

Washoe County District Board of Health Meeting Notice and Agenda

PLEASE NOTE LOCATION

Members

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

Thursday, December 14, 2017
1:00 p.m.

Washoe County Administration Complex, Building B
Health District South Conference Room
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)**
December 14, 2017
5. *Recognitions

A. Years of Service

- i. John Fuller – EHS – hired 11/5/1975, retired 2/14/2003. Hired as Intermittent Hourly Environmentalist II on 4/2/2004, retired 11/7/2017. Total of 40 years and 10 months.
- ii. Judith Saum – EHS - hired 8/22/1994, retired 8/25/2009. Hired as Intermittent Hourly Environmentalist II on 1/31/2011, retired 10/31/2017. Total of 28 years and six months.
- iii. Angela Tibaduiza. 25 years, hired 12/28/1992 – CCHS
- iv. Kelli Goatley-Seals, 15 years, hired 11/4/2002 – CCHS
- v. David Gamble, 5 years, hired 12/3/2012 – EPHP

B. Retirements

- i. Angela Tibaduiza, 12/14/2017, WIC Human Support Specialist II - 25 years – CCHS

C. New Hires

- i. Chad Westom, 10/30/2017, EHS Division Director – EHS

6. Proclamations – (For possible action)

Radon Action Month Proclamation

7. 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)

- i. October 26, 2017
- ii. November 2, 2017

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

- i. Approve a Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$82,963 (\$25,000 non-federal match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention Program IO#11452 and authorize the District Health Officer to execute the Sub-Grant Award.

Staff Representative: Nancy Kerns-Cummins

- ii. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$15,000 (no match required) in support of the Community and Clinical Health Services Division Tuberculosis Prevention Program IO#11457 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- iii. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO#11454 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- iv. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 in the total amount of \$170,522 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Patsy Buxton

- v. Approve Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2018 through June 30, 2018 in the total amount of \$2,673 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Patsy Buxton

- C. Approve the modification of the Community and Clinical Health Services Fee Schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 testing. – **(For possible action)**
Staff Representative: Nancy Kerns-Cummins
- D. Review and possible approval of the Department Emergency Operations Plan
Staff Representative: Christina Conti – **(For possible action)**
- E. Approval to donate evacuation and triage tags to skilled nursing, long-term care, hospital and EMS partner agencies not to exceed a total amount of \$3,000 funded by the Assistant Secretary for Preparedness and Response Grant (Fed ID#1NU90TP921907-01-00). – **(For possible action)**
Staff Representative: Andrea Esp
- F. Recommendation for the Board to Uphold Notice of Violation Citation No. 5658 Issued to Harry Stewart, Case No. 1198, for a violation of the District Board of Health Regulations Governing Air Quality Management with a \$3450.00 Negotiated Fine. - **(For possible action)**
 - i. Harry Stewart, Case No. 1198, Notice of Violation No. 5658
Staff Representative: Charlene Albee
- G. Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2018 – **(For possible action)**
Staff Representative: Anna Heenan
- 8. *Presentation – Washoe County Health District Board Scholarship Recipients**
Presented by: Kara Mays
- 9. *Presentation – Eddy House**
Presented by: Michele Gehr
- 10. Presentation, Discussion, and possible approval of REMSA’s request for an increase of 3% a year over four years to the average allowable bill. – (For possible action)**
Staff Representative: Christina Conti
- 11. Regional Emergency Medical Services Authority**
Presented by: JW Hodge
 - A. Review and Acceptance of the REMSA Operations Report for October 2017 – **(For possible action)**
 - B. *Update of REMSA’s Public Relations during October, 2017
 - C. Review and Acceptance of the REMSA Operations Report for November, 2017 – **(For possible action)**
 - D. *Update of REMSA’s Public Relations during November, 2017
- 12. Presentation and Possible Acceptance of Revised Strategic Plan – (For possible action)**
Staff Representative: Catrina Peters
- 13. Possible approval of the proposed 2018 Washoe County District Board of Health Meeting Calendar - (For possible action)**
Staff Representative: Kevin Dick

14. Possible approval of the proposed appointment of two new Food Protection Hearing and Advisory Board Members to replace those who have resigned. Possible appointees are Mr. Chris Thompson, Mr. George Heinemann and Mr. Jesus Gutierrez. - (For possible action)

Staff Representative: Chad Westom

15. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

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

Divisional Update – World AIDS Day; Nurse Family Partnership; Data & Metrics; Program Reports

C. Environmental Health Services, Chad Westom, Director

EHS Division and Program Updates – Community Development, Food, Land Development, Safe Drinking Water, 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 Projects, Strategic Planning Update, Public Health Accreditation, Quality Improvement, Community Health Needs Assessment, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts.

16. *Board Comment

Limited to announcements or issues for future agendas.

17. *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.

18. Adjournment – (For possible action)

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
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

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

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

Proclamation

RADON ACTION MONTH

January 2018

WHEREAS, many Washoe County residents don't know about radon, yet need to know, for the safety and health of their families, as radon is a colorless, odorless, naturally occurring radioactive gas that is the primary cause of lung cancer among nonsmokers; the second leading cause of lung cancer in smokers and

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

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

WHEREAS, any home in Washoe County may have elevated levels of radon, even if neighboring homes do not, and living in a home with an average radon level of 4 picocuries per liter of air poses a similar risk of developing lung cancer as smoking half a pack of cigarettes a day; and

WHEREAS, testing is the only way to know if a home has an elevated radon level, and testing is easy and inexpensive, and when identified, homes can be fixed; and

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

NOW, THEREFORE, the Washoe County Health District, does hereby proclaim January 2018, as

**“NATIONAL RADON ACTION MONTH”
In Washoe County, Nevada**

ADOPTED this ____th day of December, 2017

Kitty Jung, Chair
Washoe County District Board of Health

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, October 26, 2017
1:00 p.m.

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

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 1:01 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Oscar Delgado
Michael Brown
Tom Young

Members absent: Dr. John Novak, Vice Chair
Dr. George Hess
Kristopher Dahir

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
Kelli Goatley-Seals
Christina Conti
Catrina Peters
James English
Laurie Griffey

2. *Pledge of Allegiance

Mr. Tom Clark led the pledge to the flag.

3. *Public Comment

Mr. Tom Clark, representing Pignic Pub & Patio, informed those present that this restaurant has a business model unlike most, in that the public can prepare their own food on

grills provided by the restaurant and eat it among their own party, and that it has been operating in this manner for the last three years. He stated that they have always strived to maintain compliance with food industry regulations. Mr. Clark informed these young owners have invested over \$300K in this property alone, and have become a model for the Midtown District businesses with their innovative operation.

Mr. Clark stated that these owners have over \$1M invested in their other properties, including Noble Pie Parlor.

Mr. Clark informed the reason for his appearance today is that Pignic Pub & Patio was recently issued a Cease and Desist Order by the District Board of Health. He stated that there may have been one item that needed to be brought into compliance, but were ordered to cease and desist.

Mr. Clark informed it was suggested that they provide food for the patrons to cook, but stressed that this is not the business plan of Pignic Pub & Patio. They are foremost a Pub, and the requirement of providing food would require stocking an inordinate amount of food to anticipate patron's needs. Mr. Clark agreed that compliance to regulations is necessary, but opined that this action is sending a message to Midtown that entrepreneurs can invest in a business, follow the rules, and receive a Cease and Desist Order.

Mr. Clark asked that the District Board of Health not enforce the Cease and Desist Order issued to Pignic Pub & Patio until a meeting between the owners and the Health District could be arranged to discuss possible solutions.

He stated that there are many innovative, unorthodox businesses and restaurants coming in to the area, and that it would be beneficial to revise regulations to allow for that innovation. He hoped that the perception of local jurisdictions suppressing these new types of businesses could be dispelled, and that the relationship between businesses and the Health District would allow opportunity for compliance while protecting the public's health.

Chair Jung closed the public comment period.

4. Approval of Agenda

October 26, 2017

Mr. Brown moved to approve the agenda for the October 26, 2017, District Board of Health regular meeting. Mr. Delgado seconded the motion which was approved four in favor and none against.

5. Recognitions

A. Years of Service

- i. Holly McGee, Public Health Nurse II, 25 years, hired 10/19/1992 - CCHS

Mr. Dick informed that Ms. McGee was not able to be in attendance due to her dedicated work for the Health District and the community at the offsite TB Clinic.

B. New Hires

- i. Catrina Peters, 10/2/2017, Director of Programs and Projects – ODHO

Mr. Dick introduced Ms. Peters and informed that she joins the Office of the District Health Officer as the new Director of Programs and Projects. He informed that Ms. Peters filled the position previously held by Ms. Sara Behl as a reference to the wide scope of work that Ms. Peters is now responsible for.

Mr. Dick stated that Ms. Peters comes to the Health District most recently from the Department of Agriculture as manager of the School Meals and Nutrition Program for the State. He informed that this program transitioned from the Department of Education to the Department of Agriculture during her tenure.

Mr. Dick informed that Ms. Peters has an undergraduate degree in nutrition from the University of Nevada Reno and a Masters in Nutrition from Perdue University.

ii. Susana Contreras, 10/2/2017, Office Assistant II – CCHS

Mr. Kutz introduced Ms. Contreras as the new Office Assistant II assigned to the Immunization Program. He informed that Ms. Contreras comes to the Health District from Renown Health with seventeen years of customer service experience, billing, insurance claims appeal and call center experience. Mr. Kutz expressed that they were excited to have Ms. Contreras on their team.

iii. Sophie Banspach, CDC Associate, started two-year assignment with WCHD 10/2/17 – CCHS

Mr. Dick informed that Ms. Banspach is a CDC Associate and comes to the Health District through the successful arrangement between the Health District and the CDC, wherein the CDC funds Public Health Associates to work as staff for the Health District.

Mr. Kutz introduced Ms. Banspach as the new Public Health Associate assigned to the Immunization Program, and that she will be working with CCHS for two years. He informed that she has a Bachelor's Degree in Fine Arts in Scientific Illustration, and a certificate in Global Health from the University of Georgia.

Mr. Kutz stated that the Public Health Associates Program has added a great amount of value to the Health District, and that CCHS was very pleased to have Ms. Banspach working with them.

Chair Jung welcomed the newly hired employees of the Health District.

6. Consent Items

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

A. Approval of Draft Minutes
September 28, 2017

B. Budget Amendments/Interlocal Agreements

- i. Retroactive Approval of Notice of Grant Award #2018030301 from the Nevada Governor's Council on Developmental Disabilities (NGCDD) for the period 10/1/17 through 9/30/18 in the total amount of \$30,000 for the Public Safety & Emergency Responder Awareness Training project within Epidemiology and Public Health Preparedness, IO 11450; and if approved, authorize the District Health Officer to execute the Award.

Staff Representative: Patsy Buxton

C. Approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Vasectomy Procedure.

Staff Representative: Nancy Kerns Cummins

D. Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5655 Issued to Lennar Reno LLC, Case No. 1197, with a \$1,520.00 Negotiated Fine and requirement to apply a dust palliative to the disturbed area within 30 days of the signed

Memorandum of Understanding.

i. Case No. 1197, NOV No. 5655 – Lennar Reno LLC
Staff Representative: Charlene Albee

E. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2018.

Staff Representative: Anna Heenan

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

7. * Presentation and update on Community Health Alliance

Presented by: Chuck Duarte

Mr. Duarte introduced himself as the CEO for Community Health Alliance, informed of his opportunity to work both with Mr. Dick and Mr. Delgado in an ongoing basis, and expressed that it is a privilege to be a part of the health community in Washoe County.

Mr. Duarte outlined his background in public health, beginning with his college years in Hawaii. He then worked in the clinical laboratory business, hospitals and Medicaid-managed care prior to the Governor requesting that he head the Medicaid Program in Hawaii. Mr. Duarte stated that he held that position for three years, and then moved to the Truckee Meadows area in 2000 with his family to head the State Medicaid Program for twelve years.

He explained that, since Community Health Alliance is just beginning to be known in the community for who they are and what they do, he likes to take opportunities such as this to further inform the community of their services.

Mr. Duarte informed that CHA is a large, nonprofit organization in Washoe County, and because they are a federally qualified Community Health Center, they receive some federal grants to support and serve the underserved and the homeless in our area. Core services provided are primary medical care, dental, behavioral health and many other services. He stressed that they are not a free clinic, but they do everything they can to make their services available by using a sliding payment scale for those who are uninsured.

Community Health Alliance, previously known as HAWC, was founded in 1995 and founded by the Washoe County Medical Society. In 2012, HAWC merged with the Saint Mary's Mission and Outreach Programs. When Saint Mary's was being purchased by Prime Health, a for-profit corporation, they had to discharge their not-for-profit entities. Mr. Duarte explained this created a perfect merger opportunity for the nonprofits, and that all employees, assets and leases were transferred to the newly-merged nonprofit corporation that became Community Health Alliance.

Mr. Duarte informed that they now have six Health Centers located throughout the County and detailed their location and services, which includes medical, dental, chronic disease care and care for behavioral issues associated with chronic disease. He explained that they are using a team approach to medicine and are implementing this approach throughout their entire system. What this allows is for physicians, mid-level practitioners and primary care to work at the top of the scope of their practice in order to see as many patients as possible. Mr. Duarte stressed that the key to improving population health and serving a larger part of the community is getting patients into care. Their Quadruple Aim model adds 'improve provider satisfaction' to the Triple Aim objectives of improving the health of the served population, improving experience of individuals served and to make care as affordable as possible.

Mr. Duarte stated that CHA serves approximately 30K unduplicated patients and clients, 26K which are medical patients. He informed that they have 5,000 in their WIC Program

and that they partner closely with Washoe County Health District's WIC Program. The majority of CHA staff are bilingual due to the high percentage of the 90K patients seen last year register as Hispanic, and of those, half have English as a second language. He informed that a large percentage of clients are on Medicare or Medicaid.

Mr. Duarte stated that there are 280 staff members, 70% are bilingual, and there are fifty licensed clinical professionals of all types. They have a wide range of services with the focus on prevention. Mr. Duarte explained that they do not provide obstetric care, but partner very closely with the Renown Pregnancy Center. They send some clients to Saint Mary's, but to a lesser extent due to their reduced services for Medicaid clients.

Mr. Duarte expressed that they are very proud of their WIC Program, that staff in that Program are very engaged and happy to be providing these services to the community.

Regarding their behavioral health care, they cannot treat clients with serious chronic mental health illness due to lack of capacity. The model for their program is called Integrated Care, whose focus is a collaborative approach between primary and behavioral care providers to help patients achieve better health. Some associated behavioral issues are anxiety and depression, and those are addressed in order to improve compliance with their chronic disease management and self-management. If long-term therapy is required, CHA works with other partners in the community to provide that care.

Mr. Duarte informed that they have two in house 340B Pharmacies, with another scheduled to open soon in Sparks. He explained that a 340B Pharmacy receives prescriptions at some of lowest prices in the nation, and they pass the savings on to the patient. He informed that they are training their pharmacists to be clinical pharmacists, and they work directly with their primary care providers for the treatment of diabetes. There are plans for them to also to provide drug regimens for blood thinning.

The Healthcare for the Homeless Program is located on Center Street, but anyone who registers as homeless is served at any of their locations and care is free.

Dental care has been added to services provided to the homeless, working closely with the Volunteers of America (VOA) at the Community Assistance Center located on Record Street. CHA provides primary dentistry at three locations in the area, but work with community partners for specialty care.

Mr. Duarte informed that they have a Mobile Outreach Program that serves the community. One of those is the Adult Mobile Outreach Program which is a dental van with two operatories that travels to a number of locations including the VOA operated Senior Center, the Pregnancy Center at Renown, the Renown Healthcare Center and Crossroads. Another is the Cavity Prevention Program van that travels to twenty-seven Title 1 Schools with a dental hygienist that treats teeth in a preventive manner. These methods include providing elementary students with fluoride varnish, sealants and oral health and nutrition education.

Mr. Duarte stated that another service CHA proudly provides are the Health and Wellness Classes. Dr. Steve Shane, Pediatrician, started a healthy weight program for obese or near-obese children. It is a multi-disciplinary, clinical program, that involves a pediatrician, clinical psychologist, dietitian and staff support, who works with the family to teach them better habits and the rules of 5-2-1-0. This rule is messaged across CHA's entire system to families – five servings or more of fruits and vegetables, no more than two hours of screen time, one hour or more of exercise and zero sugary drinks.

Mr. Duarte stated that CHA would love to promote 5-2-1-0 throughout the County at any location or venue possible, for free, to educate families and help prevent the epidemic of diabetes and obesity in Washoe County.

He also informed that CHA coordinates transportation services for their patients.

Mr. Duarte summarized his presentation by stating that CHA is a part of the healthcare community in Washoe County, and increasingly, he opined that the healthcare mechanism is becoming more and more fragile. As healthcare professionals, his belief is that the healthcare community is responsible to advocate for good policy, and that the Board of Health is an organization responsible to do just that. He expressed concern for the programs in jeopardy of being cut that are in support of public health, and the negative effect it will have on the health of citizens in our County and nationwide.

Mr. Delgado invited the Board to tour some of CHA's sites to view the care being provided at these facilities. Chair Jung stated she would do so.

Mr. Dick thanked Mr. Duarte for his leadership at Community Health Alliance, for his strong participation on the Steering Committee at Truckee Meadows Healthy Communities, his contributions to and support of the Family Health Festival and Remote Area Medical Events, and for his tireless work to advocate for access to healthcare for the citizens of our community.

Chair Jung noted his comment regarding behavioral health management cases beyond their scope of operation, and asked what other partners CHA has other than the Children's Cabinet. Mr. Duarte informed that there had been more partners in the past, but the list is dwindling. He stated that it is a huge problem for people with serious, chronic mental illness, and for children and adolescents it is even a larger problem. For patients on Medicaid, he stated that CHA depends on Medicaid managed care plans to locate a provider, but even they are struggling. Mr. Duarte informed that they work with Northern Nevada Hopes, although their capacity is limited.

Mr. Duarte stressed that the problem is real and is not going away. He opined that this issue can only be resolved through advocacy and action by organizations such as the Board of Health and the general community, working to increase funding for mental health and ease licensing restrictions that prevent good practitioners from practicing in this state.

Chair Jung informed that the largest provider of mental health services is the Washoe County Jail, which is a sad state of affairs.

Chair Jung inquired if CHA has partnered with the Eddy House for care of the homeless youth. Mr. Duarte informed that he had reached out two weeks ago with the offer to provide primary medical care for their clients, and a meeting would be scheduled to that end. He stated that they have extended the offer to this and other organizations serving the homeless and homeless youth specifically, to be utilized as a referral source.

Mr. Duarte informed that they have been working closely with Amber Howell on the services provided by Washoe County, particularly for children in foster care. He stressed that their doors are open treat children.

Chair Jung inquired about the sliding scale fee for service and how it works. Mr. Duarte responded that the scale is based on income, and that it has three slide levels. Initially, CHA will assess a client's eligibility for Medicaid for access to comprehensive medical care and provide staff support to assist their enrollment. If a client is not eligible for Medicaid, Silver State Health Insurance Exchange or any other insurance, CHA works to find options for them. One of those options is Access to Healthcare, which operates discount medical and dental programs for persons not eligible for Medicaid, and Mr. Duarte informed that CHA is one of their largest referral sources for clients. If a client does not qualify for Access to Healthcare, then costs for services are based on a sliding fee at CHA with separate sliding scales for medical and dental. He informed that oftentimes the necessary dental work is beyond their scope and requires referral to specialists. In this situation, CHA works to set a

payment plan that will allow the patient to afford the care they need.

Mr. Duarte informed that one issue with providing dental care for adults is that CHA is the only entity providing service for adults at reduced cost in the area, and they are booked well into next year for new patients. He stated that CHA is trying to expand capacity to provide service to more patients.

Mr. Duarte explained that CHA's Patient Needs Fund is one that they fundraise for, and is used only when absolutely necessary. He spoke of other groups that will sometimes help patients in instances that there are no other options.

Chair Jung inquired if CHA takes all insurance, and Mr. Duarte confirmed that they do. She also requested that Mr. Duarte inform the Board if they could be of assistance in CHA's efforts. She suggested promoting their 5-2-1-0 message by creating a PSA for broadcast, and Mr. Duarte expressed his appreciation of the offer. Chair Jung thanked Mr. Duarte for his exemplary service to the community, and opined that it is this type of dedication that makes our community a good place to live.

8. *Washoe County Food Policy Council updates and accomplishments

Staff Representatives: Lea Tauchen and Kelli-Goatley-Seals

Ms. Tauchen introduced herself as the Chair of the Washoe County Food Policy Council (WCFPC), and informed that the Council is a volunteer public/private partnership bringing together representation from all sectors of the food system for networking, collaboration and promotion of access to healthy foods. She stated that the WCFPC was established by the Washoe County District Board of Health in 2011 to help implement the Washoe County Food Plan. She informed that their mission is to support a vibrant, healthy and equitable local food system, or put more simply, that their goal is to work to reduce barriers so that all residents in our community have access to healthy foods.

Ms. Tauchen informed that the Council is currently comprised of seven members with three applicants pending; per their bylaws, the Council can have up to twelve members. She stated that they operate as a volunteer board without staff or an operating budget, and are able to meet at the Washoe County Complex. She expressed gratitude for having Ms. Goatley-Seals of the Health District's Chronic Disease Program to assist with administrative duties.

Council meetings are held monthly, and she informed there are often guest speakers to learn from and collaborate with. The WCFPC Board has also met with local farmers and toured their farms.

Ms. Tauchen stressed that they seek opportunities to examine and improve food policies by monitoring food issues at the local, state and federal levels. Their Board monitors the agendas for the Reno and Sparks City Councils, the Washoe County Commission and each of their planning commissions. They also review the Health District and the Truckee Meadows Regional Planning Agency.

Their recent activities have included Council Members participating in community meetings and planning activities for both the Ignite Sparks Comprehensive Plan and the Reimagine Reno Master Plan. Ms. Tauchen informed that the WCFPC has provided language suggestions related to food access of which many were accepted and incorporated into their draft proposals. She informed they also anticipate contributing to the update of the Truckee Meadows Regional Planning Agency Plan.

Ms. Tauchen informed that the Council also presented a Food Day Proclamation to all three local municipalities to encourage residents to enjoy healthy eating by incorporating more real foods into their diets.

At the state level, WCFPC follows the Board of Agriculture, the Governor's Food

Security Council and other state agency meetings, and track bills during Legislative Session.

Ms. Tauchen stated that some of their more recent accomplishments include successfully proposing language for the Nevada Housing Divisions 2017 Qualified Allocation Plan. She informed that the Division amended their plan to include WCFPC recommendations related to community food growing areas. Also, at the 2017 Legislative Session, the Council identified several key policy issues regarding urban agriculture, school gardens and food services for seniors. They tracked those bills and submitted written comments during those hearings for the record.

Ms. Tauchen informed that the Council stays abreast of federal initiatives, and are currently monitoring the FY18 Federal Budget and its impacts on programs like SNAP and Medicaid. Soon they will be meeting with the Congressional Delegation to discuss the Healthy Breakfast Help Kids Learn Act.

She stated that there are challenges they face as well as the accomplishments she'd outlined. Some of those challenges are the lack of funding and resources, and the struggle with member engagement and recruitment on their volunteer board. Another issue is the competing organizations with goals similar to those of the Washoe County Food Policy Council.

From a policy prospective, she offered the Health District their assistance for research in the instance of food issues. Ms. Tauchen stressed that the WCFPC's goal is to strengthen our regional food system and insure that it is sustainable, and provide for a healthy future for Washoe County residents. She thanked the Board for their support.

Ms. Jung thanked Ms. Tauchen for her work in supporting the Washoe County Food Policy Council from its inception and as a lobbyist as Government Affairs Director with the Retail Association of Nevada.

Ms. Goatley-Seals stated that she had nothing to add, but praised Ms. Tauchen for her work. She informed that the Washoe County Chronic Disease Prevention Program has been involved with the Food Policy Council since it was formed.

Chair Jung informed that Ms. Goatley-Seals was the originator of and had executed the ACHIEVE grant, which funded the research that identified childhood and adult obesity as an area the District Board of Health and the Health District needed to address. The data collected lead to the creation of the Washoe County Food Policy Council.

Chair Jung inquired if WCFPC worked with or was aware of the Reno Gleaning Project, informing that it is a group of volunteers that harvest excess fruits and vegetables to the benefit of the Boys and Girls Club. Chair Jung suggested Ms. Pamela Mayne, founder of the Reno Gleaning Project, be invited to become a member of WCFPC's Board.

Chair Jung inquired if WCFPC worked with the Regional Planning Governing Board to make recommendations on projects of regional significance. Ms. Tauchen informed that group had been a speaker at one of their board meetings and expressed the hope to work with them going forward in the process of updating their five-year plan. Chair Jung stressed the importance of having the food policy in their plan to insure access to food in their developments.

Chair Jung noted the comment of the WCFPC having no funding or resources. She inquired what types of funding and resources were needed, and how the District Board of Health could help. She requested Ms. Tauchen to write a proposal of the amount needed, information on the best practice nationwide and what the funds would be used for. She opined that, if projects were in place to put efforts toward, it would draw board members that would be happy to become engaged with those projects.

Mr. Delgado stated it was good to see the progress and accomplishments of the Washoe

County Food Policy Council. Regarding the Reno Master Plan, he inquired if she found the City of Reno to be open to having food related language in their Plan. Ms. Tauchen confirmed that they were, and that WCFPC was appreciative of the community outreach meetings that were held, and that they were a good platform to provide their insights. She informed that most of their contributions had been incorporated into the draft of the Reno Master Plan.

Mr. Delgado expressed appreciation for her skills in communicating successfully with the partners involved to achieve food related goals. He thanked Ms. Tauchen for her hard work.

9. Regional Emergency Medical Services Authority

Presented by Paul Burton

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

Mr. Burton informed that Mr. Dow was not available to attend this meeting and that Mr. Hodge will attend the next District Board of Health Meeting. He identified himself as the Director of Operations and stated that he was available to answer any questions.

Ms. Brandhorst commended the members of REMSA for the work they provide to the community.

Chair Jung closed the public comment period.

Mr. Brown moved to approve the Review and Acceptance of the REMSA Operations Report for September 2017. Mr. Delgado seconded the motion which was approved four in favor and none against.

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

Mr. Burton informed that, after the extensive report given by Mr. Romero at the last meeting, he did not have any new information to report for this month.

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

Presented by: Brittany Dayton

Ms. Dayton introduced herself as EMS Coordinator, reporting on behalf of Christina Conti. She informed that the Quarterly Regional EMS Advisory Board Meeting was held on October 5, 2017. Ms. Dayton stated that the Board's staff report was included in their packet and has a summary of the items discussed, but that she wished to highlight three items.

Ms. Dayton informed that the EMS Advisory Board heard a presentation and approved for distribution the Washoe County EMS Oversight Program Annual Data Report for FY2017.

She stated that the Board received information on the MAP Methodology used to review the REMSA Franchise Map.

Ms. Dayton informed that the Board heard an update on the EMS Strategic Planning Objective 5.1, which is to create a set of regional EMS protocol that will be used by eight EMS agencies within Washoe County. Several of these agencies will begin using these protocols in January 2018.

11. Review, Discussion, and Possible Direction to Staff to Discontinue Collection of Information Regarding Certified Food Protection Managers at Food Establishments in Washoe County

Staff Representative: Kevin Dick

Mr. Dick informed that this item is a result of a District Board of Health Meeting in May 2015 wherein the Board adopted new food regulations. He explained that those regulations

included eliminating the somewhat prescriptive requirements for training required for certification as Certified Food Protection Managers. At that meeting, there were concerns expressed that the removal of these requirements would result in the increased failure rate of the Certified Food Protection Manager Exams that occur at the national level. Because of these concerns, it was requested that failure rates be tracked during the course of inspecting businesses with employees who had taken the Exam and tracking Certified Food Protection Managers at these facilities. Mr. Dick informed that, as a result of that data collection, it was found that there was a three percent failure rate per the information collected. In the instance of failure of the Exam, the establishment either had them re-take the course or had another employee take the course and the Exam. Mr. Dick stated that, since there was very little impact related to the elimination of the local training requirements, it is the Health District's recommendation to the Board is to provide direction to the Health District to discontinue collection of that information during inspections.

Chair Jung stated that the elimination of the local training requirement has improved the integrity of the Food Program by streamlining this process.

Mr. Young moved to direct Staff to Discontinue Collection of Information Regarding Certified Food Protection Managers at Food Establishments in Washoe County. Mr. Brown seconded the motion which was approved four in favor and none against.

12. Presentation and Acceptance of PHAB Progress Report and Timeline

Staff Representative: Catrina Peters

Ms. Peters stated that she would be giving an update on the status of the Health District's Public Health Accreditation activities, informing that the District Board of Health had approved the Health District's pursuit of Public Health Accreditation in June 2016. She stated that quite a number of the more substantial, required documents had been completed in this Accreditation process.

Ms. Peters detailed some of these larger requirements as being the Strategic Plan, the Community Health Needs Assessment and the Community Health Improvement Plan, which have all been completed and published.

Ms. Peters thanked her predecessor, Ms. Sara Behl, for developing a great Accreditation Team, and informed that all team members have undergone training on the Accreditation process. She stated that a team member from each Division within the Health District had been identified to allow for representation across the District. Staff turnover during this past summer had caused a bit of a delay in progress, but now the Accreditation process is again moving forward.

Ms. Peters informed that her employment began with the Health District on October 2, 2017, and with Accreditation as her top priority, has completed all the required training. She was pleased to announce that the Health District's online registration has been submitted, which will allow the Health District to work toward the next step of submitting their application. Ms. Peters stated that there had been an Accreditation Team Meeting on October 19th, to organize and re-start the documentation gathering process, and that the team was excited to be back on track.

Ms. Peters presented a revised timeline, and informed that the application was ready to submit. Once submitted, the application will be complete, and shortly thereafter, PHAB will submit a request for the Health District to provide payment of the Accreditation fee. Once payment is made, Ms. Peters informed that she would attend an in-person training, tentatively the February 13-14, 2018 training. PHAB will then allow access to their online system to

upload all required documents, with that process planned to be complete by October 1, 2018.

Ms. Peters informed that when all documentation has been submitted and reviewed, the Accreditation Board will schedule a two-day site visit to tour the facility and review submitted documentation in person. When the site visit has been completed, the Accreditation Site Review Committee will draft a report to present to the Accreditation Committee for determination to either allow Accreditation for the Health District, or if not, provide the option to submit an Action Plan to address any shortcomings.

Chair Jung expressed that it was unfortunate that Dr. Novak was not present to have heard Ms. Peter's report on Accreditation. She informed that he has a national position on the NALBOH Board and is a champion of Accreditation, and would be a great resource for her in the Accreditation efforts.

Mr. Brown moved to accept the PHAB Progress Report and Timeline. Mr. Delgado seconded the motion which was approved four in favor and none against.

13. *Presentation: Accela Regional Licensing & Permitting Project – Health District Status Update

Staff Representative: Charlene Albee and James English

Ms. Albee stated this presentation was in response to a request made by Dr. Novak at the September 28, 2017, District Board of Health Meeting for an update of the Accela Licensing program.

Ms. Albee informed that, within her twenty plus year career at the Health District, this is the largest regional project that she has ever been involved in. Her report reviewed the positive aspects first, in that there has been much progress in the way the system functions now compared to its initial functionality. She informed that thousands of permit records had been imported into this system from Permits Plus, and the challenges with that process have been resolved. Business licenses had been provided to the applicants from the imported information, and from information newly entered into the Accela system, as well.

Ms. Albee directed the Board's attention to a table in her report that detailed the major accomplishments of the volume of new permits processed from the beginning of January through the end of September, 2017. She informed that these included over one thousand asbestos assessment abatement and projects and six thousand wood stove notifications and certificates. Environmental Health Services processed 926 food event permits in their condensed special events time frame, and over five hundred food permits were issued. Ms. Albee opined it is possible that staff doesn't receive enough credit for progress made under the difficult circumstances that has been prevalent in working with Accela. During the first two months of going live with Accela on October 31, 2016, she informed that the lack of Accela's functionality was very stressful for those dedicated employees who were trying to do their jobs and serve the public. Ms. Albee informed that the situation now is one of polishing the product, in that the workflow is much better and employees can accomplish their duties. The online Citizen Access Portal is being utilized now to a greater extent for permit application.

Ms. Albee stressed that much of the credit for these improvements goes to the front line staff working with Tech Services. She informed that the Air Quality Staff did a majority of designing Accela's function within their Division, while other Divisions such as Environmental Health worked with consultants to develop workflows for their areas. Regardless of those details, she reiterated that the front line staff detailed the functions necessary to be built into the Accela program to allow them to perform their jobs.

Ms. Albee praised Tech Services for their skill and level of involvement. She informed that they have been able to progress to one-on-one weekly meetings with staff members to address issues, versus the whole of Accela's functionality being an issue. Ms. Albee did stipulate that the list of issues is not necessarily being reduced; as issues are resolved, new issues come to light, but it is an improvement from the previous state of lingering unresolved issues.

Ms. Albee informed that one of the most concerning issues is that the Health Module cannot print a receipt on the Citizen Access site. That issue has been elevated to Accela's Customer Resource Center as attempts to resolve the issue by Health District staff and Tech Services were not successful. Tech Services has devised an interim resolution that is in the final stages of testing. When a citizen makes payment on the Citizen Access site, they will receive an automatically generated email containing their receipt.

Ms. Albee stated that there is a great deal of work being done with the other jurisdictions to achieve a consistent plan review workflow process to be used by each entity.

Ms. Albee informed that the Mobile Office for field inspectors is still challenged to produce the NRS required documentation and efforts are ongoing to resolve that issue.

Another issue is charging the correct fee amount for Air Quality Renewal Permits due to calculation issues in the program. Ms. Albee informed that this challenge requires the fee amount to be verified manually before the invoice is issued, and is hopeful for a resolution in the near future.

Ms. Albee stated that the last issue to arise is that of the financial internal controls for audit purposes. She informed that there are business practices in place to insure compliance for audit purposes, but the next step will be to have these controls automated. This issue has been elevated to the Treasurer, Comptroller and Internal Audit level.

Mr. English wished to thank Mr. Steve Fisher from Administrative Health Services for his contributions to Environmental Health Services Accela workflow development. Mr. English informed that they also had Tech Services and third party consultants working on the development. TruePoint and Byrne Consulting firms are being considered for additional work.

Mr. English stated that EHS is in the process of fine tuning some of the record types in Accela workflow, and adding some permit types and activities to create a complete base. He noted that some of these had not been available in Permits Plus or Sierra Permit. When complete, Accela will hold the complete range of information and will be automated and fully transparent.

Chair Jung wished to commend staff, and conveyed that the stress involved with the Accela process is region-wide. She opined that Accela's product was not as it had been purported to be, and that staff took the brunt of working to resolve the many issues while trying to do their jobs. Chair Jung noted that the direction is not clear at this point as to what can be done, and stated that it may be that there is no option but to go forward.

Chair Jung requested Mr. English and Ms. Albee to thank their staff for their efforts and for the endurance of what may have been the worst year for staff in the face of this challenge.

Ms. Albee stated that they would continue to provide the best service possible, and that she was cautiously optimistic that the situation was improving.

Mr. Young expressed his appreciation of staff that excels in the face of adversity.

Chair Jung encouraged Ms. Albee and Mr. English to bring any ideas forward for a replacement program, and Ms. Albee indicated that they were looking at software that works with Accela and acts as a tutorial for the Citizen Access page. The Regional Coordinating Team is researching the options for this additional functionality.

14. Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal Year 18.

Staff Representative: Laurie Griffey

Ms. Griffey informed that a policy within the WCHD Employee Policy Manual states that the Manual will be updated every two years, then taken before the District Board of Health for their approval and distributed to the employees.

Mr. Dick informed that the revised draft of the Policy Manual was reviewed by Ms. Admirand, and one of the updates to the Policy includes a revision to the Personal Appearance Policy. He opined that the Policy is stronger now and provides clear parameters for the employees and a reference for supervisors in the event of an employee's appearance being questioned as appropriate.

Chair Jung opined that the appearance of staff is very important to relations with the public.

Mr. Young moved to adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal year 18. Chair Jung seconded the motion which was approved four in favor and none against.

15. Review and Approval of the District Health Officer's Annual Performance Evaluation Results and Possible Approval of a 1.62% Wage Increase, retroactive to his annual evaluation date of October 24, 2017.

Presented by: Chair Kitty Jung

Chair Jung referred to the staff report that details the rankings of the District Health Officer. She inquired of the Board Members if there were any concerns or any item they would make note of.

Chair Jung commented that this is the best District Health Officer that the District Board of Health and the Health District has had in over ten years. She opined that the physicians that previously held the position did not have the organizational effectiveness that Mr. Dick has, nor were they good administrators. Also, she stated that the fact that Mr. Dick does not have an MD has not been an issue in the performance of his duties.

In response to one comment noted on the results, Chair Jung stressed that the Health District is not in a supporting role to the local jurisdictions, and that the primary goal of the Health District is to protect the health of the citizenry.

Chair Jung moved to approve the District Health Officer's Annual Performance Evaluation Results and approve the 1.62% Wage Increase, retroactive to his annual evaluation date of October 24, 2017. Mr. Delgado seconded the motion which was approved four in favor and none against.

Ms. Brandhorst spoke on the District Health Officer's performance.

Chair Jung closed the public comment period.

Mr. Dick thanked the Board and stated it was his privilege to serve the District Board of Health and the community, and to have the opportunity to work with the excellent staff at the Health District.

Mr. Dick stated that there were some responses under the District Board of Health Relations he wished to comment on. He stated that, by the response, it was not clear if it was a Board Member that responded, but the items of concern were under Areas of Improvement for "responds well to requests, advice and constructive criticism" and "facilitates the Board decision making without usurping authority". Mr. Dick requested if any Board members

responded that improvement was needed in those areas, that they contact him to advise of any concerns they might have.

Chair Jung agreed that would be appreciated by her, as well, and thanked Mr. Dick for his service.

16. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

Ms. Albee informed that on October 25th, the Truckee Meadows Fire Protection District (TMFPD) issued a press release advising the public that there would not be any open burning this year due to the fire hazards. She stated that Air Quality has historically had an open burning season, but that the window of opportunity has narrowed for alignment with optimum air quality conditions and those conducive to safe burning. Ms. Albee informed that, over the years, many different options for permitting programs and practices have been tried, but in spite of these measures, Truckee Meadows Fire Protection District responded to twelve escaped fires from controlled residential burns last year alone.

Ms. Albee stressed that increased fuels this year present an unsafe risk, and that the Santa Rosa event underscores the need to rethink the disposal of green waste.

Ms. Albee informed that TMFPD initiated a Green Waste Recovery pilot project, wherein they utilize an Air Curtain Incinerator, also known as a burn box, for the disposal of the waste. She stated that one hurdle now is obtaining a permit to operate the burn box. Permitting for these devices is identified in federal regulations New Source Performance Standards (NSPS) as requiring a Title V Permit, which is a federal oversight permit. The typical application fee for a Title V Permit is in excess of \$30K, which is cost prohibitive.

Ms. Albee informed that Air Quality Management has been in contact with Region 9, who has agreed to issue a general Title V Permit specifically for Air Curtain Incinerators for use by land management or construction companies, allowing them to rent and operate an incinerator.

Ms. Albee stated this process would require public notice and hearings and the District Board of Health would be requested to adopt the general permit. She also informed that a new fee representing the cost to manage those permits following the application would be brought before the Board for approval. Ms. Albee stated that the amount of the fee isn't known at this time.

Ms. Albee informed that AQM has been directed to have TMFPD submit their application for a local district permit. The first day of operation of the burn box begins the one year time frame in which the application for the Title V Permit must be submitted. Ms. Albee expressed that AQM is confident that they will have everything in place within the year to convert the permit to a general Title V permit and to implement reporting and compliance standards.

Ms. Albee presented a video on the function of an Air Curtain Incinerator for the Board. She informed that these devices are used for clean up after hurricanes and other natural disasters that leave large amounts of debris to dispose of. She stated that federal regulations provide for an exemption from the Title V Permit if a State of Emergency has declared by the Governor. Ms. Albee noted it was agreed in conjunction with Region 9 that the use of the general permit would be the most effective option for Washoe County, and much more cost effective for all involved.

Mr. Brown informed that he had worked with these burn boxes in the cleanup process after a disaster. He opined that Truckee Meadows Fire Protection District is a leader in the industry with their decision to push forward the utilization of this equipment to better protect citizens and the environment in Washoe County. He stated that the disposal of biomass is an issue, but that this equipment is a valid solution. Mr. Brown thanked Chief Moore and his staff for bringing this initiative forward, and the staff of the Health District for their efforts in obtaining authorization to use the equipment.

Ms. Albee informed that there are areas in the nation utilizing a general permit for operation of the Air Curtain Incinerator, such as Arizona and Texas, but that Washoe County will have one of the first general permits in close proximity to Region 9. When the unit is ready to go online, Region 9 will come to watch the operation. Ms. Albee stated that they are excited to see this equipment being brought into the area and opined that it shows the good working relationship that Air Quality Management has with Region 9.

Mr. Dick informed that Ms. Albee created a process to calculate the new permit fee which will be substantially less than if Washoe County would have been required to obtain the Title V Permit. He stated that Chief Moore was present and is noticed of the year time frame in which the permit must be submitted; however, if it were not possible to meet that deadline, the Board would be requested to defer any assessment of the fee on the application until the amount could be established.

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

Divisional Update – Patagonia Health; Orvis School of Nursing Accreditation; Data & Metrics; Program Reports

Mr. Kutz stated he had nothing to add to his report, but was available to answer any questions.

C. Environmental Health Services, Kevin Dick, Acting Director

EHS Division and Program Updates – Child Care, Food, Land Development, Schools, Vector-Borne Disease and Waste Management

Mr. Dick stated he had nothing to add to his report, but was available to answer any questions.

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

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

Dr. Todd stated that there were now forty-two confirmed cases of aseptic meningitis, and has confirmed the virus as Echovirus 30. He informed that this is the same virus causing the outbreak in Lassen County. Dr. Todd informed that 75% of the cases are in children and 60% are in school-aged children.

Chair Jung requested Dr. Todd to inform what the symptoms of aseptic meningitis are. Dr. Todd stated that aseptic denotes a non-bacterial infection and can mean caused by a virus, although there is cause for infection other than a virus. He detailed the symptoms as similar to a severe influenza, including fever, headache, stiff neck, sensitivity to bright light, tired or having difficulty waking, nausea, vomiting and lack of appetite.

Dr. Todd informed that it is communicable and preventive measures include hand washing. He stated that the virus can be spread by items touched such as Halloween candy and close physical contact.

Dr. Todd explained that viral meningitis is usually an infection that the patient can recuperate from. The more severe version of meningitis is bacterial, which can be deadly.

Dr. Todd informed that cases of coccidioidomycosis (Valley Fever) are holding at eighteen, which is double the previous high number. Regarding the testing done in conjunction with the CDC, the results came back as negative. Dr. Todd stated that the results are not surprising but disappointing, because it is very hard to locate in the environment.

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

District Health Officer Report – Water System Regulation and Plan Reviews, EHS Division Director, Strategic Planning Update, Community Health Improvement Plan, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts.

Mr. Dick informed that a meeting with the Builder’s Association of Northern Nevada was held on October 19th which was attended by representatives of the Southern Nevada Homebuilder’s Association, TMWA, the NDEP Administrator and representatives from the local municipalities. Discussed were issues around water project review and the advances achieved by efforts to streamline the review process, as well as issues remaining with the NAC and potential for revision.

Mr. Dick stated that the NDEP is willing to work collaboratively on possible revisions to NAC 445A. NDEP requested BANN to assemble a workgroup and to identify topics for discussion. He informed that of those topics identified, many had already been resolved.

Mr. Dick informed that a meeting scheduled with the City of Reno for October 20th did not occur.

Mr. Dick stated that the agenda for the Concurrent Meeting scheduled for November 6th should be posted on Monday, October 30th, to include an item, “Presentation, discussion and possible action on the status of the review and approval of water projects by the Truckee Meadows Water Authority, Washoe County Health District, and/or the Nevada Department of Environmental Protection”. Mr. Dick stated that he would be presenting at that meeting with Mr. Lovato, the NDEP Administrator, and Mr. Foree of TMWA.

Mr. Dick stated that he had attempted to keep the Board well briefed on the water project issues and informed that he is available to discuss any related items.

Mr. Dick expressed that he was very pleased to announce that a new Environmental Health Services Division Director, Mr. Chad Westom, has been chosen and will start the week of October 30th. He informed that Mr. Westom comes to the Health District most recently from the Nevada Division of Public and Behavioral Health where he has been serving as a Bureau Chief, and before promotion to that position was the head of the Environmental Health Program there. Mr. Westom will be joining the Strategic Planning Retreat to be held on November 2nd and will be introduced at that meeting.

Mr. Dick also wished to highlight the work of the Health District, Truckee Meadows Healthy Communities and the volunteers in support of the Remote Area Medical (RAM) Event that was held September 29th through October 1st. At that event, there were services provided to 430 patients at a total benefit of over \$137K using the RAM infrastructure. Mr. Dick stated that Board Member Mr. Dahir volunteered and was one of many who participated at that event. Of those served, some received multiple

extractions, eye care and various other services which not only improved the health of those citizens, but alleviated pain and suffering, as well.

Mr. Dick wished to recognize staff members for their tremendous work in organizing the RAM Event: Falisa Hilliard and Rayona Dixon of the Office of the District Health Officer, and Robert Forrest who had been working with the Chronic Disease Division and was hired as an Intermittent Hourly Employee by the ODHO in support of this event.

Mr. Delgado inquired how patients from the RAM Event were referred for extended treatment. Mr. Dick informed that Northern Nevada Hopes and the Community Health Alliance offered to assist patients in receiving follow up care, and expressed his appreciation for the many generous offers of support following the event.

Mr. Delgado inquired how many of the dental volunteers at the RAM Event were local was and the number that were from out of state. Mr. Dick informed that there were a few local providers, but that he was disappointed that there were not more volunteers from the area for both dental and eye care services.

Mr. Dick stated that there was only one optometrist volunteering at the event on the first day who had travelled from the east coast. He informed that there were a few more local volunteers on the second and third days resulting from the outreach through the Dental Society and Optometry Associations. Mr. Dick opined that if there had been more patients, there would not have been enough caregivers to serve them.

Mr. Delgado expressed his hopes that there would be a greater local response for future events.

17. Review, Discussion, and Possible Direction to cancel the Washoe County District Board of Health Meeting currently scheduled for November 16, 2017.

Staff Representative: Kevin Dick

Mr. Dick informed of his contact with Chair Jung in relation to this item, noting the tight schedule between the October and November District Board of Health Meetings and the upcoming Strategic Plan Retreat scheduled for November 2nd. The meeting schedule for November and December had been adjusted to accommodate the holidays, and reports would be due to Ms. Rogers by the November 3rd to ready the packet for a November DBOH Meeting. In light of these time constraints, Mr. Dick stated his recommendation was to add this item to the agenda to obtain the Board's direction as to whether the November DBOH Meeting could be cancelled. Mr. Dick stated that he would fully support their decision if they opted to have that meeting as scheduled.

Mr. Young moved to cancel the Washoe County District Board of Health Meeting currently scheduled for November 16, 2017. Mr. Brown seconded the motion, which was approved four in favor and none against.

18. *Board Comment

Mr. Young informed that he has met with many of the Health District staff and is incredibly impressed with the quality of people and their dedication. He wished to state publically that the Health District has an exceptional staff and would challenge any Health District nationwide to match their dedication.

Chair Jung agreed with Mr. Young's sentiment.

Chair Jung requested there be an update given on the Pignic Pub & Patio at the next District Board of Health Meeting on December 14th. She also requested staff to review how other governments have evolved nationwide in response to trends set by new millennial business models. Her objective would be to anticipate these trends and proactively plan for

flexibility while protecting public health.

Chair Jung also wished to thank Chief Moore for his attendance at this meeting, who was present at her request in response to inquiries as to his lack of attendance at previous meetings. She informed he watches these meetings in his office at the County Complex.

19. *Public Comment

Ms. Cathy Brandhorst expressed her appreciation for the REMSA's excellent service to the community.

Chair Jung closed the public comment period.

20. Adjournment

Chair Jung adjourned the meeting at 2:55 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
Downtown Reno Library, 301 S. Center 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
FY18-21 Strategic Planning Retreat
Meeting Minutes**

Members

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

Thursday, November 2, 2017

9:00 a.m.

**(Informal mixer with Board members
and staff: 8:30 to 9:00 a.m.)**

**Washoe County Administration Complex
Medical Examiner's Conference Room
990 East Ninth Street
Reno, NV**

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 9:00 a.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. George Hess
Oscar Delgado
Michael Brown
Kristopher Dahir
Tom Young

Members absent: Dr. John Novak, Vice Chair

Ms. Rogers verified a quorum was present

Staff Present: Kevin Dick, District Health Officer, ODHO
Anna Heenan, Administrative Health Services Officer, AHS
Leslie Admirand, Deputy District Attorney
Steve Kutz, Division Director, CCHS
Dr. Randall Todd, Division Director, EPHP
Chad Westom, Division Director, EHS
Heather Kerwin, Statistician, EMS

2. *Pledge of Allegiance

Mr. Ulibarri led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

November 2, 2017

Mr. Delgado moved to approve the agenda for the November 2, 2017 District Board of Health Strategic Planning Retreat. Mr. Brown seconded the motion which was approved six in favor and none against.

Strategic Planning Discussion: The purpose of the Strategic Planning Retreat is to discuss and possibly give direction regarding strategic priorities and goals of the Washoe County Health District in regards to the Outcomes listed below:

- Identify and discuss emerging issues & community stated priorities
- Refresh the FY18-21 Strategic Plan
- Identify FY19 Budget Considerations

5. *Introductions, Meeting Outcomes, Discussion Flow, Planning Assumptions, Ground Rules, and Recap Core Purpose and Strategic Direction

Presented by: Chair Jung, Kevin Dick and Erica Olsen

Mr. Dick introduced the new Environmental Health Services Division Director, Mr. Chad Westom. He stressed that the position had remained open for some time pending the opportunity to recruit the right individual for the job. Mr. Dick informed that Mr. Westom has lived in Nevada since 2005 and detailed his background between the private and public sectors, stating that he had most recently held the Bureau Chief position at the Division of Public Behavioral Health. Mr. Dick welcomed Mr. Westom and expressed that he was happy to have him at the Health District.

Mr. Westom stated that it was an honor to have been selected and is looking forward to meeting the Members of the Board. He stated that EHS staff members are impressive; he had worked with many of them through his work at the State and was looking forward to working with them on the strategic initiatives. He thanked the group for the warm welcome.

Chair Jung congratulated Mr. Westom and welcomed him to the Health District.

Introductions were made around the room.

Ms. Olsen stated that the focus of the meeting would be on emerging issues, refining the Strategic Plan that had been developed eighteen months ago, and some discussion about possible budget impacts.

Ms. Olsen inquired if Board Members had any other outcomes they were expecting to be covered in the meeting, and there were none. She stressed the main objective of the meeting was to gain clear direction from the Board to confirm consensus of the Plan's direction.

Mr. Dick stated the Strategic Plan that was developed a year and a half ago has been a great frame to structure work efforts around and track progress of those efforts. Another benefit has been the engagement of the entire staff on these unified priorities, and that the Health District is well positioned to continue to move forward on this path.

Mr. Dick stressed the importance of coming away from this meeting with the Board's confirmation of support of ideas that will be presented as possible direction for the next phase of this Plan, as well as their direction for initiatives that may not have been included.

Ms. Olsen requested input regarding how the Plan is perceived to be working. Responses included the following:

- Concern regarding the large list of items to accomplish in a defined period of time
- Had the items been prioritized
- Learned not to be as ambitious in listing every activity on the plan
- The Plan has provided a great framework for identification, action and measurement of progress of a Goal

- The sustainability of the Plan initiatives balanced with the responsibilities outside of the Plan and the influx of new residents need to be considered
- In regards to increased area population, the Priorities won't change, but the Initiatives and action steps may change
- Legacy planning for the many upcoming retirements is in place, and staffing to meet the Public's needs is under constant review
- The Plan provides a clear and concise overview of what the Health District priorities are and what is expected of you as an employee

Ms. Olsen informed that there would be a Strategic Plan Debrief Meeting held in which the outcomes of the meeting would be incorporated into the Plan to create the final revision of the Strategic Plan.

6. *Community Priorities Briefing: Community Needs Stakeholders Priorities and Community Survey Results

Presented by: Heather Kerwin

Mr. Dick informed that this is the second Community Health Needs Assessment (CHNA) and both have been done in partnership with Renown who provides financing to support their share of the CHNA, as well as in conjunction with Truckee Meadows Healthy Communities. Ms. Kerwin coordinated and produced both of the CHNAs.

Ms. Kerwin stated that this presentation would be a review for anyone who had attended Community Prioritization Workshop on September 8th. The CHNA is a process that involves both qualitative and quantitative data on the feedback from the community. The purpose in outcomes of this activity is to:

- Identify the health needs of the area
- Identify assets within that community
- Inform the decision makers as to what the needs of the community are

This creates the framework for the Community Health Improvement Plan that will provide structure to meet the needs that were identified, and for Renown's Community Benefit Plans.

Ms. Kerwin outlined the 250 health indicators and other data sources used to rank the priorities of the Health Topics in Washoe County. Washoe County data was compared to Nevada, the United States, and Healthy People 2020 objectives. Healthy People is an initiative that provides science-based, ten-year national objectives for improving the health of all Americans, and has been establishing benchmarks and monitoring progress for three decades.

Ms. Kerwin informed that the community survey's focus was on areas where there is little or no data to identify barriers that prevent healthy activities. She presented slides showing some of the responses to the survey, detailed the reasons for ranking health care needs, and the methods used to rank the data.. She indicated that the points in which data received from the various sources intersect are the best opportunities for improvement. The top five preliminary priorities as of October 19, 2017 were:

- Access to Health
- Mental Health
- Social Determinants
- Crime & Violent-Related Behaviors
- Chronic Disease/Screenings

Ms. Kerwin informed that the Community Health Needs Assessment will be completed toward the end of December, 2017, and that these rankings could change with data that is still being received. The final version of the CHNA will be disseminated in early 2018; the Health District will work with Truckee Meadows Healthy Communities in the development of the Community Health Improvement Plan and the completed CHIP will be presented to the District Board of Health for their approval. The entire process will be repeated in 3-5 years.

Ms. Olsen inquired of Mr. Dick and Ms. Kerwin what the take away from this exercise should be. Ms. Kerwin stated that for her, the CHNA is a large piece of information that is fed into the Community Health Improvement Plan and the Community Benefits Plan and is supported by the Divisions in the daily work that they do. Mr. Dick stated that the CHNA underscores how big Public Health is, that it is beyond the ability of the Health District to affect meaningful change alone, and that successful implementation of the CHIP will require many community, State and federal partners. He opined the CHNA's Priorities will show where efforts need to be focused and help clarify what is appropriate for the Health District to do in support to achieve the desired outcomes.

Mr. Delgado inquired how Truckee Meadows Healthy Communities would be utilized in the production of the CHIP. Mr. Dick informed that TMHC agreed to act as the backbone organization, bring community partners together around establishing the priorities for the CHIP's focus areas and to develop the strategies for implementation. He stated that Priorities weren't established in the initial CHNA, but they will be in current version partly due to an IRS requirement for Renown.

Mr. Dick stated that, in the process of the prior CHNA, a steering committee was created to determine the Priorities and the Health District led the effort in conjunction with TMHC. Mr. Dick expressed that, by engaging TMHC, the goal is to have the CHIP viewed as an entire community effort versus a Health District effort. Mr. Dick informed the plan is to bring the completed CHIP back to the Board for their approval as a part of the Health District's Accreditation requirements.

Regarding the Community Benefits Plan, Mr. Delgado inquired if Renown's efforts would be in conjunction with those of the Truckee Meadows Healthy Community Health Improvement Plan. Mr. Dick confirmed that Ms. Peters had met with Renown regarding potential collaboration, and the outcome was positive.

7. *Current Considerations for FY19: Hay Study, Surge Capacity, Service Delivery, Mosquito Abatement and Emerging Priorities – Accreditation

Presented by: Kevin Dick

Mr. Dick stated there would be future budget meetings and that there would be no request for budget-related decisions at this meeting, but wanted to give the Board information on the topics that could potentially affect the budget.

Mr. Dick informed that the County is involved in a position Benchmarking Study to determine if positions are at the appropriate grade level and pay with the Hay Group, a consulting firm that specializes in staffing, HR levels and position classification. He stated that the Hay Group is also reviewing the organizational structure and suggested that it would be appropriate for a Health District of this size to have governmental relations position. Mr. Dick agreed, and opined it to be beneficial for the Health District to have a position responsible for policy management, and that timing was good to request an above base request from the County based on the Hay study they initiated.

Chair Jung agreed the importance of having a point person for governmental relations

during the legislative sessions to coordinate efforts, as well as to mitigate situations such as the water plan review issue.

Mr. Dick stated that this position would also coordinate with all of the jurisdictions for the Health District, improving communication and relations.

Mr. Dahir agreed this would be a great improvement for all concerned in inter-jurisdictional communication.

Mr. Young cautioned that while this position would be beneficial, it would need to be weighed against other priorities to validate the expense.

Chair Jung agreed with Mr. Young's concern, but informed that the position would be funded by a General Fund transfer from the County, which was agreeable to Mr. Young.

Mr. Dick stated that cuts during the recession are still impacting the Health District in Administrative and Clerical support, and another budget consideration would be the addition of Office Assistant positions and creating a floating clerical position that would allow the ability to cross train. He informed that this is especially important to provide service to the increasing population.

Mr. Dick informed that mosquito abatement is also of great importance, and that the Health District had received \$750K in contingency funds from the County in this mosquito season alone. Mr. Dick stated that the quantity of mosquito abatement chemicals purchased was reduced during the recession and hadn't been restored to a higher level since then. He opined this would be an opportune time to request above base funding for the purchase of these chemicals in anticipation of a like mosquito season in the coming year.

Chair Jung requested Mr. Dick to review the circumstances around the reduction of the transfer from the County for mosquito abatement. Mr. Dick explained that a portion of taxes collected by the County had previously been dedicated to mosquito abatement. However, during the Great Recession the County decided to utilize those funds for other purposes.

Mr. Brown inquired if the application of the chemical is part of the abatement calculation and Mr. Dick informed that it is, however the cost of the chemical far outweighs the cost of application.

Mr. Dick stated that the Health District provides \$20K per year to TMHC for their staff support, partially supported by contributions. He informed that another budget consideration is based on the plan for TMHC to coordinate the production and implementation of the CHIP, and opined it would be beneficial to provide additional funding to support their efforts.

Mr. Dick informed that the Health District has achieved a 20% ending budget balance and needs to strategize the best options for partial investment. He stressed the importance of not investing in continuing costs due to the lack of sustainability, but rather to invest in external projects.

Mr. Dahir inquired if there was a minimum ending budget balance that should be maintained. Ms. Heenan informed that there is a Board of County Commissioners approved policy in place, and the Health District is bound to comply because of its status as a Special Revenue Fund within the books of the County. The range of ending fund balance is set between ten and seventeen percent of the expenditures.

Chair Jung inquired why the County would be able to regulate the Health District's ending fund balance. Ms. Heenan informed that Washoe County set a global policy for all Special Revenue Funds because their operation impacts Washoe County. Ms. Heenan stressed that the County works well with the Health District and is very accommodating. She stated that the Health District strives to comply, but knows the County would work with the Health District should it not be possible to stay within that range.

Mr. Dick informed that the County's policy changed wherein they currently support the departments maintaining a greater remaining fund balance versus during the recession when it was not possible.

Ms. Heenan informed that a portion of the fund balance is restricted, such as \$500K for the Solid Waste Management Program, \$600 for the Air Quality Program, a portion comprised of excess grant funds, and that the remaining balance is unrestricted.

Mr. Dahir inquired what the unrestricted amount is and Mr. Dick informed it was approximately \$1M.

Chair Jung inquired if part of Ms. Zadra's responsibilities at Truckee Meadows Healthy Communities is fund raising. Mr. Dick confirmed that it is and that she has been working to raise funds, but that her efforts are for both TMHC and the Affordable Housing initiative.

Mr. Delgado stated that the work that WCHD does with TMHC totals more than the \$20K mentioned, and Mr. Dick agreed that was correct in regards to time spent by Health District employees on matters related to TMHC. Mr. Delgado expressed concern that the resources extended to TMHC might not be effective in light of their level of staffing, and wanted to know what the level of support is to TMHC from other community partners. Chair Jung requested to have this information brought back to the Board. Mr. Dick indicated that there is currently discussion around developing a financial model that may include a graduated dues structure for membership to TMHC. Mr. Dick also informed that TMHC's 501c3 status allows them to fundraise to support the implementation of the initiatives built under the CHIP.

Mr. Dick informed that the Health District applied for Accreditation and submitted the application fee with the Public Health Accreditation Board (PHAB), and that the District Board of Health had just approved the timeline for implementation moving forward. He stated that Accreditation was not incorporated into the Strategic Plan previously, but opined that it should be included under Organizational Capacity in the Action Plan.

Mr. Dick stated that his last topic regarding budget revolves around the uncertainty at the federal level and the funds that the Health District relies on from the Department of Health and Human Services and the Environmental Protection Agency. He explained there is the need to maintain contingency funds balanced against the need to invest monies from the remaining fund balance. Mr. Dick stated that these considerations would be brought back before the Board for review and possible approval before submitting the final budget to the County.

Chair Jung informed that the County's budget position was similar in light of the possible repeal of the Affordable Care Act and the indigent care funding the County would be responsible to pay to the local hospitals.

Ms. Olsen inquired if there were any other budget items to discuss, and hearing none, moved to the next agenda item.

8. *Strategic Direction of the Health District Over the next 12-24 Months

- #1: Healthy Lives (Steve & Randy)
- #2: Healthy Environment (Chad & Dan)
- #3: Local Culture of Health (Phil & Kevin)
- #4: Impactful Partnerships (Catrina & Christina)
- #5: Financial Sustainability (Anna & Kevin)
- #6: Organizational Capacity (Kevin)

Presented by: Goal Champions

The Goal Champions presented the details to their Division's Goals. Board Member

questions were answered and discussion around some points occurred.

Chair Jung requested that the Health District utilize Board Members as subject matter experts in media outreach to add validity to the message and to show the Board is active and engaged.

Some budget-related highlights of these discussions were:

- Impacts of the community's misuse of 911 were reviewed, and the benefit of cross-jurisdictional campaigning to educate the populace was discussed. Ms. Conti informed on current initiatives to reduce the volume of nonemergent calls to 911 to improve service and decrease costs.
- Ms. Heenan informed that state funding has decreased substantially, and the national average is 26% for local Health District funding by the state, while Washoe County is at 1.1%. She informed that Mr. Dick had spoke to this disparity at the last Legislative session. Ms. Heenan opined that this would be a challenge for the new Government Affairs employee, should we be fortunate enough to create and fill this position.
- Mr. Dick stated that the State of Nevada is the lowest in the nation per capita for Public Health funding, that the State utilizes more of the federal dollars to support programs at the State that they themselves should be investing in, and this results in less funding coming through to the Local Health Districts in Nevada from both sources.
- Ms. Heenan highlighted the initiative to increase the amount of the General Funds Transfer from the County to cover COLA and increased insurance costs negotiated by the County.
- Ms. Heenan stated that Quality Improvement is utilized to help compensate for the shortfall in funding by streamlining and improving processes to realize cost savings.

9. Board Discussion on Strategic Priorities & Budget Considerations

i. Priority Discussion

- Specific focus areas or initiatives
- Verify Initiatives are complete and on target to achieve Priorities
- Assess Goals to determine target areas for the greatest progress or those at greatest risk of regression

ii. Budget Discussion

- Determine the best investment of Public Health Resources
- Initial thoughts on FY19 Budget Considerations

10. *Board Comment

Mr. Young expressed the appreciation he has for the Health District and staff, and stated that he is very impressed by the scope of work and the professionalism with which it is performed.

Chair Jung opined the Health District is the most highly educated Division in the County due to the nature of its work, and this fact should be stressed to the public.

Mr. Brown expressed he is still learning about the workings of the Health District and is continually impressed with staff and their dedication to improve quality of life in the community.

Dr. Hess stated that he initially had concerns regarding the ambitious scope of the Strategic Plan, but now was very optimistic about the Health District's ability to implement the Plan. He opined it important to maintain flexibility in prioritization of the Strategic Plan

Priorities, taking into consideration the ability to fund related activities and employee involvement required. He thanked those present for relieving his concerns.

Mr. Dick expressed he was thankful for the Health District to have been able to work with OnStrategy, which was made possible by grant funding to produce the first Strategic Plan. He stated the current Plan is an effective tool for moving progress forward, that it is definitely an ever evolving document, and that the bi-annual report to the DBOH is his opportunity to inform and request direction from the Board on possible adjustments to the Plan.

Mr. Delgado stated the Health District staff is very well respected in the community for their professionalism and customer service. He expressed his appreciation for the less formal forum of the Strategic Plan Retreat that allows open communication and opportunity for progress. He stated that he looked forward to the work ahead to improve the health of the community.

Chair Jung informed that in the 2009 budget crisis, the State gave the Board of County Commissioners the ability to raise the Government Services Tax paid at the DMV, and they have never enacted that ability. The total revenue for that increase is about \$16M per year. Chair Jung stressed that, to obtain these much needed funds, she needed the advocacy of those present to request the other Commissioners to enact the increase in the GST. Chair Jung detailed the various projects the funds could be utilized for across the jurisdictions and underscored the importance of having the process complete before January 2018.

Mr. Dick expressed his appreciation for the positive comments from the Board Members. He stated that the Strategic Plan will be finalized and brought back for their review and approval with the target date of the December DBOH Meeting. He thanked Ms. Olsen and Mr. Robb of OnStrategy, Ms. Peters and Ms. Rogers of the ODHO staff and all of the Division Directors and Supervisors who worked to prepare the updated Strategic Plan and to implement it.

