval by the District Board of Health
September 28, 2017

Table of Contents

Record of Changes to the Plan.....	1
Introduction and Purpose	2
Agency Overview	2
Location and Population Served	3
Governance.....	4
Board of Health Members	5
Organizational Structure.....	5
Learning Culture.....	5
Funding	6
Workforce Policies	6
Workforce Profile.....	6
Current Workforce Demographics.....	6
Future Workforce.....	7
Competencies & Education Requirements	8
Washoe County All Employee Competencies.....	8
Washoe County Health District Competencies.....	9
Other Competencies	9
Training Needs	10
Competency Assessment Results.....	11
Quality Improvement Assessment Results	12
Training Committee	12
Curriculum & Training Schedule	13
Mandatory Training	13
Other Available Training Options.....	14
Health Equity Training Needs.....	18
Other Training Needs.....	18
Barriers and Solutions	18
Goals, Objectives & Implementation Plan	21
Introduction	21
Roles & Responsibilities	21
Goals and Objectives.....	22
Communication Plan.....	23
Alignment with the Strategic Plan	23
Evaluation & Tracking	25
Trainings.....	25
Workplan.....	25
Review of Plan.....	25
Conclusion.....	25

Introduction and Purpose

Workforce development and training is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities. Workforce development opportunities identified in this plan are aligned to the Washoe County Health District strategic priorities as outlined in the Strategic Plan.

This document provides a comprehensive workforce development plan for Washoe County Health District (WCHD). It also serves to address the documentation requirement for Public Health Accreditation Standard 8.2.1: *Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*¹

Agency Overview

Vision: A healthy community

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

Core Values:

- Trustworthiness: appropriate allocation of resources, spend prudently, stewardship
- Professionalism: ethics, education, accountability
- Partnership & Collaboration: be flexible, adapt, be accessible, be proactive, innovate and create

Strategic Direction: Leaders in a unified community making measurable improvements in the health of its people and environment.

Strategic Priorities:

1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
3. **Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. **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.
6. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

¹ PHAB. (2014). Public health accreditation board: Standards and measures. Retrieved from: <http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/>.

Guiding Principles:

- **Being data-driven:** The use of quality data to both educate policy makers and guide internal decision making.
- **Technology enabled:** Embracing innovations in communication to enhance reach, effectiveness and efficiency.
- **Work through with partners:** Understanding public health is a community-wide effort and resources can be leveraged to address the community's needs.
- **Improving the system:** Being capable of influencing environmental and policy changes at the local, state and national level.
- **Impact of growth:** Preparing anticipated community growth within all planning.
- **Developing the workforce:** Fostering a quality workforce to meet the needs of the community.

Location and Population Served

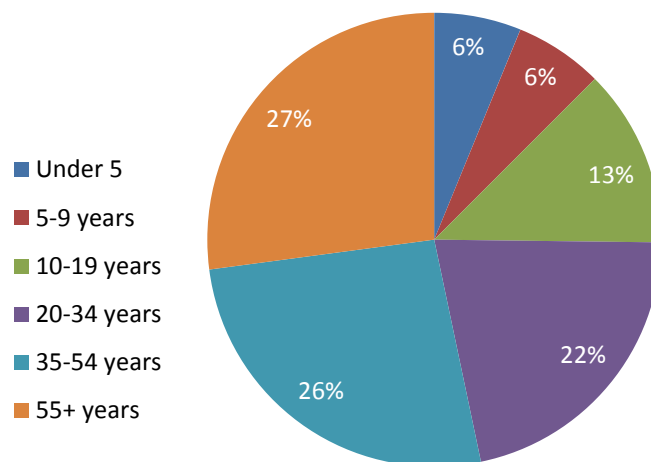
By the authority established through Nevada Revised Statutes (NRS 439.370 et seq.) and the 1972 Interlocal Agreement (last amended 1993), the Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health.²

Washoe County is a 6300-square-mile jurisdiction that spans portions of Nevada's western and northern borders with California and Oregon respectively. The County parallels the eastern slope of the Sierra Nevada Mountains and includes such major natural features as high desert, Lake Tahoe, Pyramid Lake, the Truckee River (which joins the two lakes), and the Carson Ranger District of the Humboldt Toiyabe National Forest.³

In addition to the cities of Reno and Sparks, about 1% of unincorporated Washoe County, or approximately 51,000 acres, is developed. With a total estimated population of 453,616 in 2016.⁴ Washoe County has two incorporated municipalities;

Washoe County, Nevada Demographics by Age, 2015

American Community Survey



² WCHD. (2017). Washoe County Health District. About Us. Retrieved from: <https://www.washoecounty.us>.

³ WCHD. (2014). Department emergency management plan. Retrieved from: <http://tlc.washoecounty.us/health/files/WCDHD/Washoe-County-Health-District-Department-Emergency-Management-Plan.pdf>.

⁴ U.S. Census Bureau. (2016). QuickFacts: Washoe County, Reno, and Sparks, Nevada. Retrieved from: <https://www.census.gov>.

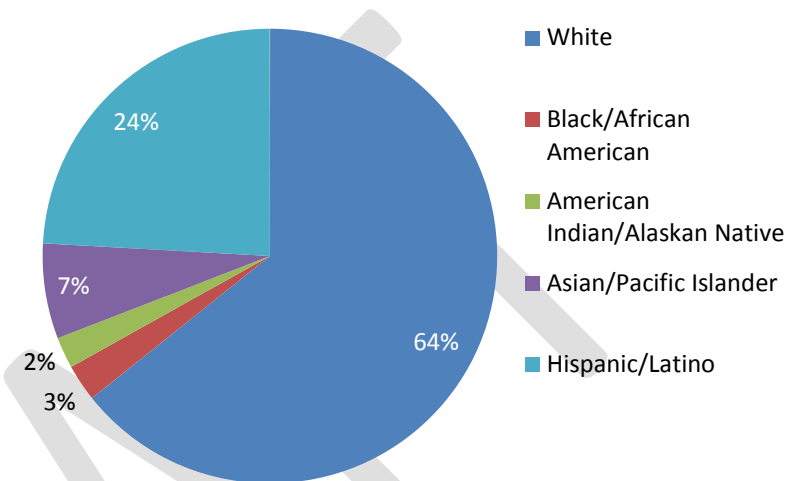
Reno and Sparks. The City of Reno is the County Seat and the third largest city in Nevada, behind Las Vegas and Henderson. Reno’s population is approximately 241,445. The City of Sparks is home to approximately 96,094 while the remaining 116,077 live in unincorporated Washoe County, including New Washoe City, the Virginia Foothills/Toll Road area, and the County’s ten Census Designated Places³:

- Cold Springs
- Gerlach-Empire
- Incline Village – Crystal Bay
- Lemmon Valley – Golden Valley
- Nixon
- Spanish Springs
- Sun Valley
- Sutcliffe
- Verdi-Mogul
- Wadsworth

In addition to these communities, The Paiute Indian Tribal Council administers the Pyramid Lake Indian Reservation, and the Reno-Sparks Indian Colony Tribal Council administers land in Lemmon Valley and Hungry Valley.³

Washoe County Demographics, Race/Ethnicity, 2015

American Community Survey



Governance

By the authority established through Nevada Revised Statutes (NRS 439.370 et seq.) and the 1986 Interlocal Agreement (last amended 1993), the Washoe County District Board of Health is a policy-making board composed of seven members, which includes two representatives each from Reno, Sparks, and Washoe County, and a physician licensed to practice medicine in Nevada.

The District Board of Health, through the Washoe County Health District, has jurisdiction over all public health matters in the Health District. Members of the District Board of Health serve four-year terms. Each member may be re-appointed in the same manner as their original appointment to serve not more than two additional terms.

The responsibilities of the District Board of Health are set forth under Chapter 439 of the Nevada Revised Statutes and the Interlocal Agreement. The District Board of Health shall:

- Protect and promote the public health and the environment within the health district through the abatement of nuisances, the regulation of sanitation and sanitary practices; the sanitary protection of water and food supplies, and the suppression and control of contagious or infectious diseases.
- Be responsible for assessment, monitoring, and surveillance of health problems within the district and identify needs as well as resources for dealing with them.
- Be responsible for policy development and leadership that foster local involvement and a sense of ownership, that emphasizes health district needs, and that advocates equitable distribution

of public resources and complementary private activities commensurate with health district needs.

- Be responsible for assurance that high quality services needed for the protection of public health within the health district are available and accessible to all persons.

Board of Health Members:

- Chair – Kitty Jung, Washoe County Commissioner
- Vice Chair – John Novak, DMD, City of Sparks Non-Elected Appointee
- Michael D. Brown – City of Reno Non-Elected Appointee
- George Hess, MD, District Board of Health Appointee
- Oscar Delgado, Reno City Councilman
- Kristopher Dahir, Sparks City Councilman
- Tom Young, Non-Elected Washoe County Appointee

Organizational Structure

The Washoe County Health District (WCHD) is comprised of 151 full and part-time employees led by the District Health Officer (Organizational charts are in appendix A).

There are six divisions that make up WCHD:

- The Office of the District Health Officer (ODHO), Kevin Dick
- Administrative Health Services (AHS), Anna Heenan
- Air Quality Management (AQM), Charlene Albee
- Community and Clinical Health Services (CCHS), Steve Kutz
- Environmental Health Services (EHS), Vacant
- Epidemiology and Public Health Preparedness (EPHP), Dr. Randall Todd

Learning Culture

Washoe County Health District (WCHD) supports a culture of professional development by enabling employees to acquire new skills through conferences, training seminars, and education at local learning institutions.

The workforce development plan is an investment leading to increased competency, productivity, job satisfaction and an enrichment of organizational culture. This plan will institutionalize the department’s commitment to professional growth while adding value to the employee and the team. By creating a culture of continuous learning, WCHD will assure a workforce that is prepared to meet new challenges and increased demands of public health priorities in the future.

Funding

Budgeted revenues for Washoe County Health District (WCHD) come from licensing and permits, grant funding, restricted intergovernmental funding, charges for services, the County General Fund, and miscellaneous revenue from supporting agencies who invest in a particular project.

Workforce Policies

The WCHD Curricula and Training Schedule and other affiliated workforce policies and procedures are tracked internally by Administrative Health Services (AHS) in conjunction with Washoe County Human Resources.

A Washoe County Health District Policy Manual is discussed with all employees who attend the Washoe County New Employee Orientation through Washoe County Human Resources. Policies, procedures and forms are listed online: <https://www.washoecounty.us/humanresources/Policies/policiesfullisting.php>.

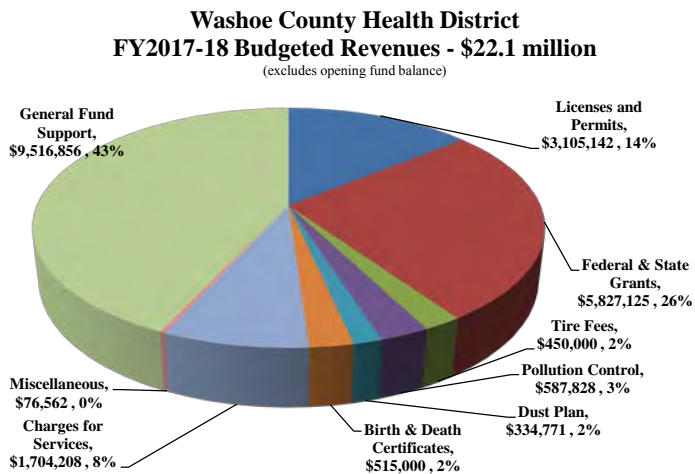
Washoe County encourages lifelong learning and the professional development of all employees. Washoe County Human Resources provides workforce development and training.⁵ The Human Resources Workforce Development team is responsible for providing: workforce planning research, analysis and action plan development; learning and performance; succession management; strategic workforce planning in departments; support for employees with individual development plans linked to county priorities; and, management and implementation of county training programs in alignment with Board of County Commissioners priorities, goals and objectives. They also provide many resources to employees such as a Manager's Toolkit, an Excellence in Public Service (EPS) certificate program, New Employee Orientation, a Learning Center, and other training resources for continuing education.⁵

Workforce Profile

This section provides a description of Washoe County Health District's (WCHD) current and anticipated future workforce needs.

Current Workforce Demographics

The table below summarizes the demographics of Washoe County Health District's current workforce as of July 1, 2017. The numbers reflect a retirement assumption at 63 years of age or 30 years of County service.



⁵ Washoe County. (2017). Workforce development and training. Retrieved from: <https://www.washoecounty.us/humanresources/Workforcedevelopment/index.php>.

Washoe County Health District Workforce Demographics		
Category	# or %	
Total # of Employees:	182	
# of FTE:	151.57	
Current Vacancies	5	
% Paid by Grants:		
% Paid by General Fund:	32.5% (approx. 49 FTE)	
% Paid by Grants:	67.5% (approx.. 101.8 FTE)	
Gender:		
Female:	129	
Male:	48	
Race/Ethnicity:		
Hispanic:	32	
White/Caucasian:	136	
Black/African American:	2	
Asian/Pacific Islander:	11	
American Indian/Alaskan Native:	1	
Age:	<i>Permanent Employees</i>	<i>Intermittent Employees</i>
<20:	2	9
20 – 29:	10	6
30 – 39:	28	5
40 – 49:	44	7
50 – 59:	42	3
>60:	11	15
Management:		
Supervisors and Managers:	15	
Leadership/Administration:	6	
Professional Disciplines/Credentialed:		
Nurses:	42	
Dieticians:	2	
Registered Environmental Health Specialists:	30	
Medical Consultants (contracted):	6	
Other Non-Credentialed Disciplines:		
Epidemiologists:	3	
Engineers:	2	
Health Educators:	7	
Employees <5 Years from Retirement (<i>does not include intermittent hourly employees</i>):		
Management:	2	
Non-Management:	13	
Employees with 25 or more years of Service	12	

Future Workforce

The 182 full and part-time staff at WCHD is dynamic and ever changing. Projections from the most recent quarterly report indicate; within the next five years 10% of the organization’s seasoned employees will be eligible to retire including those in 4 key positions. The quarterly report obtained from HR includes relevant demographic data pertinent to recruiting and retention efforts. In addition to potential retirements there are current and expected changes in public funding that will influence the

landscape of public health; creating a need for new trainings and educational opportunities. In efforts to adapt to the changing landscape, the District Health Officer works collaboratively with Human Resources and Division Directors to develop a succession plan that will build a bench of potential future public health leaders.

As we look towards the future, the complexity and reality of a strong workforce in Washoe County will demand much of its staff as evidenced by the multi-tiered public health competencies. By investing in our employees and continuing to build our training program we will retain current employees, prepare the workforce for all-hazard emergencies and enhance the competencies of management staff. Therefore, we must look at the ability to cross train staff in different programs and positions. Future public health professionals will need to know the evidence-based best practice approaches to improve public health outcomes and be equipped to implement and evaluate these approaches as well as use the evidence base to construct and evaluate new and innovative approaches to a variety of health issues. Simultaneously, public health professionals will need to adapt to the ever-changing world of technology as it is being incorporated and will continue to be implemented in order to meet the demands placed on the public health workforce.

In order to support a capable and qualified workforce, WCHD coordinates several internal programs to build the capabilities and competencies of our managers and future leaders. Training topics are selected based on training needs assessment results, current topics of importance to the department and suggestions from staff.

This workforce development plan will list some basic steps that the Health District will take to ensure our employees have the appropriate skills and competencies necessary to tackle public health problems of the future.

Competencies & Education Requirements

Washoe County All Employee Competencies⁶

All Washoe County employees abide by four overarching competencies:

- **Functional/Technical Proficiency** – Appropriate knowledge, skills and ability to perform essential job functions with a clearly demonstrated understanding of the work environment, policies and processes.
- **Interpersonal Effectiveness** – Ability to communicate effectively and provide customer service with respect for personal relationships and teamwork.
- **Organizational Systems Awareness** – Thorough knowledge of the County system with a demonstrated ability to maintain ethics and integrity while engaged in a culture of quality improvement.
- **Personal Development** – Maintenance of accountability over one’s own actions while adapting to change and continuously learning.

In addition, all Washoe County supervisors must abide by:

⁶ WCHD. (2015). Washoe County employee competencies. Retrieve from: https://www.washoecounty.us/humanresources/files/hrfiles/Core_Competencies_2_1_15.pdf.

- **Managing Others** – Recognizing the need to make decisions, developing organizational talent, acting as a trustee of the County’s resources, articulating a vision through leading and inspiring others, planning and organizing programs and projects, encouraging diversity in the workplace, and valuing equity and fairness.

Washoe County Health District Competencies

The Council on Linkages Between Academia and Public Health Practice has identified Core Competencies for Public Health Professionals as defined by the 10 Essential Public Health Services.⁷ These guiding competencies reflect foundational skills desirable for professionals engaging in public health practice, education, and research. Washoe County Health District (WCHD) has adopted these core competencies as guiding benchmarks to evaluate staff skills and training needs to increase the effective delivery of public health services. Competencies include gradient skills in the following domains:

1. **Analytical/Assessment** - Identifies factors that affect the health of a community through quantitative and qualitative data and identifies gaps and community resources to alleviate gaps in services (e.g. equity, income, education, and environment).
2. **Policy Development/Program Planning** – Contributes to community health improvement through developing policy changes and/or program goals and objectives.
3. **Communication** – Provides culturally competent information to the public to influence behavior and improve health.
4. **Cultural Competency** – Recognizes and supports the diversity of individuals and populations addressed in policies, programs and services that affect the health of a community.
5. **Community Dimensions of Practice** – Recognizes/Establishes relationships in the community at all levels that may influence health in the community.
6. **Public Health Science** – Understands/Applies the use of public health sciences (e.g. epidemiology, biostatistics, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of public health.
7. **Financial Management and Planning** – Adheres to, manages, or implements policies and procedures of the governing body or administrative unit that oversees the organization and activities therein (e.g. budgets).
8. **Leadership and Systems Thinking** – Understands and/or contributes to a larger inter-related system of organizations that influence the health of populations at the local, state and national levels.

Other Competencies

It is recognized that some job positions will go above and beyond the general core competencies specified above and that some employees will be held to job-specific competencies to ensure certification within their fields of expertise.

⁷ Public Health Foundation. (2014). About the core competencies for public health professionals. Retrieved from: http://www.phf.org/programs/corecompetencies/Pages/About_the_Core_Competencies_for_Public_Health_Professionals.aspx.

Multiple public health–related disciplines require continuing education for ongoing licensing/practice. Licenses held by staff, and their associated continuing education (CE) requirements, are shown in the table below. Certifications are available and may be encouraged by WCHD.

Discipline	Nevada CE Requirements/ Certifications Recommended
Nursing	30 contact hours every 2 years
Advanced Nurse Practitioner ⁸	30 + 15 CEUs specific to specialty
Registered Environmental Health Specialist	12 CEUs per year
Pesticide Certificate	12 CEUs every 3 years
Dietitian	75 CEUs every 5 years
Certified Health Education Specialist ⁹	75 CEUs every 5 years
Certified Public Health ¹⁰	50 CEUs every 2 years

Training Needs

Washoe County Health District (WCHD), through a culture of quality improvement, continuously supports and promotes workforce development to improve employee competence. This is done through progressive, evidence-based and efficient training programs to improve public service which in turn, increase efficiency, economy, and helps to build and retain a skilled workforce.

Additional workforce training needs will be identified within new hire training requirements and will be offered to employees through Human Resources, the Learning Center, and through partner organizations such as the Nevada Public Health Training Center at the University of Nevada, Reno. WCHD will continue to assess professional needs and competencies every two-years to keep up with the evolving demands of the workforce. It will be the responsibility of the employee and management, working in partnership; to assure training goals and needs are met for each employee.

⁸ Nevada State Board of Nursing. (2017). Retrieved from: <http://nevadanursingboard.org/education-and-continuing-education/continuing-education/>.

⁹ NCHCEC. (2017). Continuing education. Retrieved from: <https://www.nchec.org/continuing-education>.

¹⁰ CPH. (2017). Recertification requirements. Retrieved from: <https://www.nbphe.org/stay-certified/>.

Competency Assessment Results

WCHD Division where participant is employed (n=109)		
	N	Percent
Administrative Health Services	8	7.3%
Air Quality Management	16	14.7%
Community and Clinical Health Services	39	35.8%
Environmental Health Services	31	28.4%
Epidemiology and Public Health Promotion	12	11.0%
Office of the District Health Officer	3	2.8%
Total	109	100%

Washoe County Health District (WCHD) partnered with the Western Region Public Health Training Center in Arizona and the Nevada Public Health Training Center (NPHT) at the University of Nevada, Reno to conduct a workforce development survey identifying employee training needs and confidence in implementing foundational skills identified through the

Core Competencies for Public Health Professionals. This survey was conducted in April of 2017. Of the 151 FTE employees at WCHD, 72% (109) completed the online survey.

Of these participants, 56% classified themselves as Public Health Professionals, followed by managers and supervisors (14.7%) and support staff (9.2%).¹¹ The most common degree held by participants was a Bachelor of Science (BS, 35.7%) degree, followed by being a Registered Nurse (11.4%). Only 3.2% of participants had no degree or certification.

Overall, the trainings participants felt they most needed were: Microsoft Office (25.7%), SharePoint (16.5%), client confidentiality and HIPAA (16.5%), quality improvement (15.6%), discrimination and sexual harassment (13.8%). Trainings participants felt they wanted to take were: Program budgeting (21.1%), how to summarize information effectively (21.1%), conflict management (21.1%), managing through an ever-changing environment (20.2%), and leadership skills (19.3%). The trainings that participants both wanted and needed were: Microsoft Office (13.8%), De-escalation training (11.0%), leadership skills (9.2%), community mobilization and engagement (8.3%), literature reviews and web searches 101 (8.3%). In addition, there were expressed needs for trainings around program evaluation and cultural competency.

Summary of Degrees (number of participants=109; number of responses=185 as participants may hold multiple degrees and/or certifications)		
	N	Percent
AA/AS	15	8.1%
BS	66	35.7%
BA	9	4.9%
REHS/RS	16	8.6%
RN	21	11.4%
MA/MS/MBA/MSW	18	9.7%
MPH	12	6.5%
Doctorate	3	1.6%
Other	18	9.7%
None	6	3.2%
Missing	1	0.5%
Total	185	100%

¹¹ Nevada Public Health Training Center. (2017). Washoe county health district: Self-assessment report.

Quality Improvement Assessment Results

Beginning in 2015, Washoe County Health District (WCHD) implemented an annual Quality Improvement (QI) Survey. In FY 2016-2017, 78% (118) employees at WCHD completed the survey. Employees were able to comment on five overarching topics: QI in relation to one's work at WCHD, QI as it relates to WCHD as a whole, QI and the leadership team, QI and co-workers, and any open-ended comments for additional feedback. Although many employees felt they had a better understanding of QI and how it helped the customers of WCHD, there seemed to be stress associated with QI as it pertained to other competing priorities. Comments emphasized an ever increasing workload and being overwhelmed with multiple priorities. Many employees said they use data for planning and decision-making (85%) and participate in improving work processes (89%). Although 90% of employees stated solving problems through teamwork was an important part of the culture, several people in the competency assessment stated teamwork and team building were a needed training. There was a 10% decrease in the number of staff who felt they were involved in the decision making process from the previous year. Staff also seemed to express they were not allowed enough time to participate in group problem-solving (34%), which is a 19% increase from the previous year. The above comments may be contributing to low morale among employees.

Training Committee

Washoe County Health District (WCHD) will utilize the Division Directors and Supervisors as the internal training committee. This internal committee will work closely with the Washoe County Human Resource Workforce Development Team and the Training Partners Group to further develop training needs and leverage training opportunities across all County departments.

Curriculum & Training Schedule

Mandatory Training

The table below lists the training required by Washoe County Health District (WCHD) by county, state or federal mandate. Mandatory trainings for Confidentiality/HIPAA and Quality Improvement should meet some of the training needs expressed in the competency assessment. Quality Improvement Trainings are relatively new to the Health District, beginning in 2015.

Washoe County Health District Curricula and Training Schedule					
Training	Description	Target Audience	Competency	Frequency	Resources
New Hire Orientation	Introduction to WCHD	All new hires		Upon hire	Human resources
Washoe County New Hire Orientation	Introduction to Washoe County (general)	All new hires, permanent, full-time only		Within 3 months of hire	Human resources
Defensive Driving	Safe operation of vehicles	All staff		Upon hire & every 2-3 years	Washoe County Learning Center
Drug Awareness	Alcohol and drug education	All staff		Upon hire & every 2 years (yearly for supervisors)	Washoe County Learning Center
FEMA ICS: <ul style="list-style-type: none"> • 100b • 700a • 200b 		All staff	1,2,3,4,5,6,7,8	Once upon hire	FEMA training website
Workplace Violence (FEMA ICS 907)	Occupational safety and health	All staff		Upon hire & every 2 years	FEMA training website
County policy training on harassment/discrimination (online)	County sexual harassment and discrimination policies	All staff	4	Upon hire & every 2 years	Intranet
Confidentiality/HIPAA	Patient and client confidentiality rights	All staff	1,7,8	Upon hire & every 2 years	Washoe County Learning Center
Quality Improvement	Training on continuous quality improvement cycle	All staff, permanent, full-time only)	7,8	Upon hire & every 2 years	Ohio State University, Center for Public Health Practice

Washoe County Health District Curricula and Training Schedule (continued)

Washoe County Health District Employee Policy Manual	Documents policies related to WCHD employment	All staff		Upon hire & every two years or when updated	Intranet
Policy Review: <ul style="list-style-type: none"> • Health District Emergency Action Plan • County Evacuation Policy & Procedure • Infection and Bloodborne Exposure Control Plan (IBEC Plan) • County Emergency Action Plan • County Values/Mission/Strategic Direction & Objectives • County Code of Conduct • County Public Records Policy • County Internet & Intranet Use policy 	Review of various internal policies	All staff		Upon hire, every 2-3 years, or when updated IBEC Plan, Refresher for specific positions only	Intranet

Other Available Training Options

Washoe County Health District (WCHD) has access to the many resources that Washoe County makes available to every County employee. This includes the Washoe County Learning Center, which provides additional trainings to foster workforce development. Additionally, anybody can apply for a Washoe County Library card, which will give them access to Lynda.com at no cost. Lynda.com is an online technology that provides learning modules about business, software, technology and skill building. Another free resource for public health professionals is TRAIN. TRAIN is a national learning network that provides thousands of quality training opportunities to more than one million professionals who protect and

improve the public’s health.¹² Lastly, more specific trainings can be requested from the Nevada Public Health Training Center at the University of Nevada, Reno. Although there is a cost for these programs, County employees may apply for tuition reimbursement from an accredited academic institution to improve their career development.¹³

The table below provides examples of trainings currently available to meet the needs expressed in the competency assessment implemented by the Nevada Public Health Training Center¹¹:

Core Competency Training Schedule				
Training	Description	Competency	Schedule	Resources
Advanced Leadership and Practice	Leadership skills to work effectively in the ever changing public health environment	3,8	Optional, encouraged	TRAIN
Conflict Resolution	Strategies for effective conflict resolution	3	Optional, encouraged	Washoe County Learning Center
Continuous Process Improvement	Tools and techniques to improve work processes	2	Optional, encouraged	Washoe County Learning Center
Communication Skills	Strengthen or develop communication skills	3	Optional, encouraged	Washoe County Learning Center
Diversity and Cultural Competency in Public Health Settings	Awareness and knowledge to incorporate diversity and cultural competency concepts, tools, and techniques	4,5	Optional, encouraged	TRAIN
Roots of Health Inequity ¹⁴	Exploring social processes that produce health inequities in the distribution of disease and illness	4,5	Optional, encouraged	NACCHO
Essentials of High Performing Teams	A series of courses addressing continuous process improvement, healthy team dynamics, managing change, meeting management and more	3,8	Optional, encouraged	Washoe County Learning Center
Health Literacy and Public Health: Introduction	Introduces the concept and strategies to improve public health messaging	3,4	Optional, encouraged	TRAIN
Healthy Team Dynamics	Techniques and competencies to help employees be more effective in the team dynamic	3,8	Optional, encouraged	Washoe County Learning Center

¹² Public Health Foundation. (2017). TRAIN learning network. Retrieved from: www.train.org.

¹³ Washoe County. (2017). Washoe county tuition reimbursement policy. Retrieved from: https://www.washoecounty.us/humanresources/files/hrfiles/Tuition_Reimbursement_Policy_and_Process.pdf.

¹⁴ NACCHO. (n.d.). Roots of health inequity. Retrieved from: <http://www.rootsofhealthinequity.org/>.