Mr. Dick thanked Dr. Knight and the Medical Examiner's Office for allowing the use of their beautiful facility. He stated that Dr. Knight is an outstanding Medical Examiner for the community.

11. *Public Comment

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

12. Adjournment

Chair Jung adjourned the meeting at 12:25 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
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DD	<u>AH</u>	__
DHO	__	<u>KD</u>
DA	__	__
Risk	__	__

STAFF REPORT
BOARD MEETING DATE: December 14, 2017

TO: District Board of Health

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

SUBJECT: Approve a Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$82,963 (\$25,000 non-federal match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention Program IO#11452 and authorize the District Health Officer to execute the Sub-Grant 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 Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services on October 17, 2017 to support the Chronic Disease Prevention Program. The funding period is retroactive to October 1, 2017 through September 30, 2018. A copy of the Notice of Sub-Grant 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

No previous action has been taken relevant to this item.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Supplemental Nutrition Assistance Program Education (SNAP-Ed)

Scope of the Project: SNAP-Ed is an evidence-based program that helps people lead healthier lives. SNAP-Ed programs increase the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles. Funding will support staffing, travel, operating supplies to include promotional items, outreach and advertising and indirect expenses.

Benefit to Washoe County Residents: This component of the Chronic Disease Prevention Program will support the Wolf Pack coaches' challenge, a parks project to assess park utilization and implement changes to increase physical activity and access to fresh fruits and vegetables, and a community mural to promote tobacco prevention.

On-Going Program Support: The Health District will apply for continuation funding to support this program.

Award Amount: \$ 82,963.00 (includes \$7,542 indirect)

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

Funding Source: U.S.D.A. Nutrition Ed & Obesity Grant

Pass Through Entity: State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services

CFDA Number: 10.561

Grant ID Number: 7NV400NV5 / Ed1824

Match Amount and Type: \$25,000 non-federal support is funded by the Tobacco Prevention Program Grant IO#11128 for a smoke-free living outdoor art campaign and installation.

Sub-Awards and Contracts: No Sub-Awards will be funded. The award includes \$12,000 for contractual expenses which will be executed in compliance with 2 CFR Part 200.

FISCAL IMPACT

This award was not anticipated in the adopted FY18 budget. Should the Board approve this award, the adopted FY18 budget will need to be increased by \$75,421.00 in the following accounts:

Account Number	Description	Amount of Increase
2002-IO-11452-431100	Federal Grants	\$75,421.00
2002-IO-11452-701412	Salary adjustment	\$4,100.00
2002-IO-11452-701130	Pooled Positions	\$29,577.00
2002-IO-11452-705230	Medicare	\$429.00
2002-IO-11452-705360	Benefit adjustment	\$2,245.00

Subject: Approve SNAP-Ed Sub-Grant

Date: December 14, 2017

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2002-IO-11452-710100	Professional Services	12,000.00
2002-IO-11452-710300	Operating Supplies	16,000.00
2002-IO-11452-710350	Office Supplies	500.00
2002-IO-11452-710500	Other Supplies	7,000.00
2002-IO-11452-710502	Printing	2,500.00
2002-IO-11452-710512	Auto Expense	1,070.00

RECOMMENDATION

It is recommended that the District Board of Health approve a Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$82,963 (\$25,000 non-federal match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention Program IO#11452 and authorize the District Health Officer to execute the Sub-Grant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Sub-Grant Award from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$82,963 (\$25,000 non-federal match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention Program IO#11452 and authorize the District Health Officer to execute the Sub-Grant Award."

Department of Health and Human Services
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
 (hereinafter referred to as Division)

Sub-grant #: Ed1824
 Budget Account #: 3228
 Category #: 42
 GL #: 8795

NOTICE OF SUB-GRANT AWARD

Type: <input checked="" type="checkbox"/> New; <input type="checkbox"/> Amendment No. ___	Original Grant Amount: \$82,963 Amount of Change: \$ Revised Grant Award: \$
Program Name: SNAP Education Division of Welfare & Supportive Services	Sub-grantee Name: Washoe County Health District
Address: 1470 College Parkway Carson City, NV 89706-7924	Address: 1001 E. 9 th Street, Building B Reno, NV 89512
Sub-grant Period: October 1, 2017 through September 30, 2018	Sub-grantee EIN #: *****0138 Vendor #: T40283400Q Dun & Bradstreet #: 073786998

Reason for Award: Through Healthy Hunger-Free Kids Act of 2010, Division partners with government and non-profit agencies providing nutrition education, in order to improve the likelihood that SNAP recipients and those eligible for benefits will make healthy food choices within a limited budget and choose physically active lifestyles.

Purpose for Amendment:

County(ies) to be served: () Statewide (x) Specific county or counties: Washoe County

Budget Categories:				
1. Salary/Benefits	\$36,351			
2. Contract / Grants / Agreements	\$12,000			
3. Non-capital equipment / Supplies	\$0			
4. Materials	\$26,000			
5. Travel	\$1,070			
6. Administrative	\$0			
7. Building / Space	\$0			
8. Maintenance	\$0			
9. Equipment & Capital Expenditures	\$0			
Total Direct Cost	\$75,421	Total Direct Cost		\$0
10. Indirect Cost - 10 %	\$7,542			
Federal Funds Expenditure	\$82,963	Federal Funds Expenditure		\$0
Estimated Funds Carry-over from Current FFY to Next FFY, if any **				
Total Federal Funds Expenditure	\$82,963	Total Federal Funds Expenditure		\$0

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this sub-grant*. Total reimbursement not to exceed \$82,963 during the sub-grant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Nutrition Ed & Obesity Grant (USDA)	100%	10561	7NV400NV5

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.
3. Recipient of these funds agrees to stipulations listed in Sections A, B, C, D, E, and F.

Authorized Signature – Washoe County Health District	Signature	Date
Program Manager – Washoe County HD		
Naomi Lewis, DA - Prog. & Field Ops.		
Steve H. Fisher, Administrator		

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving sub-grant funds from the Nevada Division of Welfare and Supportive Services, the Sub-grantee agrees to the following conditions:

1. Sub-grantee agrees grant funds may not be used for other than the awarded purpose. In the event Sub-grantee expenditures do not comply with this condition, any portion not in compliance must be refunded to the Division.
2. Sub-grantee agrees to submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditures 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 sub-grant 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 sub-grant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of sub-grants are required to maintain sub-grant accounting records, identifiable by sub-grant 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 of the Division. Records may be destroyed by the Sub-grantee 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 sub-grants. If these records are not retained until the resolution of audit questions the parties expressly agree that the presumption is the claim for reimbursement should be denied.

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

5. Sub-grantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this sub-grant award. The Division reserves the right to disqualify any grantee 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. Sub-grantee agrees to comply with Title VI of the Civil rights Act of 1964, (Pub. L. 88-352), section 11(c) of the Food and Nutrition Act of 2008, as amended, the Age Discrimination Act of 1975 (Pub. L. 94-135) as amended, and the Rehabilitation Act of 1973, P.L. 93-112, sec. 504, and any relevant program-specific regulations, and that no person shall on the grounds of sex, race, color, age, political belief, religion, handicap, (including AIDS and AIDS-related

conditions) or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination.

7. Sub-grantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Sub-grantee certifies, by signing this agreement, 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. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Sub-grantee receiving any payment in whole or in part from federal funds.
9. Sub-grantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this sub-grant 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.
10. No sub-grantee may receive a sub-award unless it has provided its DUNS number to the Division.

The Division may not make a sub-award unless the potential sub-grantee has provided its DUNS number to the Division. Data Universal Numbering System (DUNS) Numbers is required by the Federal Funding Accountability Act (FFATA) 2 C.F.R. Part 25 Appendix A, published in the Federal Register, September 14, 2010.

11. The Sub-grantee has the affirmative duty to obtain all state, county, city, or federal licenses, authorizations, waivers, permits, qualifications, or certifications required by law to provide goods or perform the services required by this Sub-grant award/proposal. The Sub-grantee is required to notify Division of denied, revoked, debarred, excluded, terminated, suspended, lapsed, or non-renewal of any such requirement. The requirements of this paragraph include, but are not limited to, business licenses, Nevada Secretary of State filing fees, worker's compensation insurance, and professional licenses. The Sub-grantee agrees that, at the Division's sole discretion, a violation of this paragraph could result in the immediate disqualification of the Sub-grant award, denial of reimbursement of claims, and/or suspension of future funding under this Sub-grant.
12. This Sub-grant is subject to inspection and audit by representatives of the 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 Sub-grantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of sub-grant funds.

In accordance with federal Office of Management and Budget (OMB) Circular A-133, any grantee annually expending \$750,000 or more in federal funds must 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 DIVISION OF WELFARE AND SUPPORTIVE SERVICES, BUDGET & STATISTICS UNIT, 1470 COLLEGE PKWY, CARSON CITY, NEVADA 89706-7924 within nine (9) months of the close of the Sub-grantee's fiscal year. To ensure this requirement is met, Section D of this sub-grant must be filled out and signed.

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUB-GRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

Washoe County Health District, hereinafter referred to as Sub-grantee, agrees to provide services and reports according to the identified timeframes as described in:

Scope of Work

The Division of Welfare and Supportive Services (DWSS) agrees to:

1. Serve as liaison between the US Department of Agriculture, Food and Nutrition Services and the vendor.
2. Complete and amend, as needed, the application for federal funds to operate the Supplemental Nutrition Assistance Program Education (SNAP-Ed) in the State of Nevada.
3. Draw down federal funds to reimburse the vendor for operation of SNAP-Ed.
4. Provide answers to questions related to federal and state rules and regulations covering program policies and appropriate expenditures.
5. Monitor implementation of SNAP-Ed as required.
6. Prepare and submit all required federal program and financial reports.

The Sub-grantee agrees to:

1. Implement the 2018 Supplemental Nutrition Assistance Program Education (SNAP-Ed) as approved by USDA-Food and Nutrition Services in accordance with the Supplemental Nutrition Assistance Program Education Guidance located at <http://snap.nal.usda.gov>.
2. Maintain adequate controls and documentation of revenues and expenditures in accordance with federal and state regulations.
3. Maintain records as described in the USDA SNAP-Ed Plan Guidance located at <http://snap.nal.usda.gov> to evaluate programs and meet quarterly reporting requirements.
4. Submit quarterly program reports to include evaluation of the project based on established goals, time sheets with employee and supervisors signatures and reports required as described in SNAP Plan Guidance located at <http://snap.nal.usda.gov> no later than 30 days after the end of the quarter and the Final Report including Education and Administrative Reporting System (EARS) data no later than November 15, 2018.
5. Submit quarterly invoices and support documentation for reimbursement to the DWSS itemizing the major categories of expenses for SNAP-Outreach no later than 30 days after the end of the quarter. Any costs that cannot be substantiated by source

documents or any costs which are not allowable cost as defined in SNAP-Ed Plan will be disallowed.

6. No later than November 15, 2018 provide a list of all outstanding obligations to be paid out of the approved funding ending September 30, 2018. All obligations must be liquidated by November 30, 2018.
7. Submit amendments to Plan, Budget and Waivers with appropriate support documentation for all changes that require approval from FNS-WRO prior to payment of SNAP-Ed 2018 funds. This includes at least; significant changes in program goals and objectives, changes in program delivery sites; test or content of materials and messages developed with SNAP-Ed funds, out-of-state travel or conference attendance that was not specifically approved in the 2018 plan and significant increase or decreases in budget. Budget Amendments must be submitted prior to April 1, 2018.

Washoe County Health District – Wolf Pack Coaches Challenge

FFY 2018 SNAP-Ed State Goals, Objectives, Projects, Campaigns, Evaluation and Collaboration

2. **Description of projects/interventions.** The following information should be provided:

Project Title: Wolf Pack Coaches Challenge, Parks Project, and Community Mural

Wolf Pack Coaches Challenge:

Wolf Pack Coaches Challenge (WPCC) is a collaborative effort between Washoe County School District, Nevada Athletics, and Washoe County Health District. The project facilitates physical activity and healthy eating among elementary students in Washoe County without over-burdening teachers. It provides a four-week curriculum that aligns with Nevada State education standards in language, arts and mathematics.

The WPCC was piloted in Washoe County during the 2016-2017 academic school year in a total of 11 elementary school classrooms. Overall, the program was a success with students that completed the pre/post-test, and analysis shows an increase in physical activity and knowledge of fruit/vegetable consumption and portion size. The WPCC was developed based on the successful UNLV Coaches Challenge program in Clark County that first began in 2007 and now reaches 10,000 students each year.

Adaptions determined after assessment of the pilot project include a need to concentrate focus on Title I schools, as they serve children from low-income families who are at need for improved physical activity and nutrition efforts.

Parks Project:

Washoe County Health District recently conducted an assessment of utilization of parks and open spaces in some of the community's highest risk neighborhoods. Open spaces, including parks, are valuable assets in providing free, accessible opportunities for increased physical activity; however, the assessment found they are currently underutilized in our highest risk communities. The assessment and research indicate opportunities for environmental changes in parks and open spaces to influence increased physical activity and access to fresh fruits and vegetables.

Since completing the assessment of parks in zip code 89502, partnerships have been formed with City of Reno Parks and Recreation and the Truckee Meadows Parks Foundation. With these partners, Yori Park has been identified as a park where key improvements can be made to impact barriers to physical activity and access to healthy foods and beverages. Yori Park is located in a low-income neighborhood of Reno in the 89502 zip code and has desired amenities such as a play structure, water play area and skate features. It has also been assessed as being a park which needs upgrades and where residents do not feel safe. The neighborhood surrounding the park has a median family income of just over \$15,000 and has a heavy concentration of minority populations and single female head of household. The percentage of students in the zip code where Yori Park is located (Wooster High School vertical) who qualify for free and reduced lunch is 98%.

A. Related State Objectives

Wolf Pack Coaches Challenge will assist the state in meeting the following Priority Objectives:

- ii. Increase Physical Activity and decrease sedentary behavior (R7)
- iii. Increase daily fruit and vegetable consumption (R2)

Program Objectives:

By June 1, 2018 at least 50 title I elementary school classrooms will have signed up and completed the Wolf Pack Coaches Challenge.

By June 1, 2018 Washoe County elementary students who complete the four-week curriculum will report at least a 20% increase in physical activity compared with their behaviors prior to participating in the program.

By June 1, 2018 Washoe County elementary students who complete the four-week curriculum will report at least a 20% increase in vegetable and fruit consumption compared with their behaviors prior to participating in the program.

Parks Project will assist the state in meeting the following Priority Objectives:

- iv. Increase Physical Activity and decrease sedentary behavior (R7)
- v. Assist Nevadans in gaining access to healthy foods and beverages (R1 and R5)

Program Objectives:

By December 31, 2017 in collaboration with the City of Reno Parks and Recreation work with the Community Neighborhood Advisory Committee to identify at least three priority projects to increase utilization of Yori Park.

By September 30, 2018 assist with the implementation of one MOU with the Truckee Meadows Parks Foundation and the City of Reno Parks and Recreation Department for the planting and maintenance of edible landscaping in Yori Park.

By September 30, 2018 collaborate with City of Reno to increase accessibility to Yori Park by providing at least one additional entrance.

By September 30, 2018 provide guidance and support to the proposed Yori Park Ambassador to identify at least two opportunities for community engagement to increase physical activity and at least two opportunities to improve access to healthy foods and water.

By September 30, 2018 have at least 6 bilingual signs promoting and encouraging physical activity and drinking water installed in play areas and walking path at Yori Park.

B. Audience

Wolf Pack Coaches Challenge will target elementary school children attending Title 1 elementary schools in Washoe County.

Parks project will target community members, particularly women and children, living near Yori Park, one of the highest risk community parks in the City of Reno.

C. Food and Activity Environments

Wolf Pack Coaches Challenge

- Provides nutrition and physical activity education and experiences within the classroom and school setting
 - Incorporates educational messaging for nutrition as described below in Educational Strategies
 - Incorporates physical activity breaks into the daily classroom experience
- Promotes physical activity and nutrition behaviors in the home environment
 - Promotes healthy eating in the home
 - Promotes physical activity in the home
- Promotes physical activity and healthy nutrition messages in the community
 - Collaborate with community partners and leverage resources to create a mural in a low-income neighborhood near Duncan Elementary School (a Title I school)

Parks Project

- Provides environmental supports and cues to support physical activity and consumption of healthy foods and beverages
 - Additional entrances to Park for ease of access
 - Installation of water fountain (Partner supported) and signage encouraging water consumption
 - Installation of signage to encourage physical activity (distance markers, etc.)
 - Establishment of policies that support edible landscaping and trees (Partner supported)

D. Project Description for Educational Strategies

Wolf Pack Coaches Challenge

- Educational messages will include:
 - My Plate and Go, Slow, Whoa! Foods – encourage and incentivize fruits and vegetable consumption
 - Healthy beverages – encourage and incentivize water and milk consumption; discourage sugar sweetened beverages
 - Serving size – appropriate portion sizes according to My Plate
 - Encourage and incentivize at least 60 minutes a day of physical activity

- Physical activity is fun and provides health benefits; recognize sedentary behaviors like screen time

Parks Project

- Educational messages include:
 - English/Spanish messaging promoting the importance of and prompting drinking water
 - English/Spanish messaging encouraging physical activity, including walking, playing sports, and other park opportunities

E. Project Description for Marketing Strategies

Wolf Pack Coaches Challenge marketing will be direct to teachers, principals, parent teacher organizations, and other school officials in partnership with Washoe County School District. A community mural will include depictions and messages encouraging and supporting the educational strategies summarized in section d above, including My Plate and Go, Slow, Whoa! Foods, healthy beverages, 60 minutes of physical activity a day, healthy portion sizes, and reduction in sedentary behaviors.

Parks Project marketing will be primarily through partnership. Key partners currently include the City of Reno Parks and Recreation Department and the Truckee Meadows Parks Foundation. Additional marketing will be through direct outreach to key stakeholders including faith based organizations, businesses, youth organizations, women’s organizations, local schools and apartment/mobile home property managers.

F. Evidence Base

The proposed activities related to increasing utilization of parks and implementation of Wolf Pack Coaches Challenge will incorporate the evidenced based approaches as presented by the National Collaborative for Childhood Obesity Research: SNAP-Ed Interventions Toolkit, physical activity and nutrition strategies for communities includes:

- Engage local businesses, government, civic organizations, community groups, and citizens in active living
- Use point-of-decision prompts to encourage use of stairs (Note – will be adapted to point-of-decision prompts to encourage physical activity in parks)
- Use social support interventions in community settings

Helping family’s strategies include:

- Support family-friendly physical activity opportunities throughout the year, throughout the community
- Promote participation in and use of area physical activity resources, including partnerships with parks and trails organizations
- Encourage the development and adoption of active-living policies

School strategies include:

- Improve student, teacher, and staff access to nutrition information through classroom curriculum to improve student understanding of nutrition information
- Support student participation in physical education, recess, and walking and bicycling to school

G. Policy, Systems, and Environmental Changes

Wolf Pack Coaches Challenge:

- Through the implementation of the program the school environment provides more opportunities for physical activity and encouragement of consumption of

fruits and vegetables, with the ultimate goal of increasing demand for policy adoption

Parks Project:

- Provides environmental supports and cues to support physical activity and consumption of healthy foods and beverages
 - Assess for additional entrances to Park for ease of access
 - Installation of water fountain (Partner supported) and signage encouraging water consumption
 - Installation of signage to encourage physical activity (distance markers, etc.)
 - Establishment of policies that support edible landscaping and trees (Partner supported)

H. Use of Existing Educational Materials

Wolf Pack Coaches Challenge educational materials were adapted from the UNLV Coaches Challenge materials in Southern Nevada. Materials are based on educational campaigns and information from the National Institutes of Health, US Department of Agriculture (MyPlate), Dietary Guidelines for Americans, and Physical Activity Guidelines for Americans.

The materials were developed utilizing Common Core Curriculum, Next Generation Science Standards and Social Emotional Learning so they could be easily used by elementary school teachers and incorporated into the school learning environment.

For use in the schools, materials are only needed in English. All educational materials are made available to teachers on-line and no purchasing/printing of materials is required. Any materials intended for families are available in both English and Spanish.

There are no existing materials for the Parks project.

I. Development of New Educational Materials

There are not currently plans for development of new materials for Wolf Pack Coaches Challenge. However, on an annual basis the curriculum will be reviewed and updated to ensure the educational materials contain the most current recommendations on nutrition and physical activity.

Parks project educational materials are anticipated to be primarily signage in the park. Signage messages will be developed based on Dietary Guidelines for Americans, MyPlate, and Physical Activity Guidelines for Americans. To meet the needs of the neighborhood residents near Yori Park, educational materials will be developed in both English and Spanish and will include simple language (3rd grade reading level) to accommodate young children and those with low educational attainment. The signs will be designed and produced to be permanently installed in and around Yori Park.

J. Key Performance Measures/Indicators

Wolf Pack Coaches Challenge:

- Number of elementary school classrooms signed up and completed the Wolf Pack Coaches Challenge
- Percentage of students increasing physical activity compared with their behaviors prior to participating in the program.

- Percentage of students increasing vegetable and fruit consumption compared with their behaviors prior to participating in the program.

Parks Project:

- Number of priority projects identified to increase utilization of Yori Park.
- Number of MOUs established focusing on edible landscapes.
- Number of additional entrances identified into Yori Park.
- Number of opportunities identified to engage community to increase physical activity and improve access to healthy foods and water.
- Number of bilingual signs promoting and encouraging physical activity and drinking water in play areas and walking path at Yori Park.

3. Evaluation Plans: For each evaluation:

A. Name:

Wolf Pack Coaches Challenge

B. Type:

Program will be evaluated using various types of evaluation measures:

C. Questions:

Students complete an easy-to-use form to track their vegetable/fruit consumption and physical activity each week. This data is used to track and measure healthy behaviors and any changes from the pre-program behaviors which is also measured with a weekly tracker.

- i. **Process evaluation:** As done with the Wolf Pack Coaches Challenge pilot project, program activities will be monitored to ensure they are being implemented as intended. Key informant interviews with teachers and administrators are conducted to obtain feedback on the curriculum, cultural appropriateness, and barriers to implementation. (ST6 from Evaluation Framework) Students complete and submit weekly tracking forms of physical activity and vegetable and fruit consumption. (ST1 and ST3 from Evaluation Framework).
- ii. **Outcome evaluation:** Completion of the program will be measured as well as the percent of students increasing physical activity and increasing consumption of vegetables and fruit. (MT1 and MT3 from Evaluation Framework).
- iii. **Impact assessment:** The Washoe County School District BMI data will be used to evaluate levels of underweight, healthy weight, overweight and obese. (R9 from Evaluation Framework) Evaluation is also done with teachers to understand the impact of the program on the classroom, including student behavior, attention, academics, etc. (LT5, LT6, and LT11 from Evaluation Framework) Key interviews are also completed with school district administration and Wolf Pack Athletics partners to evaluate program success, identify potential improvements, and ensure continued partnership. (ST7 and ST8 from Evaluation Framework).

D. Evaluation:

All data gathered is analyzed, summarized and reported on. Reports are shared with the teachers, schools, school district, Wolf Pack Athletics, and key partners and stakeholders. Evaluation results are used to guide future efforts and make adaptations to the program to optimize results.

E. Use of SNAP-Ed Evaluation Framework

Evaluation Framework indicators will be used (priority indicators are bolded):

- Short term indicators: ST1, ST3, ST6, **ST7**, and **ST8**
- Medium term indicators: **MT1** and **MT3**
- Long term indicators: LT5, LT6, and LT11
- Population results: R9

A. Name: Parks Project

B. Type: Program will be evaluated using various types of evaluation measures:

- Formative evaluation:** As the parks project is new, the formative evaluation components will be significant. Activities will be assessed for feasibility, appropriateness, and cultural sensitivity.
- Process evaluation:** Project activities will be evaluated to ensure implementation as intended. Project aspects to be evaluated include number of priority projects identified to increase utilization of Yori Park; number of MOUs established related to edible landscapes; and number of locations identified as additional entrances to Yori Park. (ST5, ST6 and ST7 from Evaluation Framework). As this project involves significant partnerships, leveraged resources will be evaluated and reported on (LT9 from Evaluation Framework).
- Outcome evaluation:** The number of signs installed prompting and encouraging physical activity and drinking water will be measured. Additionally, the number and type of environmental changes will be tracked and measured. (MT5 and MT6 from Evaluation Framework).
- Impact assessment:** At the end of the funding period, an assessment will be completed to measure any changes and impact of the implemented environmental changes compared to pre-project assessment information. Key informant interviews will be completed with key partners and stakeholders to evaluate program successes, identify lessons learned, identify future projects, and ensure continued partnership. (ST7 and ST8 from Evaluation Framework). Evaluation of program recognition will also be measured by tracking recognition at public meetings, number of press releases, media reports, etc. (LT7 and LT8 from Evaluation Framework).

C. Questions: Assessments were completed on Yori Park including a parks audit assessing the park's facilities and features. Additionally, a survey of people in the park was taken to measure number and demographics of park-goers; part of the survey included interviewing people in the park about their use of the park.

D. Evaluation: All data gathered will be analyzed, summarized and reported on. Reports will be shared with City of Reno Parks and Recreation, Truckee Meadows Parks Foundation, and other key partners and stakeholders. Evaluation results will be used to guide future efforts and make adaptations to the program to optimize results.

E. Use of SNAP-Ed Evaluation Framework: As noted above, the following SNAP-Ed Evaluation Framework indicators will be used (priority indicators are bolded):

- Short term indicators: ST5, ST6, **ST7**, and **ST8**
- Medium term indicators: **MT5** and MT6
- Long term indicators: LT7, LT8, and LT9

4. Coordination Efforts

Wolf Pack Coaches Challenge: Communications with the Washoe County School District have indicated that this program is complementary to other programs happening within the school district. The program supports student learning and the student wellness policy. The partnership with Nevada Wolf Pack Athletics is a key incentivizing component to this project, and coaches and athletes reiterate healthy living messages of nutrition and physical activity. The Reno Housing Authority has offered a wall on the backside of one of their properties that faces a school playground/field for a mural project to further promote healthy lifestyles. Additionally, there are funds that can be leveraged that would make this mural project stronger.

Parks Project: Communication with parks stakeholders including at the City of Reno and Truckee Meadows Parks Foundation have ensured that the proposed efforts are not duplicative. The City of Reno Parks and Recreation Department has been an active partner in the assessment and planning for future PSE changes at Yori Park. They are committed to increasing Park usage by the community. Additional partnerships will be formed throughout the project to strengthen the activities and support the environmental changes within Yori Park. Additional partnerships can include those with faith based organizations, businesses, youth organizations, women’s organizations, local schools, and apartment/mobile home property managers.

FFY 2018 SNAP-Ed Staffing Plan

Staffing

Project Name: Wolf Pack Coaches Challenge, Parks Project, and Community Mural				
1. Position Title*	2. FTEs** charged to SNAP-Ed	3. Description of Job Duties		4. SNAP-Ed Salary, Benefits, and Wages Federal Dollars only
		% Time Management and Administrative Duties	% Time on SNAP-Ed Delivery	FFY18
Intermittent Hourly Health Educator I/II	0.45	0%	100%	\$ 30,006
Health Educator Coordinator	0.05	0%	100%	\$ 6,345
Total				\$ 36,351

Statement of work:

Intermittent Hourly Health Educator I/II - Coordination and implementation of activities, promotion of PSE with community partners.

Health Educator Coordinator – Writing of grant reports, and final decisions on projects.

FFY 2018 SNAP-Ed Plan Budget Information by Project

Budget Summary for Sub-Grantee

Salary/Benefit: \$36,351

Contracts/Grants/Agreements for nutrition education services:

a. Name of sub-grantee:

Shared project to complete mural
Graphic artist TBD

b. Total Federal Funding, grant:

\$10,000 mural project
\$2,000 graphic artist signage

c. Description of services and/or products:

Mural Project: The main mural project has been approved by a Tobacco Grant for a total of \$ 25,000 (non-federal support). The addition of these dollars allows for healthy foods and physical activity to be included. The project is located on Reno Housing Authority property and is visible from a title 1 elementary school. This project will be highlighted and included in the WPCC program that will run at this elementary school.

Signage at Yori Park: Temporary and Permanent signage promoting walking and water consumption. Temporary signage on already existing sandwich boards costs approximately \$200 each to print and permanent signage exact costs will depend upon size and placement. All costs over the projected \$ 10,000 may be covered by City of Reno Parks and Recreation or Truckee Meadows Parks Foundation.

d. Cost of specific services and/or products

\$12,000

Materials: \$26,000

Supplies: \$ 11,400

\$ 6,000 to support community education for parks, and community priorities
\$ 2,500 for printing/copy machine for Parks and WPCC materials
\$ 2,400 for WPCC educational materials for teachers/administrators
\$ 500 for basic office supplies

Reinforcers: \$ 14,600

\$ 10,000 signage for Parks project
\$ 4,600 WPCC materials and support items including bags, awards, and teacher recognition

- All participating students (in 50 classrooms) are expected to receive a pencil, a medallion and a cinch bag (apx cost per student = \$4.00)
- Students in winning classrooms (6 winning classrooms) may also receive additional incentives from an alternate funding source

Travel

A. In-State Travel

Travel Purpose: Mileage and fleet use for local meetings, events, and community collaboration.

1. **How attendance will benefit SNAP-Ed program goals and objectives:**
Transportation to local schools, parks, and meetings is required to build support for and complete program goals and objectives.
2. **Justification of need for travel:**
Transportation to local schools, parks, and meetings is required to build support for and complete program goals and objectives.
3. **Travel destination (city, town, or country or indicate local travel):**
Northern Nevada communities including but not limited to: City of Reno, City of Sparks, Washoe County
4. **Number of staff traveling:**
2 staff will be traveling.
5. **Cost of travel for this purpose:**
53.5 cents per mile x 2,000 miles = \$1,070

Total in-State Travel Cost \$1,070

	Mileage	Number of Monthly Trips	Miles Per Month	Total Per Month	Total for Award
Yori Park	10	5	50	\$26.75	\$321.00
Schools	10	10	100	\$53.50	\$642.00
City of reno	3	2	6	\$3.21	\$38.52
2 Trips to Carson City	128	0	0	\$34.24	\$68.48
					\$1,070.00

B. Out-of State Travel
N/A

FFY 2018 SNAP-Ed Plan Budget Information by Project

Budget Information by Project

SNAP-Ed Budget

Budget FFY: 2018

State: Nevada

Sub-Grantee Name: Washoe County Health District

	Expenses*	Carry-in from Previous FFY	Current FFY Budget	Grant Total	Non-Federal Support
1	Salary/Benefits	\$0	\$36,351	\$36,351	\$0
2	Contracts/Sub-Grants/Agreements**	\$0	\$12,000	\$12,000	\$25,000
3	Non-Capital Equipment/Supplies	\$0	\$0	\$0	\$0
4	Materials	\$0	\$26,000	\$26,000	\$0
5	Travel	\$0	\$1,070	\$1,070	\$0
6	Building/Space	\$0	\$0	\$0	\$0
7	Maintenance	\$0	\$0	\$0	\$0
8	Equipment and Other Capital Expenditures	\$0	\$0	\$0	\$0
9	Total Direct Costs	\$0	\$75,421	\$75,421	\$25,000
10	Indirect Costs*** (Indirect Cost Rate=10%)	\$0	\$7,542	\$7,542	\$0
11	Total Federal Funds	\$0	\$82,963	\$82,963	\$25,000
12	Estimated Funds Carry-over from Current FFY to Next FFY, if any****	\$0	\$0	\$0	\$0

- Any activities performed under this sub-grant shall acknowledge the funding was provided through the Nevada Division of Welfare and Supportive Services.
- Sub-grantee must obtain written authorization before shifting funds from one category to another. Indirect cost may not exceed 10% of budget.
- Equipment purchased with these funds belongs to the federal program providing the funding 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/Sub-grantees 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).

Sub-grantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the sub-grant period.

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Sub-grantee agrees to provide:

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

The Division of Welfare and Supportive Services agrees:

- To provide technical assistance, upon request from the Sub-grantee
- To provide prior approval of reports or documents to be developed
- This program is 100% federally funded. No match, MOE, "in-kind", or earmarking (set-aside) is required.
- The Division reserves the right to hold reimbursement under this sub-grant until any delinquent forms, reports or expenditure documentation are submitted and accepted by the Division.

Both parties agree:

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

This sub-grant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Sub-grant Award, provided the termination shall not be effective until 30 calendar 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 of Welfare and Supportive Services, State of Nevada, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBGRANT AWARD
SECTION C**

Financial Reporting Requirements

- A Request for Reimbursement is due on a **quarterly** basis, based on the terms of the sub-grant agreement.
- 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 Sub-grant Award.
- PLEASE REPORT IN ACTUAL DOLLARS

Provide the following information on the top portion of the form: Sub-grantee name and address, Welfare sub-grant number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below:

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the total expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the sub-grant period, the amount in this column equals zero.

C. Current Request: List the current expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the sub-grant period.

****An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

Nevada Department of Health and Human Services

SUB-GRANT # Ed1824
 GL# 8795
 Draw #: 1

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

REQUEST FOR REIMBURSEMENT

Program Name: SNAP Education Division of Welfare & Supportive Services	Sub-grantee Name: Washoe County Health District
Address: 1470 College Parkway Carson City, NV 89706-7924	Address: 1001 E. 9th Street Building B Reno, NV 89512
Sub-grant Period: October 1, 2017 through September 30, 2018	Sub-grantee Vendor#: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS
 (must be accompanied by expenditure report/back-up)

Month(s): _____

Calendar Year: _____

Budget Category		A	B	C	D	E	F
		Approved Budget	Total Prior Requests	Current Request	Year To Date Total	Budget Balance	Percent Expended
1	Salary/Benefits	\$ 36,351	\$ 0	\$ 0	\$ 0	\$ 36,351	0%
2	Contract/Grants/Agreements	12,000	0	0	0	12,000	0%
3	Non-capital equip/Supplies	0	0	0	0	0	-
4	Materials	26,000	0	0	0	26,000	0%
5	Travel	1,070	0	0	0	1,070	0%
6	Administrative		0	0	0	0	-
7	Building/Space	0	0	0	0	0	-
8	Maintenance	0	0	0	0	0	-
9	Equipment & Capital Exp	0	0	0	0	0	-
	Total Direct Cost	75,421	0	0	0	75,421	0%
10	Indirect Cost 10%	7,542	0	0	0	7,542	0%
11	Estimated Funds Carry-over from Current FFY to Next FFY, if any ****	0	0	0	0	0	-
	Federal Funds Expenditure	82,963	0	0	0	82,963	0%

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

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

FOR WELFARE DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____
 Reason for contact: _____
 Fiscal review/approval date: _____ Signed: _____
 Scope of Work review/approval date: _____ Signed: _____
 ASO or Chief (as required): _____ Date: _____

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBGRANT AWARD
SECTION D**

NEVADA DIVISION OF WELFARE AND SUPPORTIVE SERVICES
AUDIT INFORMATION REQUEST

Washoe County Health District

1. All non-Federal entities that expend \$750,000 or more of Federal awards in a year are required to obtain an annual audit in accordance with the Single Audit Act Amendments of 1996, OMB (2 CFR § 200.501 (a)), the OMB Circular Compliance Supplement and Government Auditing Standards.
2. Did your organization expend \$750,000.00 or more in all Federal Awards during your most recent fiscal year? YES* _____ NO _____

*IF YES, A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA DIVISION OF WELFARE AND SUPPORTIVE SERVICES, ATTN: BUDGET DIVISION, 1470 COLLEGE PKWY, CARSON CITY, NV 89706-7924, within nine (9) months of the close of your fiscal year.

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

SIGNATURE

TITLE

DATE

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBGRANT AWARD
SECTION E**

CONFIDENTIALITY ADDENDUM

BETWEEN

Nevada Division of Welfare and Supportive Services

Hereinafter referred to as "Division"
and

Washoe County Health District

hereinafter referred to as "sub-grantee"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Sub-grantee.

WHEREAS, Sub-grantee may have access, view or be provided information, in conjunction with goods or services provided by Sub-grantee to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Sub-grantee agree as follows:

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. **Agreement** shall refer to this document and that particular sub-grant or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Sub-grantee** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary sub-grant or other agreement and shall expire when all information provided by Division or created by Sub-grantee from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW

Sub-grantee hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUB-GRANTEE

Sub-grantee shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary sub-grant or other agreement.

V. USE OR DISCLOSURE OF INFORMATION

Sub-grantee may use information as stipulated in the primary sub-grant or other agreement if necessary for the proper management and administration of Sub-grantee; to carry out legal responsibilities of Sub-grantee; and to provide data aggregation services relating to the operations of Division. Sub-grantee may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the sub-grant or other agreement to which this Addendum is made a part; or
3. The Sub-grantee has obtained written approval from the Division.

VI. OBLIGATIONS OF SUB-GRANTEE

1. **Agents and Subcontractors.** Sub-grantee shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Sub-grantee and are contained in this sub-grant.
2. **Appropriate Safeguards.** Sub-grantee will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by this sub-grant.
3. **Reporting Improper Use or Disclosure.** Sub-grantee will immediately report in writing to Division any use or disclosure of confidential information not provided for by this sub-grant of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of sub-grant, Sub-grantee will return or destroy all confidential information created or received by Sub-grantee on behalf of Division. If returning or destroying confidential information at termination of sub-grant is not feasible, Sub-grantee will extend the protections of this sub-grant to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Sub-grantee maintains will not be used or disclosed.

IN WITNESS WHEREOF, Sub-grantee and the Division have agreed to the terms of the above written Addendum as of the effective date of the sub-grant or other agreement to which this Addendum is made a part.

Sub-Grant Organization:

Division:

Signature

Signature

Print Name

Steve H. Fisher
Print Name

Title

Administrator
Title

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBGRANT
SUBGRANT# Ed 1824**

SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, Subrecipient represents and warrants that if Subrecipient, or any employee of Subrecipient who will be performing services under this Subaward, is a current employee of the State or was employed by the State within the preceding 24 months, Subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency, and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Division.

Signature

Date

Title

DD	AH	__
DHO	__	Ⓚ
DA	__	__
Risk	__	__

STAFF REPORT
BOARD MEETING DATE: December 14, 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 and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$15,000 (no match required) in support of the Community and Clinical Health Services Division Tuberculosis Prevention Program IO#11457 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 and Behavioral Health on November 2, 2017 to support the Tuberculosis (TB) Prevention Program. The funding period is retroactive to October 1, 2017 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

No previous action has been taken relevant to this item.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: TB Prevention – Substance Abuse Prevention and Treatment (SAPT) Block Grant

Scope of the Project: Provide TB prevention services to residents of a substance abuse residential treatment facility (Crossroads). Funding will support per diem staffing, testing expenses and indirect expenses.

Benefit to Washoe County Residents: This funding will allow for services to Crossroads participants to prevent, control and eliminate Tuberculosis through rapid identification and diagnosis of the disease, outreach/education to providers and facilities and the collection and reporting the TB activity data.

On-Going Program Support: The Health District will apply for continuation funding to support this program.

Award Amount: \$ 15,000.00 (includes \$1,364.00 indirect)

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

Funding Source: Substance Abuse Prevention and Treatment Block Grant

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

CFDA Number: 93.959

Grant ID Number: 2B08TI010039-17 / HD#16244

Match Amount and Type: None

Sub-Awards and Contracts: None

FISCAL IMPACT

This award was not anticipated in the adopted FY18 budget. Should the Board approve this award, the adopted FY18 budget will need to be increased by \$13,636.00 in the following accounts:

Account Number	Description	Amount of Increase
2002-IO-11457-431100	Federal Grants	\$13,636.00
2002-IO-11457-701130	Pooled Positions	\$ 4,669.00
2002-IO-11457-705230	Medicare	\$ 68.00
2002-IO-11457-710703	Biologicals	\$ 5,581.00
2002-IO-11457-710721	Outpatient	\$ 3,318.00

Subject: Approve TB-SAPT Subgrant

Date: December 14, 2017

Page 3 of 3

RECOMMENDATION

It is recommended that the District Board of Health approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$15,000 (no match required) in support of the Community and Clinical Health Services Division Tuberculosis Prevention Program IO#11457 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 and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$15,000 (no match required) in support of the Community and Clinical Health Services Division Tuberculosis Prevention Program IO#11457 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 #: **16244**
Budget Account: 3170
Category: 28
GL: 8516
Job Number: 9395917

NOTICE OF SUBGRANT AWARD

Program Name: Behavioral Health Wellness and Prevention through Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology	Subgrantee Name: Washoe County Health District
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: October 1, 2017 through September 30, 2018	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: To fund activities for the prevention and control of M. tuberculosis as stated in 441A of the Nevada Administrative Code (NAC) and Nevada Revised Statutes (NRS).

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

Approved Budget Categories:	Disbursement of funds will be as follows:																								
<table> <tr><td>1. Personnel</td><td>\$</td><td><u>4,737.00</u></td></tr> <tr><td>2. Travel</td><td>\$</td><td><u> </u></td></tr> <tr><td>3. Operating</td><td>\$</td><td><u>8,899.00</u></td></tr> <tr><td>4. Equipment</td><td>\$</td><td><u> </u></td></tr> <tr><td>5. Contractual/Consultant</td><td>\$</td><td><u> </u></td></tr> <tr><td>6. Training</td><td>\$</td><td><u> </u></td></tr> <tr><td>7. Other</td><td>\$</td><td><u>1,364.00</u></td></tr> <tr><td>Total Cost:</td><td>\$</td><td><u>15,000.00</u></td></tr> </table>	1. Personnel	\$	<u>4,737.00</u>	2. Travel	\$	<u> </u>	3. Operating	\$	<u>8,899.00</u>	4. Equipment	\$	<u> </u>	5. Contractual/Consultant	\$	<u> </u>	6. Training	\$	<u> </u>	7. Other	\$	<u>1,364.00</u>	Total Cost:	\$	<u>15,000.00</u>	<p>Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i>. Total reimbursement will not exceed \$15,000.00 during the subgrant period.</p>
1. Personnel	\$	<u>4,737.00</u>																							
2. Travel	\$	<u> </u>																							
3. Operating	\$	<u>8,899.00</u>																							
4. Equipment	\$	<u> </u>																							
5. Contractual/Consultant	\$	<u> </u>																							
6. Training	\$	<u> </u>																							
7. Other	\$	<u>1,364.00</u>																							
Total Cost:	\$	<u>15,000.00</u>																							

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Substance Abuse Prevention and Treatment Block Grant	100%	93.959	TI010039-17	2B08TI010039-17

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

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

Incorporated Documents:

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

Kevin Dick, Health Officer, WCHD	Signature	Date
Susan McElhany, DMD TB Controller		11/1/17
Kyle Devine Bureau Chief, BHWP		
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

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

Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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

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

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

THIS SPACE INTENTIONALLY LEFT BLANK

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

SECTION B

Description of Services, Scope of Work and Deliverables

These funds will be utilized in accordance with the mission of the Nevada State Tuberculosis Prevention and Control Program, which is to promote and protect the well-being of Nevadans and visitors to our state by preventing, controlling, tracking and eliminating tuberculosis (TB). These funds are available to the Subgrantee to provide services within substance abuse treatment residential facilities to prevent, control and eliminate tuberculosis, which includes rapid identification and diagnosis of the disease, outreach/education to providers and facilities and the collection and reporting of TB activity data.

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

Goal 1: Conduct TB testing at substance abuse residential treatment facilities.

Outcome Objective 1a: Conduct TB testing activities at approved substance abuse residential treatment facilities and report any positive TB tests to appropriate Local Health Authority (LHA) using the Confidential Morbidity Report Form.

Activities including Evidence-based Programs	Date due by	Documentation
<p>1. The subgrantee will follow reporting and data collection regulations found at http://www.leg.state.nv.us/NAC/NAC-441A.html including, but not limited to:</p> <ul style="list-style-type: none"> a) The Subgrantee will administer a TB test (Blood or Skin Test) and a Signs and Symptoms Questionnaire, within the timeframe permitted by law from when the patient was admitted. b) The positive or suspect TB case will be isolated, will participate in additional diagnostic testing and/or treatment, as applicable under Nevada law. c) All positive or suspect TB cases must be reported within 24 hours to the Local Health Authority; as well as reported to the DPBH TB Program. d) The Subgrantee will use one of the two TB skin testing approaches (3 or 4 visit approach) found within the "Healthcare Facility TB Screening Manual" document and located on the Nevada Division of Public and Behavioral Health (DPBH) Tuberculosis Program's website: www.dpbh.nv.gov. 	<p>Ongoing through 9/30/2018</p>	<p>TB Testing & Treatment Report, TB Testing/ Treatment Records, and Signs & Symptoms Questionnaires</p>
<p>2. The Subgrantee will have in place a process to electronically track all TB testing activities, and will submit this information to the DPBH TB Program using the TB Testing & Treatment Report on an annual, or as requested, basis.</p>	<p>Ongoing through 9/30/2018</p>	<p>TB activities database/excel file or patient chart, etc., and TB Testing & Treatment Report</p>

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

Goal 2: Conduct or collaborate on TB treatment for patients at residential substance abuse treatment facilities.

Outcome Objective 2a: Provide residential substance abuse treatment facilities TB treatment services for their clientele, as needed.

Activities including Evidence-based Programs	Date due by	Documentation
<p>1. The Subgrantee will conduct and collaborate, as needed, any TB treatment that is required or prescribed for patients in their care at residential substance abuse treatment facilities. This includes performing the duties of case management and data collection/reporting.</p> <p>a) This collaboration may be with the DPBH TB Program, the State Public Health Laboratory, and/or the Local Health Authority (LHA) where the treatment facility resides.</p> <p>b) All active or suspect TB cases must be reported to the LHA within 24 hours of diagnosis; as well as be reported to the DPBH TB Program</p>	<p>Ongoing through 09/30/2018</p>	<p>TB Testing & Treatment Report, and TB Treatment Records.</p>
<p>2. The Subgrantee will have in place a process to electronically track all TB treatment activities, and will submit this information to the DPBH TB Program using the TB Testing & Treatment Report on an annual, or as requested, basis.</p>	<p>Ongoing through 09/30/2018</p>	<p>TB activity database/excel file or patient chart, etc., and TB Testing & Treatment Report.</p>

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Goal 3: Conduct TB education for patients of substance abuse treatment facilities.

Outcome Objective 3a: Conduct TB education for patients of substance abuse treatment facilities.		
Activities including Evidence-based Programs	Date due by	Documentation
<p>1. The Subgrantee will conduct TB testing and treatment education for patients of substance abuse treatment in-patient facilities, within the timeframe permitted by law from when the patient was admitted.</p> <p>a) The Subgrantee may ask for printed educational and outreach materials from the DPBH TB program, and they will be provided/shipped to the Subgrantee, as funds allow.</p> <p>b) The Subgrantee may decide to also provide TB testing and education for out-patient facilities or specialized events. This may be decided by the LHA; however, the TB education and testing must be for clientele of facilities/agencies licensed in Nevada and Bureau of Behavioral Health Wellness and Treatment certified.</p>	Ongoing through 09/30/2018	TB Testing & Treatment Report; TB Testing/Treatment Records; and E-mail correspondence.
<p>2. The Subgrantee may ask for and utilize incentives and enablers that area available for adherence to TB testing and/or treatment for high risk populations.</p> <p>a) The funds for these incentives and enablers are not available through SAPT Block Grant funds, but are available through a separate TB funding source. These incentives and enablers may only be used in rare circumstances as patient-centered behavioral reinforcement. Acceptable uses for incentives and enablers could include food gift cards or telephone calling cards. All incentives and enablers must be requested in writing to the DPBH TB Program at the following e-mail: smcelhanv@health.nv.gov. The approval or denial of the incentives and enablers are dependent on available funding and the specific use.</p>	Ongoing through 09/30/2018	E-mail correspondence; and Incentive and Enabler Tracking Log.
<p>3. The Subgrantee will have in place a process to electronically track all TB education/outreach conducted for facilities or the healthcare providers within said facilities, and will submit this information to the DPBH TB Program using the Substance Abuse Treatment Facility Education Reports on a quarterly, or as requested by the DPBH TB Program.</p>	Ongoing through 09/30/2018	Substance Abuse Treatment Facility Education Reports

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Goal 4: Data Collection and Reporting

Outcome Objective 4a: Prepare and submit reports to the DPBH TB program, as required.		
Activities including Evidence-based Programs	Date due by	Documentation
<p>1. The Subgrantee, will prepare and submit the following:</p> <p>a. Annual Performance Report will be submitted no later than August 1st to the DPBH TB Program. The Annual Performance Report is to be submitted electronically to smcelhany@health.nv.gov or other designated e-mail. The Annual Performance Report will be completed using the template provided by the DPBH TB Program</p> <p>i. Annual Performance Report must include the current year's Scope of Work/Workplan along with a Scope of Work/Workplan for the activities, goals and objective of the following year, template will be provided.</p> <p>b. TB Testing & Treatment Report will be submitted by the end of the month following the end of each quarter and is to be submitted electronically to smcelhany@health.nv.gov or other designated e-mail. The TB Testing & Treatment Report will be completed using the template provided by the DPBH TB Program.</p> <p>c. BHPW Facility Education Report will be submitted no later than August 1st. The annual Substance Abuse Treatment Facility Education Reports will be completed using the template provided by the DPBH TB Program</p>	08/01/2018	Annual Performance Reports; TB Testing & Treatment Report; and Substance Abuse Treatment Facility Education Reports.
Outcome Objective 4b: Review and update data and reports, when needed or as requested.		
Activities including Evidence-based Programs	Date due by	Documentation
<p>1. Subgrantee, or designated individual responsible for data collection and reporting, will review internal or external reports, cases/charts, TBB testing/treatment records and education and outreach activity efforts, and will update these sources of data/information, when needed or as requested by the DPTB TB Program.</p> <p>a. Staff will participate in an annual data collection and reporting training webinar/call provided by the DPBH TB Program to assist understanding data collection and reporting changes made to the 2017-2018 Scope of Work.</p>	9/30/2018	Attendance records

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Goal 5: Provide Outreach and Education

Outcome Objective 5: To provide TB testing/treatment outreach and education to substance abuse treatment facilities' healthcare providers, as needed.		
Activities including Evidence-based Programs	Date due by	Documentation
<p>1. The Subgrantee will provide TB education and outreach to healthcare providers of substance abuse treatment facilities, or as needed or requested.</p> <p>a. These outreach activities could include (but are not limited to) trainings to strengthen staffs' recognition of symptoms of TB and the facility's screening processes as well as TB testing and treatment procedures.</p> <p>b. The Subgrantee will have in place a process to electronically track all TB education/outreach conducted for facilities or the healthcare providers within said facilities, and will submit this information to the DPH TB Program using the Substance Abuse Treatment Facility Education Reports on an annual basis, or as requested by the DPBH TB Program</p>	Ongoing through 09/30/2018	TB activities database/excel file etc., and Substance Abuse Treatment Facility Education Reports.

Goal 6: Participate in Human Resource Development activities

Outcome Objective 6: To participate in Human Resource Development (HRD).		
Activities including Evidence-based Programs	Date due by	Documentation
<p>1. The Subgrantee will participate on the DPBH TB Program's Quarterly Conference Calls.</p> <p>2. The Subgrantee will track attendance and participation of staff at any HRD or training activity. Report to DPBH TB Program by using the Annual Performance Report.</p>	Ongoing through 09/30/2018 08/01/2018	Call minutes and agendas Annual Performance Report

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Goal 7: Participate in Program Evaluation activities

Outcome Objective 7: To participate in the TB Program Evaluation activities as outlined by the DPBH's TB and SAPTA Programs.		
Activities including Evidence-based Programs	Date due by	Documentation
1. The Subgrantee will participate in a regularly scheduled site visit that will occur at least one (1) time per year, and will evaluate the TB activities and data collection/reporting conducted by this Subgrantee.	09/30/2018	Annual Performance Report; and Tuberculosis Checklist

Goal 8: Participate in DPBH Fiscal/Monitoring activities

Outcome Objective 8: To participate in DPBH fiscal reviews or monitoring activities for TB activities funded and performed under this Subgrant.		
Activities including Evidence-based Programs	Date due by	Documentation
1. The Subgrantee will participate in an annual monitor or review of any fiscal processes/funds that are not able to be reviewed through the Request for Reimbursement (RFR) process. A fiscal monitor or review is regulatory in nature and the purpose is to accomplish the following: <ul style="list-style-type: none"> a. Verify that funds are being utilized as identified in grant award documents. b. Ensure that DPBH funds programs in compliance with State and federal requirements and restrictions. c. Identify problems or difficulties at an early stage, collaborate together with DPBH TB Program and Subgrantee to problem-solve and implement solutions. d. Coordinate the efficient delivery of services to Nevada's population while also analyzing cost-benefits with TB activity outcomes. 	09/30/2018	Fiscal/Monitoring Tool (will be developed by DPBH TB Program; and Site Visit documentation and tools including the Tuberculosis Checklist

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Goal 9: Acknowledge and adhere to all aspects of the Subgrant Agreement

Outcome Objective 9: To adhere to all aspects of the Subgrant Agreement, specifically those related to the Scope of Work.		
Activities including Evidence-based Programs	Date due by	Documentation
<p>1. The Subgrantee acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the subgrant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.</p>	Ongoing through 09/30/2018	Documentation may include, but not limited to: e-mails, meeting notes, Curry Center Summary Reports, Cohort Reviews, program evaluation and fiscal monitoring activities.
<p>2. If the Scope of Work is NOT being met, the Subgrantee will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified sub-contractor. The Subgrantee will have 60 days to improve the Scope of Work and carry out the approve action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.</p>	Ongoing through 09/30/2018	Documentation may include, but not limited to: e-mails, meeting notes, Curry Center Summary Reports, Cohort Reviews, program evaluation and fiscal monitoring activities.
<p>3. The Subgrantee will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement.</p>	Ongoing through 09/30/2018	Documentation may include, but not limited to: e-mails, meeting notes, Curry Center Summary Reports, Cohort Reviews, program evaluation and fiscal monitoring activities.

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Goal 10: Adhere to all Nevada regulatory and Centers for Disease Control and Prevention recommended policies and protocols

<p>Outcome Objective 10: To adhere to procedures and protocols for TB testing, investigation, and care, including infection control and the Occupations Safety and Health Administration (OSHA) requirements by following Nevada and/or DPBH regulations, the Centers for Disease Control and Prevention's (CDC) recommendations, and those of the Substance Abuse and Mental Health Services Administration (SAMHSA).</p>		
<p>Activities including Evidence-based Programs</p>		
<p>1. The Subgrantee will follow and adhere to all Nevada health regulations: NAC 441A.</p>	<p>Ongoing through 09/30/2018</p>	<p>Documentation may include e-mails, meeting notes, and reports.</p>
<p>2. The Subgrantee will follow guidance provided by Nevada TB Controller.</p>	<p>Ongoing through 09/30/2018</p>	<p>Documentation may include e-mails, meeting notes, and reports.</p>
<p>3. The Subgrantee will follow guidance and recommendations provided by the CDC and/or SAMHSA.</p>	<p>Ongoing through 09/30/2018</p>	<p>Documentation may include e-mails, meeting notes, and reports.</p>

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 2B08TI010039-17 from the Substance Abuse and Mental Health Services Agency (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Substance Abuse and Mental Health Services Agency (SAMHSA)."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 2B08TI010039-17 from the Substance Abuse and Mental Health Services Agency (SAMHSA).

Subgrantee agrees to adhere to the following budget (budget costs have been rounded to nearest whole dollar):

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 4,737.00		
		\$ 4,669	Public Health Nurse, Hourly rate \$29.18 @ 160 hrs. =\$4,669
		68	Medicare @ 1.45% of \$4,669 = \$68
2. Travel	\$ 0.00		
		\$	
3. Operating	\$ 8,899.00		
		\$ 5,581	Tubersol & Syringes @ \$24.48 /dose x 228 doses = \$5,581
		1,609	QFT Testing @ \$67.03/test x 24 tests = \$1,609
		1,476	Chest X-rays (single view) @ \$61.49/CXR x 24 = \$1,476
		233	X-ray Readings @ \$9.69 x 24 = \$233
4. Equipment	\$ 0.00		
		\$	
5. Contractual Consultant	\$ 0.00		
		\$	
6. Training	\$ 0.00		
		\$	
7. Other	\$ 1,364.00		
		\$	10% Indirect costs, \$13,636 x 10% - \$1,364
Total Cost	\$ 15,000.00		

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. Subgrant must notify and obtain prior authorization (email is acceptable) for any funding adjustment(s).
- If additional FTEs not listed on this budget are asked to be reimbursed, details (such as position title and work to be performed as it relates to this subgrant) are required to be given to the Division of Public and Behavioral Health and prior approval requested.
- Personnel costs are budgeted based on estimated salaries. Actual salaries that will be charged will be based on time and effort.
- The Federal Award Identification Number (FAIN) for the Substance Abuse and Mental Health Services, SAPT Block Grant funding is TI010039-17.
- 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

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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.

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- The maximum amount available through this subgrant is \$15,000.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation of invoices or receipts may be needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- Federal Block Grant Funds will not be awarded to any entity other than a public or nonprofit entity.
- Funds will be prioritized and awarded based on funding source requirements.
- Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget.
- The Subgrantee agrees grant funds may not be used for any other purpose than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the Subgrantee, or must be refunded to the Division.
- The Subgrantee acknowledges that this subgrant and the continuation of this subgrant is contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. If funds become unavailable, the Division may restrict, reduce, or terminate funding under this award. Notice of any restriction or reduction will include instructions and detailed information on how the Division will fund the services and/or goods to be procured with the restricted or reduced funds.
- The Subgrantee acknowledges that to better address the needs of Nevada, funds identified in this subgrant may be reallocated if ANY terms of the subgrant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
- If the scope of work is NOT being met, the Subgrantee will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified subcontractor. The Subgrantee will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.
- The Subgrantee agrees to use the SAPT Block Grant funds as the "payer of last resort" for all services. Therefore, programs should make every effort including the establishment of policies and procedures for eligibility determination and billing, if appropriate.
- Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funds, and/or termination of current funding.

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The Division agrees:

- Provide technical assistance, upon request from the Subgrantee;
- Provide assistance for the implementation of program activities;
- Coordinate with other state, federal, and international agencies;
- Collect and interpret required data;
- Conduct program evaluation and disseminate findings to Subgrantee;
- Forward any opportunities for education related to TB disease or Latent TB Infection;
- Forward any changes in the recommendation in the testing or care of TB cases or LTBI from the CDC;
- Serve as the authority responsible for ensuring necessary reports and documents are submitted as required, per reporting deadlines;
- Forward reports to appropriate facility, e.g. CDC, interstate agencies, Department of Quarantine, etc.; and
- 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:

Site-visit monitoring and/or audits will occur as needed but at least one (1) time per year and will be conducted by the State Tuberculosis Program and/or the Bureau of Behavioral Health Wellness and Prevention with related staff of the Subgrantee's TB or Public Health program to evaluate progress and compliance with the activities outlined in the Scope of Work.

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

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

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

Financial Reporting Requirements

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

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SECTION D

Request for Reimbursement

HD #: **16244**
 Budget Account: 3170
 GL: 8516
 Draw #: _____

Program Name: Behavioral Health Wellness and Prevention through Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology	Subgrantee Name: Washoe County Health District
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: October 1, 2017 through September 30, 2018	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS
 (must be accompanied by expenditure report/back-up)

	Month(s)	Calendar year					
1. Personnel	\$4,737.00	\$0.00	\$0.00	\$0.00	\$4,737.00	0.0%	
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
3. Operating	\$8,899.00	\$0.00	\$0.00	\$0.00	\$8,899.00	0.0%	
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
5. Contractual/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	\$1,364.00	\$0.00	\$0.00	\$0.00	\$1,364.00	0.0%	
Total	\$15,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00	0.0%	

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

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date _____

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SECTION E

Audit Information Request

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

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

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

YES NO

3. When does your organization's fiscal year end?

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

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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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

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an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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

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

1. **Permitted Uses and Disclosures:**

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

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- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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

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

Covered Entity	Business Associate
Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706	_____
Phone: (775) 684-4200	Business Name
Fax: (775) 684-4211	_____
	Business Address

	Business City, State and Zip Code

	Business Phone Number

	Business Fax Number
_____	_____
Authorized Signature	Authorized Signature
_____	_____
for Amy Roukie, MBA	Print Name
Print Name	Print Name
Administrator, Division of Public and Behavioral Health	_____
Title	Title
_____	_____
Date	Date

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION
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SECTION G

PROGRAM REQUIREMENTS

In addition to the Division of Public and Behavioral Health Subaward Grant Assurances, the subrecipient and all organizations or individuals to whom the sub-grantee passes through funding must be in compliance with all applicable rules, federal and state laws, regulations, requirements, guidelines, and policies and procedures. The terms and conditions of this State subaward flow down to the subrecipient's pass through entities unless a particular section specifically indicates otherwise.

GENERAL REQUIREMENTS

Applicability: This section is applicable to all subrecipients who receive finding from the Division of Public and Behavioral Health through the Bureau of Behavioral Health Wellness and Prevention (BBHWP). The subrecipient agrees to abide by and remain in compliance with the following:

1. 2 CFR 200 -Uniform Requirements, Cost Principles and Audit Requirements for Federal Awards
2. 45 CFR 96 - Block Grants as it applies to the subrecipient and per Division policy.
3. 42 CFR 54 and 42 CFR 54A Charitable Choice Regulations Applicable to States Receiving Substance Abuse Prevention & Treatment Block Grants and/or Projects for Assistance in Transition from Homelessness Grants
4. NRS 218G - Legislative Audits
5. NRS 458 - Abuse of Alcohol & Drugs
6. NRS 616 A through D Industrial Insurance
7. GAAP – [Generally Accepted Accounting Principles] and/or GAGAS [Generally Accepted Government Auditing Standards]
8. GSA – [General Services Administration] guidelines for travel
9. The Division of Public and Behavioral Health, BBHWP policies and guidelines.
10. State Licensure and certification
 - a. The subrecipient is required to be in compliance with all State licensure and/or certification requirements.
 - b. The subrecipient's certification must be current and fees paid prior to release of certificate in order to receive funding from the Division. Subawards cannot be issued unless certifications are current.
11. The Subgrantee shall carry and maintain commercial general liability coverage for bodily injury and property damage as provided for by NRS 41.038 and NRS 334.060. In addition, Subgrantee shall maintain coverage for its employees

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in accordance with NRS Chapter 616A. The parties acknowledge that Subgrantee has adopted a self-insurance program with liability coverage up to \$2,000,000 and has excess liability coverage up to \$20,000,000 for bodily injury (automobile and general liability), property damage (automobile and general liability), professional liability, and personal injury liability. The parties further acknowledge that Subgrantee is self-insured for workers' compensation liability. Subgrantee warrants that its participation in the plan is in full force and effect and that there have been no material modifications thereof. If, at any time, Subgrantee is no longer a participant in the self-insurance program, then Subgrantee shall immediately become a participant in a comparable self-insurance program or immediately obtain a policy of commercial insurance. The parties acknowledge that any Subgrantee liability is limited by NRS 41.0305 through NRS 41.035.

12. Neither party waives any right or defense to indemnification that may exist in law or equity.
13. The subrecipient shall provide proof of workers' compensation insurance as required by Chapters 616A through 616D inclusive Nevada Revised Statutes at the time of their certification.
14. The subrecipient agrees to be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
15. The subrecipient will report within 24 hours the occurrence of an incident, following Division policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program, per NAC 458.153 3(e).
16. The subrecipient shall maintain a Central Repository for Nevada Records of Criminal History and FBI background checks every 3 to 5 years were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subrecipient serves minors with funds awarded through this subaward.
17. Application to 2-1-1
 - o As of October 1, 2017, the Sub-grantee will be required to submit an application to register with the Nevada 2-1-1 system.
18. The subrecipient agrees to cooperate fully with all BBHWP sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.
19. The subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
20. The subrecipient acknowledges that to better address the needs of Nevada, funds identified in this subaward may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The BBHWP may reallocate funds to other programs to ensure that gaps in service are addressed.
21. The subrecipient acknowledges that if the scope of work is NOT being met, the subrecipient will be provided an opportunity to develop an action plan on how the scope of work will be met and technical assistance will be provided by BBHWP staff or specified subcontractor. The subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, BBHWP will provide written notice identifying the reduction of funds and the necessary steps.
22. The subrecipient will NOT expend BBHWP funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health Services Block Grant Funds for any of the following purposes:
 - a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - b. To purchase equipment over \$1,000 without approval from the Division.

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- c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
- d. To provide in-patient hospital services.
- e. To make payments to intended recipients of health services.
- f. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstrated needle exchange program would be effective in reducing drug abuse and there is no substantial risk that the public will become infected with the etiologic agent for AIDS.
- g. To provide treatment services in penal or correctional institutions of the State.

23. Failure to meet any condition listed within the subaward award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

Audit Requirements

The following program Audit Requirements are for non-federal entities who do not meet the single audit requirement of 2 CFR Part 200, Subpart F-Audit requirements:

- 24. Subrecipients of the program who expend less than \$750,000 during the non-federal entity's fiscal year in federal and state awards are required to report all organizational fiscal activities annually in the form of a Year-End Financial Report.
- 25. Subrecipients of the program who expend \$750,000 or more during the fiscal year in federal and state awards are required to have a Limited Scope Audit conducted for that year. The Limited Scope Audit must be for the same organizational unit and fiscal year that meets the requirements of the Division Audit policy.

Year-End Financial Report

- 26. The non-federal entity must prepare financial statements that reflect its financial position, results of operations or changes in net assets, and, where appropriate, cash flows for the fiscal year.
- 27. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
- 28. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
- 29. The Year-End Financial Report must identify all organizational revenues and expenditures by funding source and show any balance forward onto the new fiscal year as applicable.
- 30. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
 - a. List individual federal and State programs by agency and provide the applicable federal agency name.
 - b. Include the name of the pass-through entity (State Program).
 - c. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available.
 - d. Include the total amount provided to the non-federal entity from each federal and State program.
- 31. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.

Behavioral Health Wellness and Prevention
Attn: Management Oversight Team

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4126 Technology Way, Second Floor
Carson City, NV 89706

Limited Scope Audits

32. The auditor must:
- a. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS;
 - b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program;
 - c. Perform procedures to determine whether the auditee has complied with federal and State statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the federal program consistent with the requirements of federal program;
 - d. Follow up on prior audit findings, perform procedures to assess the reasonableness of the summary schedule of prior audit findings prepared by the auditee in accordance with the requirements of 2 CFR Part 200, §200.511 Audit findings follow-up, and report, as a current year audit finding, when the auditor concludes that the summary schedule of prior audit findings materially misrepresents the status of any prior audit finding;
 - e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
33. The auditor's report(s) may be in the form of either combined or separate reports and may be organized differently from the manner presented in this section.
34. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following:
- a. An opinion as to whether the financial statement(s) of the federal program is presented fairly in all material respects in accordance with the stated accounting policies;
 - b. A report on internal control related to the federal program, which must describe the scope of testing of internal control and the results of the tests;
 - c. A report on compliance which includes an opinion as to whether the auditee complied with laws, regulations, and the terms and conditions of the awards which could have a direct and material effect on the program; and
 - d. A schedule of findings and questioned costs for the federal program that includes a summary of the auditor's results relative to the federal program in a format consistent with 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(1), and findings and questioned costs consistent with the requirements of 2 CFR Part 200, §200.515 Audit reporting, paragraph (d)(3).
35. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the auditor's report(s), or nine months after the end of the audit period. If the due date falls on a Saturday, Sunday, or Federal holiday, the reporting package is due the next business day. The Audit Report must be sent to:

Behavioral Health Wellness and Prevention
Attn: Management Oversight Team
4126 Technology Way, Second Floor
Carson City, NV 89706

Amendments

36. The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved Scope of Work budget line items. Notification of such modifications must be communicated in writing to the

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BBHWP through the assigned analyst prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via email.

37. For any budgetary changes that are in excess of 10 percent of the total award, an official amendment is required. Requests for such amendments must be made to BBHWP in writing.
38. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
39. Any significant changes to the scope of work over the course of the budget period will require an amendment. The assigned program analyst can provide guidance and approve all scope of work amendments.
40. The subrecipient acknowledges that requests to revise the approved subaward must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
41. Final changes to the approved subaward that will result in an amendment must be received 60 days prior to the end of the subaward period (no later than April 30 for State funded grants and July 31 for federal funded grants). Amendment requests received after the 60-day deadline will be denied.

Remedies for Noncompliance

42. The Division reserves the right to hold reimbursement under this subaward until any delinquent requests, forms, reports, and expenditure documentation are submitted to and approved by the Division.

SUBSTANCE USE TREATMENT SERVICES

Applicability

This section applies to all sub-grants that support direct services to persons being treated for substance use.

1. The subrecipient, as applicable, if identifying as Faith-Based Organizations must comply with 42 USC § 300x-65 and 42 CFR part 54 (42 CFR §§ 54.8(c) (4) and 54.8(b)), Charitable Choice provisions and regulations.
 - a. The subrecipient must post a notice to advise all clients and potential clients that if the client objects to the religious character of the Sub-grantee's organization as applicable.
 - b. The client has the right to be referred to another Division-funded provider that is not faith-based or that has a different religious orientation.
2. Priority Groups – The subrecipient agrees to prioritize and expedite access to appropriate treatment, except for Civil Protective Custody Services, for priority populations in the following order:
 - a. Pregnant injecting drug users;
 - b. Pregnant substance abusers;
 - c. Injection drug users;
 - d. Substance using females with dependent children and their families, including females who are attempting to regain custody of their children; and
 - e. All others.
3. The subrecipient agrees to report within 24 hours to the Bureau of Behavioral Health Wellness and Prevention when any level of service reaches 90 percent capacity or greater in accord with the Division's Wait List and Capacity Management policy.

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4. A subrecipient who provides residential services agrees to report bed capacity in the HavBed system or a successor system for residential services daily in accord with the Division's Wait List and Capacity Management policy.
5. Programs will make continuing education in alcohol and other drug treatment available to all employees who provide services.
6. The subrecipient must post a notice, where clients, visitors, and persons requesting services may easily view it, that no persons may be denied services due to inability to pay. This notice may stipulate that the organization is authorized to deny services to those who are able to pay but refuse to do so.
7. The subrecipient is required to implement the National Institute of Drug Abuse (NIDA) 13 principles of treatment.
8. The subrecipient is required to participate, if selected to be reviewed by the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (AADAPTS) annual peer review process.

Capacity of Treatment for Intravenous Substance Abusers

9. A subrecipient must admit an individual who requests and needs treatment for intravenous drug use to a treatment program. If unable to provide services, the subrecipient must contact the BBHWP according to the Division's Capacity Management and Wait List policy.
10. The subrecipient who treats persons who inject drugs agrees to carry out activities to encourage individuals in need of treatment for injection drug use to undergo such treatment. The subrecipient must use outreach models that are scientifically sound or an alternate outreach method that is reasonably expected to be effective and has been approved by the BBHWP. All outreach activities will be reported to the Division quarterly. The model shall require that outreach efforts include the following at a minimum:
 - a. Selecting, training and supervising outreach workers;
 - b. Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
 - c. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
 - d. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
 - e. Encouraging entry into treatment.

Treatment services for pregnant women (45 CFR § 96.131)

11. All subrecipient who treat women agree to provide immediate comprehensive treatment services to pregnant women, or if the sub-grantee is unable to do so, the sub-grantee must immediately contact the Bureau of Behavioral Health Wellness and Prevention in accord to the Divisions Capacity Management and Wait List policy.
12. Subrecipients who do not treat women and who receive a request for treatment services from a pregnant woman must provide a referral to an appropriate treatment provider within 48 hours of the request for services and must immediately notify the Bureau of Behavioral Health Wellness and Prevention of the need for such services.
13. Subrecipients who provide services to women agree to publicize the availability of services to women in priority populations and the admission priority granted to pregnant women. The publication of services for women in priority populations may be achieved by means of street outreach programs, ongoing public service announcements, regular advertisements, posters placed in target areas, and frequent notification of availability of

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such treatment services distributed to the network of community based organizations, health care providers, and social services agencies.

Records

14. All subrecipients will have in effect a system to protect from inappropriate disclosure of client records, compliant with all applicable State and federal laws and regulations, including 42 CFR, Part 2.
15. The system to protect confidentiality shall include, but not be limited to, the following provisions:
 - a. Employee education about the confidentiality requirements, to be provided annually;
 - b. Informing employees of the fact that disciplinary action may occur upon inappropriate disclosure.

Reporting

16. The subrecipient is required to submit monthly Treatment Episode Data Set (TEDS) admissions files and TEDS discharges files in accordance with current block grant requirements. The subrecipient is also required to submit any other reporting as defined and requested by the BBHWP.
17. The subrecipient agrees to participate in reporting all required data and information through the authorized BBHWP data reporting system and to the evaluation team as required; or, if applicable, another qualified Electronic Health Record (EHR) reporting system.

Fee for Service requirements

18. Subrecipients that have been awarded a fee for service subaward must comply with the Division's Utilization Management policy and the following billing and eligibility rules for claims processing.
 - a. The service must be delivered at a Division certified facility.
 - b. The certifications must cover the service levels under which the qualified service was delivered.
 - c. The service must be provided by an appropriately licensed/certified staff member.
 - d. The service delivered must be a Division qualified service which is **NOT** reimbursable by Medicaid or other third party insurance carrier.
 - e. The rate of reimbursement will be based on the Division approved rates (available upon request).
 - f. The subrecipient agrees to accept the Division reimbursement rate as full payment for any program eligible services provided.
 - g. The subrecipient is responsible for ensuring that all third party liabilities are billed and collected from the third party payers and are **NOT** billed to the Division.
 - h. Division funds will **NOT** be used to fund the services for self-pay clients or clients who elect not to use their insurance coverages. This includes clients that elect not sign up for insurance under the ACA [Affordable Care Act] or clients that have existing insurance and choose not to use their insurance for treatment services. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.
 - i. Division funds will **NOT** be used to reimburse Medicare claims.
 - j. Division funds will **NOT** be used to reimburse claims for which the client is pending eligible for insurance coverage.
 - k. Division funds will **NOT** be used to reimburse for claims denied by Medicaid or other insurance carriers unless the claim was denied as "not a covered benefit".
 - a. Claims denied as "not a covered benefit" and billed to the Division must have the accompanying denial attached in order to guarantee payment.
 - l. Division funds will **NOT** be used to cover any unpaid costs that Medicaid and/or other insurance carriers may not reimburse (i.e. copayments, deductibles).

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- m. The subrecipient agrees to use Division funds as the "payer of last resort" for all services provided to clients. If an undue barrier to treatment exist, a written request to the Division may be submitted for review and some services may be covered upon written permission from the Division.
19. The subrecipient must establish policies, procedures, and the systems for eligibility determination, billing, and collection to:
- a. Ensure that all eligible clients are insured and/or enrolled in Medicaid in accord with the ACA;
 - b. Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any State compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program; and secure from client's payment for services in accordance with their ability to pay; and
 - c. Prohibits billing the Division for a service that is covered by Medicaid or any other insurance carrier. In certain circumstances and upon written request to the Division, some services may be covered if an undue barrier to treatment exists.

Billing the Division

Fee-for-service only:

20. The subrecipient agrees to submit a monthly billing invoice, along with back-up documentation via the Secure File Transfer Protocol (SFTP) site to the Division; the Sub-grantee agrees to notify the treatment analyst once the invoice has been posted to the SFTP site.
21. Upon official written notification from the BBHWP, prior authorizations will be required for all residential and transitional housing services being billed to the Division.
22. The subrecipient agrees to include an explanation of benefits for all charges requested for services that have been denied by Medicaid or any other third-party payer due to non-coverage of that benefit.
23. The subrecipient understands that charges greater than 90 days from the date of service will be considered stale dated and may not be paid.
24. The subrecipient understands that quarterly Medicaid audits will be conducted by Division and recouping of funds may occur.
25. The subrecipient understands that they are required to produce an invoice that breaks out the total number of services provided by level of care and CPT or HCPCS code. The invoice must, at a minimum meet the following conditions.
- a. The invoice must contain, company information (Name, address, City, State and Zip), Date, unique Invoice #, vendor #, PA or HD#.
 - b. The invoice must contain contact name, phone number, e-mail and identify the invoice period.
 - c. The invoice must contain: Billed To: The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention, 4126 Technology Way, Suite 200, Carson City, NV 89706.
 - d. The invoice must show the total number of services by CPT or HCPCS code, the rate being charged, the total amount charged to that CPT or HCPCS code line and summarize the totals by level of care.
 - e. The invoice must also show the total number of services provided, the total number of unique clients served for the invoice and the total amount charged to the invoice.
 - f. The invoice must be signed and dated by the organizations fiscal officer and include the following certification, "By submitting this invoice, we certify that all billing is correct and no Medicaid or other insurance eligible services have been charged to this invoice."

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PREVENTION SERVICES

Applicability

This section is only applicable to primary prevention coalitions and programs.

1. The subrecipient will implement the Center for Substance Abuse Prevention's (CSAP) Strategic Prevention Framework Planning Process.
2. If the subrecipient is a certified prevention coalition, it will solicit representatives from local substance abuse prevention programs and treatment providers to become coalition members and assist with efforts to implement the CSAP's Strategic Prevention Framework Planning Process.
3. The subrecipient representatives are required to attend prevention training listed below as applicable to provide prevention services:
 - a. All fulltime staff must annually complete a minimum of twenty (20) hours of prevention training.
 - b. All part-time staff must annually complete a minimum for ten (10) hours of prevention training.
 - c. Participate in the implementation of evidence-based prevention programs, strategies, policies, and practices, and use the Prevention Program Operating and Access Standards as the basis for program, workforce, and agency development.

REQUESTS FOR REIMBURSEMENTS (All non-fee-for-service subawards):

1. A Request for Reimbursement is due, at a minimum, on a monthly basis, based on the terms of the sub-grant agreement, no later than the 15th of the month. If there has been no fiscal activity in a given month, a Request for Reimbursement claiming zero dollars is required to be submitted for the month.
2. Reimbursement is based on actual expenditures incurred during the period being reported.
3. Requests for advance of payment will not be considered or allowed by the Division.
4. Reimbursement must be submitted with all Division required supporting back up documentation. The Division has the authority to ask for additional supporting documentation at any time and the information must be provided to Division staff within 10 business days of the request.
5. Payment will not be processed without all programmatic reporting being current.
6. Reimbursement may only be claimed for allowable expenditures approved within the sub-grant award.
7. The subrecipient is required to submit a complete financial accounting of all expenditures to the Division within 30 days of the **CLOSE OF THE SUBAWARD PERIOD**. All remaining balances of a federally funded sub-grant revert back to the Division 30 days after the close of the subaward period.
8. The Request for Reimbursement to close the State Fiscal Year (SFY) is due at a minimum of 25 days after the close of the SFY which occurs on June 30. All remaining balances of the State funded subawards revert back to the State after the close of the SFY.
9. The subrecipient must retain copies of approved travel requests and claims, consultant invoices, payroll register indicating title, receipts for goods purchased, and any other relevant source documentation in support of

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reimbursement requests for a period of three years from the date of submission of the State's final financial expenditure report submitted to the governing federal agency.

The subrecipient agrees that any failure to meet any of the conditions listed within the above Program Requirements may result in the withholding of reimbursement for payment, termination of current contract and/or the disqualification of future funding.

Signature:

Authorized Subrecipient's Official & Title

Date Approved

DD	AH	—
DHO		AD —
DA		—
Risk		—

STAFF REPORT
BOARD MEETING DATE: December 14, 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 and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO#11454 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 and Behavioral Health on November 29, 2017 to support the Chronic Disease Prevention Program. The funding period is retroactive to October 1, 2017 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

No previous action has been taken relevant to this item.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Chronic Disease Prevention and Health Promotion

Scope of the Project: Funding will support programs and projects focused on population health infrastructure and address health concerns by supporting intermittent hourly staffing, travel and indirect expenses.

Benefit to Washoe County Residents: This component of the Chronic Disease Prevention Program will support the evaluation and surveillance of parks and open spaces and increase partnerships between parks and health programs that promote healthy lifestyle changes to help reduce chronic disease.

On-Going Program Support: The Health District will apply for continuation funding to support this program.

Award Amount: \$ 25,001.00 (includes \$3,261.00 indirect)

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

Funding Source: U.S. Department of Health and Human Services
Preventive Health and Health Services Block Grant

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

CFDA Number: 93.758

Grant ID Number: 1 NB01OT009158-01 / HD# 16288

Match Amount and Type: None.

Sub-Awards and Contracts: None.

FISCAL IMPACT

This award was not anticipated in the adopted FY18 budget. Should the Board approve this award, the adopted FY18 budget will need to be increased by \$21,740.00 in the following accounts:

Account Number	Description	Amount of Increase
2002-IO-11454-431100	Federal Grants	\$ 21,740.00
2002-IO-11454-701130	Pooled Positions	\$ 21,203.00
2002-IO-11454-705230	Medicare	\$ 307.00
2002-IO-11454-710512	Auto Expense	\$ 230.00

Subject: Approve PHHS Subgrant

Date: December 14, 2017

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RECOMMENDATION

It is recommended that the District Board of Health approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO#11454 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 and Behavioral Health retroactive to October 1, 2017 through September 30, 2018 in the total amount of \$25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO#11454 and authorize the District Health Officer to execute the Subgrant Award."



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State of Nevada
Department of Health and Human Services

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

HD #: **16288**
 Budget Account: 3220
 Category: 09
 GL: 8516
 Job Number: 9375818

NOTICE OF SUBGRANT AWARD

Program Name: Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)		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: October 1, 2017 – September 30, 2018		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>07-378-6998</u>										
Purpose of Award: To increase physical activity in adults and youth through the promotion of existing infrastructure in high-risk neighborhoods.												
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>												
Approved Budget Categories: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1. Personnel</td> <td style="width:50%; text-align: right;">\$ <u>21,510.00</u></td> </tr> <tr> <td>2. Travel</td> <td style="text-align: right;">\$ <u>230.00</u></td> </tr> <tr> <td>3. Indirect</td> <td style="text-align: right;">\$ <u>3,261.00</u></td> </tr> <tr> <td>Total Cost:</td> <td style="text-align: right;">\$ <u>25,001.00</u></td> </tr> </table>		1. Personnel	\$ <u>21,510.00</u>	2. Travel	\$ <u>230.00</u>	3. Indirect	\$ <u>3,261.00</u>	Total Cost:	\$ <u>25,001.00</u>	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$25,001.00 during the subgrant period.		
1. Personnel	\$ <u>21,510.00</u>											
2. Travel	\$ <u>230.00</u>											
3. Indirect	\$ <u>3,261.00</u>											
Total Cost:	\$ <u>25,001.00</u>											
Source of Funds: 1. Centers for Disease Control and Prevention (CDC)		% Funds: 100%	CFDA: 93.758	FAIN: NB01OT009158	Federal Grant #: 1 NB01OT009158-01							
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.												
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Business Associate Addendum Section G: Annual Work Plan Section H: Quarterly Program Activity Tracking and Evaluation Worksheet Section I: Staff Certification												
Authorized Subgrantee Official District Health Officer, WCHD	Signature			Date								
Jenni Bonk, MS Section Manager, CDPHP												
Beth Handler, MPH Bureau Chief, CFCW												
for Amy Roukie, MBA Administrator, Division of Public & Behavioral Health												

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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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 Register

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(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
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SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for WCHD

Objective	Activity Outputs	Partners	Timeline	Evaluation Measures	Responsible Persons
1. Increase surveillance and utilization data of parks and open spaces in Washoe County.	1.1 Expand assessment and data collection efforts for eight (8) parks and/or open spaces.	Local parks departments, Truckee Meadows Parks Foundation	10/1/17-4/1/18	# of park assessments completed	WCHD staff
	1.2 Develop one (1) final report and present results to a minimum of one (1) key local decision maker.	Local parks departments	By 4/1/18	# of reports completed # of key local decision makers educated	
	1.3 Encourage the use of data from parks and open spaces to guide programmatic and policy decision making.	Local parks departments, Truckee Meadows Parks Foundation	10/1/17-9/30/18	# of presentations to key decision makers using parks data	
2. Increase health promotion opportunities and community engagement of parks and open spaces in Washoe County.	2.1 Engage a minimum of five (5) businesses and community stakeholders to collaborate in promotion of healthy lifestyle activities and events.	Local parks departments, Truckee Meadows Parks Foundation, community businesses, community stakeholders	10/1/17-6/1/18	# of businesses and community stakeholders engaged	
	2.2 Coordinate a minimum of two (2) opportunities to increase public use of parks and open spaces.	Local parks departments, Truckee Meadows Parks Foundation	4/1/18-9/30/18	# of opportunities coordinated # of community members reached	
3. Increase Environmental and Systems Change support for parks and open spaces in Washoe County.	3.1 Educate key stakeholders, including planners, leaders, and local decision makers about community design approaches involving parks and open spaces that can impact health behaviors.	Local parks departments, City and County planners, key local decision makers	10/1/17-9/30/18	# of key stakeholders educated # of educational opportunities offered	
	3.2 Provide technical assistance (TA) on Environmental and Systems Change in parks and open spaces that will increase physical activity.	Local parks departments, City and County planners, community stakeholders, key local decision makers	10/1/17-9/30/18	# of TA opportunities provided	

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Deliverables:

- 1) Compile/complete reports outlined throughout the Scope of Work's objectives and activities.
- 2) Participate in the following Technical Assistance (TA) calls throughout the project period. **Participation in all TA calls is required.** Specific conference call number and passcode will be provided within one (1) week prior to the scheduled call.

Technical Assistance Calls on the following dates:

- January 29, 2018
- April 30, 2018
- July 30, 2018
- October 22, 2018

Reporting Schedule

Awardee shall provide to the Chronic Disease Prevention & Health Promotion Section an annual Work Plan within 30 days of receiving subgrant NOA and scope of work. Submit quarterly and annual reports electronically to the Chronic Disease Prevention & Health Promotion Section. Reports must include summary of data collection and progress on performance measures that align with the approved activities and objectives (see Section H).

- Quarterly Reports
 - o Q1 Report (October 1, 2017 – December 31, 2017) due by January 15, 2018
 - o Q2 Report (January 1, 2018 – March 31, 2018) due by April 16, 2018
 - o Q3 Report (April 1, 2018 – June 29, 2018) due by July 16, 2018
 - o Q4 Report (June 30, 2018 – September 30, 2018) due by October 15, 2018
- Annual Report due by October 15, 2018

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada Division of Public and Behavioral Health through Grant #1NB01OT009158-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant #1NB01OT009158-01 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

PERSONNEL: Position Title	
<u>Intermittent Hourly Health Educator</u>	
Job Description:	
This position directs the overall operation of projects; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and budget management; and is the responsible staff person for ensuring necessary reports/documentation are submitted. (\$30.19/hour x 14.25 hours per week x 50 weeks)	
TOTAL ANNUAL SALARIES & WAGES	\$ 21,510.00
TOTAL PERSONNEL COSTS:	\$21,510
TRAVEL:	
Mileage: \$0.535/mile x 430 miles	\$230
TOTAL TRAVEL COSTS:	\$230
INDIRECT:	
Indirect: 15% of Direct Costs (21,740 x 15%)	\$3,261
TOTAL INDIRECT COSTS:	\$3,261
TOTAL BUDGET:	\$25,001

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, unless otherwise authorized in writing.
- 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.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 15 days of the end of the previous month and no later than 15 days from the end of the subgrant period which is **September 30, 2018**;
- The maximum amount available under this subgrant is **\$25,001.00**;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Monthly invoices may not be approved for payment until the appropriately timed progress/quarterly reports are received by the Quality Improvement Manager;

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- The Division reserves the right to conduct a site visit regarding this subgrant and deliverables. If deliverables are not met for this subgrant period, then the Division is not obligated to issue continuation funding; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- To provide technical assistance upon request;
- To provide prior approval of reports/documents to be developed per the Scope of Work;
- To forward necessary reports to the CDC;
- 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:

An annual site visit will be performed by the Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, Chronic Disease Prevention and Health Promotion Program Coordinator.

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

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

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

Financial Reporting Requirements

- A Request for Reimbursement is due monthly, 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.

CDPHP and Nevada Wellness Attribution Requirements:

Subgrantees are required to include two key attributions to any publication, promotional item, or media paid for through this subgrant: 1) Funding attribution and 2) Nevada Wellness Logo.

Funding Attribution

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada Division of Public and Behavioral Health through Grant #1NB01OT009158-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant #1NB01OT009158-01 from the Centers for Disease Control and Prevention.

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Nevada Wellness Logo

Use of this logo may not be for any other commercial purpose without permission from the Chronic Disease Prevention and Health Promotion (CDPHP) Section within the Nevada Division of Public and Behavioral Health. User groups may not use the Nevada Wellness logo to profit and must comply with usage guidelines. Nevada Wellness is a registered trademark of the CDPHP Section within the Nevada Division of Public and Behavioral Health. Derivative versions of the Nevada Wellness logo are generally prohibited, as they dilute the Nevada Wellness brand identity. Please contact Health Promotions for any questions regarding usage guidelines at cdphp@health.nv.gov.

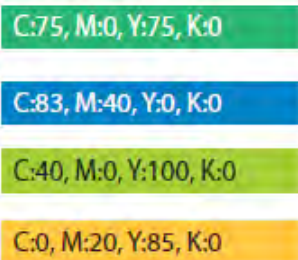
Usage Guidelines

- **Logo Elements:** The logo consists of two figures with a background of a mountain and sun, with the words “Nevada Wellness” below. These elements cannot be used separately.
- **Size Elements:** The size specifications for the logo are as follows: 303px width x 432px height or 4.208in width x 6in height. Resolution should be set at 72 or higher.
- **Spatial Elements:** The logo should appear unaltered in every application and should not be stretched or have a drop shadow or any other effect applied. Any secondary logos or images surrounding the logo should be of sufficient contrast so that the logo is not crowded or obscured. There must be a minimum of one quarter inch (1/4) clear space around the logo. The logo should be proportional to the size of your publication, promotional item, or website.
- **Font:** Industria LT Std
- **Logo Color:** The printed logo should always appear in the colors listed below or in black & white. When printing or placing the logo on a field that is low contrast, the logo should have a white outline.

○ **PMS Colors:**



○ **CMYK Colors:**



○ **RGB Colors:**

RGB Colors
Green: R: 43 G: 182 B: 115
Blue: R: 2 G: 130 B: 198
Lime Green: R: 166 G: 206 B: 57
Yellow: R: 255 G: 200 B: 67

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SECTION D

Request for Reimbursement Instructions

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below. The cells are pre-programed and will auto populate when data is entered.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the total expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the current expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

****An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

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HD #: **16288**
 Budget Account: 3220
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Chronic Disease Prevention and Health Promotion Bureau of Child, Family and 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, Nevada 89520
Subgrant Period: October 1, 2017 – September 30, 2018	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS
(must be accompanied by expenditure report/back-up)

Month(s)	Calendar year					
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$21,510.00	\$0.00	\$0.00	\$0.00	\$21,510.00	0.0%
2. Travel	\$230.00	\$0.00	\$0.00	\$0.00	\$230.00	0.0%
3. Indirect	\$3,261.00	\$0.00	\$0.00	\$0.00	\$3,261.00	0.0%
Total	\$25,001.00	\$0.00	\$0.00	\$0.00	\$25,001.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? ___ Yes ___ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date

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SECTION E

Audit Information Request

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

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

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

YES NO

3. When does your organization's fiscal year end?

June 30th

4. What is the official name of your organization?

Washoe County Health District

5. How often is your organization audited?

annually

6. When was your last audit performed?

August 2017

7. What time period did your last audit cover

July 2016 - June 2017

8. Which accounting firm conducted your last audit?

Eide Bailly

Signature

Date

Administrative Health Services Officer
Title

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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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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 purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and

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subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

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

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development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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

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

1. **Permitted Uses and Disclosures:**

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

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special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.

- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.

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3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

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

Covered Entity	Business Associate
<p>Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706</p> <p>Phone: (775) 684-4200</p> <p>Fax: (775) 684-4211</p>	<p style="text-align: center;">Washoe County Health District (WCHD)</p> <hr/> <p style="text-align: center;">Business Name</p> <p style="text-align: center;">PO Box 11130</p> <hr/> <p style="text-align: center;">Business Address</p> <p style="text-align: center;">Reno, NV 89520</p> <hr/> <p style="text-align: center;">Business City, State and Zip Code</p> <p style="text-align: center;">775.328.2400</p> <hr/> <p style="text-align: center;">Business Phone Number</p> <p style="text-align: center;">775.328.3752</p> <hr/> <p style="text-align: center;">Business Fax Number</p>
<hr/> <p>Authorized Signature</p>	<hr/> <p>Authorized Signature</p>
<hr/> <p>for Amy Roukie, MBA</p> <hr/> <p>Print Name</p>	<hr/> <p>Kevin Dick</p> <hr/> <p>Print Name</p>
<p>Administrator, Division of Public and Behavioral Health</p> <hr/> <p>Title</p>	<p>District Health Officer</p> <hr/> <p>Title</p>
<hr/> <p>Date</p>	<hr/> <p>Date</p>

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

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

SECTION G

Annual Work Plan Template

Evaluation Worksheet 3. CDPHP Subgrantee Annual Work Plan: October 2017 to September 2018

Date: Version: 0.2

<i>Strategy 1:</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

<i>Strategy 2:</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

<i>Strategy 3:</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

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

SECTION H

Quarterly Program Activity Tracking and Evaluation Template

ES Worksheet 4. CDPHP Quarterly Program Activity Tracking and Evaluation

Action Plan Period: MM/DD/17 - MM/DD/18

Data Collection Date: MM/DD/YY

Funding Amount:	\$25,001
Reimbursement to date:	\$

Goal 1:				
Objectives	Activities	Outputs	Quarterly Program Progress (When, How, Who, Barriers)	Evaluation Results (for evaluator use only)
Annual Objective: 1.1 -	Annual Activity: 1.1.1 -		(after description of progress, may use hyperlinks or insert PDFs if needed)	
Annual Objective: 1.2 -	Annual Activity: 1.2.1 -			
Progress	(paragraph format reporting entered in here—coordinators could request word limits/requirements)			
Successes				
Barriers	1. 2.			
Other				
Goal 2:				
Objectives	Activities	Outputs	Quarterly Program Progress (When, How, Who, Barriers)	Evaluation Results (for evaluator use only)
Annual Objective: 2.1 -	Annual Activity: 2.1.1 -		(after description of progress, may use hyperlinks or insert PDFs if needed)	
Annual Objective: 2.2 -	Annual Activity: 2.2.1 -			
Progress	(paragraph format reporting entered in here—coordinators could request word limits/requirements)			
Successes				
Barriers	1. 2.			
Other				

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

SECTION I

Staff Certification

Washoe County Health District

**STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES
For the Period October 1, 2017 through September 30, 2018**

Employee Name	Title	% time (level of effort) spent on duties related to			% time (level of effort) spent on	% time (level of effort) spent on	Total must equal 100%	I certify that the % of time (level of effort) I have stated is true and correct	Date Certified
		HD 16288							
						0.00%			

Note: The Notice of Subgrant Award received from the State of Nevada provides funding for the employees above. All duties performed by these employees support the objectives/deliverables of the federal award.

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Authorized Official Name

Title

Signature

Date

These certification forms must be prepared at least Quarterly and signed by the employee and an authorized official having firsthand knowledge of the work performed by the employee.

Note: Add columns as needed to reflect % allocation across all funding sources.

DD	AH	—
DHO	—	KD —
DA	—	—
Risk	—	—

STAFF REPORT
BOARD MEETING DATE: December 21, 2017

TO: District Board of Health

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

SUBJECT: Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 in the total amount of \$170,522 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

SUMMARY

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

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period August 1, 2017 through July 31, 2018 in the total amount of \$170,522 in support of the CDC Epidemiology and Laboratory Capacity Grant Program, IO 10984. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Objective supported by this item:

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

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

PREVIOUS ACTION

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

BACKGROUND/GRANT AWARD SUMMARY

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

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

- Cross-Cutting Epidemiology
- Detect, Contain and Prevent Healthcare Associated Infections (HAI)

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

On-Going Program Support: These funds support on-going activities in the Epidemiology and Laboratory Capacity Program.

Award Amount: Total award is \$170,522 (\$142,319 direct/\$28,203 indirect)

Grant Period: August 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: 93.323(42%) and 93.521 (58%)

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

Match Amount and Type: None

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

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY18 budget in Internal Order 10984 was adopted with a total of \$299,322.14 in revenue (includes \$49,301 of indirect) and \$250,021.14 in expenditure authority, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 in the total amount of \$170,522 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Subject: Retroactive approval of Notice of Subgrant Award – CDC ELC Program

Date: December 21, 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 Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 in the total amount of \$170,522 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved 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 #: 16086
Budget Account: 3219
Category: 16
GL: 8516
9332318
&
Job Number: 9352118

NOTICE OF SUBGRANT AWARD

Program Name: Office of Public Health Informatics and Epidemiology Community Services		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 1001 East Ninth Street Reno, NV 89502	
Subgrant Period: August 1, 2017 through July 31, 2018		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073-786-998</u>	
Purpose of Award: This award is funded through the <i>Epidemiology and Laboratory Capacity (ELC) Program - Building and Strengthening Epidemiology, Laboratory and Health Information System</i> grant from the CDC. WCHD will use these funds to complete health information system development and exchange activities throughout Washoe County.			
Region(s) to be served: <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>136,240</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 \$170,522.00 during the subgrant period.	
2. Travel	\$ <u>3,889</u>		
3. Operating	\$ <u>1,110</u>		
4. Other	\$ <u>1,080</u>		
5. Contractual	\$ <u>0</u>		
6. Training	\$ <u>0</u>		
7. Indirect	\$ <u>28,203</u>		
Total Cost:	\$ <u>170,522</u>		
Source of Funds:	% Funds:	CFDA:	FAIN:
1. Centers for Disease Control & Prevention	42%	93.323	U50CK000419
2. Centers for Disease Control & Prevention	58%	93.521	U50CK000419
			Federal Grant #:
			5 NU50CK000419-03-00
			6 NU50CK000419-03-01
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.			
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Business Associate Addendum			
Kevin Dick, District Health Officer Washoe County Health District		Signature	Date
Judy DuMonte Program Manager, ELC			<u>11-30-17</u>
Andrea R. Rivers Health Program Manager II, OPHIE		 for A.R.	<u>11/30/17</u>
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 Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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

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

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

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

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

SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Washoe County Health District

Goal 1: Cross-Cutting Epidemiology (Project A)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
Provide an Epidemiology Program Manager to oversee all operations of the Epidemiology and Laboratory Capacity (ELC) grant activities.	The Epidemiology Program Manager will provide assistance with communicable disease investigating, follow-up, analysis and reporting, as needed, within Washoe County. This position will work closely with the Nevada Division of Behavioral and Public Health and participate in testing activities when laboratories or hospitals are involved in Electronic Laboratory Reporting (ELR) activities.	As needed	Quarterly report
Provide at least one ELC funded staff member to be a part of the ELC Governance Team.	ELC Governance Team member will attend no less than 2 of the 4 quarterly meetings annually, including at least one of the in-person meetings either in Las Vegas or Reno.	Quarterly	Quarterly report
One ELC funded staff will attend the 2017 annual ELC Grantee Meeting.	Funded staff will travel to Atlanta, GA to attend the 2017 ELC Grantee Meeting (date TBD).	As scheduled	Quarterly report
Maintain a Washoe County Health District (WCHD) communicable disease cellular smart phone.	Funded Epidemiologist will maintain a smart cellular phone for the purpose of reporting communicable disease outbreaks in Washoe County during and after hours.	Ongoing	Quarterly report

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Goal 2: Detect, Contain and Prevent Healthcare Associated Infections (HAI) (Project K1)

Objective	Activities	Due Date	Documentation Needed
<p>Provide an Epidemiologist to oversee the overall operation of Antibiotic Resistance (AR) related activities for WCHD.</p>	<p>1. The Epidemiologist will administer all AR activities to include, but not limited to 1) Participate in the statewide HAI taskforce; 2) Continue CRE/CRPA (Carbapenem-resistant Enterobacteriaceae/Calculated Panel Reactive Antibodies) surveillance by working with local hospitals and the state lab; 3) To be in charge of HAI cases, clusters, or outbreak investigations when needed; 4) Complete 2016 community-wide antibiogram under the guidance of Epidemiology Program Manager and start collecting 2017 data; 5) Continue keeping stakeholders engaged in CRE and CRPA surveillance activities by hosting regular stakeholder's teleconference.</p>	<p>As needed</p>	<p>Quarterly report</p>
<p>Epidemiologist will host bi-monthly AR teleconferences.</p>	<p>2. Epidemiologist will host bi-monthly AR teleconferences with all stakeholders.</p>	<p>As scheduled</p>	<p>Quarterly report</p>
<p>One ELC funded staff to attend the 2017 annual West Coast Epi Conference.</p>	<p>3. Funded staff will travel to Port Falls, ID to attend the 2017 West Coast Epi conference on October 12 – 13, 2017.</p>	<p>10/13/2017</p>	<p>Quarterly report</p>
<p>One ELC funded staff will attend the 2017 annual HAI/AR Grantee Meeting.</p>	<p>4. Funded staff will travel to Atlanta, GA to attend the 2017 HAI/AR Grantee Meeting (date TBD).</p>	<p>As scheduled</p>	<p>Quarterly report</p>

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5 NU50CK000419-03-00 and 6 NU50CK000419-03-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention."

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

Subgrantee agrees to adhere to the following budget:

Category	Total cost	<u>Details of expected expenses</u>
1. Personnel	\$ 136,240	
		Epidemiology Program Manager @ \$98,786 x .60 FTE (\$59,272) + fringe (\$23,827) = \$83,099 Epidemiologist @ \$83,421 x .45 FTE (\$37,539) + fringe (\$15,602) = \$53,141
2. Travel	\$ 3,889	
		In-State Travel: Attend the ELC Governance Team meeting in Las Vegas, NV – Travel costs must follow SAM and Government per diem rates and not exceed a total of \$478 Out of State Travel: Attend the 2016 West Coast Epidemiologists Conference in Port Falls, ID, October 2017. Travel costs must follow SAM and Government per diem rates and not exceed a total of \$639 Attend the CDC's Antibiotic Resistant (HAI/AR) meeting in Atlanta, GA (date TBD). Travel costs must follow SAM and Government per diem rates and not exceed a total of \$1,302 Travel to ELC grantee meeting in Atlanta, GA. for 1 Governance team member. Travel costs must follow SAM and Government per diem rates and not exceed a total of \$1,470
3. Operating	\$ 1,110	
		Teleconference fees (\$360), general office supplies (\$500), Computer printing supplies (\$250)
4. Other	\$ 1,080	
		Annual cellular phone service (\$1,080)
5. Contractual	\$ 0	
6. Training	\$ 0	
7. Indirect	\$ 28,203	
		20% of direct costs, excluding ELC grantee travel in the amount of \$1,302, funded by the Office of Public Health Informatics and Epidemiology (OPHIE)
Total Cost	\$ 170,522	

Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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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.

Requests for Reimbursements will be submitted monthly and acquiesced no later than 15 days following the end of the month;

- The maximum available for this subgrant is \$170,522;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

To provide reimbursements, not to exceed a total of \$170,522, for the entire subgrant period;

To provide technical assistance, upon request from the Subgrantee;

To provide prior approval of reports or documents to be developed;

The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other epidemiology or laboratory capacity priorities within the state. This includes but is not limited to:

- Reallocating funds between the subgrantee's categories; and
- Reallocating funds to another subgrantee or funding recipient to address other identified Division of Public and Behavioral Health priorities, by removing it from this agreement through a subgrant amendment

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

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

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

Financial Reporting Requirements

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

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

SECTION D

Request for Reimbursement

HD #: 16086
 Budget Account: 3219/16
 GL: 8516
 Draw #: _____

Program Name: Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subgrantee Name: Washoe County Health District
Address: 4126 Technology Way, suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, NV 89502
Subgrant Period: August 1, 2017 through July 31, 2018	Subgrantee's: EIN: 55-6000138 Vendor #: T40283400

FINANCIAL REPORT AND REQUEST FOR FUNDS
 (must be accompanied by expenditure report/back-up)

	Month(s)		Calendar year				
1. Personnel	\$136,240.00	\$0.00	\$0.00	\$0.00	\$136,240.00	0.0%	
2. Travel	\$3,889.00	\$0.00	\$0.00	\$0.00	\$3,889.00	0.0%	
3. Operating	\$1,110.00	\$0.00	\$0.00	\$0.00	\$1,110.00	0.0%	
4. Other	\$1,080.00	\$0.00	\$0.00	\$0.00	\$1,080.00	0.0%	
5. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	
7. Indirect	\$28,203.00	\$0.00	\$0.00	\$0.00	\$28,203.00	0.0%	
Total	\$170,522.00	\$0.00	\$0.00	\$0.00	\$170,522.00	0.0%	

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date _____

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION E

Audit Information Request

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

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

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

YES NO

3. When does your organization's fiscal year end?

June 30, 2018

4. What is the official name of your organization?

Washoe County Health District

5. How often is your organization audited?

Annually

6. When was your last audit performed?

FY17 - BCC accepted on 11/28/17

7. What time period did your last audit cover

July 1, 2016 - June 30, 2017

8. Which accounting firm conducted your last audit?

Eide Bailly LLP

Signature

Amber Leevers

Date

12/1/17

Title

Administrative Health Services Officer

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

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

- I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

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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 purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and

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- subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
 6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
 7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by; the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
 8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
 9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934 if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
 10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
 11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
 12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
 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;

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development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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

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

1. Permitted Uses and Disclosures:

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

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special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.

- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.

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3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

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

Covered Entity	Business Associate
<p>Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706</p> <p>Phone: (775) 684-4200</p> <p>Fax: (775) 684-4211</p>	<p>Washoe County Health District _____ Business Name</p> <p>1001 E. 9th Street _____ Business Address</p> <p>Reno, NV 89502 _____ Business City, State and Zip Code</p> <p>775-328-2410 _____ Business Phone Number</p> <p>775-328-3752 _____ Business Fax Number</p>
<p>_____ Authorized Signature</p> <p>for Amy Roukie, MBA _____ Print Name</p> <p>Administrator, Division of Public and Behavioral Health _____ Title</p> <p>_____ Date</p>	<p>_____ Authorized Signature</p> <p>Kevin Dick _____ Print Name</p> <p>District Health Officer _____ Title</p> <p>_____ Date</p>

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DD	<u>AH</u>	__
DHO	__	<u>KD</u>
DA	__	__
Risk	__	__

STAFF REPORT
BOARD MEETING DATE: December 21, 2017

TO: District Board of Health

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

SUBJECT: Approve Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2018 through June 30, 2018 in the total amount of \$2,673 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

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

The Washoe County Health District received the award letter from AFDO on November 30, 2017. A copy of the award letter is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

The Board has accepted several awards in FY17 from AFDO to fund special projects related to the Retail Standards Grant Program.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference

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

- Attend the Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference. The conference generally focuses on identifying and addressing food safety issues pertinent to food manufacturing, distribution and retail sales and consumption within the State of Nevada. Attendance at this conference will enhance the Health District’s conformance to Standard 2 (Trained Regulatory Staff) and Standard 7 (Industry and Community Relations).
- **Benefit to Washoe County Residents:** This Award supports the EHS Food Program efforts to achieve conformance with the FDA Voluntary National Retail Food Regulatory Program Standards. Implementing the standards benefits the community by reducing or eliminating the occurrence of illness and death from food produced in Washoe County food establishments. Reduction in the percentage of foodborne illness risk factors in food establishments has been identified as a goal in the Washoe County Health District Strategic Plan.

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

Award Amount: Total award is \$2,673 (\$2,673 direct/\$0 indirect)

Grant Period: January 1, 2018 – June 30, 2018

Funding Source: Food and Drug Administration (FDA)

Pass Through Entity: Association of Food and Drug Officials (AFDO)

CFDA Number: 93.103

Grant ID Number: G-FPTF-1709-05312

Match Amount and Type: None

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

FISCAL IMPACT

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

As this award was not anticipated in the FY18 budget, a budget amendment in the amount of \$2,673 is necessary to bring the Award into alignment with the direct program budget.

Should the BCC approve these budget amendments, the FY18 budget will be increased by \$2,673 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA	-431100 Federal Revenue	\$2,673
	Total Revenue	\$2,673

Subject: Approval of Award – AFDO – Retail Program Standards Program –Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference

Date: December 21, 2017

Page 3 of 3

-710509	Seminars and Meetings	\$ 375
-711210	Travel	\$2,298
	Total Expenditures	\$2,673

RECOMMENDATION

Staff recommends that the District Board of Health approve Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2018 through June 30, 2018 in the total amount of \$2,673 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to approve Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2018 through June 30, 2018 in the total amount of \$2,673 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO TBD; and if approved, authorize the District Health Officer to execute the Agreement.”

VOLUNTARY NATIONAL RETAIL FOOD
REGULATORY PROGRAM STANDARDS
(RETAIL STANDARDS) GRANT PROGRAM



November 30, 2017

Grant Number: G-FPTF-1709-05312

Project Title: Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference

Award Value: \$2,673.00

Project Period: January 1, 2018 to June 30, 2018

Amber English
Senior Environmental Health Specialist
Washoe County Health District
1001 East 9th Street
Reno, Nevada 89512

Dear Amber English:

We have approved your application for Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference as part of the Retail Standards Grant Program, funded by the United States Food and Drug Administration (FDA). Approval is based on review of the application submitted by you on behalf of Washoe County Health District to the Association of Food and Drug Officials (AFDO).

As part of your application your agency has made an assurance that it will comply with all applicable Federal statutes and regulations in effect during the grant period, including applicable parts of 45 CFR Parts 74 and 92. Acceptance of this award and/or any funds provided by the Retail Standards Grant Program acknowledges agreement with all of the terms and conditions in this award letter.

Your award is based on the above-title project application, submitted to and approved by AFDO, and is subject to the following terms and conditions:

- **The grantee must complete the full scope of work and all tasks outlined in the approved grant application by June 30, 2018 unless a written exception is granted by the AFDO Programmatic Point of Contact for this grant award.**
- **Any changes to the scope, tasks, deliverables, or expenses of this project must be approved in advance and in writing by the AFDO Programmatic Point of Contact prior to work being modified or completed.**
- The grantee must abide by the grant guidance for the program, available as a PDF file on the Retail Standards Grant Program portal at <http://afdo.org/retailstandards>. This portal is also the site where you can find additional information/updates regarding this grant program, and where you can log in for project status and submission of required reports.
- Per United States Department of Health and Human Services Grants Policy, expenses for food or beverage are generally not allowed unless it is part of a per diem allowance provided in conjunction with allowable travel.
- A Final Project Report must be submitted through the online grants portal no more than 45 days after June 30, 2018. As part of the final report, the grantee must provide a full accounting of all expenditures made with funds from this grant award, accompanied by the documentation specified in the reporting section of the grant guidance.
- As a reminder, recipients of funding through this program are required to assure that project activities achieve greater conformance with the FDA Voluntary National Retail Food Retail Program Standards, available at: http://afdo.org/fda_vnrfrps.

The amount of \$2,673.00 represents the full amount of funds to which you are entitled. Grant awards are made with the understanding that Retail Standards Grant Program staff may require clarification of information within your application, as necessary, during the application, project, or reporting periods. These inquiries may be necessary to allow us to appropriately carry out our administrative responsibilities.

Please note, the Catalog of Federal Domestic Assistance (CFDA) number for this United States Food and Drug Administration grant, awarded to the Association of Food and Drug Officials (AFDO) on 8/11/2016, is 93.103. Your grant is considered a subaward under this AFDO grant.

If you have questions about this award, please contact your AFDO Programmatic Point of Contact. Additionally, the Retail Food Safety Specialist from your FDA Region is an integral part of your jurisdiction's successful completion of Retail Standards activities, and is available to assist with your funded project. Contact information for both individuals is listed below.

We appreciate your ongoing commitment to achieving greater conformance with the Voluntary National Retail Food Regulatory Program Standards.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Corby". The signature is fluid and cursive, with the first name "Joe" being larger and more prominent than the last name "Corby".

Joe Corby
Executive Director
Association of Food and Drug Officials
2550 Kingston Road
Suite 311
York, PA 17402

AFDO Programmatic Point of Contact:

Michael Turner
retailstandards@afdo.org
(850) 583-4593

Follow the link below to obtain contact information for the FDA Regional Food Specialist assigned to assist your jurisdiction:

<http://afdo.org/retailstandards/fdaregionalcontacts>

cc: Daniel Lukash (daniel.lukash@fda.hhs.gov)
Catherine Hosman (catherine.hosman@fda.hhs.gov)

STAFF REPORT
BOARD MEETING DATE: December 14, 2017

TO: District Board of Health

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

SUBJECT: Approve the modification of the Community and Clinical Health Services Fee Schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 testing.

SUMMARY

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

Community and Clinical Health Services (CCHS) is requesting approval to modify the fee schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 blood testing.

Health District Strategic Priorities supported by this item:

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

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

PREVIOUS ACTION

On October 26, 2017, the Board approved modifying the fee schedule to add the Vasectomy Procedure.

On August 24, 2017, the Board approved modifying the laboratory fee schedule to add ThinPrep Pap test, associated Pathologist review and HPV high risk testing.

On January 26, 2017, the Board approved modifying the fee schedule to change the immunization administration fee to \$21.34.

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

Subject: Modify the CCHS Fee Schedule

Date: December 14, 2017

Page 2 of 2

On March 24, 2016, the Board approved modifying the fee schedule to add Gentamycin, Bexsero MenB and Admin of Depo.

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

BACKGROUND

The Family Planning Program is requesting approval to add Lidocaine with Epinephrine (injection), Naproxon 500mg, and laboratory testing for Herpes Simplex 1 and 2. The Advance Practice Registered Nurses (APRNs) are requesting the addition of Lidocaine with Epinephrine to reduce bleeding during Nexplanon removals. APRNs would also like to provide clients with a single dose of Naproxon 500mg for administration prior to an IUD insertion. CCHS clinics currently offer Herpes Simplex, non-specific testing.

FISCAL IMPACT

Should the Board approve the proposed revisions to the CCHS Fee Schedule, the following will be added:

Lidocaine with Epinephrine injection 10 ml	\$.27
Naproxon 500mg (included with J8499 fee schedule)	\$.22
Herpes Simplex 1 and 2 Testing	\$ 89.47

The actual fiscal impact cannot be determined as the application the schedule of discounts and client's ability to pay varies. It is CCHS' policy to maximize collections from clients and third party payers.

RECOMMENDATION

Approve the modification of the Community and Clinical Health Services Fee Schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 testing.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve the modification of the Community and Clinical Health Services Fee Schedule to add Lidocaine with Epinephrine, Naproxen and Herpes Simplex 1 and 2 testing."

DD	<u>RT</u>	-
DHO	<u> </u>	<u> </u>
DA	<u> </u>	<u> </u>
Risk	<u> </u>	<u> </u>

STAFF REPORT
DISTRICT BOARD OF HEALTH MEETING DATE: December 14, 2017

TO: District Board of Health
FROM: Christina Conti, Preparednes & EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us
SUBJECT: Review and possible approval of the Department Emergency Operations Plan.

SUMMARY

The Washoe County Health District’s Department Emergency Operations Plan (DEOP) comprehensively describes the approach to responding to emergencies within the department or in Washoe County that would suddenly and significantly affect the need for the department’s services or its ability to provide those services. The plan is compliant with the FEMA National Incident Management System (NIMS) and meets the Center for Disease Control and Prevention (CDC) grant and Public Health Accreditation Board requirements.

District Health Strategic Objective supported by this item:

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.

PREVIOUS ACTION

The District Board of Health approved the last update to the DEOP on June 27, 2013.

BACKGROUND

The District Board of Health (DBOH) has jurisdiction over all public health matters within Washoe County, which includes Reno, Sparks and the unincorporated areas. The WCHD is responsible for conducting and managing its own emergency operations, including organizing and managing its personnel and resources during emergencies. During times of emergency it is crucial to maintain discipline and organization.

The WCHD’s mission is to protect and enhance the quality of life for all citizens of Washoe County through providing health promotion, disease prevention, public health emergency preparedness, and environmental services. To accomplish this mission, the WCHD must ensure its operations are performed efficiently with minimal disruption, especially during an emergency.

The DEOP and its associated annexes are the official instruments by which local actions are coordinated relating to a public health emergency and/or the response of WCHD employees during a regional emergency. The DEOP interfaces with the Washoe County Regional Emergency Operations Plan (REOP) and incorporates NIMS, which establishes the official emergency management policy for all Washoe County agencies and municipalities.

The DEOP provides an overview of the WCHD's response organization and policies cites the legal authority for conducting emergency operations, explains the general concept of emergency operations, and assigns responsibility for emergency planning and operations. This plan is designed to be a useable tool for every employee of the WCHD.

Upon hire at the WCHD, each employee is required to review and become familiar with the DEOP. Additionally, it is a part of the biannual policy review to ensure employees continue to be prepared in the event of an emergency.

FISCAL IMPACT

There is no anticipated fiscal impact should the Board approve the Department Emergency Operations Plan.

RECOMMENDATION

Staff recommends the Board approve the Department Operations Plan.

POSSIBLE MOTION

Should the Board agree with the drafted emergency operations plan without changes, a possible motion would be:

“Move to approve Department Operations Plan.”

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE



Emergency Operations Plan

2018-2020

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PLAN REVIEW

The Washoe County Health District (WCHD) Emergency Operations Plan (EOP) is a dynamic document and will be reviewed and updated every three years. WCHD personnel will meet to review any relevant after-action reports from the previous three years and recommend changes to the plan if necessary. These after-action reports could be from real-world events, drills, and/or exercises. The applicable recommended changes will be incorporated into the plan review and a summary of the meeting notes will be kept with the updated EOP documents.

The plan may be updated more frequently upon direction from the District Health Officer (DHO).

RECORD OF CHANGES

Date of Review	Reviewed By	Page(s)	Summary of Changes
October 2015	Sara Dinga	Cover Page and Footers	Renamed the “Washoe County Health District Department Emergency Management Plan” to the “Washoe County Health District Emergency Operations Plan” to keep in line with FEMA terminology and Public Health Accreditation Board terminology.
October 2015- November 2015	Sara Dinga	Almost all pages have been affected by this change	Revisions were made to the WCHD Emergency Operations Plan to better align with: a) the planning framework, b) Public Health Accreditation Board requirements, and c) Project Public Health Readiness requirements.
October 2015	Sara Dinga	v	Added Record of Distribution
November 2015	Sara Dinga	9 9	<p>Updated the newly defined hazards for Washoe County based on the 2015 Washoe County Hazard Mitigation Plan recently completed under the coordination of Washoe County Emergency Manager, Aaron Kenneston.</p> <p>Deleted: a) the section on Built Environment, b) the sections describing how hazards are defined/scored during the mitigation planning process, and c) descriptions of the hazards as they pertain to the probability and severity of each hazard. This information is newly updated and very lengthy. Please refer to the 2015 Washoe County Hazard Mitigation Plan, Section 5, for specific information related to each hazard.</p> <p>A link to the Washoe County Hazard Mitigation Plan has been added.</p>
November 2015	Sara Dinga	33	Added Annex 12: WCHD Evacuation Plan
June 2017	PHP Team	Entire Document	Entire document reviewed and updated based on changes made during 2015, event and drill after action reviews.

PLAN DISTRIBUTION

An electronic or hard copy of the *Washoe County Emergency Operations Plan, January 2018-June 2020* has been distributed to all WCHD Division Directors and the District Health Officer. A copy of this plan has also been posted to the Washoe County Health District’s intranet and the Washoe County

Department of Emergency Management Homeland Security secured instance of WebEOC, to be utilized during emergencies by the region.

The master hard copy of the WCHD EOP will be managed and maintained by the Division of Epidemiology and Public Health Preparedness, Public Health Preparedness Program. All WCHD staff will receive awareness-level training on plan components annually at a regularly held staff meeting and/or online training.

In accordance with Nevada Revised Statutes (NRS) 239C.210, the information contained within this document is confidential information intended only for the use of those individuals and agencies to which this document is issued.

RECORD OF DISTRIBUTION

Name	Position Title	Date of Delivery	Electronic Copy or Flash Drive?	Signature
Kevin Dick	District Health Officer			
WCEMHS	Emergency Manager			

Section One: Administration and Authority

A. AUTHORITY AND SIGNATURES

The contents of this WCHD EOP have been reviewed and approved by the WCHD Leadership Team. The contents of this plan are to be supplemented with approved Division-specific plans that are consistent with the EOP.

This EOP and its associated annexes are the official instruments by which local actions are coordinated relating to a public health emergency and/or the response of WCHD employees during a regional emergency. This EOP interfaces with the Washoe County Regional Emergency Operations Plan (REOP) and incorporates the National Incident Management System (NIMS) which establishes the official emergency management policy for all Washoe County agencies and municipalities. This EOP and its annexes will become an integral part of the Washoe County REOP and in most cases will be activated in conjunction with and as part of that plan.

Authority for this plan and any actions resulting from activation of this plan will be initiated by the DHO or his/her designee. This version of the WCHD EOP (January 2018-2020) was approved by the District Board of Health (DBOH) and supersedes any previous WCHD EOPs. The signature affixed below affirms participation in authoring and/or agreement with incorporated content of response activities described in this WCHD EOP.

Kevin Dick
District Health Officer

Date

B. STATUTES AND AUTHORITY

This document works in conjunction with the Washoe County Regional Emergency Operations Plan, which governs responses to local threats and emergencies and is authorized by the following statutes and regulations:

Nevada Revised Statute (NRS) 414 - Emergency Management Act:

NRS 414 allows the Governor to declare a state of emergency and gives the Governor and the Director of the Nevada Division of Emergency Management control of emergency management. It allows the Governor and Director to delegate authority to carry out critical emergency functions involving the peace, health, safety, and property of the people of Nevada.

Nevada Revised Statute (NRS) 441A – Infectious Diseases; Toxic Agents: NRS 441A deals with Communicable Diseases and Isolation/Quarantine and grants authority to the Health District to administer and enforce laws and rules relating to the control of communicable disease. It gives the power to declare, enforce, modify and abolish isolation/quarantine of persons, animals and premises, and to specify the conditions and procedures for imposing and releasing quarantine.

Nevada Administrative Code (NAC) 441A – Infectious Diseases; Toxic Agents: NAC 441A governs disease reporting and control of communicable diseases and conditions which may significantly affect Public Health. It also empowers a health authority (a term which is defined to include officers and agents of a health district and a district health officer) to isolate a person or groups of persons infected with, or reasonably believed to be infected with a communicable disease or to quarantine a person or groups of persons exposed to, or reasonably believed to have been exposed to a communicable disease.

Washoe County Code, Chapter 65, Safety and Disaster Services:

An emergency is defined by the Washoe County Code (65.300(4)) as any man-made or natural event or circumstance causing or threatening loss of life, injury to person or property, human suffering or financial loss to the extent that extraordinary measures must be taken to protect the public health, safety, and welfare. Such events include, but are not limited to, fire, explosion, flood, severe weather, drought, earthquake, volcanic activity, spills of oil or other hazardous substances, disease, blight, infestation, disruption of utility or transportation service, civil disturbance, riot, sabotage, and war.

Emergency/disaster declaration process - Based on the severity of the event, the DHO may recommend a declaration of emergency. Chapter 65 Section 320 of the Washoe County Code provides the procedure for declaring an emergency within Washoe County. In the case of a mass illness, the DHO will activate the WCHD Department Operations Center (DOC), and notify the Washoe County Emergency Manager of the emergency and the activation of the DOC. The Washoe County Emergency Manager will refer the matter to the Board of County Commissioners, who will determine if a state of emergency exists. If the County declares a State of Emergency, the Washoe County Emergency Manager will be able to assume centralized control of and have authority over all

departments and divisions of the County except where prohibited by law. The WCHD will continue to work within the Incident Command System (ICS) structure and DOC, but will coordinate through its liaison with the Regional Emergency Operations Center (REOC). During a mass illness emergency, the DHO may be given the authority to manage the event from the REOC.

C. MAINTENANCE

Call-down lists and response team assignment lists associated with this plan and any of its annexes will be reviewed and updated each year prior to June 30th for activations, tests, drills, and/or exercises, whichever is more frequent.

Section Two: Introduction

A. BACKGROUND

The District Board of Health (DBOH) has jurisdiction over all public health matters within Washoe County, which includes Reno, Sparks and the unincorporated areas. The WCHD is responsible for conducting and managing its own emergency operations, including organizing and managing its personnel and resources during emergencies. During times of emergency it is crucial to maintain discipline and organization.

The WCHD's mission is to protect and enhance the quality of life for all citizens of Washoe County through providing health promotion, disease prevention, public health emergency preparedness, and environmental services. To accomplish this mission, the WCHD must ensure its operations are performed efficiently with minimal disruption, especially during an emergency.

The WCHD Emergency Operations Plan (EOP) provides an overview of the WCHD's response organization and policies cites the legal authority for conducting emergency operations, explains the general concept of emergency operations, and assigns responsibility for emergency planning and operations. This plan is designed to be a useable tool for every employee of the WCHD.

B. EMERGENCY PLANNING AND RESPONSE

Emergency planning and response is a continual cycle of planning, training, exercising, and revision that takes place throughout the four phases of the emergency management cycle (preparedness, response, recovery, and mitigation).



Washoe County administration and preparedness staff coordinate with other local, state, and federal public health and medical partners to create, validate and improve the County's emergency management capabilities and capacities.

C. PURPOSE

The WCHD EOP is both an emergency preparedness planning and operations based document that provides guidance for all aspects of health-related emergency management activities and functions. It is flexible so that it may be used in any emergency, even unforeseen events, is inclusive of hazard-specific information based on a hazards analysis, and is comprehensive in that it covers all aspects of emergency mitigation, preparedness, response, and recovery.

The WCHD EOP and its annexes are part of the Washoe County REOP which establishes the official emergency management policy for all county agencies and municipalities, and may be activated in conjunction with those plans.

D. OBJECTIVES

The WCHD EOP objectives include:

- Establish fundamental policies, program strategies, and assumptions defining management of emergencies affecting the WCHD as well as citizens and visitors of Washoe County.
- Determine lead staff responsibilities and pre-identify staff that will carry out the emergency management functions.
- Identify activities to be performed in relation to emergency response and recovery phases of emergency management.

E. SCOPE

The WCHD EOP applies to any public health emergency associated with any hazard, natural or human caused. Specific tasks of the WCHD EOP include:

- Reduce vulnerability of the citizens and visitors to loss of life, injury, or illness resulting from natural, technological, or man-made emergencies, by preparing staff to carry out prompt and efficient response and recovery activities.
- Perform assessments of the emergency's impact on the WCHD's capability to perform required services, the damage to the health and medical infrastructure of the community, and the effect upon people within the impact area.
- Develop procedures which will allow for rapid and orderly restoration of programs and initiation of community responsibilities, giving priority to those persons directly affected by the emergency.
- Identify those tasks or actions which will assist in the recognition and implementation of mitigation efforts, within and beyond the WCHD's scope of authority, before the next major emergency.
- Define actions and activities to coordinate assistance with the community (public), and with other agencies in the event of a significant emergency.

F. SITUATION

1. Identification of Hazards

Hazards are conditions or situations that have the potential for causing harm to people, property, or the environment. Hazards can be classified into three categories: Natural (e.g., tornadoes and earthquakes), Intentional (e.g., terrorism or civil disturbance), and Technological (e.g., failure of the power grid or hazardous materials spills).

In 2005, WCHD contracted with the UCLA Center for Public Health and Disasters to develop a Hazard Risk Assessment specific to hazards most likely to occur in Washoe County that have the greatest threat to public health. The 16 hazards listed in this Hazard Risk Assessment are included in Table Two, below. In 2012, the Health District updated their Public Health Hazard Risk Assessment based on the same 16 hazards. The hazards marked with a (P) are those with the highest **probability** of occurring, and those marked with a (S) are those deemed to have the greatest **severity** of consequences.

Table Two: Potential Hazards with the Greatest Impact on public health (Washoe County)

Naturally Occurring Hazards	Manmade Hazards
Avalanche (P)	Biological Terrorism (S)
Drought	Civil Disorder (S)
Earthquake (S)	Hazardous Materials Incident – fixed facility
Extreme Summer Weather (S)	Hazardous Materials Incident – transportation
Flood (P)	Transportation
Landslide	
Naturally Occurring Outbreak (P)	
Severe Winter Storm (P) (S)	
Thunderstorm and Lightning	
Wildfire (P)	
Windstorm	

Furthermore, in 2016, WCHD conducted a Jurisdictional Risk Assessment (JRA) to determine the greatest risks to public health in Washoe County. This comprehensive analysis reviewed 41 potential hazards and provided a hazard score for preparedness planning efforts. Through analysis, the top three risks to public health were defined as: 1) hazardous materials incident involving transportation, 2) biological disease outbreak, and, 3) pandemic influenza.

2. Vulnerable Populations

Washoe County is home to a substantial number of population cohorts that may be particularly vulnerable to the social, health, economic, or other impacts of disasters. Populations with access and functional needs are those citizens who require additional assistance during a public health emergency or incident. This includes, but is not limited to, populations with:

- Physical, cognitive or sensory limitations
- Chronic medical conditions
- Limited or no English proficiency
- Chemical dependency
- Geographic or cultural isolation
- Mental/behavioral issues
- Low income,
- Frailty
- Advanced age
- Young children.

Additional planning considerations include the following:

People with Disabilities – The U.S. Census Bureau estimates that as of 2010 there were over 41,500 people with disability status.

Poverty Level – The U.S. Census Bureau (2010) estimates 12.6 percent of the population was below the poverty level.

Non-English Speakers – The U.S. Census Bureau estimates that as of 2010 there were over 91,000 people – nearly 22% of the County’s population – who speak a language other than English at home.

Children – The 2010 preschool and school-age population (0-19 years of age) was approximately 112,042.

Retirees – The 2010 retired population (65+) was approximately 51,000.

Incarcerated People – The Washoe County Detention Center houses approximately 1,085 inmates at any given time.

G. PLANNING ASSUMPTIONS

Although substantial research and information goes into developing an emergency operations plan, it is necessary to rely on certain assumptions that provide input to plan development. For the purposes of developing the WCHD EOP, the following statements are initially accepted:

- The hazards identified represent actual sources of potential human, economic, and property loss in Washoe County. They may produce a minor disaster (presenting no need or minimal need for state and/or federal assistance), a major disaster (requiring recovery and possibly some state and/or federal assistance), or, in the case of the high-risk hazards, a catastrophic disaster (requiring substantial and immediate state and/or federal assistance as well as long-term recovery assistance).
- Maintaining preparedness requires public awareness and education.

- Effective emergency response strategies rely upon public cooperation.
- Actions will be initiated to protect WCHD personnel and facilities.
- All WCHD resources will be available to support activation of the WCHD EOP.
- The WCHD will exhaust, or expect to exhaust, all available resources before requesting outside assistance.
- Normal WCHD operations will continue according to the prioritization of mission critical functions as outlined in the WCHD's *Continuity of Operations Plan* (Annex 5).
- Priority goals in an emergency response, in order are: 1) life safety, 2) incident stability, and 3) property preservation.
- The Incident Command System (ICS) is the structure and the EOP is the management tool that will be used for emergency response in accordance with the NIMS.
- The WCHD will be called upon and expected to respond in an efficient manner to any emergency situation affecting life or health.
- An incident may occur with little or no warning that may rapidly overwhelm the resources of the WCHD. If this occurs, WCHD will contact the Washoe County Manager who may activate the REOC in accordance with the REOP. If necessary, a Unified Command structure may be established to assist the WCHD.

Section Three: Activation and Concept of Operations

H. NORMAL OPERATIONS

The WCHD is under the direct supervision of the DHO who has been delegated authority to exercise management and administrative control from the DBOH. The DHO is appointed by and reports directly to the DBOH.

I. EMERGENCY RESPONSE LEVELS

The WCHD utilizes a bottom up approach to operations especially in the case of emergency situations. This means activations are determined by the DHO and/or the Washoe County Emergency Manager based on the situation and the number of resources required to respond. This is consistent with the general policy of the State of Nevada and the NIMS to resolve all issues at the lowest possible level. Table Three below identifies the emergency response levels for the Washoe County Health District.