Core Competency Training Schedule (continued)

Introduction to Evaluation (Modules 1 and 2)	A two-part series to introduce the basic steps of program evaluation to public health professionals	1,6,7	Optional, encouraged	TRAIN
Introduction to Literature Searching	General overview of skills for evidence-based literature searching	6	Optional, encouraged	TRAIN
Leadership, Strategic Planning and Systems Approaches	Web-based training to think strategically about the types of decisions made in public health organizations	3,8	Optional, encouraged	TRAIN
Meeting on Common Ground	Practical skills for creating a respectful and inclusive workplace by highlighting the importance of personal responsibility for living the Washoe County Values by promoting tolerance, respect, and appreciation of differences	4,5	Optional, encouraged	Washoe County Learning Center
Microsoft Office Suite <ul style="list-style-type: none"> • Excel Level I, II • Outlook • PowerPoint • Word Level I, II 	Technology training on how to use Microsoft Office products		Optional, encouraged	Washoe County Learning Center
Mobilizing Community Assets	Six modules addressing clear and practical ways to mobilize the capacities of local residents, empower citizens and building upon established resources	2,3,5,8	Optional, encouraged	TRAIN
Peer Today, Boss Tomorrow	A class designed for becoming a supervisor	3,8	Optional, encouraged	Washoe County Learning Center
Planning and Budgeting for Public Health: The Budget	Introductory course to understand public health finance	7	Optional, encouraged	TRAIN
Public Health and You Series: <ul style="list-style-type: none"> • Introduction • Behavioral, Social and Community Health • Environmental Health • Epidemiology and Biostatistics • Public Health Administration 	A web-based training series to increase knowledge of the public health sciences	1,6	Optional, encouraged	TRAIN

Core Competency Training Schedule (continued)

<p>Quality Improvement Series</p> <ul style="list-style-type: none"> • Affinity Diagrams • Brain Writing • Fishbone Diagrams • Histograms • Pareto Charts • Workplace Refocus • Radar Charts • Scatter Diagrams • Force Field Analysis • Prioritization Matrices • Run Charts 	<p>A quality improvement series that focuses on various QI tools used to identify problems, organize ideas, and present data for program planning.</p>	<p>7,8</p>	<p>Optional, encouraged</p>	<p>TRAIN</p>
<p>Transitioning from Manager to Leader</p>	<p>Proven strategies to help shift the mindset from manager to Leader</p>	<p>3,8</p>	<p>Optional, encouraged</p>	<p>Lynda.com with Washoe County Library card, access through intranet Human Resources</p>

Health Equity Training Needs

The Washoe County Health District (WCHD) is committed to inclusion of diversity at all levels of the organization. Diversity adds significant value and enriches the community in which WCHD serves. Through diversity, WCHD is able to deliver quality service to all customers. A diverse workforce requires an inclusive environment built on a foundation of respect for individual differences, values, and perspectives.¹⁵ Departments of Washoe County have been implementing inclusion programs into their departmental culture for at least a decade. WCHD follows the lead of Washoe County. Every two years, Washoe County releases an Equal Employment Opportunity Plan (EEO) with a utilization report.

The Washoe County Health District is committed to developing and maintaining public health services and materials that are culturally competent, consumer-guided, and community-based. In July, 2017, the Cultural and Linguistic Competence Policy Assessment developed by the National Center for Cultural Competence, Georgetown University Center for Child and Human Development was conducted by the management team of the WCHD. The assessment identified training needs based on seven categories: knowledge of diverse communities, organizational philosophy, personal involvement in diverse communities, resources and linkages, human resources, clinical practice, and engagement of diverse communities. The Cultural Competency Assessment identified two areas needing attention: Personal Involvement in Diverse Communities and Organizational Philosophy. It was also found that the Health District makes every effort to reach out to the entire community regardless of culture or languages and will focus on particular cultures when it is important for the Public Health of the community.

Cultural competence is an essential requirement for our organization to provide effective services to our diverse populations. This commitment to the community is outlined in the Culturally and Linguistically Appropriate Services (CLAS) Policy found in Appendix B, and will be presented for adoption to the District Board of Health in 2017. Due to the diversity of positions and specialties employed, it will be the Division Directors and Supervisors responsibility to identify the cultural competency needs of programs and positions under their direction and identify training resources available to these staff to meet these needs. Additionally, as part of the policy for culturally and linguistically appropriate services, staff will be provided a training website to address identified gaps through targeted training to meet the needs of a culturally and linguistically diverse community.

Other Training Needs

Through a series of meetings with division directors, additional training needs and/or recommendations were identified specifically for their employees. Trainings recommended by the directors were a result of direct observation of employees and previous requests for additional training in certain areas by their staff. In general, the recommended trainings and identified workforce needs are aligned with those identified in the Workforce Training Needs Assessment.

¹⁵ Washoe County. (2017). Diversity. Human Resources. Retrieved from: <https://www.washoecounty.us/humanresources/Careers/diversity.php>.

Barriers and Solutions

The majority of identified barriers to the development of an adequate and properly trained workforce rest within our adaptability to changing conditions. Increased workloads and funding challenges are clear examples of barriers we currently face when trying to meet the educational needs that are required to develop current and future workforce competencies of our employees. As a result, the WCHD will foster a culture of professional development that will enable its employees to acquire new skills and build a long-lasting and satisfying career within the organization. The management team and supervisors will proactively plan for future successions by developing employee competence through progressive and efficient training programs and use best practices to provide performance excellence. It is the responsibility of the employee and their immediate supervisor, working in partnership; to assure personal and professional development goals and opportunities are met. The individual's learning plan will be routinely discussed during performance evaluations and documented on employee evaluation forms. Through partnership with Human Resources, the Learning Center, and through partner organizations such as the Nevada Public Health Training Center at the University of Nevada, Reno, we will seek opportunities to provide our employees with professional development opportunities via the web, video conferencing and on-demand.

DRAFT

**Washoe County Health District
Workforce Development Plan
2018-2021
Goals, Objectives & Implementation Plan**

Introduction

A Workforce Development Plan was developed based on data from the public health skills and competency survey administered by the Nevada Public Health Training Center in conjunction with the Training Committee’s feedback. This section provides information regarding training goals, objectives, resources, roles and responsibilities to implement this plan.

Roles & Responsibilities

Role	Responsibility
Board of Health	Ensure resource availability to implement the workforce development plan
District Health Officer	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of the agency succession plan.
Human Resources	Provides guidance to the District Health Officer and Managers regarding workforce development and assist in creating a culture that is conducive and supportive of learning. Works with Directors and Managers to find appropriate training/development opportunities for staff. Provide guidance to the Directors and Managers with coaching, mentoring and succession planning. Responsible for assisting with workforce development needs, plans, and issues.
Department Directors/Managers	Responsible to the District Health Officer for all employees within their divisions. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Assures completeness of timely competency training and evaluation. Identifies high potential employees as part of agency succession plan.
Supervisors	Responsible to their Directors/Managers and employees to ensure that individual and agency-based training initiatives are implemented. Works with employees to develop an individualized learning plan and supports the implementation of the plan and competencies (i.e. time away from work, coaching, opportunities for application, tuition reimbursement). Identifies high potential employees as part of agency succession plan.
All Employees	Are responsible for their own learning and development. Work with Managers/Supervisors to identify and engage in training and development opportunities that meet their individual, as well as, agency-based competencies and training. Identify opportunities to apply new learning strategies on the job.

Goals and Objectives

During the assessment process it was revealed that there was a need for developing and endorsing a positive learning culture within the organization to support training, continuing education, mentorship and professional development. Goals and Objectives of the Workforce Development Plan will address the competency gaps needing attention: Analytical/ Assessment Skills, Communication and Community Dimensions of Practice Skills, and Financial Planning and Management.

Workforce Development Goals and Objectives			
Goal	Objectives	Audience	Responsible Party
All new hires will complete the Public Health New Employee Checklist within 2 years of hire.	<ul style="list-style-type: none"> Revise and implement New Employee Orientation Develop and implement On-Boarding checklist 	All New Staff	HR Representative and Division Directors/ Supervisors
Develop a learning culture that encourages and supports training, continuing education, and professional development for all WCHD staff	<ul style="list-style-type: none"> Integrate professional development trainings into employee performance review goals Identify potential leadership candidates and connect them to professional development opportunities (trainings, conferences, summits) at local community, state or national level 	All Staff	Employees and their supervisors
Communicate training opportunities and information through centralized communication channels accessible to all WCHD employees	<ul style="list-style-type: none"> Develop or locate trainings to address skills and knowledge gaps identified on employee training needs assessment WCHD will update training page on the intranet with additional training information 	All Staff	Division Directors/ Supervisors
Provide targeted competency training to increase employee knowledge and skills, including management and leadership skills	<ul style="list-style-type: none"> Utilize local skills and knowledge by utilizing the Nevada Public Health Training Centers Project Enforcement and Compliance History Online (ECHO) webinars, and inviting local public health professionals to provide education to WCHD staff 	All Staff	Division Directors/ Supervisors

Workforce Development Goals and Objectives (continued)

<p>Complete an annual review of training needs to support professional growth and development of WCHD employees</p>	<ul style="list-style-type: none"> WCHD will complete the Public Health Core Competencies and Training Needs Assessment every 2 years (2017-2019) The WCHD Workforce Development Training Committee will meet semi-annually to review assessments, discuss Health District training needs and review plan progress 	<p>All Staff</p>	<p>WFD Committee</p>
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Communication Plan

Goals and objectives of the Workforce Development (WFD) Plan will be communicated to the Board of Health by the District Health Officer and Division Directors. In turn, the Division Directors will communicate the WFD Plan to their Managers and Supervisors, the Managers and Supervisors will communicate the plan to all employees in their area of responsibility. In addition, communication will also occur at Board of Health meetings, staff meetings, and be posted on the employee intranet and shared drive. When the plan is revised or edited, staff will be notified via email and the electronic document will be updated.

Alignment with the Strategic Plan

The Washoe County Health District (WCHD) FY2017-2020 Strategic Plan identifies organizational capacity as a priority to strengthen the workforce and increase operational capacity to support a growing population.¹⁶ Workforce development initiatives will be pushed forth through objectives and activities of the WCHD FY2017-2020 Strategic Plan as described below:

Strategic Objective #6: Strengthen our workforce and increase operational capacity to support growing population.			
Goal	Measure	Timeframe	Responsible Party
6.2 Focus on continuing to build staff expertise	% of plan outcomes on target		Program Director
6.2.1 Identify staff who are not able to access formal professional development opportunities and develop individualized professional development plans	% of staff with professional development plan	Q4	Division Directors/Supervisors

¹⁶ WCHD. (2016). Washoe County Health District FY17-20 strategic plan. Retrieved from: <https://www.washoecounty.us/health/files/data-publications-reports/WCHD%20Strategic%20Plan%20FINAL%202012.09.16.pdf>.

Strategic Objective #6 (continued)

<p>6.2.2 Implement process to share learnings from formal professional development activities with other who did not attend.</p>	<p>Knowledge sharing process implementation % complete</p>	<p>Q4</p>	<p>Division Directors/Supervisors</p>
<p>6.2.3 Complete succession planning work through the County Human Resources department.</p>	<p>Succession planning % complete</p>	<p>Q4</p>	<p>Division Directors</p>
<p>6.2.4 Develop and implement the workforce development plan.</p>	<p>Workforce Development Plan implementation % complete</p>	<p>Q1-Q4, FY17 & FY18</p>	<p>Program Director</p>
<p>6.2.5 Identify workforce development options by working with the University of Nevada’s Community Health Sciences program.</p>	<p>Workforce Development option identification % complete</p>	<p>Q1-Q4, FY17-FY19</p>	<p>Program Director</p>

Evaluation & Tracking

Trainings

All trainings conducted through the Washoe County Learning Center are evaluated using a post-training assessment through Survey Monkey. Trainings are informed and revised based on evaluation results. Additionally Washoe County Human Resources keeps track of all employee training activity through training transcripts, certificates of completion and attendee lists. Employees are informed via email if they are not compliant with their mandatory trainings.

Other trainings provided by outside resources will be evaluated through surveys, evaluation forms, informal and formal feedback sessions, and through discussions with managers/supervisors at annual appraisals.

Workplan

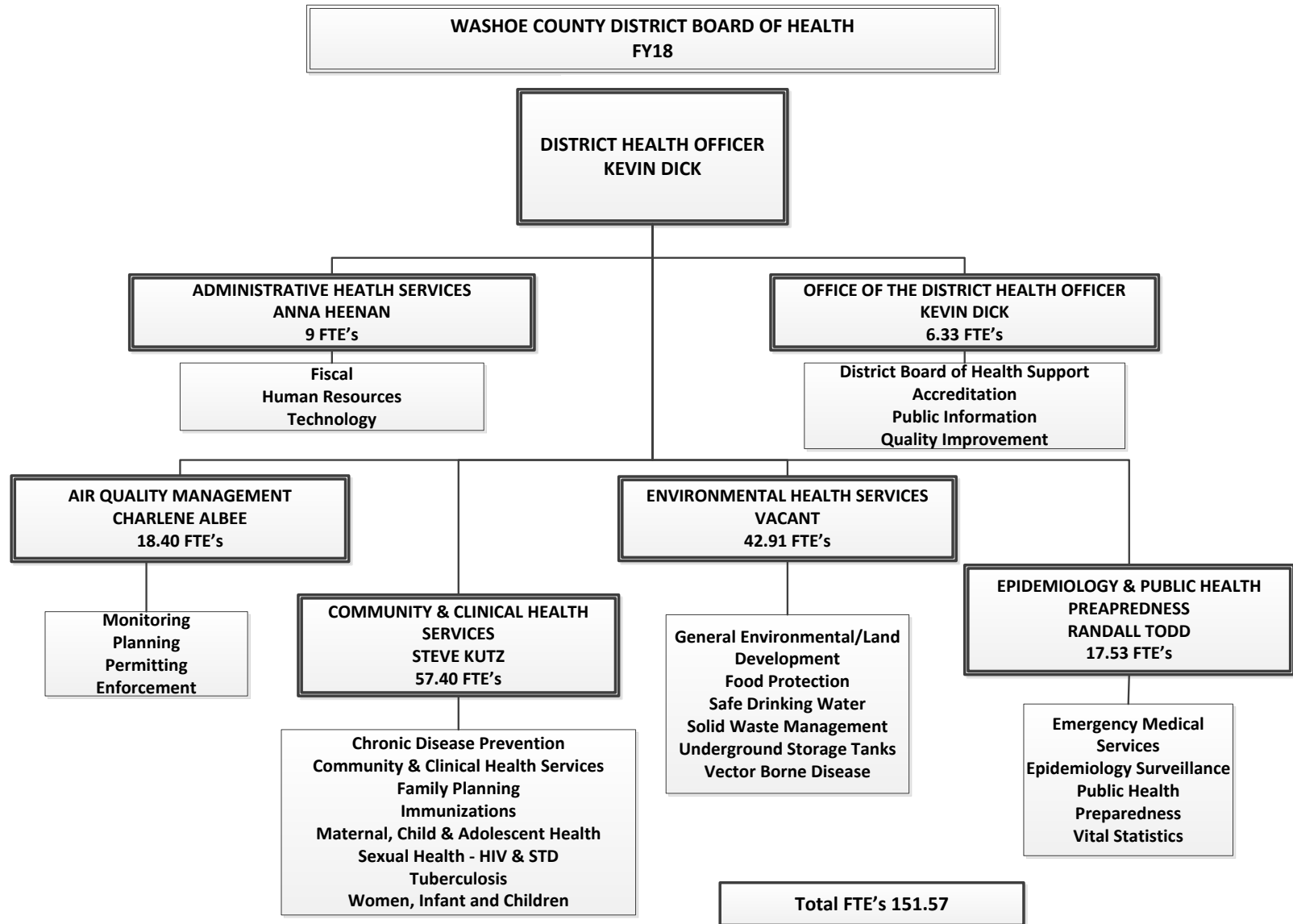
Washoe County Health District (WCHD) will continue to align the workforce development plan with the goals and objectives of the Strategic Plan. All activities of the Strategic Plan are monitored, tracked and reported through a performance management system called OnStrategy.

Review of Plan

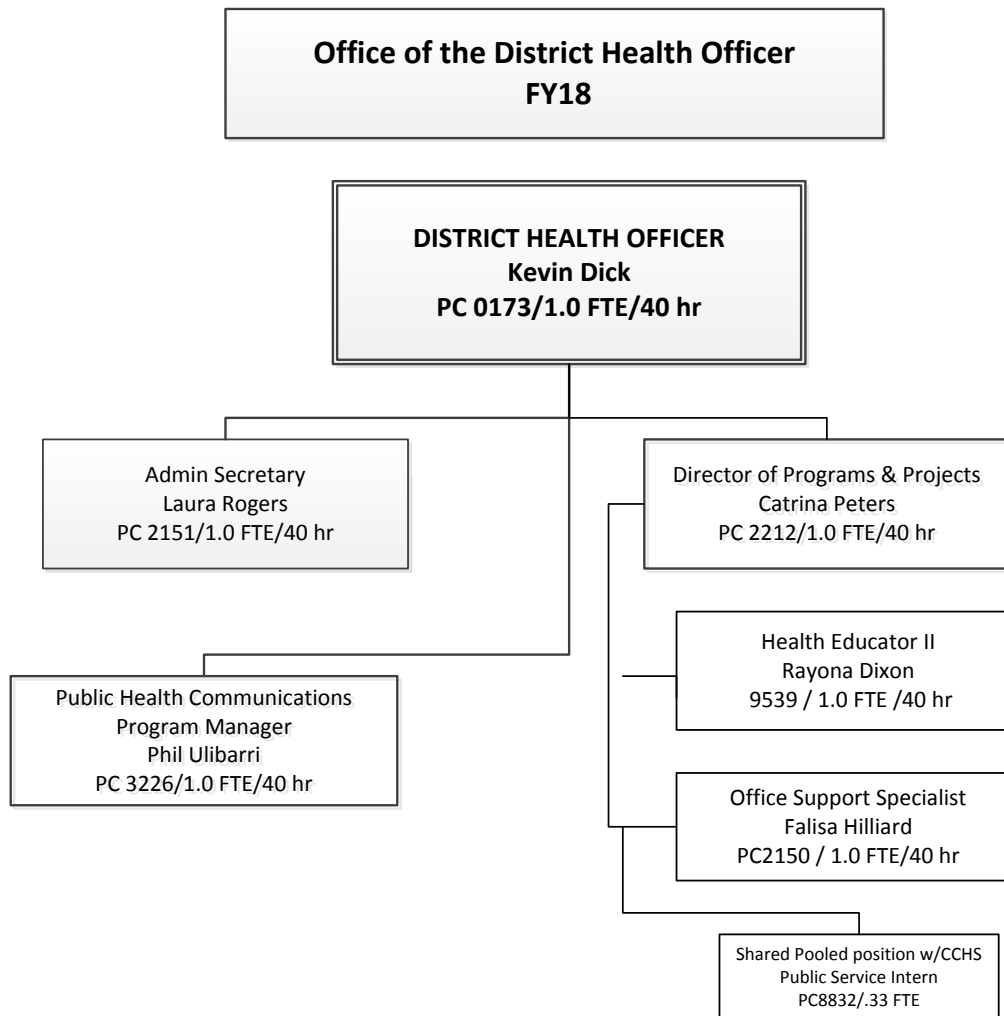
This plan will be reviewed semi-annually by management. Staff members will be encouraged to review and provide input to improve the plan. Updates to the plan will be presented to the Board of Health.

Conclusion

Washoe County Health District (WCHD) understands the value of providing quality workforce development opportunities for their employees so that they can enhance or develop skills to better serve the community. Having a highly qualified workforce to serve the public not only improves customer service but ultimately leads to improving health outcomes and a citizenry of healthy people.



Updated 9/20/17

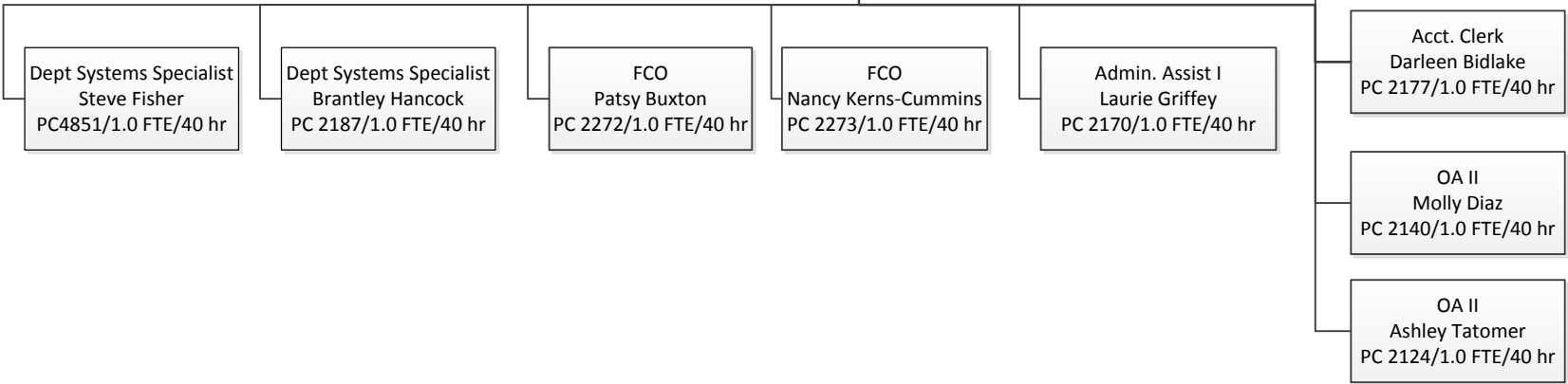


6.33 FTE's

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Updated 10/2/17

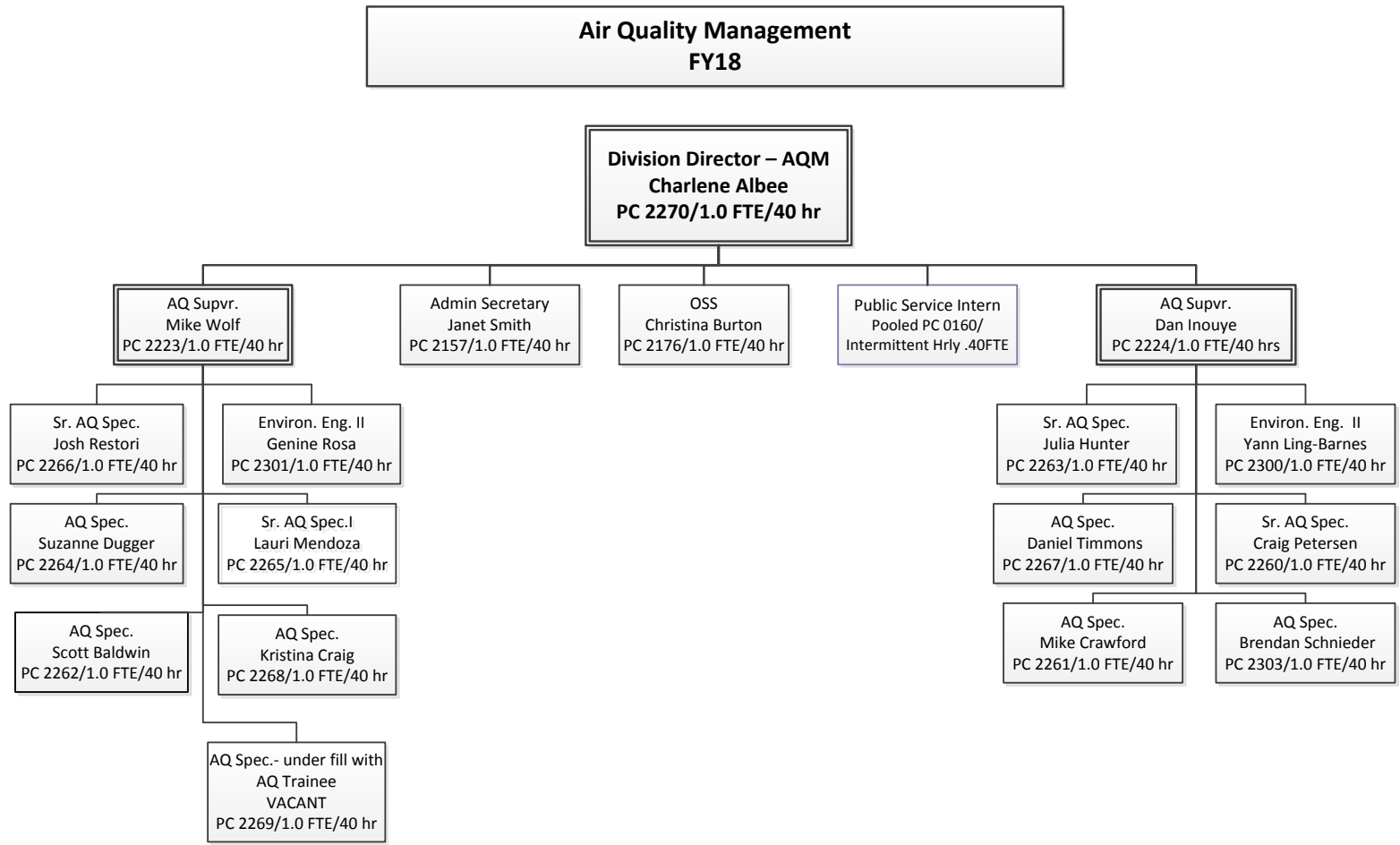
**Administrative Health Services
FY18**

**Administrative Health Services Officer
Anna Heenan
PC 2279/1.0 FTE/40 hr**

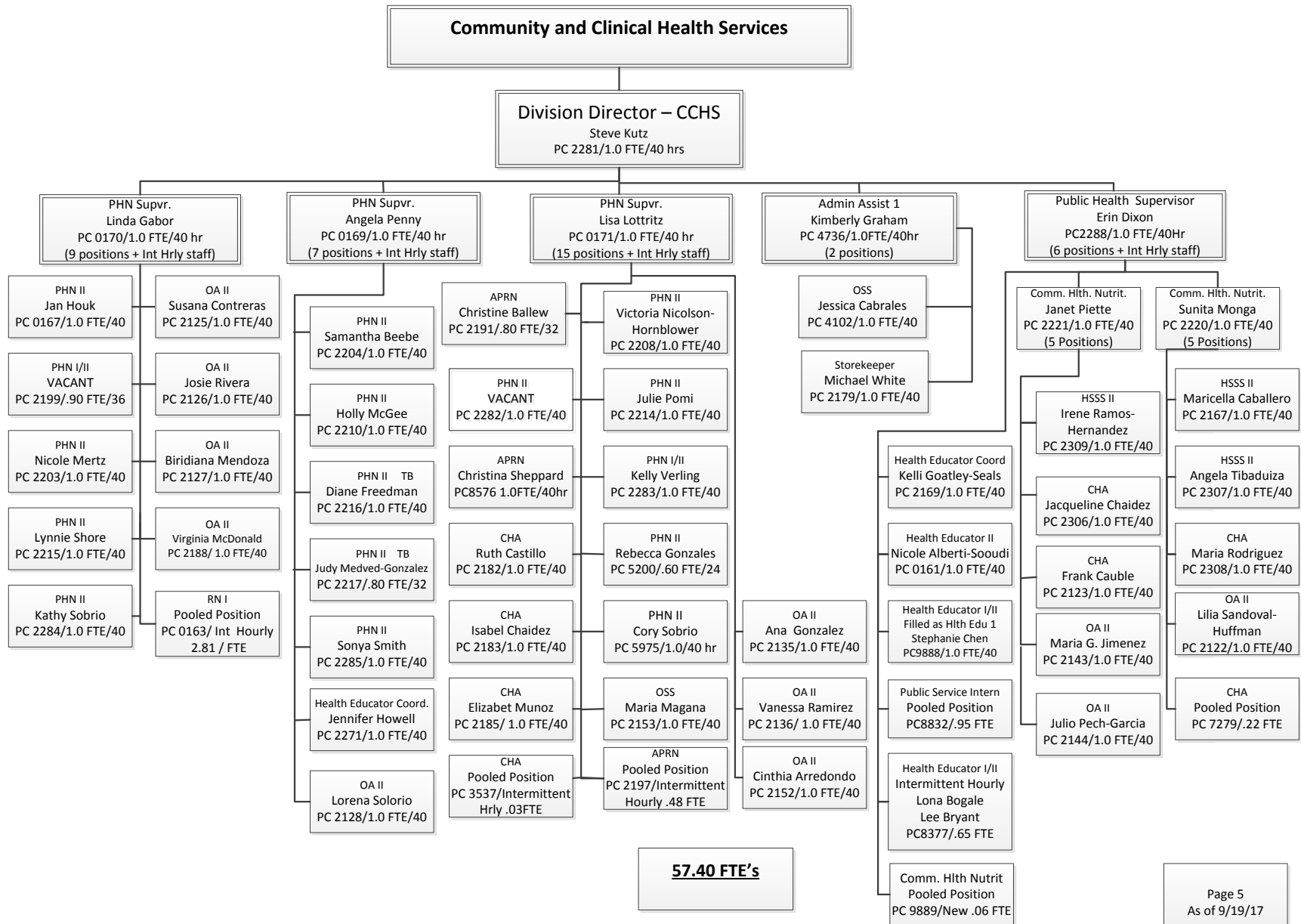


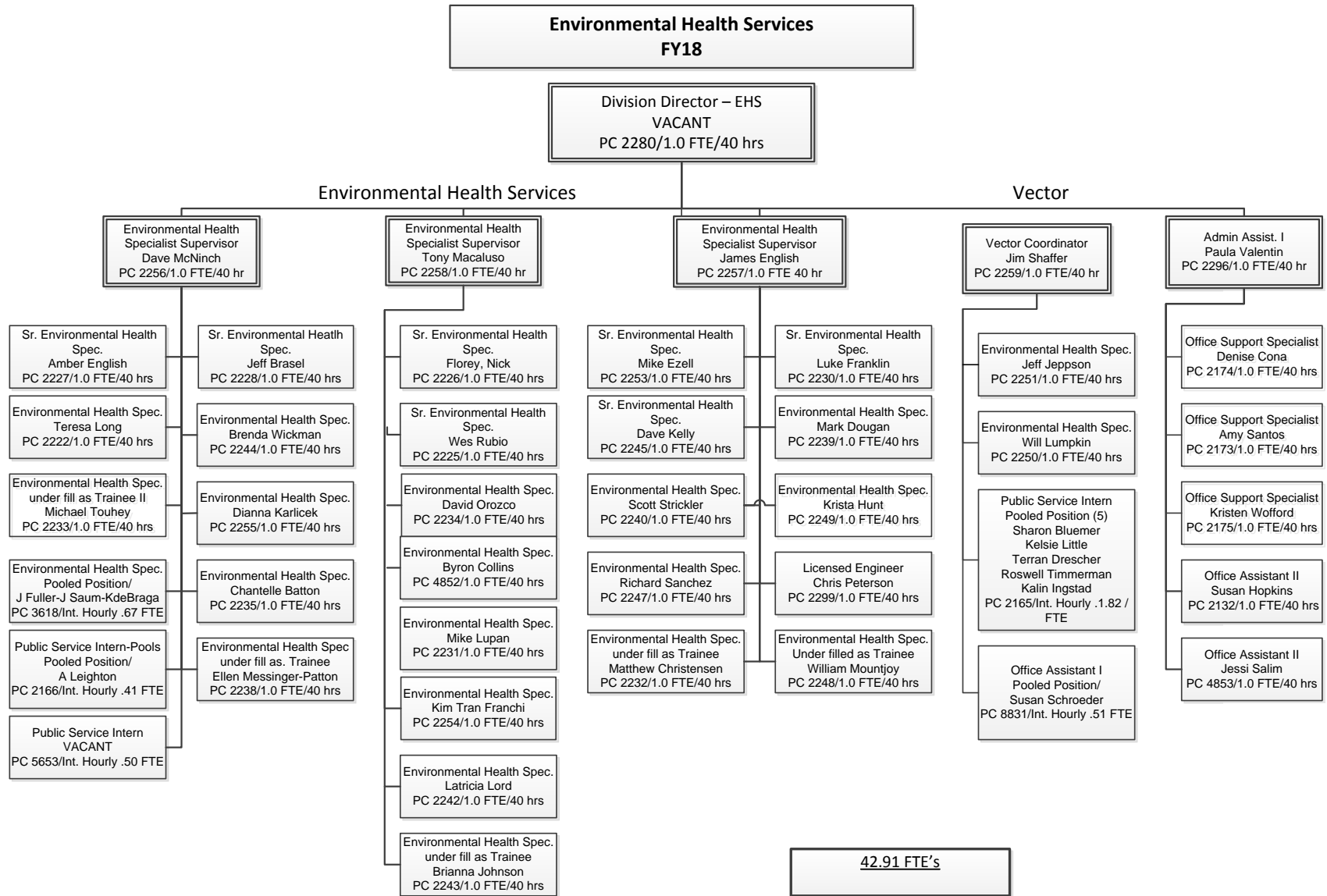
9 FTE's

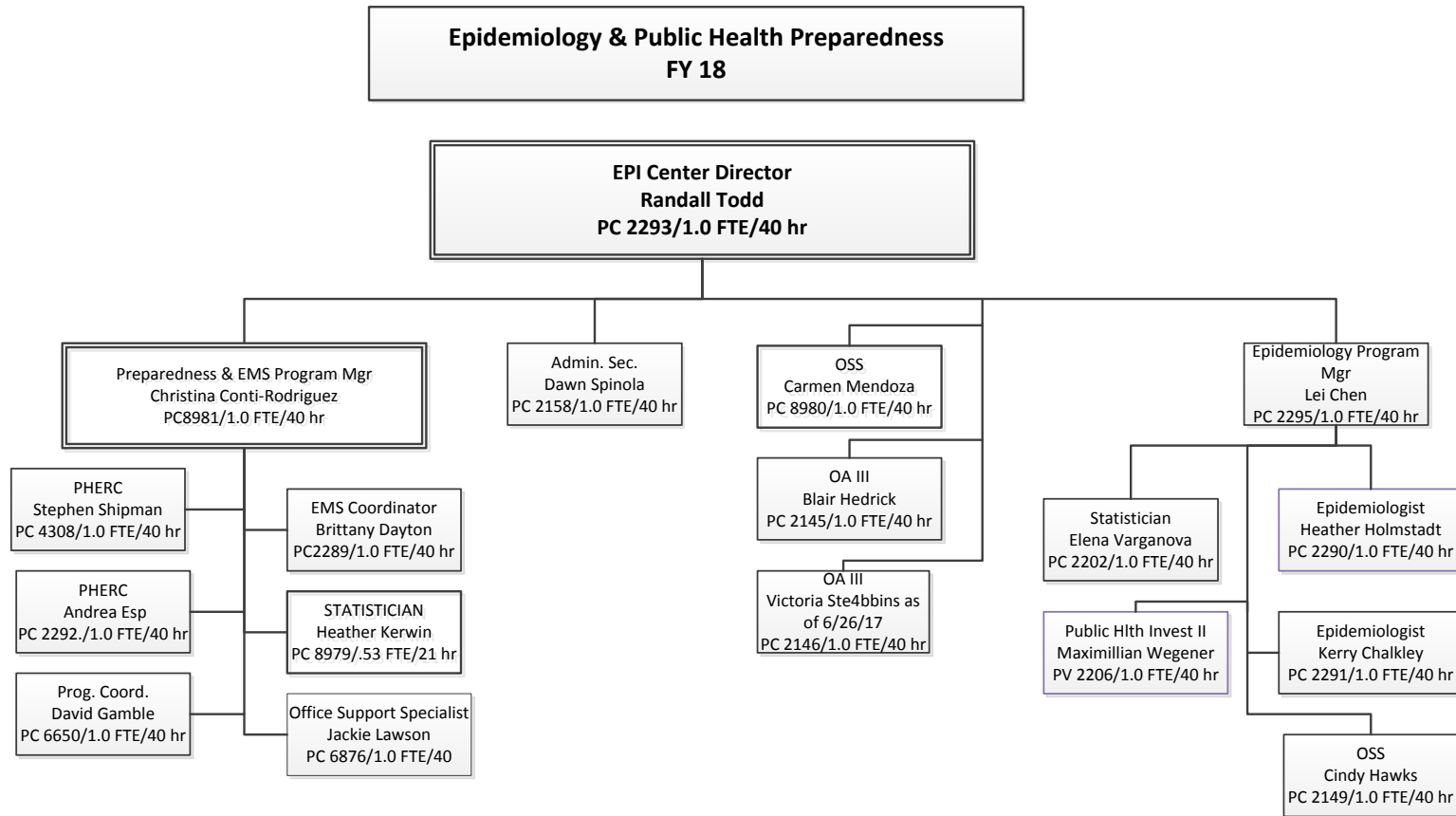
Page 3
9/20/17



18.40 FTE's







**17.53 FTE's
FY18**

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) POLICY

DESCRIPTION:

The WCHD is committed to developing and maintaining public health services and materials that are culturally competent, consumer-guided, and community-based. Cultural competence is an essential requirement for our organization to provide effective services to our diverse populations. The purpose of this policy is to provide guidance to employees on adopting and practicing culturally competent services.

POLICY:

- A. WCHD shall adopt the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care from the U.S. Department of Health and Human Services, Office of Minority Health <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>
- B. These standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint to implement culturally and linguistically appropriate services. Adoption of these standards is intended to help advance better health and health care in the United States.
- C. The CLAS standards as implemented by WCHD are intended to be broadly inclusive of diverse racial, ethnic, sexual and other cultural and linguistic groups, and are intended to serve as general guidelines and not as mandatory requirements.
- D. This policy shall be included in orientation materials for all new staff.

PROCEDURES:

III. PROCEDURES

- A. Non-Discrimination in Provision of Services. WCHD will implement nondiscriminatory practices in accordance with federal law in the delivery of direct services. WCHD shall:
 - 1. Adopt a non-discrimination policy prohibiting discrimination to clients included in, but not limited to the following protected characteristics: race, gender, religion, color, national origin, age, disability, pregnancy, veteran, status, genetic status, and sexual orientation. The policy shall state whom to contact in instances of possible discrimination.
 - 2. Post the policy in an area visible to clients or at the point of service and make it available to clients upon request.
 - 3. Make available to clients the procedures for requesting reasonable accommodations in the receipt of services. In addition, the procedures should be posted in an area visible to clients or at the point of service.
 - 4. Make available to clients the procedures for requesting interpretation services, including American Sign Language, in the receipt of services. In addition, the procedures should be posted in an area visible to clients or at the point of service.

These procedures shall be available in languages and formats (e.g. for persons with disabilities) appropriate to the population being served.

CLAS (CONTINUED)

B. Requests for Proposals. All Requests for Proposals or Qualifications (RFP/Q) should, as appropriate, include a statement informing respondents that by responding to a RFP, they agree to follow federal law as it relates to non-discriminatory practices and to provide culturally competent services, including:

1. Demonstrating previous experience with providing services to the diverse ethnic, linguistic, sexual or cultural population to be served;
2. The current ability of the agency's staff, volunteers, and Board to provide the specific services solicited to the diverse ethnic, linguistic, sexual or cultural population to be served; and
3. The specific outcome measures, qualitative and quantitative, which demonstrate that the program provides culturally and linguistically competent services.

C. Technical Assistance and Training

1. In order to integrate cultural and linguistic competence into its processes and programs, WCHD shall offer staff training on cultural and linguistic competency, including population-specific and skills-based training activities. This training is included in the WCHD Workforce Development Plan and found at <https://www.train.org/main/welcome>.

DEFINITIONS:

Cultural Competence: A set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross cultural situations. It is the ability to function effectively and provide services to customers within the context of their cultural and linguistic needs.

Cultural and Linguistic Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence"~ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

National CLAS Standards (CLAS): A set of standards intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

Added July 2017

DD	NA
DHO	KD
DA	NA
Risk	NA

STAFF REPORT
BOARD MEETING DATE: September 28, 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 August, Fiscal Year 2018

SUMMARY

The second month of fiscal year 2018 (FY18) ended with a cash balance of \$3,675,539. Total revenues were \$3,080,325 which was 14.0% of budget and an increase of \$26,807 over FY17. The expenditures totaled \$3,946,031 or 17.3% of budget and up \$477,473 or 13.8% compared to FY17 mainly due to the increased costs associated with additional mosquito abatement treatments.

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.

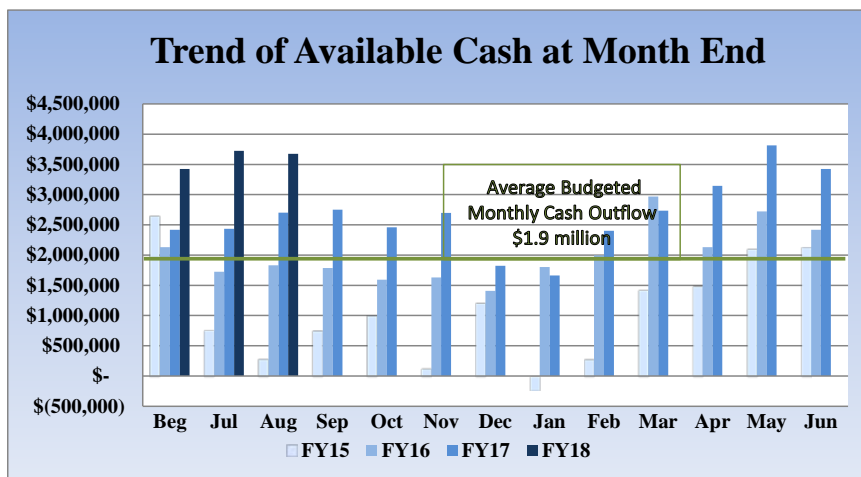
PREVIOUS ACTION

Fiscal Year 2018 Budget was adopted May 23, 2017.

BACKGROUND

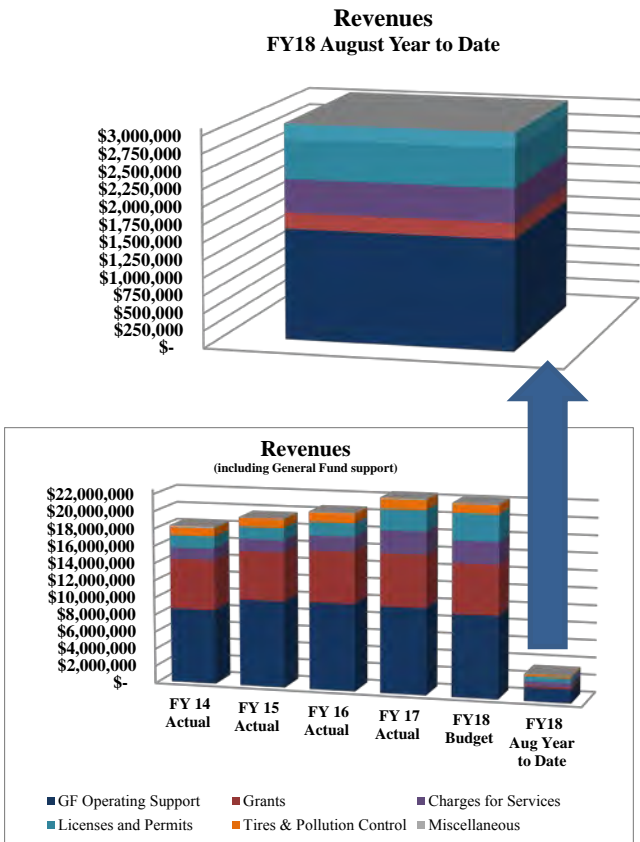
Review of Cash

The available cash at the end of August, FY18, was \$3,675,539 which was 192.9% of the average budgeted monthly cash outflow of \$1,904,927 for the fiscal year and up 36.1% or \$974,865 compared to the same time in FY17. The encumbrances and other liability portion of the cash balance totals \$1,229,609; the portion of cash restricted as to use is approximately \$1,202,440 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$1,243,490.



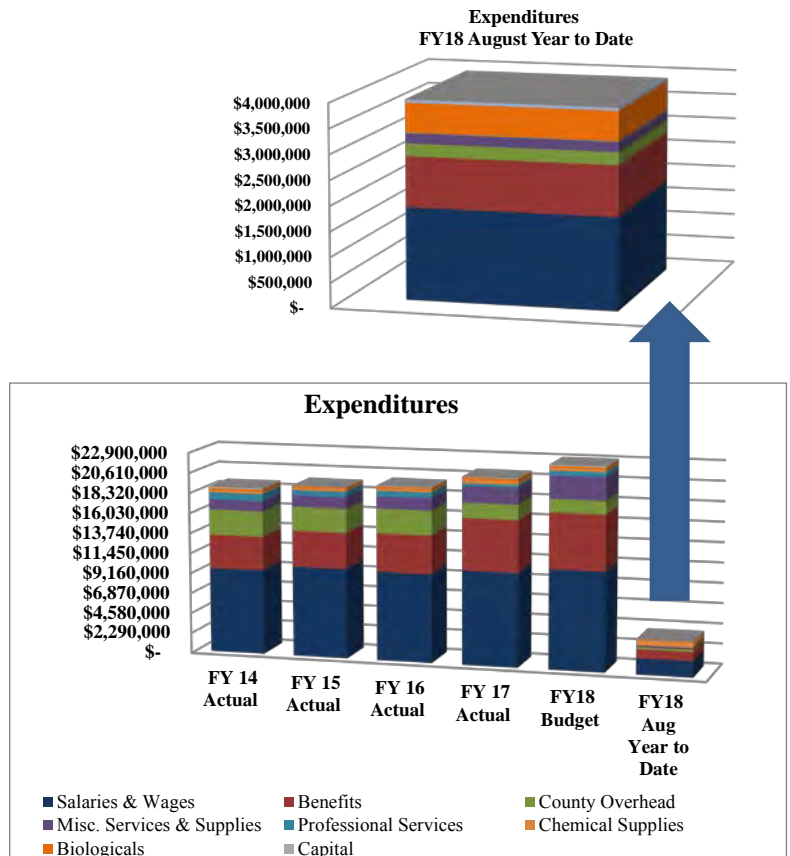
Note: January FY15 negative cash is due to no County General Fund support being transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$3,080,325 were up \$26,807 compared to August FY17. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$562,242 were up \$141,584 or 33.7% mainly due to an increase in the workload; tire and pollution control funding of \$218,553 up \$22,252 or 11.3%; and, charges for services of \$481,966 were up \$80,556 or 20.1%. The revenue categories that were down compared to FY17 include: federal and state grant reimbursements of \$228,968 were down \$169,273 or 42.5%; miscellaneous revenues of \$2,453 were down \$1,645; and, the County General Fund transfer of \$1,586,143 was down \$46,666 or 2.9% due to the reduction in County support required because of the fees increase effective July 1, 2017.

The total year to date **expenditures** of \$3,946,031 increased by \$477,473 or 13.8% compared to the same time frame in FY17 mainly due to the \$355,524 additional chemical supplies purchased for Mosquito abatement. Salaries and benefits expenditures for the fiscal year were \$2,838,948 up \$108,183 or 4.0% over the prior year. The total services and supplies and regional permitting system expenditures of \$1,100,739 were up \$362,946 due to the increase chemical costs. The major expenditures included in the services and supplies are: the professional services which totaled \$11,601 and were down \$220 or 1.9% over the prior year; chemical supplies of \$587,017 were up 680.5% or \$511,803 over last year; the biologicals of \$52,618 were down \$13,364 or 20.3%; and, County overhead charges of \$253,437 were down 10.6% or \$30,030. There has been \$6,344 in capital expenditures this fiscal year.



Review of Revenues and Expenditures by Division

ODHO has received grant funding of \$1,554 for workforce development initiatives and spent \$145,391 up \$44,379 over FY17 mainly due to the cost associated with the Community Health Needs Assessment and the hiring of Public Service Interns. **AHS** has spent \$189,178 down \$1,076 compared to FY17. **AQM** revenue was \$379,930 which was up \$6,534 compared to FY17 and spent \$440,692 down \$55,178 over last fiscal year due to costs for advertisement campaigns and support for the Reno-Tahoe Clean Cities Coalition in FY17 not spent in FY18. **CCHS** revenue was \$295,773 which was up \$78,486 over FY17 mainly due to Medicaid and Insurance reimbursements and spent \$1,197,585 or \$51,170 more than FY17 due to an increase in salaries and benefit costs for FY18. **EHS** revenue was \$702,801 up \$101,378 over FY17 and spent \$1,572,737 which was an increase of \$463,121 over last year due to the increased chemical cost for the Vector program. **EPHP** revenue was \$114,125 down \$46,667 over last year mainly due to loss of grant funding for the Public Health Preparedness program and expenditures were \$400,448 down \$24,942 over FY17.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2013/2014 through August Year to Date Fiscal Year 2017/2018 (FY18)									
	Actual Fiscal Year			Fiscal Year 2016/2017		Fiscal Year 2017/2018			
	2013/2014	2014/2015	2015/2016	Actual Year End (unaudited)	August Year to Date	Adjusted Budget	August Year to Date	Percent of Budget	FY18 Increase over FY17
Revenues (all sources of funds)									
ODHO	-	-	15,000	51,228	-	6,639	1,554	23.4%	-
AHS	87,930	151	-	-	-	-	-	-	-
AQM	2,491,036	2,427,471	2,520,452	2,979,720	373,396	3,195,239	379,930	11.9%	1.7%
CCHS	3,388,099	3,520,945	3,506,968	3,872,898	217,287	3,749,596	295,773	7.9%	36.1%
EHS	1,890,192	2,008,299	2,209,259	3,436,951	601,423	3,789,441	702,801	18.5%	16.9%
EPHP	1,805,986	1,555,508	2,141,334	2,027,242	228,603	1,818,890	114,125	6.3%	-50.1%
GF support	8,603,891	10,000,192	10,076,856	10,002,381	1,632,809	9,516,856	1,586,143	16.7%	-2.9%
Total Revenues	\$18,267,134	\$19,512,566	20,469,870	\$22,370,420	\$ 3,053,518	\$22,076,661	\$ 3,080,325	14.0%	0.9%
Expenditures (all uses of funds)									
ODHO	-	481,886	594,672	904,268	101,012	1,079,245	145,391	13.5%	43.9%
AHS	1,336,740	1,096,568	996,021	1,119,366	190,254	1,156,241	189,178	16.4%	-0.6%
AQM	2,524,702	2,587,196	2,670,636	2,856,957	495,870	3,437,527	440,692	12.8%	-11.1%
CCHS	6,949,068	6,967,501	6,880,583	7,294,144	1,146,416	7,641,655	1,197,585	15.7%	4.5%
EHS	5,737,872	5,954,567	5,939,960	6,366,220	1,109,617	6,980,623	1,572,737	22.5%	41.7%
EPHP	2,374,417	2,312,142	2,688,659	2,616,411	425,390	2,563,833	400,448	15.6%	-5.9%
Total Expenditures	\$18,922,800	\$19,399,859	19,770,532	\$21,157,367	\$ 3,468,558	\$22,859,124	\$ 3,946,031	17.3%	13.8%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	(481,886)	(579,672)	(853,040)	(101,012)	(1,072,606)	(143,837)		
AHS	(1,248,810)	(1,096,417)	(996,021)	(1,119,366)	(190,254)	(1,156,241)	(189,178)		
AQM	(33,666)	(159,725)	(150,184)	122,763	(122,474)	(242,288)	(60,762)		
CCHS	(3,560,969)	(3,446,556)	(3,373,615)	(3,421,246)	(929,129)	(3,892,059)	(901,812)		
EHS	(3,847,680)	(3,946,268)	(3,730,701)	(2,929,270)	(508,194)	(3,191,182)	(869,937)		
EPHP	(568,431)	(756,634)	(547,325)	(589,168)	(196,787)	(744,943)	(286,323)		
GF Operating	8,603,891	10,000,192	10,076,856	10,002,381	1,632,809	9,516,856	1,586,143		
Surplus (deficit)	\$ (655,666)	\$ 112,707	699,338	\$ 1,213,053	\$ (415,040)	\$ (782,463)	\$ (865,706)		
Fund Balance (FB)	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897		\$ 3,398,434			
FB as a % of Expenditures	11%	12%	15%	20%		15%			

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 August, Fiscal Year 2018.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2018.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 2 2018
 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	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
460529 Assessments-AQM	106,866	23,166	83,700	22	81,614	14,572	67,042	18
460530 Inspector Registr-AQ	6,750	6,750	6,750		4,608	1,047	3,561	23
460531 Dust Plan-Air Quality	334,771	59,006	275,765	18	257,784	84,696	173,088	33
460532 Plan Rvw Hotel/Motel		2,826	2,826		2,530		2,530	
460533 Quick Start						251	251	
460534 Child Care Inspection	21,169	5,862	15,307	28	14,904	4,000	10,904	27
460535 Pub Accomod Inspectn	46,666	8,931	37,735	19	33,060	8,983	24,078	27
460723 Other Fees	197,528	9,604	187,924	5	97,142	97,142	97,142	
* Charges for Services	2,553,979	481,966	2,072,013	19	1,991,371	401,410	1,589,961	20
481150 Interest-Non Pooled								
484000 Donations,Contributions					4,000		4,000	
484050 Donations Federal Pgm Income	16,050	2,100	13,950	13	24,201	3,248	20,953	13
484197 Non-Gov. Grants-Indirect	14,428		14,428		11,367		11,367	
485100 Reimbursements	46,084	150	45,934	0	42,576		42,576	
485300 Other Misc Govt Rev		203	203		35,000	850	34,150	2
** Miscellaneous	76,562	2,453	74,109	3	117,144	4,098	113,046	3
** Revenue	12,559,804	1,494,182	11,065,622	12	11,622,973	1,420,709	10,202,264	12
701110 Base Salaries	10,242,685	1,674,375	8,568,310	16	9,864,879	1,581,643	8,283,236	16
701120 Part Time	230,388	45,313	185,075	20	314,723	43,847	270,875	14
701130 Pooled Positions	349,605	100,492	249,114	29	475,463	74,159	401,304	16
701140 Holiday Work	4,319	71	4,247	2	4,319		4,319	
701150 xContractual Wages								
701199 Bud Labor Cost Savings-Wages	164,408		164,408		165,730	682	165,048	0
701200 Incentive Longevity	68,566	8,717	59,849	13	80,479	11,393	69,086	14
701300 Overtime	300	91	209	30	287	34	252	12
701403 Shift Differential	38,000	5,369	32,631	14	38,000	5,493	32,507	14
701406 Standby Pay	5,000	124	4,876	2	5,000	575	4,425	11
701408 Call Back	62,329		62,329		84,557		84,557	
701413 Salary Adjustment	84,041	184	83,857	0	84,423	27,147	57,277	32
701414 Vac Payoff/Sick Pay-Term								
701417 Vacation Denied-Payoff		4	4		0	3,890	3,890	*2144
701419 Comp Time								
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	11,249,641	1,834,761	9,414,880	16	11,117,860	1,748,864	9,368,996	16
705110 Group Insurance	1,634,991	260,255	1,374,735	16	1,755,795	286,646	1,469,149	16
705115 Employer HSA Contributions	66,000	846	65,154	1	529		529	
705190 OPEB Contribution	1,305,189	217,531	1,087,657	17	1,181,460	196,910	984,550	17
705199 Lab Cost Sav-Benef								
705210 Retirement	2,978,526	482,760	2,495,767	16	2,907,355	456,924	2,450,431	16
705215 Retirement Calculation								
705230 Medicare April 1986	146,547	25,244	121,303	17	143,403	24,091	119,312	17

Period: 1 thru 2 2018
 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	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
710529 Dues	32,654	1,412	31,242	4	8,362	26,477	18,115-	317
710535 Credit Card Fees	51,157	10,950	40,207	21	52,157	2,776	49,381	5
710546 Advertising	173,907	5,020	168,887	3	149,712	40,904	108,808	27
710551 Cash Discounts Lost		6	6-					
710563 Recruitment		771	771-					
710571 Safety Expense	55,000	56	55,000	1	55,000	1,303	55,000	23
710577 Unif. & Special Clothing	5,200		5,144		5,657		4,354	
710585 Undesignated Budget	794,954		794,954		450,000		450,000	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 LT Lease-Office Space	76,607	12,768	63,839	17	76,607	12,768	63,839	17
710620 LT Lease-Equipment								
710703 Biologicals	274,631	52,618	222,014	19	302,681	65,982	236,699	22
710714 Referral Services	6,780		6,780		6,780		6,780	
710721 Outpatient	111,667	6,109	105,558	5	108,555	7,418	101,137	7
710872 Food Purchases	2,744	38	2,706	1	2,994	197	2,797	7
711008 Combined Utilities	90,800	15,133	75,667	17	90,800	15,133	75,667	17
711010 Utilities								
711100 ESD Asset Management	40,091	7,056	33,035	18	47,382	7,950	39,432	17
711113 Equip Srv Replace	55,159	6,824	48,334	12	44,876	7,022	37,854	16
711114 Equip Srv O & M	64,486	13,291	51,195	21	66,315	11,092	55,223	17
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	27,852	5,961	21,891	21	34,167	5,494	28,673	16
711119 Prop & Liab Billings	82,007	13,668	68,339	17	82,007	13,118	68,889	16
711210 Travel	153,890	16,601	137,289	11	183,341	10,070	173,270	5
711213 Travel-Non Cnty Pers		1,944	1,944-			285	285-	
711300 Cash Over Short								
711399 ProCard in Process								
711400 Overhead - General Fund	1,520,621	253,437	1,267,184	17	1,700,797	283,466	1,417,331	17
711504 Equipment nonCapital	76,270	6,915	69,355	9	75,392	2,915	72,477	4
711508 Computers nonCapital	20,000		20,000					
711509 Comp Sftw nonCap	2,631	123	2,508	5		6,344	6,344-	
* Services and Supplies	5,070,669	1,100,739	3,969,930	22	5,494,596	679,711	4,814,885	12
781004 Equipment Capital	100,000		100,000		40,472		40,472	
781007 Vehicles Capital								
781009 Computer Software Capital	25,000	6,344	18,657	25	25,000		25,000	
* Capital Outlay	125,000	6,344	118,657	5	65,472		65,472	
** Expenses	22,758,852	3,946,031	18,812,821	17	22,794,942	3,410,477	19,384,465	15
621001 Transfer From General	9,516,856-	1,586,143-	7,930,713-	17	10,002,381-	1,632,809-	8,369,572-	16
* Transfers In	9,516,856-	1,586,143-	7,930,713-	17	10,002,381-	1,632,809-	8,369,572-	16
812230 To Reg Permits-230	100,271		100,271		58,081		58,081	
814430 To Reg Permits Capit								
* Transfers Out	100,271		100,271		58,081		58,081	

Period: 1 thru 2 2018
 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	2018 Plan	2018 Actuals	Balance	Act\$	2017 Plan	2017 Actual	Balance	Act\$
** Other Financing Src/Use	9,416,585-	1,586,143-	7,830,442-	17	9,944,300-	1,574,728-	8,369,572-	16
*** Total	782,463	865,706	83,243-	111	1,227,669	415,040	812,629	34



REMSA

Franchise Compliance Report

AUGUST 2017



REMSA Accounts Receivable Summary
Fiscal 2018

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	3985	\$4,529,008.80	\$1,136.51	\$1,136.51	\$409.15
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
Totals	3985	\$4,529,009	\$1,136.51		

Allowed ground average bill: \$1,129.44
 Monthly average collection rate: 36%



Fiscal 2018

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2017	5 Minutes 43 Seconds	93%	91%
Aug.	5 Minutes 38 Seconds	93%	93%
Sept.			
Oct.			
Nov.			
Dec.			
Jan. 2018			
Feb.			
Mar.			
Apr.			
May			
June 2018			

Year to Date: July 2017 through August 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 2017	P-1	4:56	5:49	7:48
	P-2	5:06	6:08	8:23
Aug. 2017	P-1	4:55	5:48	8:09
	P-2	5:03	6:03	7:59
Sept. 2017	P-1			
	P-2			
Oct. 2017	P-1			
	P-2			
Nov. 2017	P-1			
	P-2			
Dec. 2017	P-1			
	P-2			
Jan. 2018	P-1			
	P-2			
Feb. 2018	P-1			
	P-2			
Mar. 2018	P-1			
	P-2			
Apr. 2018	P-1			
	P-2			
May 2018	P-1			
	P-2			
June 2018	P-1			
	P-2			

Year to Date: July 2017 through August 2017

Priority	Reno	Sparks	Washoe County
P-1	4:54	5:47	8:04
P-2	5:06	6:18	8:17



REMSA OCU Incident Detail Report

Period: 8/01/2017 thru 8/31/2017

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	8/1/2017 20:05	8/1/2017 20:06	1C10	-00:00:22	0:00:55
Zone A	8/2/2017 23:01	8/2/2017 23:01	1C40	-00:00:16	00:05:07
Zone A	8/4/2017 11:39	8/4/2017 11:44	1C07	0:26:53	0:04:42
Zone A	8/5/2017 5:03	8/5/2017 5:27	1C41	0:23:57	0:23:57
Zone A	8/15/2017 7:45	8/15/2017 7:48	1C05	-00:01:45	0:02:23
Zone A	8/16/2017 17:24	8/16/2017 17:31	1C11	0:54:16	0:07:06
Zone A	8/20/2017 22:30	8/20/2017 22:34	1C10	0:03:49	0:03:21

Upgrade Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
NONE					

Exemption Requested			
Incident Date	Zone	Exemption Reason	Approval
NONE			



GROUND AMBULANCE OPERATIONS REPORT

August 2017

1. OVERALL STATISTICS:

Total Number of System Responses	6858
Total Number of Responses in Which No Transport Resulted	2667
Total Number System Transports (Including transports to Out of County Destinations)	4191

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1.7%
Medical	48.5%
OB	.5%
Psychiatric/Behavioral	7.7%
Transfers	9.6%
Trauma – MVA	7.4%
Trauma – Non MVA	20.5%
Unknown	4.1%

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: 3170

Total number of above calls receiving QA reviews: 323

Percentage of charts reviewed from the above transports: 10.18%



Regional Emergency Medical Services Authority

REMSA

EDUCATION AND TRAINING REPORT

AUGUST 2017

REMSA Education
 Monthly Course and Student Report
 Month: August 2017

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	9	65	5	38	4	27
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	2	1	2	0	0
ACLS R	14	58	5	38	9	20
ACLS S	3	6	0	0	3	6
AEMT	1	24	1	24		
-	-	-	-	-		
B-CON	0	0	0	0	0	0
BLS	76	335	22	93	54	242
BLS I	1	9	1	9	0	0
BLS R	24	151	15	112	9	39
BLS S	10	37	0	0	10	37
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	7	23	0	0	7	23
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	3	11	0	0	3	11
HS CPR	60	479	2	8	58	471
HS CPR FA	61	567	3	26	58	541
HS CPR FA S	6	28	1	1	5	27
HS CPR PFA	2	13	1	10	1	3
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	15	70	2	2	13	68
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	6	1	6	0	0
ITLS S	0	0	0	0	0	0
PALS	2	18	2	18	0	0
PALS I	0	0	0	0	0	0
PALS R	10	27	4	20	6	7
PALS S	2	12	1	1	1	11
PEARS	0	0	0	0	0	0
PM	1	25	1	25		
PM R	0	0	0	0		
HS Spanish RCP y DEA	2	4	2	4	0	0
Classes w/ CPR		CPR Students				
250		1646				



COMMUNITY OUTREACH AUGUST 2017

Point of Impact

8/1/17	Safe Kids Washoe County Board of Directors Meeting	
8/5/17	Give Kids a Boost Health and Safety Fair; 45 booster seats provided to 33 families.	4 volunteers; 1 staff
8/8/17	Safe Kids Washoe County Coalition Meeting	
8/19/17	Child Car Seat Checkpoint hosted by The Children’s Cabinet; 19 cars and 29 seats inspected	8 volunteers; 3 staff
8/21/17	State of Nevada Occupant Protection Critical Emphasis Area committee meeting; Child Passenger Safety Advisory Board Meeting	
8/20/17	Nine office installation appointments; 9 cars and 12 seats inspected.	