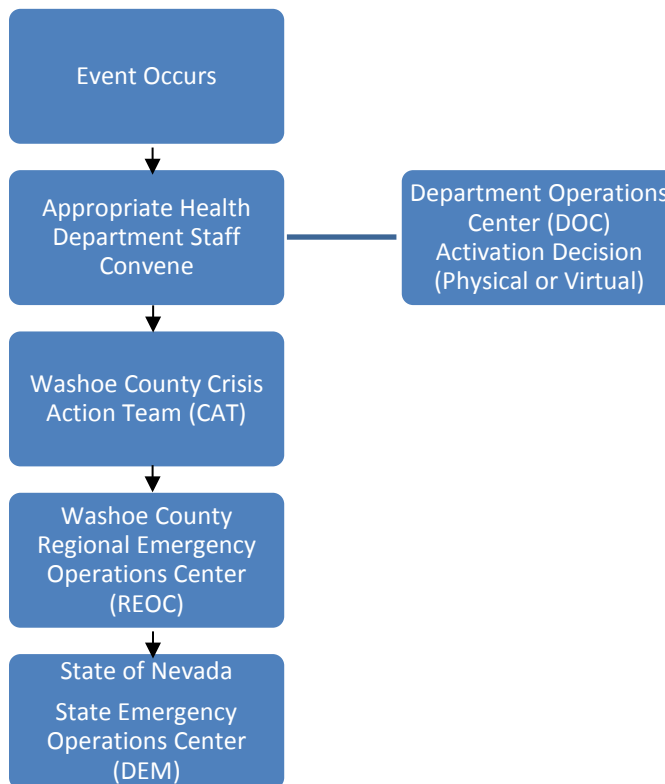
Table Three: Level of Emergency Response for the Washoe County Health District

Level of Incident	Description	Resources
Level 1: Monitoring Not Activated	-Threat or indication of a significant event that requires minimal or no coordination with outside entities. -Situation is monitored and assessed for need of additional resource support	- Use of internal resources only.
Level 2: Dynamic Emergency Partial Activation	- A potentially significant event is impending or underway. - Limited coordination between multiple agencies is needed.	- Significant reallocation of internal resources. -Possible liaison/ staffing at the REOC, as appropriate to the incident.
Level 3: Regional Emergency Full Activation	-Major public health event or outbreak. -One or more significant events are underway in the community. -The event has exceeded the response capability of the WCHD to effectively respond and contain the outbreak.	- Regional, state and/or federal resources are required to safely and effectively manage the operations.

J. PLAN ACTIVATION

The WCHD’s EOP and/or appropriate annexes should be activated to coordinate response to expected or unexpected events caused by natural or man-made events. Activation of the EOP is determined by the DHO, his/her designee. The recommendation to activate could be made by any Division Director (DD) or personnel within WCHD with firsthand knowledge of the incident. The WCHD utilizes the following general response model for activation in an emergency incident. The number of steps taken depends on the level of severity:

Emergency Activation Sequence



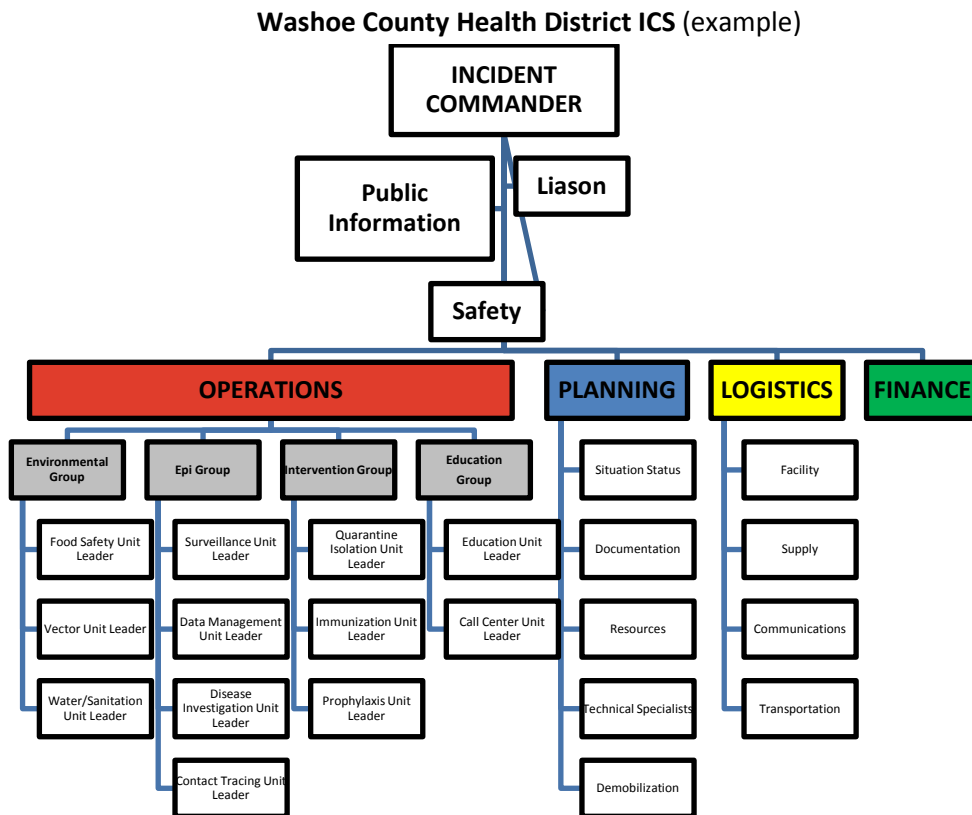
The chart also represents the flow of requests for resources and support in accordance with the NIMS.

K. COMMAND AND CONTROL

The WCHD is the lead agency during any incident involving a disease outbreak in Washoe County, and its primary responsibility is to ensure the citizens, visitors, and first responders are protected to the greatest possible extent during any health emergency or disaster incident.

It is the responsibility of the DHO to provide overall direction and leadership when the WCHD is called upon to respond to an emergency or disaster incident. In order to accomplish this mission, the DHO will utilize the structure and principles of the NIMS and ICS.

This system must remain flexible to adapt to changing conditions. All WCHD Incident Command positions will be backed up by alternates, whenever possible. The following figure illustrates a basic example of WCHD’s ICS.



L. OPERATIONAL PERIODS

Work shifts vary depending on the individual situation and will be determined by the Incident Commander. Typically, shifts are created as follows:

- Short term disasters: 8-12 hours.
- Long term disasters: 12-hour shifts.
- Mid-day disasters: Short-term shifts are developed until 12-hour shifts can be established.

For long-term disasters, most support staff switches shifts at 7 a.m. and 7 p.m.

M. SURGE CAPACITY

In the event of a major public health emergency or bioterrorism event, the ability of the WCHD to sustain a response is limited. Additional assistance in the form of personnel, supplies, equipment,

and other general assistance may be required after initial response. To garner the required surge capacity, the DHO or designee will take the following steps, as required by the situation:

1. Request activation of WCHD Outbreak Response Team (ORT)
2. Request Activation of the Department Operations Center (DOC)
3. Request activation of Washoe County Crisis Action Team (WC-CAT)
4. Request activation of the REOC and all appropriate emergency support functions to initiate their operational plans in support of the Health District.
5. Request activation of State Division of Emergency Management for resource support.

The response request will only rise to the highest activation necessary, so assistance may not be required for all WCHD emergency incidents.

N. MUTUAL AID

In Washoe County, the Office of Record for Emergency Management Assistance Compact (EMAC) and Nevada Emergency Management Assistance Compact (NEMAC) requests is Washoe County Emergency Management Homeland Security. The State of Nevada Division of Emergency Management is responsible for negotiating and managing both EMAC and NEMAC.

The WCHD does not maintain separate mutual aid agreements for emergency response services, but relies on those maintained by the State of Nevada Division of Emergency Management. Assistance is assured by WCHD's membership and participation in the REOC and the Washoe County Emergency Preparedness Council.

O. DEMOBILIZATION

At the beginning of the emergency response, the Planning Section should begin planning for the demobilization of Health District personnel and resources. Demobilization is the orderly, safe, and efficient return of incident resources to their original location and status. If necessary, the Incident Commander will coordinate with the Planning Chief during demobilization to prioritize critical resource needs and reassign resources.

Nonexpendable Resources: Nonexpendable resources, such as personnel, firetrucks, and durable equipment, are fully accounted for both during the incident and when they are returned to the providing division. Broken or lost equipment should be replaced through the appropriate resupply process, with invoicing responsibility for the incident, or as defined in existing agreements. In the case of human resources, adequate rest and recuperation time and facilities should be provided. Important occupational health and mental health issues should also be addressed, including monitoring the immediate and long-term effects of the incident (chronic and acute) on emergency management/response personnel.

Expendable Resources: Expendable resources (such as water, food, fuel, and other one-time-use supplies) must be fully accounted for as they arrive at the incident location. The incident management organization bears the costs of expendable resources, as authorized in financial agreements executed by preparedness organizations. Restocking occurs at the point from which a resource was issued.

P. AFTER-ACTION REPORT

An After-Action Report (AAR) will be completed if a significant deployment occurs, the DOC is activated, when unusual circumstances are involved or when directed to do so by a higher authority.

Section Four: Organization and Assignment of Responsibilities

WASHOE COUNTY HEALTH DISTRICT ICS POSITION STAFFING

The **ICS Command Staff** report directly to the Incident Commander and consist of the following positions (see figure above):

- Safety Officer
- Liaison Officer
- Public Information Officer

The **ICS General Staff** report directly to the Incident Commander and consist of the following positions (see chart above):

- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance/Administration Section Chief

To best prepare WCHD employees to fulfill their assigned duties within the ICS structure during a public health emergency, and to ensure WCHD is in compliance with FEMA training requirements, employees must complete NIMS trainings within specified timeframes (beginning July 1, 2011).

WCHD staff filling **ICS Command Staff** positions are required to complete the following training courses: IS 100, IS 200, IS 700, ICS 300 and ICS 400 within 2 years of hire (unless notified otherwise).

WCHD staff filling **ICS General Staff** positions are required to complete the following training courses: IS 100, IS 200, IS 700 and ICS 300 within 2 years of hire (unless notified otherwise).

Other ICS positions that report to ICS Command and General Command Staff may be filled by persons in other WCHD job classifications. All WCHD employees are required to complete IS 100 and IS 700 (or its equivalent) within 90 days of hire. IS 200 (or its equivalent) must be completed within 1 year of hire. In addition, all WCHD employees are required to complete an ICS refresher course every 2 years.

Table Four: Emergency Management Roles and Responsibilities

Incident Command System Command Staff	
Incident Commander (IC)	The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.
Public Information Officer (PIO)	A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information

	requirements.
Safety Officer	A member of the Command Staff responsible for monitoring incident operations and advising the Incident Commander on all matters relating to operational safety, including the health and safety of emergency responder personnel.
Liaison Officer	A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations.
Operations Section Chief	The Operations Section Chief is responsible for all tactical incident operations and implementation of the Incident Action Plan.
Planning Section Chief	The Planning Section Chief is responsible for the collection, evaluation, dissemination of operational information related to the incident, and for the preparation and documentation of the Incident Action Plan. This section also maintains information on the current and forecasted situation and on the status of resources assigned to the incident.
Logistics Section Chief	The Logistics Section Chief is responsible for providing facilities, services, and materials for the incident.
Finance and Administration Section Chief	The Finance/Administration Section Chief is responsible for all administrative and financial considerations surrounding an incident.

Section Five: Direction, Control and Coordination

Q. DEPARTMENT OPERATIONS CENTER FUNCTIONS AND RESPONSIBILITIES

The WCHD, pursuant to NRS 439.410 has jurisdiction over all public health matters in Washoe County, Nevada. It is the responsibility of the WCHD to provide leadership, direction, and coordination for public health related considerations or emergencies.

In a county-wide emergency and activation of the REOC, the Washoe County Emergency Manager will designate appropriate command and control staff in an ICS structure and the WCHD will cooperate fully with those roles.

When public health resources are activated as part of the REOP, the DHO or other appropriate staff will be deployed to the REOC to coordinate that function. The table on the following page indicates REOC staffing and public health functions and responsibilities.

Table Five: DOC Functions and Responsibilities

REOC Staffing
The DHO will make the determination of who represents the WCHD based on the nature of the emergency or incident.
Functions
Provide medical- and health-related support to state and local entities involved in providing emergency response efforts.
Support public shelters with medical support personnel through the activation of the MOU with the Medical Reserve Corps. .
Support public shelters through Environmental Health Services inspections.
Support other emergency responders, relief workers, and volunteers as directed by the Emergency Manager or designee, including but not limited to, preventive health information or actions (i.e., inoculations, health education, or preventative actions and resources).
Perform, in conjunction with support agencies, an evaluation of the situation to provide immediate field intelligence regarding area of impact, extent of damage, and need for health and medical response actions and resources.
Provide health-related advice concerning communicable disease and environmental issues following a disaster.
Coordinate all local and state health and medical resources expended in response to a local disaster.
WCHD Responsibilities
Plan, coordinate, and direct all public health related activities required to respond to the disaster or event.
Maintain lists of available health resources from local agencies, their addresses and after-hour point of contact.

Ensure that emergency public health related activities are conducted in accordance with existing State and Federal rules, regulations, and guidelines, as well as existing standards and practices.
Monitor area of impact for potential health and medical hazards.
Provide public health coordination to a disaster or public health emergency.
Communicate all resources allocations, response actions, and critical decisions to Section Chief, Emergency Manager, or designee.
Document all actions, pertinent information and communications in WebEOC.

R. RESPONSIBILITIES FOR EMERGENCY RESPONSE IN WASHOE COUNTY

The following table lists specific emergency response functions for the WCHD.

Table Six: Functions and Responsibilities

Function	Description
Activate Emergency Operations Center	Establish Emergency Operations Center and appropriate emergency support functions to coordinate response activities
Alerts and Advisories	Measures taken to notify WCHD staff regarding the emergency event/response
Case Investigation	Measures taken in conjunction with a criminal or epidemiological inquiry into the etiology, distribution, and determinants of infected and exposed persons
Decontamination	Advisory role to organizations responsible for the removal of hazardous materials or organisms from people and environments
Disposal	Supporting role to jurisdictions to provide information regarding measures taken to permanently destroy items made hazardous during the event
Environmental	Measures to evaluate and control the event's environmental effects, including vector control, sewage and water treatment, air handling in buildings, etc.
Evacuation	Identification of areas requiring removal of people from environments believed to be hazardous or needed for use by response agencies
Facility Restrictions	Issuance of restrictions on the opening and closing of certain facilities and the scope of services they may provide
Media Relations	Advising media representatives, supplying official briefings, and distributing official announcements in coordination with Washoe County
Quarantine/Isolation	Measures taken to confine exposed or potentially exposed persons to prevent the spread of disease/Measures taken to confine infected or potentially infected persons to prevent the spread of disease
Sampling/Testing	Activities related to the collection, documentation, handling, examination, and reporting of results from clinical and environmental specimens
Surveillance	Activities related to increasing the intensity of operations used to detect the existence of cases, potential cases, and adverse health conditions before or during the emergency event
Tracking/Monitoring	Tracking the movement or outcomes of patients associated with a mass casualty or facility evacuation. Monitoring of supplies and assets of WCHD.
Vaccines and Prophylaxis	Receipt, distribution, and monitoring of vaccines and drugs used to prevent or control infections related to the event
Recovery	Restoration of environments, facilities, and services to pre-event functional status
Recovery	CDC recommends Community Assessment for Public Health Emergency Response (CASPER) Toolkit be utilized during and after a major public health event

Section Six: Communications

The WCHD DOC will serve as the meeting location for incident-related information collection, analysis, and information dissemination related to public health emergencies that do not go beyond the scope of what the Health District can handle. When an event goes beyond the Health District's capacity, coordination of information will occur between the WCHD, the REOC, and if/when necessary, the State Emergency Operations Center. A Joint Information Center (JIC) will be used to provide coordinated information to the public on a regular basis. As necessary, all available media outlets will be utilized.

Information provided to responding staff will be disseminated through the appropriate channels via the established ICS structure. Regular briefings will occur to update ICS staff and responding agencies.

The Washoe County Health District Public Information Officer (PIO) is responsible for:

- Ensuring all information released is approved by the DHO.
- Ensuring that all information released regarding the Strategic National Stockpile (SNS) is reviewed by appropriate subject matter experts for clarity, consistency, and accuracy.
- Ensuring that all information released to the public regarding how special populations can access medications is reviewed by appropriate subject matter experts for clarity, consistency, and accuracy.
- Ensuring consistent messaging with the State, County and regional public health response partners.

Please refer to Annex Eight, *the Public Information and Communication (PIC) Plan*, for more information related to information collection, analysis and coordination.

A. COMMUNICATION PATHWAYS

Communications will be coordinated between the Washoe County Health District and all responding agencies.

The primary means of communication for the Washoe County Health District include:

- Cell phones,
- Land lines,
- FAX,
- Internet,
- E-mail,
- CDC Health Alert Network (HAN)
- WebEOC

Alternate means of communication include:

- 1st Alternate Means = 800 MHz Radio and mobile phones
- 2nd Alternate Means = National Public Health Radio Network - HF radio and/or RACES/ARES
- 3rd Alternate Means = Runners

B. COMMUNICATIONS TRAINING

All new employees of the WCHD identified to potentially be in a leadership position receive training on redundant communications upon hire and periodically thereafter. At a minimum, all leadership staff shall be trained on the use of 800 MHz radio and receive quarterly e-mails and/or telephone calls to test the WCHD Emergency Notification System (Communicator NXT). The training is validated in training records.

Section Seven: Administration, Finance and Logistics

During a public health emergency, the WCHD Administrative Health Services Office will provide support for the following:

- Assisting the logistics section with resource needs
- Administration of mutual aid agreements
- Policies utilized during an emergency response
- Liability/legal issues
- Financial record keeping

Specific needs addressing the five bullets above will be determined under the ICS structure and coordinated by the Finance and Logistics Sections. In the event of a regional emergency, administration, finance and logistics will be facilitated at the REOC at a regional level.

Section Eight: Appendices

Section Nine includes the following Appendices:

- Appendix One:** Acronyms
- Appendix Two:** Terms and Definitions
- Appendix Three:** Hierarchy of Plans
- Appendix Four:** Standard Operating Guidelines
- Appendix Five:** Incident Complexity
- Appendix Five:** Department Operation Center Supplies and Room Arrangement

APPENDIX ONE: ACRONYMS

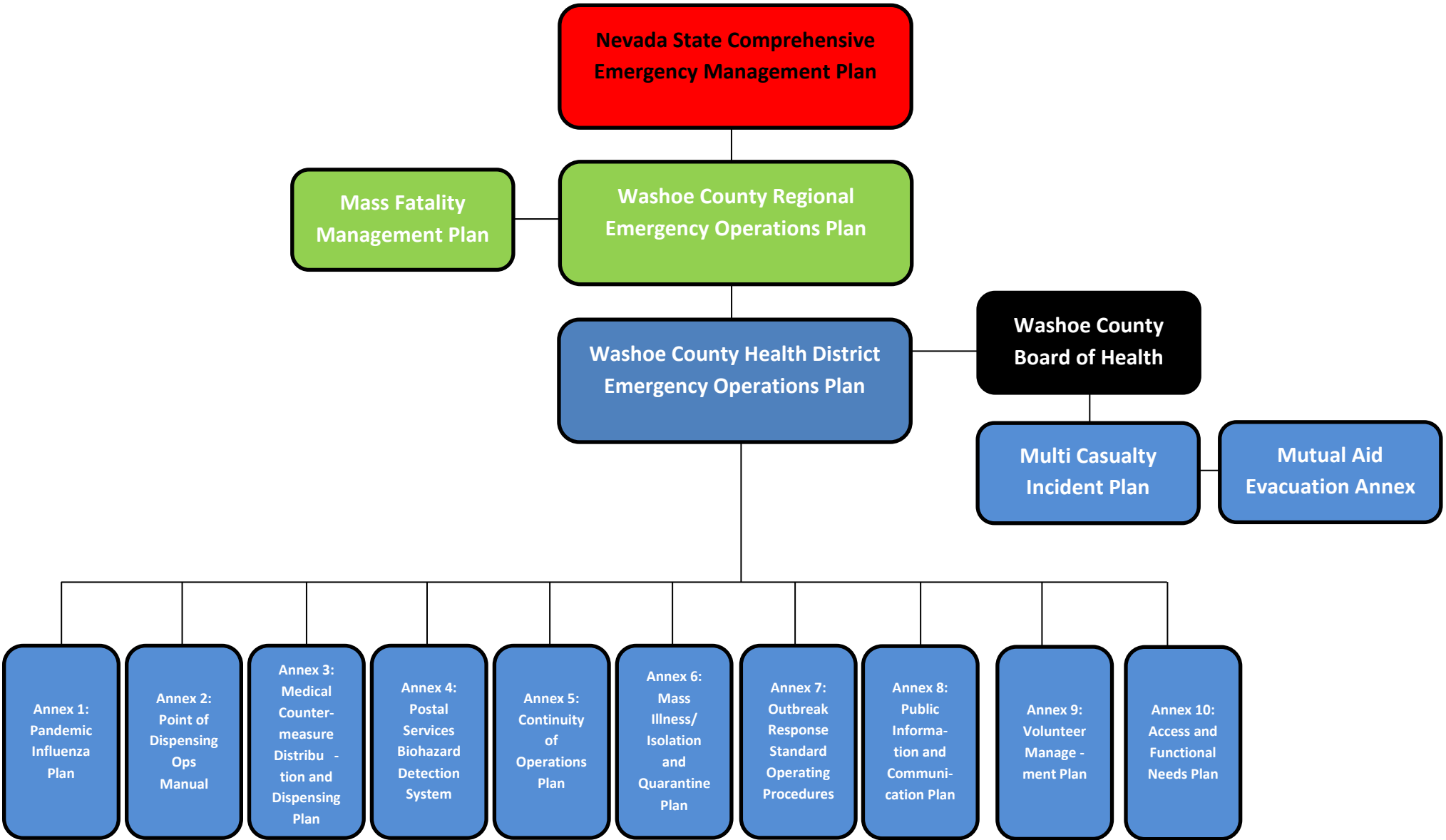
AHS	Administrative Health Services
AQM	Air Quality Management
BDS	Biohazard Detection System
CCHS	Community and Clinical Health Services
CDC	Center for Disease Control and Prevention
CERT	Community Emergency Response Team
COOP	Continuity of Operations Plan
DEMC	Department Emergency Management Committee
DHO	District Health Officer
DOC	Department Operations Center
EHS	Environmental Health Services
EMAC	Emergency Management Assistance Compact
EMS	Emergency Management System
EOP	Emergency Operations Plan
EPHP	Epidemiology & Public Health Preparedness
FEMA	Federal Emergency Management Agency
HD-CAT	Health Department Crisis Action Team
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
LEPC	Local Emergency Planning Committee
MCMDD	Medical Countermeasure Distribution and Dispensing Plan
MIS	Management Information System
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NAC	Nevada Administrative Code
NDPBH	Nevada Division of Public and Behavioral Health
NEMAC	Nevada Emergency Management Assistance Compact
NIMS	National Incident Management System
NRF	National Response Framework
NRS	Nevada Revised Statute
PIC	Public Information & Communications
PIO	Public Information Officer
PHP	Public Health Preparedness
POD	Point of Dispensing
ORT	Outbreak Response Team
REOC	Regional Emergency Operations Center
REOP	Regional Emergency Operations Plan
SEMP	(Nevada) State Comprehensive Emergency Management Plan
SOP	Standard Operating Procedures
WC-CAT	Washoe County Crisis Action Team
WCHD	Washoe County Health District

APPENDIX TWO: TERMS AND DEFINITIONS

Biohazard Detection System	Designed exclusively for the Postal Service, the BDS uses sophisticated DNA matching to detect the presence of anthrax in the mail. All the BDS processes are automated. The equipment collects samples of air as the mail moves through a canceling machine. It absorbs the airborne particles into a sterile water base. This creates a liquid sample that can be tested. The liquid sample is injected into a cartridge, and the automated test for a DNA match is performed.
Centers for Disease Control and Prevention	A federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States with the goal of improving overall public health.
Community Emergency Response Team	CERT is disaster preparedness and response training. These classes are designed for the "general citizen" and provide a broad base of training in disaster preparedness, light search and rescue, disaster medical, fire safety and many other aspects of preparation and response. No prior experience or training is necessary. CERT volunteers help not only during disasters, but also assist professional responders during training and exercises.
Emergency Management Assistance Compact	An interstate mutual aid agreement that provides a mechanism for sharing personnel, equipment and resources among states during emergencies and disasters. EMAC has traditionally been used by states for National Guard, emergency management and other types of response assistance. More recently, it has been used to provide public health and medical assistance.
Emergency Operations Center	The physical location for coordination of emergency activities. The Nevada State Emergency Operations Center is located in Carson City. The Washoe County Regional Emergency Operations Center (REOC) is in Reno, Nevada.
Federal Emergency Management Agency	An independent agency of the United States government that provides a single point of accountability for all federal emergency preparedness and mitigation and response activities.
Incident Action Plan	The IAP Guide explains how to plan and execute operations during any incident. This document, based on the Incident Management Handbook (IMH), explains the Incident Command System (ICS) incident action planning process, describes how to use it during FEMA incidents, defines the specific roles and responsibilities of the various participants, and establishes standards for incident action planning during FEMA incidents.
Incident Command System	The Incident Command System is a standardized, on-scene, all-hazards incident management approach that allows for the integration of facilities, equipment, personnel, procedures and communications operating within a common organizational structure; enables a coordinated response among various jurisdictions and functional agencies, both public and private; and establishes common processes for planning and managing resources. ICS is flexible and can be used for incidents of any type, scope and complexity. ICS allows its users to adopt an integrated organizational structure to match the complexities and demands of single or multiple incidents.
Medical Reserve Corps	A national network of local groups of volunteers committed to improving the public health, emergency response, and resiliency of their communities.
Memorandum of Understanding	A Memorandum of Understanding or a cooperative agreement is a document written between parties to cooperatively work together on an

	agreed upon project or meet an agreed upon objective. The purpose of the agreement is to have a written understanding of the agreement between parties. The agreement can be a legal document that is binding and hold the parties responsible to their commitment, or it can be just a partnership agreement.
National Incident Management System	National Incident Management System or NIMS is a system prescribed by Homeland Security Presidential Directive 5 to coordinate emergency preparedness and incident management among various federal, state, and local agencies. NIMS provides a uniform nationwide approach to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents no matter what the cause, size or complexity, including catastrophic acts of terrorism and disasters. It is a system that is commonly used in U.S. Federal agencies that are required to use the NIMS system in domestic incident management and in support of state and local incident response and recovery activities.
National Response Framework	This National Response Framework (NRF) is a guide to how the Nation conducts all-hazards response. It is built upon scalable, flexible, and adaptable coordinating structures to align key roles and responsibilities across the Nation, linking all levels of government, non-governmental organizations, and the private sector. It is intended to capture specific authorities and best practices for managing incidents that range from the serious but purely local, to large-scale terrorist attacks or catastrophic natural disasters.
Nevada Administrative Code	The codified, administrative regulations of the Executive Branch of the State of Nevada.
Nevada Emergency Management Assistance Compact	The system provides for mutual assistance among the participating political subdivisions and other governmental entities in the prevention of, response to and recovery from, any disaster that results in a formal state of emergency in a participating political subdivision, subject to that participating subdivision's criteria for declaration.
Nevada Revised Statutes	The Nevada Revised Statutes are the current codified laws of the State of Nevada.
Nevada State Comprehensive Emergency Management Plan	The State Plan is developed and maintained by the Nevada Division of Emergency Management. It provides for an emergency management system including a broad range of preparedness, response, recovery, and mitigation responsibilities. The primary purpose of the plan is to outline roles, responsibilities, and appropriate actions to be taken as a result of an emergency. The Washoe County Health District's Department Emergency Plan (DEMP) has the same responsibilities.

APPENDIX THREE: HIERARCHY OF PLANS



APPENDIX FOUR: STANDARD OPERATING PROCEDURES

These Standard Operating Procedures are consistent with the Emergency Management Guide that can be found hanging on walls throughout the Washoe County Health District.

PUBLIC HEALTH EMERGENCIES IN THE COMMUNITY

If there is a life-threatening emergency, call **9-911**.

If this is an emergency that may affect the Washoe County Health District, contact your supervisor.

Supervisors or Directors, contact the District Health Officer for all public health emergencies that may affect more than one division.

If a jurisdictional EOC has been activated, a Department Operations Center will be automatically convened.

FIRE (Code Red)

1	In the case of encountering a fire within the building, immediately activate pull station to sound the fire alarm. If no alarms available, call 9-911 . Also use the overhead paging system (call 250) and state " Code Red , this is not a drill, Code Red , this is not a drill."
2	If the fire is small, such as in a trash can, attempt to extinguish it with a portable fire extinguisher. If unable to extinguish, close the door or enclose perimeter and begin evacuation procedures.
3	Secure cash register fund.
4	Do not attempt to carry out non-essential equipment or personal belongings.
5	Evacuate building using the shortest evacuation route.
6	Do not use elevators; use stairways.
7	Walk, do not run. Avoid panic.
8	Assist individuals with disabilities and non-County personnel along evacuation routes. *Never take a wheelchair down the stairs – ask non-ambulatory persons how best to assist them.
9	When circumstances permit, Evacuation Representatives will check meeting, conference, and bathrooms for staff or clientele in need of assistance. Doors will be closed but not locked after room is checked.
10	Follow evacuation procedures.

EARTHQUAKE (Code Red)

1	Remain calm. Assess your situation. Avoid panic and try to organize yourself and others for maximum personal safety.
2	Seek shelter under tables, desks, or stand in a corner. Cover your head and neck with your hands and arms.
3	If possible, keep at least 15 feet away from windows.
4	Keep away from filing cabinets, bookcases, and other large, potentially unstable items.
5	If the power goes out, do not use matches, candles or other open flames.
6	If evacuation is necessary, watch for falling debris, electrical wires, and possible aftershocks.
7	Do not use elevators.
8	Do not dash for exits such as stairways as they may be broken and crowded with people.
9	If you are outside, stay outside. Move to the WCHD emergency evacuation site away from the buildings, trees, power lines and roadways.
10	If driving, pull over to the side of the road and stop. Stay inside your vehicle until the shaking is over.
11	Be prepared for aftershocks.

HOSTAGE SITUATION/UNWANTED VISITOR	
*	As soon as possible and when safe to do so, call 9-911 .
1	Remain calm. This is your best defense.
2	Cooperate with all requests. Do not antagonize.
3	Do not take comments/threats personally.
4	Do not volunteer information.
5	Keep personal belongings out of sight.
6	Make mental notes of physical descriptions and conversations.
7	If you are aware of a hostage situation, yet not personally in danger, leave the immediate area without raising suspicion and contact 9-911 .
8	Do not discuss the situation with any other employee, but wait for the arrival of law enforcement and provide them with as much information as possible.

CIVIL DISORDER	
1	All doors to the building should be locked by Security.
2	Stay away from windows.
3	Avoid confrontations.

UTILITY FAILURE	
1	During normal business hours, notify Facilities Management.
2	After business hours, call the Sheriff's Central Control at (775) 328-2953.
3	Stay in your work area and await further instructions from a supervisor.
4	If evacuation of the building is necessary, do not use the elevator. Exit using the stairways.
5	If individuals are trapped in an elevator: <ul style="list-style-type: none"> • Try to keep them calm and advise them that you will get help. • Call the emergency number posted in the elevator. • Talk to them until help arrives.

EARTHQUAKE (Code Green)	
1	If safe to do so, call 9-911 and inform them you need assistance.
2	Evacuate building using the shortest evacuation route. Do not use elevators; use stairways.
3	Assist individuals with disabilities and non-County personnel along evacuation routes.
4	When circumstances permit, Evacuation Representatives will check meeting, conference, and bathrooms for staff or clientele in need of assistance.
5	Do not attempt to carry out non-essential equipment or personal belongings.
6	Walk, do not run. Avoid panic.
7	<p>Employees are to gather by the appropriate colored flag and wait for further instructions. The evacuation site is the Livestock Events Center Administration Building (the small, single-story building located north of the Health District, adjacent to Wells Avenue). The colors assigned to the divisions are:</p> <ul style="list-style-type: none"> • AHS – Blue • AQM – Yellow • CCHS – Red • EHS – Green • EPHP – Orange
8	Alternate evacuation sites include the Livestock Events Center (this is the building with steps, which face west, directly across from the Wells Avenue entrance), and the Salvation Army parking lot (NW corner of Sutro and Oddie).
EVACUATION REPRESENTATIVES' RESPONSIBILITIES	
1	Implementing the Emergency evacuation Plan under direction from the Division Director (or Assistant Division Director or designee).
2	Monitoring the north and south main entrances, clinic entrance and the employee entrance on the north side of the building to prevent people from entering the building.
3	<p>Supervising and expediting evacuation of staff and clientele in their designated areas by:</p> <ul style="list-style-type: none"> • Assuring that all persons have vacated the community areas for which they are assigned. • Assuring the doors are closed. • Assisting handicapped employees and clientele to evacuate. • Attending to personal safety and assisting co-workers injured or in need. • Time permitting, assuring that electrical appliances that could be hazardous if left on, are turned off, i.e., coffee pots, heaters. • Reporting to their Director regarding the status of their area after relocating at the Health District emergency evacuation site.
SHELTERING IN PLACE	
1	Depending on the nature of the event it may be safer to stay in the building than to leave. <i>Do not evacuate unless told to do so by someone in authority.</i> To do otherwise may subject you to more harm. Examples are a hazardous materials event outside the building or a violent person outside.

HAZARDOUS SPILL	
*	If you are not trained to handle chemical spills, call your supervisor. There is a labeled chemical spill kit located in the lab room under the table.
1	Be familiar with the chemicals you are handling. Material Safety Data Sheets are available from the manufacturer and are kept in binders in each clinical area.
2	Utilize appropriate personal protective equipment for handling any hazardous spill.
3	<p>Utilize the “spill drill” REACT:</p> <p>Remove the source</p> <ul style="list-style-type: none"> • If it is dripping, stop the drip with a wooden plug or putty, or upright the container. • If it is from a leaky connection, tighten the connection or replace the broken parts. <p>Envelop the spill (also called contain the spill)</p> <ul style="list-style-type: none"> • If it is flowing, put an absorbent sock or pad down to catch the flow. Try to prevent the material from reaching any sink or floor drains. • Use a towel or other suitable tool to build a small dam or berm. <p>Absorb/Accumulate</p> <ul style="list-style-type: none"> • On a hard surface, put down dry absorbent, or use an absorbent pad or sock to pick up the material. <p>Containerize the hazardous waste</p> <ul style="list-style-type: none"> • Place used absorbent material in a plastic bag or container that can be sealed closed. <p>Transmit a report</p> <ul style="list-style-type: none"> • Tell your supervisor what you spilled and what you did about it. Supervisor will notify the Hazardous Materials Specialist in EHS for proper disposal guidelines. <p>By REACTing quickly, you eliminate hazards that could cause injury. You also give the spill less of a chance to seep somewhere where it will be more difficult to clean up.</p>

BOMB THREAT	
*	The Health District may be a target of a threat, which could present as a chemical, biological, nuclear, or an explosive threat. The following guidelines should be followed for any threat to the facility.
*	Due to the number of threats reported, the bomb squad does not do bomb searches for an organization when a threat is received. Additionally, the bomb squad has no familiarity with a building's "normal" vs. "foreign" content or objects.
*	Employees should always be alert to unusual or unauthorized individuals in designated work areas (non-public areas). They should also watch for foreign or suspicious objects or parcels.
TELEPHONE CALL	
*	A threat is most commonly made by a telephone call to the targeted organization.
1	Use the Bomb Threat Form (final page of Appendix 4)
2	Keep the caller on the phone as long as possible. Ask for the caller's name and ask that any messages be repeated.
3	Be calm, courteous, and do not interrupt the caller.
4	Get as much information as possible regarding a description of the caller such as tone, accents, speech impediments, whether male or female, affiliation with a particular group, and other information such as background noise such as street or house noise. Document as much of the conversation as possible while the caller is talking.
5	Report the call immediately to a supervisor.
6	Do not discuss it with other personnel, other than your supervisor.
LETTER BOMB THREAT	
1	Do not handle letter or envelope unnecessarily.
2	DO NOT OPEN.
3	Evacuate the immediate area.
4	Do not put in water or a confined space such as a desk drawer or filing cabinet.
REAL/SUSPECTED DEVICE	
1	Do not attempt to remove or disturb the device.
2	Report the finding and location to a supervisor.
3	Do not use radios or cellular phones. Shut off all cell phones.
*	Evacuation may be ordered by the DHO under his/her authority or under direction from local authorities having jurisdiction.

BOMB OR OTHER THREAT CHECKLIST

<p>EXACT WORDING OF THE THREAT:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Sex of caller: _____ Race: _____</p> <p>Age: _____ Length of call: _____</p> <p>Number at which call is received:</p> <p>_____</p> <p>Time: _____ Date: ____/____/____</p>	<p>CALLER'S VOICE:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Calm</td> <td><input type="checkbox"/> Nasal</td> </tr> <tr> <td><input type="checkbox"/> Angry</td> <td><input type="checkbox"/> Stutter</td> </tr> <tr> <td><input type="checkbox"/> Excited</td> <td><input type="checkbox"/> Lisp</td> </tr> <tr> <td><input type="checkbox"/> Slow</td> <td><input type="checkbox"/> Raspy</td> </tr> <tr> <td><input type="checkbox"/> Rapid</td> <td><input type="checkbox"/> Deep</td> </tr> <tr> <td><input type="checkbox"/> Soft</td> <td><input type="checkbox"/> Ragged</td> </tr> <tr> <td><input type="checkbox"/> Loud</td> <td><input type="checkbox"/> Clearing throat</td> </tr> <tr> <td><input type="checkbox"/> Laughter</td> <td><input type="checkbox"/> Deep breathing</td> </tr> <tr> <td><input type="checkbox"/> Crying</td> <td><input type="checkbox"/> Cracking voice</td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Disguised</td> </tr> <tr> <td><input type="checkbox"/> Distinct</td> <td><input type="checkbox"/> Accent</td> </tr> <tr> <td><input type="checkbox"/> Slurred</td> <td><input type="checkbox"/> Familiar</td> </tr> </table> <p>If voice is familiar, who did it sound like?</p> <p>_____</p>	<input type="checkbox"/> Calm	<input type="checkbox"/> Nasal	<input type="checkbox"/> Angry	<input type="checkbox"/> Stutter	<input type="checkbox"/> Excited	<input type="checkbox"/> Lisp	<input type="checkbox"/> Slow	<input type="checkbox"/> Raspy	<input type="checkbox"/> Rapid	<input type="checkbox"/> Deep	<input type="checkbox"/> Soft	<input type="checkbox"/> Ragged	<input type="checkbox"/> Loud	<input type="checkbox"/> Clearing throat	<input type="checkbox"/> Laughter	<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Crying	<input type="checkbox"/> Cracking voice	<input type="checkbox"/> Normal	<input type="checkbox"/> Disguised	<input type="checkbox"/> Distinct	<input type="checkbox"/> Accent	<input type="checkbox"/> Slurred	<input type="checkbox"/> Familiar
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<p>QUESTIONS TO ASK:</p> <p>When is the bomb going to explode?</p> <p>Where is it right now?</p> <p>What does it look like?</p> <p>What kind of bomb is it?</p> <p>What will cause it to explode?</p> <p>Did you place the bomb?</p> <p>Why?</p> <p>What is your address?</p> <p>What is your name?</p>	<p>BACKGROUND SOUNDS:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Street noises</td> <td><input type="checkbox"/> Factory machinery</td> </tr> <tr> <td><input type="checkbox"/> Crockery</td> <td><input type="checkbox"/> Animal noises</td> </tr> <tr> <td><input type="checkbox"/> Voices</td> <td><input type="checkbox"/> Clear</td> </tr> <tr> <td><input type="checkbox"/> PA system</td> <td><input type="checkbox"/> Static</td> </tr> <tr> <td><input type="checkbox"/> Music</td> <td><input type="checkbox"/> Local</td> </tr> <tr> <td><input type="checkbox"/> House noises</td> <td><input type="checkbox"/> Long distance</td> </tr> <tr> <td><input type="checkbox"/> Motor</td> <td><input type="checkbox"/> Booth</td> </tr> <tr> <td><input type="checkbox"/> Office machinery</td> <td>Other: _____</td> </tr> </table> <p>THREAT LANGUAGE:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Well spoken (educated)</td> <td><input type="checkbox"/> Incoherent</td> </tr> <tr> <td><input type="checkbox"/> Foul</td> <td><input type="checkbox"/> Taped</td> </tr> <tr> <td><input type="checkbox"/> Irrational</td> <td><input type="checkbox"/> Message read by threat maker</td> </tr> </table>	<input type="checkbox"/> Street noises	<input type="checkbox"/> Factory machinery	<input type="checkbox"/> Crockery	<input type="checkbox"/> Animal noises	<input type="checkbox"/> Voices	<input type="checkbox"/> Clear	<input type="checkbox"/> PA system	<input type="checkbox"/> Static	<input type="checkbox"/> Music	<input type="checkbox"/> Local	<input type="checkbox"/> House noises	<input type="checkbox"/> Long distance	<input type="checkbox"/> Motor	<input type="checkbox"/> Booth	<input type="checkbox"/> Office machinery	Other: _____	<input type="checkbox"/> Well spoken (educated)	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Foul	<input type="checkbox"/> Taped	<input type="checkbox"/> Irrational	<input type="checkbox"/> Message read by threat maker		
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<input type="checkbox"/> Foul	<input type="checkbox"/> Taped																								
<input type="checkbox"/> Irrational	<input type="checkbox"/> Message read by threat maker																								
<p>REPORT CALL IMMEDIATELY TO:</p> <p>Supervisor and 9-9-1-1</p> <p>Phone number reported to: _____</p> <p>-----</p> <p>Your name _____</p> <p>Position _____</p> <p>Phone number _____</p>	<p>REMARKS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>																								

BIOLOGICAL EMERGENCY (DISEASE OUTBREAK)		
* If you received notice of a Biological Event, refer all calls to the Communicable Disease program. The 24/7 telephone number is (775) 328-2447 .		
Bioterrorism Agents/Diseases		
Category A	Category B	Category C
<p>High priority agents include organisms that pose a risk to national security because they:</p> <ul style="list-style-type: none"> • Can be easily transmitted from person to person; • Result in high mortality rates and have the potential for major public health impact; • Might cause public panic and social disruption; and • Require special action for public health preparedness 	<p>Second highest priority agents include those that:</p> <ul style="list-style-type: none"> • Are moderately easy to disseminate; • Result in moderate morbidity rates and low mortality rates; and • Require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance. 	<p>Third highest priority agents include emerging pathogens that could be engineered for mass dissemination in the future because of:</p> <ul style="list-style-type: none"> • Availability; • Ease of production and dissemination; and • Potential for high morbidity and mortality rates and major health impact.
<p>Examples of Category A Agents include:</p> <ul style="list-style-type: none"> • Anthrax • Botulism • Plague • Smallpox • Tularemia • Viral Hemorrhagic Fevers 	<p>Examples of Category B Agents include:</p> <ul style="list-style-type: none"> • Brucellosis • Epsilon toxin of Clostridium perfringens • Food safety threats (i.e., Salmonella species, Escherichia coli 0157:H7, Shigella) • Glanders • Ricin toxin • Typhus Fever 	<p>Examples of Category C Agents include:</p> <ul style="list-style-type: none"> • Emerging infectious diseases such as Nipah virus and hantavirus

APPENDIX FIVE: INCIDENT COMPLEXITY

Incident and/or event complexity determines emergency and incident response personnel responsibilities as well as recommended audience for NIMS curriculum coursework delivery. The *NIMS Training Program* training recommendations reflect the following five levels of complexity:

Type 1	<ul style="list-style-type: none"> • This type of incident is the most complex, requiring national resources for safe and effective management and operation. • All command and general staff positions are filled. • Operations personnel often exceed 500 per operational period and total personnel will usually exceed 1,000. • Branches need to be established. • A written incident action plan (IAP) is required for each operational period. • The agency administrator will have briefings, and ensure that the complexity analysis and delegation of authority are updated. • Use of resource advisors at the incident base is recommended. • There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions.
Type 2	<ul style="list-style-type: none"> • This type of incident extends beyond the capabilities for local control and is expected to go into multiple operational periods. A Type 2 incident may require the response of resources out of area, including regional and/or national resources, to effectively manage the operations, command, and general staffing. • Most or all of the command and general staff positions are filled. • A written IAP is required for each operational period. • Many of the functional units are needed and staffed. • Operations personnel normally do not exceed 200 per operational period and total incident personnel do not exceed 500 (guidelines only). • The agency administrator is responsible for the incident complexity analysis, agency administration briefings, and the written delegation of authority.
Type 3	<ul style="list-style-type: none"> • When incident needs exceed capabilities, the appropriate ICS positions should be added to match the complexity of the incident. • Some or all of the command and general staff positions may be activated, as well as division/group supervisor and/or unit leader level positions. • A Type 3 IMT or incident command organization manages initial action incidents with a significant number of resources, an extended attack incident until containment/control is achieved, or an expanding incident until transition to a Type 1 or 2 IMT. • The incident may extend into multiple operational periods. • A written IAP may be required for each operational period.
Type 4	<ul style="list-style-type: none"> • Command staff and general staff functions are activated only if needed. • Several resources are required to mitigate the incident, including a task force or strike team. • The incident is usually limited to one operational period in the control phase. • The agency administrator may have briefings, and ensure the complexity analysis and delegation of authority is updated. • No written IAP is required but a documented operational briefing will be completed for all incoming resources. • The role of the agency administrator includes operational plans including objectives and priorities.

Type 5	<ul style="list-style-type: none">• The incident can be handled with one or two single resources with up to six personnel.• Command and general staff positions (other than the incident commander) are not activated.• No written IAP is required.• The incident is contained within the first operational period and often within an hour to a few hours after resources arrive on scene.• Examples include a vehicle fire, an injured person, or a police traffic stop.
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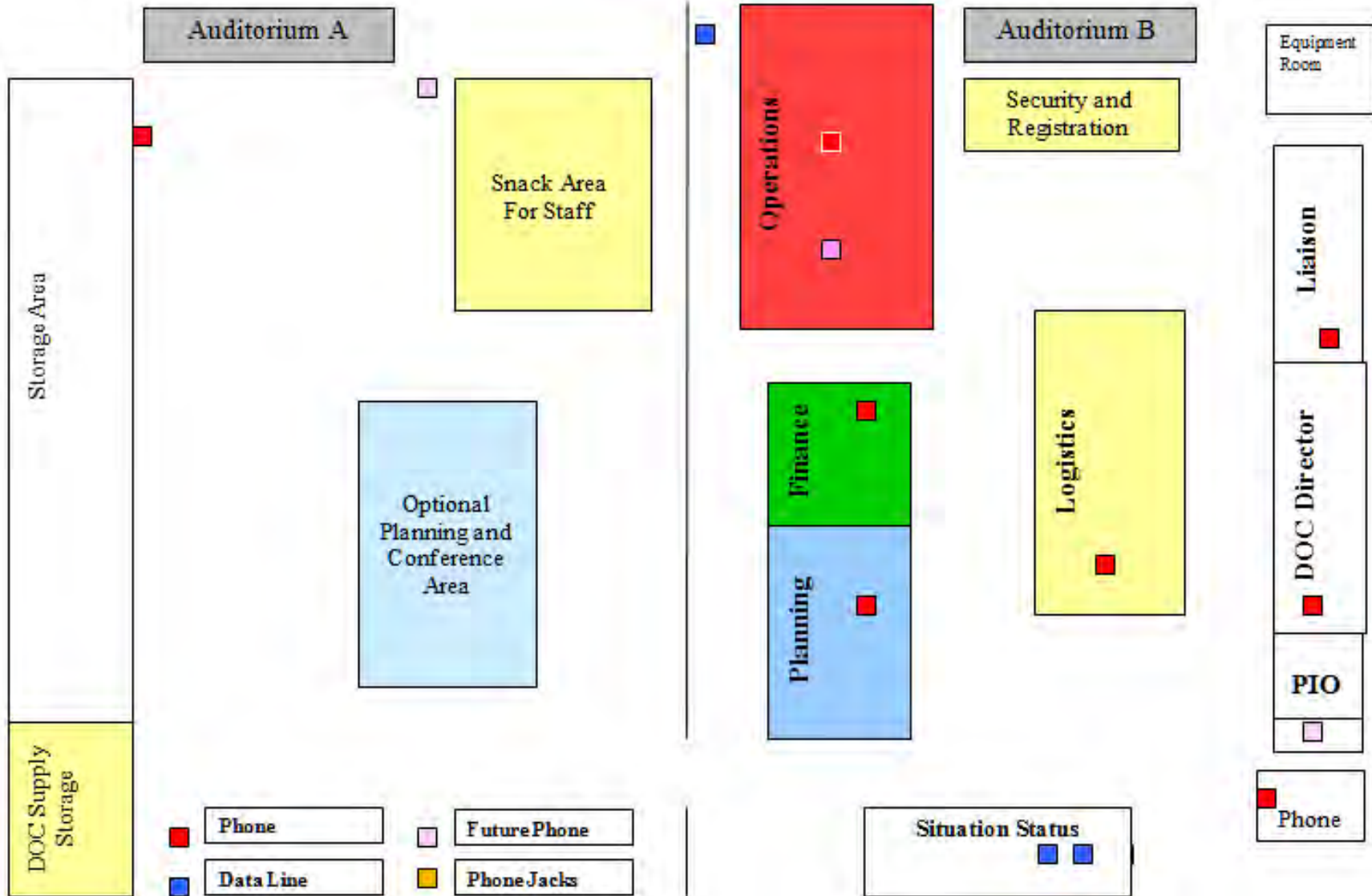
APPENDIX SIX: DOC SUPPLIES AND ROOM ARRANGEMENT

Each DOC position should have a cache of supplies at their disposal to be transported to any location necessary. There are boxes of supplies with commonly used materials that may be used in the completion of their responsibilities. These boxes are located in the storage area of Auditorium A. Some of those materials include:

SUPPLIES	ICS MATERIALS	PERSONAL ITEMS
<ul style="list-style-type: none"> • Vests • Office supplies • Pens/paper • Phone lists/ department directory • Report forms • Extension cords • White board • Easel Pad (Post-It) • Signs, table, chairs • Communications equipment • Yellow Post-Its • Highlighter pens 	<ul style="list-style-type: none"> • Organization chart • Mission statements • Checklists • Forms • Maps • Emergency Preparedness Manual 	(Not in DOC) <ul style="list-style-type: none"> • Food / water • Lap top Computer • Cell phone and charger • GO BAG

The following floor plan of Auditoriums A and B of the Health District indicate the placement of various tables and communications for the Department Operations Center. Each event is different and as technology advances, it will be necessary to adjust positions and relationships accordingly.

Washoe County Health District Department Operations Center Layout



DD	RT	-
DHO		-
DA		-
Risk		-

Staff Report
Board Meeting Date: December 14, 2017

TO: District Board of Health

FROM: Andrea Esp, Public Health Emergency Response Coordinator
775-326-2440, aesp@washoecounty.us

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

SUBJECT: Approval to donate evacuation and triage tags to skilled nursing, long-term care, hospital and EMS partner agencies not to exceed a total amount of \$3,000 funded by the Assistant Secretary for Preparedness and Response Grant (Fed ID#1NU90TP921907-01-00).

SUMMARY

The Washoe County Health District's Public Health Preparedness Program (Program) requests permission to provide evacuation tags to skilled nursing and long-term care facilities when such facilities become members of the Mutual Aid Evacuation Annex (MAEA) of the Multi-Casualty Incident Plan (MCIP). These supplies would be used in the event of an evacuation of a healthcare facility, either to receive or evacuate patients.

The Program also requests permission to provide triage tags to our regional EMS partners and hospitals. The anticipated usage of these tags is for training purposes. WCHD works with partners to improve medical surge capability by providing additional triage tags for training to ensure competency during incidents that exceed the limits of the medical infrastructure within the community.

District Board of Health strategic priority:

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

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

PREVIOUS ACTION

The DBOH approved the donation of evacuation and triage tags on October 27, 2016.

The DBOH approved the Assistant Secretary for Preparedness and Response (ASPR) grant allowing the purchase of supplies on August 24, 2017.

BACKGROUND

Annually, the Program receives ASPR grant funds designed to improve healthcare preparedness within the region. The DBOH approved the FY18 ASPR grant on August 24, 2017, which included the purchasing of supplies for the healthcare coalition (Inter-Hospital Coordinating Council).

The Washoe County Health District is the fiduciary agent for the Inter-Hospital Coordinating Council (IHCC). The IHCC had identified a regional need for additional supplies to be available to skilled nursing, long-term care, hospital and EMS partner agencies for training and response planning efforts. The IHCC approved the purchase and distribution of evacuation and triage tags at the August 2017 monthly meeting.

Current facility to receive evacuation tags:

- Hearthstone Rehabilitation Center

Evacuation tags will be distributed to facilities who become a member/signatory of the MAEA. WCHD currently has seven sub-acute care facilities participating in the MAEA, which strengthens the regions medical infrastructure within the community.

The triage tags are to be distributed as follows:

- Northern Nevada Medical Center
- Saint Mary's Regional Medical Center
- REMSA
- Renown Regional Medical Center

Triage tags will be available for regional partners when exercise/training opportunities are identified and supplies are requested.

FISCAL IMPACT

Should the Board approve this donation, there will be no additional fiscal impact to the FY18 adopted budget as the purchase of triage and evacuation tags were anticipated and included in the adopted budget in Internal Order 10708 (ASPR Grant Program) and G/L 710300 (operating supplies).

RECOMMENDATION

It is recommended the Washoe County District Board of Health approve the donation of evacuation and triage tags to skilled nursing, long-term care, hospital and EMS partner agencies not to exceed a total amount of \$3,000 funded by the Assistant Secretary for Preparedness and Response Grant (Fed ID#1NU90TP921907-01-00).

POSSIBLE MOTION

Should the board agree with staff's recommendation, a possible motion would be; "Move to approve the donation of evacuation and triage tags to skilled nursing, long-term care, hospital and EMS partner agencies not to exceed a total amount of \$3,000 funded by the Assistant Secretary for Preparedness and Response Grant (Fed ID#1NU90TP921907-01-00)."

DD	CA
DHO	_____ KD
DA	_____
Risk	_____

Staff Report
Board Meeting Date: December 14, 2017

TO: District Board of Health
FROM: Charlene Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us
SUBJECT: Recommendation for the Board to Uphold Notice of Violation Citation No. 5658 Issued to Harry Stewart, Case No. 1198, for a violation of the District Board of Health Regulations Governing Air Quality Management with a \$3450.00 Negotiated Fine.

SUMMARY

Washoe County Air Quality Management Division Staff recommends Citation No. 5658 be **upheld** and a fine of **\$3450.00** be levied against Harry Stewart for the removal of asbestos containing materials without obtaining an Acknowledgement of Asbestos Assessment and failing to follow asbestos control work practices in an EPA regulated facility. Failure to obtain an Acknowledgement of Asbestos Assessment and follow proper asbestos control work practices are **major violations** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B)(10) National Emission Standards for Hazardous Air Pollutants (NESHAP) Subpart M, which is implemented through Section 030.107 Hazardous Air Pollutants, (A) Asbestos Sampling and Notification and (B) Asbestos Control Work Practice.

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On September 20, 2017, the Washoe County Health District Air Quality Management Division (AQMD) received an anonymous complaint about a possible asbestos disturbance at 944 Victorian Avenue in Sparks, Nevada. The complainant stated work was being performed at this address without obtaining the required permits. The complainant stated that the site was being prepared for a future Picasso and Wine location. A preliminary records search did not produce any permits or notifications for the noted address. Air Quality Specialist (AQS) Scott Baldwin was dispatched to the site to conduct an initial investigation and place a Stop Work Order on the property until an investigation of the work could be completed.

On September 21, 2017, AQS Suzanne Dugger and AQS Scott Baldwin returned to the above address in an attempt to make contact with a contractor and identify the scope of the demolition and potential asbestos disturbance inside the building. There were no persons present at the property on this date. During the weeklong investigation that followed, AQS Dugger determined the property at 944 Victorian Avenue was leased by Mses. Alanna and Alissa Woods for a future Picasso and Wine

location. The Woods sisters hired Mr. Harry Stewart to complete demolition work on the interior of the building which started in July of 2017 and stopped on August 23, 2017 after the City of Sparks placed a Notice of Violation on the door of the property for not having a business license or a building permit. AQS Dugger determined Mr. Stewart started demolishing the inside of the building prior to obtaining building permits, sampling for asbestos containing materials and obtaining an Acknowledgement of Asbestos Assessment.

On September 28, 2017, AQS Dugger received a complete asbestos survey of the space in question. The survey determined that the floor tile and mastic inside the building contained asbestos. During the investigation, AQS Dugger confirmed Mr. Stewart did not employ proper asbestos control work practices while removing a portion of these materials from the floor of the building.

On October 2, 2017, AQS Suzanne Dugger issued Notice of Violation No. 5658 to Mr. Harry Stewart for failing to conduct asbestos sampling prior to demolition, failing to obtain an Acknowledgment of Asbestos Assessment and failing to follow asbestos work practices, each is a major violation of Section 030.107 (A) and (B) of Washoe County District Board of Health Regulations Governing Air Quality Management.

On October 5, 2017, Senior AQS Joshua Restori conducted a negotiated settlement meeting attended by AQS Suzanne Dugger and Mr. Harry Stewart. After careful consideration of all the facts in the case, Senior AQS Restori recommended that Citation No. 5658 be upheld with a fine of \$3450.00 for the major violations of the Washoe County District Board of Health Regulations Governing Air Quality Management. Mr. Stewart agreed to the terms of the settlement agreement. A Memorandum of Understanding was signed on this date by all parties present.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5658, Case No. 1198, and levy a fine in the amount of **\$3450.00** as a negotiated settlement for a **major violation**.

ALTERNATIVE

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5658.

Or

2. The Board may determine to uphold Citation No. 5658 and levy any fine in the range of \$0 to \$10,000 per day for the major violation.

POSSIBLE MOTION(S)

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

1. "Move to grant the uphold Citation No. 5658, Case No. 1198, as recommended by Staff."

Or

2. "Move to uphold Citation No. 5658, Case No. 1198, and levy a fine in the amount of *(range of \$0 to \$10,000)* per day for each major violation, with the matter being continued to the next meeting to allow for Harry Stewart to be properly noticed."



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



NOTICE OF VIOLATION

NOV 5658

DATE ISSUED: 10-2-2017

ISSUED TO: HARRY STEWART PHONE #: 775-560-6614

MAILING ADDRESS: 7052 CINNAMON DR. CITY/ST: SPARKS ZIP: 89436

NAME/OPERATOR: HARRY STEWART PHONE #: 775-560-6614

COMPLAINT NO. WCMP17-00701

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 10-2-2017 (DATE) AT 3:30 P.M (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> OTHER <u>030.107 (A)(B)</u> |

VIOLATION DESCRIPTION: (A) ASBESTOS SAMPLING & NOTIFICATION - FAILURE TO SAMPLE FOR ASBESTOS PRIOR TO DISTURBING BUILDING MATERIALS, FAILURE TO OBTAIN ASBESTOS ASSESSMENT ACKNOWLEDGMENT FORM. (B) ASBESTOS CONTROL WORK PRACTICE - FAILURE TO PERFORM ACCEPTABLE WORK PRACTICES.

LOCATION OF VIOLATION: 944 VICTORIAN AVE. SPARKS, NV 89431

POINT OF OBSERVATION: INTERIOR OF 944 VICTORIAN AVE. SPARKS, NV 89431

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: NA
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 10-2-2017 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATELY hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 10-2-2017

Issued by: [Signature] Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

**WASHOE COUNTY
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

MEMORANDUM OF UNDERSTANDING

**WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION**

Date: October 5, 2017

Company Name: Harry Stewart

Address: 7052 Cinnamon Drive

Notice of Violation # 5658 Case # 1198

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.107 (A) Asbestos Sampling and Notification and 030.107 (B) Asbestos Control Work Practices

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 3450.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on November 16, 2017.

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.



Signature of Company Representative

Harry Stewart

Print Name



Title

Witness



Signature of District Representative

Joshua Restori

Print Name

Senior Air Quality Specialist



Title

Witness



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

Company Name Harry Stewart
Contact Name Harry Stewart

Case 1198 NOV 5658 WVIO-AQM 17-0013

I. Violation of Section 030.107 (A) Asbestos Sampling and Notification

I. **Recommended/Negotiated Fine** = \$ 1850

II. Violation of Section 030.107 (B) Asbestos Control Work Practices

II. **Recommended/Negotiated Fine** = \$ 1600

III. Violation of Section 0

III. **Recommended/Negotiated Fine** = \$ 0

IV. Violation of Section 0

IV. **Recommended/Negotiated Fine** = \$ 0

V. Violation of Section 0

V. **Recommended/Negotiated Fine** = \$ 0

Total Recommended/Negotiated Fine = \$ 3450


Air Quality Specialist

10-5-2017
Date


Senior AQ Specialist/Supervisor

10-5-2017
Date

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

Company Name Harry Stewart
 Contact Name Harry Stewart

Case 1198 NOV 5658 WVIO-AQM 17-0013

Violation of Section 030.107 (A) Asbestos Sampling and Notification

I. Base Penalty as specified in the Penalty Table = \$ 2,000.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1
Comment: Violation of 030.107 (A) constitutes a major violation per 020.040.A

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x **Adjustment Factor** 2.0
Comment: Asbestos is a hazardous air pollutant per the Clean Air Act

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

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0
Comment: The disturbed asbestos material remains inside the building
 Total Adjustment Factors (1 x 2 x 3) = 2

B. Adjusted Base Penalty

Base Penalty \$ 2000 x Adjustment Factor 2 = \$ 4000

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 4000 x Number of Days or Units 1 = \$ 4000
Comment: Only citing for one day for violation

D. Economic Benefit

Avoided Costs \$ \$617.00 + Delayed Costs \$ 0 = \$ 617
Comment: Asbestos Sampling and Filing for an Asbestos Assessment Acknowledgement

Penalty Subtotal

Adjusted Base Penalty \$ 4000 + Economic Benefit \$ 617 = \$ 4617

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

III. Penalty Adjustment Consideration

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

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>4617</u>	x	<u>-60%</u>
Penalty Subtotal		<u>-2770.2</u>
(From Section II)	Total Adjustment Factors	Total Adjustment Value
	(From Section III)	

Additional Credit for Environmental Investment/Training - \$

Comment: NA

Adjusted Penalty:

\$ <u>4617</u>	+/-	<u>\$ -2770.2</u>	=	<u>\$ 1850</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


Air Quality Specialist

10-5-2017
Date


Senior AQ Specialist/Supervisor

10-5-2017
Date

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

Company Name Harry Stewart
Contact Name Harry Stewart

Case 1198 NOV 5658 WVIO-AQM 17-0013

Violation of Section 030.107 (B) Asbestos Control Work Practices

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

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1

Comment: Violation of 030.107 (B) constitutes a major violation per 020.040.A

2. Toxicity of Release

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

Comment: Asbestos is a hazardous air pollutant per the Clean Air Act

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

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

Comment: The disturbed asbestos material remains inside the building

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

B. Adjusted Base Penalty

Base Penalty \$ 2000 x Adjustment Factor 2 = \$ 4000

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 4000 x Number of Days or Units 1 = \$ 4000

Comment: _____

D. Economic Benefit

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

Comment: Abatement of asbestos containing flooring and mastic to be paid by property owner.

Penalty Subtotal

Adjusted Base Penalty \$ 4000 + Economic Benefit \$ 0 = \$ 4000

**Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

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

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>4000</u>	x	<u>-60%</u>	=	<u>-2400</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training	-	<u>\$ 0</u>
Comment: <u>NA</u>		

Adjusted Penalty:

\$ <u>4000</u>	+/-	<u>\$ -2400</u>	=	<u>\$ 1600</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

Sharon Auger
Air Quality Specialist

10-5-2017
Date

J. Roe
Senior AQ Specialist/Supervisor

10-5-2017
Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>		<u>1st Violation</u>	<u>2nd Violation</u>
040.005	Visible Emissions	\$ 1,000	\$ 2,500
040.030	Dust Control (fugitive)	250	750
040.035	Open Fires	500	1,000
040.040	Fire Training	500	1,000
040.050	Incinerator	1,000	2,000
040.051	Woodstoves	500	1,000
040.055	Odors	1,000	2,000
040.080	Gasoline Transfer (maintenance)	1,000	2,000
040.200	Diesel Idling	500	1,000
050.001	Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 5,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

DD	NA
DHO	KD
DA	NA
Risk	NA

STAFF REPORT
BOARD MEETING DATE: December 14, 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 November, Fiscal Year 2018

SUMMARY

The five months of fiscal year 2018, (FY18) ended with a cash balance of \$4,543,345. Total revenues of \$9,425,677 was 41.6% of budget and an increase of \$1,703,527 over FY17. The expenditures totaled \$9,270,752 or 39.6% of budget and up \$661,874 compared to FY17 mainly due to the increased costs for chemicals required for 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.

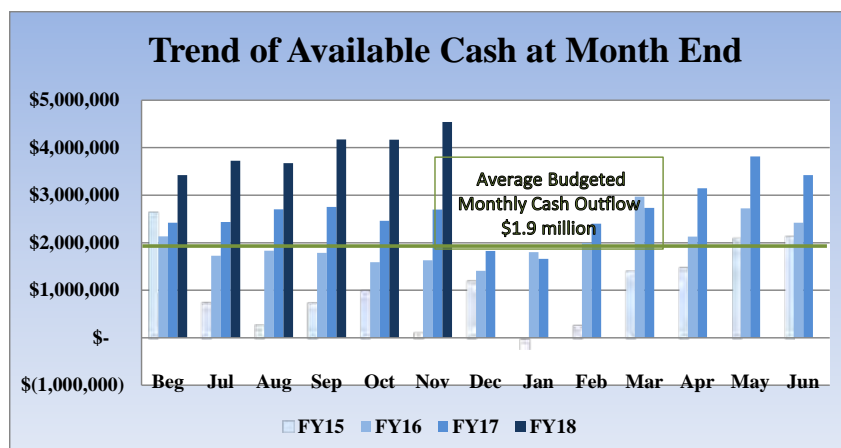
PREVIOUS ACTION

Fiscal Year 2018 Budget was adopted May 23, 2017.