Cribs for Kids-Community

8/1/17	Education Manger and I had a conference call with Cribs for Kids grantor Christina Turner from DPBH to discuss her being on maternity leave soon and her boss Margot Chappel would take over in her absence. Also discussed an amendment to the Cribs for Kids grant to help four Nevada Indian Tribes receive car seats and be partners of the Cribs for Kids program.	
8/2/17	Alma Marin and I attended the Ronald McDonald Open House. Able to discuss Cribs for Kids and see if they needed any cribs purchased by the penalty funds. Gave them brochures to be able to refer parents to the Cribs for Kids program.	
8/5/17	Attended Give Kids a Boost at the Neil Recreation Center. 200 participants stopped by the Cribs for Kids Booth.	
8/8/17	Attended Sake Kids Washoe County Coalition Meeting.	
8/19/17	Attended JcPenny`s Back to School Safety Bash. Provided information on Cribs for Kids, Hands Only CPR and POI. First year and about 50 participants stopped by REMSA booth.	
8/22/17	Meet with Reno Sparks Indian Colony to discuss the Cribs for Kids program with Clinic Director and the agreement has been signed and they are now a Cribs for Kids partner.	
8/23/17	Attended the Child Death Review Executive Meeting in Carson City. In part REMSA/Cribs for Kids are helping with a grocery cart advertisement for Safe Sleep that will run in 5 stores across Nevada. 2 in Las Vegas, 1 in Reno, 1 in Sparks and 1 in Elko.	



Regional Emergency Medical Services Authority

REMSA

CUSTOMER SERVICE

AUGUST 2017

REMSA

Reno, NV

Client 7299



1515 Center Street
Lansing, Mi 48096
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EMS System Report

August 1, 2017 to August 31, 2017

Your Score

94.57

Number of Your Patients in this Report

150

Number of Patients in this Report

6,115

Number of Transport Services in All EMS DB

142





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **08/01/2017** and **08/31/2017**.

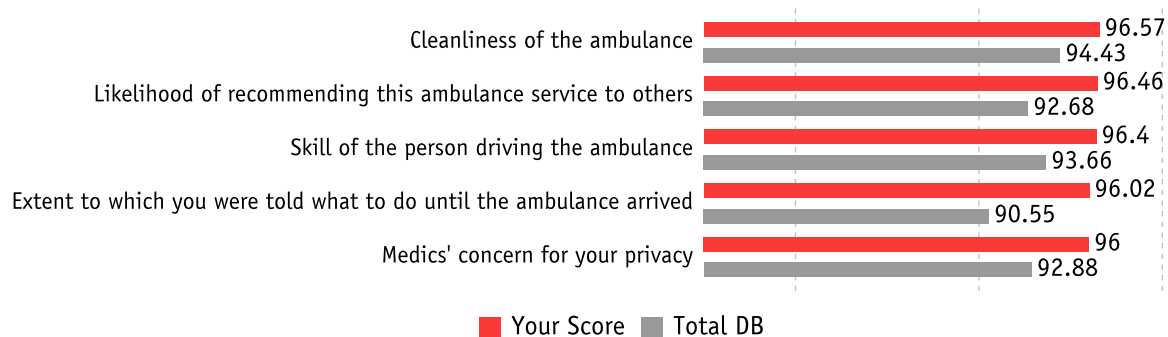
The overall mean score for the standard questions was **94.57**; this is a difference of **2.22** points from the overall EMS database score of **92.35**.

The current score of **94.57** is a change of **0.77** points from last period's score of **93.80**. This was the **34th** highest overall score for all companies in the database.

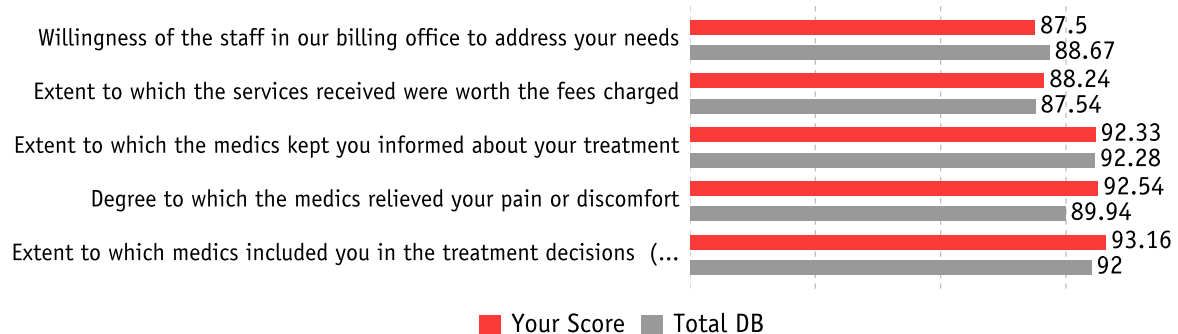
You are ranked **7th** for comparably sized companies in the system.

85.50% of responses to standard questions had a rating of Very Good, the highest rating. **98.47%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

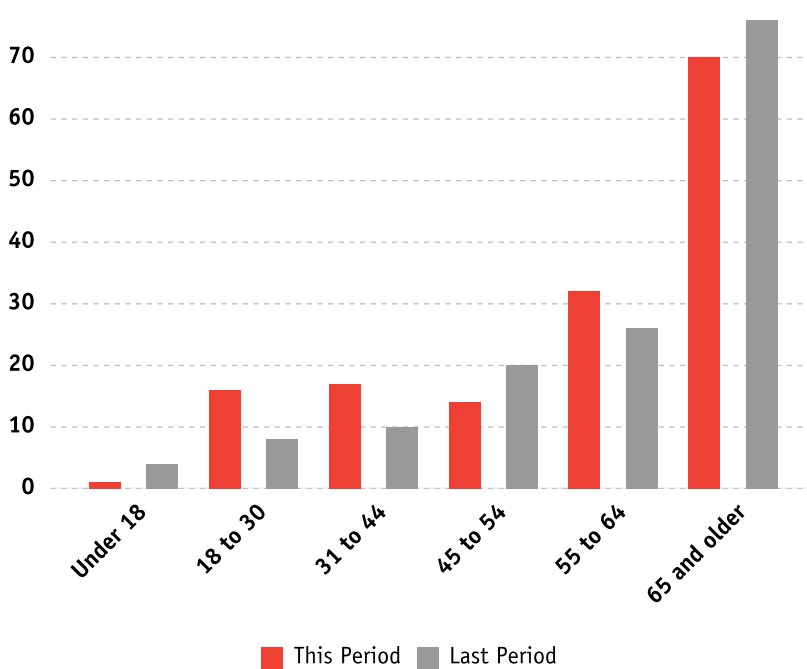




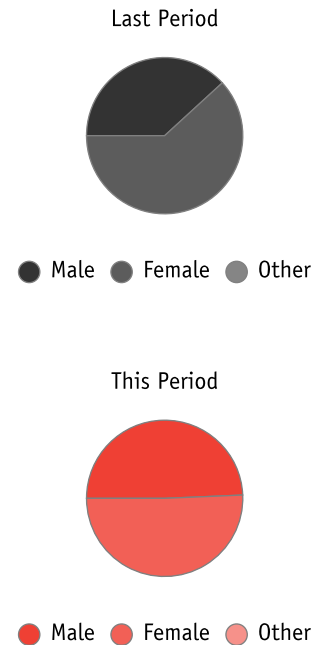
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	4	1	3	0	1	0	1	0
18 to 30	8	4	4	0	16	9	7	0
31 to 44	10	4	6	0	17	10	7	0
45 to 54	20	10	10	0	14	10	4	0
55 to 64	26	14	12	0	32	18	14	0
65 and older	76	22	54	0	70	27	43	0
Total	144	55	89	0	150	74	76	0

Age Ranges



Gender





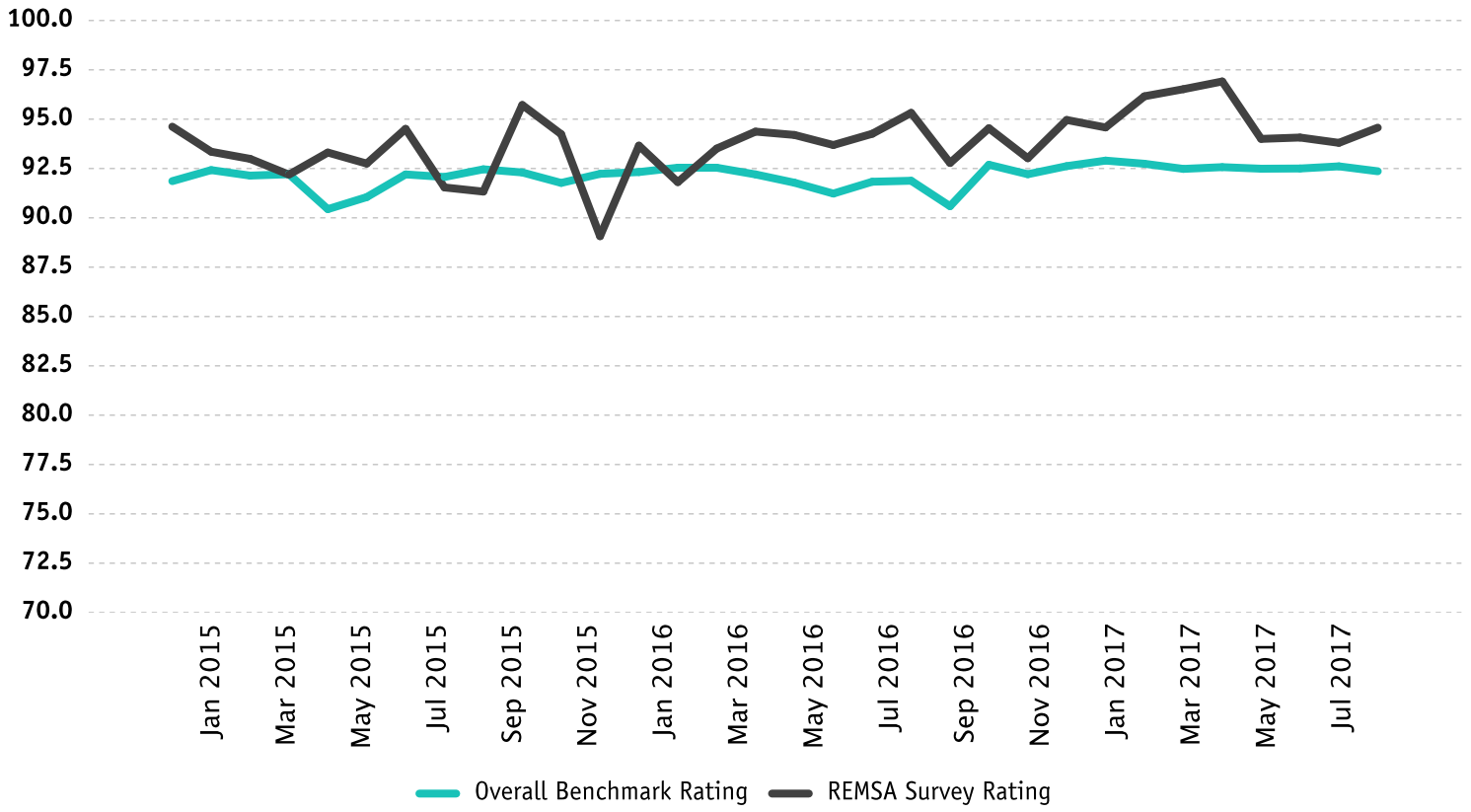
Monthly Breakdown

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.

	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Helpfulness of the person you called for ambulance service	98.68	91.47	95.41	92.36	93.48	97.50	96.25	94.32	95.45	96.59	91.69	95.21	95.21
Extent to which you were told what to do until the ambulance	97.37	88.57	93.37	86.76	91.88	97.92	95.14	89.53	94.26	94.77	92.10	91.48	96.02
Extent to which the ambulance arrived in a timely manner	94.87	94.44	93.75	92.14	95.79	95.01	96.28	94.12	95.39	92.40	93.40	92.01	95.01
Cleanliness of the ambulance	97.00	92.86	95.83	93.80	97.79	96.18	97.37	96.12	98.13	95.17	97.11	96.04	96.57
Skill of the person driving the ambulance	93.85	94.12	93.90	93.93	96.34	95.88	97.14	97.24	96.23	96.01	95.42	95.49	96.40
Care shown by the medics who arrived with the ambulance	94.10	93.46	95.63	94.73	96.23	96.23	96.83	97.55	98.08	94.47	94.74	95.12	93.90
Degree to which the medics took your problem seriously	95.70	92.74	94.68	93.45	94.37	95.62	97.16	97.45	98.19	93.99	95.88	94.73	94.70
Degree to which the medics listened to you and/or your family	94.37	93.41	94.28	93.76	94.51	95.64	96.43	97.48	97.78	94.31	93.63	93.77	94.52
Extent to which the medics kept you informed about your	94.00	92.81	93.96	94.53	94.76	92.67	95.83	96.92	95.45	91.96	92.92	91.76	92.33
Extent to which medics included you in the treatment decisions	96.31	91.45	93.76	92.52	94.44	88.94	94.29	96.52	95.36	93.77	92.86	92.01	93.16
Degree to which the medics relieved your pain or discomfort	94.49	88.30	92.22	89.57	93.16	89.18	92.86	92.60	94.74	87.89	87.94	87.43	92.54
Medics' concern for your privacy	95.35	93.75	95.52	93.70	94.53	94.41	97.23	97.39	97.44	94.31	95.39	97.16	96.00
Extent to which medics cared for you as a person	95.54	94.64	96.22	92.94	95.65	94.92	98.11	97.83	98.18	94.29	95.74	95.40	95.20
Professionalism of the staff in our ambulance service billing	100.00	95.00	88.89	75.00	90.10	89.76	100.00	100.00	92.86	90.00	95.00	81.25	93.18
Willingness of the staff in our billing office to address your	93.75	95.00	84.38	75.00	90.10	88.35	100.00	100.00	96.43	90.00	87.50	84.50	87.50
How well did our staff work together to care for you	96.11	93.80	95.37	94.06	96.08	96.28	96.51	98.20	98.54	94.99	96.22	96.25	95.72
Extent to which the services received were worth the fees	94.53	66.80	89.95	86.08	86.39	82.19	87.20	94.91	92.29	90.72	78.61	87.92	88.24
Overall rating of the care provided by our Emergency Medical	94.50	92.70	95.93	95.18	95.27	96.58	96.66	97.45	98.20	95.52	94.78	94.94	94.54
Likelihood of recommending this ambulance service to others	96.48	95.19	95.84	93.28	96.24	96.97	97.38	97.40	97.60	95.79	94.93	93.55	96.46
Your Master Score	95.32	92.78	94.54	93.02	94.96	94.58	96.16	96.52	96.91	94.00	94.07	93.80	94.57
Your Total Responses	146	126	138	150	165	150	150	150	150	150	150	144	150



Monthly tracking of Overall Survey Score



GROUND AMBULANCE CUSTOMER COMMENTS
August 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
1	06/06/2017	"took excellent care of me."				
2	06/07/2017	"very good."				
3	06/09/2017	"everything was done very well."	"No"			
4	06/09/2017	"Doesn't really apply was a transfer from one hospital to another."	"Not sure."			
5	06/10/2017	"The staff was very nice and were able to get her mind off of her issues."	"No"			
6	06/10/2017	"They listened well to the patient and his concerns and they adjusted their techniques to help him feel better."	"Not much can be done, he has a lot of back issues and the crew did their best to care for him."			
7	06/10/2017	"They did a good job of helping her deal with her pain."	"no"			
8	06/09/2017	"The staff was very patient with her and they were very conerned."	"Just keep doing a nice job!"	"Definately would recommend REMSA."		
9	06/11/2017	"everytime I've used them its just been absolutely great experience"				
10	06/22/2017	"They spoke to one another very well, team work!"	"They did everything perfect."			
11	06/22/2017	"Everything was done to excellence."	"Keep doing your amazing work."	"The whole experience was great. The hospitality of the medics is impressive."		
12	06/23/2017			Pt asked for a cup of water and was amazed at the lack of compassion after he never received the cup of water he asked for."		
13	06/23/2017			"They were together like a team,"		
14	06/23/2017	"It was effective and expected it. The ride was bumpy."				
15	06/23/2017	"very well done."	"Medics need to be more open about situation."			
16	06/23/2017			"everything went very well."		
17	06/25/2017		"Be more compassionate and listen."	"one medic didn't take him seriously."	Assigned to S.Selmi 9.1.17 ticket # 4530	See follow-up below
18	06/24/2017		"very professional!"			
19	06/24/2017		"I praise them all, they all did a great job."			
20	06/25/2017		"Service was great, they worked together very well."			
21	07/15/2017	"Very quick when called, seemed to be very knowledgable, knew how to handle an emergency"				
22	07/15/2017	"They were timely and treated me with care and respect"				
23	07/15/2017	"medics worked well as a team funny nice and everything i expected"				
24	07/16/2017	"they were very supportive and caring and put an IV on me with no pain very careful"				
25	07/16/2017	"Good care and service"				

GROUND AMBULANCE CUSTOMER COMMENTS

August 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
26	07/16/2017	"Got here fast, assessed I needed to go to the hospital, and got me there fast. Very well done all in all"	"My husband told them not to use the sirens due to the small neighborhood. Next time I want the full bell and sirens"	"I'm not sure they kept us informed. We called about a fall and it ended up being a diabetic complication." "Seemed to know what to do and when to do it. Don't know what you charge, but worth it"		
27	07/16/2017	"Understood that problems can be both physical and mental"	"Sparks FD can give you exact directions because I'm in an alley. It's hard for them to find me because of this. I think you should use them more"			
28	07/17/2017	"Got me to hospital quickly"	"Nothing"			
29	07/17/2017	"Overall service"	"Do the same again"			
30	07/17/2017	"Drove nicely one of the trips. The other trip, they waited with me for a room"	"More consistency on paramedics"	"Short trip - very close to hospital" "I used them twice in a week. One crew was awesome, but one crew was not so great. One crew put the IV in my index finger"		
31	07/17/2017	"Arrived within 4-5 minutes. Communicated well with home health nurse. They saw the medic sticking out of my back and jumped to action"		"Were limited to what they could do for pain. My tolerance for medication is very high." "They were great"		
32	07/17/2017	"Transported me from hospital to tarmac to be transported to another hospital"	"Nothing"			
33	07/17/2017	"Treated me so well. They found out what I do and who I am. They showed me the best care in the world. Started IV in one try"				
34	07/17/2017	"They helped me as well as they could"		"Told me what was going to happen in hospital"		
35	07/17/2017	"Diagnosis of the issue"	"Higher degree of professionalism"			
36	07/17/2017	"Saw that my vitals were okay. Proceeded to the hospital"	"I had a more recent incident and I think it was the same people"	"Found out about treatment at hospital. I had low blood sugar and they were on top of it"		
37	07/17/2017	"Everything. The way they handled the whole situation"				
38	07/18/2017	"The personal part. They understood I was a victim. Very supportive"		"They were awesome. Couldn't do anything about pain, but it was pleasant" "I would pay them personally if I could"		
39	07/18/2017	"Very personable and made me feel comfortable. I was very confident in the care they were providing me"		"Would give them a 10 if I could"		
40	07/18/2017	"Very personable and if one wasn't sure on treatment, she would ask questions. It was excellent"	"My husband went quite a few years ago, and this ambulance ride was more improved than when he went"	"They were awesome"		
41	07/15/2017	"they did a great job at treating him"	"nothing they were great"			
42	07/17/2017		"wouldn't help him onto the gurnie"			
43	07/18/2017	"they took care of him great"				
44	07/20/2017			"Couldn't find my vein and kept poking me. Inexperienced" "I don't want to be contacted about this experience"		

GROUND AMBULANCE CUSTOMER COMMENTS

August 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
45	07/20/2017	"They drove fast and got me to the hospital. One of the medics came back to check in on me in the hospital to make sure I was okay. I think that shows that they really cared"	"Maybe lower the prices"	"Everybody was really great. They definitely genuinely cared"		
46	07/21/2017	"They drove carefully and got him to the hospital"	"You've always been so good besides this trip."	"They left him laying on the hot pavement for 10 minutes while the ambulance was there. He was screaming because he was being burned. The medic said he didn't want to help him because he wasn't sure if they were taking him yet. They said he was just dehydrated. He ended up with third degree burns""He's being treated 3 days a week for the burns. It will probably take until Christmas until they're healed. They're very painful. REMSA has always been good to us before. They waited a long time while he was in the ambulance. When they put in IV, they missed the vein and caused swelling"	Assigned to S.Selmi 8.23.17 ticket # 4497	See follow-up below
47	07/21/2017	"Quick response, very compassionate"				
48	07/08/2017	"Included me in the process"	"Bring a big guy - he can pick me up by himself and put me on the gurney"			
49	07/08/2017	"Got me to the hospital"				
50	07/08/2017			"The medic came afterwards to see how I was doing. Good customer service. It would be nice if they explained more." "Go into more detail about bill. They charge a lot of money. Recommendation depends on insurance because it's a lot of money"		
51	07/08/2017	"Everything. Very knowledgeable, caring, kind, polite. Really good care team"		"I'm a hard stick with an IV and they did all they could for me"		
52	07/08/2017	"Response was quick, assessed the situation with fire department very quickly"	"Nothing improve"	"Had no bad things to say about my treatment" "Showed up quickly and took care of business"		
53	07/08/2017	"Very courteous"		"They were all very good"		
54	07/08/2017	"Worked together well as a team"				
55	07/08/2017		"Nothing that I know of"	"I was very pleased from what I remember. I remember it being good"		
56	07/08/2017	"Everything was very professional"				
57	07/08/2017	"Got me to the airplane"	"Make it cost less"	"Fees are pretty high"		
58	07/08/2017	"They've always been good to me"				
59	07/08/2017	"Everything from start to finish. From time picking me up until getting to hospital. No complaints. Very professional"		"Took the time to hear me and did what they needed to do. Answered my questions. Couldn't do anything about pain but got the IV in right away"		

GROUND AMBULANCE CUSTOMER COMMENTS

August 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
60	07/09/2017	"Showed up and got me there"		"I have a bit of a memory of them trying to get an IV. I kept telling her not to do it, and then I went unconscious again" "Everytime I've used you, it's been okay"		
61	07/09/2017	"They respected my needs"	"Keep doing what you're doing. Let the people know that they're somebody"			
62	07/10/2017	"Got me to the hospital"	"Could learn how to communicate better, to have more empathy, and listen to the patient"	"Not sure what they did for pain"	Assigned to S.Selmi 9.1.17 ticket# 4531	See follow-up below
63	07/09/2017	"Answering questions when I asked"				
64	07/09/2017	"Everything"	"I'm hoping there isn't a next time"	"Did as much as they could for pain"		
65	07/09/2017	"Very caring"	"Very inconsistent. Sometimes the personnel is very grouchy. The last time I took it, one of the medics was very nice, and one was very grouchy. That really upset me because the grouchy one was in the back with me."			
66	07/09/2017	"Really gentle"				
67	07/10/2017	"Yes they did"	"I don't know if they could do better"	"They were wonderful. The service was excellent. They listened to my daughter who is a nurse"		
68	07/10/2017	"On time"	"Nothing really. Do the same"			
69	07/11/2017	"Took care of me"	"Keep doing what you're doing"			
70	07/10/2017			"They were very good"		
71	07/10/2017	"Patient care and courtesy. Treated my family well also"	"Hopefully there won't be a next time. Took me twice within 11 days of each other. Everything was excellent"	"Attorney is taking care of fees"		
72	07/10/2017	"Listened to me, didn't make me feel apprehensive (first time in ambulance). Made me feel very comfortable and not frightened."	"Kind of a bumpy ride, but probably the road's fault"	"Asked what music I like, then changed the music from country to rock and roll for me" "Insurance paid for most"		
73	07/11/2017	"Real real good"	"The same thing again"	"They were there before I knew it. Told me everything before they did it" "I told them I didn't know if I could stand up after I'd been in that wreck, and they were there to help me so I wouldn't. The driver was really careful" "I was plenty satisfied"		
74	07/11/2017	"Did very well"	"I think they're doing fine the way they are"	"They pretty much just did a vitals check"		
75	07/11/2017	"Really caring and talked through all of it"	"Besides the fact that I literally didn't have to take it, it would have been nice to know the cost first. I could have walked"	"I got \$1000 bill for being in there for one minute"		
76	07/11/2017	"They're very kind and concerned about whatever the issue is. They do their best to make him comfortable and get him where he needs to go as quickly as possible"		"I'm sure they made an effort to relieve his pain"		
77	07/10/2017		"I don't think you could do any better. I think you're excellent workers and have excellent service. I thank God for this company and the way you help out this world."			
78	07/11/2017	"Recognized me. He took me out of here Halloween night."	"Don't let a newbie put in an IV (wasn't this trip)"	"They were wonderful. Did as much as they could do for pain. I broke my shoulder and hip"		

GROUND AMBULANCE CUSTOMER COMMENTS
August 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
79	07/12/2017	"very caring and polite"				
80	07/12/2017	"they treated me so nice and listened to me about my veins and he got my vein first try"				
81	07/12/2017	"constant questions making sure she was comfortable and explained every step to her"				
82	07/12/2017		"they did great"			
83	07/11/2017	"they did great with her dementia"				
84	07/12/2017	"Nothing really. They showed up on time for sure, but I didn't want to go, they wrestled me to the ground and shot me up with drugs (didn't tell me what they were), lost my glasses, treated me like I was a lunatic"	"Listen to me. Don't wrestle me. They tied me down and everything. They probably could have calmed me down by talking to me, but they didn't try. They told people I was climbing into a hot oven. The oven wasn't even on at my house. I don't like being given drugs when I don't know what they are."	"Made pain worse. I left and my glasses aren't home. They're \$500. I kept the receipt for the glasses and someone will need to pay for these glasses. I can't see without them. Either REMSA or the hospital needs to pay for this. The hospital is saying REMSA has them, REMSA is saying the hospital has" "I also had to replace my ID. Gold frames, transition lenses on the glasses"	Assigned to S.Selmi 8.23.17 Ticket #4499	See follow-up below
85	07/12/2017	"Efficient, made me comfortable"				
86	07/13/2017			"couldn't relieve dizziness. Gave me an IV"		
87	07/13/2017	"Great transfers - minimal pain"	"This medic was far from professional. He was confrontational and needs sensitivity training. They didn't put a cuff on my arm. Periodic training should occur for sensitivity."	"Primary medic on call in June was also primary medic in July. He was cocky and pompous. Thought he was a physician. Couldn't make a diagnosis or make documentation. He never took a history; didn't write I have MS and multiple heart problems. He didn't want me to recognize him" "There were inaccurate notes in the report. Some of them had to do with privacy"	Assigned to S.Selmi 8.23.17 Ticket #4498	See follow-up below
88	07/13/2017	"I felt well taken care of. Definitely acted/responded quickly. Kept me informed and kept going over everything with me."	"Everything went great"			
89	07/13/2017	"the best"	"Nothing better could be done. Satisfied 100%"			
90	07/13/2017	"All super polite. I liked conversing with them"	"Put the IV somewhere different than my hand, it hurt."			
91	07/13/2017	"Kept me calm"	"They were great"			
92	07/13/2017	"They took care of me."		"Whatever the charge was was worth it"		
93	07/14/2017		"No problems with ambulance as far as I know"			
94	07/14/2017	"Very courteous and tried to do everything they could to help me"	"Better tires on the car. Not the hard wheels or whatever they have on there"	"Didn't give me medication but tried to calm me down"		
95	07/14/2017	"They wrapped up my head to stop bleeding."				
96	07/14/2017	"Listened well."				
97	07/14/2017	"They got him to the ER room."	"They did great."			
98	07/14/2017	"all the guys were really really good"				

GROUND AMBULANCE CUSTOMER COMMENTS
August 2017

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99	07/12/2017	"Transporting, quick, accurate"				
100	07/28/2017	"Very professional and took care of me and got me to the hospital quickly"	"Big fan. They do a great job for the community"	"Don't remember much"		
101	07/28/2017	"Asked a lot of questions to get a good understanding of what was going on and what caused it. Provided relief of my pain immediately. Identified problem and took steps to relieve my discomfort"		"Couldn't have shown more concern for me. Fantastic"		
102	07/30/2017	"Overall professional conduct"	"Provide legal documentation for special cases"			
103	07/30/2017	"Everything"	"Keep me from getting sick"			
104	07/30/2017	"Relieved my pain"		"You're the only game in town"		
105	08/01/2017	"They were very caring. Thank you."	"5"			
106	08/01/2017	"They took good care of the situation."				
107	08/01/2017	"They helped me out of the ambulance."	"Arrive in a timely manner. Document all of the symptoms patient speaks about and treat them as well."	"They didn't act like they cared about my other problems."		
108	08/02/2017	"They were helpful, good people and they did there job well."	"No."			
109	08/02/2017	"Getting me off the floor was nice!"	"Nothing."			
110	08/02/2017	"Everything was good."	"no."			
111	08/02/2017	"Took care of me."				
112	08/02/2017	"They did an excellent job."				
113	08/02/2017	"One medic listened carefully and kept me informed and asked caring questions."	"being afraid of my service dog."	"one medic wasn't very attentive to my needs."		
114	08/02/2017		"inform me of what is happening" I was left in a wheelchair in the hall way for hours not knowing what was going on. Pt was in a lot of pain and suffering. Better communication would have been ideal. Pt left the hospital."		Assigned to S.Selmi 9.1.17 ticket # 4532	See follow-up below
115	08/04/2017	Pt suggests that medic distract patient to other things rather than what is going on. Distractions help calm fears, if medics included patients in common converstaions."	"Too many men in my livingroom, fire department and ambulance. I recently moved to the area and unsure of the hospitals around, Medics seemed to be impatient with me about not knowing what hospital to go to. I would like the medics to listen, don't assume and more importantly have compassion."		Assigned to S.Selmi 9.1.17 Ticket #4533	See follow-up below
116	08/04/2017	"They told me different positions I can sit in to be able to breathe more effectively."		"received great care through instruction and communication." "Bumpy ride."		

17

9/7/17 1635, called the pt and his wife asked if I could call back the next morning. I will have the crew complete an occurrence report ASAP. Stacie 9/8/17 0820, I spoke with the pt , he was very nice but not very happy with the crew member who took care of him during transport. Pt told me (employee) might have had a "bad night" because he was rude, had a bad attitude and could not believe he really wanted to go to the hospital for his nausea/vomiting, did not have any compassion for him. I apologized to Pt, told him I will speak to the crews and have them file reports, he thanked me for calling and listening to him. Stacie

GROUND AMBULANCE CUSTOMER COMMENTS

August 2017

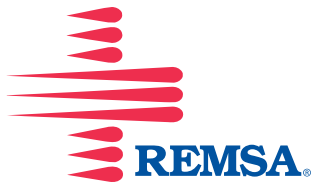
- 46 8/26/17 1325, I spoke to the pts wife who filed the complaint, also spoke to both crew members, having them complete occurrence reports ASAP. Continued.... When I spoke to pts wife on 8/26/17 she was very upset with the paramedic's and how they treated her husband. They wanted the paramedic's to come to their home and apologize to him. After talking to Pt's wife for quite awhile she calmed down. On 6/21/17, the Pt had just completed his 30th radiation treatment for his cancer the same day they went to Dr's office. Pt was getting out of the car using his walker when he fell on the pavement. Pt's wife went inside to get help from the staff, they came out and started chest compression's on Pt. Times of the call received 1530:11, at scene 1535:13, at pt 1536:00. Pt's wife told me the paramedic's just left him on the ground for another 10 minutes before they put him in the ambulance then waited before they transported. They told her he was just dehydrated and may not need to go to the hospital, she was very upset at the whole incident. Pt was admitted to ICU for 3 days, received 3 degree burns to his left shoulder and back, now has home care RN's to have wound care 3 times/day for 6-7 weeks and cannot be treated for his cancer until his burns are healed. I apologized several times to Pt's wife and told her I would talk to the paramedic's and have them file reports. By the end of our conversation Pt's wife just did not want this to happen to someone else and she thanked me for calling her. I asked why she did not call REMSA right away about this incident and she told me her son told her to complain, I told her she can call anytime with any complaints or questions. Pt was treated with O2, Albuterol, 12 lead, IV with fluids, blood sugar checked, transported at 1555:05 per the chart. I spoke to the crew, their first priority was getting the pt off the pavement, into the ambulance and complete an assessment with treatment. The crew did not know the staff did chest compression's until I told them, he was alert upon their arrival. Contributing factors for this incident: radiation treatments, laid on the hot pavement for a minimum of 6 minutes, chest compression's applied on a pt who was alert when the paramedic's arrived. Stacie
- 62 9/7/17 1540, I called the number on the chart, spoke with pt's husband, he gave me her cell phone number and told me she was still in the hospital. I asked if I should wait to call her and he told me it was OK to call her. I spoke to the pt, she asked me to call her back next week as she will be out of the hospital by Mon (9/11). I will have both crew members complete an occurrence report ASAP. Stacie
- 84 8/26/17 1033, I left a message for the pt. I checked lost and found, no gold fame glasses or ID found, it was documented in the chart clothing and a bag of unknown items where left with the pt in the ED room. The chart was also well documented with the pt being altered and verbally/physically abusive to the crew and firefighters. WCSO had to assist with the pt, no restraints were used, no IV or medication was given on scene or enroute. Stacie 8/31/17 0948, I left 2nd message for Pt. Stacie 8/31/17 1623, pt did not call back, closed ticket. Stacie
- 87 8/26/17 1518, called the pt, no answer, just kept ringing. Stacie 8/31/17 1003, called Pt twice with the phone ringing then a busy signal. Stacie 8/31/17 1620, called pt unable to contact her, closed ticket. Stacie
- 114 9/2/17 1025, I spoke with the pt, she was very nice, this complaint is about the hospital (RRMC) not REMSA. PT told me she sat in a wheelchair for hours before she was seen by a Dr. I thanked her for her time talking to me, no further. Stacie
- 115 9/2/17, need the pt's phone number from the billing office which was closed today, number not documented on chart. Both crew members will complete occurrence reports. Stacie 9/7/17 1305, I spoke with the pt, she was very nice. Pttold me she only had good thing to say about our crew, she also liked the Fire Department. Her and husband just move to this area, they did not know which hospital would be the best for her, everyone was very kind and she did not mean to sound like she was complaining. Pt said "the paramedic's saved her life that day". The one complaint she did have was the Dr. and staff at NNNMC, she walked out of the ER and said she would never go back. I discussed with her she needs to contact her insurance to find out what hospital she needs to go to if she was transported again, she agreed and thanked me for calling her. No further, Stacie



REMSA

PUBLIC RELATIONS REPORT

AUGUST 2017



August 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

Calendar listings and postings provide information on the upcoming Bleeding Control classes.

REMSA to Host Bleeding Control Classes for the Public

Event Dates and Times

9/9/2017

REMSA Center for Prehospital Education, 400 Edison Way, Reno

The Regional Emergency Medical Services Authority (REMSA) will start hosting bleeding control classes, *Stop the Bleed*, for the community starting in September. Bleeding Control for the Injured (B-Con) educates community members on how to perform immediate and basic lifesaving interventions prior to receiving definitive medical care.

"We are living in a world where active shootings and life-threatening circumstances have become more and more prominent," said Todd Kerfoot, Manager of Special Operations. "Just like the public takes CPR classes to be able to help a citizen on the spot, bleeding control is just as important for the general public to understand. Victims of shootings or explosives can die in as quickly as five to ten minutes if they do not receive bleeding control assistance."

After attending the class, students will have learned how to manage life-threatening blood loss through the use of tourniquet application, wound packing and hemostatic dressings, as well as the basic strategies to open and maintain an airway. These courses do not require any prior medical experience, and are suited for those that want to be educated on what to do during any potential traumatic incident.

REMSA uses a curriculum intended to build national resilience by preparing the public to save lives by raising awareness about how to stop bleeding following everyday emergencies, and man-made and natural disasters.

Classes are \$30 per person

(775) 353-0772 or www.remsaeducation.com

KOLO

REMSA to Host Bleeding Control Classes for the Public

August 17, 2017 By [Christie Yabu](#) — Comments

[f](#) [t](#) [g+](#) [p](#)

RENO, Nev. — The Regional Emergency Medical Services Authority (REMSA) will start hosting bleeding control classes, *Stop the Bleed*, for the community starting in September. Bleeding Control for the Injured (B-Con) educates community members on how to perform immediate and basic lifesaving interventions prior to receiving definitive medical care.

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NEVADA BUSINESS

REMSA B-Con Classes for the Public

Saturday, September 09, 2017
9:00 am - 12:00 pm
Additional Dates
Monday, September 11, 2017 9:00 am - 12:00 pm

REMSA Center for Prehospital Education
400 Edison Way
Reno, NV
[Directions](#)

Price: \$30.00 —Per Person

The Regional Emergency Medical Services Authority (REMSA) will start hosting bleeding control classes, *Stop the Bleed*, for the community starting in September. Bleeding Control for the Injured (B-Con) educates community members on how to perform immediate and basic lifesaving interventions prior to receiving definitive medical care.

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RN&R

REMSA Bleeding Control Classes

September 9 at 9:00 am - 12:00 pm

Recurring Event (See all) \$30

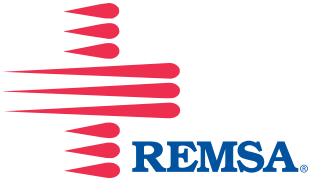
• 5th International Camel & Ostrich Races

4 Nights to Indulge! Selous Series

THIS IS RENO

REMSA

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August 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

Calendar listings and postings provide information on the next POI car safety checkpoint and installation.

Free Car Safety Seat Check This Saturday in Reno

Posted: Aug 14, 2017 10:46 AM PDT
Updated: Aug 14, 2017 10:46 AM PDT

You can make sure your child's car seat is properly installed at a free event this Saturday in Reno.

The 9 a.m. inspection will be held at The Children's Cabinet at 1090 Rock Blvd.

There, safety technicians will make sure the seat is properly installed and the right kind for the age and weight of your child.

REMSA says properly installed car seat can reduce the risk of death by as much as 71%.

Visit <http://www.remsa-cf.com/> or call (775) 858-5437 for more information.



KTVN

MyActiveChild.com
Activities, Events & Family Fun in Northern Nevada

Home | Blog | Calendar | Activities | Athletics | Resources | Big List | Discounts | About

Browse Event Planner Jobs
Search Event Planner Jobs On L-Health: Find Your Dream Job Today

FREE CAR SEAT SAFETY CHECK - RENO
August 19, 2017

It is so important to make sure your car seats are installed properly. Don't miss this opportunity to take advantage of the FREE car seat installation and inspection check offered by REMSA's Point of Impact community outreach program.

MY ACTIVE CHILD

REMSA Hosts Free Community Outreach Program: Point of Impact

August 19 at 9:00 am - 12:00 pm

What: Point of Impact – a car seat inspection and installation program REMSA offer for the community. When: Saturday, August 19 at 9 a.m. Where: The Children's Cabinet, 1090 S Rock Blvd., Reno Details: This...

RENO ART FEST
August 18-19
August 18 at 10:00 am - 6:00 pm
Recurring Event (See all)
Reno Art Fest on the River celebrates local artists in downtown Reno with an outdoor, open-air art market.

THIS IS RENO

REMSA Hosts Free Community Outreach Program: Point of Impact
Saturday, August 19, 2017
9:00 am - 12:00 pm

The Children's Cabinet
1090 S. Rock Blvd.
Reno, NV
Directions

Price: Free –Free

What:
Point of Impact – a car seat inspection and installation program REMSA offer for the community.

**When:
**Saturday, August 19 at 9 a.m.

RN&R

REMSA Hosts Free Community Outreach Program: Point of Impact

August 14, 2017 By Chrisie Yabu – Comments

What:
Point of Impact – a car seat inspection and installation program REMSA offer for the community.

When:
Saturday, August 19 at 9 a.m.

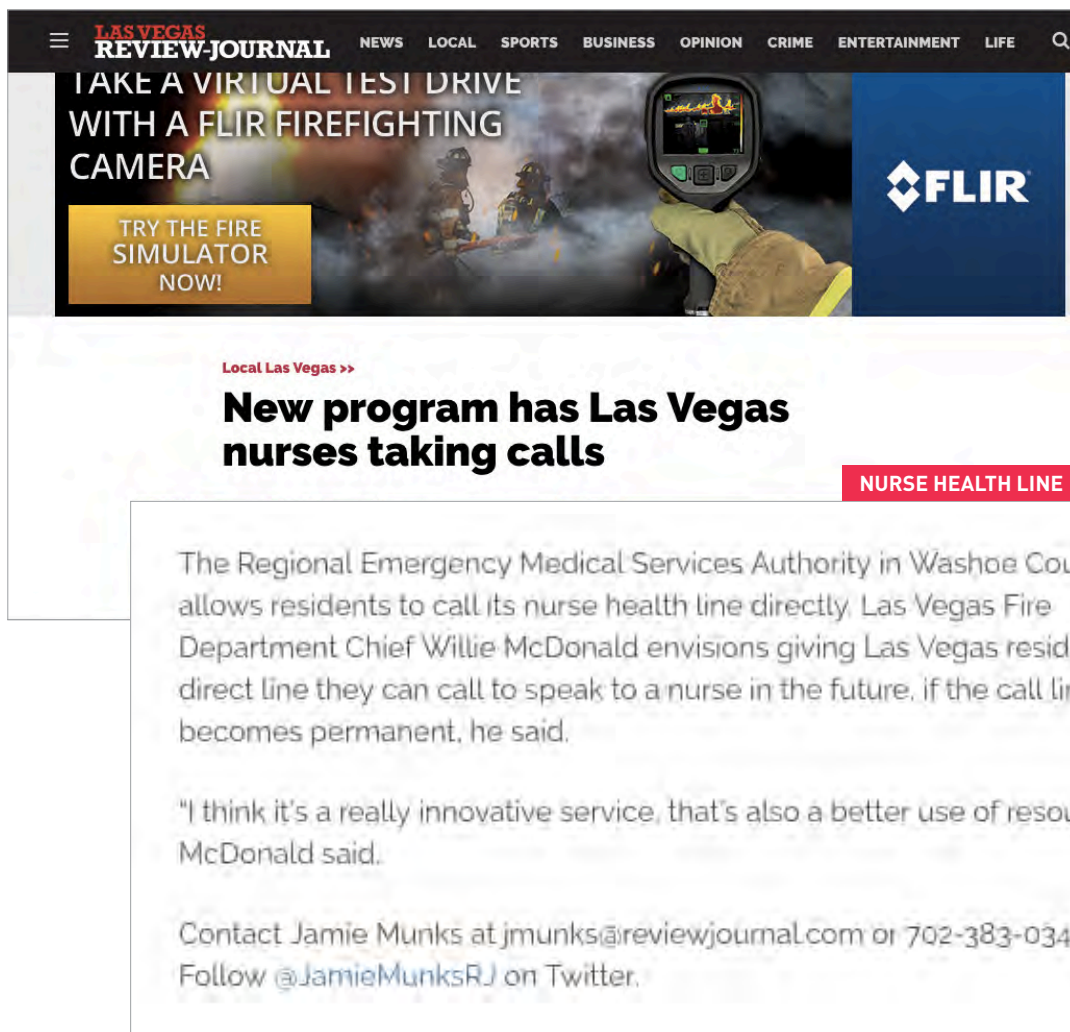
Where:
The Children's Cabinet, 1090 S Rock Blvd., Reno

Details:
This outreach program encourages parents to check the car seat to make sure it has all its parts, labels and instructions and it should never have been involved in a crash. Also, REMSA

NEVADA BUSINESS

MEDIA COVERAGE

- ▼ The Las Vegas Review-Journal mentions REMSA's program in relation to a new program happening in Las Vegas.




The screenshot shows a news article from the Las Vegas Review-Journal. The article is titled "New program has Las Vegas nurses taking calls" and is categorized under "Local Las Vegas" and "NURSE HEALTH LINE". The article text reads: "The Regional Emergency Medical Services Authority in Washoe County allows residents to call its nurse health line directly. Las Vegas Fire Department Chief Willie McDonald envisions giving Las Vegas residents a direct line they can call to speak to a nurse in the future. If the call line here becomes permanent, he said. 'I think it's a really innovative service, that's also a better use of resources,' McDonald said. Contact Jamie Munks at jmunks@reviewjournal.com or 702-383-0340. Follow @JamieMunksRJ on Twitter."

SOCIAL MEDIA HIGHLIGHTS

Job Posting

Regional Emergency Medical Services Authority - REMSA
Published by Adam Heinz [?] · August 24 at 2:03pm · 🌐

****LEADERSHIP POSITION AVAILABLE****
REMSA Communications, an Internationally recognized Accredited Center of Excellence is actively recruiting for the position of Communications Manager.
Experienced Individuals interested in working in a state of the art and modern Emergency Medical Communications facility who possess Emergency Communications Leadership experience and would like to take the next step in their professional career to lead our talented Communications team members are encouraged to submit their resume.
<https://workforcenow.adp.com/jobs/apply/posting.html...#>



2,066 People Reached

59 Reactions, Comments & Shares

33 Like 12 On Post 21 On Shares

1 Love 0 On Post 1 On Shares

12 Comments 6 On Post 6 On Shares

13 Shares 13 On Post 0 On Shares

502 Post Clicks

143 Photo Views 20 Link Clicks 339 Other Clicks

NEGATIVE FEEDBACK

1 Hide Post 1 Hide All Posts
0 Report as Spam 0 Unlike Page

Dale Miller YOS Award

Regional Emergency Medical Services Authority - REMSA
Published by Adam Heinz [?] · August 23 at 9:01pm · 🌐

Congratulations to Communications Supervisor Dale Miller for 20 years of service with REMSA! Our organization is extremely lucky to have your expertise and commitment to quality emergency medical care serving our community!



1,615 People Reached

84 Reactions, Comments & Shares

75 Like 75 On Post 0 On Shares

2 Love 1 On Post 1 On Shares

1 Wow 1 On Post 0 On Shares

6 Comments 6 On Post 0 On Shares

0 Shares 0 On Post 0 On Shares

146 Post Clicks

73 Photo Views 0 Link Clicks 73 Other Clicks

NEGATIVE FEEDBACK

4 Hide Post 2 Hide All Posts
0 Report as Spam 0 Unlike Page

SOCIAL MEDIA HIGHLIGHTS

▼ #TBT Post

Regional Emergency Medical Services Authority - REMSA
Published by Turner Park [?] · August 19 at 6:28pm · 🌐

Throwing it back to 1986, when Washoe County, the City of Reno, and the City of Sparks banded together to create REMSA.



REMSA History
About REMSA's History
REMSA-CF.COM

1,159 People Reached

42 Likes, Comments & Shares

34 Likes	27 On Post	7 On Shares
5 Comments	3 On Post	2 On Shares
3 Shares	0 On Post	3 On Shares

129 Post Clicks

0 Photo Views	67 Link Clicks	62 Other Clicks
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NEGATIVE FEEDBACK

1 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

▼ Comm Center Post

Regional Emergency Medical Services Authority - REMSA
Published by Turner Park [?] · August 21 at 6:30pm · 🌐

REMSA's Medical 9-1-1 Communication Center is staffed by highly trained Emergency Medical Dispatchers, who utilize state-of-the-art technology to efficiently and quickly dispatch the appropriate ground or helicopter ambulance.



766 People Reached

20 Likes, Comments & Shares

18 Likes	11 On Post	7 On Shares
0 Comments	0 On Post	0 On Shares
2 Shares	0 On Post	2 On Shares

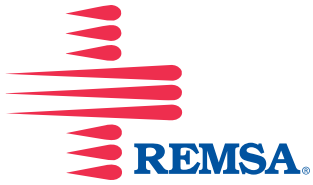
97 Post Clicks

65 Photo Views	0 Link Clicks	32 Other Clicks
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NEGATIVE FEEDBACK

0 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts



August 2017 Public Relations + Social Media Highlights Report

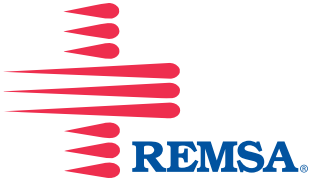
District Board of Health

STRATEGIC INITIATIVES



▼ REMSA purchased with penalty funds:

- 100 Safe Sleep Kits and 100 Car Seats
- Casa de Vida is receiving 50 Car Seats

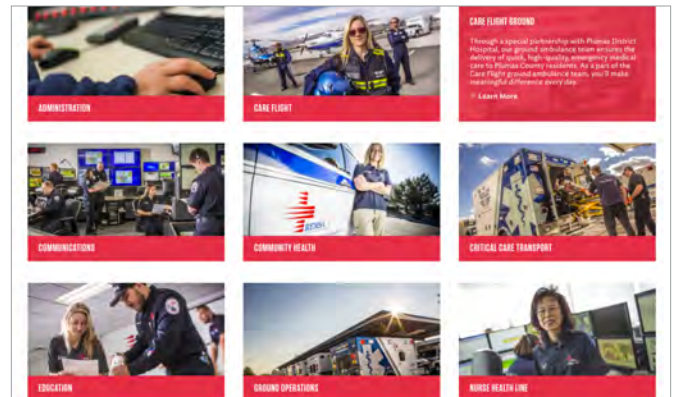
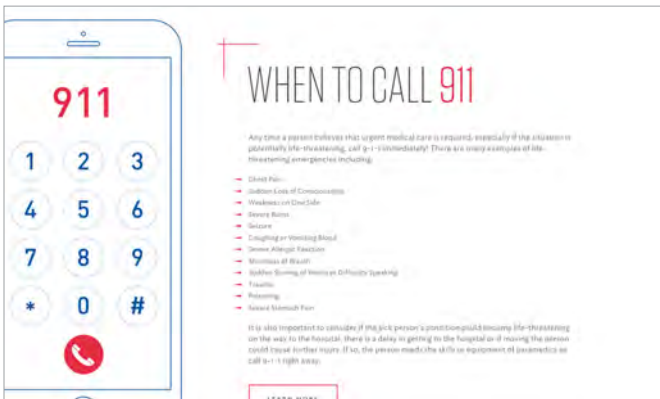


August 2017 Public Relations + Social Media Highlights Report

District Board of Health



▶ The REMSA website has had a soft launch. It is now available to the public at remsahealth.com. The Care Flight website, which launched last year, is now also fully integrated creating a comprehensive digital REMSA-Care Flight experience. A select group of REMSA team members has been asked to review and edit the site. There will be an official launch announcement in mid-September.





Regional Emergency Medical Services Authority

REMSA

PENALTY FUNDS DISTRIBUTION

AUGUST 2017



REMSA 2017-18 PENALTY FUND RECONCILIATION AS OF JULY 31, 2017

2017-18 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2017	\$6,510.60
August 2017	
September 2017	
October 2017	
November 2017	
December 2017	
January 2018	
February 2018	
March 2018	
April 2018	
May 2018	
June 2018	
Total accrued as of 7/31/2017	<u>\$6,510.60</u>

2017-18 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Total encumbered as of 7/31/2017	<u>\$0.00</u>		
Penalty Fund Balance at 7/31/2017	<u>\$6,510.60</u>		



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

AUGUST 2017

No inquiries for AUGUST 2017

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

Staff Report
Board Meeting Date: September 28, 2017

TO: District Board of Health

FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, lgriffey@washoecounty.us

THROUGH: Kitty Jung, DBOH Chair

SUBJECT: Discussion of Process and Presentation of Evaluation Forms for the District Health Officer’s Annual Review and Possible Direction to Staff to conduct the evaluation.

SUMMARY

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer (Mr. Kevin Dick) prior to, or as near as possible to, the anniversary / evaluation date of October 24th, as approved by the District Board of Health meeting on April 24, 2014. The District Board of Health reviews the performance evaluation questions and if in agreement, approves the use of the questions for the District Health Officer’s annual evaluation. The board also reviews the list of proposed evaluation participants. If the questions and list of participants are acceptable the board grants approval for the Health District Human Resource Representative to conduct the 360 evaluation electronically utilizing the (Survey Monkey) on-line survey program. Evaluation results are provided to the board and a public hearing is held during the next Board of Health meeting (October 26, 2017) to conduct the District Health Officer’s performance evaluation.

District Health Strategic Objective supported by this item: Strengthen Washoe County Health District (WCHD) workforce and increase operational capacity to support a growing population.

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

PREVIOUS ACTION

On December 15, 2016, the Washoe County District Board of Health conducted the District Health Officer’s (Mr. Dick) annual performance evaluation in open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2016. The Board accepted the performance evaluation as presented, and approved the two percent (2%) merit increase.

On October 27, 2016, the Washoe County District Board of Health continued the District Health Officer’s annual performance evaluation and merit increase request to the November 2016 meeting, so the Board of Health Chair could be present to provide input. The November 2016

District Board of Health meeting was cancelled, moving the item to the December 15, 2016 meeting.

On September 22, 2016, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2016 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation. The evaluation results will be provided to the board and a public hearing held during the next Board of Health meeting to conduct the District Health Officer's evaluation.

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

On September 24, 2015, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2015 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation. The evaluation results will be provided to the board and a public hearing held during the next Board of Health meeting to conduct the District Health Officer's evaluation.

BACKGROUND

The Washoe County District Board of Health conducts an annual performance evaluation of the District Health Officer (Mr. Kevin Dick).

The board reviews the proposed evaluation questions. The questions presented for the 2017 evaluation are the same evaluation questions used last year to evaluate both the District Health Officer and the Washoe County Manager, and have been reviewed by the District Board of Health Chair and Vice Chair for 2017. If the board chooses to add, adjust or remove any of the recommended questions, the board can provide the acceptable wording for the additional question and approve the evaluation to proceed with the proposed changes. If significant changes are requested, the agenda item can be continued to the October meeting to allow for the new evaluation to be created. If the evaluation process is continued to the October meeting, the District Health Officer's evaluation would be moved to the November Board of Health meeting.

The board also reviews the list of proposed evaluation participants and determines if the list of participants is acceptable; the board can choose to add or remove names from the list. Once the board approves the performance evaluation questions and participant list, they grant approval for the Health District Human Resource Representative to conduct the 360 evaluation electronically utilizing the (Survey Monkey) on-line survey program. The electronic (Survey Monkey) process has been successfully used for the District Health Officers evaluation since 2010.

The evaluation will be conducted and results provided to the Board of Health for the October, 2017 meeting. A public hearing is held during the next Board of Health meeting (October 2017) to conduct the District Health Officer's evaluation.

FISCAL IMPACT

There is no fiscal impact.

RECOMMENDATION

Staff recommends the Board approve the District Health Officer's annual performance evaluation questions and list of participants as presented, and authorize the Health District Human Resource Representative to conduct the District Health Officer's annual 360 evaluation utilizing the (Survey Monkey) on-line survey program.

POSSIBLE MOTION

Possible motions could be "Move to approve the District Health Officer's annual performance evaluation questions and list of participants as presented, and authorize the Health District Human Resource Representative to conduct the 360 evaluation utilizing the on-line survey program."

Or

"Move to approve the District Health Officer's annual performance evaluation questions and list of participants with the proposed changes [changes proposed], and authorize the Health District Human Resource Representative to conduct the 360 evaluation utilizing the on-line survey program."

District Health Officer 2017 Evaluation

1. Introduction

Dear Evaluator,

You are being requested to offer feedback for the performance evaluation of Mr. Kevin Dick, Washoe County District Health Officer. Please complete the following evaluation as soon as possible. Your answers will be compiled with feedback from other evaluators and your ratings and comments will remain anonymous. The input you provide will be used to help set goals and objectives for the District Health Officer for next year.

Please complete this short evaluation as soon as possible. The survey will close at 5:00 p.m. on October 10, 2017. The evaluation should only take about 10-15 minutes to complete.

We recognize you're very busy and thank you for your participation in this important evaluation process.

District Health Officer 2017 Evaluation

2. Instructions

Rate the proficiency in each competency using the following guidelines:

Exceeds your expectations: Performance is consistently exceptional. This person is a role model of competency.

Meets your expectations: Performance meets and periodically exceeds expectations. The person is a strong contributor to the organization.

Area for growth: Performance does not consistently meet reasonable expectations and standards. Immediate steps must be taken to improve.

Evaluator has no basis for judgement: This is an acceptable answer if you are not familiar with the District Health Officer's effectiveness in a particular area.