BACKGROUND

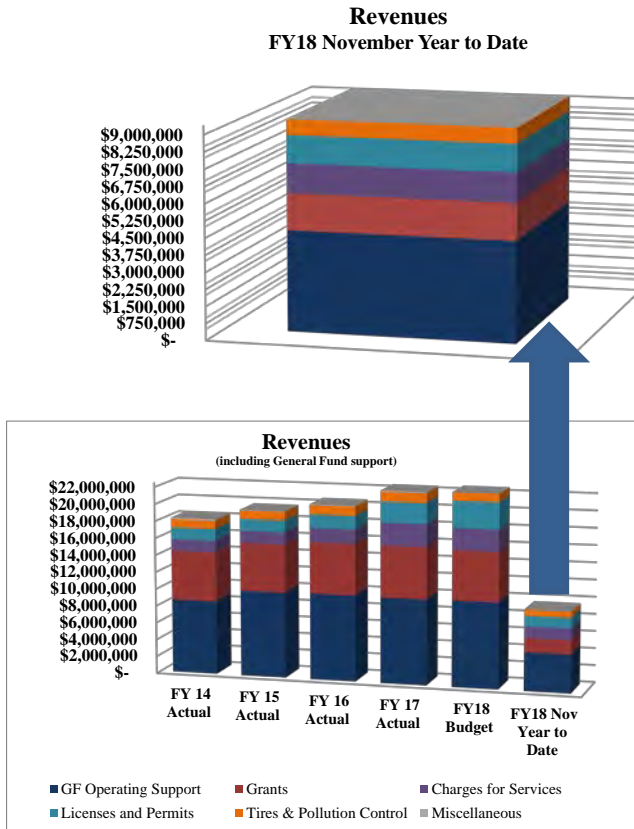
Review of Cash

The available cash at the end of November, FY18, was \$4,543,345 up 68.4% or \$1,845,668 compared to the same time in FY17. The encumbrances and other liability portion of the cash balance totals \$1.6 million; the portion of cash restricted as to use is approximately \$1.5 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$1.4 million.



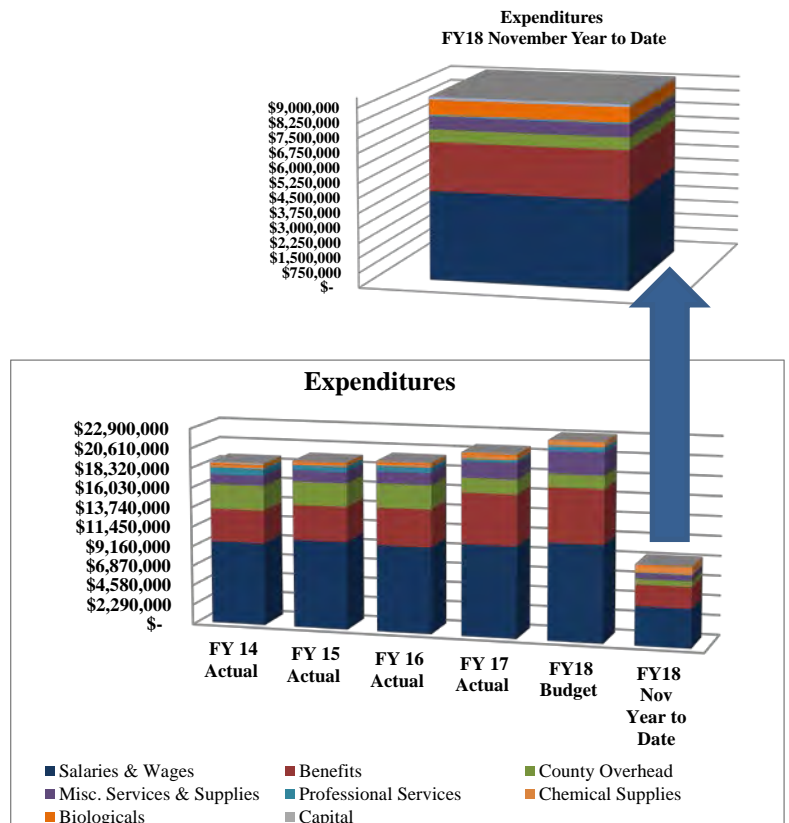
Note: January FY15 negative cash is due to no County General Fund support transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$9,425,677 were up \$1,703,527 compared to November FY17; of that increase, \$534,835 was due to the County General Fund transfer for the additional mosquito abatement required this fiscal year and \$388,875 of Air Pollution Control funds not received until the 4th quarter last fiscal year. The revenue categories up over last fiscal year are as follows: licenses and permits of \$1,243,626 up \$399,670 or 47.4% mainly due to fee increases effective July 1, 2017 and an increase in work load; federal and state grant reimbursements of \$1,646,079 up \$68,038 or 4.3%; charges for services of \$1,317,284 up \$404,916 or 44.4%; and tire and pollution control revenues of \$699,558 up \$416,600 or 147.2%; and, the County General Fund transfer of \$4,500,192 was up \$418,169 or 10.2% due to the contingency transfer for mosquito abatement. The revenue category down compared to FY17 was miscellaneous revenues of \$18,939 down \$3,865.

The total year to date **expenditures** of \$9,270,752 increased by \$661,874 or 7.7% compared to the same period in FY17 mainly due to the \$534,816 additional chemical supplies purchased for Mosquito abatement. Salaries and benefits expenditures for the fiscal year were \$7,003,057 up \$208,381 or 3.1% over the prior year. The total services and supplies of \$2,255,008 were up \$440,806 due to the increase in chemical costs. The major expenditures included in the services and supplies are: the professional services which totaled \$72,432 and were up \$28,855 or 66.2% over the prior year; chemical supplies of \$766,309 were up 226.1% or \$531,334 over last year; the biologicals of \$121,324 were down \$11,592 8.7%; and, County overhead charges of \$633,592 were down 10.6% or \$75,073. There has been \$12,687 in capital expenditures this fiscal year.



Review of Revenues and Expenditures by Division

ODHO has received grant funding of \$3,365 for workforce development initiatives and spent \$369,601 up \$82,645 over FY17 mainly due to the cost associated with the Community Health Needs Assessment and the hiring of Public Service Interns. **AHS** has spent \$465,561 down \$2,607 compared to FY17. **AQM** revenues were \$1,481,108 that was up \$583,767 compared to FY17 due to a lag in FY17 receipts of the Air Pollution Control Funds from the DMV and spent \$1,119,167 down \$54,241 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 \$1,331,160 that was up \$310,377 over FY17 mainly due to Medicaid and Insurance reimbursements and spent \$3,035,696 or \$110,210 more than FY17 due to an increase in salaries and benefits costs for FY18. **EHS** revenue was \$1,573,690 up \$456,788 over FY17 mainly due to increased permitting revenue and spent \$3,268,773 that was an increase of \$521,743 over last year due to the increased chemical cost for the Vector program. **EPHP** revenue was \$536,163 down \$68,938 over last year mainly due to loss of grant funding for the Public Health Preparedness program and expenditures were \$1,011,954 up \$4,124 over FY17.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2013/2014 through November 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 (audited)	November Year to Date	Adjusted Budget	November Year to Date	Percent of Budget	FY18 Increase over FY17
Revenues (all sources of funds)									
ODHO	-	-	15,000	51,228	-	6,639	3,365	50.7%	-
AHS	87,930	151	-	-	-	-	-	-	-
AQM	2,491,036	2,427,471	2,520,452	2,979,720	897,340	3,195,239	1,481,108	46.4%	65.1%
CCHS	3,388,099	3,520,945	3,506,968	3,872,898	1,020,783	3,777,268	1,331,160	35.2%	30.4%
EHS	1,890,192	2,008,299	2,209,259	3,436,951	1,116,902	3,789,441	1,573,690	41.5%	40.9%
EPHP	1,805,986	1,555,508	2,141,334	2,027,242	605,101	1,818,890	536,163	29.5%	-11.4%
GF support	8,603,891	10,000,192	10,076,856	10,002,381	4,082,023	10,051,691	4,500,192	44.8%	10.2%
Total Revenues	\$18,267,134	\$19,512,566	20,469,870	\$22,370,420	\$ 7,722,150	\$22,639,168	\$ 9,425,677	41.6%	22.1%
Expenditures (all uses of funds)									
ODHO	-	481,886	594,672	904,268	286,956	1,079,245	369,601	34.2%	28.8%
AHS	1,336,740	1,096,568	996,021	1,119,366	468,168	1,156,241	465,561	40.3%	-0.6%
AQM	2,524,702	2,587,196	2,670,636	2,856,957	1,173,408	3,437,526	1,119,167	32.6%	-4.6%
CCHS	6,949,068	6,967,501	6,880,583	7,294,144	2,925,486	7,669,327	3,035,696	39.6%	3.8%
EHS	5,737,872	5,954,567	5,939,960	6,366,220	2,747,030	7,515,458	3,268,773	43.5%	19.0%
EPHP	2,374,417	2,312,142	2,688,659	2,616,411	1,007,830	2,563,833	1,011,954	39.5%	0.4%
Total Expenditures	\$18,922,800	\$19,399,859	19,770,532	\$21,157,367	\$ 8,608,878	\$23,421,631	\$ 9,270,752	39.6%	7.7%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	(481,886)	(579,672)	(853,040)	(286,956)	(1,072,606)	(366,236)		
AHS	(1,248,810)	(1,096,417)	(996,021)	(1,119,366)	(468,168)	(1,156,241)	(465,561)		
AQM	(33,666)	(159,725)	(150,184)	122,763	(276,067)	(242,287)	361,941		
CCHS	(3,560,969)	(3,446,556)	(3,373,615)	(3,421,246)	(1,904,703)	(3,892,059)	(1,704,537)		
EHS	(3,847,680)	(3,946,268)	(3,730,701)	(2,929,270)	(1,630,128)	(3,726,017)	(1,695,083)		
EPHP	(568,431)	(756,634)	(547,325)	(589,168)	(402,729)	(744,943)	(475,791)		
GF Operating	8,603,891	10,000,192	10,076,856	10,002,381	4,082,023	10,051,691	4,500,192		
Surplus (deficit)	\$ (655,666)	\$ 112,707	699,338	\$ 1,213,053	\$ (886,728)	\$ (782,463)	\$ 154,925		
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 November, Fiscal Year 2018.

POSSIBLE MOTION

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

Attachment:
Health District Fund financial system summary report

Period: 1 thru 5 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%
422503 Environmental Permits	79,990-	31,210-	48,780-	39	56,527-	23,602-	32,926-	42
422504 Pool Permits	245,334-	51,239-	194,096-	21	169,246-	26,001-	143,245-	15
422505 RV Permits	25,783-	14,543-	11,240-	56	18,590-	7,595-	10,995-	41
422507 Food Service Permits	1,263,372-	489,721-	773,651-	39	805,632-	280,763-	524,869-	35
422508 Mat Well Const Perm	146,747-	73,308-	73,439-	50	78,840-	42,672-	36,168-	54
422509 Water Company Permits	29,941-	41,714-	11,773	139	21,850-	16,176-	5,674-	74
422510 Air Pollution Permits	766,406-	276,449-	489,957-	36	608,864-	238,473-	370,391-	39
422511 ISDS Permits	234,031-	130,094-	103,937-	56	165,195-	98,535-	66,660-	60
422513 Special Event Permits	208,827-	93,395-	115,432-	45	168,108-	76,591-	91,518-	46
422514 Initial Applic Fee	104,711-	41,954-	62,757-	40	55,800-	33,549-	22,252-	60
* Licenses and Permits	3,105,142-	1,243,626-	1,861,516-	40	2,148,652-	843,956-	1,304,696-	39
431100 Federal Grants	5,103,297-	1,481,357-	3,621,940-	29	5,651,096-	1,431,776-	4,219,320-	25
431105 Fed. Grants-Indirect	472,592-	135,384-	337,208-	29	461,750-	117,661-	344,089-	25
432100 State Grants	220,681-	26,368-	194,312-	12	211,364-	26,300-	185,063-	12
432105 State Grants-Indirect	17,396-	2,970-	14,426-	17	16,597-	2,304-	14,293-	14
432310 Tire Fee NRS 444A.090	450,000-	128,906-	321,094-	29	475,000-	196,301-	278,699-	41
432311 Pol Ctrl 445B.830	587,828-	570,652-	17,176-	97	550,000-	86,657-	463,343-	16
* Intergovernmental	6,851,793-	2,345,637-	4,506,157-	34	7,365,806-	1,860,999-	5,504,807-	25
460162 Services O Agencies	19,000-		19,000-		39,417-		39,417-	
460173 Reimbursements - Reno								
460500 Other Immunizations	20,000-	29,552-	9,552	148	42,150-	8,190-	33,960-	19
460501 Medicaid Clinic Svcs	85,500-	88,675-	3,175	104	59,935-	36,415-	23,520-	61
460503 Child Immunization	200-	6-	195-	3	13,024-	93-	12,931-	1
460507 Medicaid Admin Claim								
460508 Tuberculosis	6,580-	3,351-	3,229-	51	7,000-	1,105-	5,895-	16
460509 Water Quality	500-		500-		500-	710-	210	142
460510 IT Overlay	48,435-	16,366-	32,069-	34	39,025-	15,392-	23,633-	39
460511 Birth Death Certific	515,000-	204,742-	310,258-	40	490,000-	227,398-	262,602-	46
460512 Duplication Service								
460513 Other Health Service	75,753-	59,252-	16,501-	78	60,908-	31,301-	29,607-	51
460514 Food Service Certifi								
460515 Medicare Reimburseme								
460516 Pgm Inc-3rd Prty Rec	66,000-	95,842-	29,842	145	16,394-	26,182-	9,788	160
460517 Influenza immunizati								
460518 STD Fees	25,000-	17,258-	7,742-	69	17,200-	15,508-	1,692-	90
460519 Outpatient Services	500-		500-		1,200-		1,200-	
460520 Eng Serv Health	168,844-	123,436-	45,409-	73	120,960-	54,923-	66,037-	45
460521 Plan Review - Pools	1,179-	10,840-	9,661	919	8,470-	4,393-	4,077-	52
460523 Plan Review - Food S	81,584-	45,890-	35,694-	56	56,150-	15,324-	40,826-	27
460524 Family Planning	40,000-	30,674-	9,326-	77	35,000-	24,099-	10,901-	69
460525 Plan Review - Vector	99,179-	41,634-	57,545-	42	82,842-	40,886-	41,956-	49
460526 Plan Review-AQM	122,695-	34,616-	88,079-	28	79,589-	28,754-	50,835-	36
460527 NOE-AQM	238,433-	141,900-	96,533-	60	176,103-	80,503-	95,600-	46

Period: 1 thru 5 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%
705230 Medicare April 1986	146,547	62,076	84,471	42	143,403	59,782	83,620	42
705240 Insur Budgeted Incr	48,610		48,610					
705320 Workmens Comp	97,239	41,114	56,126	42	93,193	40,981	52,212	44
705330 Unemply Comp	10,224	1,368	8,856	13	13,751	1,228	12,524	9
705360 Benefit Adjustment	26,216		26,216		21,529		21,529	
* Employee Benefits	6,314,811	2,487,242	3,827,569	39	6,117,014	2,438,899	3,678,115	40
710100 Professional Services	424,912	22,074	402,838	5	655,630	21,878	633,752	3
710101 Lab Testing Services								
710105 Medical Services	9,971	1,286	8,685	13	9,971	915	9,056	9
710108 MD Consultants	58,936	19,948	38,988	34	61,210	17,961	43,250	29
710110 Contracted/Temp Svcs	53,610	29,124	24,486	54	39,600	2,823	36,777	7
710119 Subrecipient Payments								
710155 Lobbying Services								
710200 Service Contract	63,129	68,950	5,821-	109	91,731	44,122	47,609	48
710201 Laundry Services		818	818-					
710205 Repairs Maint	13,545	8,918	4,627	66	14,843	6,722	8,121	45
710210 Software Maintenance	3,000	3,059	59-	102	12,319	2,942	9,378	24
710300 Operating Supplies	129,399	41,393	88,006	32	178,449	65,724	112,724	37
710302 Small Tools & Allow	1,435	36	1,399	2	1,435	1,008	427	70
710308 Animal Supplies	1,600	780	820	49	1,600	1,049	551	66
710312 Special Dept Expense		480	480-					
710319 Chemical Supplies	767,535	766,309	1,226	100	438,225	234,975	203,250	54
710325 Signs and Markers								
710334 Copy Machine Expense	26,237	7,856	18,381	30	35,875	8,230	27,645	23
710335 Copy Mach-Copies	4,794	2,738	2,056	57	2,001	2,185	184-	109
710350 Office Supplies	37,516	13,209	24,307	35	42,667	16,540	26,127	39
710355 Books/Subscriptions	4,953	1,905	3,048	38	15,690	3,322	12,368	21
710360 Postage	20,105	6,388	13,717	32	21,774	6,837	14,937	31
710361 Express and Courier	100	13	87	13	370	7	363	2
710391 Fuel & Lube	125		125		125		125	
710400 Pmts to O Agencies	120,650	71,191	49,459	59	31,500	18,562	12,938	59
710412 Do Not Use								
710500 Other Expense	19,774	2,356	17,419	12	105,780	4,747	101,032	4
710502 Printing	15,469	3,558	11,911	23	26,573	2,791	23,782	11
710503 Licenses & Permits	8,845	2,978	5,867	34	9,245	2,695	6,550	29
710504 Registration		400	400-			504	504-	
710505 Rental Equipment		1,812	1,812-		1,800	1,800	1,800	100
710506 Dept Inseductible		150	150-			284	284-	
710507 Network/Data Lines	7,550	2,720	4,830	36	9,662	3,731	5,931	39
710508 Telephone Land Lines	36,397	14,611	21,786	40	36,606	14,324	22,282	39
710509 Seminars and Meetings	40,623	12,121	28,503	30	47,577	11,679	35,898	25
710512 Auto Expense	8,717	2,490	6,227	29	13,109	2,966	10,143	23
710514 Reg Assessments	20,000	9,923	10,077	50	20,000	6,836	13,164	34

Period: 1 thru 5 2018 P&L Accounts Fund: 202 Health Fund
 Accounts: GO-P-L Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
* Transfers Out	100,271		100,271		58,081	58,081		
** Other Financing Src/Use	9,951,420-	4,500,192-	5,451,228-	45	9,944,300-	4,023,942-	5,920,358-	40
*** Total	782,463	154,925-	937,388	20-	1,227,669	886,728	340,941	72

FACTS AND FIGURES

2017

School of Community Health Sciences At-A-Glance



**School of Community
Health Sciences**
Making Health Happen™



Photo by Theresa Danna-Douglas

About Us

The School of Community Health Sciences (SCHS) is focused on 'Making Health Happen' by providing educational, community-based, and cutting-edge research experiences. These experiences transform undergraduate and graduate students into the innovators, educators, practitioners, and researchers who are needed to promote the public's health in our communities.

Degrees & Specializations



BS in Community Health Sciences

Public Health
Kinesiology

Master of Public Health

Epidemiology
Biostatistics

Health Administration and Policy

Social and Behavioral Health

Public Health Practice (online)

PhD in Public Health

Epidemiology
Social and Behavioral Health

Community Engagement



37,441

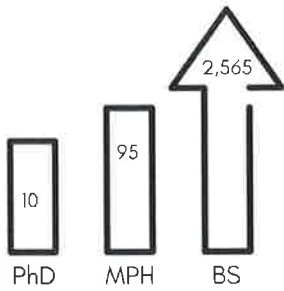
Hours of service to
the community
through internships

133

Partnering Sites for Field
work, outreach,
and engagement



Rising Enrollment



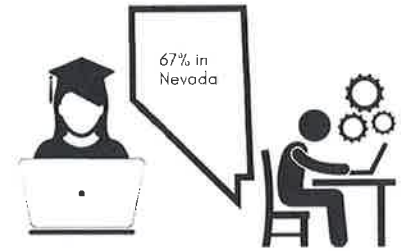
SCHS student enrollment continues to grow rapidly. BS has increased 128% since 2015

Research Productivity



Acquired by SCHS faculty

Following MPH Alumni



8% of 2016 cohort continued education; 67% joined the Public Health Workforce

Nevada Public Health Training Center

Training & Workforce Development for Nevada



The Nevada Public Health Training Center (NVPHTC), housed in the SCHS, is part of the Western Region Public Health Training Center. Its mission is to improve the competencies of aspiring and current public health professionals by researching, designing, implementing, and evaluating skill-based training programs. The training center hosts annual conferences and monthly webinars, offers contract services, and manages field placement for undergraduate and graduate students.

History: The school's name changes by decade



School of Community Health Sciences



Overview

1. Update: School of Community Health Sciences
2. Update: Washoe County District Board of Health Scholarship Endowment



Trudy A. Larson, M.D.

Dean and Professor



Council on Education for Public Health (CEPH) Accreditation



Degrees and Specializations

Degrees

Enrollment

Bachelors (Public Health and Kinesiology)

2,565

Masters (MPH)

61 (+33 new online F '17)

Joint degrees (MD/MPH, MSN/MPH)

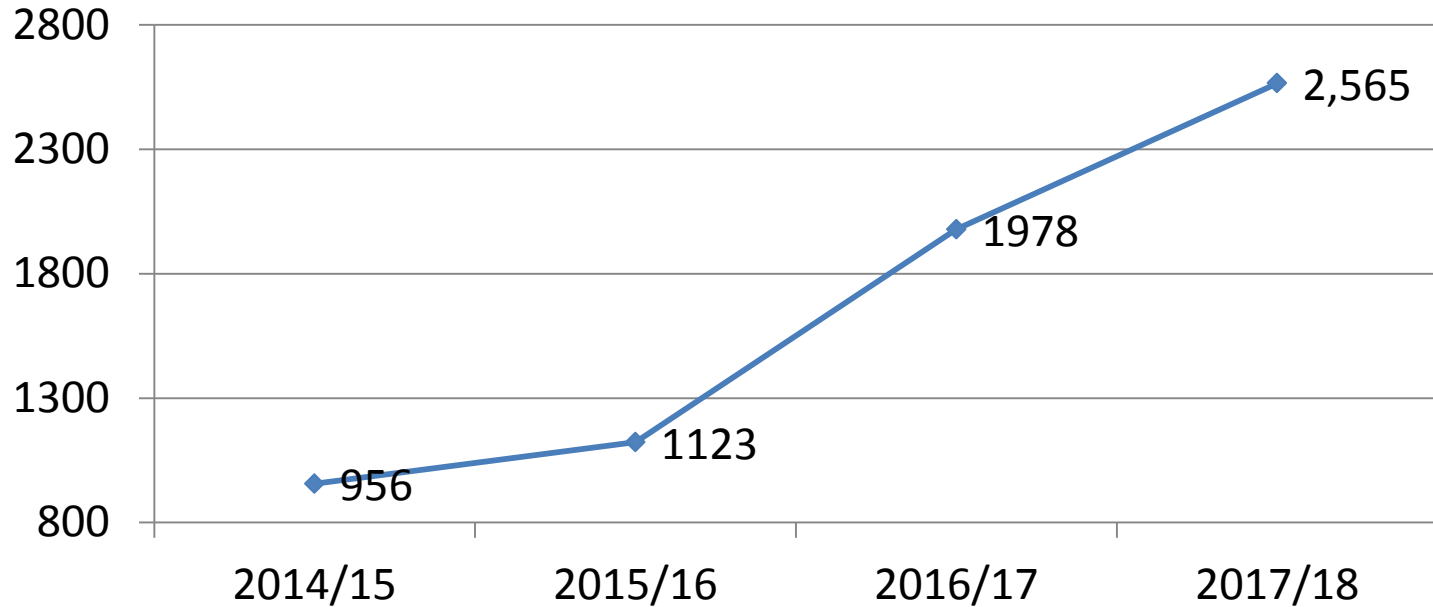
8

Doctoral degrees (first cohort Fall 2016)

12



Rapid Growth of Undergraduate Program



Academic Programs

Undergraduate

- *Kinesiology*
- *Public Health*

MPH

- *Epidemiology*
- *Social and Behavioral Health*
- *Health Administration and Policy*
- *Biostatistics*

MPH Online

- *Public Health Practice*

PhD in Public Health

- *Epidemiology*
- *Social and Behavioral Health*



Community Engagement

133

PARTNERING SITES FOR
FIELD WORK,
OUTREACH, AND
ENGAGEMENT

37,441

HOURS OF SERVICE TO
THE COMMUNITY
THROUGH
INTERNSHIPS



Preparing Professionals



Second year MPH student, Sara Hanafi, will continue the work from her internships as a Program Specialist with the Nevada Coalition to End Sexual and Domestic Violence.

Sara is one of many students hired as a result of an internship experience.



Nevada Public Health Training Center

- Training and workforce **professional development for Nevada** through interactive in-person or online training sessions
- Our mission is to **improve the competencies of aspiring and current public health professionals** by researching, designing, implementing, and evaluating training programs which target prioritized educational and skill-based needs in the public health workforce.

Nevada Public Health Training Center
Part of the Western Region Public Health Training Center



The Nevada Public Health Training Center is part of a larger coalition of training centers in Arizona, California, Hawaii, and the Pacific Islands. Funded by the Health Resources & Services (HRSA), the NVPHTC strives to develop and implement training sessions to increase competencies of public health professionals in Nevada.

 Accreditation	 Trainings	 Events
 MPH Projects	 Scholarships	 Project ECHO

The NVPHTC trains public health professionals to be proficient in all areas of public health and community wellness, including the essentials of public health. Through a variety of methods, such as scholarship program, accreditation support, and community collaborations, the training center aims to constantly improve our public health workforce.

For more information:
Email: Deirdre.Delmitz_gobernio@unr.edu
Website: <http://na.unr.edu/whs/research/levpmtc>
Facebook: [NevadaPublicHealthTrainingCenter](https://www.facebook.com/NevadaPublicHealthTrainingCenter/)



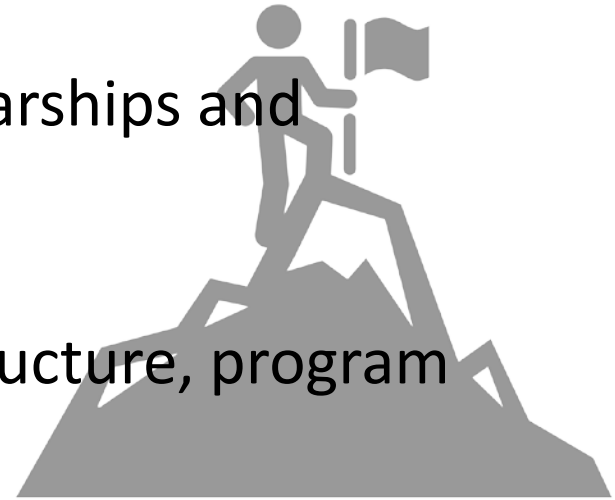
Nevada's Health Needs

- Improved health outcomes
- A diverse, trained workforce
- Community engagement
- Future leaders



Our Path Forward

- Internships sites
- Research partnerships and contracted services
- Community participation
- Undergraduate and Graduate Scholarships and Assistantships
- Employment opportunities
- Working to build capacity in infrastructure, program support and space



Washoe County District Board of Health Scholarship Endowment

- Thank you for your support!
- Established in 2009
- Criteria: public health student, from Nevada or Northern California counties adjoining Nevada, 3.0 GPA, full-time, career aspirations in Nevada



Washoe County District Board of Health Scholarship Endowment

- 2017 Market Value: \$18,020.13
- 2018/2019 Estimated scholarship: \$781.50
- Make a gift online at unr.edu/public-health



Trudy Larson, M.D.

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EDDY HOÛSE

Michele Gehr, MSSW

Executive Director

423 East 6th

Reno NV

(between Valley and Record)



Eddy House

- Serves primarily non-system youth
- Eddy House saw 625 individual youth (Jan-August 2017)
- We have had over 7,000 youth interactions/visits in 2017.

- We strive to not duplicate youth services offered in the community.

- 93% have lost a parent, family member or close friend
- 39% have previously been in Foster Care (system youth)
- 83% moved more than 5 times as a child

Central Intake and Assessment Drop-in Resource for Homeless Youth

- Under 24
- 13% of Eddy House visitors are under the age of 18 and were referred to WCDSS.
- 67% are from Washoe County; 6% are from rural Nevada.
- Basic Needs: safe place, showers, clothing, food,
- Resources: Essential documents, medical, dental, education
- Psycho-social education: job skills, life skills, social and emotional skills and goal setting
- Mental health: addiction counseling, healthy relationships, anger management, music and art therapy, grief and loss therapy

Eddy House population

- 100% trauma affected
- **59% have received treatment for mental health**
- **60% have no education**
 - 70% had an IEP or 504 plan when in school
- 89% have been arrested at least once
- 92% live on the streets; in motels; couch surf
- 70% report that they are safer on the streets than they were at home
- 58% of homeless youth in Reno have exchanged sex or labor for food and shelter

Eddy House Client Intake Forms as of April 1, 2017

Nevada Stats

- Overall, Nevada ranked 5th in the nation for the rate of homeless persons who are unsheltered, as a percentage of the total number of people experiencing homelessness.

HUD 2015 Annual Homeless Assessment Report

- For every 100k people we have 256 homeless people.

USICH.gov

- One-third of households have a median income below \$35,000 and cannot afford the median rent(\$875)

Truckee Meadows Regional Planning Agency Report Feb. 2017

Cost to Community

- US Interagency Council on Homelessness estimates that the annual cost to a city for 1 homeless person to be between \$30,000-\$50,000.
 - If $\frac{1}{2}$ of our youth are arrested, use the shelter, or the ER it will cost the City of Reno \$5.8 million dollars per year.
- Increased blight and crime downtown
- Higher rate of human trafficking

Homeless youth are homeless for different reasons than adults

- Homeless youth do not identify as being homeless.
- 75% of homeless youth will realize their mental illness by 25.
- A homeless youth is 5X more likely than an adult to sleep in a place not meant for human habitation.
- Less than 8% of our homeless youth use the VOA shelter.

2017 Homeless Youth Point in Time Count

Eddy House participated by being a survey location.

- 54% would take housing at a youth shelter if it were offered today.
- Only 17% access the adult shelter
- 51% have stayed somewhere with someone they did not know or trust
- 51% report losing housing over sexuality or gender identity.
- 14% have ongoing issues with police or courts.
- 45% stayed overnight in a treatment or healthcare facility
- 37% received, or felt that they needed to receive, services for mental health.
- 67% stayed overnight or longer in jail, prison, or a juvenile facility.

2017 HUD Youth Point In Time Count data collected by surveying street youth for 24 hours count is coordinated by Nevada Youth Empowerment Project and Our Center.

Why Don't Homeless Youth Use Adult Shelters?

- No Pets Allowed
- Denied Entry Due to Mental Illness
- **Discrimination Against LGBTQ People**
- **Fear of Contracting Parasites like Lice, Scabies, Pubic Lice, or Bedbugs**
- Hours of Operation Incompatible with Work Hours
- **Danger of Rape or Assault**
- Fear of Contracting Disease
- An Invasive and Disrespectful Check-In Process
- Lack of Handicapped Accommodations
- Drug Addictions
- Separation of Family Members
- Some Service Dogs are Barred from Entry
- Staff Assumptions about Drug Use and Criminality
- **Danger of Theft**
- Religious Differences
- Lack of Privacy and Fear of Crowds
- Lack of Control
- Rules That Unfairly Endanger Disabled Individuals
- Lack of Available Beds

Nevada Youth Empowerment Project 2017

Young people see themselves being homeless for different reasons than adults.
They really do see themselves in a temporary or transitional state.

Eddy House, Today

- All resources at a single cramped location
 - Physically and psychologically safe
 - Relationship-based programming
 - Social and Emotional Learning Components
 - Behavior contracts enforced
-
- Plans for a 24-hour drop-in center downtown
 - Planning Committees: Homeless Youth Continuum, Homeless Youth Point in Time Count

Eddy House, 2018

- Strengthen current process, programming and funding streams
- Increase hours within the drop-in program
- Expand partnerships with agencies working on a full continuum of care

- Expand Eddy House to include a 24 hour drop-in center
- At least 3 staff on-site at all times

How can you help?

- Make introductions to significant funding or commercial real estate.
- Offer insight to the problem and offer realistic solutions.
- Provide social media support.
- Take a tour.

Questions?

Michele Gehr, Executive Director

director@eddyhouse.org

775-384-1129

Monday-Friday 10:00 a.m. to 5:00 p.m.

www.eddyhouse.org



DBOH AGENDA ITEM NO. 10

**UPDATE TO THE BOARD
WASHOE COUNTY DISTRICT BOARD OF HEALTH
MEETING DATE: DECEMBER 14, 2017**

TO: District Board of Health
FROM: Dean Dow, Chief Executive Officer, REMSA
(775) 858-5700, ddow@remsa-cf.com
THROUGH: EMS Oversight Program, Washoe County Health District
SUBJECT: Presentation, Discussion, and possible approval of REMSA's request for an increase of 3% a year over four years to the average allowable bill.

SUMMARY

REMSA is requesting the District Board of Health (DBOH) to consider an increase to the average allowable bill by 3% a year for the next four years. This increase will support the growing response demands created by rapid development and new map implementation processes, increase efforts for effective retention of highly skilled and qualified providers, and help to offset the cost of providing care to the increasing number of patients not transported, currently 33% of responses.

BACKGROUND

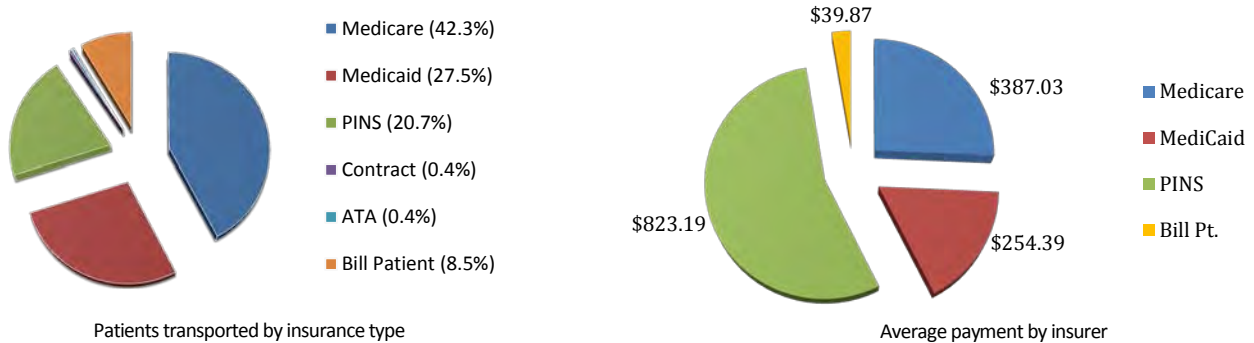
Region wide growth, expansion of the Affordable Care Act (ACA) and new franchise requirements have required REMSA to expand services, add additional staff and grow infrastructure. Ensuring our organization is prepared to respond and continuing to meet the needs of our patients is the highest priority.

The addition and retention of qualified staff is critical to satisfy the needs of increasing requests for service at a rate of 10% year over year. This additional staff is necessary to meet response requirements while actual transports have begun to flatten out with more people calling 911.

Of the 74,111 responses per year, one-third of all responses result in no transport. Patients that are not transported do not receive a bill. This equates to 24,716 calls receiving an emergency response and often an assessment and care by a paramedic provider that result in no transport to a hospital and no bill to insurance or the patient because REMSA is a safety net provider for the communities we serve.

Since the introduction of healthcare reform through the passing of the ACA, REMSA has seen a 10% increase in overall call volume year over year and a 15% increase in Medicaid patients using ambulance services, often as their primary access point to healthcare. Due to the lack of healthcare

providers in our region, many of whom do not accept Medicaid, the increase of insured patients has created an overall increase of patients utilizing EMS to access healthcare. In addition, Medicaid reimburses significantly less than the actual costs of providing the service.



The breakdown provided above shows the percentage of patients transported by insurance type and the average payment by each insurer. It is important to note that regardless of the bill amount presented to the insurance provider, the actual payment to REMSA is lower than the bill. On average, REMSA receive 34 cents for every dollar billed.

How will the proposed Increase be utilized by REMSA?

On average, a typical bill will increase by \$34.00 in the first year. Based on predicted patient transport volume, this increase will provide an additional \$500,000 per year to support REMSA’s response to the growing needs of the region. REMSA plans to utilize the increase in the following ways:

Staffing and Retention: Over the past two years, REMSA has developed a robust strategic plan focusing on providing high quality patient care and retaining highly qualified and skilled employees. Retention efforts have included a new compensation program that has increased salaries of clinical providers and aligned them on a step progression plan, a continued commitment to a robust healthcare benefit package that has ensured no pass-through increases to employee premiums over the last two years and continued investment into retirement plans at or above other non-profit organizations. Over the last four years, REMSA has hired an additional 34 field providers. This number does not include positions that have been replaced due to attrition as employees have accepted other EMS jobs in the market. This is one reason retention is a top priority for the organization. It is imperative that we are able to recruit and retain high quality EMS providers, reduce turnover, remain competitive and maintain a level of clinical expertise through well-trained and seasoned EMS professionals. As the demand for paramedic certified staff grows across the region and the country, REMSA continues to invest in retention efforts to attract and retain highly skilled and experienced field providers.

Franchise Map Updates: One major area of growth and additional expense came with the implementation of the new franchise response map effective July 1, 2016. The new map

requirements were developed based on geographic demand and population density creating “islands” or larger populations in areas like Cold Springs, Spanish Springs, and South Reno with quicker response requirements. To ensure compliance with these new requirements, REMSA added three fixed station locations with ambulances dedicated to these areas. This has resulted in an additional \$1.5 million annual expense to ensure coverage. These locations pose a unique challenge as the call volume to support this expense is not currently high enough in these areas resulting in an underused resource, however, as these areas grow call volume is expected to increase.

General Growth and Unit Hours: In addition to fixed post locations to ensure coverage of our outlying areas, REMSA has added unit hours to the system since January 2016 to account for the increasing call volume. Since 2015, REMSA has added 429 advanced life support (ALS) unit hours a week to the system to account for the increasing call volume and requests for services driven by growth across the region. With the addition of large new housing developments in the core of the system like the project adding more than 600 homes to the Victorian Square area of Sparks and outlying areas like projects in the North Valleys expected to bring in more than 4000 homes, REMSA anticipates the demand will require even more additional unit hours.

Ancillary Services: As the community has grown, REMSA has been challenged to respond to more than just 911 calls. Special programs include: Tactical Emergency Medical Services team, the Search and Rescue paramedics that supports the Washoe County Search and Rescue team by providing a paramedic to responses, and the ALS bike team used to service high volume weekends and cover more highly dense populations throughout the summer. These programs were implemented by REMSA to meet the changing needs of our community outside of a traditional EMS response. Each of these services are provided to the community utilizing highly trained and skilled staff without fees for services.

Helping Patients Navigate Healthcare: Despite ongoing education efforts, many people continue to call 911 to get medical assistance even when it is not an emergency. This can significantly clog the system. In response, REMSA identified an innovative solution - the Nurse Health Line. To facilitate getting patients to the right level of care, REMSA also implemented low or no acuity Omega protocols. This intervention uses medically trained 911 communications specialists to identify 911 callers that have no emergent needs and, based on the assessment, transfer them out of the 911 system. Callers that consent are assessed by a nurse using internationally approved protocols to determine the appropriate level of care including urgent care, appointment with a doctor, and self-care at home. We are working with our regional partners to grow the number of Omega determinants used by the Nurse Health Line to continue reducing unnecessary 911 call responses.

Capital Investments: Critical infrastructure improvements to the system are necessary to keep up with growth and high volume of use related to the increasing number of responses. Ambulances are being replaced and refurbished at an aggressive rate to update and add to the fleet. Approximately \$160,000 is invested into each ambulance unit to update or replace. New gurney securing systems are being added to all ambulances in the fleet to comply with the most recent safety

recommendations at a cost of \$827,724. ALS monitors are also being replaced this year to ensure patients are treated using the latest technology and equipment is compatible with other regional partners. This purchase will cover all ALS ambulances and cost \$1.3 million. These are examples of how REMSA is working to keep a current and functioning infrastructure in place while expanding to meet the needs of our region.

FISCAL IMPACT

There will be no fiscal impact to the DBOH or the Washoe County Health District.

An increase of the average allowed bill will only impact patients with private insurance. Based on current reimbursement practices, this proposed increase will not affect those currently covered by Medicare and Medicaid. Medicare and Medicaid will only reimburse based on their current payment schedules without regard for the actual bill or cost of providing the service. Patients utilizing Medicaid will never be billed for amounts not covered by their insurance as this practice is not allowed by Medicaid rules.

As a community based non-profit, REMSA will continue to work with the small number of self-pay patients by providing 30% discounts on bills and provide payment plan options with no interest.

RECOMMENDATION

REMSA recommends the DBOH approve the request for an increase of 3% a year over four years to the average allowable bill.

POSSIBLE MOTION

Should the DBOH agree with the recommendation, a possible motion would be to "Move to approve REMSA's request for an increase of 3% a year over four years to the average allowable bill."



District Board of Health

December 14, 2017



Our Mission:

Contribute to the health of the communities we serve every day through compassion, innovation and patient-centered care

Today

- Access to primary care limited – 911 is the access
- Request for responses growing by 10% a year
- Cancellation rate increasing
- Growth in all areas of the region



People

- Recruitment and retention
- Addition of field provider positions



Growth

- Franchise map updates
- Additional unit hours added to the system
- Response to low acuity, no transport calls growing
- Large housing developments



Infrastructure

- Support services
- Navigating healthcare through the Nurse Health Line
- Capital improvements



Impact

- Average bill increase will not impact 70% of our patients that utilize Medicare and Medicaid
- This will increase a typical bill by \$34
- Actual reimbursement will be subject to lower reimbursement by insurers based on what they actually pay



Review

- Provide updates on growth and infrastructure
- Annually at the same time as franchise compliance





Thank You



DBOH AGENDA ITEM NO. 11A

Regional Emergency Medical Services Authority

A non-profit community service using no tax dollars

REMSA

**FRANCHISE COMPLIANCE
REPORT**

OCTOBER 2017



REMSA Accounts Receivable Summary Fiscal 2018

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	3986	\$4,530,081.40	\$1,136.50	\$1,136.50	\$409.14
August	4101	\$4,669,433.60	\$1,138.61	\$1,137.57	\$409.52
September	4059	\$4,631,774.80	\$1,141.11	\$1,138.75	\$409.95
Totals	12146	\$13,831,290	\$1,138.75		

Allowed ground average bill: \$1,161.23
 Monthly average collection rate: 36%

Fiscal 2017-2017			
Compliance			
Month	Pri 1 System - Wide Avg. Response Time	Pri 1 Zone A	Pri 1 Zones B,C,D
Jul-17	5 Minutes 43 Seconds	93%	91%
Aug-17	5 Minutes 38 Seconds	93%	93%
Sep-17	5 Minutes 43 Seconds	92%	97%
Oct-17	5 Minutes 45 Seconds	92%	92%

Year to Date: July 2017 through October 2017	
Pri 1 Zone A	Pri 1 Zones B,C,D
92%	93%



Year to Date: July 2017 through October 2017				
Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-16	P-1	4:56	5:49	7:48
	P-2	5:06	6:08	8:23
Aug-16	P-1	4:55	5:48	8:09
	P-2	5:03	6:03	7:59
Sep-16	P-1	5:01	5:45	8:06
	P-2	5:21	6:25	6:06
Oct-16	P-1	5:09	5:53	8:05
	P-2	5:22	6:14	8:01

Year to Date: July 2017 through October 2017			
Priority	Reno	Sparks	Washoe County
P-1	5:01	5:48	8:02
P2	5:13	6:12	8:21



REMSA OCU INCIDENT DETAIL REPORT					
Period: 10/01/17 to 10/31/17					
Zone	Clock Start	Clock Stop	Unit	Response Time Orig	Response Time Correct
Zone A	10/10/2017 14:59	10/10/2017 15:00	1C31	-00:00:52	0:01:18
Zone A	10/10/2017 23:30	10/10/2017 23:32	1C24	0:34:59	0:02:35
Zone A	10/13/2017 18:46	10/13/2017 18:48	1C20	-00:00:31	0:02:21
Zone A	10/15/2017 9:24	10/15/2017 9:28	1C26	0:00:00	0:03:25
Zone E	10/21/2017 22:36	10/21/2017 23:35	1C15	0:59:02	0:59:02
Zone A	10/24/2017 0:54	10/24/2017 0:54	1C06	-00:00:05	0:00:17
Zone A	10/24/2017 1:45	10/24/2017 1:45	1C06	-00:00:19	0:00:20
Zone C	10/29/2017 1:16	10/29/2017 1:41	2I28	0:25:23	0:24:53
Zone C	10/29/2017 1:16	10/29/2017 1:41	3S72	0:05:44	0:24:53
Zone A	10/30/2017 13:06	10/30/2017 13:06	1C41	-00:00:02	0:00:10
Zone A	10/30/2017 15:09	10/30/2017 15:13	1C33	-00:01:07	0:04:00

Upgrade Requested						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
None						

Exemptions Requested			
Incident Date	Zone	Exemption Reason	Approval
None			



GROUND AMBULANCE OPERATIONS REPORT OCTOBER 2017

1. Overall Statics

- a) Total number of system responses: 6,286
- b) Total number of responses in which no transports resulted: 2,434
- c) Total number of System Transports (including transports to out of county): 3,852

2. Call Classification

- a) Cardiopulmonary Arrests: 1.7%
- b) Medical: 50.5%
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 8.5%
- e) Transfers: 9.5%
- f) Trauma – MVA: 7.2%
- g) Trauma – Non MVA: 19.0%
- h) Unknown: 3.3%

3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
 - 100% of cardiopulmonary arrests
 - 100% of pediatric patients (transport and non-transport)
 - 100% of advanced airways (excluding cardio pulmonary arrests)
 - 100% of STEMI alerts 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: 1767

Total number of above calls receiving QA Reviews: 302

Percentage of charts reviewed from the above transports: 17.09%



REMSA Education
Monthly Course and Student Report
Month: October 2017

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	13	54	2	15	11	39
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	0	0	0	0	0	0
ACLS R	5	37	4	36	1	1
ACLS S	2	5	0	0	2	5
AEMT	1	24	1	24		
-	-	-	-	-		
B-CON	2	11	2	11	0	0
BLS	78	421	22	121	56	300
BLS I	0	0	0	0	0	0
BLS R	35	271	14	87	21	184
BLS S	6	17	0	0	6	17
CE	6	43	6	43	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	2	13	0	0	2	13
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	1	20	0	0	1	20
HS CPR	51	315	5	27	46	288
HS CPR FA	67	415	3	27	64	388
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	5	35	2	16	3	19
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	13	46	3	3	10	43
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	3	19	3	19	0	0
PALS I	0	0	0	0	0	0
PALS R	10	68	4	31	6	37
PALS S	3	8	1	1	2	7
PEARS	0	0	0	0	0	0
PM	1	26	1	26		
PM R	0	0	0	0		
HS Spanish RCP y DEA	0	0	0	0	0	0

Classes w/ CPR
244

CPR Students
1487

REMSA CPR Classes
46

REMSA CPR Students
278



**COMMUNITY OUTREACH
OCTOBER 2017**

Point of Impact

10/3/17	Safe Kids Washoe County Board of Directors Meeting	
10/10/17	Safe Kids Washoe County Coalition Meeting	
10/14/17	Child Car Seat Checkpoint, hosted by Raley's on Robb Drive in Reno; 16 cars and 24 seats inspected	12 volunteers; 2 staff
10/2017	Seven office installation appointments; 7 cars and 9 seats inspected.	

Cribs for Kids Community

10/3/17	C4K flew to Las Vegas for Train-the-Training had 15 participates attend the class at Southern Nevada Health District.	
10/6/17	C4K attended Washoe County Child Death Review.	
10/10/17	C4K attended Sake Kids Washoe County Coalition Meeting.	
10/12/17	C4K attended Health Directors Meeting at Inter-Tribal Council of Nevada to present C4K program to tribal health directors.	
10/12/17	Attended Statewide Impact of Safe Sleep Meeting.	
10/14/17	Washoe County Health District helped with C4K with running a C4K booth at the Little Flower Church for a R.E.A.C.H./Ventilla De Salud-Health Fair aimed for the Latino Community.	
10/17/17	C4K drove to Shurz for Train-the-Training had 4 participates attend the class at Walker River Paiute Tribal Health Clinic.	
10/19/17	PSG: Attended Northern Nevada Pedestrian Safety Task Force at RTC	
10/19/17	C4K attended Northern Nevada Maternal Child Health Coalition Meeting.	
10/19/17	C4K attended Renown Grand Rounds presentation on SIDS by Medical Examiner Dr. Laura Knight.	



REMSA

Reno, NV
Client: 7299



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

EMS System Report

October 1, 2017 to October 31, 2017

Division: Ground

Your Score

93.86

Number of Your Patients in this Report

150

Number of Patients in this Report

5,347

Number of Transport Services in All EMS DB

142



REMSA
October 1, 2017 to October 31, 2017



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **10/01/2017** and **10/31/2017**.

The overall mean score for the standard questions was **93.86**; this is a difference of **1.69** points from the overall EMS database score of **92.17**.

The current score of **93.86** is a change of **-1.47** points from last period's score of **95.33**. This was the **30th** highest overall score for all companies in the database.

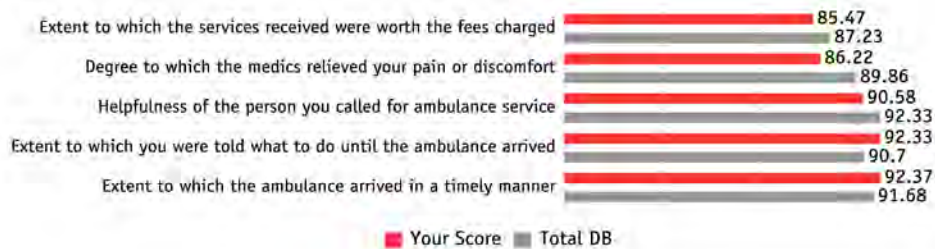
You are ranked **6th** for comparably sized companies in the system.

84.10% of responses to standard questions had a rating of Very Good, the highest rating. **97.86%** of all responses were positive.

5 Highest Scores



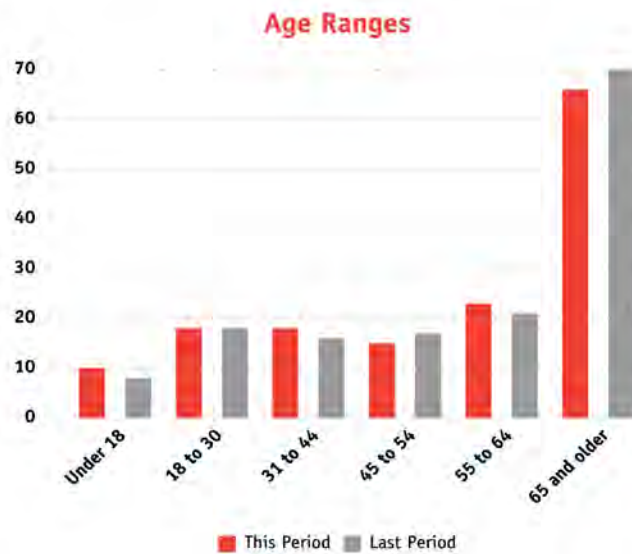
5 Lowest Scores



REMSA
October 1, 2017 to October 31, 2017

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	8	4	4	0	10	4	6	0
18 to 30	18	6	12	0	18	4	14	0
31 to 44	16	7	9	0	18	11	7	0
45 to 54	17	7	10	0	15	5	10	0
55 to 64	21	13	8	0	23	14	9	0
65 and older	70	27	43	0	66	24	42	0
Total	150	64	86	0	150	62	88	0



REMSA
October 1, 2017 to October 31, 2017




Monthly Breakdown

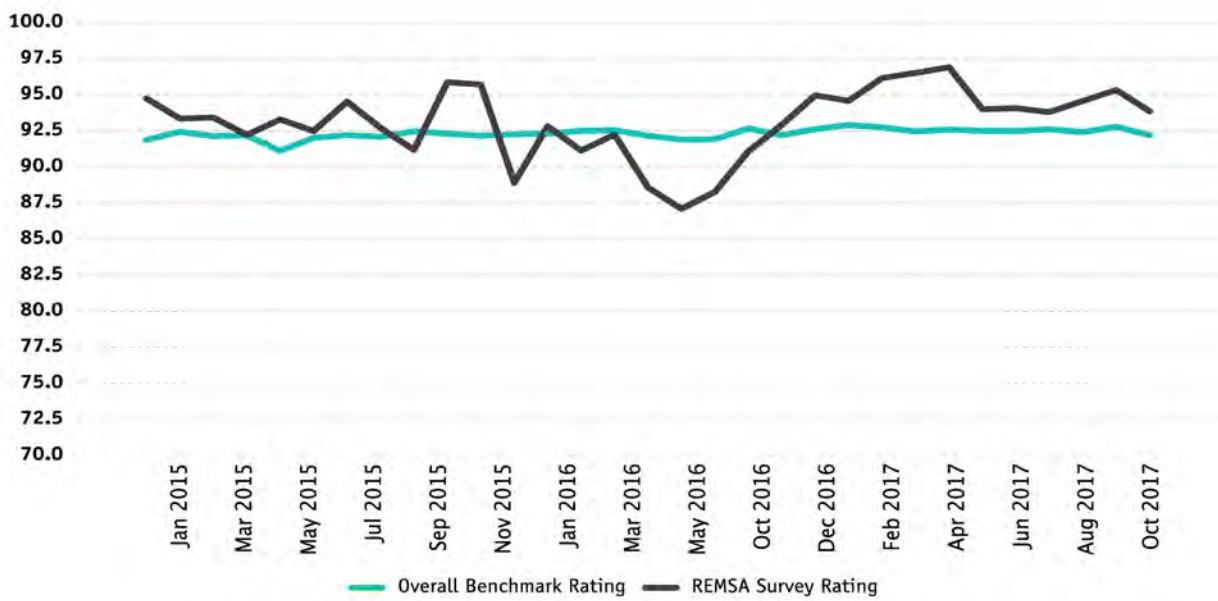
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017
Helpfulness of the person you called for ambulance service	92.11	92.14	93.48	97.50	96.25	94.32	95.45	96.59	91.69	95.21	95.21	93.13	90.58
Extent to which you were told what to do until the ambulance	88.16	87.12	91.88	97.92	95.14	89.53	94.26	94.77	92.10	91.48	96.02	89.89	92.33
Extent to which the ambulance arrived in a timely manner	90.53	92.15	95.79	95.01	96.28	94.12	95.39	92.40	93.40	92.01	95.01	95.44	92.37
Cleanliness of the ambulance	94.84	93.85	97.79	96.18	97.37	96.12	98.13	95.17	97.11	96.04	96.57	99.09	96.82
Skill of the person driving the ambulance	92.50	93.80	96.34	95.88	97.14	97.24	96.23	96.01	95.42	95.49	96.40	96.44	96.82
Care shown by the medics who arrived with the ambulance	92.06	94.61	96.23	96.23	96.83	97.55	98.08	94.47	94.74	95.12	93.90	96.19	93.68
Degree to which the medics took your problem seriously	90.40	93.31	94.37	95.62	97.16	97.45	98.19	93.99	95.88	94.73	94.70	95.90	93.59
Degree to which the medics listened to you and/or your family	90.34	93.62	94.51	95.64	96.43	97.48	97.78	94.31	93.63	93.77	94.52	96.88	94.22
Extent to which the medics kept you informed about your	91.25	94.40	94.76	92.67	95.83	96.92	95.45	91.96	92.92	91.76	92.33	92.75	92.56
Extent to which medics included you in the treatment decisions	89.92	92.31	94.44	88.94	94.29	96.52	95.36	93.77	92.86	92.01	93.16	91.71	93.93
Degree to which the medics relieved your pain or discomfort	85.54	89.74	93.16	89.18	92.86	92.60	94.74	87.89	87.94	87.43	92.54	90.17	86.22
Medics' concern for your privacy	91.55	93.53	94.53	94.41	97.23	97.39	97.44	94.31	95.39	97.16	96.00	96.73	94.72
Extent to which medics cared for you as a person	92.35	92.79	95.65	94.92	98.11	97.83	98.18	94.29	95.74	95.40	95.20	96.95	94.54
Professionalism of the staff in our ambulance service billing	90.00	75.00	90.10	89.76	100.00	100.00	92.86	90.00	95.00	81.25	93.18	96.43	100.00
Willingness of the staff in our billing office to address your	93.75	75.00	90.10	88.35	100.00	100.00	96.43	90.00	87.50	84.50	87.50	100.00	98.08
How well did our staff work together to care for you	92.31	93.93	96.08	96.28	96.51	98.20	98.54	94.99	96.22	96.25	95.72	96.68	95.92
Extent to which the services received were worth the fees	84.49	85.80	86.39	82.19	87.20	94.91	92.29	90.72	78.61	87.92	88.24	83.63	85.47
Overall rating of the care provided by our Emergency Medical	93.36	95.07	95.27	96.58	96.66	97.45	98.20	95.52	94.78	94.94	94.54	95.94	94.97
Likelihood of recommending this ambulance service to others	91.97	93.12	96.24	96.97	97.38	97.40	97.60	95.79	94.93	93.55	96.46	97.34	96.87
Your Master Score	91.09	92.92	94.96	94.58	96.16	96.52	96.91	94.00	94.07	93.80	94.57	95.33	93.86
Your Total Responses	67	147	165	150	150	150	150	150	150	144	150	150	150

REMSA
October 1, 2017 to October 31, 2017



Monthly tracking of Overall Survey Score





GROUND AMBULANCE OCTOBER CUSTOMER REPORT

Number	What could we do better	Comments Describe Positive or Negative Experiences	Dates of Service	Results After Follow UP
1		Bill needs to be sent to VA. Claims it's not his responsibility to do so. George may need extra assistance with the understanding of the process and what exactly the process is in order to get the bill taken care of.	9/26/2017	11.02.17 Changed to bill Veterans Administration, tried to call pt to let him know the process and that I have billed the VA but there was no answer/W/D.
2		"I don't know how to answer about the fees. It's unlikely I would recommend an ambulance service at all"	9/11/2017	Called pt - she just really doesn't think she'll have to call an ambulance again. Talked about Silver Saver and how it would have saved her the co-pay. Mailed silver saver info.
3	"Look into silver saver"		9/11/2017	10.16.2017 set patient up on a payment plan//TC 11.08.2017 mailed SS info//dsd.
4		"Set me up with a payment plan"	9/11/2017	
5		"The VA is supposed to pay for this. I'm getting a little mad Medicaid is being billed for this. I'm getting mad at the VA for this problem"	9/11/2017	Called the patient based on the EMSS survey - corrected the billing to the VA and we will refund Medicare when they pay/ Pt apologized that he got upset but "a lot of things have been going wrong lately" I asked him if there was anything I could help with and he was fine as long as we billed VA/ Contacted WD and she billed VA//dsd.
6	"Actually trying to helpful they gave a lot of attitude and were disrespectful"		9/22/2017	No action required
7	"Tell about status like bp and such"	"They dont tell you anything unless you ask"	9/22/2017	No action required
8	"Didn't give bp or other info to the ER doctors"	"Lack of continuity between ER."	9/22/2017	No action required
9		"Very bumpy"	9/27/2017	No action required
10		"I didn't have a problem with any of them"	9/27/2017	
11		"Everytime, they've been courteous and helped me out!"	9/29/2017	
12	"Nothing I can think of. They did great!"		9/8/2017	
13	"Can't think of anything."		9/8/2017	
14	"It was wonderful experience! Given them an that'd boy for me."		9/8/2017	
15	No.		9/8/2017	
16	"It was all good for the situation I was in."		9/9/2017	
17	"Don't put in IV on ride."		9/9/2017	
18	You couldn't ask for better!"		9/10/2017	
19		No.	9/8/2017	
20	"Use a seat belt"	"Bedside manner was excellent"	9/8/2017	
21		"didn't get an iv until he got to the hospital"	9/10/2017	
22		"costco gas station called"	9/10/2017	
23		"my wife called"	9/10/2017	



GROUND AMBULANCE OCTOBER CUSTOMER REPORT

24		"I have Medicaid"	9/10/2017	
25		"I live quite a ways out here"	9/11/2017	
26	"Nothing. They did great!"		9/11/2017	
27	"I guess not, it's just the system"		9/11/2017	
28	"my doctor called"	"Got there pretty quick, Did well in traffic"	9/11/2017	
29	"the nurse called"	"very nice people that helped me a lot"	9/11/2017	
30	"Not that I can think of."		9/12/2017	
31	"Be more timely."		9/12/2017	
32	"I don't see how because I really appreciated what they did, they were very respectful of my age and pain."		9/12/2017	
33	"Can't think of anything."		9/13/2017	
34	"be speedier getting there"		9/14/2017	
35	"on IV antibiotics at the hospital and wasn't allowed to bring antibiotics on ambulance so couldnt finish the round of treatment"		9/24/2017	11/10/17 0828, I spoke to the pt, she was very nice and happy with the crew she and the RN just did not know why the crew could not take the IV antibiotics. I explained to her when the staff called our transfer dispatch they told them no orders and an ILS unit was sent instead of an ALS unit. Pt did continue her antibiotics when she arrived at RRMCC. No further, Stacie EMS Supervisor
36	"take me to a different hospital"		9/26/2017	11/10/17, I need the pts phone number from billing (closed today), chart has Patient's Choice for destination. Stacie EMS Supervisor
37	"Very upset no excuse for what they did. I called to understand the complication of my medications they had no right to call REMSA. I will never call for help again."	"Reno police department needs this bill, I was told to get on ambulance or be arrested. I am extremely disappointed. Patient should have more rights to deciding to know what is best for them!"	9/27/2017	11/10/17 0850, I left a message for the pt, chart is well documented with pt intentionally taking 30 Ambien/16 Klonopin the night before then calling the Nurse hotline the next day as she was concerned. Crew did call RPD to try and to put her on a legal hold, when RPD arrived she went voluntarily and signed the chart for transport
38		"handle me and or the person you are picking up, not yanked by the legs Not very satisfied (caregiver was not very satisfied)."	9/10/2017	See Below - Results After Follow Up



GROUND AMBULANCE OCTOBER CUSTOMER REPORT

39	"Move faster. They didn't take off right away and I don't know why."		9/12/2017	11/10/17 0920, I spoke with the pt who is 90 yrs old, she was very nice. I apologized for the medic's taken so long to complete a 12 lead and start an IV, O2, before they transported her but they wanted to take care of her in the ambulance. Pt understood and thanked me for calling her. No further, Stacie
40	"I would suggest that medics trust patients who have had allergic reactions. Medics believed they knew what I needed better I did. Everything I had asked for, medics did not give me. They did not listen. I informed them of what I need. They wouldn't let me out of ambulanc to get my epi pen."		9/13/2017	See below results follow up
41	"both fire dept and ambulance come why?"		9/22/2017	Spoke with pt's daughter and explained that the fire department sometimes arrives before we do, that they are staffed with paramedics, and our ultimate goal is to provide care in an expediant manner. She understood and was complimentary about the service that was provided to her mother.
42	"I think you have my ID."		9/27/2017	The telephone listed for this caller is no longer in service. I forwarded this pt's info to REMSA lost and found. There are no reports by this pt. of lost items.
43		"" I didn't like it, because they didn't do anything for me. That's what is was.""	9/27/2017	This was a routine transfer of a pt. from one hospital to another. The pt. was stable and no treatment was required enroute.
44	"The medic did not express believability with what had happened. Their demeanor was concerned me as if my son didn't need analysis. I wouldn't have called an ambulance if I didn't think he needed it"		9/8/2017	See Below - Results After Follow Up



GROUND AMBULANCE OCTOBER CUSTOMER REPORT

45		"There was a woman that was part of the crew. She was not very nice"	9/8/2017	Pt feels she is always professional and nice to patients, but that sometimes she is perceived as unfriendly because she is quiet on scenes if she is not attending the patient. She realizes this can be an issue. I asked her to please remember to be courteous and helpful to patients regardless of who ultimately cares for them. She stated she will.
46	"be nice about being forgetful about medication"			Listed telephone number is not in service. Crew remembers the call but not the interaction that would lead the patient to make the comments he did.
47	"lacking in emotional intelligence and knowledge about mental health"	"michael took her problem more seriously and did the better job" and "^^ if you have panic attacks wouldnt recommend otherwise would"	9/25/2017	See Below - Results After Follow Up
48	Do it all the same		9/27/2017	Positive
50	"I never once indicated I was suicidal. I said they may find me dead from a heart attack because they wouldn't see me. They said they could keep me in the hospital and i was not allowed to leave"		9/11/2017	See Below - Results After Follow Up
50	"They were very rude and insensitive. I got some information about my boy and had was distraught. I called because I was worried about my heart. Her tone of voice was rude. The police were the ones that came to my door. I've never heard of the medics not being allowed in my apartment." "St. Mary's staff was insensitive too." "The one guy that was in there was nice and gave me something to calm me down. I wasn't happy with the fact that the police put me in a legal hold and they strapped me and stuff. The guy was nice inside the actual ambulance. The two paramedics that were driving and arrived on the scene were insensiti" "St. Mary's staff was insensitive too." "The one guy that was in there was nice and gave me something to calm me down. I wasn't happy with the fact that the police put me in a legal hold and they strapped me and stuff. The guy was nice inside the actual ambulance. The two paramedics that were driving and arrived on the scene were insensiti"		9/11/2017	See Below - Results After Follow Up
#	Results After Follow Up			
38	11/10/17 occurrence report from Paramedic Kourie Pulford: EMS arrived on scene of very large, immobile Pt. Pt was altered. Pt could not assist EMS or FD to get to gurney. Pt was placed on mega mover and placed on gurney. Spaced was limited in room and pt had to be moved closer to foot side of bed to safely get him onto the mega mover to the gurney. Pts caregiver came into room yelling at EMS to not lift him with his legs as he is in alot of pain. EMS advised caretaker that this was the only way to safely move the Pt without hurting him futher. Caretaker continued to yell at EMS and FD until firefighter from SFD talked to her out of the room. No further, Stacie.			
40	11/10/17, I need the pts phone number from billing (closed today), chart is well documented she ate something she was allergic to and took 100mg of Benadryl before the crew arrived. Pts upper chest, cheeks and ears are found to be erythremic, no visible swelling is found to pts oral airway. Lung and trachel sounds are auscultated and found to be clear and equal bilaterally. Pt states her face and ears are numb, no further redness, any rash or redness is found on pt, deneies any difficulty swallowing. Pt is reassured and encouraged to take slow deep breaths. Pt goes on to state that she took 100mg of Benadryl because she did not have any epinephrine and that her last allergic reaction was approximately 7 months ago prior, for which she had airway involvement, requiring epinephrine administration. Pts anxiety begins to decrease, along with the redness in her chest, face and ears. ECG and IV obtained. While enroute pt again denies any difficulty breathing, or swallowing and no signs of redness or swelling is found to pt's oral airway. Pt's redness has further decreased, pt also states at this time she no longer has a numbing sensation. Transferred care to staff at RRMCC.			