1. SELECT RELATIONSHIP - What is your relationship to the District Health Officer

- District Board of Health Member
- Health District Staff
- Peer from an Outside Agency

District Health Officer 2017 Evaluation

3. LEADERSHIP

1. Leadership - Select the appropriate rating for each competency

	"Exceeds your expectations"	"Meets your expectations"	"Area for growth"	"Evaluator has no basis for judgement"
Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspires trust and confidence with staff, the District Board of Health and the public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functions as an effective leader of the organization, gaining respect and cooperation from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Values staff, helps staff develop a passion for their work and recognizes their contributions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops a talented team and challenges them to perform to their highest level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding Leadership:

District Health Officer 2017 Evaluation

4. COMMUNICATION

1. COMMUNICATION - Select the appropriate rating for each category.

	"Exceeds your expectations"	"Meets your expectations"	"Areas for growth"	"Evaluator has no basis for judgment"
Practices timely and effective communication with District Board of Health, other elected officials, outside agencies, department heads and staff regarding issues and concerns of the Health District.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listens attentively and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaks and writes logically, clearly and concisely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivers logical and well-organized presentations (formal and informal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages and uses feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding Communication:

District Health Officer 2017 Evaluation

5. COMMUNITY RELATIONS

1. COMMUNITY RELATIONS - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Areas for growth"	"Evaluator has no basis for judgment"
Effectively represent the Health District in public; projects a positive public image based on courtesy, professionalism and integrity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a successful working relationship with the news media.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a successful working relationship with community stakeholders and community organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages and considers community input on issues the Health District can impact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strives to maintain citizen satisfaction with Health District services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding Community Relations:

District Health Officer 2017 Evaluation

6. INTERGOVERNMENTAL RELATIONS

1. INTERGOVERNMENTAL RELATIONS - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Area for growth"	"Evaluator has no basis for judgment"
Accessible to leadership of other agencies and jurisdictions; displays appropriate diplomacy and tact in relationships with other agencies and jurisdictions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensures Health District is represented and appropriately involved in projects and programs sponsored by other jurisdictions and agencies that have impact on the Health District and/or that the Health District can impact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments regarding Intergovernmental Relations:

District Health Officer 2017 Evaluation

7. DISTRICT BOARD OF HEALTH RELATIONS

1. DISTRICT BOARD OF HEALTH RELATIONS - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectation"	"Areas for growth"	"Evaluator has not basis for judgment"
Effectively implements the Board's policies, procedures and philosophy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disseminates complete and accurate information to all board members in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds well to requests, advice and constructive criticism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides support to the boards' meeting process that allows for open, transparent decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitates the board's decision making without usurping authority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding District Board of Health Relations:

8. COMPLETION

Thank you!

Your time and input on the District Health Officer's annual evaluation is greatly appreciated.

Draft -Email List of Participants for 2017 DHO Evaluation

Name	Position/Organization	E-mail
1. Oscar Delgado	Board of Health	delgadoo@reno.gov
2. Dr. John Novak	Board of Health	jnovakdmd@aol.com
3. Tom Young	Board of Health	gbbrewery@gmail.com
4. Kristopher Dahir	Board of Health	kdahir@cityofsparks.us
5. Kitty Jung	Board of Health	kjung@washoecounty.us
6. Michael Brown	Board of Health	mike.brown@rrpartners.com
7. Dr. George Hess	Board of Health	ghhmv@aol.com
8. Vacant	Env Hlth Division Director	
9. Anna Heenan	Admin Health Service Officer	aheenan@washoecounty.us
10. Charlene Albee	Air Quality Division Director	calbee@washoecounty.us
11. Steve Kutz	Community and Clinical Health Division Director	skutz@washoecounty.us
12. Randall Todd	Epi Center Director	rtodd@washoecounty.us
13. Sabra Newby	Reno City Manager	newbys@reno.gov
14. Steve Driscoll	Sparks City Manager	sdriscoll@cityofsparks.us
15. John Slaughter	Washoe County Manager	jslaughter@washoecounty.us
16. Dr. Trudy Larson	Dean, College of Community Health Science UNR	tlarson@unr.edu
17. Catherine Omara	Exec Dir NV State Medical Assoc.	Catherine@nvdoctors.org
18. Niki Aaker	Director - Carson City Hlth & Human Services	naaker@carson.org
19. Greg Lovato	Administrator NV Div of Environmental Protection	glovato@ndep.nv.gov
20. Tray Abney	Dir of Gov Relations Chamber of Commerce	tabney@thechambernv.org
21. Don Tatro	Exec Dir Builders Assoc of Northern Nevada	dont@thebuilders.com
22. Lea Tauchen	VP, Retailers Association of Nevada	Lea@rannv.org

23. Lee Gibson	Regional Transportation Commission	lgibson@rtcwashoe.com
24. Julia Peek	Assistant Administrator, Nevada Division of Public and Behavioral Health	jpeek@health.nv.gov
25. Rota Rosachi	Exec Dir NV Public Health Foundation	rota@nphf.org
26. Dr. Tony Slonim	CEO, Renown Health	tstonim@renown.org
27. Cherie Jamason	Food Bank of Northern Nevada	cjamason@fbnn.org
28. Kristen McNeil	Washoe County School District	kmcneill@washoeschools.net
29. Karen Barsell	CEO United Way	Karen.Barsell@uwnns.org
30. Chuck Duarte	CEO Community Health Alliance	cduarte@chanevada.org
31. Sharon Chamberlain	CEO Northern Nevada HOPES	Sharon@nnhopes.org
32. Michele Montoya	Community Services Agency	mmontoya@csareno.org
33. Mike Pomi	Children's Cabinet	mpomi@childrenscabinet.org
34. Mike Wurm	Boys and Girls Club	mwurm@bgctm.org
35. Dr. John Packham	Nevada Public Health Association	jpackham@medicine.nevada.edu
36. Chris Askin	CEO, Community Foundation of Western Nevada	Caskin@nevadafund.org

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: September 28, 2017

DATE: September 8, 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. American Planning Association and Healthy Communities



Land use patterns and the built environment directly influence air pollution levels. They also affect public health by determining active transportation choices and access to healthy foods. AQM has been actively partnering with the Nevada Chapter of the American Planning Association (NVAPA) to ensure the Health District's goals are embedded in every proposed project and plan. Resolutions supporting Ozone Advance adopted by the cities and County in 2016 are empowering community development departments and planning commissions to take a broader, Healthy Community oriented view to growth. A Healthy Community addresses the environmental, public, and economic health of our area.

The Reno Planning Commission invited AQM staff to provide comments on the StoneGate Planned Unit Development (PUD), proposed to be located in Cold Springs. In addition to written comments, testimony was also provided at the August 30th public hearing. The primary air quality impact from this project would be an increase in vehicle miles traveled (VMT) resulting from the 5,000 dwelling units, schools, parks, and town center. From an air quality perspective, the ideal development would be infill providing access to an existing infrastructure, public transit, and closer proximity to destinations. The proposed location of this project does not have these opportunities. Recommendations to reduce VMT and achieve air quality benefits included: 1) centrally locating schools to enable active transportation and support Safe Routes to School initiatives; 2) ensuring connectivity between the residential neighborhoods and the town center; and 3) providing infrastructure for electric vehicle charging through wiring single

family garages and charging stations for multi-family units. These recommendations support the Washoe County School District and Regional Transportation initiatives.

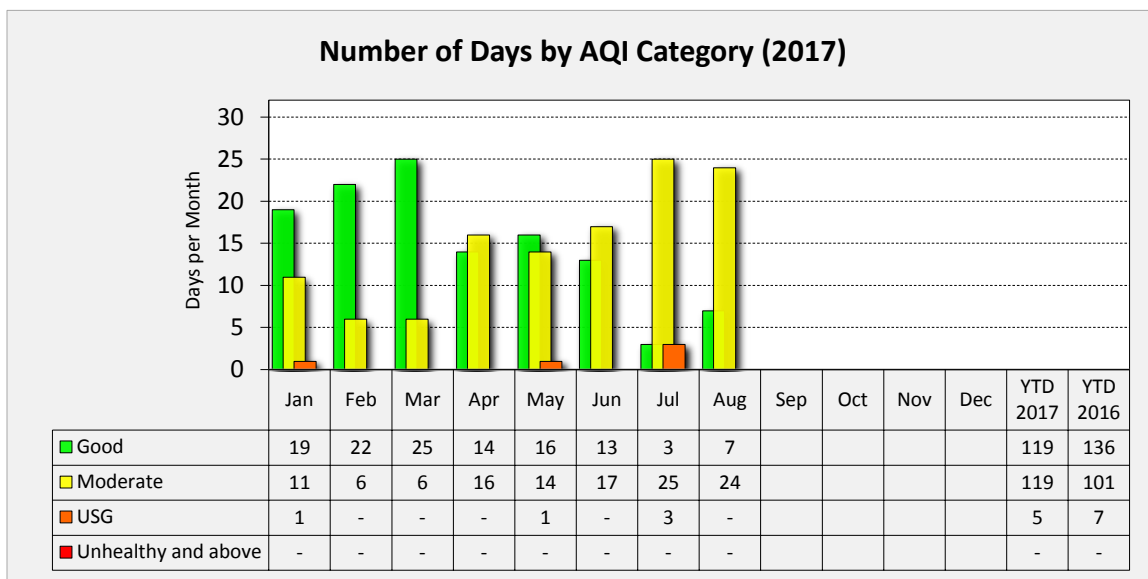
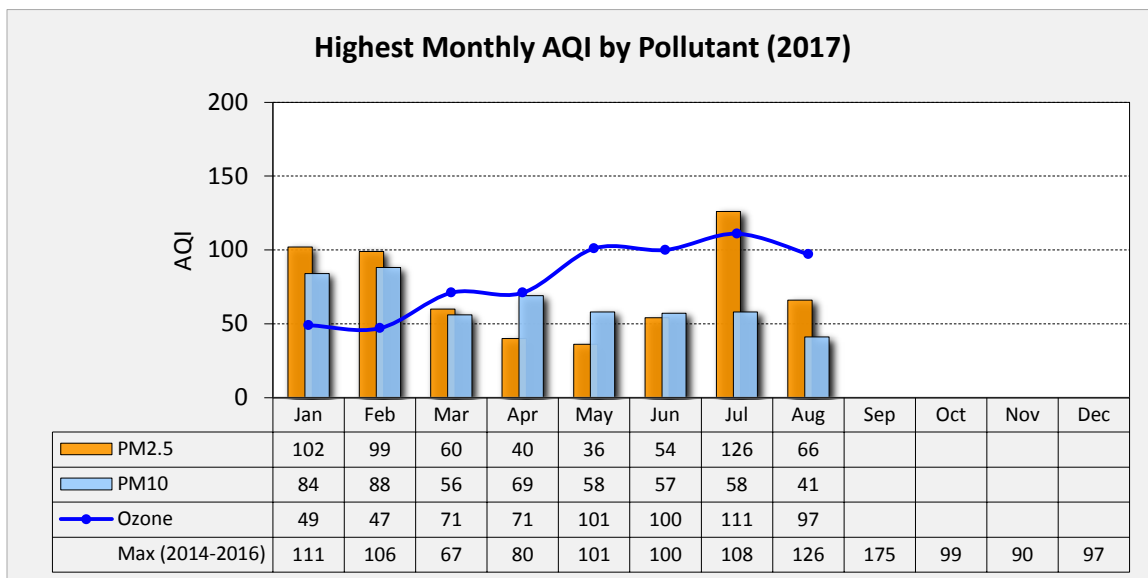
Additional efforts to support the Ozone Advance Program include participation by Senior Air Quality Specialist Julie Hunter as the NVAPA Chapter Planning Official Development Officer. Recently, the NVAPA, in partnership with the Nevada Leadership Program-University Center for Economic Development at the University of Nevada, Reno, published the February 2017 Nevada Planning Guide. Ms. Hunter and Dr. Frederick Steinmann, NVAPA Chapter Secretary and Assistant Research Professor, presented a printed and bound copy of the Planning Guide to local Boards, Commissions, and Councils this summer in Washoe, Douglas, Lyon, and Storey Counties, as well as the City of Reno, Sparks and Carson City. The presentation also included an overview of the NVAPA and the Nevada Leadership Program. The Planning Guide is available at <http://clearinghouse.nv.gov/public/Notice/2017/E2017-146.pdf>.

The Nevada APA annual conference will be held October 2-4, 2017 in Carson City. Details about the conference are available at the APA conference & meetings website (<https://www.planning.org/events/eventmulti/9127923/>).

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 August. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second 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

August Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of August, however, smoke from wildfires throughout the western United States increased fine particulates (PM_{2.5}) leading to hazy skies for most of the month. The short-term AQI occasionally reached the Unhealthy for Sensitive Groups (AQI above 100) for PM_{2.5} and Ozone.



Oxygenated Fuels Program: During the 1980's the Truckee Meadows did not meet the carbon monoxide (CO) NAAQS. AQMD developed aggressive initiatives targeting the largest sources of wintertime CO - woodstoves and motor vehicles. The woodstove program was one of the first in the nation to require cleaner stoves when a house went through a change of ownership. Federal tailpipe standards and Nevada's smog check program reduced CO emissions from cars. AQMD also implemented a wintertime oxygenated fuels program to increase the oxygen content of gasoline. All of these strategies led to attaining the CO NAAQS in the 1990's. As Washoe County's fleet mix became newer and cleaner, the incremental benefits of adding oxygenates diminished. In 2013, the DBOH suspended DBOH Regulations Governing Air Quality Management, Section 040.095 because of these reduced incremental benefits. In addition, federal agricultural tax credits have incentivized oxygenates to be blended into gasoline at concentrations greater than required by 040.095. Details of the program can be found in the annual Oxygenated Fuels Report under the "Reports" tab at OurCleanAir.com. EPA is proposing to approve this suspension as a revision to the CO State Implementation Plan

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2017		2016	
	August	YTD	August	Annual Total
Renewal of Existing Air Permits	77	759	90	1285
New Authorities to Construct	7	49	15	97
Dust Control Permits	15 (238 acres)	126 (2017 acres)	23 (330 acres)	161 (2239 acres)
Wood Stove (WS) Certificates	55	332	40	434
WS Dealers Affidavit of Sale	2 (1 replacements)	24 (17 replacements)	5 (3 replacements)	81 (57 replacements)
WS Notice of Exemptions	533 (6 stoves removed)	5556 (56 stoves removed)	724 (2 stoves removed)	7523 (66 stoves removed)
Asbestos Assessments	118	723	104	1020
Asbestos Demo and Removal (NESHAP)	15	171	19	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 sixty-six (66) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Enforcement staff observed four passing source tests this summer and approximately 10 gasoline station vapor tightness tests. Of the gasoline station tests five initially failed but were able to be repaired and successfully pass the tightness test.

Staff conducted forty-four (44) stationary source and six (6) initial compliance inspections in August 2017. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2017		2016	
	August	YTD	August	Annual Total
Asbestos	1	11	3	29
Burning	0	8	1	16
Construction Dust	8	27	8	58
Dust Control Permit	0	1	0	13
General Dust	7	47	10	72
Diesel Idling	0	0	2	8
Odor	2	10	1	31
Spray Painting	2	7	0	3
Permit to Operate	0	2	1	8
Woodstove	1	1	0	1
TOTAL	21	113	26	239
NOV's	August	YTD	August	Annual Total
Warnings	1	6	0	16
Citations	0	5	3	24
TOTAL	1	11	3	40

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

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK	__	__
DHO	__	KD	__

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: September 28, 2017**

DATE: September 15, 2017
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Program Report – Fetal Infant Mortality Review Program; Divisional Update – New Public Health Nurse Supervisor; Data & Metrics; Program Reports

1. Program Report –

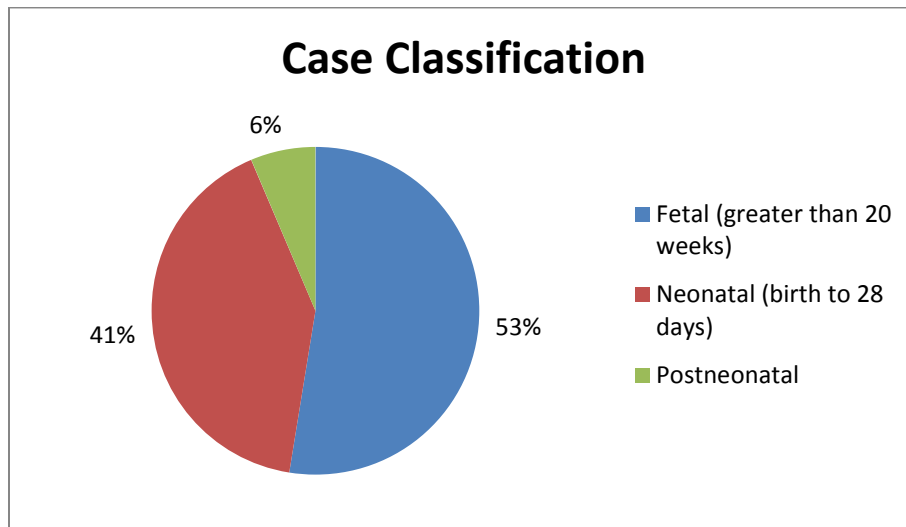
Fetal Infant Mortality Review Program



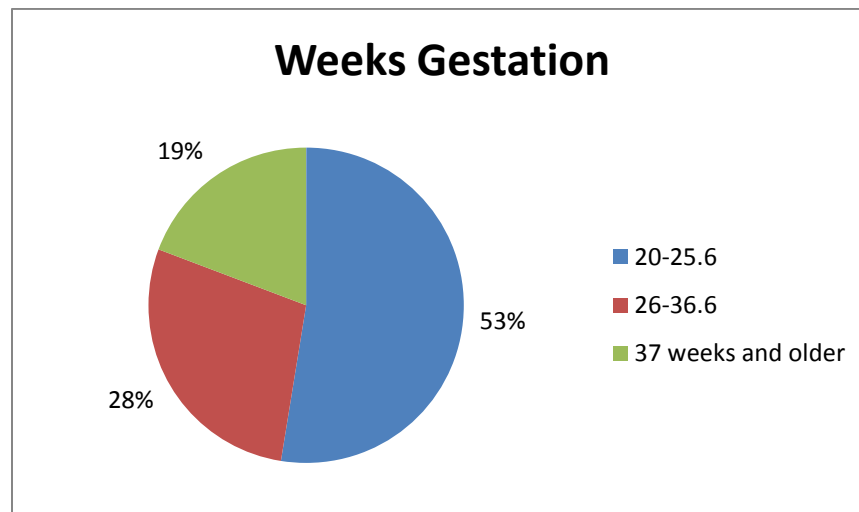
September is Infant Mortality Awareness Month. The Washoe County Fetal Infant Mortality Review (FIMR) Program was implemented in 2014 by the Maternal Child and Adolescent Health (MCAH) Program and is currently the only FIMR program in Nevada. FIMR program staff extract data from the records of local hospitals to examine a variety of factors that affect the health of the mother, fetus and infant. This data is then evaluated to identify strategies that may reduce fetal and infant mortality.

FIMR staff abstracted data on a total of 78 fetal and infant mortality cases that occurred between June 2016 and May 2017. Of those 78 cases, 69 (88%) were residents of Washoe County. The remaining 9 (12%) of women were not residents but received medical care in Washoe County. Data was entered into the REDCap database.

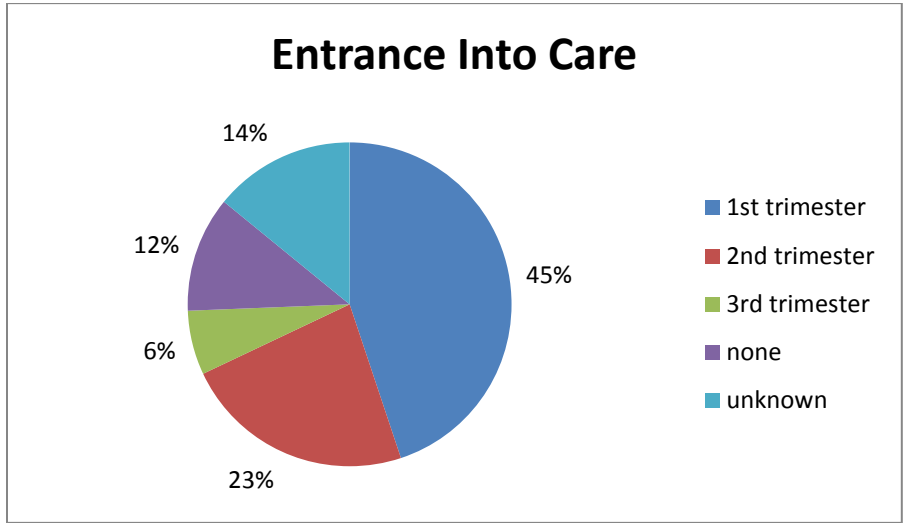
Results:



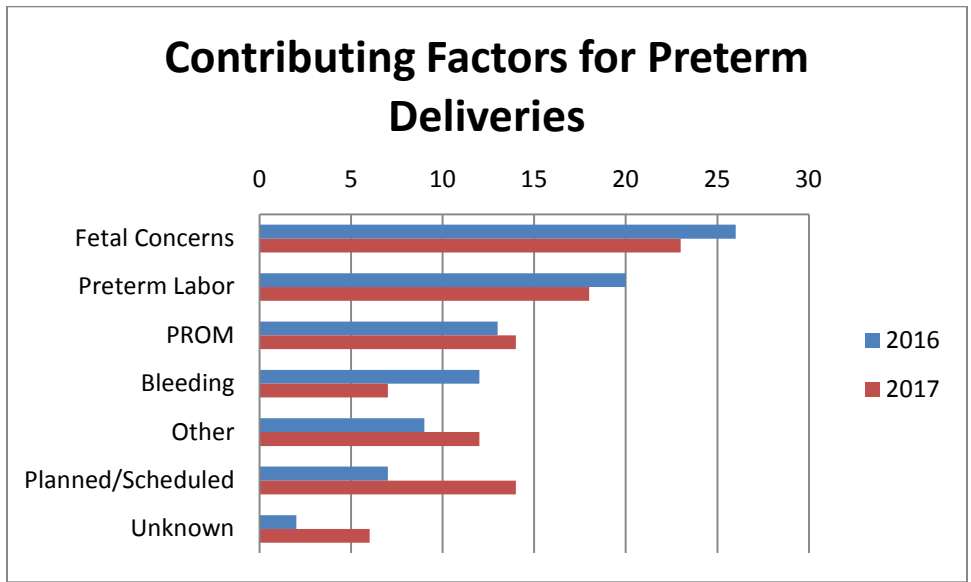
- 41 (53%) of the deaths were classified as fetal
- 32 (41%) were classified as neonatal
- 5 (6%) were classified as post-neonatal



- 41 (53%) were delivered between 20-25 weeks gestation
- 22 (28%) were delivered between 26-36 weeks gestation
- 15 (19%) were delivered at greater than 37 weeks gestation



- 35 (45%) entered care in the 1st trimester
- 18 (23%) entered care in the 2nd trimester
- 5 (6%) entered care in the 3rd trimester
- 9 (12%) had no prenatal care
- 11 (14%) prenatal care status unknown

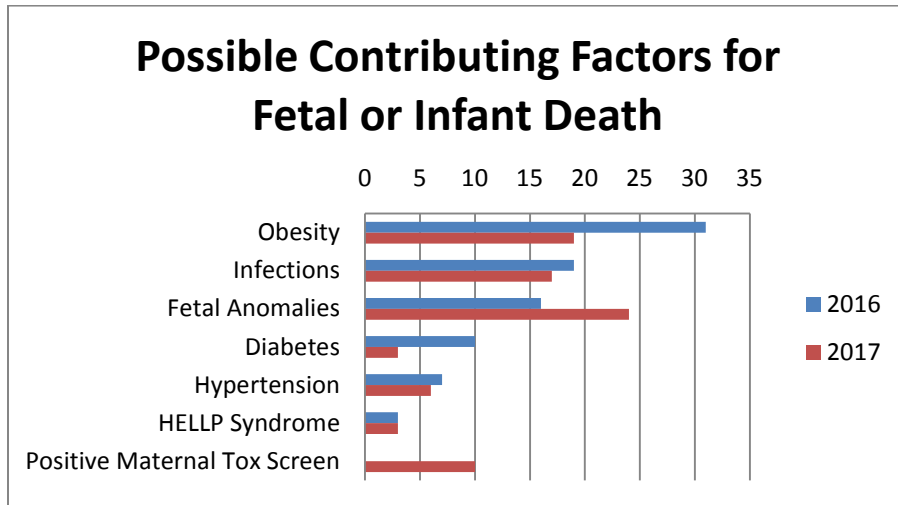


Of the 63 Preterm Deliveries:

- 23 (25%) had fetal concerns
- 18 (19%) had preterm labor
- 14 (15%) had premature rupture of membranes (PROM)
- 7 (7%) had vaginal bleeding

- 12 (13%) were due to a variety of other causes
- 14 (15%) were planned/scheduled deliveries
- 6 (6%) were for unknown reasons

NOTE: Preterm deliveries may have more than one contributing factor



- 19 (23%) were obese prior to pregnancy
- 17 (21%) developed infections during pregnancy
- 24 (29%) infants were diagnosed with significant fetal anomalies
- 3 (4%) had diabetes or developed gestational diabetes while pregnant
- 6 (7%) had hypertension or were diagnosed with hypertension during pregnancy
- 3 (4%) developed HELLP syndrome* during pregnancy
- 10 (12%) had a positive toxicology screen at delivery

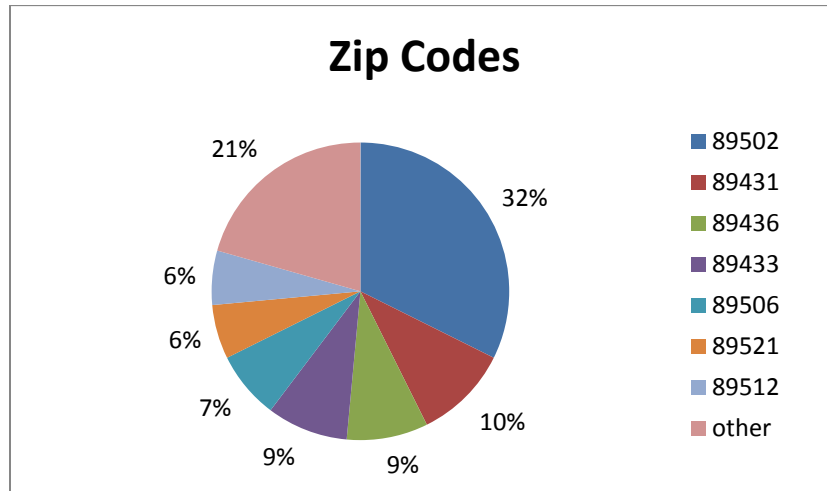
* HELLP syndrome is a life-threatening pregnancy complication usually considered to be a variant of preeclampsia. Both conditions usually occur during the later stages of pregnancy, or sometimes after childbirth.

HELLP syndrome is named after its characteristics:

H (hemolysis, which is the breaking down of red blood cells)

EL (elevated liver enzymes)

LP (low platelet count)



The greatest number of fetal and infant deaths occurred in the 89502 zip code. This may be in part due to the geographical size and dense population in the 89502 area, however further analysis is needed. In FY2016, 89502 accounted for 19% of the Washoe County FIMR cases. This increased to 32% of cases in FY2017.

Case Review Team

The Case Review Team (CRT) met 10 times between July 2016 and June 2017. The team reviewed 55 of the 78 (71%) cases. All of the cases reviewed were Washoe County residents. CRT recommendations were addressed by the Community Action Team (CAT).

In addition to implementation of the “Go Before You Show” public awareness campaign to encourage on-time prenatal care, CRT recommendations include an outreach campaign presented directly to prenatal care providers promoting prenatal education about the effects of substance use on the fetus, improve reliability of data regarding substance use in pregnant women, encourage increased toxicology screening during prenatal care, and development of a program to encourage prenatal care providers to inform pregnant women about fetal movement awareness such as Fetal Kick Counts.

Community Action Team

The Community Action Team (CAT), as part of the Northern Nevada Maternal Child Health Coalition, secured start-up funding for the ‘Go Before You Show’ campaign. They will continue fundraising activities and collaboration with local agencies to implement this campaign in Washoe County.

Education/Training

- FIMR staff participated in numerous Maternal Child Adolescent Health (MCAH) trainings, meetings and activities such as:

- Northern Nevada Maternal Child Health Coalition (NNMCHC) monthly meetings
- Nevada Statewide Safe Sleep Coalition meetings
- Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS) meetings and activities including 2016 Day of Remembrance on October 9, 2016 and the 5th Annual PILSOS yard sale on June 13, 2017 (Fundraiser to support the annual Day of Remembrance)
- Child Death Review (CDR) meetings
- National Governors Association (NGA) Improving Birth Outcomes in Nevada meetings on October 20, 2016 and June 28, 2017
- Prematurity Summit hosted by the March of Dimes in Las Vegas on November 16, 2016
- JTNN Quarterly Coalition meetings on February 9, 2017 and May 11, 2017
- Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) Learning Session 5 in Houston, February 13-14, 2017
- National Cribs 4 Kids conference in Pittsburgh, April 25-28, 2017
- FIMR California Technical Assistance meeting in Oakland on May 4, 2017

In order to address concerns regarding substance abuse during pregnancy, a MCAH Public Health Nurse (PHN) has been working closely with the Drug Endangered Children (DEC) Program, in partnership with Washoe County Department of Alternative Sentencing. DEC is a national program conducted in partnership with local police departments. The PHN meets with pregnant women who test positive for drugs or alcohol and are incarcerated, on probation or parole. The PHN provides prenatal education, prenatal vitamins and resources. Safe sleep training and a Pack 'N Play portable crib are provided at a follow-up appointment for eligible clients. Ongoing services are provided by Child Protective Services once the baby is born if indicated.

Summary

Washoe County FIMR cases have decreased from 94 fetal and infant deaths in FY2016 to 78 deaths in FY2017. The highest percentage of cases was from the 89502 zip code which increased from 19% in FY2016 to 32% percent in FY2017. FIMR staff will continue to monitor this and other trends with the goal of identifying contributing factors to geographic disparities.

During the third year of the Washoe County FIMR program, staff continued to improve processes for data abstraction, case review, and maternal interviews to identify trends contributing to fetal and infant deaths. Modifications were also made to the REDCap data base to improve functionality and reporting capabilities.

Maternal substance abuse concerns were addressed through collaboration with Join Together Northern Nevada (JTNN) and the partnership of FIMR staff with the Washoe County Drug

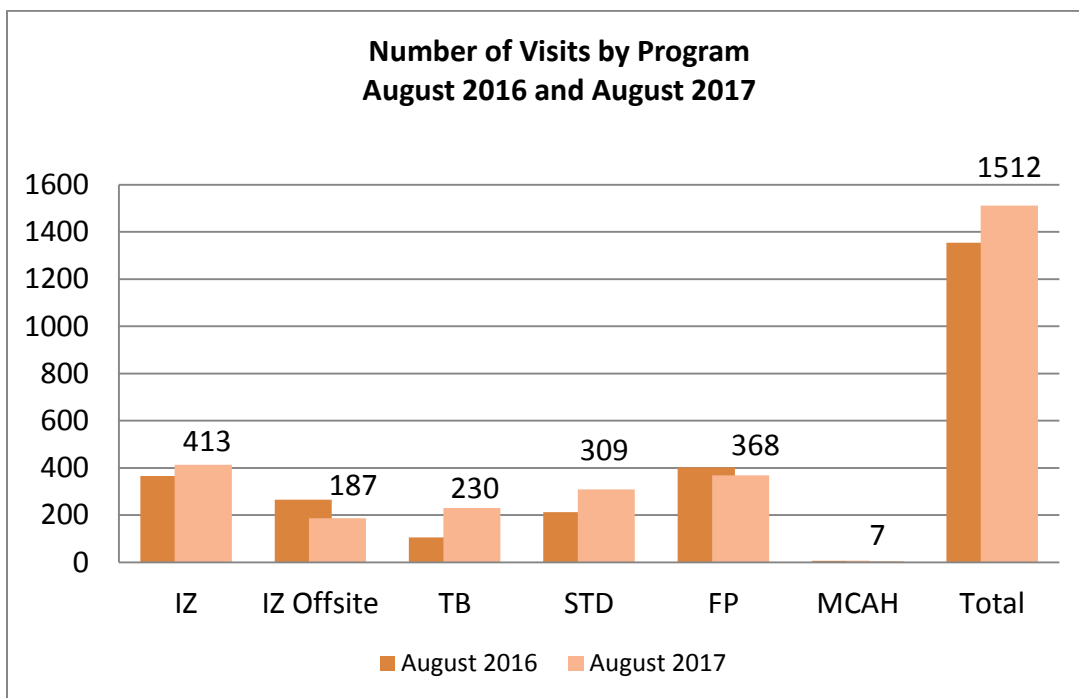
Endangered Children Program. The FIMR Team will continue to work on substance abuse issues as a long term goal.

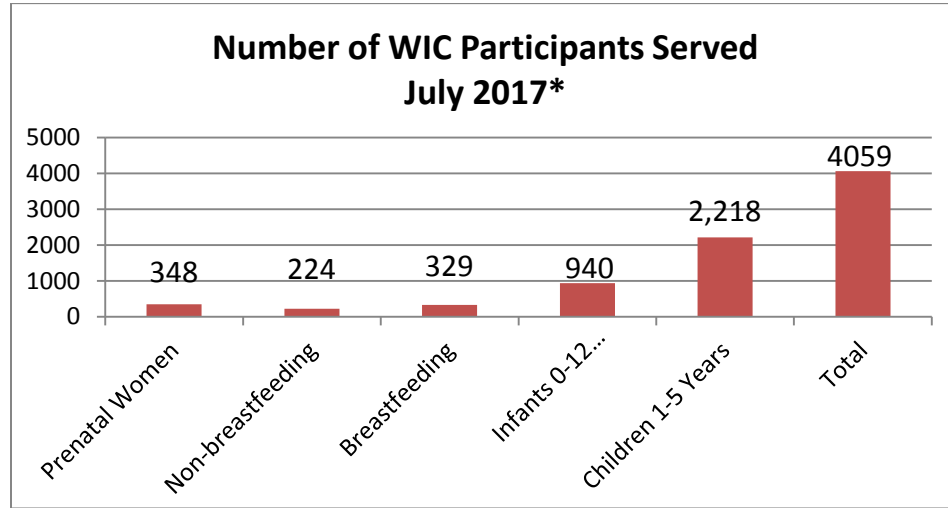
FIMR staff, CRT and CAT participants continue to be committed to identifying and implementing additional strategies to decrease fetal and infant deaths in Washoe County.

2. Divisional Update

a. **New Public Health Nurse Supervisor** - Angela Penny RN, BSN, is our new Public Health Nurse Supervisor in CCHS. Angela has worked in Public Health for 24 years, both here at the Health District and in Alaska. She has worked in a number of CCHS programs, most recently as a Disease Intervention Specialist in the STD Program. Angela will supervise the TB and HIV Programs.

b. Data/Metrics





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

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

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff participated in strategic planning the week of August 21, 2017. The goal is to implement a team approach in the Sexual and Reproductive Health program to increase appointment availability and further improve revenue. The objectives include increasing staff efficiencies, promoting best practice standards, and better meeting patient expectations. Staff prioritized potential changes and is in the process of implementation.



Sexual Health staff taking a break to watch the eclipse

HIV Program Staff attended the United States Conference on AIDS September 6th through September 10th, 2017. Highlights from the conference included the presentation of data from interventions that will stop the spread of HIV acquisition and transmission. Data is conclusive and consistent that providing Pre-exposure Prophylaxis (PrEP) for people at high risk for HIV acquisition, those living with HIV achieving and maintaining a suppressed HIV viral load by taking HIV medications consistently, eliminates the sexual transmission of HIV. Considered a “game changer” for HIV prevention, care, and treatment programs, as well as for how people with HIV see themselves and have they are seen by others, the implementation of PrEP and robust linkage/retention to HIV care activities were emphasized. Examples of integration between STD and family planning programs as well as bridges between HIV care and prevention programs with community engagement examples were provided. Staff also attended sessions on advances in HIV testing technologies, HIV decriminalization policy work, the impact of HIV stigma, and connections to social determinants of health.

- b. **Immunizations** – As the demand for Back to School vaccines wanes, Immunization Program staff are busy preparing for Remote Area Medical (RAM) on September 29-30, 2017; Point of Dispensing (POD) Exercise, in partnership with EPHP on October 4, 2017; Binational (Mexican) Consulate Clinic October 13-14, 2017; and a flu vaccination event at Northern Nevada Children's Cancer Foundation. Staff are also partnering with Immunize Nevada, Washoe County School District and the Nevada State Immunization Program to plan the 2017-18 School Located (Flu) Vaccination Clinics at selected schools.
- c. **Tuberculosis Prevention and Control Program** – Washoe County has had twelve cases of active Tuberculosis since January 1, 2017. There are currently eight patients on daily direct observed therapy (DOT).

Sandra Maestas, Office Assistant II, retired on September 13, 2017. Lorena Solorio, Office Assistant II, was reassigned from immunizations to the Tuberculosis program to fill this vacancy.

- d. **Family Planning/Teen Health Mall** – The Family Planning team participated in strategic planning as was indicated in the Sexual Health report above. A team approach will be used to improve clinic practice related to Long Acting Reproductive Contraceptives (LARCs) and client education.

A Family Planning media campaign began on September 4, 2017, which consists of poster panels, radio and social media advertisements. There will also be a Teen Health Mall advertisement in the Wooster and Hug High School newspapers for the 2017-2018 school year.



Lisa Lottritz, Family Planning Program Supervisor, attended the National Family & Reproductive Health Association seasonal meeting in San Diego the week of September 11, 2017.

- e. **Chronic Disease Prevention Program (CDPP)** – Staff welcomed Stephanie Chen as the new Health Educator I to the team. Stephanie will be working on physical activity and nutrition projects including the We Order Well! (WOW!) healthy restaurant choices project, healthy vending and healthy parks.

The CDPP was notified that their application for SNAP-Ed will be funded. Activities in the grant application include the Wolf Pack Coaches Challenge and healthy environmental changes in a park in the 89502 zip code. The funds will cover an intermittent hourly health educator to work on the proposed projects.

CDPP staff and the WCHD Communications Manager, in partnership with community partners such as Join Together Northern Nevada, implemented the first local event in observance of International Overdose Awareness Day on August 31st. Participants gathered at the “Believe” sign in Reno’s City Plaza, and walked to Wingfield Park to partake in a remembrance activity acknowledging the grief felt by families and friends of those who have met with death or permanent injury resulting from drug overdoses. Approximately 90 people attended the event.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Please see the Fetal Infant Mortality Review (FIMR) Program Report, above.
- g. **Women, Infants and Children (WIC)** – The WIC program was able to offer two onsite “Pop-up” Farmers Markets outside the 9th Street WIC Clinic. The goal was to reduce barriers to clients using their Farmers Market Nutrition Program coupons. The events were huge successes and

Subject: CCHS Division Director's Report

Date: September 15, 2017

Page 11 of 11

highly frequented by WIC clients, Senior Farmer Market Nutrition Program Participants, and many staff from the County Complex. We would like to thank Minton Family Farms for working with the WIC program to help increase fruit and vegetable consumption among WIC participants. If the Farmers Market Nutrition Program is funded again next year the goal will be to have "Pop-Up" events on a regular basis all summer long.

DD	<u>KD</u>	___
DHO	___	<u>KD</u>
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: September 28, 2016

DATE: September 15, 2017
TO: District Board of Health
FROM: EHS Supervisors
THROUGH: Kevin Dick, District Health Officer
 775-328-2416, kdick@washoecounty.us
SUBJECT: EHS Division and Program Updates – Food, Land Development, Schools, Vector-Borne Disease and Waste Management

DIVISION UPDATES

- **Environmental Health Services Training Program** – Environmental Health Services Training Program staff are in the process of facilitating the training for a new intermittent Environmental Health Specialist as well as three (3) additional staff who will be taking the registration exam in the Summer of 2018.

PROGRAM UPDATES

Food

- The Food Safety Program was awarded a grant from the US Food and Drug Administration (FDA). The grant will provide funding for the development of food safety related educational outreach material, the implementation of outreach media campaigns, and staff food safety trainings. **Activities outlined in the work plan for the grant meet criteria of Standard 2 – Trained Regulatory Staff, Standard 7 – Industry and Community Relations, and Standard 9 – Program Assessment.**
- Staff developed procedures for the review and approval of operational plans and waiver requests to allow dogs in outdoor dining areas. Resources for food establishment operators to comply with this requirement were also developed. Operator resources include FAQs, informational checklists, and example policies that are available on the program website and handed out during food establishment inspections. **The development of written policies addressing regulatory waiver requests related to foodborne illness risk factors meets the criteria of Standard 3 – Inspection Program Based on HACCP Principles.**
- Staff designed a service animal poster for distribution to Washoe County food establishments. The poster will be provided to food establishments to post in an effort to educate the public on the difference between service animals, therapy dogs, and emotional support animals. **Participation in public outreach and education for consumers and industry meets the criteria of Standard 7 – Industry and Community Relations.**



- Staff operated an educational booth at the Pack the Park event. Educational outreach activities focused on the health risks associated with animals inside food establishments and information about the difference between service animals, therapy animals, and companion animals. **Participation in educational outreach for the consumers and industry meets criteria of Standard 7 – Industry and Community Relations.**
- **Environmental Health Services Epidemiology Program** – Program staff worked with the communicable disease (CD) program on outbreaks of gastroenteritis at three (3) separate childcare facilities in August. With sanitation and exclusion procedures followed by facility operators, all outbreaks were closed by late August and early September. Additionally, staff is monitoring an increase in strep throat at two elementary schools that have been reported through the CD program.
- **Special Events** – Hot August Nights occurred at the beginning of August and the Best in the West Nugget Rib Cook-Off started at the end of August before rolling into September. Each of these events provided their own challenges for staff. Hot August Nights takes place at five main venues across the Reno-Sparks area and the Rib Cook-Off is very labor intensive as staff is onsite for multiple shifts during every day of the event. A team of 14 different staff members worked at least one of the shifts during the Rib Cook-Off. No major issues were noted during either of these very large events. September continues to be very busy in the program with several large events including the Great Reno Balloon Race, the National Championship Air Races, and the Street Vibrations Fall Rally.

Land Development

- Through August 31, the Land Development team has reviewed 611 septic plans and 120 well plans versus 520 plans and 130 well plans in 2016. August was extremely busy with construction inspections, which has allowed for continued training of new team members. New staff is functioning at an independent level in a few areas, including basic plan reviews, and specific areas are targeted for ongoing training. Their ability to function on their own in plan reviews has allowed the group to spread out incoming plans more and soon inspections will also be able to spread out more evenly.

Safe Drinking Water

- With workload being better distributed in the Land Development, staff assigned to the Safe Drinking Water group is focusing on increasing time spent with the needs of the program. Sanitary surveys are being conducted as quickly as possible to avoid the inclement weather. The goal is to complete all sanitary surveys by mid-November. At time of writing, 50% of surveys for the year had been completed.
- In August, the team submitted water system files to the State in conjunction with an audit. No response has been received on any issues with the filing system. Meetings with the State to assist in coordination have resumed and it was agreed to focus on water systems with long running issues.

Schools

- School inspections are 60% complete for the fall of 2017. Staff is concentrating on a more risk-based approach in terms of communicable disease prevention. Guidelines have been established to train employees to take over school inspections as the two per-diem staff retires. These guidelines will be incorporated into the Training Manual.

Vector-Borne Diseases

- There have been seven additional cases of West Nile virus (WNV) and a death since the first case occurred the first week of August. Four of the eight human cases are neuroinvasive and five of the cases occurred in the Sparks community. With seven of the eight WNV cases not traveling outside of Washoe County, there is a strong likelihood that WNV was contracted in the Truckee Meadows Community. From July 24 through September 6, there were 68 West Nile virus (WNV) positive collections of adult mosquitoes (three from Gerlach). During this period, five different species of mosquitoes were found to have transmitted the virus. In addition, a horse (Lemmon Valley), crow (Sparks), sparrow (northwest Reno), starling and scrub jay (Washoe Valley) tested positive for WNV. Staff with truck mounted foggers continues to aerosol targeted areas with adult activity including the vicinity of positive human cases. For the week of August 27, the weekly index data of Culex tarsalis dropped significantly in all 13 New Jersey light traps. The final helicopter applications will occur on September 20 and 21. Staff anticipates larvaciding over 2,500 acres with the product Vectolex.
- The sentinel chicken flocks in the Truckee Meadows Community are still negative for mosquito borne viruses.
- This season through September 6, 1,306 samples containing 39,320 adult mosquitoes have been sent to the Animal Diseases Laboratory (ADL) with 68 positive collections for West Nile virus.
- Staff sampled and larvacided 6,672 catch basins and 11 of the 68 positive collections were from catch basin mosquitos, Culex pipiens.
- The City of Reno has seven requirements on the building plans for the Heliport pad behind Fire Station #12. The condition of concern is the area around the 40' x 40' pad. They require a rock covering to minimize air borne soil particles by the helicopter's approach and take off due to possible effects to the vehicles at the fire station.
- Staff reviewed 16 civil/building plans this past month. Three projects have been signed off receiving their C of O.
- The Program's five public health interns resumed UNR classes on August 28. Their field work, lab activities, trapping events and early morning fogging provided valuable service to the public we serve in our community. Their support will continue part time based on class schedules through the end of October.
- Vector Responses to Public Requests:

	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	AUG 2017	YR Total	Mo. Avg
Mosquito	1	2	11	11	72	44	57	52	250	31.3
Mosquito Fish – Gambusia	0	0	10	25	36	36	12	4	123	15.4
Gambusia Delivered	0	0	0	0	0	492	315	0	807	100.9
Hantavirus	5	0	2	6	6	10	8	12	49	6.1
Plague	0	0	5	0	0	2	4	2	13	1.6
Rabies	2	0	6	5	4	25	17	16	75	9.4
Planning Calls	21	6	6	3	14	8	15	21	94	11.8
Lyme Disease/Ticks	0	1	0	2	2	3	7	6	21	2.6
Media	0	1	0	4	3	9	11	9	37	4.6
Outreach / Education / Misc.	2	4	24	90	22	147	43	55	387	48.4
Cockroach / Bedbug	12	8	13	18	16	26	22	31	146	18.3
West Nile Virus	0	0	0	2	0	0	5	31	38	4.8
Zika	1	1	0	1	0	0	7	1	11	1.4

TOTAL	44	23	77	167	175	802	523	240	2051	256.4
Planning Projects	12	6	26	8	12	15	14	16	109	13.6

Waste Management

- The Waste Composition Study request was approved by the DBOH and went before the BCC for final approval. The Waste Composition Study RFP was approved and work will begin this fall.
- As usual, Washoe County had an increase in illegal dumping activities as a result of Burning Man. The three temporary permitted waste collection sites associated with Burning Man (SaveMart, Whole Foods and Black Rock Mini Storage) were inspected and found to be operating according to their operational plan.

EHS 2017 Inspections / Permits / Plan Review

	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	AUG 2017	YR Total	Mo. Avg
Child Care	1	4	9	6	8	23	6	16	73	9
Complaints	40	61	93	98	59	96	139	83	669	84
Food	212	282	367	377	325	445	306	515	2,829	354
General*	45	36	75	93	363	182	191	503	1,488	186
Developmental Review Numbers	30	34	38	33	19	37	13	26	230	29
Plan Construction Inspection (Commercial)	16	19	25	38	32	33	15	67	245	31
Construction Plans Received (Comm.)	17	53	45	64	51	90	69	90	479	60
Plan Review (Residential - Septic/Well)	41	67	88	74	117	81	57	72	597	75
Residential Septic/Well Inspections	18	52	84	102	89	97	169	100	711	89
Temporary Foods/Special Events	22	22	29	85	85	224	167	428	106	133
Temporary IBD Events	0	0	45	45	0	0	0	0	90	11
Well Permits	4	9	14	21	14	19	17	11	109	14
Waste Management	21	23	16	18	30	27	27	15	177	22
TOTAL	467	662	928	1,054	1,192	1,354	1,176	1,926	8,759	1,095

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

No dogs allowed: Washoe health cracks down on pets at bars, restaurants in Reno

[Mike Higdon and Marcella Corona](#), Reno Gazette-Journal Published 6:28 p.m. PT Aug. 15, 2017 | Updated 7:13 a.m. PT Aug. 16, 2017

"No Dogs Allowed" signs showed up along the Truckee River this weekend near several bars and restaurants that routinely allow pets inside and outside.

"A lot of our patrons come into our bars because we allow dogs on site," said Cassie Pete, co-manager for Ole Bridge Pub and Sierra Tap House. "Reno is kind of a dog-loving city."

But, she said, people have started walking out after seeing the new signs, sometimes taking friends with them. She said they might be losing five to 25 customers per day.

"I think it will deter people from coming to downtown and coming to these businesses and that would hurt people financially," Pete said.

Emory Peterson published a message on Facebook saying he was one of those customers who left for The Eddy, which still allows dogs. His Facebook message has been shared more than 150 times, mostly causing outraged comments and accusations of government oversight and greed.

But the regulation prohibiting animals from restaurants and bars is not new, it's just being enforced more strongly after a Washoe County Health District staff member saw a dog inside a restaurant. The Health District also received 500 to 600 complaints from the community last year.

The law always prohibited pets within restaurants, cafes or bars and that includes patios. Pets that poop or pee on the floor, eat off customers' plates, attack other animals or people, or interact with staff are a public health and safety concern, according to the Washoe County Health District.

Service dogs are one exception.

"We've had to ask if their pet is a service animal," Pete said. "A person can say yes or no, and we can ask what kind of service that animal performs, but I can't ask for any kind of paperwork."

David McNinch, registered environmentalist health specialist supervisor for the Washoe County Health District, said the same thing:

"There's no problem with service animals but when it comes to other pets, they have to keep them out."

But service animals are not the only exception.

Last year, regulations were rewritten to allow business owners to submit a plan and apply for a waiver to host pets outside. The business basically must show the Health District it has a plan to clean up pet droppings, deal with fighting animals and animals that attack people. Food servers must also be trained to handle pets and wash their hands after interacting with them.

Several other specific regulations must be followed before pets can stay in certain areas of outdoor patios.

Mosquito abatement continues as more positive tests come in for West Nile

by Ben Margiott Wednesday, August 16th 2017

LEMMON VALLEY, Nev. (News 4 & Fox 11) — Two people have tested positive for the West Nile virus this year in Washoe County, with [several other positive cases](#) in surrounding areas.

Health officials say the record winter has left behind a lot of standing water, which leads to more mosquitoes.

The Washoe County Health District has planned airborne mosquito abatement for Thursday. The plan is to apply a biological larvicide to kill mosquito larvae without impacting humans or fish.

The abatement will start in the North Valley, with officials hoping to apply to the South Meadows and Damonte Ranch areas as well. Abatement is also planned for Washoe Lake on Friday.

This is the third round of abatement this summer, which is typical, according to Jim Shaffer, vector borne diseases coordinator for Washoe County.

However, the abatement is expected to cover about 2,800 acres, double what they would normally treat.

Health District takes aim at bars & restaurants that welcome dogs

by Melissa Matheney Thursday, August 17th 2017

RENO, Nev. (News 4 & Fox 11) — The Washoe County Health District is getting strict about dogs being on the patios of restaurants and bars -- many that are typically known for being dog-friendly.

According to Phil Ulibarri with the Washoe County Health District, a law that prohibits dogs in restaurants and bars, including the patio, has been on the books for years.

Ulibarri says the health district has received numerous complaints about dogs being at local businesses, which is part of the reason they are increasing enforcement.

But Ulibarri says businesses can get permission from the health department to allow dogs on their patios by applying for a \$288 waiver.

"They apply for an Operational Plan to tell us where those animals are going to be and they show us their staff is equipped to handle issues that arise with pets in bars and restaurants," said Ulibarri.

He said those issues include dogs defecating on the floor, employees handling pets, pets eating off customer plates and behaving disruptively.

Ole Bridge Pub and Sierra Tap House are two Reno bars applying for the waiver. Outside Sierra Tap House, a sign that reads "No Dogs Allowed" is getting a lot of attention from customers who have always known the bars to be dog-friendly.

"People have been walking by and seeing the signs posted and are getting kind of upset," said Cassie Pete, who manages both bars.

She says the Washoe County Health District told her two weeks ago that they can no longer allow dogs on either of their patios.

"At Ole Bridge, we've been here for seven years. At [Sierra] Tap House, we've been there for 11 years. We've had dogs on the patio all that time and have never had any issues," said Pete.

Pete says they hope to have the Operational Plan completed and approved within the next two weeks, so they can once-again welcome dogs on the patio.

"Bare with us. Please bare with us while we are trying to figure this out. It's not a personal choice. We want you guys to be able to bring all members of your family - furry or not," said Pete.

Washoe County person dies of West Nile Virus

By Staff/Washoe Health District Release | Posted: Thu 4:47 PM, Aug 24, 2017 |

RENO, Nev. (KOLO) - The Washoe County Health District confirms a person has died of West Nile Virus.

The person has not been identified.

More than 60 mosquito tests have returned positive for West Nile Virus in Washoe County in 2017. The virus also has been found in five other humans, several birds and one horse in the district. Health officials advise that increased insecticide fogging will occur throughout the county in the areas and neighborhoods where the virus has been detected. Additionally, the Health District will be conducting a fourth round of helicopter larvicide applications in late September.



"The increase in positive collections was expected," said Washoe County District Health Officer Kevin Dick, "but a human casualty is never easy to accept, so our thoughts and prayers go out to the family and friends of the deceased. We'll never know exactly how many illnesses our abatement activities will prevent, but if it prevents even one case of West Nile Virus and the extreme discomfort and cost associated with it, we feel it is worth our efforts." Dick reminds every one that even with public health intervention, people should take personal steps to prevent mosquitoes from hatching and biting.

Wear proper clothing and repellent if going outdoors when mosquitoes are active, especially in the early morning and evening. Use repellants containing DEET, picaradin, oil of lemon eucalyptus or IR3535 which are the best when used according to label instructions.

Make sure that your doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes.

Clear standing water and items around homes that can be potential mosquito breeding-grounds, including small puddles, pools, planters, children's sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls. Vaccinate your horses for WNV.

The Washoe County Health District's Communicable Disease Program investigates all reported cases of diseases like WNV. The district says health care providers should consider a WNV infection as a diagnosis among patients who are ill and have recently experienced mosquito bites. Symptoms may include fever, headache, body ache, skin rash and swollen lymph glands. Those with a more severe infection may experience high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, paralysis and death. In humans, the virus has an incubation period of three to ten days.

Residents may report mosquito activity to the Health District at 785-4599 or 328-2434. More information on WNV and the Washoe County Health District's Vector-Borne Disease Prevention Program can be found [here](#).

According to the [Centers for Disease Control](#), about 44,000 people in the United States have been diagnosed with West Nile since numbers started being tabulated in 1999, though other people who are never diagnosed likely make the number higher. About 1,900 have died.

Dead birds might be carrying West Nile Virus: Here's what to do if you encounter one

by Ben Margiott Monday, August 28th 2017

RENO, Nev. (News 4 & Fox 11) — Fourteen birds from Washoe County have been tested for the West Nile Virus this year and five birds were found to be carrying the virus, according to state agriculture officials.

In 2016, zero birds tested positive for West Nile Virus.

State health officials say the West Nile Virus circulates between birds and mosquitoes, which transfer the virus to humans and horses. Humans and horses are called dead-end hosts, which means they cannot pass the virus on to biting mosquitoes.

If you encounter a dead bird or sick bird, you're encouraged to call the state Department of Agriculture at (775) 688-1180.

Agriculture officials will help determine over the phone if the bird should be tested for the West Nile Virus.

Make sure you know the exact location of the bird, the species (if possible) and any symptoms you may have observed.

If you feel comfortable handling the bird yourself, agriculture officials will instruct you how to do so properly.

"Wear gloves, use two plastic bags and you can reach for the bird through the bag and pull the bird through the bag and then secure that bag," said Dr. Keith Forbes, veterinary diagnostician for the Nevada Department of Agriculture.

If you are not comfortable handling the bird, you can call Washoe County Vector Control at (775) 785-4599 and county officials can come pick up the dead bird.

Potential rabies exposure increases as fall approaches

By Terri Russell | Posted: Thu 12:53 PM, Sep 07, 2017 |

RENO, Nev (KOLO) Just about every night this summer you could find these Brazilian Free-Tailed Bats escaping from McCarran Bridge and look for dinner until the wee hours of the morning.

They live there from June to September. Soon they will migrate, and if a bat is sick that journey will make that fact very apparent.

"They might be more likely to die of a disease since they are expending energy to fly south, so this is the time of year we might see bats be more likely to drop to the ground. The ones that are sick are going to succumb to the disease more likely now," says Jeff Jeppson, Washoe County Environmental Specialist.

Jeppson says so far this year three bats in Washoe County have tested positive for rabies. While that's not above normal, consider 16 people in Washoe County have undergone treatment for possible rabies exposure this year alone.

"Of our bats that are tested, last year about 11% came back and tested positive for rabies," says Jeppson.

But it is those sick bats that will most likely come into contact with people. Jeppson says you or your pet may come across a bat in the weeks to come.

Don't touch it. Instead, call vector control, which can capture the bat and have it tested. The number is (775) 785-4599.

Know the difference between...

service dogs

therapy dogs and

emotional support animals!



COMPARISON	SERVICE DOGS	THERAPY DOGS	EMOTIONAL SUPPORT ANIMALS
ADA covered rights to bring animals into public establishments including food establishments	✓	✗	✗
Needs to tolerate a wide variety of environments and people	✓	✓	✗
Specifically trained to assist just one person	✓	✗	✗
Primary function to provide emotional support through companionship	✗	✗	✓
Provides support and comfort to many people	✗	✓	✗
Allowed to ride in shopping carts or sit on tables and chairs	✗	✗	✗

If you have any concerns about an animal's demeanor or behavior, you can ask two questions of the owner:

1. Is it a service animal?
2. What is it trained to do?

More at www.washoecounty.us/health

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

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: September 28, 2017**

DATE: September 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)

West Nile Virus (WNV) – As noted last month, West Nile Virus (WNV) can be broken down into three categories based on symptoms. Most people (8 out of 10) infected with West Nile Virus do not develop any symptoms. About 1 in 5 people who are infected develop a fever with other symptoms such as headache, body aches, joint pains, vomiting, diarrhea or rash. Most people with this type of WNV disease recover completely, but fatigue and weakness can last for weeks or months. About 1 in 150 people who are infected develop a severe illness affecting the central nervous system such as encephalitis or meningitis. Severe illness might include symptoms such as high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. Severe illness is more common in people over 60 years of age and in people with certain medical conditions such as cancer, diabetes, hypertension, kidney disease, and people who have received organ transplants. About 1 in 10 people who develop severe illness affecting the central nervous system die.

Locally, 12 human cases of West Nile Virus (WNV) for 2017 have been reported to the CD Program between July 27 and September 12. Of these 12 cases, 50% had the severe form of the illness and 50% had West Nile fever. One case was fatal due to WNV infection. In addition, six viremic blood donors without any symptoms have been reported.