GROUND AMBULANCE OCTOBER CUSTOMER REPORT

46	I spoke with the complainant, who was the pt's. father. He felt the crew was disinterested in transporting his son, who had been in a vehicle accident 2 hours prior to crew's arrival. He said they acted "put out" to have to transport. I spoke with the paramedic, K. Lim, she said the patient was assessed and attended by her partner. She felt he was very accomodating and nice to the pt. and family. She states she didn't say anything to the pt. or family. I asked her if her not speaking to them might be interpreted as being non-caring. She admitted it could have. I asked her to be aware of how she is perceived by customers, and to be professional at all times.
47	This appears to be a complaint/concern about REMSA crews in general, but on this particular call the patient received appropriate medical care, as well as supportive care from the crew. I spoke with Nicole, who was the attendant, who reiterated what is noted in her narrative on the chart. The pt. was initially difficult to manage, but after being placed in the unit Nicole was able to calm her and begin treatment which included an IV, cardiac monitor, and Versed to further calm her. Nicole felt she had "a good rapport" with the patient.
50	I spoke with Nicole who told me the patient was distraught over a past event involving her son, and developed chest pain, possibly secondary to anxiety. They were told to stage until SPD cleared the scene. When they were cleared to enter they found the pt. crouched in a corner with SPD attempting to calm the patient, who was cursing and speaking incoherently. SPD had placed the patient in handcuffs prior to the crew's arrival. Nicole attempted to assess the patient but was unable due to patient's demeanor. She states they were not rude to the patient, but persistent, which may have been interpreted negatively by the patient. Our crew felt the patient's demeanor was worsened by the presence of numerous PD and FD personnel, so the patient was moved to the gurney and soft restraints were applied. The patient was placed in the ambulance where, per Nicole, the patient's anxiety decreased slightly. An IV was established and the patient was given 2 mg of Versed with minimal change, then a second 1 mg dose 11 minutes later with minimal change. The patient would not allow further treatment. Prior to leaving the scene, the patient's daughter arrived and attempted to calm the patient but was unable. Per Nicole the pt. was then transported, still with restraints for crew safety, to SMRMC without incident.



October 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

After the Las Vegas shooting, REMSA did two interviews regarding mass casualties. On KOLO: *Regional Emergency Plan is in Place but Forever Changing*. On KTVN: *How Local Medical Staff Prepares for Potential Emergencies*.





October 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

Northern Nevada Business Weekly published the news release regarding the new website.

Regional Emergency Medical Services Authority (REMSA)

September 28, 2017 – The Regional Emergency Medical Services Authority (REMSA) launched a new redesigned website at www.remsahealth.com. The website consolidates sections into one, including: Communications, Education, Community Health Programs, Career Opportunities, Special Events, and Board of Directors and Leadership.

[Learn more »](#)

Nevada Business

... and started as an intern at Reed, earned a bachelor's degree in from the University of Nevada, is interested in pursuing a master's in the future.

RICHARD J. GREEN
Richard J. Green, an agent and registered representative in the Reno office of New York Life Insurance Co., has been designated a Charter Life Underwriter by the American College of Open Market Makers.

ALISON ELDER
Alison Elder, Chief Executive Officer of Elder Group, was named the 2017 Real Estate Agent of the Year by the Reno-Sparks Association of REALTORS.

PAMELA RICCI
Pamela Ricci, a real estate agent with RE/MAX Realty Affiliates in Reno, was presented the Lifetime Achievement Award, presented by the Reno-Sparks Association of REALTORS (RSAR).

BRENDA STAFFAN
Brenda Staffan, chief operating officer of the Regional Emergency Medical Services Authority (REMSA), was presented the Leadership Award at the 12th annual Pinnacle EMS Leadership Forum, a national conference for senior emergency medical services (EMS) professionals representing all models of delivery service.

DAVID VASENDEN
David Vasenden, owner of Sierra Family Pharmacies, a group of four pharmacies in the Reno-Tahoe area, along with the IPC board and Government Relations Team visited Washington, D.C., to meet with legislators about key issues affecting community pharmacies.

SIERRA NEVADA PROPERTIES
Sierra Nevada Properties and its Mortgage Association announced a 20-day Real Estate Negotiation Expert (RENE) event at the Silverado Resort in Reno on Oct. 28-29. The event was a free, one-day seminar for homebuyers and sellers. The event was held at the Silverado Resort and was a great success. The event was held at the Silverado Resort and was a great success. The event was held at the Silverado Resort and was a great success.

NEVADA HOSPITAL ASSOCIATION
The Nevada Hospital Association announced the following Northern members of the organization's board of directors. The board members were installed at the NHA annual meeting at the Hyatt Regency Lake Tahoe and Spa on Sept. 7.

Named to the board were: Alan Olive, CEO, Northern Nevada Medical Center, immediate past; Chris Bosse, vice president of affairs with Renown Health, treasurer; Helen Lidholm, CEO, St. Mary's Medical Center, director; Erik with Renown Regional Medical Center, director; Melodie Osborn, nurse with Renown Health.

Send Photo, Video, or Audio to John@NevadaBusiness.com

Nevada Business

Northern Nevada Business Weekly published the news release on Brenda Staffan's Pinnacle Award.

October 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

REMSA and Flirtey team up on the announcement of the new drone delivery of the defibrillator for cardiac arrest emergencies. **A full report is attached at the end.** Here are two examples of the news stories on the partnership between Flirtey and REMSA.

REMSA to use drones to deliver defibrillator for cardiac arrest emergencies

by Melissa Mathoney | Wednesday, October 11th 2017



Air heart: Flirtey launches first drone defibrillator service in U.S.

Letter: Melissa.Mathoney@prg.com | November 11, 2017 | 10:00 AM | 11:00 AM | 12:00 PM | 1:00 PM | 2:00 PM | 3:00 PM | 4:00 PM | 5:00 PM | 6:00 PM | 7:00 PM | 8:00 PM | 9:00 PM | 10:00 PM | 11:00 PM | 12:00 AM



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- Personalized attention
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- Specializes in building financial independence through quality stocks, government bonds, and tax free municipal bonds.

Footage from Flirtey's first drone delivery with 2-City in Park on July 2016. Flirtey

Flirtey partners with REMSA to deliver defibrillators by air during emergencies



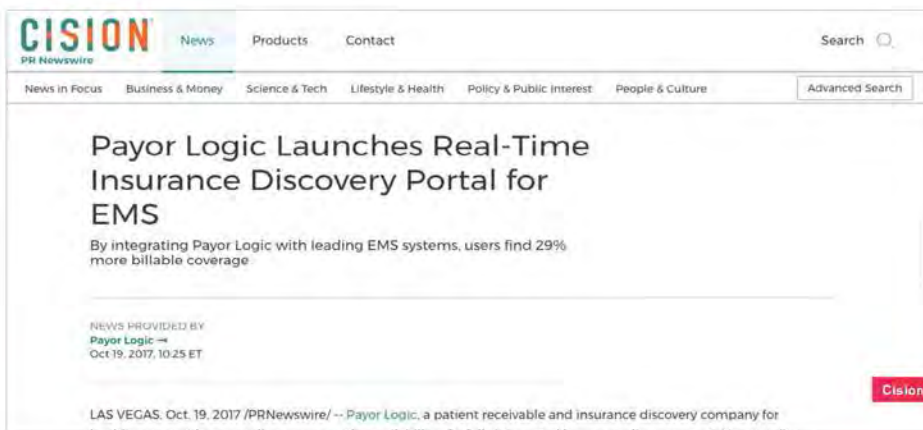
U.S. drone delivery & emergency from Sturgis and 2017

Drone delivery service Flirtey, announced on Twitter

FOR VIDEOS



Payor Logic announced real-time insurance discovery portal for EMS, where REMSA is mentioned as a presenter of "Ramping Up Your Revenue Cycle Efforts." This release was distributed through PR Newswire.



CISION News Products Contact Search

News in Focus Business & Money Science & Tech Lifestyle & Health Policy & Public Interest People & Culture Advanced Search

Payor Logic Launches Real-Time Insurance Discovery Portal for EMS

By integrating Payor Logic with leading EMS systems, users find 29% more billable coverage

NEWS PROVIDED BY
Payor Logic
Oct 19, 2017, 10:25 ET

LAS VEGAS, Oct. 19, 2017 /PRNewswire/ -- Payor Logic, a patient receivable and insurance discovery company for

Cision



October 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

REMSA's comprehensive white paper press release prepared by KPS3 regarding the community health programs, was published by EMSWorld, Jems and EMS1. The white paper has been downloaded from the website 156 times.

EMSWORLD CHANNELS

REMSA Releases Comprehensive White Paper on its Nationally Acclaimed Community Health Programs

News Oct 23, 2017
Print Version

Share Tweet Pin LinkedIn

RENO, Nev. — REMSA, the Regional Emergency Medical Services Authority based in northern Nevada, has released a new comprehensive White Paper that provides detailed information on its highly successful Community Health Programs. These nationally-acclaimed programs were launched in 2012 after REMSA received funding through a \$9.1 million Health Care Innovation Award grant from the Center for Medicare & Medicaid Innovation, part of the

EMSWorld

EMS1 .com HOME NEWS PRODUCTS VIDEO

EMS Products > EMS Community Paramedicine Software > Press Releases

Email Print Comment

REMSA releases comprehensive white paper on its nationally acclaimed community health programs

Oct 26, 2017

RENO, Nev. — REMSA, the Regional Emergency Medical Services Authority based in northern Nevada, has released a new comprehensive White Paper that provides detailed information on its highly successful Community Health Programs. These nationally-acclaimed programs were launched in 2012 after REMSA received funding through a \$9.1 million Health Care Innovation Award grant from the Center for Medicare & Medicaid Innovation, part of the U.S. Department of Health and Human Services.

EMS1

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HOME NEWS PATIENT CARE ADMINISTRATION & LEADERSHIP TRAINING OPERATIONS MAJOR INCIDENTS

HOME >> ADMINISTRATION & LEADERSHIP >> REMSA RELEASES COMPREHENSIVE WHITE PAPER ON ITS NATIONALLY ACCLAIMED

REMSA Releases Comprehensive White Paper on its Nationally Acclaimed Community Health Programs

Wed, Oct 18, 2017 | By Regional Emergency Medical Services Authority

RENO, Nev. — REMSA, the Regional Emergency Medical Services Authority based in northern Nevada, has released a new comprehensive White Paper that provides detailed information on its highly successful Community Health Programs. These nationally-acclaimed programs were launched in 2012 after REMSA received funding through a \$9.1 million Health Care Innovation Award grant from the Center for Medicare & Medicaid Innovation, part of the U.S. Department of Health and Human Services.

JEMS



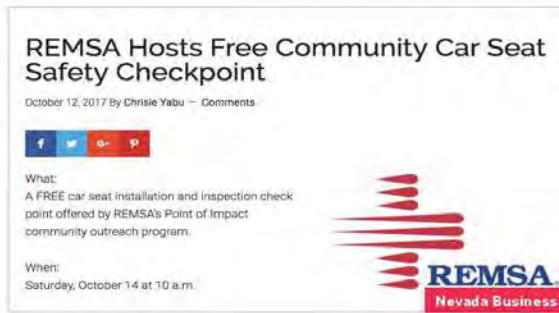
October 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

Point of Impact

REMSA's Point of Impact safety checkpoints were posted on community calendars.

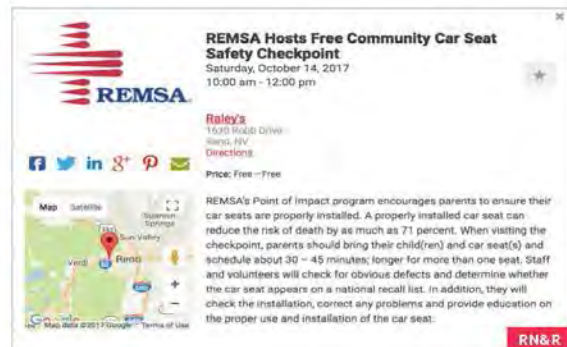


REMSA Hosts Free Community Car Seat Safety Checkpoint
 October 12, 2017 by Chrissie Yabu — Comments

What:
 A FREE car seat installation and inspection check point offered by REMSA's Point of Impact community outreach program.

When:
 Saturday, October 14 at 10 a.m.

REMSA Nevada Business



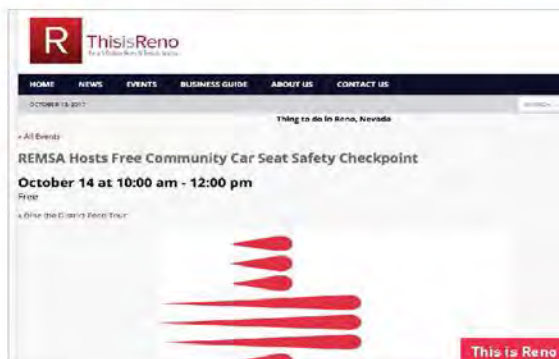
REMSA Hosts Free Community Car Seat Safety Checkpoint
 Saturday, October 14, 2017
 10:00 am - 12:00 pm

Raley's
 1530 ROAD DRIVE
 RENO, NV
 Directions

Price: Free - Free

REMSA's Point of Impact program encourages parents to ensure their car seats are properly installed. A properly installed car seat can reduce the risk of death by as much as 71 percent. When visiting the checkpoint, parents should bring their child(ren) and car seat(s) and schedule about 30 - 45 minutes; longer for more than one seat. Staff and volunteers will check for obvious defects and determine whether the car seat appears on a national recall list. In addition, they will check the installation, correct any problems and provide education on the proper use and installation of the car seat.

RN&R



This is Reno
 For a 24-hour Reno & Truckee area

HOME NEWS EVENTS BUSINESS GUIDE ABOUT US CONTACT US

OCTOBER 13, 2017 **Things to do in Reno, Nevada**

All Events

REMSA Hosts Free Community Car Seat Safety Checkpoint
October 14 at 10:00 am - 12:00 pm
 Free

This is Reno

October 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

B-Con

Bleeding Control classes continued to get great coverage this month. It appeared on KOLO, was mentioned in an RGJ feature and was a focus on KTVN's Health Watch with Kristen Remington.



If you go:

What: Responding to Violence

When: 9 a.m. to 4 p.m. on Nov. 5

Where: Reno Guns & Range on 2325 Market St.

About: The class is a collaboration between instructors at Reno Guns & Range and **REMSA**. Students will learn how to apply simple survival strategies and basic medical techniques during a situation such as the shooting in Las Vegas. Students should bring a pen and paper and comfortable clothing and shoes.

For more information on other classes, visit the [Reno Guns & Range website](#).

Other classes: **REMSA** offers public classes such as courses on how to control bleeding during an active shooter situation. [Click here](#) for more information.

RGJ



October 2017 Public Relations + Social Media Highlights Report

District Board of Health



October 2017 Public Relations + Social Media Highlights Report

District Board of Health

SOCIAL MEDIA HIGHLIGHTS

Flirtey

Regional Emergency Medical Services Authority - REMSA
Published by REMSA [?] · October 10 at 12:39pm · [🔗]

Combining our internationally accredited communications center, medically trained dispatchers, dedicated EMS healthcare providers and the industry leading drone technology developed by Flirtey, we are creating a partnership to save more lives.



Drones will deliver defibrillators to 911 callers to help treat cardiac arrest

A startup named Flirtey has teamed up with a Nevada emergency services company to deliver defibrillators to cardiac arrest victims.

CNBC.COM

8,005 People Reached

306 Reactions, Comments & Shares

171 Like	60 On Post	111 On Shares
23 Love	6 On Post	17 On Shares
3 Haha	0 On Post	3 On Shares
29 Wow	5 On Post	24 On Shares
34 Comments	6 On Post	28 On Shares
46 Shares	45 On Post	1 On Shares

Communication Center

Regional Emergency Medical Services Authority - REMSA
Published by Turner Park [?] · October 24 at 5:21pm · [🔗]

Our Internationally Accredited Communication Center is staffed by highly trained Emergency Medical Dispatchers, with Paramedic or EMT medical training, who use state of the art technology to efficiently and quickly answer 911 calls and dispatch the appropriate ground or air ambulance. Learn more about the communications team: <http://bit.ly/2yM5pU5>



754 People Reached

32 Reactions, Comments & Shares

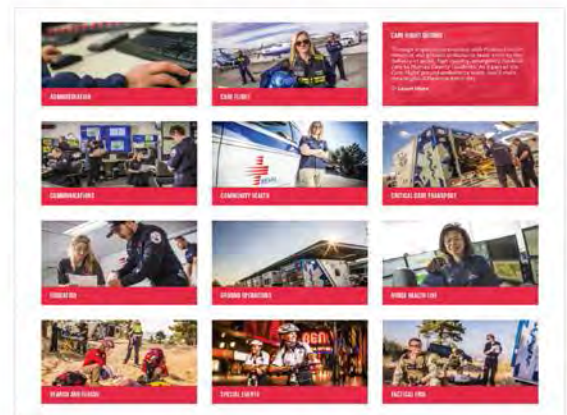
25 Like	18 On Post	7 On Shares
2 Love	2 On Post	0 On Shares
4 Comments	4 On Post	0 On Shares
1 Shares	0 On Post	1 On Shares

October 2017 Public Relations + Social Media Highlights Report

District Board of Health

STRATEGIC INITIATIVES

REMSA completed the public launch of its website!





October 2017 Public Relations + Social Media Highlights Report

District Board of Health

STRATEGIC INITIATIVES



- REMSA, in a partnership with Flirtey, launched a program that delivers AEDs via drones. It received extensive national coverage and attention.



- REMSA completed a white paper on the development and results of the community health programs. It received extensive attention in EMS trade publications.

Flirtey Full Report



REMSA and Flirtey team members gather to launch the partnership.



Flirtey CEO Matthew Sweeney speaks at TEDx in San Francisco announcing the REMSA-Flirtey partnership.



Flirtey + Remsa October 2017 Media Recap

CNBC: Flirtey drones will deliver defibrillators to 911 callers to help treat cardiac arrest
<https://www.cnbc.com/2017/10/10/watch-flirtey-and-remsa-deliver-defibrillators-by-drone-to-911-callers.html>

CNBC: Watch Flirtey and REMSA deliver defibrillators by drone to 911 callers (Video)
<https://www.cnbc.com/video/2017/10/10/flirtey-drones-will-deliver-defibrillators-to-911-callers.html>

Associated Press: Flirtey launches first drone defibrillator service in US
<https://www.apnews.com/97fd53164f254c2ca7761d368d663f0f>

Hit the national news wire, picked up across major markets.

The Reno-Gazette Journal: Flirtey Launches First Drone AED Service
<http://www.rgj.com/story/money/business/2017/10/10/flirtey-launches-first-drone-defibrillator-service-america/750868001/>

Also appeared nationally in USA Today:

<https://www.usatoday.com/story/news/nation-now/2017/10/10/drones-deliver-heart-defibrillators-cardiac-arrest-site/752484001/>

Mashable: Medical delivery drones could expedite defibrillations
<http://mashable.com/2017/10/24/medical-drones-deliver-defibrillators/#MaNb51FMcZqs>

On Mashable and Mashable Science Facebook pages here. In the first 3 hours it had +6k views. :

<https://www.facebook.com/mashablescience/videos/10155748222574705/>

KRNV: REMSA to use drones to deliver defibrillator for cardiac arrest emergencies
<http://mynews4.com/news/local/remsa-plans-to-start-using-drones-to-deliver-aeds-to-cardiac-arrest-emergencies>

NPR KUNR: REMSA Partners With Drone Company To Deliver Defibrillators In Emergencies
<http://kunr.org/post/remsa-partners-drone-company-deliver-defibrillators-emergencies#stream/0>

KTVN News 4 Reno: REMSA to use drones to deliver defibrillator for cardiac arrest emergencies
<http://mynews4.com/news/local/remsa-plans-to-start-using-drones-to-deliver-aeds-to-cardiac-arrest-emergencies>

Las Vegas KLAS-TV: Drones in Reno to deliver life-saving medical equipment
<http://www.lasvegasnow.com/news/drones-in-reno-to-deliver-life-saving-medical-equipment/835823067>



Robotics Trends: Flirtey Wants Drones to Deliver Defibrillators in Nevada

http://www.robotictrends.com/article/flirtey_wants_drones_to_deliver_defibrillators_in_nevada

International Business Times: Drone Delivery Of Defibrillators Starts In Nevada, Will Arrive Before Ambulances

<http://www.ibtimes.com/drone-delivery-defibrillators-starts-nevada-will-arrive-ambulances-2602350>

Post and Parcel: Lifesaving delivery drones

<http://postandparcel.info/82930/news/lifesaving-delivery-drones/>

The Daily Mail: World first defibrillator delivery service by DRONE set to launch in Nevada to help quickly treat cardiac arrest

<http://www.dailymail.co.uk/sciencetech/article-4969102/Flirtey-launches-defibrillator-delivery-drones.html>

Robotic Trends: Flirtey Wants Drones to Deliver Defibrillators in Nevada

http://www.robotictrends.com/article/flirtey_wants_drones_to_deliver_defibrillators_in_nevada

Northern Nevada Business Review: Flirtey and REMSA partner to launch first emergency drone delivery program in U.S.

<http://www.nnbw.com/news/flirtey-and-remsa-partner-to-launch-first-emergency-drone-delivery-program-in-u-s/>

Efficient Gov: The Latest Drones Tests for Public Safety

<https://efficientgov.com/blog/2017/10/18/7-public-safety-drone-tests/>

Air Cargo World: Kickstart my heart: Drone defibrillator delivery could save thousands of lives

<https://aircargoworld.com/allposts/kickstart-my-heart-drone-defibrillator-delivery-could-save-thousands-of-lives/>

New Atlas: Defibrillator drones close in on heart attacks in the US

<https://newatlas.com/defibrillator-drone-heart-attack-flirtey/51783/>

Medical Device Network: Flirtey and REMSA to launch AED drones for cardiac arrest victims in US

<http://www.medicaldevice-network.com/news/newsflirtey-and-remsa-to-launch-aed-drones-for-cardiac-arrest-victims-in-us-5947039>

Unmanned Aerial: Flirtey Teams With Nevada Ambulance Service for AED Drone Deliveries



<https://unmanned-aerial.com/flirtey-teams-nevada-ambulance-service-aed-drone-deliveries>

Busy: Drones To Start Delivering Emergency Medical Supplies In Nevada

<https://busy.org/health/@doitvoluntarily/drones-to-start-delivering-emergency-medical-supplies-in-nevada>

Drone Pets: Partnership to Use Drones for Speedy Response to Cardiac Sufferers

<http://dronepets.org/2017/10/11/partnership-to-use-drones-for-speedy-response-to-cardiac-sufferers/>

Logistics Viewpoints: This Week in Logistics News (October 7 – 13)

<https://logisticsviewpoints.com/2017/10/13/this-week-in-logistics-news-october-7-13-2/>

UAV Expert News: Emergency Defibrillator Drone Delivery Program

<http://www.uavexpertnews.com/2017/10/emergency-defibrillator-drone-delivery-program/>

Drone Fans: Flirtey Teams With Nevada Ambulance Service for AED Drone Deliveries

<https://www.dronefans.com/flirtey-teams-with-nevada-ambulance-service-for-aed-drone-deliveries/>

JEMS: Flirtey Partners with Pioneering Ambulance Service to Launch First Emergency Drone Delivery Program in United States

<http://www.jems.com/articles/news/2017/10/flirtey-partners-with-pioneering-ambulance-service-to-launch-first-emergency-drone-delivery-program-in-united-states.html>

DOTMed Health Care Business Daily News: REMSA and Flirtey to launch first US emergency drone delivery program

<https://www.dotmed.com/news/story/39648>

SlashGear: Flirtey launches the first drone-based defibrillator in the US

<https://www.slashgear.com/flirtey-launches-the-first-drone-based-defibrillator-in-the-us-16504091/>

The Las Vegas Review Journal: Defibrillators delivered by drones could save lives in Reno

<https://www.reviewjournal.com/local/local-nevada/defibrillators-delivered-by-drones-could-save-lives-in-reno/>

Las Vegas Now: Drones in Reno to deliver life-saving medical equipment

<http://www.lasvegasnow.com/news/drones-in-reno-to-deliver-life-saving-medical-equipment/835823067>



EMS World: Flirtey Partners with Ambulance Service to Launch First Emergency Drone Delivery Program in U.S.

<https://www.emsworld.com/press-release/218876/flirtey-partners-ambulance-service-launch-first-emergency-drone-delivery>

NNBW: Flirtey, REMSA partnership

<http://www.nnbw.com/news/news-briefs/flirtey-remsa-partnership/>

Nevada Appeal: Flirtey launches first drone defibrillator service in US

<http://www.nevadaappeal.com/news/local/flirtey-launches-first-drone-defibrillator-service-in-us/>

Beckers Hospital Review: 7 must-reads for supply chain leaders this week

<https://www.beckershospitalreview.com/supply-chain/7-must-reads-for-supply-chain-leaders-this-week-10-12.html>

Beckers Hospital Review: This startup will deliver defibrillators to 911 callers via drone

<https://www.beckershospitalreview.com/supply-chain/this-startup-will-use-drones-to-deliver-defibrillators-to-911-callers.html>

UberGizmo: First Drone Defibrillator Service Launched In The US

<http://www.ubergizmo.com/2017/10/first-drone-defibrillator-service-in-the-us/>

Supply Chain Brain: Drone Defibrillator Delivery Could Save Thousands of Lives

<http://www.supplychainbrain.com/content/single-article-page/article/drone-defibrillator-delivery-could-save-thousands-of-lives/>

NCET: Flirtey launches first drone defibrillator service in U.S.

<https://ncet.org/flirtey-launches-first-drone-defibrillator-service-u-s/>

US Story: Defibrillator Drones Aim to Respond in 911 Calls

<http://usstory.net/techsci/technology/defibrillator-drones-aim-to-respond-in-911-calls/>

Live Drone News: Flirtey Launches Emergency Defibrillator Drone Delivery Program

<http://www.livedronenews.com/news/64753/flirtey-launches-emergency-defibrillator-drone-delivery-program>

Science Facts: Defibrillator Drones Aim to Respond in 911 Calls

<http://sciencefactz.com/defibrillator-drones-aim-respond-911-calls/>



REMSA 2017- 2018 PENALTY FUND RECONCIATION AS OF SEPTEMBER 30, 2017

2017-18 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2017	\$6,510.60
August 2017	\$6,275.80
September 2017	\$9,269.04
October 2017	
November 2017	
December 2017	
January 2018	
February 2018	
March 2018	
April 2018	
May 2018	
June 2018	

Total accrued as of 09/30/2017 **\$22,055.44**

2017-18 Penalty Fund dollars encumbered by month

Program Amount Description Submitted

Total encumbered as of 09/30/2017 **\$0.00**

Penalty Fund Balance at 09/30/17 **\$22,055.44**



REMSA INQUIRIES

OCTOBER 2017

No inquiries for October 2017



DBOH AGENDA ITEM NO. 11C

Regional Emergency Medical Services Authority

A non-profit community service using no tax dollars

REMSA

**FRANCHISE COMPLIANCE
REPORT**

NOVEMBER 2017



**REMSA ACCOUNTS RECEIVABLE SUMMARY
FISCAL 2018**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	3986	\$4,530,081.40	\$1,136.50	\$1,136.50	\$409.14
August	4101	\$4,669,433.60	\$1,138.61	\$1,137.57	\$409.52
September	4059	\$4,631,774.80	\$1,141.11	\$1,138.75	\$409.95
October	3812	\$4,346,731.00	\$1,140.28	\$1,139.12	\$410.08
Totals	15958	\$18,178,021	\$1,139.12		

Allowed ground average bill: \$1,161.23
 Monthly average collection rate: 36%



Fiscal Year 2017-2018

Compliance			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B, C, D
Jul-17	5 Minutes 43 Seconds	93%	91%
Aug-17	5 Minutes 38 Seconds	93%	93%
Sep-17	5 Minutes 43 Seconds	92%	97%
Oct-17	5 Minutes 45 Seconds	92%	92%
Nov-17	5 Minutes 38 Seconds	92%	96%

Year to Date: July 2017 through November 2017

Priority 1 Zone A	Priority1 Zones B, C, D
92%	94%

Year to Date: July 2017 through November 2017

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-16	P-1	4:56	5:49	7:48
	P-2	5:06	6:08	8:23
Aug-16	P-1	4:55	5:48	8:09
	P-2	5:03	6:03	7:59
Sep-16	P-1	5:01	5:45	8:06
	P-2	5:21	6:25	6:06
Oct-16	P-1	5:09	5:53	8:05
	P-2	5:22	6:14	8:01
Nov-16	P-1	5:09	5:39	7:34
	P-2	5:13	6:49	8:05

Year to Date: July 2017 through November 2017

Priority	Reno	Sparks	Washoe County
P-1	5:03	5:47	8:00
P2	5:14	6:18	8:18



**RESWMA OCU INCIDENT DETIAL REPORT
PERIOD: 11/01/2017 THRU 11/30/2017**

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	11/4/2017 5:58	11/4/2017 6:02	1C08	0:03:27	0:03:27
Zone A	11/8/2017 13:47	11/8/2017 13:47	1W29	0:00:00	0:00:37
Zone A	11/10/2017 16:31	11/10/2017 16:31	1C23	-00:00:01	0:00:17
Zone A	11/11/2017 22:38	11/11/2017 22:41	1C16	0:02:40	0:02:40
Zone A	11/19/2017 18:44	11/19/2017 18:45	1C24	0:01:34	0:01:34
Zone A	11/20/2017 5:41	11/20/2017 5:41	1C31	-00:00:02	0:00:29
Zone A	11/23/2017 11:54	11/23/2017 11:57	1C07	0:03:05	0:03:05

Upgrade Requested						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
None						

Exemptions Requested					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
11/16/2017	Exemption Approved	Weather	Zone A	0:10:29	0:01:30
11/16/2017	Exemption Approved	Weather	Zone A	0:13:06	0:04:07
11/16/2017	Exemption Approved	Weather	Zone A	0:13:17	0:04:18
11/16/2017	Exemption Requested	Weather	Zone A	0:14:26	0:05:27



GROUND AMBULANCE OPERATIONS REPORT NOVEMBER 2017

1. Overall Statics

- a) Total number of system responses: 6308
- b) Total number of responses in which no transports resulted: 2229
- c) Total number of System Transports (including transports to out of county): 4079

2. Call Classification

- a) Cardiopulmonary Arrests: 1.2%
- b) Medical: 49.9%
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 8.6%
- e) Transfers: 9.7%
- f) Trauma – MVA: 7.6%
- g) Trauma – Non MVA: 19.4%
- h) Unknown: 3.1%

3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
 - 100% of cardiopulmonary arrests
 - 100% of pediatric patients (transport and non-transport)
 - 100% of advanced airways (excluding cardio pulmonary arrests)
 - 100% of STEMI alerts 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: 1918

Total number of above calls receiving QA Reviews: 310

Percentage of charts reviewed from the above transports: 16.15%



**REMSA EDUCATION
Monthly Course and Student Report
November 2017**

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	3	30	30	30	0	0
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	1	10	0	0
ACLS P	1	3	1	3	0	0
ACLS R	18	80	6	36	12	34
ACLS S	0	0	0	0	0	0
AEMT	1	24	1	24		
-	-	-	-	-		
B-CON	3	23	3	23	0	0
BLS	81	494	15	89	66	405
BLS I	0	0	0	0	0	0
BLS R	39	165	16	68	23	97
BLS S	16	35	0	0	16	35
CE	0	0	5	91	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	1	28	1	28		
FF CPR	5	16	1	0	4	16
FF CPR FA	0	0	0	0	0	0
FF FA	1	4	1	4	0	0
HS BBP	0	0	0	0	0	0
HS CPR	35	220	2	14	33	206
HS CPR FA	50	306	5	24	45	282
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	8	33	2	14	6	19
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	1	2
HS FA	10	26	1	1	9	25
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	6	6	6	6	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0



**REMSA EDUCATION
Monthly Course and Student Report
November 2017**

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ITLS R	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
PALS	3	12	2	11	1	1
PALS I	1	7	1	7	0	0
PALS R	11	24	2	13	9	11
PALS S	1	1	0	0	1	1
PEARS	0	0	0	0	0	0
PM	1	26	1	26		
PM R	6	37	6	37		
HS Spanish RCP y DEA	1	3	1	3	0	0
TECC	1	8	1	8	0	0
Classes w/ CPR		CPR Students		REMSA CPR Classes		REMSA CPR Students
233		1272		42		212



COMMUNITY OUTREACH NOVEMBER 2017

Point of Impact

11/2/17	Safe Kids Washoe County Board of Directors Meeting	
11/18/17	Child Car Seat Checkpoint, hosted by REMSA; 16 cars and 24 seats inspected	12 volunteers; 2 staff
11/30/17	Safe Kids Washoe County Coalition Meeting	
11/2017	Seven office installation appointments; 8 cars and 8 seats inspected.	

Cribs for Kids /Community

11/2/17	Attended Office of Traffic Safety Grant Training for Pedestrian Safety Grant.	
11/3/17	United Federal Credit Union- First Responders Appreciation: about 100 people stop by the event.	
11/3/17	C4K taught Train-the-Trainer had 7 participates attend the class at Washoe County Human Service Agency District.	
11/6/17	C4K drove to Gardnerville to teach Train-the-Training had 2 participates attend the class at Washoe Tribe Clinic.	
11/9/17	C4K had a conversation with Grant Manager from Division of Public and Behavioral Health Christina Turner. Discussed updates and how progress was going with the 4 tribes being a part of an injury prevention effort. All 4 tribes have been trained on safe sleep.	
11/9/17	C4K attended Northern Nevada Maternal Child Health Coalition Meeting.	
11/9/17	C4K attended Statewide Impact of Safe Sleep Meeting.	
11/13-14/17	C4K attended 11 th annual Nevada Health Conference in Las Vegas.	
11/16/17	On-air live interview with Fox 11 News for POI Checkpoint Event on 11/18	
11/16/17	C4K taught Train-the-Trainer had 5 participates attend the class at Renown Children`s ER.	
11/18/17	Attended POI Checkpoint as a Technician help install 6 car seats.	
11/21/17	C4K spoke with Patty Taylor from Southern Bands Health Center an Elko tribe to get them started with C4K and provide car seats through the C4K grant	
11/30/17	C4K attended Sake Kids Washoe County Coalition Meeting.	



REMSA

Reno, NV
Client 7299



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

EMS System Report

November 1, 2017 to November 30, 2017

Division: Ground

Your Score

94.19

Number of Your Patients in this Report

150

Number of Patients in this Report

6,321

Number of Transport Services in All EMS DB

142



REMSA
November 1, 2017 to November 30, 2017

Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **11/01/2017** and **11/30/2017**.

The overall mean score for the standard questions was **94.19**; this is a difference of **1.36** points from the overall EMS database score of **92.83**.

The current score of **94.19** is a change of **0.33** points from last period's score of **93.86**. This was the **30th** highest overall score for all companies in the database.

You are ranked **9th** for comparably sized companies in the system.

84.23% of responses to standard questions had a rating of Very Good, the highest rating. **98.15%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

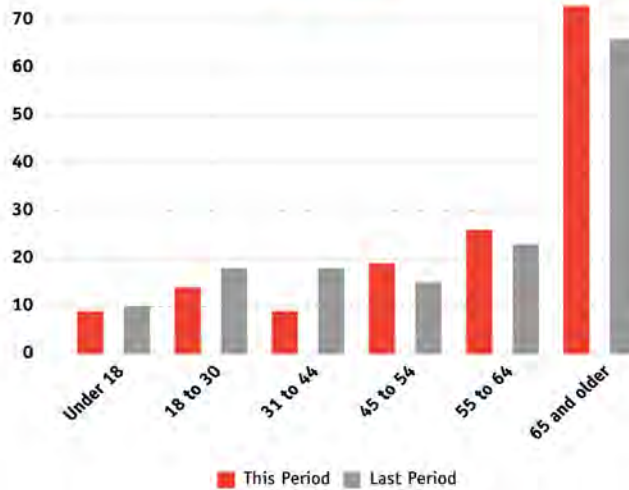


REMSA
November 1, 2017 to November 30, 2017

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	10	4	6	0	9	6	3	0
18 to 30	18	4	14	0	14	6	8	0
31 to 44	18	11	7	0	9	4	5	0
45 to 54	15	5	10	0	19	8	11	0
55 to 64	23	14	9	0	26	9	17	0
65 and older	66	24	42	0	73	33	40	0
Total	150	62	88	0	150	66	84	0

Age Ranges



Gender



REMSA
November 1, 2017 to November 30, 2017

Monthly Breakdown

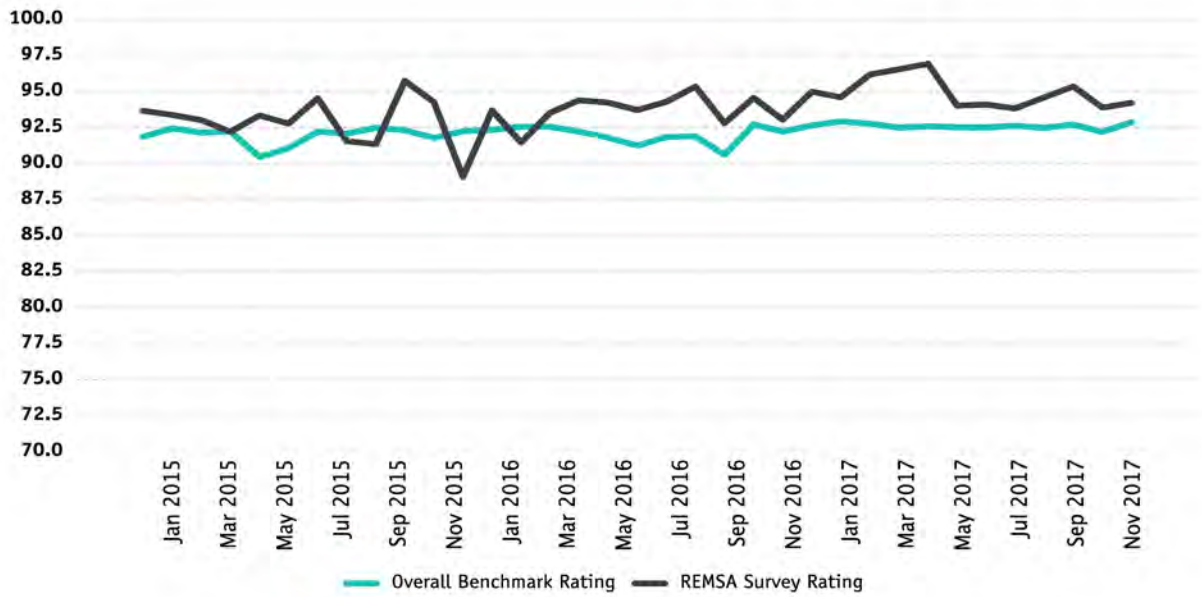
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017
Helpfulness of the person you called for ambulance service	92.36	93.48	97.50	96.25	94.32	95.45	96.59	91.69	95.21	95.21	93.13	90.58	93.13
Extent to which you were told what to do until the ambulance	86.76	91.88	97.92	95.14	89.53	94.26	94.77	92.10	91.48	96.02	89.89	92.33	94.59
Extent to which the ambulance arrived in a timely manner	92.14	95.79	95.01	96.28	94.12	95.39	92.40	93.40	92.01	95.01	95.44	92.37	92.87
Cleanliness of the ambulance	93.80	97.79	96.18	97.37	96.12	98.13	95.17	97.11	96.04	96.57	99.09	96.82	96.12
Skill of the person driving the ambulance	93.93	96.34	95.88	97.14	97.24	96.23	96.01	95.42	95.49	96.40	96.44	96.82	95.26
Care shown by the medics who arrived with the ambulance	94.73	96.23	96.23	96.83	97.55	98.08	94.47	94.74	95.12	93.90	96.19	93.68	95.49
Degree to which the medics took your problem seriously	93.45	94.37	95.62	97.16	97.45	98.19	93.99	95.88	94.73	94.70	95.90	93.59	95.21
Degree to which the medics listened to you and/or your family	93.76	94.51	95.64	96.43	97.48	97.78	94.31	93.63	93.77	94.52	96.88	94.22	94.75
Extent to which the medics kept you informed about your	94.53	94.76	92.67	95.83	96.92	95.45	91.96	92.92	91.76	92.33	92.75	92.56	93.81
Extent to which medics included you in the treatment decisions	92.52	94.44	88.94	94.29	96.52	95.36	93.77	92.86	92.01	93.16	91.71	93.93	91.47
Degree to which the medics relieved your pain or discomfort	89.57	93.16	89.18	92.86	92.60	94.74	87.89	87.94	87.43	92.54	90.17	86.22	92.90
Medics' concern for your privacy	93.70	94.53	94.41	97.23	97.39	97.44	94.31	95.39	97.16	96.00	96.73	94.72	93.45
Extent to which medics cared for you as a person	92.94	95.65	94.92	98.11	97.83	98.18	94.29	95.74	95.40	95.20	96.95	94.54	94.51
Professionalism of the staff in our ambulance service billing	75.00	90.10	89.76	100.00	100.00	92.86	90.00	95.00	81.25	93.18	96.43	100.00	87.50
Willingness of the staff in our billing office to address your	75.00	90.10	88.35	100.00	100.00	96.43	90.00	87.50	84.50	87.50	100.00	98.08	87.50
How well did our staff work together to care for you	94.06	96.08	96.28	96.51	98.20	98.54	94.99	96.22	96.25	95.72	96.68	95.92	95.98
Extent to which the services received were worth the fees	86.08	86.39	82.19	87.20	94.91	92.29	90.72	78.61	87.92	88.24	83.63	85.47	89.39
Overall rating of the care provided by our Emergency Medical	95.18	95.27	96.58	96.66	97.45	98.20	95.52	94.78	94.94	94.54	95.94	94.97	94.82
Likelihood of recommending this ambulance service to others	93.28	96.24	96.97	97.38	97.40	97.60	95.79	94.93	93.55	96.46	97.34	96.87	95.29
Your Master Score	93.02	94.96	94.58	96.16	96.52	96.91	94.00	94.07	93.80	94.57	95.33	93.86	94.19
Your Total Responses	150	165	150	150	150	150	150	150	144	150	150	150	150

REMSA
November 1, 2017 to November 30, 2017



Monthly tracking of Overall Survey Score





GROUND AMBULANCE NOVEMBER CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
1	09/15/2017	"I was very well pleased with the service"				
2	09/15/2017	"Medic showed me a lot of compassion. They made me feel comfortable about my issues and not embarrassed. They took care of my emotionally and psychologically."	"Not at all. Medics were really good about communication with everyone involved."			
3	09/16/2017	"They transported him carefully."				
4	09/15/2017	"They came quickly and did what needed to be done. They recognized her needs and the whole team was amazing the police and the remsa team knew each other and worked together nicely."				
5	09/17/2017	"I was very pleased"				
6	09/15/2017	"They responded great. I was attacked by someone and the ambulance and medics took good care of me."				
7	09/15/2017	"The medics were all very kind "	"Not that I can think of."			
8	09/15/2017	"They are a superb service!! I am grateful for their help I have needed them twice for my heart condition. Thank you!"	"I am fortunate to have REMSA as my emergency ambulance service!"			
9	09/17/2017	"They did an outstanding job with me."				
10	09/17/2017	"I had 18 stitches for my head."	"There wasn't a need for a high speed ride to the ER"			
11	09/17/2017			"I was swelling and they scared me and told me my heart wasn't right and encouraged me to go to ER"		
12	09/17/2017		"couple guys kept putting each down. I had to stop it. I don't need to hear that while I am not feeling well. Overall they good a good job."		Assigned to Supervisor 12.8.17 #5014	Refer to # 12 Below Results after Follow Up
13	09/17/2017	"You guys are great!"				
14	09/18/2017			"they treat their patients in the most fantastic way"		
15	09/18/2017	"they kept me calm they stopped his seizure and got him to the hospital"	"no they were absolutely perfect"			
16	09/18/2017	"everything was done quite well, very professional"				
17	09/18/2017			they were not capable of administering anything		Refer to #17 Below Results after Follow Up
18	09/18/2017	"they really made me feel confident being cared for and comfortable"				
19	09/18/2017	"they just were there"				
20	09/19/2017	"they were very caring and got me there pretty fast"				
21	09/19/2017	"they were very good they took everything I was doing very seriously"				
22	09/20/2017	"they seemed to care!"				



GROUND AMBULANCE NOVEMBER CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
23	09/20/2017	"everyone was polite and cautious"	"ask if there is a particular place that is very painful and have the option rather than the sling to give an option for it."	"he fell on his back and suffered an unstable fracture in his back they drove fairly slow to be careful and had him in a sling with excruciating pain tell the drivers to ask exactly where it hurts the most."		
24	09/20/2017	"Every time we have used REMSA we have received great service. Thank you."				
25	09/20/2017	"They took care of the situation and did the best they can"				
26	09/20/2017	"The time it took them to figure out what may be wrong and get me to the hospital"		"no pain"		
27	09/20/2017	"Everything was moving so quickly and they stayed calm in the midst of all the chaos. Stayed professional. I really appreciated that"		"They were really wonderful. They went above and beyond to make me feel comfortable. Explained what they were doing. They tried to give me medication, but it wasn't working. Professional. I was very pleased"		
28	09/20/2017	"They assessed the situation right away, took her vitals and decided that they needed to get her to the hospital quickly. Everything was done very well and very professional. A blessing "				
29	09/20/2017		"Come faster. Shouldn't take 3 hours"		Assigned to Communication s Manager 12.8.17 #5015	Refer to #29 Below Results after Follow Up
30	09/21/2017	"They were really friendly and open to help"				
31	09/21/2017	"Everything ease exceptional. Talked to me and talked me through everything. Made me as comfortable as possible"	"I think the staff that got me was just perfect. They did their job great. I think they went above and beyond to keep me calm"			
32	09/21/2017	"The paramedic in the back was very personable and made me very comfortable while in severe anaphylactic shock"				
33	09/21/2017	"Helped me into the ambulance and helped me accommodate my purse"	"Dispatcher took a long time"	"Everything was great"		
34	09/21/2017		"The same type of treatment"			
35	09/21/2017		"Keep me informed as far as the medication"			
36	10/04/2017	"Made sure I got there safely because I was passed out"				
37	10/04/2017	"Made me feel like they were very much in charge and would take care of everything. They were very professional, caring, and kind"		"They sent me upstairs and asked me to wait there which was fine with me"		
38	10/05/2017	"Did everything good"				



GROUND AMBULANCE NOVEMBER CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
39	10/05/2017	"Overall everything"	"Just the expense because he's been so sick this year"			
40	10/05/2017	"Got me to the hospital with great speed and were professional"	"Don't allow that one lady to accompany any paramedics"		Assigned to Supervisor 12.8.17 #5016	Refer to #40 Below Results after Follow Up
41	10/06/2017	"Got there quick 2 minutes"	"Let me ride facing the other way (don't put me in headfirst). It made me sick"	"They just said they'd check me better at the hospital because they thought it was heart related"		
42	10/06/2017	"Everything. They took care of everything and treated me well"		"They were real good and very very helpful"		
43	10/06/2017	"They explained what they were trying to accomplish with my treatment"		"She was going around the room looking through my paperwork"		
44	10/06/2017	"They did real good"	"You did pretty good"			
45	10/06/2017			"Very professional. Cared about privacy more than the hospital"		
46	10/06/2017	"Their respect and courtesy"				
47	10/06/2017	"Very kind with our small child and very empathetic"	"The person who tried to get his BP didn't know how to do it from a small child. Someone from the preschool had to do it "		Assigned to Supervisor 12.8.17 #5017	Refer to #47 Below Results after Follow Up
48	10/07/2017	"fact that I didn't have any clothes on and medics put clothes on me"	"They were calming and did above and beyond driver took her to where she wanted. Walked through driving skills."			
49	10/09/2017	"I liked that they were quick. We left and went to the hospital right away"		"It was kind of scary and fast. Nothing went wrong, They all did well"		
50	10/09/2017	"Got there and to the hospital pretty quickly"	"They need to be more compassionate. They seemed like they were pretty jaded. Maybe they need some more sleep"		Assigned to supervisor 12.8.17 #5018	Refer to #50 Below Results after Follow Up
51	10/09/2017	"Showed up in a timely manner and were quick to transport him"		"I know they gave him pain meds"		
52	10/09/2017	"Took me to the hospital"		"Just bandaged me up and took me to the hospital"		
53	10/09/2017	"General patient care"	"Be more clear about billing"			
54	10/09/2017	"They're better than any other service, those guys deserve a pat on the back"				
55	02/26/00	"Timely and safe"				
56	02/27/00	"they hit it on the nose with everything and very respectful."				
57	02/28/00	"They did really over all did a great job."	"They did everything very well."			
58	10/08/17	""They took care of every base""				
59	10/17/2017	"they did everything they could to help me. They were very professional!"				
60	10/17/2017	"They arrived quickly."				
61	10/17/2017	"The medics were so helpful. They didn't what they could."				
62	10/17/2017	"They were all very good."				
63	10/18/2017	"They transported me safely out of the house to the hospital"				



GROUND AMBULANCE NOVEMBER CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
64	10/16/2017	"The entire experience went very well"				
65	10/18/2017	"Everything"				
66	10/19/2017	"Very good overall experience"				
67	10/19/2017	"Arrived very quickly, very gentle"				
68	10/19/2017	"they let the passenger also ride in the ambulance with me as he was in shock."				
69	10/20/2017		"Notify patient that if a transport is needed and it is not life threatening than insurance doesn't cover it."	equipment not working and duck tape on equipment. Remsa medic complained that the equipment doesn't work.	Assigned to Supervisor 12.8.17 #5019	Refer to # 69 Below Results after Follow Up
70	10/20/2017	"They allowed me to walk out and saw they saw me having a trouble breathing and then offered to take me into the hospital on a gurney. I felt dignified."	"They really did a wonderful job."			
71	10/20/2017	"Everyone's helpful"		"I don't remember everything, just what my son told me"		
72	10/20/2017	"I really enjoyed the mechanical gurney they used"	"Everything just went perfect"	"No complaints"		
73	10/21/2017	"I had no problems. The ride was smooth. They were training that day and wanted to know about sickle cell, so I got the chance to explain to them what it is and how it's passed on. We talked the whole way there"	"Same thing"			
74	10/21/2017	"The driving and trying to comfort me"		"Blew a vein in my arm and bruised my arm up. They were very understanding"		
75	10/21/2017	"Their overall professionalism, their personalities"				
76	10/22/2017		"Listen to the person and don't restrain them without their permission. I want you to explain what happened. The hospital said I fell off a balcony and had polysubstance abuse, neither of which are true. I was taken out of UNR because of it and kicked out of my apartment"	"They restrained me and wouldn't let me explain anything to them. I felt trapped and they took me away without explaining anything to me. It was shocking and scarring. They took me without my permission. I wasn't even the one that called the ambulance. They gave me a catheter at the hospital"	Assigned to Supervisor 12.4.17, no follow up. Reassigned to different Supervisor on 12.8.17 #5000	Refer to #76 Below Results after Follow Up
77	10/22/2017	"They showed up quickly and were very nice to my husband. Very knowledgeable. Drove nice. I can't say enough about them!"				
78	10/22/2017	"I was very confident in them. Medics were very professional!"	"Nothing. They were proficient."	"Security was asking"		
79	10/22/2017		"medics acted as if I was killing them by calling them for help." "Medics acted and treated me as if I was nauseous and acted as if I wanted pain medication."		Assigned to Supervisor 12.2.17 #4973	Refer to #79 Below Results after Follow Up



GROUND AMBULANCE NOVEMBER CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
80	10/22/2017	"You guys did great! Thank you!"				
81	10/22/2017		"Charge less!"			
82	10/23/2017	"Always very courteous as I tend to be a naggy type of person. They're very quick to assure me that they know what they're doing"		"They convinced me to go to Renown which is what I needed. They always play with my dog for a few minutes which is very nice"		
83	10/23/2017	"Janet, says thank you! She is very appreciative of their help."				
84	10/23/2017	"Everything was good."				
84	10/24/2017	"Everyone was very professional and it's a great service. Thank you"				
86	10/24/2017		"Can't walk the method is to take ppl on gurney but I have a scooter and I can't walk but there's no room for my scooter."			
87	10/24/2017	"They arrived quickly and informed me of their procedure."				
88	10/24/2017	"They worked from their hearts."				
89	10/24/2017	"everyone was professional and worked well together!"				
90	10/23/2017	"The care shown was great. Thank you!"				
91	10/19/17			They were very rude and insensitive. I got some information about my boy and had was distraught. I called because I was worried about my heart. Her tone of voice was rude. The police were the ones that came to my door. I've never heard of the medics not being allowed in my apartment. The one guy that was in there was nice and gave me something to calm me down. I wasn't happy with the fact that the police put me in a legal hold and they strapped me and stuff. The guy was nice inside the actual ambulance. The two paramedics that were driving and arrived on the scene were insensitive. The police said I had to walk in the hallway for the safety of the paramedics. They didn't come inside for 40 minutes, and I told her that I needed them 40 minutes ago to check my heart. That's when they restrained me.	Assigned top Supervisor 10.20.17 #4773	Refer to #91 Below Results after Follow Up
92	10.27.17			Pt uses REMSA frequently and has a reoccurring concern about their knowledge of mental health issues. She stated that she would not recommend REMSA to others who have panic attack and mental health concerns as they lack emotional intelligence and knowledge about mental health.	Assigned to Supervisor 10.30.17 #4837	Refer to #92 Below Results after Follow Up
93	11.10.17			"I would suggest that medics trust patients who have had allergic reactions. Medics believed they knew what I needed better I did. Everything I had asked for, medics did not give me. They did not listen. I informed them of what I need. They wouldn't let me out of ambulance to get my epi pen."	Assigned 11.10.17 #4876	Refer to #93 Below Results after Follow Up
94	11.10.17			"Very upset no excuse for what they did. I called to understand the complication of my medications they had no right to call REMSA. I will never call for help again." "Reno police department needs this bill, I was told to get on ambulance or be arrested. I am extremely disappointed. Patient should have more rights to deciding to know what is best for them!"	Assigned 11.10.17 #4874	Refer to #94 Below Results after Follow Up
RESULTS AFTER FOLLOW UP						



GROUND AMBULANCE NOVEMBER CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
12	12/8/17 1218,	I spoke to the pt , she was very nice, I asked her happened and she told me the two guys were just trying to "up each other". She asked me not to say anything to them as she did not want to get them in trouble, she said something on scene and they stopped. She said she could do that because she is old and people listen to her. we both had a good laugh. I apologized to PT and thanked her for her time. No further action.				
17		Chart reviewed. PT was administered appropriate medication per her complaint. All treatment was followed per protocol with PT having improvement in all symptoms.				
29		CAD record shows that the call request came in at 22:04:12. A unit was assigned at 22:21:57 and they marked on scene at 22:37:36. This is a total of 33 minutes from the time the call was taken to us arriving on scene to transport the patient. The unit was not diverted or other incidences reported in the call.				
40	12/8/17 1513,	I spoke with the pt. He was very nice, while talking we figured out the date he had a problem with, was 9/1/17. He told me he was upset at the short, dark haired female crew member because she would not let his wife ride in the ambulance to the hospital, he thought that was strange. I apologized to PT and assured him I would look into this matter, he thanked me. I will have the crew complete an occurrence report to the best they could remember from 3 months ago.				
47	12/8/17 1437,	I spoke with the mother about her complaint. She was very nice and told me she heard this from the preschool teacher who took an EMT class and she was able to get a BP and not the crew. She was not really complaining, she just wanted to teach our crews to take BP on kids. I apologized to the mother and assured her our crews know how to take BP on ped pts. She thanked me for calling and following up on this. I will have the crew complete an occurrence report ASAP on why there is no BP on the chart.				
50	12/8/17 1603,	I spoke to pts mother about the complaint. Mother told me they did not have a complaint, she rode in the back with her son (16 yrs. old) and the crew joked with him and made him very comfortable. She did have a problem with the insurance company but told me REMSA was great. I thanked her for her time, no further.				
69	12/8/17 1630,	I spoke with the pt. she was very nice but told me she thought there was duck tape on the monitor. She told me they were trying to take her blood pressure and the crew said it never works. She was also upset it cost so much money for the transport and the crew should have told her. she would have had her friend take her to SMRMC. I thanked her for talking with me and I would look into the equipment issue. I told her to contact her insurance company about the bill, the crew has nothing to say about the transport costs. I will have the crew members complete occurrence reports.				
76	12/8/17 1243,	left a message for the pt. The chart is very well documented on the scene and what happened per witness, also how the pt was acting and admitted to taking drugs. If I am able to contact the pt I will suggest he come down to the billing office and obtain a copy of his chart.				
79	12/2/17 1438,	I left a message for the pt about her transport on 10/22/17. I will have the crew complete an occurrence report. 12/7/17 0842, I spoke with the pt about her complaint on 10/22/17. PT was tired of getting the survey calls and calls back from me. She told me she really did not know the date this complaint happened, she thinks in Nov and the crew had two men. PT was unhappy because she did not know they were going to start an IV and give her Fentanyl, which her complaint was the medic's thought she was seeking pain meds. PT was just "tired" of the whole thing. I asked her to call me right away if she has any problems, I talked to her 9/15/17 about a similar complaint, she told me she would try. PT has been transported 21 times from Jan-Nov 2017, she complains on the phone survey but cannot remember what the date was and does not remember all the details, this is why I ask her to call REMSA right away so it can be dealt with ASAP. Attached is the correct chart and I will have the right crew complete an occurrence report ASAP.				
91		I spoke with crew who told me the patient was distraught over a past event involving her son, and developed chest pain, possibly secondary to anxiety. They were told to stage until SPD cleared the scene. When they were cleared to enter they found the pt. crouched in a corner with SPD attempting to calm the patient, who was cursing and speaking incoherently. SPD had placed the patient in handcuffs prior to the crew's arrival. Crew attempted to assess the patient but was unable due to patient's demeanor. She states they were not rude to the patient, but persistent, which may have been interpreted negatively by the patient. Our crew felt the patient's demeanor was worsened by the presence of numerous PD and FD personnel, so the patient was moved to the gurney and soft restraints were applied. The patient was placed in the ambulance where, per crew, the patient's anxiety decreased slightly. An IV was established and the patient was given 2 mg of Versed with minimal change, then a second 1 mg dose 11 minutes later with minimal change. The patient would not allow further treatment. Prior to leaving the scene, the patient's daughter arrived and attempted to calm the patient but was unable. Per crew the pt. was then transported, still with restraints for crew safety, to SMRMC without incident.				
92		This appears to be a complaint/concern about REMSA crews in general, but on this particular call the patient received appropriate medical care, as well as supportive care from the crew. I spoke with medic, who was the attendant, who reiterated what is noted in her narrative on the chart. The pt. was initially difficult to manage, but after being placed in the unit crew was able to calm her and begin treatment (continued) which included an IV, cardiac monitor, and Versed to further calm her. Crew felt she had "a good rapport" with the patient.				
93	11/17/17 1623,	I spoke to the pt (***-****), she was at work and very short with me. She again said the paramedic's need to listen to her as she has had this reaction several times and needs epinephrine every time. I thanked her for her time, no further.				



GROUND AMBULANCE NOVEMBER CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Results after follow up
94	11/10/17 0850,			I left a message for the pt (***.****), chart is well documented with pt intentionally taking 30 Ambien/16 Klonopin the night before then calling the Nurse hotline the next day as she was concerned. Crew did call RPD to try and to put her on a legal hold, when RPD arrived she went voluntarily and signed the chart for transport. 11/10/17 1505, I received 3 calls from ***.**** with no messages, I called back for the pt and had the wrong number. 11/17/17 1632, I left a message for the pt. 11/18/17 1354, I spoke with the pt, she was very upset RPD made her go to the hospital and wants them to pay her bill. She told me it was all a mistake taking the pills and they were not the pills in the chart, she would like her chart changed because it was all a mistake. I explained to her she has to pay the bill and she could come to the billing office and complete paperwork of what happened and it would be attached to her chart. She was happy with that but not the bill, I thanked her for talking to me, no further.		



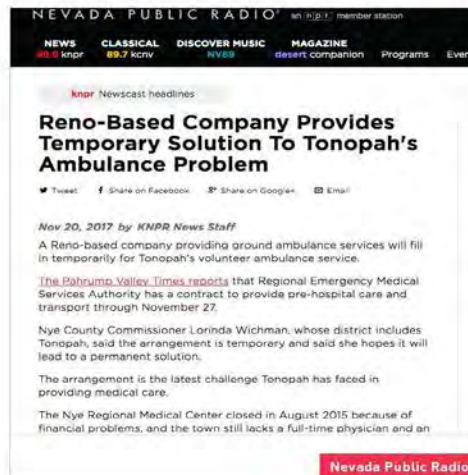
November 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

Nye County

REMSA provided assistance to Nye County when their volunteer ambulance service experienced unexpected inability to provide coverage. REMSA received media coverage from KTVN, Nevada Public Radio in Las Vegas, Tonopah Times, and Pahrump Valley Times.





November 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

Snow Play + Safety

Cindy Green was interviewed by Sarah Johns on KOLO about snow play safety.



REMSA Community Advisor | Fun in the Snow

November 15, 2017 By [Christie Yabu](#) — [Comments](#)

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

Often times an afternoon of fun in the snow can lead to careless injuries. By taking the right safety steps, these injuries can be prevented. In particular, sledding causes a high percentage of snow play injuries. REMSA would like to offer some safety tips to keep playing in the snow safe.

Tips for Playing in the Snow:

- Check the weather report and heed precautions and advisories. If weather warnings suggest a severe



REMSA offers some safety tips to keep playing in the snow safe

Nevada Business



November 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

Point of Impact

REMSA's Point of Impact safety checkpoints were posted on community calendars, and the November checkpoint was highlighted in a live segment on Fox in the Mornings.



REMSA Offers Free Car Seat Checkpoints in November and December

October 24, 2017 by Chinaie Yabu · Comments



(Reno, Nev.) – Before you travel for the holidays, make sure your children are truly safe in the car: The Regional Emergency Medical Services Authority (REMSA) is offering free car seat installation and inspection checkpoint as part of its Point of Impact community outreach program.



REMSA's Point of Impact program encourages parents to ensure their car seats are properly installed. A properly installed car seat can reduce the risk of death by as much as 71 percent. When visiting the checkpoint, parents should bring their child(ren) and car seat(s) and schedule about 30-45 minutes; longer for more than one seat. Staff and volunteers will check for obvious defects and determine whether the car seat appears on a national recall list. In addition, they will check the installation, correct any problems and provide education on the proper use

Nevada Business



REMSA Free Car Seat Checkpoints
 Thursday, November 02, 2017
 9:00 am - 11:15 am
 Additional Dates
 Wednesday, November 01, 2017 9:00 am - 11:15 am
 Monday, November 06, 2017 9:00 am - 11:15 am
 Tuesday, November 07, 2017 9:00 am - 11:15 am
 Wednesday, November 08, 2017 9:00 am - 11:15 am
 Show Additional Dates

REMSA
 400 Edison Way, Reno
 Reno, NV
 Directions

Price: Free - Free

Before you travel for the holidays, make sure your children are truly safe in the car. The Regional Emergency Medical Services Authority (REMSA) is offering free car seat installation and inspection checkpoint as part of its Point of Impact community outreach program.

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Reno News and Review

November 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

Food Drive

KTVN announced REMSA and Care Flight as a partner in their Share Your Christmas Drive-By Food Drive.





November 2017 Public Relations + Social Media Highlights Report

District Board of Health

MEDIA COVERAGE

Pedestrian Safety

REMSA received a Pedestrian Safety Grant, and was covered by Nevada Business and Northern Nevada Business Weekly.

REMSA Receives Grant to Help Save Pedestrian Lives

November 20, 2017 By Chlöse Yabu - Comments

RENO, Nev. - REMSA, the Regional Emergency Medical Services Authority, has received a \$20,000 grant from the Nevada Office of Traffic Safety (OTS), to educate the public about pedestrian safety in order to decrease injuries and deaths in Washoe County.



The grant will be implemented with many regional partners, including the Washoe County School District (WCSD), the Regional Transportation Commission (RTC), and regional law enforcement agencies. Through collaborative efforts, the grant will enable REMSA to spread a unified message to residents of Washoe County about taking personal responsibility for improving pedestrian safety.

Nevada Business

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SPECIALIZING IN TECH INDUSTRY PROFESSIONALS, 1ST TIME & SENIOR COMMUNITY BUYERS.

REMSA receives grant from Nevada Office of Traffic Safety

November 20, 2017

The Regional Emergency Medical Services Authority (REMSA) received a \$20,000 grant from the Nevada Office of Traffic Safety to educate the public about pedestrian safety in order to decrease injuries and deaths in Washoe County.