Unusual Occurrence of Illness - Since the last District Board of Health meeting, the CD Program has investigated three additional cases infected with a carbapenemase producing organism (CPO). The investigation has involved working with local hospitals, the Nevada State Public Health Laboratory, and the Centers for Disease Control and Prevention (CDC). Since June 2017, there has been a total of six CPO cases reported. Two of these had active infections while the other four were identified through either contact screening performed by WCHD or through active surveillance cultures done by a local hospital. So far, four of five major carbapenemases have been detected in Washoe County. These four carbapenemases are Klebsiella pneumoniae carbapenemase (KPC), New Delhi Metallo-Beta-Lactamase (NDM), Verona Integron-encoded Metallo-Beta-Lactamase (VIM), and OXA-48-like carbapenemase. The involved organisms were varied. According to CDC, three types of cases are still rare in the United States. They are NDM, VIM, and OXA-48-like. CPO poses

a public health risk in healthcare settings. Contact tracing and screening is a big undertaking and is resources intensive for hospitals, public health, and the state lab.

Outbreaks – The CD Program has investigated two outbreaks of strep throat in two elementary schools, three norovirus outbreaks in daycares, and four Hand, Foot, and Mouth Disease (HFMD) outbreaks in daycares or preschools. As of September 13, one strep throat outbreak and three HFMD outbreaks are still open.

Increased aseptic meningitis with no epidemiological link – The CD Program has noted an increase in aseptic meningitis. Seven suspect meningitis cases were reported during a 2-week period with an etiology of enterovirus identified through laboratory testing. Further epidemiological investigation did not find any links among these cases.

Coccidioidomycosis – The CD program has continued to see increased Coccidioidomycosis. As of September 12, twelve (12) cases have been reported and investigated in 2017. This is the highest incidence ever reported in Washoe County. The second highest year was 2015 when nine (9) cases were reported. Fifteen soil samples are being tested by CDC and the test results are pending.

Rabies Post-Exposure Prophylaxis (PEP) – As of September 12, a total of 19 individuals have received Post-Exposure Prophylaxis (PEP) for rabies after having exposures to rabies-susceptible animals. The majority of these exposures were to bats. This compares to only 13 individuals receiving rabies PEP for all of 2016.

Public Health Preparedness

Medical Reserve Corps (MRC)

The MRC program participated in the City of Reno 2017 Disaster and Emergency Preparedness Fair on September 7 at the Reno City Hall. The MRC Coordinator distributed health education and emergency preparedness information. This event was well attended by the general public.

Healthcare - Public Health Emergency Response Coordinator (PHERC)

The Healthcare PHERC met with five ambulatory surgical centers, four long-term care facilities, two dialysis corporations, Community Health Alliance, and Northern Nevada Hopes to coordinate community-based exercises designed to assist these healthcare facilities in meeting new Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness requirements. The community-based exercises are scheduled for September 28th and tentatively October 16th. In addition, outreach to over 100 healthcare providers has been conducted to offer technical assistance on the new CMS Emergency Preparedness requirements.

ManorCare Health Services-Reno has signed onto the Mutual Aid Evacuation Annex (MAEA). This is the fifth long-term care facility that has signed onto the MAEA.

Work has been done with the Inter-Hospital Coordinating Council (IHCC) to draft the coalition's preparedness plan and hazards vulnerability assessment, healthcare facility assessments and coalition assessment. The workgroup first met on August 21. The purpose of the new plans and assessments is to enhance cohesiveness and resiliency among healthcare providers in Washoe County.

As a member of the Shake, Rattle, and Roll planning committee, the Healthcare PHERC participated in the Initial Planning Meeting on August 17th and the Master Sequence of Events List meeting on August 25th.

On August 24th, the Healthcare PHERC and the Chair of the Inter-Hospital Coordinating Council were interviewed by staff from the Technical Resources, Assistance Center, and Information Exchange (TRACIE) which is part of the Assistant Secretary for Preparedness and Response (ASPR). The reason for the interview was because the IHCC is considered to be a model for healthcare coalitions nationwide.

On August 28th a tabletop exercise was conducted with Renown Skilled Nursing exercising the Mutual Aid Evacuation Annex. The program anticipates three additional facilities will sign-on in September.

On September 1, the Healthcare PHERC served as the Net Controller for the Northwest Nevada Net. The purpose of this amateur radio net is to foster understanding and teamwork between the hospitals and amateur radio operators and the Amateur Radio Emergency Service (ARES). It also provides an opportunity for hospital staff to become well acquainted with the amateur radio equipment in their hospitals or radio rooms and to verify communications capabilities

On September 5, the Healthcare PHERC facilitated the 800 MHz Monthly Radio Test between Renown Main, Renown South Meadows, St. Mary's, Northern Nevada, Incline Village, VA, REMSA, Renown Skilled Nursing, Rosewood Rehabilitation Center, Life Care Center, NNAMHS, Hearthstone, Lake's Crossing, Manor Care, and the Health District.

The Healthcare PHERC is coordinating the IHCC Supply Chain Subcommittee, working on supply chain issues among healthcare during disasters and strategies to mitigate the identified gaps. The subcommittee met on September 6th and is working with US Foods and fuel distributors to better understand how resources will be distributed to healthcare during a disaster.

On September 18th, the Healthcare PHERC and the Chair of the Inter-Hospital Coordinating Council presented to the Nevada Healthcare Association on the new CMS Emergency Preparedness requirements and how healthcare coalitions can be a resource throughout the state.

Public Health Emergency Preparedness (PHEP) - Public Health Emergency Response Coordinator (PHERC)

The PHEP PHERC has been meeting with six closed Point of Dispensing (POD) partners throughout August and September to work on the planning process for a series of fall flu PODs. The focus of these closed PODs is for each agency to exercise their individual plans. Below are the agencies participating and their expected exercise date:

Northern Nevada Adult Mental Health	TBD
Saint Mary's Regional Medical Center	September 28
City of Reno	October 11
Reno-Sparks Indian Colony	October 11
Pyramid Lake Paiute Tribal Health Clinic	October 11
152 Air National Guard	October 14

In addition to the closed POD exercises, the Health District will be conducting an open POD on October 4th. This clinic will be providing flu vaccinations free of charge to the public.

The PHEP PHERC coordinated with the City of Reno and the UNR Living with Fire program for the 2017 Disaster Preparedness Fair, which occurred on September 7th. The Fair had 4 presenters providing regionally specific disaster information on earthquakes, floods, fire and the weather. In addition, there were a variety of exhibitors on site providing information on their programs such as FEMA, TMCC, Washoe County Animal Services and the Contractors Board among others.

The PHEP PHERC has been working with PHP staff to reorganize the Health District's POD trailers. Originally the PHP program had three trailers that held the required supplies to facilitate the opening of public PODs. This included such items as signage, street cones, tables and cots. In the last year it was identified that the trailers were not set up for easy access and use of the supplies, and it was decided to upgrade the units by adding racking and shelving to organize the supplies. In this process, another PHP trailer was identified to also be upgraded. This process has been completed and the PHP program has 4 fully functional POD trailers that can be utilized in a public health emergency.

The PHEP PHERC facilitated the installation of new batteries and electronic equipment for the PHP program's four mobile AM radio stations/Readerboards. The original AM radio stations/Readerboards were purchased over seven years ago, and the battery banks were all beginning to fail. With the installation of the new batteries and electronic equipment, the units should be fully functional for the next 5 years.

Emergency Medical Services (EMS)

On August 22 leadership from Fire, REMSA and the EMS Oversight Program met to discuss the Multi-Casualty Incident Plan and possible revisions. The primary focus of the meeting was the Medical Branch component of a multi-casualty incident (MCI). There was significant discussion about on-scene operations and some improvements that could be made to enhance communication and coordination of MCIs with multiple agencies on-scene. It was determined that Battalion Chiefs and REMSA supervisors should meet to discuss each other's on-scene responsibilities and review draft forms that may enhance communication.

The Nevada Governor's Council on Developmental Disabilities held its quarterly meeting on September 7. The agenda included an item to distribute grant funds based on four strategic plan objectives. The EMS Oversight Program was granted \$30,000 to develop training materials to be utilized by public safety and emergency responders to increase awareness of essential resources and skills needed to work with individuals with intellectual/developmental disabilities during an emergency response.

On September 8 the EMS Coordinator graduated from the Chamber's 2017 Leadership Reno Sparks class. The class raised more than \$95,000 for a local non-profit, Awaken, and provided much needed technology, equipment and transportation to grow their organization. The nine month program also provided education about leadership skills/styles and the culture/community of Reno/Sparks.

**REMSA Percentage of Compliant Responses
 FY 2017 -2018**

REMSA 90th Percentile Responses

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2017	93%	88%	100%	100%	91%	93%
August 2017	93%	94%	91%	100%	93%	93%

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2017	8:18	16:56	18:14	N/A*
August 2017	8:29	14:51	15:28	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, from July 2016 through June 2017.

The following table illustrates the patient's perspective from the time a call was initially received at a dispatch center to the first arriving unit, regardless if it is a fire agency or REMSA that arrived 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	06:08	06:10	05:51
2	06:38	06:42	06:10
3	07:29	07:26	07:48
9	07:39	07:34	09:31
All	06:29	06:31	06:11
N = Number calls used in each column	N = 50615	N=44048	N=6567

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 2016 through June 2017.

First on Scene	Priority REMSA									
	1		2		3		9		Total	
	#	%	#	%	#	%	#	%	#	%
REMSA First	10,804	44.8%	7,226	38.1%	1,824	23.0%	50	14.2%	19,904	38.7%
REMSA Only	3,010	12.5%	2,710	14.3%	1,706	21.5%	81	23.1%	7,507	14.6%
Fire First	9,730	40.3%	7,664	40.5%	3,473	43.7%	141	40.2%	21,008	40.9%
Fire Only	273	1.1%	680	3.6%	855	10.8%	33	9.4%	1,841	3.6%
Same Time	69	0.3%	48	0.3%	12	0.2%	0	0.0%	129	0.3%
All Cancelled	250	1.0%	614	3.2%	73	0.9%	46	13.1%	983	1.9%
Total	24,136	100.0%	18,942	100.0%	7,943	100.0%	351	100.0%	51,372	100.0%

District Health Officer Staff Report
Board Meeting Date: September 28, 2017

TO: District Board of Health

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

SUBJECT: District Health Officer Report – Water System Regulation and Plan Reviews, Regional Business License and Permits Program, Public Health Accreditation, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Board Member Engagement, Other Events and Activities, Health District Media Contacts.

Water System Regulation and Plan Reviews

Significant time and effort continues to be invested in working with Truckee Meadows Water Authority (TMWA), the Nevada Division of Environmental Protection (NDEP), the Cities of Reno and Sparks, Washoe County, and stakeholders on the review of water projects related to new development. NDEP Administrator Greg Lovato has become personally engaged in discussions regarding the problems encountered with the current regulatory structure and Nevada Administrative Code requirements. A number of meetings between these entities have been held over the course of the last month to improve communications, explore opportunities to improve workflow processes to expedite plan review and approval, and to identify and clarify key NAC requirements that plans that are submitted need to meet in order to be approved. Staff has worked with TMWA to clarify plan submittal requirements for projects, and has developed a guidance matrix to clarify the limited number of projects that actually require a water project submittal. A meeting with the Associated General Contractors was attended by each of the organizations noted to discuss these issues on September 20. Attached are documents distributed at the meeting to help guide discussion and provide guidance on plan submittals.

Regional Business License and Permits Program

The Regional Business License and Permits Program Oversight Group met on September 5. Issues with the performance of the system are ongoing and it continues not to meet expectations. Accela Citizen Access is a difficult interface for the public to use for licensing and permitting functions, and customers are still not able to print receipts for Health District transactions. A regional ACA Improvement Committee has been formed to work on approaches to improve functionality of the public facing portion of the system. The Accela Mobile Access platform has not been able to be utilized because it has not worked on the Android devices it was supposed to work on and wasn't able to capture and print signatures on documents in the field. We are working with Microsoft Surface devices to develop reports to see if this functionality can be developed on this device to satisfy the inspection needs of the Health District.

Public Health Accreditation

The workforce development plan is being completed this month and is agendized for approval by DBOH. Candidates were interviewed for the Director of Programs and Projects position which serves as the Health District's Accreditation Coordinator. The position has been filled and Catrina Peters will begin work at the Health District on October 2.

Community Health Needs Assessment

A Community Prioritization Workshop was held Friday, September 8, 2017 at Northern Nevada HOPES. The intent of the workshop was to provide community partners with an overview of the Community Health Needs Assessment (CHNA), including a sneak peek of the CHNA survey results, and the ranking of health needs to date. The workshop also provided attendees with the opportunity to weigh in and "vote" on focus areas they believed were the most important for the community to work together to address. This input will assist with identifying priorities to address in the Truckee Meadows Community Health Improvement Plan (CHIP). Over 80 community partners representing 45 local organizations attended the 2-hour workshop. Heather Kerwin organized, presented and facilitated the event.

Truckee Meadows Healthy Communities

Remote Area Medical (RAM):

Work continues to organize the Remote Area Medical (RAM) event. This clinic will provide general medical, dental, vision, preventative care, and education. It is expected that this event will provided much needed services to upwards of 400-800 Washoe County residents each day between September 29 and October 1 at the Boys and Girls Club of Truckee Meadows at 2680 E. 9th St, Reno, NV 89512.

Family Health Festivals:

A family Health Festival is planned for September 30, to provide additional services for those attending the RAM event and others in the community. The FHF will be held at the Health District, because the County Complex parking lot will be used as parking and staging area for those seeking services at the RAM event.

Housing:

Work continues to refine the Phase I Scope of work on the Affordable Housing Roadmap to be conducted by Enterprise Community Partners. Work to raise funds to support this effort also continues. TMHC received funding of \$20,000 from the Federal Home Loan Bank, AHEAD grant, and a commitment of a combined \$30,000 from the Reno-Sparks, State and National Realtor Associations.

Board Member Engagement

Board member Dahir attended a quarterly meeting with AQM Division Director Albee and I on August 29, to discuss AQM programs and issues as the DBOH subject matter expert for this Division.

Board member Dahir attended the September 6 Division Directors/Supervisors bimonthly meeting and led a discussion on the importance of and sharing ideas on enhancing cross-divisional work within the Health District.

Board Member Young attended orientation meetings with each of the Health District Divisions.

Other Events and Activities

8/25/17	REMSA Board Meeting
8/25/17	Food Policy Council Leadership/DHO Meeting
8/28/17	UNR Community Health Sciences Advisory Board Meeting
8/29/17	EHS Supervisors Meeting
8/30/17	TMHC Affordable housing Meeting
9/5/17	EHS Supervisor Meeting
9/5/17	Accela Regional Project
9/6/17	TMHC Steering Committee Meeting
9/6/17	DD/Supervisors Meeting
9/7/17	Meeting with NDEP/TMWA regarding Water Projects
9/7/17	Program and Project Director Interviews
9/7/17	NV Health Authorities Conference Call
9/8/17	TMHC Meeting
9/7-8/17	Program and Project Director Interviews
9/12/17	EHS Supervisors Meeting
9/13/17	Department Heads Meeting
9/14/17	Nevada Public Health Association Advocacy Meeting
9/18/17	Meeting with Chair Jung
9/18/17	Introduction to the Health District Training for new Staff
9/19/19	EHS Supervisor Meeting
9/19/17	Nevada Association of Local Health Officials Conference Call
9/20/17	Division Director's Meeting
9/21/17	NDEP Meeting
9/19/17	Monthly Meeting with John Slaughter and Dave Solaro
9/22/17	REMSA Board Meeting

Subject: District Health Officer Report

Date: September 28, 2017

Page 4 of 4

9/26/17 EHS Supervisor Meeting

9/26/17 EHS DHO/DD/Board Member Quarterly Meeting & Tom Young Orientation

9/27/17 Advancing Rural Board of Health Capacity to Improve Public Health in Nevada

Health District Media Contacts: August 2017

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
8/25/2017	UNIVISION	Carolina Lopez	West Nile Virus - Todd
8/25/2017	KRNV CH4 - NBC Reno	Ben Margiott	West Nile Virus - Todd
8/25/2017	KTVN CH2 - CBS Reno	Ryan Canaday	West Nile Virus - Todd
8/25/2017	KOLO CH8 - ABC Reno	Terri Russell	West Nile Virus - Todd
8/23/2017	KKOH Radio 780AM - CNN Reno	Sam Shad	Impact of growth on air quality - Albee
8/21/2017	KRNV CH4 - NBC Reno	Ben Margiott	Mosquitos - Shaffer/Ulibarri
8/16/2017	KRNV CH4 - NBC Reno	Scott McGruder	Documenting abatement with drones - Ulibarri
8/15/2017	Reno Gazette-Journal	Marcella Corona/Mike Higdon	Service Animals - Ulibarri/McNinch
8/15/2017	KRNV CH4 - NBC Reno	Joe Hart	Service Animals - Ulibarri
8/15/2017	KRNV CH4 - NBC Reno	Joe Hart	Scabies - Ulibarri
8/9/2017	KOLO CH8 - ABC Reno	Sydney Scofield	West Nile Physicians Alert - Ulibarri
8/4/2017	KTVN CH2 - CBS Reno	Ryan Canaday	Air Quality from wildfires - Inouye
8/3/2017	Reno Gazette-Journal	Dustin Quiroz	Air Quality from wildfires - Schnieder
8/3/2017	KTVN CH2 - CBS Reno	Beat photographer	West Nile Human Case - Shaffer
8/2/2017	KOLO CH8 - ABC Reno	Mike Cooper	West Nile Human Case - Shaffer
8/2/2017	UNIVISION	Carolina Lopez	Mosquitos - Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

8/24/2017	More West Nile Virus in Washoe County	Ulibarri
8/22/2017	WIC Farmers Markets	Ulibarri
8/15/2017	Third mosquito abatement	Ulibarri
8/10/2017	Health District Community Health Needs Assessment Survey	Ulibarri
8/2/2017	First Human West Nile Case	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	96 (CCHS 22 EHS 11 ODHO 6 AQM 57)
Twitter	AQMD/CCHS	48 (AQM 43 CCHS 5)
Grindr	CCHS	4

September 19, 2017

Water Project Plan Review

Items resolved:

1. Potable irrigation separations and other requirements:
 - a. Potable water supplied drip irrigation or spray irrigation (up to 2-inch diameter) near fire hydrants is allowed:
 - b. A transition from PVC to HDPE line is not necessary when a potable water supplied irrigation line cross waterline as long as the irrigation line is sleeved
2. Private Hydrants vs. Public/TMWA maintained hydrants – all private fire line requires backflow protection
3. TMWA Easements – Must be noted on the plans, blanket easements are acceptable
4. Health District Review to NAC445A and applicable portions of NAC 278, and not to a system's design standards
5. Direction on what is required for construction projects in relation to water projects in the TMWA service area.

Issues of importance for successful initial review:

1. Separation requirements from sewer to water are from are measured from the external walls of the pipes, including the exterior walls of manholes (applicable to NAC 445A.67155 and NAC 445A.6716, and NAC 445A.6639).
2. Double mitigation measures will be required, per NAC 445A.67155.3 if separation distances cannot be met using NAC 445A.67155.2.
3. Explain why the design submitted is better design when the design engineer does not use the preferred design separation outlined in NAC445A, eg. water lines are placed under rather than over sewer lines, horizontal separations are less than 10 feet.. This can be a paragraph or a few paragraphs submitted as part of the design basis required by NAC445A
4. NAC crossing regulations require a vertical separation, this vertical separation requirement cannot be utilized in instances where the horizontal separation requirements apply.
5. Manholes, catch basins, reclaimed water infrastructure are considered sewer and subject to separation requirements under NAC445A.

Important to move project forward with minimal delays:

1. Begin working with TMWA, or other water systems early so that Water Project Plans are prepared and ready when Building Permit application is made.

Plan Submittal Guidance for TMWA Service Territory ONLY

Project Type		TMWA Water Facility Plans	Required Information to WCHD	Information Provided by APPLICANT to WCHD
Tenant Improvement - No water rights required	No new TMWA water facilities required	No	No Water Rights Required Letter	No Water Rights Required Letter
Tenant Improvement - Water Rights Required	No new TMWA water facilities required	No	Will Serve Letter and a Water Service Information Sheet	Water Service Information Sheet
Commercial Service	1-Domestic and 1-Irrigation Service 2-inch or smaller	Yes	Water Service Information Sheet	TMWA Approved Plans, Water Service Information Sheet, & Civil Plans submitted must be reviewed by WCHD and match the TMWA infrastructure.
	More than 1-Domestic and 1-Irrigation Service and any service larger than 2-inch	Yes	Water Project Submittal	Approved Water Project must match Civil Plans Submitted. It is the Developer's responsibility to provide the building permit number of all plans associated with a Water Project.
Commercial With Main		Yes	Water Project Submittal	Approved Water Project must match Civil Plans Submitted. It is the Developer's responsibility to provide the building permit number of all plans associated with a Water Project.
Residential Service	1-Domestic and 1-Irrigation Service 2-inch or smaller	Yes	Water Service Information Sheet	TMWA Approved Plans, Water Service Information Sheet, & Civil Plans submitted must be reviewed by WCHD and match the TMWA infrastructure.
	More than 1-Domestic and 1-Irrigation Service and any service larger than 2-inch	Yes	Water Project Submittal	Approved Water Project must match Civil Plans Submitted. It is the Developer's responsibility to provide the building permit number of all plans associated with a Water Project.
Subdivision		Yes	Water Project Submittal	Approved Water Project must match Civil Plans Submitted. It is the Developer's responsibility to provide the building permit number of all plans associated with a Water Project.
Commercial Fire Service		Yes	Water Service Information Sheet	TMWA Approved Plans, Water Service Information Sheet, & Civil Plans submitted must be reviewed by WCHD and match the TMWA infrastructure.
Any Water Main extension or New Fire Hydrant installation	All work requires a Full Water Project submittal, unless it is part of maintenance or emergency repair work.	Yes	Water Project Submittal	Approved Water Project must match Civil Plans Submitted. It is the Developer's responsibility to provide the building permit number of all plans associated with a Water Project.
Water infrastructure/main emergency repair and/or maintenance (Replacement or additional Fire Hydrants included with main repair)	Maintenance, emergency repair, or repair work on existing infrastructure does not require a water project submittal.	No	Must contact WCHD immediately when emergency repair work may affect service and/or water quality to customers	Fire Agency must contact WCHD with information regarding proposed additional Fire Hydrants

****All documentation submitted to WCHD must be from the Applicant. Outside correspondence will not be accepted. TMWA Approved Water Plans, No Water Rights Letters, Will Serve Letters, Water Service Information Sheet, and other documentation can be emailed with the Project Name (as entered in Accela) and the Accela Building permit number (BLD17-XXXXX, WBLD17-XXXXXX, or SBLD17-XXXXX) in the subject line and documents in pdf format to: ehsplanreview@washoecounty.us**

Current Submittal Flow

Developer submits plan to Washoe County, City of Reno, or City of Sparks.



Project is routed for review to all agencies through Accela Workflow.



WCHD receives the project and status's the project as "Corrections Required" since a water project or other requirements are necessary to complete the review.



May be weeks or months until a Water Project is submitted for Review

Review with other agencies continues.



WCHD waits for submittal of all required documents or Water Project to be submitted for review



Project may be stalled while Developer/Engineer works with TMWA to put together Water Project Submittal.

Water projects take some time to develop – requires engineering submittal to TMWA & for TMWA to run models to validate the proposal.

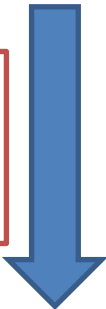


WCHD approves Water Project...All Civil and Site plans must be reviewed to match the Approved Water project. Requires resubmittal of all plans for review (most cases)



Water Projects are submitted by TMWA. Developer/Engineer must go through TMWA review, prior to TMWA submitting to WCHD for approval.

Design engineer & TMWA informed at time of Water Project approval all Civils and Site plans under review are required to be revised if not already.



All plans reviewed...must also check and see if Engineer documented all associated permits – not always related in AA



Plans can be processed as approved once all workflows have been completed.

Ideal Submittal Flow

Developer initiates review with TMWA to begin getting the Water Project created and ready for submittal.

Water projects take some time to develop – requires engineering submittal to TMWA & for TMWA to run models to validate the proposal.

Developer submits grading, site, civil plans for review to Washoe County, City of Reno, or City of Sparks

Developer/Engineer and TMWA would submit Water Project at the same time as the Project submitted for Permit review (grading, site, civils, etc.)

Project routed through Accela Workflow

Water Project review by WCHD occurring concurrently with project review by all agencies

Project review by all agencies and comments or approval provided

WCHD will review both projects and provide the correct comments to all associated plan reviews. Requires all projects are related in Accela.

All plans reviewed, since review was concurrent all plans were checked to ensure they matched and all associated reviews completed at same time.

Plans are approved and processed through workflow more efficiently and all plans are processed.

This process reduces some of the potential for multiple re-submittal and/or revisions since all reviews are concurrent and can therefore be coordinated. Creates better efficiency and allows for a quicker review process.

**Washoe County Community Health Needs Assessment
Prioritization Workshop Results**

The following tables provide the total votes per health topic, the number of votes per focus area, and the average number of votes per each focus area within a health topic. Examples from the workshop are included to help describe some of the focus areas in further detail. Health topic tables are in order based off total number of votes.

Summary Table	
Ranked by Total Votes	Health Topic
1	Social Determinants
2	Mental Health
3	Access to Health
4	Substance Use
5	General Health & Wellness
6	Chronic Diseases
7	Safety & Security
8	Maternal & Child Health
9	Infectious Diseases
10	Sexual Health
11	Environmental Health
12	Injury Prevention

Health Topic	Focus Areas	Examples	# of Votes
Social Determinants	Housing	lack of affordable housing, homelessness	52
	Educational attainment		27
	Poverty/Household composition	number of people per household, poverty rates overall and among children and seniors	5
	Food Insecurity/Hunger	Food policy, WIC, SNAP, and free or reduce meal enrollment	20
	Community services	youth centers, senior centers, services for people with disabilities,	10
	Income/Financial stability		9
	Employment/Unemployment/ Underemployment		9
	Average # Votes (per Focus Area)		
Total Votes (per Health Topic)			132

Health Topic	Focus Areas	Examples	# of Votes	
Mental Health	Diagnosable mental illnesses	screening, treatment	36	
	Depression	diagnosed and undiagnosed	22	
	Suicide rates	attempted, completed, follow-up with patients	12	
	Average # Votes (per Focus Area)			23.3
	Total Votes (per Health Topic)			70

Health Topic	Focus Areas	Examples	# of Votes
Access to Health	Health care workforce	Number of providers, ratio of providers to population	38
	Preventive care services	insurance coverage, adults with a primary care provider, dental visits, physical/annual check ups	24
	Number of health care clinics	Bed capacity, health provider shortage areas, telehealth	4
	Average # Votes (per Focus Area)		22.0
	Total Votes (per Health Topic)		66

Health Topic	Focus Areas	Examples	# of Votes
Substance Use	Prescription drug use	sedatives, painkillers, stimulants	21
	Alcohol use	heavy drinking, binge drinking, age at first drink	10
	Opiate use	legally prescribed and illegal use of opiates	10
	Marijuana use	recreational, medical	9
	Illicit drug use	methamphetamine, inhalants, cocaine, ecstasy, psychedelics	4
	Tobacco use	e-cigarettes, vaping, cigarettes, chewing tobacco	1
	Average # Votes (per Focus Area)		9.2
	Total Votes (per Health Topic)		55

Health Topic	Focus Areas	Examples	# of Votes
General Health & Wellness	Built environment/infrastructure	access to parks, recreation, walking paths, promoting active transport	14
	Nutrition		13
	Weight status	overweight and obesity	9
	Physical activity		6
	Average # Votes (per Focus Area)		10.5
	Total Votes (per Health Topic)		42

Health Topic	Focus Areas	Examples	# of Votes
Chronic Diseases	Diabetes		11
	Cardiovascular diseases	stroke	8
	Cancer	prevention, screenings, & treatment	2
	COPD		2
	Asthma		0
	Average # Votes (per Focus Area)		4.6
	Total Votes (per Health Topic)		23

Health Topic	Focus Areas	Examples	# of Votes
Safety & Security	Domestic violence	intimate partner violence, child abuse, elderly abuse	18
	Bullying/School violence	weapons in schools, threats, physical fighting	1
	Electronic crimes	cyber-bullying, Identity theft, sex trafficking	1
	Property crimes		0
	Violent/gang-related crimes		0
	Average # Votes (per Focus Area)		4.0
	Total Votes (per Health Topic)		20

Health Topic	Focus Areas	Examples	# of Votes
Maternal & Child Health	Healthy pregnancy	early initiation of prenatal care, low-birth weights, preterm births	10
	Postpartum	maternal and infant check-ups, breastfeeding, infant mortality	4
	Teen pregnancy rates	pregnancy and births among teens 15-19 years	3
	Average # Votes (per Focus Area)		5.7
	Total Votes (per Health Topic)		17

Health Topic	Focus Areas	Examples	# of Votes
Infectious Diseases	Immunizations/Vaccine-preventable diseases	influenza, MMR, varicella, pertussis, tuberculosis, HPV	5
	Antibiotic resistance	Pan-resistant diseases, healthcare associated infections, sepsis, antibiograms	4
	Average # Votes (per Focus Area)		4.5
	Total Votes (per Health Topic)		9

Health Topic	Focus Areas	Examples	# of Votes
Sexual Health	Safe sex behaviors	Sexual education, condom use, birth control	3
	Sexually transmitted diseases	HIV, chlamydia, syphilis, gonorrhea	1
	Sexual identity/Cultural environmental safety	LGBTQ rights, safe sexual spaces	2
	Average # Votes (per Focus Area)		2.0
	Total Votes (per Health Topic)		6

Health Topic	Focus Areas	Examples	# of Votes
Environmental Health	Air quality		2
	Water quality and safety		2
	Average # Votes (per Focus Area)		2.0
	Total Votes (per Health Topic)		4

Health Topic	Focus Areas	Examples	# of Votes
Injury Prevention	Poisonings	children, seniors, cross reaction with medications	0
	Falls		0
	Traffic safety	pedestrian, bicycle, motor vehicle accidents	0
	Other unintentional injuries	drowning, workplace safety	0
	Average # Votes (per Focus Area)		0.0
	Total Votes (per Health Topic)		0