Northern Nevada Business Weekly

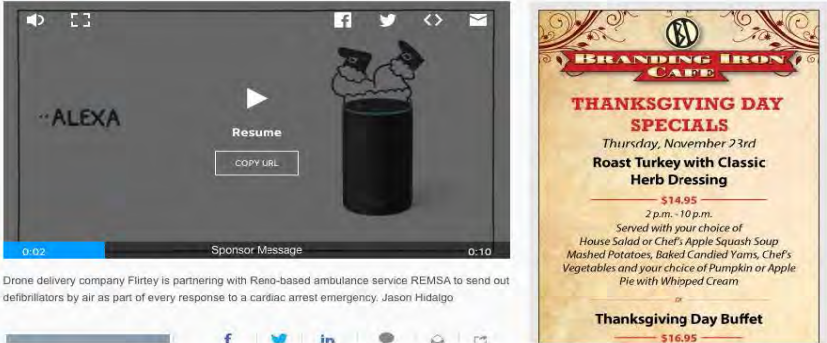
MEDIA COVERAGE

Drone Delivery

Coverage continued in the RGJ on the Flirtey and REMSA partnership.

Amazon HQ2 battle moving to Nevada skies with drones

Jason Hidalgo, jhidalgo@rgj.com Published 11:37 a.m. PT Nov. 28, 2017 | Updated 12:59 p.m. PT Nov. 28, 2017



Drone delivery company Flirtey is partnering with Reno-based ambulance service REMSA to send out defibrillators by air as part of every response to a cardiac arrest emergency. Jason Hidalgo

BRANDING IRON CAFE
THANKSGIVING DAY SPECIALS
 Thursday, November 23rd
Roast Turkey with Classic Herb Dressing
 \$14.95
 2 p.m. - 10 p.m.
 Served with your choice of House Salad or Chef's Apple Squash Soup, Mashed Potatoes, Baked Candied Yams, Chef's Vegetables and your choice of Pumpkin or Apple Pie with Whipped Cream
Thanksgiving Day Buffet
 \$16.95

RGJ

Possible applications of drone technology include land and agriculture surveying, fire mapping, package deliveries, search and rescue, and medical transport. Flirtey, for example, recently started a partnership with Reno-based ambulance service Regional Emergency Medical Services Authority to study [drone delivery of automated electronic defibrillators](#) ahead of paramedics during cardiac arrest calls. Being part of the FAA pilot program means the program could be implemented more quickly.

"This program will allow us to fast-track the approval for sending (defibrillators)," Sweeney said. "It will result in increased survival rates and ultimately save lives."

RGJ



November 2017 Public Relations + Social Media Highlights Report

District Board of Health

PUBLIC/BUSINESS OUTREACH

Public/Business Outreach

- ▼ **Northern Nevada Network:** REMSA participated in a panel discussion at a Northern Nevada Network meeting on emergency medical preparedness, with the Reno Air Races crash as the focal point. Representatives from Northern Nevada Network, Saint Mary's Regional Medical Center and Renown Health also were panelists. There was strong interest in mass casualty incidents given the recent Las Vegas shooting. REMSA is working toward corporate training on B-Con based on interest shown.
- ▼ **NCET:** REMSA partnered with NCET on Tech Wednesday, and hosted a tour, showcasing the high-technology focused organization.





November 2017 Public Relations + Social Media Highlights Report

District Board of Health

PUBLIC/BUSINESS OUTREACH



BACKSTAGE PASS TO THE COOLEST COMPANIES

NCET is a member-supported nonprofit organization that produces networking events to help individuals and businesses explore and use technology.

REMSA - November 8, 2017

Networking: 5:30 - 6:00 pm / Presentations: 6:00 - 7:30 pm



Register Now



NCET Email

NCET Biz Tips: REMSA's life-saving technology

NOVEMBER 1, 2017 BY DAVE ARCHER

NCET helps you explore business and technology

By Dave Archer



When you respected the flashing red lights and pulled to the side of the road yesterday, the ambulance that raced past you was supported by a dense web of technology that delivers quality emergency medical service cost-efficiently, by a private not-for-profit agency that receives no tax

NCET Blog

To read the full blog post, go to:
<https://ncet.org/ncet-biz-tips-remsas-life-saving-technology/>

November 2017 Public Relations + Social Media Highlights Report

District Board of Health

SOCIAL MEDIA HIGHLIGHTS

Communication Specialist Job

Regional Emergency Medical Services Authority - REMSA
Published by Turner Park (1) · November 21 at 8:10am · [uk](#)

Are you good with people? Do you have a passion for helping others? Apply today for our Communications Specialist job, in our high performance medical dispatch center -- if you have a current or previous EMT certificate: <http://bit.ly/2mvEFmg>



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4,399 people reached [Boost Post](#)

Dabrina Maza, Kerbill Ebell and 2 others · 2 Comments

4,399 People Reached

25 Reactions, Comments & Shares

13 Like	4 On Post	9 On Shares
2 Love	0 On Post	2 On Shares
4 Comments	2 On Post	2 On Shares
6 Shares	1 On Post	5 On Shares

294 Post Clicks

40 Photo Views	6 Link Clicks	248 Other Clicks
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NCET Event

Regional Emergency Medical Services Authority - REMSA shared NCET.org's album
Published by Turner Park (1) · November 10 at 10:03am · [uk](#)

Thank you NCET.org for letting us host you! We had a great time showing you the Insider's view of our offices; including Education, Special Events, Emergency Medical Communications Center... and much more.




NCET.org added 70 new photos to the album: NCET Tech Wed | REMSA | Nov 8, 2017 -- with Patrick Frasier and 5 others.
November 9 at 2:12pm · [uk](#)

Photos courtesy of Dave Siegel - Insight Studio, Inc.
REMSA's team of hundreds of skilled professionals relies on innovative technology every hour of the day. [See More](#)

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769 people reached [Boost Post](#)

Molly Bross, Kim Orsini and 20 others

769 People Reached

22 Likes, Comments & Shares

22 Likes	22 On Post	0 On Shares
0 Comments	0 On Post	0 On Shares
0 Shares	0 On Post	0 On Shares

242 Post Clicks

90 Photo Views	0 Link Clicks	152 Other Clicks
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November 2017 Public Relations + Social Media Highlights Report

District Board of Health

SOCIAL MEDIA HIGHLIGHTS

United Federal Credit Union

Regional Emergency Medical Services Authority - REMSA added 3 new photos.

Published by Alexis Sbrattolo (15) · November 3 at 12:46pm · US

Thank you United Federal Credit Union for recognizing all that EMS and first responders do throughout our region! We appreciate your support and are thrilled to be part of the Northern Nevada community!



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639 people reached

Kyle Leric, Linda Dewriston and 21 others

639 People Reached

24 Likes, Comments & Shares

24 Likes	24 On Post	0 On Shares
0 Comments	0 On Post	0 On Shares
0 Shares	0 On Post	0 On Shares

140 Post Clicks

104 Photo Views	0 Link Clicks	36 Other Clicks
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Paramedic Job

Regional Emergency Medical Services Authority - REMSA

Published by Turner Park (7) · November 28 at 8:30pm · US

We are growing our Paramedic team and we want you! If you are a currently nationally registered (NREMT) Paramedic and would like to work in an exciting, fast-paced company with a national reputation for quality and innovation- apply today!



Paramedic - REMSA

Opportunity. We are currently in the process of hiring and building our future candidate pool for Paramedics. If you are currently a nationally registered (NREMT) Paramedic and would like to work for an exciting fast paced, family...

REMSAHEALTH.COM

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737 people reached

Kim Greco, Maricela Holzman and 4 others · 1 Comment

737 People Reached

18 Likes, Comments & Shares

11 Likes	6 On Post	5 On Shares
2 Comments	2 On Post	0 On Shares
5 Shares	0 On Post	5 On Shares

119 Post Clicks

0 Photo Views	15 Link Clicks	104 Other Clicks
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November 2017 Public Relations + Social Media Highlights Report

District Board of Health

STRATEGIC INITIATIVES

ONE TEAM



- Initiated "The Top Five" - a new internal communications program. It includes items such as awards, HR updates, organizational news and clinical information. It is distributed weekly by email and is also available on the employee Intranet.



REMSA 2017- 2018 PENALTY FUND RECONCIATION AS OF OCTOBER 31, 2017

2017-18 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2017	\$6,510.60
August 2017	\$6,275.80
September 2017	\$9,269.04
October 2017	\$7,060.72
November 2017	
December 2017	
January 2018	
February 2018	
March 2018	
April 2018	
May 2018	
June 2018	

Total accrued as of 10/31/2017	<u>\$29,116.16</u>
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2017-18 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
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Total encumbered as of 10/31/2017	<u>\$0.00</u>
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Penalty Fund Balance at 09/30/17	<u>\$29,116.16</u>
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REMSA INQUIRIES

NOVEMBER 2017

No inquiries for November 2017

STAFF REPORT
BOARD MEETING DATE: December 14th, 2017

DATE: December 1st, 2017
TO: District Board of Health
FROM: Catrina Peters, Director of Programs and Projects, ODHO
(775) 328-2401, cpeters@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
SUBJECT: **Presentation and Possible Acceptance of Revised Strategic Plan**

SUMMARY

As a result of the November 2, 2017 Strategic Planning Retreat a revised Strategic Plan is presented for review and possible acceptance.

This Item addresses the following Health District 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

PREVIOUS ACTION

The 2017-2020 Strategic Plan was presented and adopted at the May 26th, 2016 District Board of Health meeting with all in favor and none against.

BACKGROUND

The plan was revised as described below to reflect feedback given at the November 2nd, 2017 retreat:

Date of Review	Reviewed By	Page(s)	Summary of Changes
11.21.17	Catrina Peters	7	Brief description of the November 2017 District Board of Health Strategic Plan retreat and additional emerging strategic considerations
11.21.17	Catrina Peters	8,9	Additional Community Health Needs Assessment (CHNA) Information from 2018-2020 CHNA
11.21.17	Catrina Peters	17	Added an outcome under goal 2.2
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11.21.17	Catrina Peters	20	Added an outcome under goal 6.3
11.21.17	Catrina Peters	22-33	Updates to staff person assigned to reflect current staffing
11.21.17	Catrina Peters	22-33	Removed initiatives that are complete
11.21.17	Catrina Peters	21	Added a table of cross-divisional collaboration

FISCAL IMPACT

The services of OnStrategy to facilitate the board retreat were included in the contract previously approved by the District Health Officer.

RECOMMENDATION

Staff recommends the District Board of Health accept the revised 2017-2020 Strategic Plan.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to accept the revised 2017-2020 Strategic Plan”.

WASHOE COUNTY HEALTH DISTRICT FY17-20 STRATEGIC PLAN EXECUTIVE SUMMARY

MISSION STATEMENT

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

VALUES STATEMENT

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

VISION

A healthy community

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.

STRATEGIC PRIORITIES & FY17-20 GOALS

1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.

FY17-20 Goals:

- 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.
- 1.2 Provide preventive health services that are proven to improve health outcomes in the community.
- 1.3 Improve access to healthcare and social services so people of all means receive the services they need.

2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

FY17-20 Goals:

- 2.1 Protect people from negative environmental impacts.
- 2.2 Keep people safe where they live, work, and play.

3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.

FY17-20 Goals:

- 3.1 Raise awareness of the Health District and the services it offers within the community.
- 3.2 Work with others to establish policies that positively impact public health.
- 3.3 Inform the community of important health trends by capturing and communicating health data.
- 3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.

4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

FY17-20 Goals:

- 4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly associated with public health outcomes.
- 4.2 Support and promote behavioral health.
- 4.3 Improve nutrition by supporting efforts to increase food security.
- 4.4 Enhance the regional EMS system.

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.

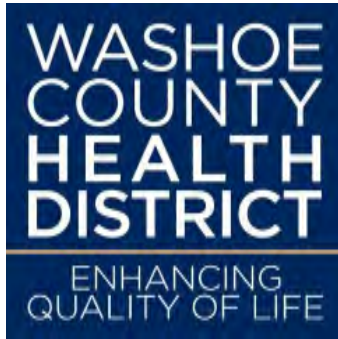
FY17-20 Goals:

- 5.1 Update the Health District's financial model to align with the needs of the community.
- 5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.

6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.

FY17-20 Goals:

- 6.1 Create a positive and productive work environment.
- 6.2 Focus on continuing to build staff expertise.



WASHOE COUNTY HEALTH DISTRICT FY17-20 STRATEGIC PLAN

Updated as of December 1, 2017

LETTER FROM THE DISTRICT BOARD OF HEALTH CHAIR



Big changes are underway in Washoe County. While the foundation for a significant increase in the economic vitality of our region has been laid, much work is yet to be done to ensure that commensurate improvements in the region's quality of life accompany the coming economic growth. And when it comes to quality of life, nothing can have a greater impact than one's health.

Over the coming years, my colleagues on the District Board of Health, Washoe County Commission, Reno and Sparks City Councils, and other leadership positions within the community will have to make decisions that have significant implications on the future of our community. One thing I have learned from my experience on the District Board of Health is that many policy decisions in areas such as transportation, land use, and education that may not be immediately associated with public health can have significant effects on public health outcomes. As regional policy makers shaping the future of our community, we all must recognize and value the health implications of the decisions we make so that our community is healthier tomorrow than it is today.

The simple fact is that Washoe County faces many public health challenges—high rates of chronic disease, drug abuse and limited public health funding are examples. I am confident that the District Board of Health and the excellent staff at the Washoe County Health District have identified the most significant public health challenges our community faces and created a strategic plan that addresses those challenges in a meaningful way.

I know I share the opinion of my fellow board members when I say that I am excited to oversee and participate in the execution of the strategic plan, and experience the positive results the Health District's work will have on our community.

Kitty Jung
Washoe County Commissioner
District Board of Health Chair

LETTER FROM THE DISTRICT HEALTH OFFICER



Nearly every day I am reminded of the importance and impact of the work done by the Washoe County Health District. Never was this more true than during the creation of this strategic plan. Throughout the process, all staff shared their enthusiasm for the work they do and their desire to make a greater impact on the community they care about.

Perhaps the greatest challenge we faced in the creation of this plan was choosing what to prioritize. We relied heavily on community data in our decision making process but also took into account the voice of staff who interact with those we serve on a daily basis. They are the ones who have the deepest insight into the needs of our community and whose work is impacted most significantly by strategic decisions we made in developing this plan.

They are also the ones who will be most crucial to successfully implementing this strategic plan. It will take a continued commitment to improving our team to be able to accomplish everything we hope to over the next four years. This is an investment that I know will pay off.

Of course, even with unlimited staff and resources, the Health District alone could not achieve all of the health outcomes the community needs. A community's health is a result of many factors and as such, it requires the partnership and collaboration of many individuals, organizations, and agencies to make meaningful improvements. This plan not only outlines what we as the Health District can accomplish alone, but also what we hope to accomplish as a community and the partnerships required to do so.

I am excited to see what the next four years brings to our region. Whatever that is, I am confident that the staff of the Washoe County Health District under the leadership of the District Board of Health will make tremendous strides towards a healthier community.

Kevin Dick
Washoe County District Health Officer

OVERVIEW OF THE PLAN STRUCTURE AND PLANNING PROCESS

Definitions

Mission: What is our core purpose?

Values: How do we behave?

Vision: Where are we going?

Strategic Direction: What does success look like?

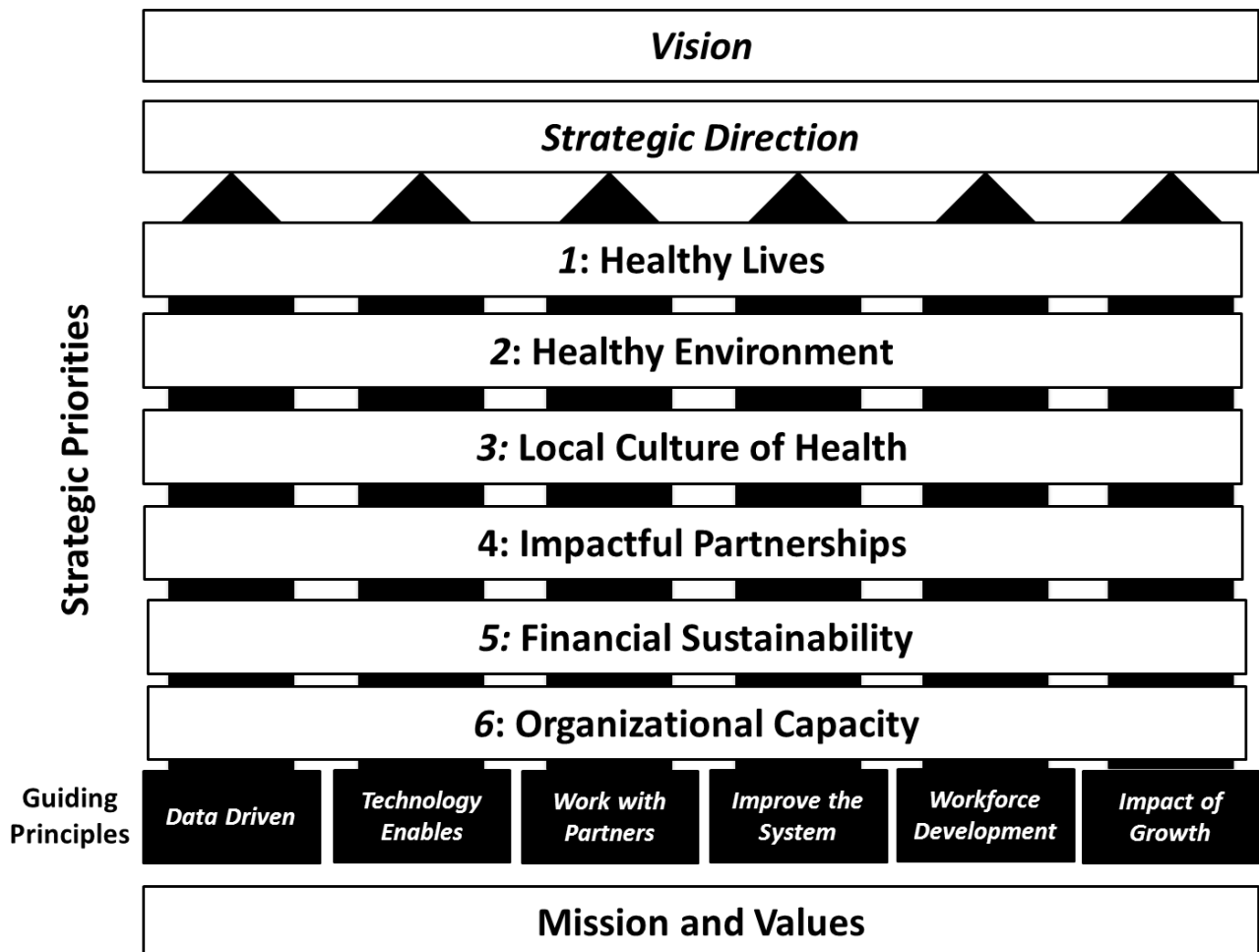
Guiding Principles: What is central to the way we work?

Strategic Priorities: Where must we focus so we succeed?

District Goals and Community Outcomes: What is most important right “now”?

Supporting Divisional Initiatives: Who must do what?

Plan Structure



Planning Process

In December 2015, the Washoe County Health District (WCHD) began a 6-month process to develop its strategic plan. The process engaged multiple stakeholder groups including the District Board of Health (DBOH), all WCHD staff, and external community stakeholders. The process was implemented in 4 distinct phases:

1. **Gain Insights:** This phase was dedicated to gathering all the information the planning participants would need to make informed decisions regarding the future direction of the WCHD. Primary research in the form of interviews with DBOH Members and a survey distributed to all WCHD staff and external stakeholders was combined with existing WCHD and community data to frame and inform the strategic issues facing the WCHD.
2. **Design Strategy:** Using the information gathered in the previous phase, the DBOH, working with the executive team of the WCHD, updated the existing Mission and Strategic Direction and established new strategic priorities for the WCHD. Further, the DBOH identified priorities within each strategic priority that the executive staff turned in to District goals.
3. **Build the Plan:** Building off of the strategic foundation established by the DBOH, executive staff identified measurable community outcomes for each of the District Goals that they will work to improve over the next 3-5 years. To achieve these goals, teams built specific initiatives and action plans to ensure the entire WCHD is coordinating action to implement the strategic plan.
4. **Manage Performance:** In order to maintain alignment around the WCHD's strategic plan and ensure accountability for achieving District Goals, the executive staff agreed to meet regularly throughout the year to report on performance and modify the plan as necessary to adapt to changes or unforeseen priorities.

In fall of 2017, the DBOH convened a strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. New information was shared and considered from the 2017 Community Health Needs Assessment along with the following emerging strategic considerations:

- Ability to maintain current service levels with the increased community growth
- Uncertainty of the impacts that may be caused by changes to the Patient Protection and Affordable Care Act
- Uncertainty of the availability of federal grants
- State's lack of local investment in public health
- Nonattainment of ozone standards
- Succession planning for anticipated staff retirements
- Capacity to work on policy and government relations

Several small revisions to the plan were made as outlined in the following table:

PLAN REVIEW AND CHANGES

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COMMUNITY TRENDS

After the initial 2015-2017 Community Health Needs Assessment, a 2018-2020 Washoe County Community Health Needs Assessment (CHNA) was completed and the preliminary results were shared at the strategic planning retreat. The CHNA is a collaboration funded by Washoe County Health District and Renown Health.

Purpose of a Community Health Needs Assessment

- Identify health needs of a geographically defined area “community”
- Identify strengths and assets of the community
- Inform decision makers and leaders

The 2018-2020 CHNA utilized a revised methodology that looked at two types of data as well as an objective ranking of need and a community workshop to determine a prioritization of need. The CHNA utilized both primary and secondary data sources. The secondary data was from over 250 health indicators from reliable and generalizable sources such as Behavioral Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), American Community Survey (ACS), and other sources of standardized population data available at the county level. The primary data was gathered through a survey of residents focused on areas with little to no secondary data. The survey included questions identifying barriers to physical activity, nutrition, and accessing healthcare which helps understand the why and how. Surveys were available in English and Spanish, online and hardcopy, and over 1,400 respondents were received over a 4-month period.

The overall rank of health needs in Washoe County resulted from objective measurement of secondary and primary data scored against five criteria. The five criteria included 1) magnitude, 2) severity, 3) five and ten-year trends, 4) Washoe County relative to state or national benchmarks, and 5) the community’s perceived importance identified through the online community survey. The table below illustrate the overall rank, the rank of health topics as ranked by secondary data (data rank), the data ranked by the community survey (community perception), as well as the Community Workshop. The Community Workshop rank was not considered for the overall rank, but instead served as a platform for community leaders to help prioritize subgroupings known as focus areas, which are not shown.

2018-2020 Washoe County Community Health Needs Ranking

Health Topic	Overall Rank	Community Survey	Data	Community Workshop
Access to Health	1	1	6	3
Mental Health	2	5	1	2
Social Determinants	3	3	8	1
Crime & Violent-Related Behaviors	4	4	5	7
Physical Activity, Nutrition, & Weight	5	6	2	5
Chronic Disease/Screenings	6	6	3	6
Substance Use	7	7	4	4
Injury Prevention	8	7	7	12
Maternal & Child Health	9	Under Sexual Health	9	8
Sexual Health	10	10	10	10
Environmental Health	11	2	12	11
Infectious Disease & Immunizations	12	6	11	9
Community Services	NR	9	NR	Under Social Determinants
Built Environment	NR	11	NR	Under Physical Activity

Further details on the preliminary findings of the CHNA that were shared at the strategic planning retreat can be found in Appendix A of this document. The following sections include information that was utilized in the initial plan and continues to be a relevant part of the revised strategic plan.

Social Determinants of Health

Health outcomes for individuals and overall communities are strongly associated with the social characteristics of those individuals and communities. By influencing the factors related to health outcomes, the WCHD hopes to improve the health outcomes for people within the community it serves. One of the most significant areas targeted for improvement is the high rate of chronic disease in the region.

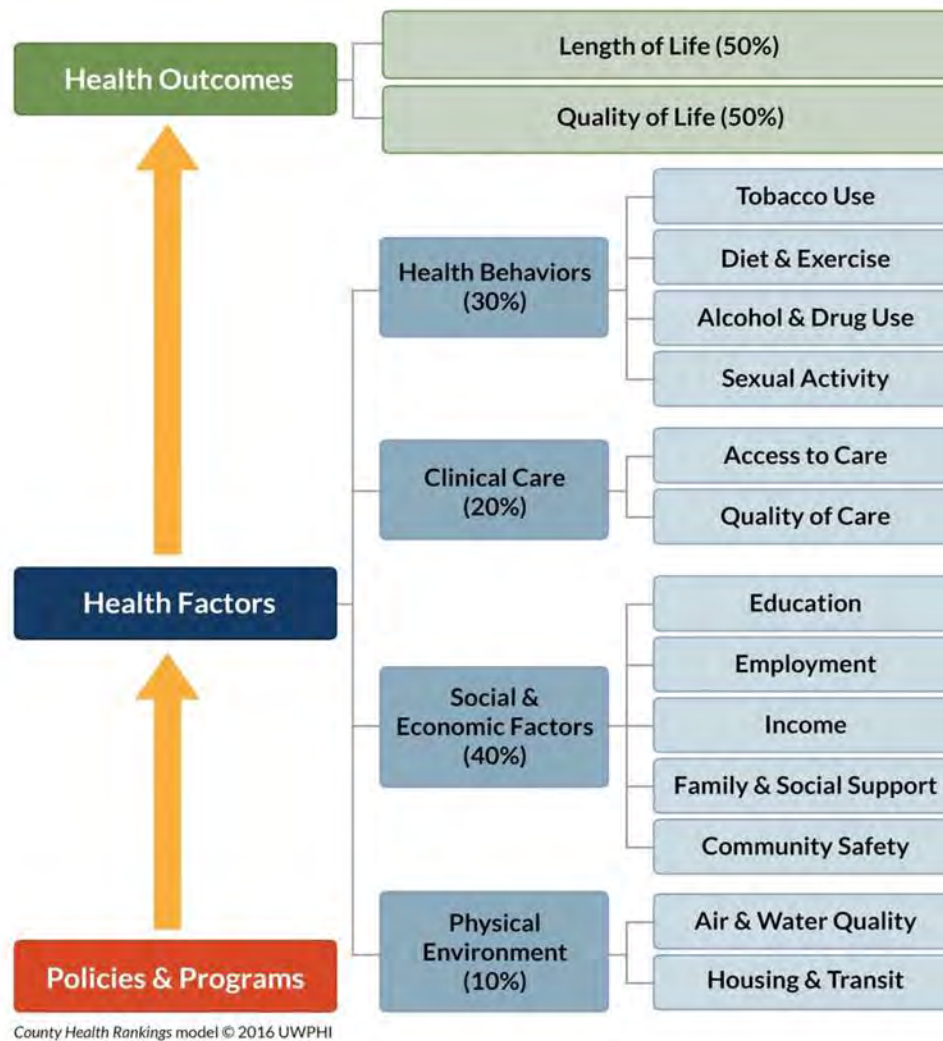


FIGURE 1- UNIVERSITY OF WISCONSIN PUBLIC HEALTH INSTITUTE

Chronic Disease Impacts in Washoe County

Washoe County, like the nation as a whole, is experiencing the extremely high physical and economic costs of chronic disease. The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state. Due to the scale of the impacts of chronic disease on the health and overall quality of life of residents of Washoe County, this is an issue the WCHD must address in its strategic plan.

Heart Disease & Cancer

Washoe County has a higher incidence of death from heart disease, cancer, and chronic lower respiratory disease than Nevada and the United States as a whole.

Obesity

A key contributor to chronic disease, increasing rates of obesity are largely due to lifestyle changes in the way we eat and decreasing amounts of physical activity.

Figure 1.1: Top 3 Causes of Mortality, Washoe County, Nevada & the United States, 2011

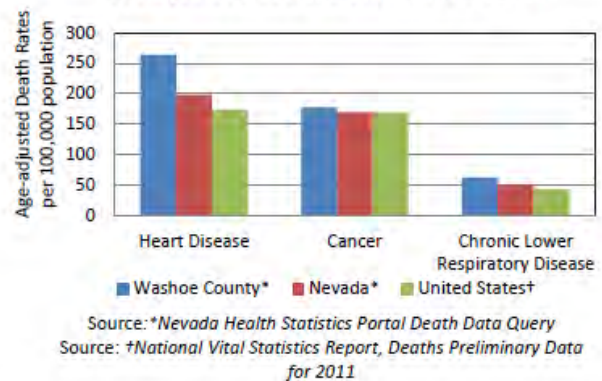


FIGURE 2- COMMUNITY HEALTH NEEDS ASSESSMENT

Health District Strategies

- **Healthy Lives:** Many chronic diseases result from individual behaviors. By encouraging individuals to engage in healthy lifestyle behaviors and ensuring individuals have access to care when they need it, the WCHD hopes to reduce the negative impacts of chronic disease.
- **Local Culture of Health:** Just as the rise in chronic disease is a result of many factors, it will require many different factors to come together to reduce the impact of chronic disease. This can only be achieved through a significant change of attitude within the entire community towards one of acknowledging and acting on the health impacts of the decisions organizations, businesses, and individuals make.
- **Impact through Partnerships:** Combatting chronic disease is not something the WCHD can do alone. Many factors related to chronic disease—access to food and educational attainment for example—will require the collaboration and direct action of partner organizations.

Large Population Growth Expected

The population of Washoe County is growing and recent economic development in the region suggests the growth rate will increase in the future. To maintain service levels the Health District will require increased funding from reliable, long-term funding sources. In addition to an increased demand for services, the WCHD must also monitor and address the impacts of an increasing population on the environment, specifically the region’s air quality.

Population Projections

While there is strong consensus that the region the WCHD serves will grow, there are differing opinions on the timing and specific growth rates. Despite the differences, common themes arise. Specifically, two of the largest demographics the WCHD serves, seniors and Hispanics, are both expected to experience strong growth.

Health District Strategies:

- **Healthy Lives:** Board and staff will be monitoring the growth through service level demands. At this time, the plan does not specifically address an increase as the timing and forecasts are uncertain.
- **Funding Stability:** To prepare for changes in the population, WCHD is seeking to more closely align its funding model with changes in the population it serves as well as seeking additional funding from the State of Nevada for public health.
- **Organizational Capacity:** Resources will always be limited at the WCHD so it must make the most out of what it has. The WCHD’s primary resource is its employees. By building their expertise and ensuring processes are as efficient as possible; the WCHD can mitigate potential increases in service demands.

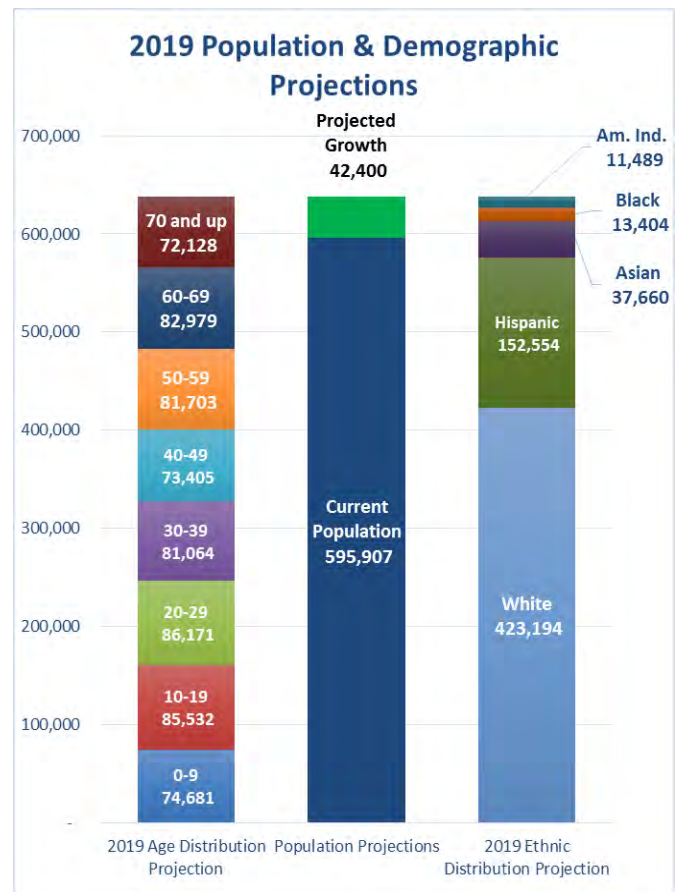


FIGURE 3- ECONIC DEVELOPMENT AUTHORITY OF WESTERN NEVADA

Achieving National Standards

While most people don't think about the health impacts of going outside, drinking a glass of water, or going out to eat, it is the WCHD's duty to ensure the safety of these activities. No immediate threats to public health due to environmental factors were discovered in the assessment of the strategic plan. However the combination of recent upward trends in ozone concentration and more stringent federal standards illustrate one area the WCHD must focus on. Another area of focus for the Health District will be implementation of the uniform national standards of the FDA model food code to protect the community from food-borne illnesses. As a measure of progress in improving the health of the community, we will challenge ourselves and the community to achieve the national CDC *Healthy People 2020* goals.

Health District Strategies:

- **Healthy Environment:** Population growth and the new development that comes with it will require increased monitoring of air quality. New monitoring stations and innovative new monitoring technologies will help identify sources of pollution and solutions to help improve the region's air quality.
- **Local Culture of Health:** Nearly everyone impacts the region's air quality in one way or another. Thus, nearly everyone has the power to help improve the region's air quality. It will require a concerted effort by individuals, organizations, and policy makers to come together and recognize their impact on air quality and work to improve it.

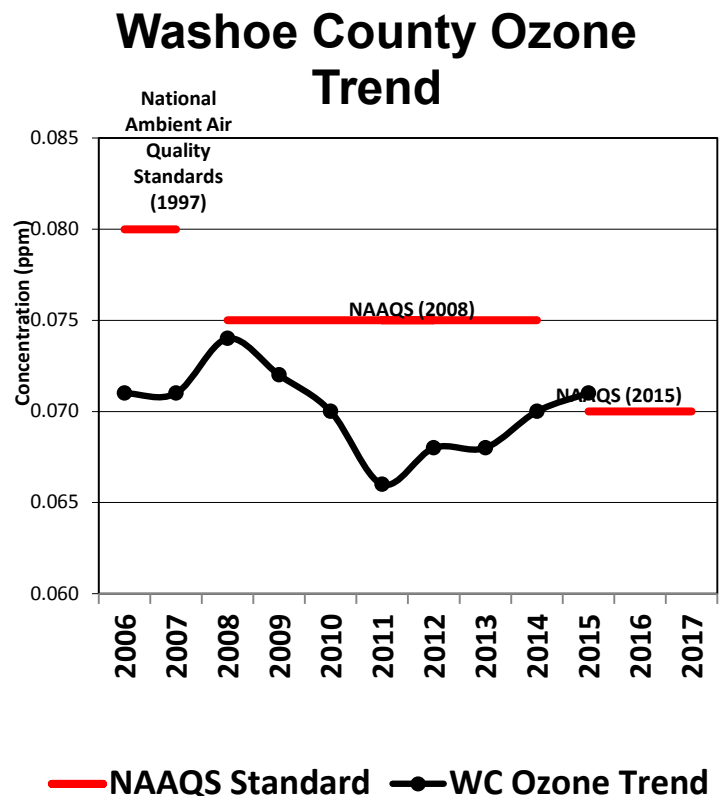


FIGURE 4- WASHOE COUNTY HEALTH DISTRICT

MISSION

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

VALUES

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

VISION

A healthy community

STRATEGIC DIRECTION

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

Success for the WCHD is determined by the overall health of the community it serves. First and foremost, the WCHD wants to make measurable progress on public health and quality of life indicators for the community it serves. While the WCHD can make a meaningful impact on many public health indicators, many of the challenges the community faces can only be overcome by multiple agencies working together. The WCHD can play a leadership role in the coordination of multiple entities and individuals to create a local culture of health.

GUIDING PRINCIPLES: WHAT IS CENTRAL TO THE WAY WE WORK?

- **Being data-driven:** The use of quality data is both a practice we promote externally to policy makers and something that guides our internal decision making.
- **Technology enables:** We embrace new ways of communicating and interacting when they have the potential to enhance our reach, effectiveness, and efficiency.
- **Work through and with partners:** Public health is a community-wide effort. We recognize that we don't have the resources or capabilities to address all of the community's health needs, so we engage and collaborate with partners to address major challenges.
- **Improving the system we work within:** We are capable of influencing the environment in which we work. In many areas, it will be necessary to make significant policy changes at the local, state, and national level to affect meaningful change.
- **Impact of growth:** Preparing for and reacting to the anticipated growth of our community is an assumption built in to all of our planning.
- **Developing our workforce:** Everything we do on a daily basis and everything we want to accomplish to move our organization forward requires a quality workforce to execute.

STRATEGIC PRIORITIES

- 1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.** The health of a community depends on the health of the individuals within it. A wide range of factors impact one's health. These factors include individual nutrition and lifestyle choices, socio-economic conditions, and health policy decisions. The aim of the WCHD is to identify and address the most important factors contributing to the health of individuals within the community and implement solutions that allow people to live healthier lives.
- 2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.** The external environment we interact with every day—the air we breathe, the water we drink, the buildings we work in—can impact the health of a community. The aim of the WCHD is to monitor and maintain a safe natural and built environment so the community feels confident living, working, and playing anywhere in Washoe County.
- 3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.** Many of the decisions community leaders, organizations, and individuals make every day can impact the community's health. However, the community's health is not always a factor in the decision making process. The WCHD's aim is to work with the community to assign greater value to its health and consider health implications in the decisions it makes.
- 4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.** Many of the issues impacting the health and quality of life within Washoe County do not fall under the WCHD's direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The WCHD will extend its reach by working with key partners to identify and address issues that require community collaboration.
- 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 on income.** Public health requires an up-front investment. The programs and services the WCHD offers require resources to implement but those programs and services create value for the community over time. When funding is insufficient or unreliable, it limits the positive impact of the WCHD. The WCHD's aim is to have greater control over its finances in order to be able to better predict and control future funding levels.
- 6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.** As the community grows, the service demands on the WCHD will grow. To maintain and improve levels of service, the WCHD workforce needs to grow along with the community. By investing in the capabilities of the WCHD staff and creating a positive and productive work environment, the WCHD will continually improve its ability to serve the community.

**STRATEGIC PRIORITIES, DISTRICT GOALS & COMMUNITY INDICATORS:
WHAT MUST WE FOCUS ON TO SUCCEED?**

1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			
% of overweight and obese adolescents	34.6% (2015)	34%	33%
% of overweight and obese adults	21.8% (2015)	21%	20%
% of adults who are current smokers	15% (2014)	14%	13%
% of youth who currently smoke cigarettes	10.3% (2015)	9%	8%
Prevalence of diabetes	7.1% (2013)	7.1%	7%
Coronary heart disease mortality rate (per 100,000)	226.6 (2012)	224	222
Cancer mortality rate (per 100,000)	174.5 (2012)	172.5	170.5
1.2 Promote preventative health services that are proven to improve health outcomes in the community.			
Teen birth rates (per 100,000)	26.9 (2013)	25.6	24.2
% of newly reported hepatitis C cases with confirmatory test results	53% (2015)	60%	70%
# of people utilizing WIC	9,568 (2016)	9,855	10,046
Child immunization rates	75.5% (2016)	78%	80%
1.3 Improve access to health care so people of all means receive the health services they need.			
% of population with health insurance	79.4% (2014)	83.3%	87.3%
% of Washoe County residents with a usual primary care provider	68.1% (2014)	71.5%	83.9%
# of family health festivals	2 (2015)	6	8

2. HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
2.1 Protect people from negative environmental impacts.			
Ozone concentration (parts per billion) - Design value, 3-year average number	71 (2015)	70	68
Air quality index - % good and moderate days	356 Days (2013-2015)	358 Days	360 days
Waste generation - Tons per year/per capita	1,432 tons/ 2,884 pounds (2015)	1,420 tons/ 2,840 pounds	1,392 tons/ 2,783 pounds
Recycling rates	31.5% (2015)	35%	35%
# of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters	12 (2015)	10	10
2.2 Keep people safe where they live, work, and play.			
% of risk-based environmental program standards	0% (2016)	100%	100%
% of risk-based food inspections	0% (2015)	100%	100%
Food inspection pass rate - clean pass	-	TBD	TBD
% of foodborne illness risk factors in food establishments	-	TBD	TBD
Development of marketing plan to educate the public on the appropriate use of 911	-	1	1

3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
3.1 Raise awareness of the Health District and the services it offers within the community.			
# of traditional media interviews and press releases	221 (2015)	250	275
# of social media posts	343 (2015)	500	700
# of impressions from advertising campaigns	12.6M (2015)	13.8M	14.0M
% of permits applied for online	-	50%	90%
3.2 Work with others to establish policies that positively impact public health.			
# of policies established or improved that positively impact public health. Examples might potentially include: <ul style="list-style-type: none"> • Taxation of e-nicotine products • Vaping in the Clean Indoor Air Act • Access to behavioral health services • Height and weight measurements in schools • Expansion of wrap-around service models 	-	2	5
3.3 Inform the community of important health trends by capturing and communicating health data.			
# of community public health advisories issued	60 (2015)	66	72
Average # weekly unique visitors to the Health District website	5,374 (2015)	5,911	6,502
# of community health data reports published/promoted. For example: <ul style="list-style-type: none"> • Community Health Needs Assessment • County Health Rankings • Air Quality Trends • Communicable diseases annual report • Foodborne illness risk factors • Antibigram report 	4 (2015)	5	5
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.			
# of supporting initiatives undertaken	3	4	5

4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly linked with public health outcomes.			
Duration of GI outbreaks in schools	44 days (2015)	40 days	36 days
% of Washoe County students who graduate high school	75% (2015)	76.9%	78.8%
4.2 Support and promote behavioral health.			
% of Washoe County high school students who attempt suicide	11.7% (2015)	11.1%	10.53%
% of Washoe County high school students who ever took a prescription drug without a doctor's prescription	18.3% (2015)	17.4%	16.5%
% of WC high school students who were offered, sold, or given an illegal drug by someone on school property	27.9% (2015)	26.5%	25.1%
Rate of K-12 Washoe County School District bullying incidents	-	-10%	-20%
% of Washoe County high school students who currently drink alcohol	35.5% (2015)	34.7%	32.9%
4.3 Improve nutrition by supporting efforts to increase food security and access.			
% of food insecure children	27% (2012)	25.7%	24.3%
% of food insecure people	15% (2012)	14.25%	13.5%
4.4 Enhance the regional EMS system.			
Implementation of single patient record for pre-hospital care	-	100%	100%
Median EMS regional response times (initial contact to first arriving unit in min:sec)	6:05 (Q1, 2016)	6:00	6:00
Coordinated communications amongst EMS partners	REMSA ready for CAD-CAD interface	CAD/AVL (Automatic Vehicle Locator) complete	P25 radio migration 80% complete
4.5 Engage the community in public health.			
Partners engaged to implement the 2018-2020 Truckee Meadows Healthy Communities Health Improvement Plan	-	15	25

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 on income.

District Goals & Community Outcomes	Baseline	Targets	
		FY18	FY20
5.1 Update the WCHD’s financial model to align with the needs of the community.			
% State funding support	1.2% (FY15)	1.3%	1.5%
Budget per capita (442,000 population)	\$47.50 (FY15)	\$49.88	\$52.25
5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.			
Total cost savings (in dollars) QI projects	-	TBD	TBD
Utilization of interns and volunteers (hours/FTEs)	12,636/6.1 (FY15)	13,676/6.6	14,716/7.1

6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.

District Goals & Health District Outcomes	Baseline	Targets	
		2018	2020
6.1 Create a positive and productive work environment.			
Employee engagement score	18.9% (FY16)	25%	30%
# of facility enhancements implemented (cumulative)	2 (FY16)	5	8
# of security enhancements implemented	0 (FY16)	1	2
# of QI projects implemented in last 12 months	8 (FY16)	10	12
6.2 Focus on continuing to build staff expertise.			
% Implementation of the Workforce Development Plan	0%	50%	100%
6.3 Achieve Public Health Accreditation			
Achieve Public Health Accreditation	-	100%	100%

DISTRICT WIDE COLLABORATION

Collaboration Summary						
Goal	AHS	AQM	CCHS	EHS	EPHP	ODHO
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			X			
1.2 Promote preventative health services that are proven to improve health outcomes in the community.			X		X	X
1.3 Improve access to health care so people of all means receive the health services they need.			X			X
2.1 Protect people from negative environmental impacts.		X		X	X	
2.2 Keep people safe where they live, work, and play.				X	X	
3.1 Raise awareness of the Health District and the services it offers within the community.	X	X	X	X	X	X
3.2 Work with others to establish policies that positively impact public health.		X	X	X	X	X
3.3 Inform the community of important health trends by capturing and communicating health data.		X	X	X	X	X
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.		X	X	X	X	X
4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly linked with public health outcomes.				X	X	X
4.2 Support and promote behavioral health.			X		X	X
4.3 Improve nutrition by supporting efforts to increase food security and access.			X			X
4.4 Enhance the regional EMS system.					X	X
4.5 Engage the community in public health improvement.			X			X
5.1 Update the WCHD's financial model to align with the needs of the community.	X					X
5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.	X	X	X	X	X	X
6.1 Create a positive and productive work environment.	X	X	X	X	X	X
6.2 Focus on continuing to build staff expertise.	X	X	X	X	X	X
6.3 Achieve Public Health Accreditation	X	X	X	X	X	X

ACTION PLAN

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 1.1.1	Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)	Steve Kutz	Target 34%		Target 33%
Initiative 1.1.1.1	Expand Wolf Pack Coaches Challenge.	Erin Dixon			
Initiative 1.1.1.2	Participate in the implementation of the Washoe County School District Wellness Policy.	Erin Dixon			
Outcome 1.1.2	Reduce the percentage of overweight and obese adults in Washoe County. (2015 Baseline: 21.8%)	Steve Kutz	Target 21%		Target 20%
Initiative 1.1.2.1	Develop and promote a local restaurant menu campaign.	Erin Dixon			
Initiative 1.1.2.2	Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking.	Steve Kutz			
Outcome 1.1.3	Reduce the percentage of adults who are current smokers in Washoe County. (2014 Baseline: 15%)	Erin Dixon	Target 14%		Target 13%
Initiative 1.1.3.1	Develop, place, and evaluate smoking free community campaign.	Erin Dixon			
Initiative 1.1.3.2	Identify and implement smoke free policies at family friendly locations.	Erin Dixon			
Outcome 1.1.4	Reduce the percentage of youth who currently smoke cigarettes in Washoe County. (2015 Baseline: 10.3%)	Erin Dixon	Target 9%		Target 8%
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon			
Outcome 1.1.5	Reduce the prevalence of diabetes in Washoe County. (2013 Baseline: 7.1%)	Erin Dixon	Target 7.1%		Target 7.0%
	Correlates with Initiatives 1.1.1.1 and 1.1.1.2	Erin Dixon			
Outcome 1.1.6	Reduce the coronary heart disease mortality rate (per 100,000) in Washoe County. (2012 Baseline: 226.6)	Erin Dixon	Target 224		Target 222
	Correlates with Initiatives 1.1.1.1, 1.1.1.2, 1.1.2.1, 1.1.2.2, and 1.1.2.3	Erin Dixon			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 1.1.7	Reduce the cancer mortality rate (per 100,000) in Washoe County. (2012 Baseline: 174.5)	Erin Dixon	Target 172.5		Target 172.5
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon			
Outcome 1.2.1	Monitor the teen birth rates (per 100,000) in Washoe County. (2013 Baseline: 26.9)	Lisa Lottritz	Target 25.6		Target 24.2
Initiative 1.2.1.1	Leverage the media, social media, and providers to increase outreach and education regarding available clinical services at the Washoe County Health District.	Lisa Lottritz			
Initiative 1.2.1.2	Promote “forget proof” birth control options within the community by increasing provider awareness regarding the importance of long-acting contraceptives in reducing teen and unintended pregnancy.	Lisa Lottritz			
Initiative 1.2.1.3	Promote and launch the Fetal Infant Mortality Review “Go Before You Show” campaign.	Linda Gabor			
Outcome 1.2.2	Increase the percentage of newly reported hepatitis C cases with confirmatory test results in Washoe County. (2015 Baseline: 53%)	Randall Todd	Target 60%		Target 70%
Initiative 1.2.2.1	Provide targeted education among those healthcare providers who do not follow CDC’s recommendation on hepatitis C testing.	Lei Chen			
Outcome 1.2.3	Increase the number of people utilizing WIC in Washoe County. (2016 Baseline: 9,568)	Erin Dixon	Target 9,855		Target 10,046
Initiative 1.2.3.1	Increase promotion and outreach of CCHS clinical programs, including WIC (Women, Infant & Children).	Steve Kutz			
Outcome 1.2.4	Increase the percentage of children, 19-35 months old, who receive the recommended doses of vaccine. (2015 Baseline: 75.5%)	Linda Gabor	Target 78%		Target 80%
Initiative 1.2.4.1	Participate on the Washoe County Immunization Workgroup to identify and coordinate immunization outreach activities for target populations.	Linda Gabor			
Initiative 1.2.4.2	Provide immunizations at the Truckee Meadows Healthy Communities Family Health Festival events.	Linda Gabor			
Outcome 1.3.1	Increase the percentage of the population with health insurance in Washoe County. (2014 Baseline: 79.4%)	Steve Kutz	Target 83.3%		Target 87.3%
Initiative 1.3.1.1	Encourage clients requesting high-cost services to meet with enrollment assister to get enrolled in an ACA or Medicaid plan.	Steve Kutz			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 1.3.1.2	Explore partnering with agencies to provide onsite community health workers to assist and educate clients on how to access community resources.	Steve Kutz			
Outcome 1.3.2	Collaborate with community partners to increase the percentage of Washoe County residents with a primary care provider. (2014 Baseline: 68.1%)	Steve Kutz	Target 71.5%		Target 83.9%
Initiative 1.3.2.1	Document CCHS clients' primary care provider status in EHR.	Steve Kutz			
Initiative 1.3.2.2	Advocate for increased Medicaid reimbursement to providers.	Steve Kutz/ Kevin Dick			
Initiative 1.3.2.3	Update clinical protocols to include counseling and referral of clients for primary care provider options and resources.	Steve Kutz			
Initiative 1.3.2.4	Partner with the new University of Nevada Medical School Physician's Assistant program to offer clinical rotation in CCHS.	Steve Kutz			
Outcome 1.3.3	Increase the number of offsite services in Washoe County. (2015 Baseline: 2)	Catrina Peters	Target 6		Target 8
Initiative 1.3.3.1	Develop Family Health Festival strategic plan to align with the Truckee Meadows Healthy Communities Strategic Plan.	Catrina Peters			
Initiative 1.3.3.2	Increase offsite services through increased funding and partnerships.	Steve Kutz			
Outcome 2.1.1	Reduce the ozone concentration (parts per billion) – design value, 3-year average number in Washoe County. (2015 Baseline: 71)	Charlene Albee	Target 70		Target 68
Initiative 2.1.1.2	Implement and execute the Ozone Advance action plan.	Charlene Albee			
Initiative 2.1.1.3	Expand air monitoring network to West Reno.				
Outcome 2.1.2	Increase the air quality index – percentage good and moderate days in Washoe County. (2013-2015 Baseline: 356)	Charlene Albee	Target 358		Target 360
Initiative 2.1.2.1	Establish Reno-Tahoe Clean Cities Coalition with Department of Energy designation.	Charlene Albee			
Initiative 2.1.2.2	Update the Air Quality penalty regulations.	Charlene Albee			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 2.1.3	Reduce the waste generation – tons per year per capita in Washoe County. (2015 Baseline: 1,432 tons/2,884 pounds)	Chad Westom	Target 1,420 tons/2,840 pounds		Target 1,392 tons/2,783 pounds
Initiative 2.1.3.1	Update regulations for the solid waste management plan and implement.	Chad Westom			
Outcome 2.1.4	Increase the recycling rates in Washoe County. (2015 Baseline: 31.5%)	Chad Westom	Target 35%		Target 35%
Initiative 2.1.4.1	Support Washoe County in updating the Franchise Agreement.	Chad Westom			
Initiative 2.1.4.2	Complete waste composition study to determine makeup of our community's waste stream.	Chad Westom			
Initiative 2.1.4.3	Create an educational and outreach plan/program to increase recycling efforts of commercial, industrial, and multifamily dwellings.	Chad Westom			
Outcome 2.1.5	Increase the number of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters in Washoe County. (2015 Baseline: 12)	Chad Westom	Target 10		Target 10
Initiative 2.1.5.2	Continue dialogue with Truckee Meadows Water Authority on climate issues and their effects on water quality.	Chad Westom			
Initiative 2.1.5.3	Continue mosquito monitoring procedures to address warming climate and changing needs for vector control	Chad Westom			
Initiative 2.1.5.4	Keep disaster plans and training current.	Christina Conti			
Outcome 2.2.1	Increase the percentage of risk-based environmental program standards for all programs. (2016 Baseline: 0%)	Chad Westom	Target 100%		Target 100%
Initiative 2.2.1.1	Develop and implement a work plan for establishing risk-based program standards for each program.	Chad Westom			
Outcome 2.2.2	Increase the percentage of risk-based food inspections in Washoe County. (2015 Baseline: 0%)	Chad Westom	Target 100%		Target 100%
Initiative 2.2.2.1	Implement the new risk-based form and inspection process.	Chad Westom			
Initiative 2.2.2.2	Establish risk-based environmental program standards for all programs.	Chad Westom			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 2.2.3	Increase the food inspection pass rate – clean pass in Washoe County. (no baseline data)	Chad Westom	Target TBD		Target TBD
Initiative 2.2.3.1	Correlates with Initiative 2.2.1.1				
Outcome 2.2.4	Reduce the percentage of foodborne illness risk factors in food establishments in Washoe County. (no baseline data)	Chad Westom	Target TBD		Target TBD
Initiative 2.2.4.1	Establish measurement of percentage of food-borne illness risk factors in food establishments.	Chad Westom			
Initiative 2.2.4.2	Implement the environmental Health Division’s Strategic Plan for the nine food safety standards.	Chad Westom			
Outcome 2.2.5	Decrease the number of inappropriate 911 calls	Christina Conti			
Initiative 2.2.5.1	Develop a marketing plan to work with partner entities to educate the public on appropriate uses of 911	Christina Conti			
Outcome 3.1.1	Communicate important health trends and data using traditional and social media, interviews, and press releases in Washoe County (2015 Baseline: 221)	Phil Ulibarri	Target 250		Target 275
Initiative 3.1.1.1	Develop periodic newsletter or blog to promote Health District activities.	Phil Ulibarri			
Initiative 3.1.1.2	Develop and post videos on website using County or contracted videographer or existing public health material.	Phil Ulibarri			
Initiative 3.1.1.3	Create staff guidelines for communicating how their program contributes to a local culture of health.	Phil Ulibarri			
Outcome 3.1.2	Increase the number of social media posts in Washoe County. (2015 Baseline: 343)	Phil Ulibarri	Target 500		Target 700
Initiative 3.1.2.1	Push people to the website through social media by identifying individuals within divisions to post messages.	Phil Ulibarri			
Outcome 3.1.3	Increase the number of impressions from advertising campaigns in Washoe County. (2015 Baseline: 12.6M)	Phil Ulibarri	Target 13.8M		Target 14.0M
Initiative 3.1.3.1	Ensure branding message of “Enhancing Quality of Life” is promoted in all marketing and outreach efforts.	Phil Ulibarri			
Outcome 3.1.4	Increase the percentage of permits applied for online in Washoe County. (no baseline)	Chad Westom	Target 50%		Target 80%

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 3.1.4.1	Improve navigability of website.	Phil Ulibarri			
Outcome 3.2.1	Increase the number of policies established or improved that positively impact public health in Washoe County. Examples might potentially include: taxation of e-nicotine products, vaping in the Clean Indoor Air Act, access to behavioral health services, height and weight measurements in schools, expansion of wrap-around models. (no baseline)	Kevin Dick	Target 2		Target 5
Initiative 3.2.1.4	Restrict smoking and vaping to designated areas on Washoe county properties and report on the number of properties with restricted smoking/vaping areas.	Kevin Dick			
Initiative 3.2.1.5	Establish policies through Truckee Meadows Healthy Communities, Renown Child Health Institute, or other entities, and report on the number of policies established.	Kevin Dick			
Initiative 3.2.1.6	Establish Government Affairs/Policy support position in ODHO.	Kevin Dick			
Initiative 3.2.1.7	Submit recommendations to the Interim Legislative Committee on Health Care for consideration.	Kevin Dick			
Initiative 3.2.1.8	Work with others to develop BDRs addressing public health policy.	Kevin Dick			
Initiative 3.2.1.9	Provide legislative testimony and support, and report on the number and summary of policies/laws enacted during the legislative session.	Kevin Dick			
Outcome 3.3.1	Increase the number of community public health advisories issued in Washoe County. (2015 Baseline: 60)	Phil Ulibarri	Target 66		Target 72
Initiative 3.3.1.1	Protect quality of life through health notices and/or health advisories and/or social media postings during times of public health crisis or events.	Phil Ulibarri			
Outcome 3.3.2	Increase the average weekly unique visitors to the Health District website for Washoe County. (2015 Baseline: 5,374)	Phil Ulibarri	Target 5,911		Target 6,502
Initiative 3.3.2.1	Promote WCHD data in media efforts.	Phil Ulibarri			
Outcome 3.3.3	Increase the number of community health data reports published/promoted in Washoe County. For example: CHNA, County Health Rankings, Air Quality Trends, Communicable Disease Annual Report, Foodborne Illness Risk Factors, Antibioqram Report. (2015 Baseline: 4)	Kevin Dick	Target 5		Target 5
Initiative 3.3.3.1	Communicate Robert Wood Johnson Foundation county health data report in media efforts.	Phil Ulibarri			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 3.3.3.2	Develop data report for Community Health Needs Assessment.	Kevin Dick			
Outcome 3.4.1	Increase the number of initiatives contributing to building a local culture of health. (2015 Baseline: 3)	Kevin Dick	Target 4		Target 5
Initiative 3.4.1.3	Hold Family Health Festivals or other TMHC events/initiatives and report on the number of events.	Kevin Dick			
Outcome 4.1.1	Reduce the duration of GI outbreaks in schools in Washoe County. (2015 Baseline: 44 days)	Randall Todd	Target 40 days		Target 36 days
Initiative 4.1.1.1	Provide Washoe County School District toolkits to prevent and control GI illness outbreaks.	Randall Todd			
Outcome 4.1.2	Increase the percentage of Washoe County students who graduate high school in Washoe County. (2015 Baseline: 75%)	Catrina Peters	Target 76.9%		Target 78.8%
Initiative 4.1.2.1	Provide backbone support for the Community Health Improvement Plan Education goals and objectives.	Catrina Peters			
Initiative 4.1.2.2	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for educational initiatives.	Catrina Peters			
Outcome 4.2.1	Reduce the percentage of Washoe County high school students who attempt suicide. (2015 Baseline: 11.7%)	Catrina Peters	Target 11.1%		Target 10.53%
Initiative 4.2.1.1	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for behavioral health initiatives.	Catrina Peters			
Outcome 4.2.2	Reduce the percentage of Washoe County high school students who ever took a prescription drug without a doctor's prescription. (2015 Baseline: 18.3%)	Catrina Peters	Target 17.4%		Target 16.5%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.3	Reduce the percentage of Washoe County high school students who were offered, sold, or given an illegal drug by someone on school property. (2015 Baseline: 27.9%)	Catrina Peters	Target 26.5%		Target 25.1%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.4	Reduce the rate of K- 12 Washoe County School District bullying incidents. (no baseline)	Catrina Peters	Target -10%		Target -20%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 4.2.5	Reduce the percentage of Washoe County high school students who currently drink alcohol. (2015 Baseline: 35.5%)	Catrina Peters	Target 34.7%		Target 32.9%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.3.1	Reduce the percentage of food insecure children in Washoe County. (2012 Baseline: 27%)	Catrina Peters	Target 25.7%		Target 24.3%
Initiative 4.3.1.1	Increase the number of active school gardens in Washoe County	Catrina Peters			
Initiative 4.3.1.2	Continue to partner with Collaborate for Communities team.	Catrina Peters			
Initiative 4.3.1.3	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for food security initiatives.	Catrina Peters			
Outcome 4.3.2	Reduce the percentage of food insecure people in Washoe County. (2012 Baseline: 15%)	Catrina Peters	Target 14.25%		Target 13.5%
	Correlates with Initiatives 4.3.1.1, 4.3.1.2, and 4.3.1.3				
Outcome 4.4.1	Implement a single patient record for pre-hospital care in Washoe County. (2015 Baseline: 0%)	Christina Conti	Target 100%		Target 100%
Initiative 4.4.1.1	Develop a 5-year Emergency Medical Services Plan.	Christina Conti			
Outcome 4.4.2	Reduce the median EMS regional response times (initial contact to first arriving unit in min:sec) in Washoe County. (2015 Q1 Baseline: 6:05)	Christina Conti	Target 6:00		Target 6:00
Initiative 4.4.2.1	Improve pre-hospital EMS performance by reducing system response times through the use of technology and the development of regional response policies by December 31, 2021.	Christina Conti			
Outcome 4.4.3	Coordinate communications amongst EMS partners. (2015 Baseline REMSA ready for CAD-CAD; Computer Aided Dispatch interface)	Christina Conti	Target CAD/AVL (auto vehicle locator) complete		Target P25 radio migration 80% complete
Initiative 4.4.3.1	Improve communications between EMS partners through enhanced usage of technology and the development of regional guidelines by June 30, 2021.	Christina Conti			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 4.4.3.2	Enhance the regional EMS resource utilization matching the appropriate services as defined by the call for service through alternative protocols, service options and transportation options by December 31, 2021.	Christina Conti			
Outcome 4.5.1	Multiple Community Partners working collectively to implement the 2018-2020 Truckee Meadows Healthy Communities (TMHC) Community Health Improvement Plan.	Catrina Peters			
Initiative 4.5.1.1	Support TMHC development of a 2018-2020 TMHC Community Improvement Plan to meet prioritized needs identified in the 2018 Community Health Needs Assessment.	Catrina Peters			
Initiative 4.5.1.2	Transition activities related to 2016-2018 Community Health Improvement Plan (CHIP) to reflect 2018-2020 Truckee Meadows Healthy Communities CHIP.	Catrina Peters			
Outcome 5.1.1	Increase State funding support in Washoe County. (FY 2015 Baseline: 1.2%)	Anna Heenan	Target 1.3%		Target 1.5%
Outcome 5.2.1	Increase budget per capita (442,000 population). (FY 2015 Baseline: \$47.50)	Anna Heenan	Target \$49.88		Target \$52.25
Initiative 5.2.1.1	Establish an agreement with the County on adjusting general fund transfers to address COLAs.	Kevin Dick			
Outcome 5.2.2	Generate cost savings (in dollars) through QI projects. (no baseline)	Catrina Peters	Target \$10,000/year		Target \$10,000/year
Initiative 5.2.2.1	Identify opportunities to support above base requests within division budgets.	Anna Heenan			
Initiative 5.2.2.2	Achieve and report on cost savings through QI projects.	Catrina Peters			
Outcome 5.2.3	Increase utilization of interns and volunteers (hours/FTEs). (FY 2015 Baseline: 12,636/6.1)	Anna Heenan	Target 13,676/6.6		Target 14,716/7.1
Outcome 6.1.1	Increase the employee engagement score in Washoe County. (FY 2016 Baseline: 18.9%)	Catrina Peters	Target 25%		Target 30%
Initiative 6.1.1.1	Conduct an annual engagement survey.	Catrina Peters			
Initiative 6.1.1.2	Achieve 85% on-time annual reviews.	Kevin Dick			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 6.1.1.3	Achieve 85% on-time annual reviews.	Anna Heenan			
Initiative 6.1.1.4	Achieve 85% on-time annual reviews.	Chad Westom			
Initiative 6.1.1.5	Achieve 85% on-time annual reviews.	Charlene Albee			
Initiative 6.1.1.6	Achieve 85% on-time annual reviews.	Randall Todd			
Initiative 6.1.1.7	Achieve 85% on-time annual reviews.	Steve Kutz			
Outcome 6.1.2	Increase the number of facility enhancements implemented (cumulative) within the Washoe County Health District. (FY 2106 Baseline: 2)	Steve Kutz	Target 5		Target 8
Initiative 6.1.2.1	Implement actions to enhance aesthetics of the Health District building environment and report on number of actions taken.	Steve Kutz			
Outcome 6.1.3	Increase the number of security enhancements implemented within the Washoe County Health District. (FY 2106 Baseline: 0)	Anna Heenan	Target 100% project completion		Target 100% project completion
Initiative 6.1.3.1	Implement improvements in security measures.	Anna Heenan			
Outcome 6.1.4	Increase the number of QI projects implemented in last 12 months within the Washoe County Health District. (FY 2106 Baseline: 8)	Catrina Peters	Target 10		Target 12
Initiative 6.1.4.1	Develop and approve an annual Quality Improvement Plan.	Catrina Peters			
Initiative 6.1.4.2	Implement QI projects and report on the number of projects implemented.	Catrina Peters			
Outcome 6.2.1	Implement the Workforce Development Plan. (FY 2016 Baseline: Plan under development)	Catrina Peters	Target 50%		Target 100%
Initiative 6.2.1.1	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Kevin Dick			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 6.2.1.2	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Anna Heenan			
Initiative 6.2.1.3	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Chad Westom			
Initiative 6.2.1.4	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Charlene Albee			
Initiative 6.2.1.5	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Randall Todd			
Initiative 6.2.1.6	Encourage and allow staff time to partake in personal development opportunities identified in their performance evaluation.	Steve Kutz			
Initiative 6.2.1.7	Implement process to share learnings from formal professional development activities with others who did not attend.	Kevin Dick			
Initiative 6.2.1.8	Implement process to share learnings from formal professional development activities with others who did not attend.	Anna Heenan			
Initiative 6.2.1.9	Implement process to share learnings from formal professional development activities with others who did not attend.	Chad Westom			
Initiative 6.2.1.10	Implement process to share learnings from formal professional development activities with others who did not attend.	Charlene Albee			
Initiative 6.2.1.11	Implement process to share learnings from formal professional development activities with others who did not attend.	Randall Todd			
Initiative 6.2.1.12	Implement process to share learnings from formal professional development activities with others who did not attend.	Steve Kutz			
Initiative 6.2.1.13	Identify and develop new leaders and staff capabilities for succession planning purposes.	Kevin Dick			
Initiative 6.2.1.14	Identify and develop new leaders and staff capabilities for succession planning purposes.	Anna Heenan			
Initiative 6.2.1.15	Identify and develop new leaders and staff capabilities for succession planning purposes.	Chad Westom			
Initiative 6.2.1.16	Identify and develop new leaders and staff capabilities for succession planning purposes.	Charlene Albee			
Initiative 6.2.1.17	Identify and develop new leaders and staff capabilities for succession planning purposes.	Randall Todd			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 6.2.1.18	Identify and develop new leaders and staff capabilities for succession planning purposes.	Steve Kutz			
Initiative 6.2.1.19	Develop and implement the workforce development plan.	Catrina Peters			
Outcome 6.3.1	Improve internal processes to ensure policies and procedures meet national Public Health accreditation standards. (FY 2016 Baseline: Process not started)	Catrina Peters	Target Achieve Accreditation		Target Maintain Accreditation
Initiative 6.3.1.1	Lead public Accreditation team to gather and submit all required documentation	Catrina Peters			

APPENDIX A

PLAN REVISION PROCESS SUMMARY

As mentioned in the beginning of the document, in fall of 2017 the DBOH convened a Strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. New information was shared and considered from the 2018-2020 Community Health Needs Assessment and the 2016 Community Health Improvement Plan Annual Report. A summary of the meeting and major activities as well as the new data provided is summarized below.

Meetings and Major Activities

Meetings and Major Activities	Participants	Timing
Phase 1: Retreat Planning		
Retreat planning meeting	Core Planning Team	10/3/17
1:1 Strategy Interviews with new District Board of Health Members	District Board of Health	Nov and Oct 2017
Retreat planning meeting	Core Planning Team	10/12/17
Meeting with Division Directors to discuss Strategic Planning retreat agenda and purpose	Core Planning Team & WCHD Division Directors	10/18/17
Retreat planning meeting to review materials and presentations to be shared	Core Planning Team	10/31/17
Meeting with Division Directors and Supervisors to review Strategic Plan update presentations	Core Planning Team	03/11/2016
Phase 2: Conduct Retreat		
Strategic Planning Retreat Day 1 <ul style="list-style-type: none"> • Provided an update on data used in the initial strategic plan • Review current and emerging considerations • Presented updates on future Strategic Plan initiatives • Discuss any potential revisions needed to the plan 	District Board of Health, Core Planning Team, Division Directors, and Supervisors	11/02/17
Phase 3: Revise Plan		
Present revised plan to District Board of Health for review and approval	District Board of Health	12/14/17
Revised Strategic Plan rollout to all staff	All WCHD Staff	12/15/17

Participant Lists

Core Planning Team

1. Kevin Dick, District Health Officer
2. Catrina Peters, Director of Programs and Projects
3. Anna Heenan, Administrative Health Services Officer

District Board of Health

1. Kitty Jung, Washoe County Commissioner
2. Kristopher Dahir, Sparks City Council
3. Oscar Delgado, Reno City Council

4. Michael D. Brown, City of Reno Non-Elected Appointee
5. George Hess, M.D. District Board of Health Appointee
6. Tom Young, Non-Elected Washoe County Appointee

WCHD Division Directors

1. Chad Warren Westom, Division Director, Environmental Health Services
2. Steve Kutz, Division Director, Community and Clinical Health
3. Randall Todd, Division Director, Epidemiology and Public Health Preparedness

WCHD Staff

1. Laura Rogers, Administrative Secretary
2. Mike Wolf, Air Quality Supervisor
3. Dan Inouye, Air Quality Supervisor
4. Erin Dixon, Public Health Supervisor
5. Linda Gabor, PHN Supervisor
6. Lisa Lottritz, PHN Supervisor
7. Angela Penny, PHN Supervisor
8. Kim Graham, Administrative Assistant
9. Dave McNinch, Environmental Health Specialist Supervisor
10. Tony Macaluso, Environmental Health Specialist Supervisor
11. James English, Environmental Health Specialist Supervisor
12. Paula Valentin, Administrative Assistant
13. Jim Shaffer, Vector Coordinator
14. Christina Conti-Rodriguez, EMS Program Manager
15. Nancy Kerns Cummins, Fiscal Compliance Officer
16. Patsy Buxton, Fiscal Compliance Officer
17. Phil Ulibarri, Public Health Communications Program Manager
18. Lei Chen, Epidemiology Program Manager

Relevant Findings from the Community Health Needs Assessment

After the initial 2015-2017 Community Health Needs Assessment, a 2018-2020 Washoe County Community Health Needs Assessment (CHNA) was completed and the preliminary results were shared at the strategic planning retreat. The 2018-2020 Washoe County Community Health Needs Assessment (CHNA) is a collaboration funded by Washoe County Health District and Renown Health.

Purpose

- Identify health needs of a geographically defined area “community”
- Identify strengths and assets of the community
- Inform decision makers and leaders

Components

1. **Secondary data:** data for over 250 health indicators from reliable and generalizable sources such as Behavioral Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), American Community Survey (ACS), and other sources of standardized population data available at the county level. Indicators align with the Table of Contents [attached].
 - i. Data displayed in 5-10 years trends, some indicators show disparities among educational attainment, race/ethnicity, age, and sex, and compare Washoe County performance to Nevada and United States as well as Healthy People 2020 objectives.
2. **Primary data:** data gathered through a survey of residents focused on areas with little to no secondary data. Includes questions identifying barriers to physical activity, nutrition, and accessing healthcare. Helps understand the why and how. Survey available in English and Spanish, online and hardcopy, over 1,400 respondents over a 4-month period.
3. **Ranked health needs:** Objective measurement of secondary and primary data scored on five criteria [accompanying table] to determine rank. [see ranked data graph, ranked community input graph, overall rank]
4. **Prioritized focus areas:** community workshop was an opportunity for community organizations and leaders to weigh in and identify which priority areas under each health topics has the best opportunity for sustainable success. [workshop results]

2018-2020 Washoe County Community Health Needs Ranking

Health Topic	Overall Rank	Community Survey	Data	Community Workshop
Access to Health	1	1	6	3
Mental Health	2	5	1	2
Social Determinants	3	3	8	1
Crime & Violent-Related Behaviors	4	4	5	7
Physical Activity, Nutrition, & Weight	5	6	2	5
Chronic Disease/Screenings	6	6	3	6
Substance Use	7	7	4	4
Injury Prevention	8	7	7	12
Maternal & Child Health	9	Under Sexual Health	9	8
Sexual Health	10	10	10	10
Environmental Health	11	2	12	11
Infectious Disease & Immunizations	12	6	11	9
Community Services	NR	9	NR	Under Social Determinants
Built Environment	NR	11	NR	Under Physical Activity

Criteria for Score and Rank of Health Priorities

1. **Magnitude:** the percent, rate, or number of measured population impacted by each indicator.
2. **Severity:** severity of what the indicator measures acute, short-term impact or is it a measure of premature death, disability, chronic illness.
3. **Trend:** indicator shows improvement, worsening, or no improvement over time.
4. **Benchmark:** how Washoe County ranked relative to Nevada, the United States or Healthy People 2020 objectives.
5. **Community Perception:** perceived importance as determined by the score resulting from online community survey respondents.

Criteria & Associated Scoring Used to Determine Health Topic Score & Rank		
Criteria	Score	Definition
Magnitude [weight 1.0]	0	0-.9% of population impacted
	1	.91-3.0% of population impacted
	2	3.1-7.0% of population impacted
	3	7.1% + of population impacted
Severity [weight .75]	0	Not serious/short-term issue (0-2 weeks)
	1	Moderately serious/medium length of impact 2 weeks-1 year
	2	Very serious/1+ years of impact
Trend [weight .75]	0	Improvement over the past 5-10 years
	1	No clear trend up or down
	2	Getting worse over the past 5-10 years
Benchmark [weight .5]	0	Better than Nevada or National level by more than 3%
	1	Same as Nevada or National level; within 1-2%
	2	Worse than Nevada or National level by 3-5%
	3	Worse than Nevada or National level by 6% or higher
Community Perception [weight 2.0]	The calculated average score resulting from the health topic prioritization survey question, [multiplied by 2]	

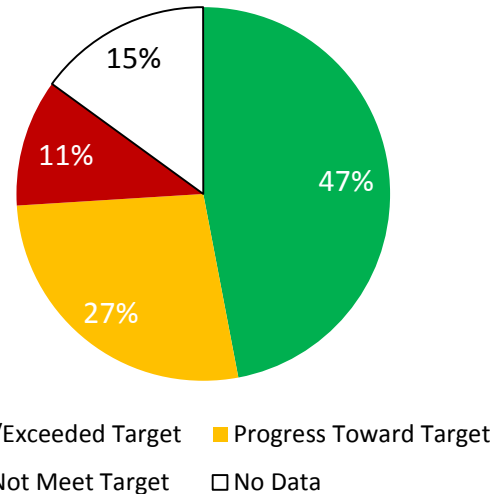
2016 Community Health Improvement Plan Annual Report Summary

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

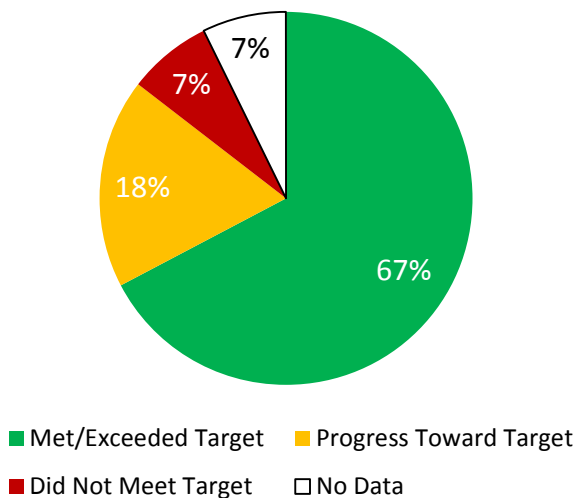
¹ CDC (2015). Community Health Assessments & Health Improvement Plans. Retrieved from: <https://www.cdc.gov/stltpublichealth/cha/plan.html>.

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

Status of CHIP Objectives, 2016



Status of CHIP Strategies, 2016



First year implementation of the inaugural Washoe County CHIP was very successful. Out of 55 strategies, 67% have already met or exceeded their targets. Additionally, almost half (47%) of the objectives outlined in the CHIP have been met or exceeded their targets.

Access to Health Care and Social Services

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

or exceeded their targets. Major successes include:

- There was a 7.3% increase in 2015 (68.1% to 75.4%) of Washoe County residents who have a primary care provider as compared to 2014. This has already exceeded the 2018 target of 71.5%.

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

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

Behavioral Health

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

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

and Adolescent Needs and Strengths Screener (CANS) tool. The goal is to screen all seventh graders in the School District.

- Substance abuse prevention programs were very successful across Washoe County which may have contributed to a decrease in substance use among youth.

Education (K-12)

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

- 77% of Washoe County students graduated in 2016. This is a 2% increase from the previous year.
- 66% of Native American/American Indian students graduated in 2016 which is a 14% increase from the previous year, exceeding the target of 53.3%.
- Washoe County School District adopted a Student Wellness Policy and the majority of schools reported compliance with 15 out the 16 wellness goals. In addition, 60.3% of schools reported hiring wellness coordinators at each school site.
- Communities in Schools (CIS), a supplemental support program for high risk youth, expanded into five schools in Washoe County and has already seen an 82% graduation rate among CIS students.
- New legislation in 2015 encouraged Washoe County schools to improve literacy by grade three. As a result, all 62 elementary schools and five charter schools in Washoe County have designated learning strategists and have been undergoing intensive career development and trainings to better support their schools and implement the new legislation.
- Programs like Girls on the Run and the Wolf Pack Coaches Challenge made headway incorporating curricula to improve nutrition and physical activity in schools.
- Organizations such as the Education Alliance and United Way have partnered with key businesses and organizations to implement supplemental programs for Washoe County students.

Food Security

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

- The Northern Nevada Food Bank received grant and match funding equaling \$515,000 to develop a plan around food security for Washoe County. From this stemmed the Collaborating for Communities (C4C) Community Action Networks (CANs). These CANs target social determinants of health that

influence food insecurity such as housing, income stability and food security. This group is developing a plan to increase access and knowledge of food sustenance programs in the 89502 zip code as well as develop a food prescription pilot with Renown Health and Community Health Alliance.

A shared vision to address local health issues contributing to poor health outcomes in Washoe County has been established. The community has identified a common agenda around the four health priorities: Access to healthcare and social services, behavioral health, education (K-12), and food security. Sixty-six objectives have been established to begin the structure of shared measurement. Evaluating and reporting on the first year of implementation has also established a system of accountability and transparency for the community. Many of the strategies within the CHIP were identified as mutually reinforcing activities to gain traction on the associated performance measures and this plan has greatly increased communication lines between organizations to break out of silos and begin the pathways of true collective impact and collaboration as demonstrated through many CHIP related working groups. Lastly, the Washoe County Health District, Renown Health and Truckee Meadows Healthy Communities have stepped in to provide all leading agencies a backbone of support through staff time, funding, and strategic planning. The foundation for collective impact in Washoe County for optimized health of its citizens has been set.

APPENDIX B

DETAILED PLANNING PROCESS

The documents included in appendix B include a description of the planning process and participants as well as the documents and data that were used in the initial version of the Strategic Plan. They have been included in the revised 2018-2020 Strategic Plan to reflect the information provided that shaped the initial version of the Strategic Plan.

Meetings and Major Activities

Meetings and Major Activities	Participants	Timing
Phase 1: Determine Position		
Kickoff Meeting to clarify outcomes and expectations	Core Planning Team	11/23/2015
1:1 Strategy Interviews with District Board of Health Members	District Board of Health	01/25/16 to 2/12/2016
Project management meeting to review strategy interview findings and develop Stakeholder Survey questions	Core Planning Team	02/05/2016
Stakeholder survey	All WCHD Staff, External Stakeholders	02/16/2016 to 03/04/2016
Initial strategy session to confirm initial findings (See Current State Summary below)	Core Planning Team & WCHD Division Directors and Supervisors	03/02/2016
Project management meeting to develop employee engagement presentation and draft major themes from current state assessment.	Core Planning Team	03/11/2016
Presentation of Stakeholder Survey findings to Division Directors for review	WCHD Division Directors	03/18/2016
Presentation of initial findings and draft strategic planning retreat agenda to DBOH	District Board of Health, Core Planning Team	03/24/2016
Project management meeting to develop supporting materials for strategic planning retreat	Core Planning Team	03/25/2016
Presentation of Stakeholder Survey findings to all WCHD staff for review	All WCHD Staff	04/05/2016
Project management meeting to finalize agenda and clarify roles during strategic planning retreat	Core Planning Team	04/08/2016
Phase 2: Develop Strategy		
Strategic Planning Retreat Day 1 <ul style="list-style-type: none"> Clarified the District's core purpose and strategic direction Developed Strategic Objectives Developed District Goals 	District Board of Health, Core Planning Team, Division Directors, and Supervisors	04/14/2016
Phase 3: Build the Plan		
Strategic Planning Retreat Day 2 <ul style="list-style-type: none"> Developed desired community outcomes Developed initiatives to support District goals Developed strategic plan implementation model 	Core Planning Team, Division Directors, and Supervisors	04/15/2016

Project management meeting to review draft strategic plan	Core Planning Team	04/29/2016
Review of draft plan for input and feedback	Division Directors and Supervisors	05/02/2016 to 05/12/2016
Present draft plan to District Board of Health for review and approval	District Board of Health	05/26/2016
Plan rollout to all staff	All WCHD Staff	07/1/2016

Participant Lists

Core Planning Team

1. Kevin Dick, District Health Officer
2. Sara Dinga, Director of Programs and Projects
3. Anna Heenan, Administrative Health Services Officer

District Board of Health

4. Kitty Jung, Washoe County Commissioner
5. Julia Ratti, Sparks City Council
6. Oscar Delgado, Reno City Council
7. Michael D. Brown, City of Reno Non-Elected Appointee
8. George Hess, M.D. District Board of Health Appointee
9. John Novak, City of Sparks Non-Elected Appointee
10. David Silverman, Non-Elected Washoe County Appointee

WCHD Division Directors

11. Charlene Albee, Division Director, Air Quality Management
12. Robert Sack, Division Director, Environmental Health Services
13. Steve Kutz, Division Director, Community and Clinical Health
14. Randall Todd, Division Director, Epidemiology and Public Health Preparedness

WCHD Supervisors

15. Dawn Spinola, Administrative Secretary
16. Phil Ullbarri, Public Health Communications Program Manager
17. Mike Wolf, Air Quality Supervisor
18. Dan Inouye, Air Quality Supervisor
19. Linda Gabor, PHN Supervisor
20. Lisa Lottritz, PHN Supervisor
21. Stacy Hardie, PHN Supervisor
22. Dave McNinch, Environmental Health Specialist Supervisor
23. Tony Macaluso, Environmental Health Specialist Supervisor
24. Jim Shaffer, Vector Coordinator

- 25. James English, Environmental Health Specialist Supervisor
- 26. Jeff Whitesides, Public Health Preparedness Manager
- 27. Christina Conti-Rodriguez, EMS Program Manager
- 28. Sunita Monga, Community Health Nutritionist
- 29. Janet Piette, Community Health Nutritionist

CURRENT STATE ASSESSMENT

SWOT Analysis

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Customer Service • Proactive disease prevention and public health promotion • Community health education and outreach • Community engagement and communication • Knowledgeable staff dedicated to their work • Breadth and quality of services • Working with community partners • Leadership and employee communication • Emergency response • Working efficiently with limited resources 	<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Population growth and resulting increased resources • Local hospitals' willingness to support public health efforts • Strong awareness and data of the community's health needs through recent Community Health Needs Assessment • Willingness of community partners to engage in efforts such as the Community Health Improvement Plan and Truckee Meadows Healthy Communities • Partnering with entities such as UNR, TMCC, Hospitals, school districts, nonprofits, etc. to expand reach and impact. • Increasing rates of people with health insurance
<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Promotion of Health District in community • Employee morale • Employee accountability and engagement • Working together across divisions • Appearance, safety, and accessibility of facility • Lack of positive encouragement from leadership • Employee recognition, appreciation, and support • Employee training • Consistent, equitable treatment of employees • Capturing and acting on citizen input • Stability and level of financial resources • Process efficiency • Efficient, equitable resource allocation • Customer service • Soliciting and acting on employee input • Employee communications • Use of current technology • Resources for chronic health disease prevention 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Population growth and increasing need for services • Growing senior population with higher needs • Nevada has the lowest levels of public health funding of any state • Low graduation rates which are tied to poorer public health outcomes • Mental health provider shortage in all of Washoe County • Increasing community reliance on supplemental nutrition assistance program • More strict federal standards for air quality • Drought and climate change's impact on water supply • Primary care provider shortage • Difficulty finding providers who accept Medicaid • Increasing rates of sexually transmitted diseases • Increasing prevalence of vaping • Increasing rates of obesity and chronic disease

<ul style="list-style-type: none"> • Working with external partners • Bureaucracy and red tape • Lack of standard, defined processes • Employee workloads • Inability to cut unneeded services 	
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Mission Statement: What is the Core Purpose of the Health District?

Current Statement

To protect and enhance the physical well-being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services.

70.7% of survey respondents agree that the current mission statement strongly explains the core purpose of the Health District. Below is a summary of what respondents like about the current statement and what they think could be better.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> • It accurately reflects the core purpose of a Health District in general and us specifically (x12) • It is clear and succinct (x3) • It focuses on our citizens (x2) 	<ul style="list-style-type: none"> • It doesn't encompass our work in: <ul style="list-style-type: none"> ○ Prevention (x3) ○ Air Quality (x3) ○ WIC (x2) ○ Community partnerships (x2) • We protect and enhance more than just physical well-being (x6) • It should be more general and inspiring less list-like (x4) • It is difficult to understand/the terminology is unclear (x3) • Our services also protect visitors, not just citizens (x2)

Other Health District Mission Statements

- **Southern Nevada:** To protect and promote the health, the environmental and the well being of Southern Nevada residents and visitors.
- **Carson City:** To protect and improve the quality of life for our Community through disease prevention, education and support services.
- **CA Dept. of Public Health:** The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California.

- **Sacramento County:** The mission of Sacramento County Public Health is to promote, protect, and assure conditions for optimal health and public safety for residents and communities of Sacramento County through leadership, collaboration, prevention and response.

Draft Mission Statements

1. *To protect and enhance the health and well-being of the Washoe County community.*
2. *To protect and enhance the health, well-being, and quality of life for all citizens and visitors to Washoe County.*
3. *To make Washoe County a healthier community.*
4. *To provide services that have meaningful, positive impacts on the health of the Washoe County community.*

Strategic Direction: What does success look like?

Current Statement

We are leaders in a Unified Community Committed to Optimal Human and Environmental Health.

Stakeholder Survey Results

51.8% of survey respondents agree that the current statement clearly explains what success looks like for the Health District over the next 5 years. Below is a summary of what respondents like about the current statement and what they think could be better.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> • 'Unified Community' speaks to our work with partners • Concise and inspiring 	<ul style="list-style-type: none"> • 'Optimal Health' is very broad and not quantifiable • Too much jargon, not enough substance • Does not seem feasible given current internal and external environment

Board Direction

By 2020, success in our community looks like...

Key Themes

- **Improved community health indicators:** We have reached aspirational goals on community health indicators.
- **Increased work with partners:** We should focus on what we do really well and then partner with others with different expertise.
- **Responsiveness to community growth:** We've been able to maintain service levels as the community has grown.

- **Innovative pilot programs:** Trying out new ideas that can potentially have major impacts.
- **Clean, safe downtown:** Cleaning up downtown.
- **Financially stable organization:** The Health District will be less dependent on general funds and able to better predict future funding levels.

Other Responses

- **National model:** We are a model for other communities throughout the nation.
- **Serving the underserved:** We've been able to expand services and reach more of the underserved population in our County.
- **Working closer with the cities:** Increasing the interaction with and collaboration with Reno and Sparks.
- **Beyond mandates:** Able to extend services beyond what is mandated into other areas that can improve the health of the community.
- **Partnering to extend reach:** Strengthening relationships with other agencies in the community working to improve the health and well-being of the community.
- **Community awareness:** There will be greater community awareness and appreciation for what the Health District does.
- **Community hub:** The Health District should be a hub for low-income people to get their needs met.

Other Health District Strategic Direction Statements

- **Southern Nevada:** Healthy People in a Healthy Southern Nevada.
- **Carson City:** Carson City Health and Human Services leads the region in providing services that support healthy communities.
- **CA Dept. of Public Health:** Healthy Individuals and Families in Healthful Communities.
- **Sacramento County:** Optimal health and well-being for Sacramento County communities!
- **Weld County:** Together, we are working to make Weld County a healthy place to live, learn, work and play.

Draft Strategic Direction Statements

1. *We will be leaders in a unified community committed to making measurable progress on the health of its people and environment.*
2. *Washoe County will be recognized as a top community for health, well-being, and quality of life.*
3. *Washoe County will make meaningful progress on public health indicators resulting from a unified, community-wide focus on health.*

Strategic Objectives: What do we need to focus on to Achieve our Strategic Direction?

Board Priorities

What are the top 3 most significant issues facing the Health District?

Key Themes

- **Financial sustainability:** The Health District needs to be less reliant on the County for general funds.
- **Tightened air quality standards:** The Health District needs to improve the region's current air quality to meet new, tougher federal air quality standards.
- **Ambulance service:** The current provider does not have a good history of achieving the required service levels.

What community or regional trends do we need to address during this process?

Key Themes

- **Drug abuse:** Our region is seeing increased use of heroin and methamphetamine and the negative effects of these drugs are impacting our community.
- **Drought and climate change:** Access to water and changing climates could negatively impact the health of the community.
- **Population growth:** We need to be able to meet the needs of a growing population and a more geographically dispersed population.
- **Obesity:** We need to help prevent obesity by addressing issues such as access to healthy food.

What are the long-term priorities the Health District needs to focus on over the next 3-5 years?

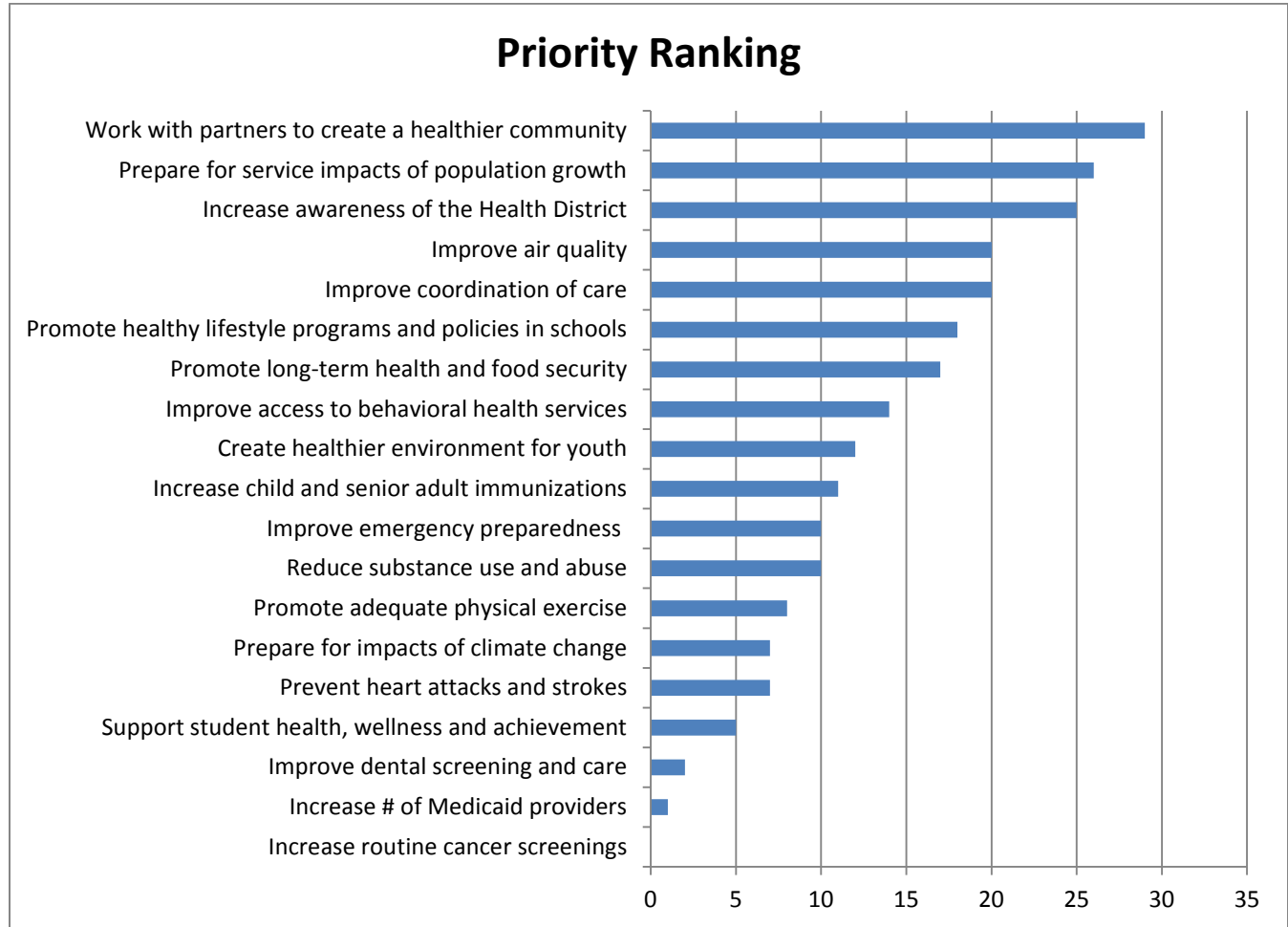
Key Themes

- **Financial resources:** Improving the finances of the District for greater security and to enable the organization to be proactive and explore new programs and services to help the community.
- **Increasing awareness and public outreach:** Informing more people about the services the Health District offers and its positive impact on the community.
- **Long-term planning:** We need to get ahead of requirements and regulations and try to be more proactive in our planning.
- **Quality control and process improvement:** In the past 7 years the Health District has come a long way but we can still do better at making this part of the culture.

Management Team Priorities

- **Population growth** and the resulting social/environmental impacts
- **Fiscal sustainability** to be able to proactively address issues instead of struggling to keep up
- **Stable priorities** backed by long-term funding commitments
- **Resource flexibility** to address issues that have the biggest impact on community health such as chronic disease, and behavioral health
- **Updated identity/brand/image** for the Health District including facility upgrades
- **Trusting, open, and engaged work environment**

Stakeholder Survey Priorities



Draft 2016-2018 Strategic Objectives

- 1. Improve the health of our community by empowering individuals to live healthier lives.**
 - a. How do we reduce the negative health and economic impacts of obesity/chronic disease?
 - b. How can we reduce increasing rates of sexually transmitted disease?
 - c. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
 - d. How do we increase immunization rates and prevent the spread of disease?
 - e. What can we do to improve access to health care?

- 2. Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**
 - a. What is our plan to meet more strict air quality standards?
 - b. What should we be doing to address drought/climate change?
 - c. How can we better prevent food safety issues?
 - d. How can we be better prepared for emergencies?

- 3. Extend impact through partnerships.**
 - a. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
 - b. What can we do to reduce high suicide rates in our community, especially among youth?
 - c. How can we best address increasing rates of drug use and abuse in our region?
 - d. How can we improve the regional EMS System?

- 4. Lead the creation of a local culture of health.**
 - a. How can we establish a new and improved Health District identity/brand?
 - b. How can we get the word out about all the great work we do?
 - c. How can we encourage citizens to live healthier lifestyles every day?
 - d. How can we make meaningful improvements in health policy?

- 5. Achieve greater financial stability.**
 - a. How do we achieve greater financial stability/predictability?
 - b. Do we agree on our current local funding model for the Health District?

- 6. Strengthen our workforce and increase operational capacity to support growing population.**
 - a. How can we work better across divisions and interjurisdictionally?
 - b. How can we continue to improve our process efficiency and use of technology?
 - c. How can we provide more training and professional development opportunities for staff?
 - d. What can we do to make the Health District facility more inviting?
 - e. How can we create a culture of employee recognition, encouragement, and accountability?
 - f. How can we become better leaders of our organization?

Improve the health of our comm. by empowering individuals to live healthier lives

Highlights from Board Interviews

- “We moved the needle on the Community Health Needs Assessment measures and Truckee Meadows Tomorrow quality of life indicators.”
- “We are a mentally and physically healthy community.”
- “There will be less smoking, drinking, obesity, suicide, food insecurity, etc. due to our education and program support.”
- “Most people don’t see it, but overdose rates are going up. We need to get on the front end of this rising problem.”

Strategic Issues

1. How do we reduce the negative health and economic impacts of obesity/chronic disease?
2. How can we reduce increasing rates of sexually transmitted disease?
3. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
4. How do we increase immunization rates and prevent the spread of disease?
5. What can we do to improve access to health care?

Program Expansion Recommendations

41.7% of respondents think that there are programs or services of the Health District that should be expanded.

When asked which ones, key themes were:

- Chronic disease prevention program (x11)
- Community education (x5)
- Maternal and child health (x5)
- Immunizations (x4)
- Environmental Health Services (x3)
- Nutrition education (x2)
- Community and Clinical Health Services (x2)

New Program Recommendations

44.1% of respondents think that the Health District is providing all of the public health services it should be to properly serve the community. When asked which new programs or services are needed, the top responses were:

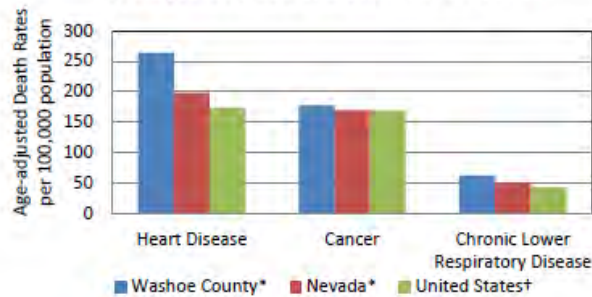
- Don’t add new programs, strengthen existing programs (x4)
- Mental health services (x3)
- Chronic disease prevention services (x3)
- Additional support for families and children (x2)
- Oral health
- Injury prevention

Relevant Findings from the Community Health Needs Assessment

Chronic Disease

The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state.

Figure 1.1: Top 3 Causes of Mortality, Washoe County, Nevada & the United States, 2011



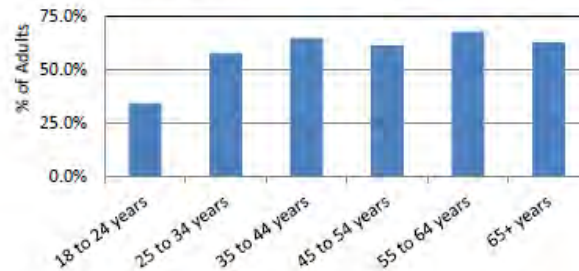
Source: *Nevada Health Statistics Portal Death Data Query
Source: †National Vital Statistics Report, Deaths Preliminary Data for 2011

Chronic Disease Risk Factors

“Four health behaviors are responsible for nearly 70% of deaths in the US: Lack of physical activity, unhealthy diet, smoking tobacco, and excessive alcohol consumption. Research shows that by reducing or eliminating these four risk factors, anywhere from 40-80% of premature deaths related to heart disease, cancer, and cardiovascular deaths can be prevented.”

- **Physical activity:** “Less than 25% of adolescents and adults are getting the recommended daily amount of physical activity.”
- **Nutrition:** “Only 30.7% of youth could have met the recommended dietary guidelines for servings of fruit and only 12.9% could have met the rec. intake for vegetables over the course of the previous week.”
- **Obesity:** “Obesity may be the single largest threat in the country, not only to public health, but the economy as well.”

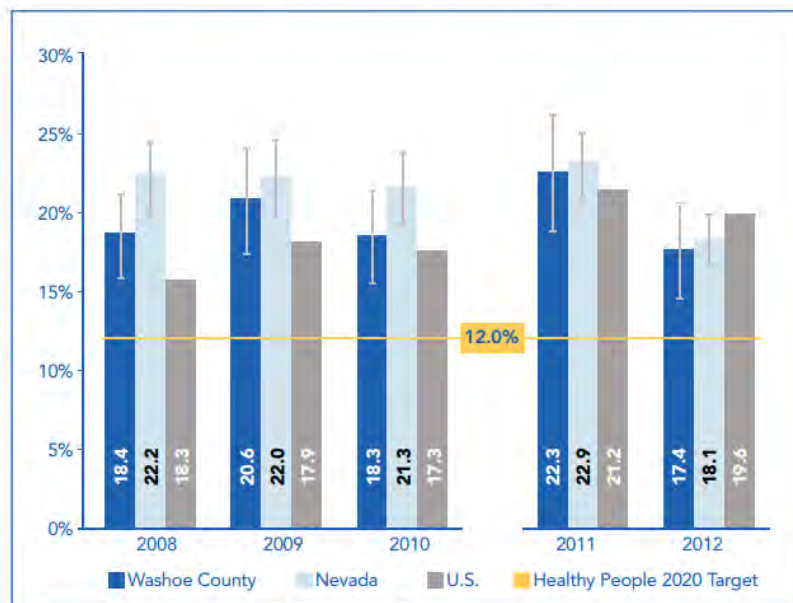
Figure 1.8: Adults Overweight/Obese, Washoe County, by Age Group, 2013



Source: 2013 Nevada BRFSS: Washoe County Analysis

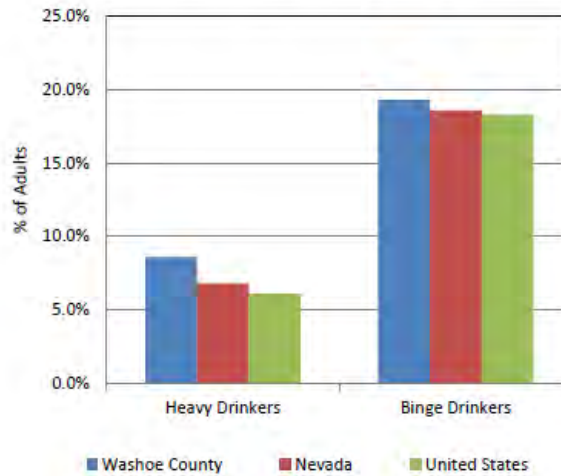
- Tobacco:** “43% of cancers and 21.7% of deaths were due to tobacco-related illnesses in Washoe County from 2006 to 2010. Although fewer teens report having ever tried cigarettes, the rates of current smokers have remained stable in Washoe County. Smoking rates among adults in Washoe County have decreased since 2011. And in 2013 only 15.4% of adults indicated they were current smokers, which was lower than rates for both Nevada and the U.S.”

Tobacco Use and Exposure
Prevalence of Current Smokers
Washoe County, Nevada and U.S., 2008 – 2012



- **Alcohol:** “Washoe County has higher rates of alcohol consumption and binge drinking than Nevada and the rest of the nation.”

Figure 1.21: Adult Alcohol Use by Type, Washoe County, Nevada & the US, 2011



Source: 2011 Nevada BRFSS

Sexual Health

“Youth in Washoe County experience higher rates of intimate partner abuse, sexual contact and sexual penetration than youth nationwide. These rates correlate with findings from a 2011 national study that ranked Nevada as the second-worst state for sexual violence — especially against women.

The sexually transmitted diseases highlighted have all seen an increase in 2013; and chlamydia, gonorrhea and syphilis have seen increases since 2010. Rates tend to be disproportionately higher among African Americans. However, as with all reportable conditions, the increase in rates among all races and ethnicities may be a result of several factors — an increase in the number of people who get screened, improved case reporting from laboratories and providers, or a true reflection in the number of infections.”

Figure 1.48: Percent of high school students reporting they had been physically forced to have sex, when they did not want to, Washoe County, 2013

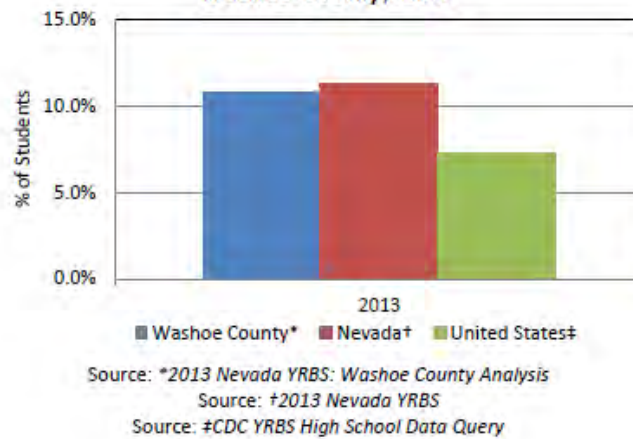
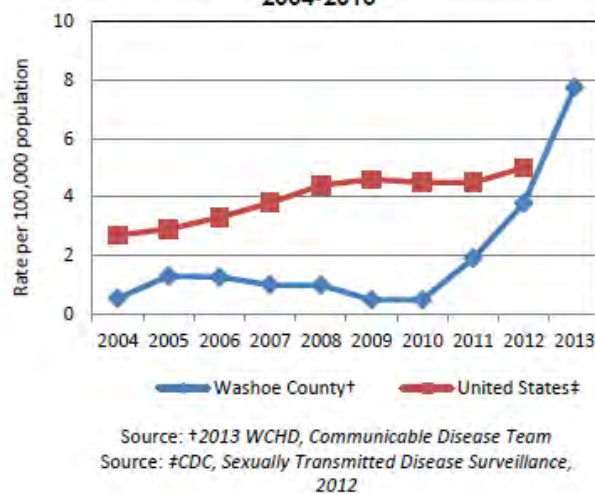


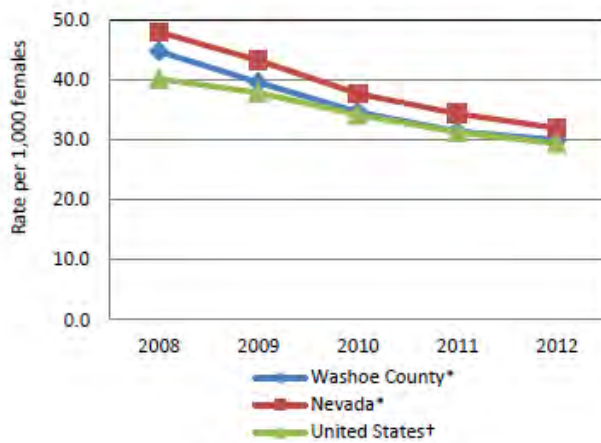
Figure 1.54: Rate of Primary & Secondary Stage Syphilis, Washoe County & the U.S., 2004-2013



Maternal, Infant and Child Health

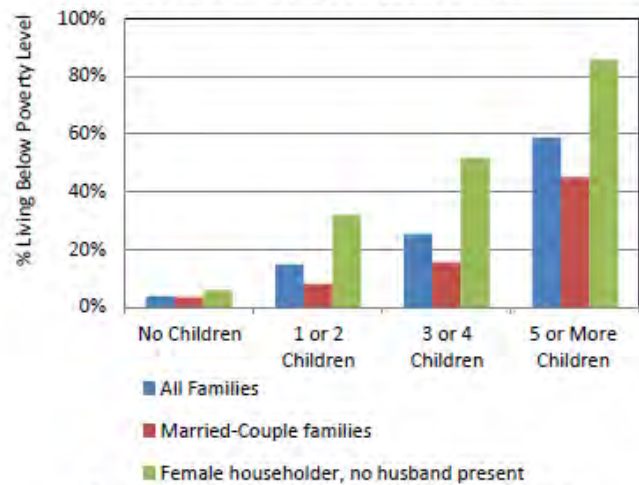
“There have been decreases in the overall birth rate and exponential decreases in teenage pregnancy and the resulting birth rate. More mothers-to-be are receiving prenatal care in the first trimester, improving health and outcomes for both mother and baby. WIC data indicates that the income level of participants has decreased. Fewer Hispanics and more Caucasian, non-Hispanic families have enrolled over the past six years. Improvements in maternal child health include fewer low birth-weight infants and a decrease in obesity among children who are enrolled in WIC.”

Figure 1.7: Teen (age 15-19) Birth Rate, Washoe County, Nevada & the U.S., 2008-2012



Sources: *OPHIE, data request
 † CDC, Births: Final Data for 2012

Figure 1.1: Families Living Below Poverty Level, Washoe County, 2008-2012



Source: US Census Bureau, 5 year estimates, 2008-2012

- **Maternal, infant and child health ranking:** “Nevada ranked 48 out of 50 states overall in 2014, with the state’s lowest scores in economic well-being and family and community, for which many of the indicators are based on the poverty rate and the proportion of children being raised in single-parent households.”
- **Prenatal care:** The percent of women receiving prenatal care in the first trimester has increased for all age groups since 2010.
- **WIC participation:** “Overall WIC enrollment has remained fairly stable since 2007: the number of children born in Washoe County has increased by about 3,000 since that year.”
- **WIC outcomes:** “Fewer low-birth-weight infants were born from 2007 to 2013.”

Immunizations

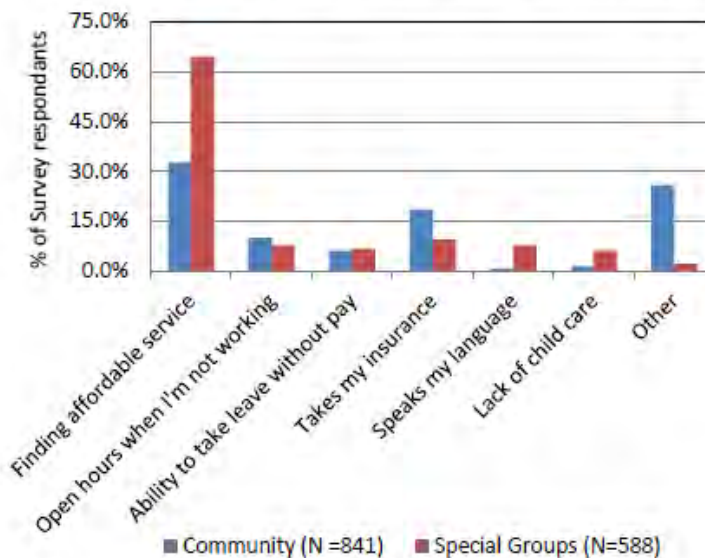
The child immunization rate in Washoe County has increased since 2003 and at 75.5% it is 3.5% above the national average. To meet the Healthy People 2020 goal, this rate will have to increase 4.5% to 80% over the next five years. The number of WC seniors who report receiving an annual flu shot was lower than rates for Nevada and the US. Improvements in awareness and making it easier for seniors to access services are current priorities.

Health Access

“Historically Washoe County, like Nevada, has maintained a large population of uninsured residents who cannot afford healthcare. Since the passing of the Affordable Care Act (ACA) the numbers of uninsured have decreased dramatically. There exists, however, a shortage of available practitioners. One in five residents in Washoe County is enrolled in Medicaid, and many have experienced difficulty in finding providers who accept Medicaid and providers who are accepting new Medicaid patients.”

- **Primary care:** “Approximately, one-third of Washoe County residents live in a primary care provider or a dental care provider shortage area.”
- **Medicaid enrollment:** Enrollment in Medicaid increased 83.4% from September 2013-August 2014. “Accessing services is especially challenging for those covered by Medicare, Medicaid and other health plans that do not reimburse providers at equal amounts as do private insurers.”

Figure 1.1: Main barrier you face in accessing health care in our community.



Source: * TMRPA, 2013 Senior Study

Areas of Highest Need

“Although only 30% of Washoe County’s population lives in the five zip codes with highest need, this population accounted for 42.1% of hospital inpatient visits and 54% of ER visits during 2013 [Table 1.2]. All of these ZIP codes report higher than average hospitalization rates for chronic obstructive pulmonary disease (COPD), as well as higher than average mortality rates due to cancer, and accidents when compared to Washoe County averages. Higher proportions of the residents in these communities live in poverty, including children (<18 years) and seniors (65+ years), and more than a quarter of the population has not graduated from high school (GED or equivalent), with the exception of 89501.”

Table 1.2: 5 Highest Need ZIP Codes, Ranked by CNI Scores, 2014

Zip Code	2014 CNI Scores §	% of Washoe County*	% of Hospital Inpatient Visits†	% of Emergency Room Visits†
89512	5.0	6.0	8.7	12.7
89502	4.8	10.3	14.3	17.7
89431	4.8	8.5	11.8	12.5
89501	4.2	1.0	1.7	5.3
89433	4.0	4.8	5.6	5.8

Source: § Truven Health Analytics Inc. (2014). Community Needs Index
Source: *U.S. Census Bureau, 2010 Census
Source: † All 2013 Washoe County hospital data, author’s analysis



Map 1.2: 5 Highest Need Zip Codes, Washoe County, 2014

Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer

Highlights from Board Interviews

- “We are currently at 71 ppb (air quality). That was good enough to meet the previous standard of 75ppb but not the new standard of 70ppb.”
- “Water quality and quantity is an issue. The Health District should be on the forefront of this.”
- “The Health District will be supportive of growth but not at the expense of air quality and pollution.”

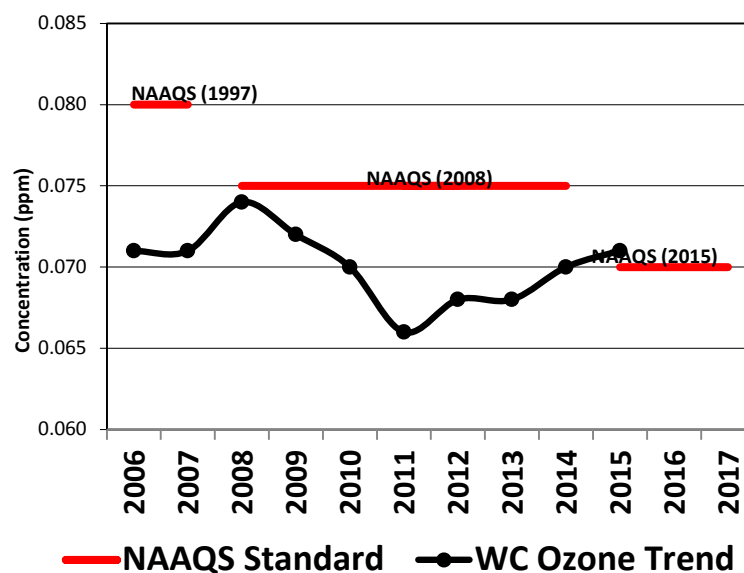
Strategic Issues

1. What is our plan to meet stricter air quality standards?
2. What should we be doing to address drought/climate change?
3. Should we increase efforts to better prevent food safety issues?
4. How can we be better prepared for emergencies?

Relevant Findings from the Community Health Needs Assessment

Air Quality

“Overall Washoe County’s ambient air quality is favorable with more than 250 days on average per year in the Good range. There are, however, some seasonal episodes when air quality varies and sometimes reaches unhealthy levels — typically in the summer when wildfires occur or winter during temperature inversions. Winds typical of the Washoe County area work to clear pollutants, and the location on the lee side of the Sierra Nevada serves to shelter the cities from some pollutants. Washoe County is currently meeting all air quality standards set by the EPA, but changes in standards could alter that status.”



Water Safety, Drought, and Climate Change

“Washoe County’s groundwater is safe, but it contains naturally occurring minerals that may affect the taste of the water. Residents reliant on well water are encouraged to test their water for potential unknown sources of groundwater contamination. Residents who receive their water through the municipal water supply have access to clean, regulated and frequently tested water.”

Relevant Excerpts Related to the Sustainability of Water Supplies from TMWA’s Draft 2016-2035 Water Resource Plan

Section 2.1 Sustainability of Source Water Supplies- Climate Variability

“Studies by Desert Research Institute (“DRI”) and University of Nevada, Reno (“UNR”) indicate the potential for climate change to alter the timing, type of, and quantity of precipitation needs continued monitoring and study, but it is inconclusive at this time as to the magnitude that climate change will have on the region and its water resources over a long-term planning horizon.”

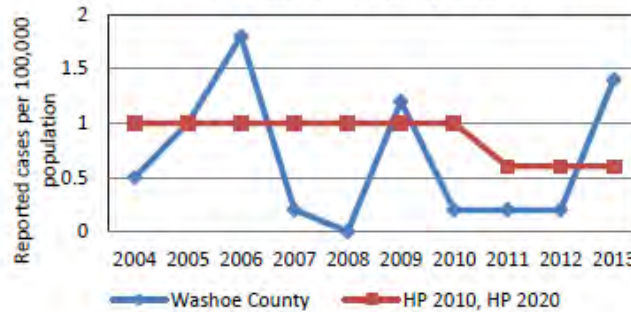
Section 2.2 Sustainability of Source Water Supplies- Drought Periods

“The region is in its fourth consecutive, low-precipitation year. The meteorological drought, begun in 2012, created hydrologic drought impacts in 2014 and 2015, which required TMWA to release some of its upstream drought reserves for the first time since 1992. As defined in TROA, the region has been in a Drought Situation (i.e., the level of Lake Tahoe is projected to be below elevation of 6223.5 feet on November 15 of a given year per TROA) since 2014. Unfortunately, it cannot be known with certainty the duration of the current drought. In addition, analysis has shown that under TROA operations water supplies and drought reserves accumulate to TMWA’s benefit under the 1987 to 1994 drought; in addition, even under a hypothetical drought hydrology, which repeated 2015 hydrology at 2015 demands for 10 years, TMWA would grow its reserves.”

Food Safety

“Foodborne illnesses are often underreported and are not all traceable to a particular restaurant or food handler. Illness may be a result of a food recall. While rates of foodborne illness in Washoe County have increased since 2013, this can be due to a variety of reasons and may not be a reflection of local food production or handling practices.”

Figure 1.2: Rates of Reported Cases* of STEC 0157 Infection, Washoe County, 2004-2013



*Effective in 2009, probable cases became reportable in Washoe County
 Source: Washoe County 2013 Annual Communicable Disease Summary

Extend impact through partnerships

Highlights from Board Interviews

- “We should be integrating the decisions of the Health Board into other plans such as the regional plan, transportation plans, the school district, parks, etc.”
- “Investing to make WCHD the community’s Health District and not just the ‘County’s’ Health District.”
- “There is a potential for public/private partnerships for certain services where the hospital rate is higher than Medicaid.”

Strategic Issues

1. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
2. What can we do to reduce high suicide rates in our community, especially among youth?
3. How can we best address increasing rates of drug use and abuse in our region?
4. How can we improve the regional EMS System?

Major Projects in Progress

- The Washoe County Health District successfully **partnered with Renown Health** to complete the **Community Health Needs Assessment**. This document continues to help inform individuals and organizations across the community.
- In **partnership with Truckee Meadows Healthy Communities**, the Washoe County Health District authored the **Community Health Improvement Plan (CHIP)**. Representatives from the Health District sit on the CHIP steering committee with other community leaders from organizations such as the **Regional Transportation Commission, the Washoe County School District, and the University of Nevada, Reno**.
- **The District Health Officer and the CEO of Renown are co-chairs of the Truckee Meadows Healthy Communities** initiative, which strives to unite the health, education, and community development sectors in promoting a culture of health in the region.

Partnership Opportunities

45.2% of survey respondents believe that the Health District could form partnerships with other organizations in the community to more effectively or efficiently deliver services. When asked which organizations the Health District could partner with, top responses were:

- UNR/TMCC (x5)
- The two cities (x3)
- Federally Qualified Health Centers (x3)
- Hospitals (x3)
- The School District (x2)
- Washoe County Social Services (x2)

- Nonprofits and community organizations, i.e. HOPES, Community Health Alliance, Catholic Charities (x2)

When asked which services could benefit most from partnerships, the top responses were:

- Developing consistent codes and requirements regionally (x5)
- WIC and HIV Prevention (x3)

Community Health Improvement Plan Priorities

Health Priority	Goals
 Access to Healthcare and Social Services	<p>GOAL 1: Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p>GOAL 2: Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community.</p>
 Behavioral Health	<p>GOAL 3: Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p>GOAL 4: Create a healthier environment for Washoe County youth.</p> <p>GOAL 5: Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.</p>
 Education (K-12)	<p>GOAL 6: Improve health outcomes of Washoe County youth through educational attainment.</p> <p>GOAL 7: Support student health, wellness and achievement through nutritious eating habits and physical activity.</p>
 Food Security	<p>GOAL 8: Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.</p> <p>GOAL 9: Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.</p>

Relevant Findings from the Community Health Needs Assessment

Food Insecurity

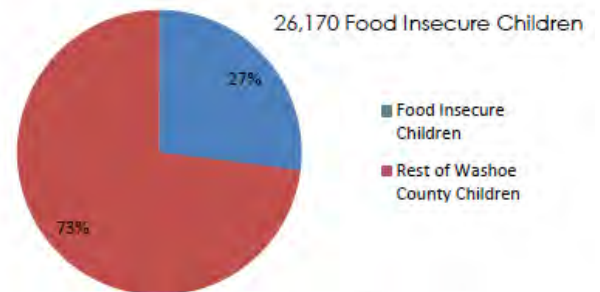
“While there is a strong network of food distribution and assistance in Washoe County, there are a growing number of people reliant on federal nutrition programs and charity to obtain adequate food. Those in need of food assistance often decide each month between paying for food or other needs such as medication, utilities and housing. Limited resources coupled with increasing demand could leave more families and children with fewer meals in the future. The physical layouts of the Reno-Sparks community relative to the major highways, which transect the city, bring sources of unhealthy food into the areas where many low-income people live.”

Figure 1.4: Food Insecurity Rates, Washoe County, Total Population, 2012



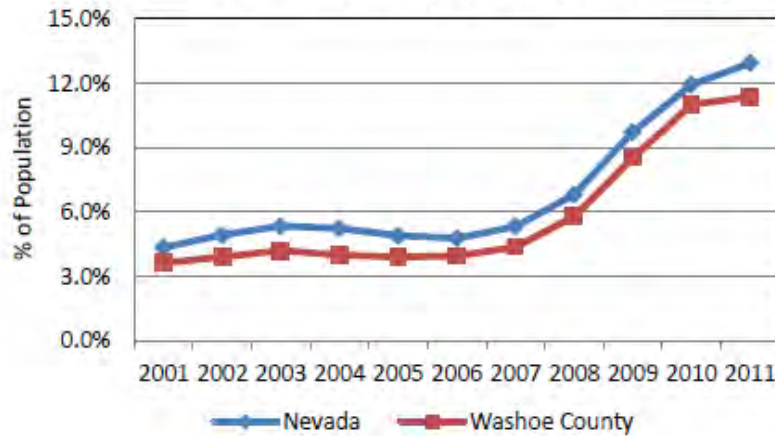
Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

Figure 1.6: Food Insecurity Among Children, Washoe County, 2012



Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

Figure 1.6: Percent of Population Enrolled in SNAP, Washoe County & Nevada, 2001-2011



Source: US Census Bureau, Small Area Estimates Branch, County SNAP Benefits Table

Behavioral Health

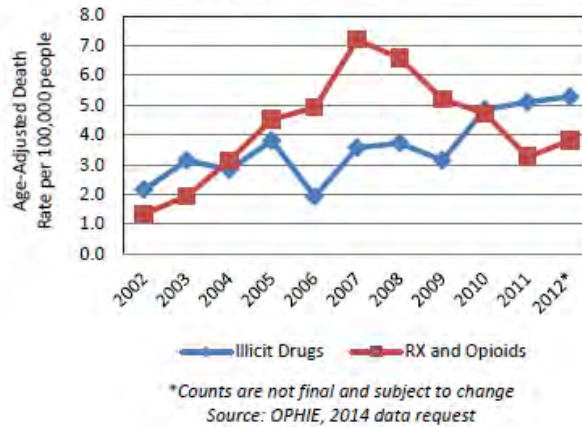
“While most data available at the county level represent only two mental health issues, depression and suicide, there are several more stressors contributing to every day mental health. Depression, sadness and poor mental health is reported most often among females; however, Washoe County males have some of the highest rates of suicide compared to Nevada and the rest of the U.S. Suicide among all ages is much higher in Washoe County than the rest of the country.”

- **Suicide rates:** At 22.3 per 100,000 population Adults in Washoe County have a much higher suicide rate that both Nevada and the United States.
- **Mental health provider access:** “All residents in Washoe County are living in a mental health provider shortage area.”
- **Youth suicide rates:** “The percentage of high school students in Washoe County who considered and/or attempted suicide in 2013 was considerably higher than the national average.”

Drug Use and Abuse

“Drug use among youth in Washoe County has not seen much of a decrease over the past decade, and some data indicate it may be rising — especially marijuana use. Overall drug overdose death rates have increased, although prescription drug deaths have fallen since 2007.”

Figure 1.28: Drug Overdose Death Rate, by drug type, 2002-2012



Education

“Compared to people who have had some college, college graduates in Washoe County reported:

- Better perceived general health status
- More likely to be insured
- Higher rates of immunization
- Fewer poor mental health days
- Less likely to be overweight or obese
- Less likely to smoke cigarettes”

Lead the creation of a local culture of health

Highlights from Board Interviews

- “We need to make the effort to reach out to the community. This could mean setting up access points in other neighborhoods, bilingual marketing, etc.”
- “If you do a good job at preventative medicine, you don’t make the news. We need to find a way to get noticed for the good work we do.”
- “Explain the value that the Health District brings to the community in order to build up community support and trust. “
- “The Health District should be a hub for low-income people to get their needs met.”

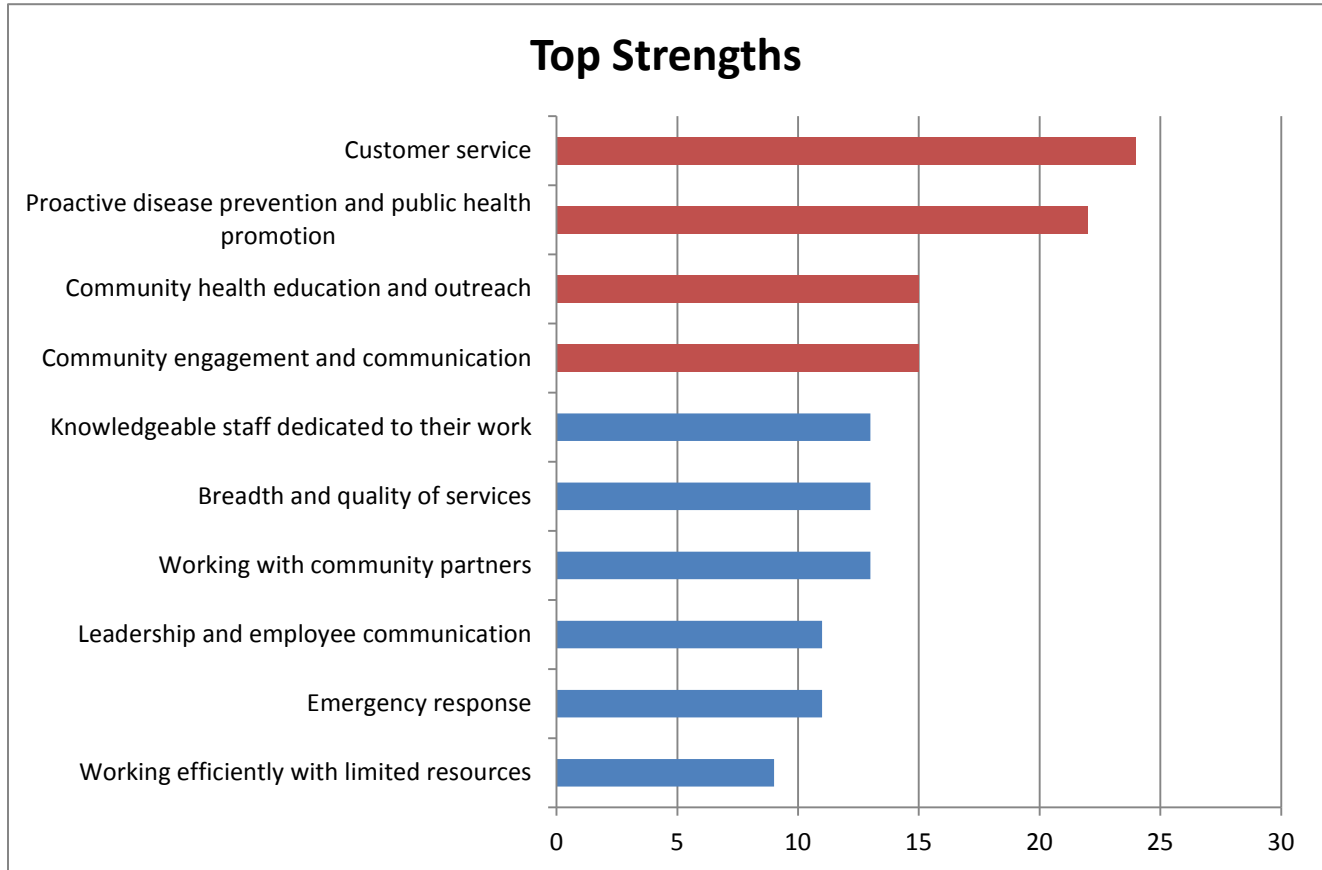
Strategic Issues

1. How can we establish a new and improved Health District identity/brand?
2. How can we get the word out about all the great work we do?
3. How can we encourage citizens to live healthier lifestyles every day?

4. How can we make meaningful improvements in health policy?

Perceived Strengths

The top 4 strengths cited by survey respondents referred to the Health District’s ability to work with, inform, educate and engage the community it serves.



Achieve Greater Financial Stability

Strategic Issues

1. How do we achieve greater financial stability/predictability?
2. Do we agree on our current local funding model for the Health District?

Highlights from Board Interviews

- “Our fees should cover the true cost of providing the service.”
- “Being worried about potential cutbacks every year is a nightmare.”

- “Would like to see steady progress towards 25% general fund contribution.”
- “Making sure we’re never in a position where we have to eliminate critical services again.”

Current Health District Programs

Washoe County Health District Programs

Office of the District Health Officer

Administrative Health Services

Air Quality Management

Community and Clinical Health Services

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

Environmental Health Services

- Environmental Health Services
- Food Protection
- Safe Drinking Water
- Solid Waste Management
- Underground Storage Tanks
- Vector Borne Diseases

Epidemiology and Public Health Preparedness

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

Revenues and Expenditures by Division from FY 2016-2017 Recommended Budget

Division	Revenue	% of Total Revenues	Expenditures	% of Total Expenditures
Office of the District Health Officer	\$35,000	0.2%	\$979,998	4.5%
Administrative Health Services	\$0	0.0%	\$1,168,142	5.4%
Air Quality Management	\$2,683,185	12.9%	\$3,270,820	15.1%
Community and Clinical Health Services	\$3,557,273	17.1%	\$7,371,920	33.9%
Environmental Health Services	\$2,902,711	14.0%	\$6,394,404	29.4%
Epidemiology and Public Health Preparedness	\$1,812,848	8.7%	\$2,546,046	11.7%
Subtotal	\$10,991,017	52.9%	\$21,731,331	100%
General Fund Support	\$9,796,856	47.1%	\$0	0%
Totals	\$20,787,873	100%	\$21,731,331	100%

Current Budget and Three-Year Financial Projections

	ETC	Proposed	Projected		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
Revenues:					
Licenses and Permits	1,413,708	2,148,652	2,901,791	2,974,335	3,048,694
Federal & State Grants	5,749,295	5,343,819	5,454,091	5,578,501	5,707,031
Federal & State Indirect Rev.	410,716	368,948	376,561	385,151	394,025
Tire Fees (NRS 444A.090)	468,548	475,000	469,618	479,431	489,575
Pollution Control (NRS445B.830)	558,086	550,000	561,000	572,220	583,664
Dust Plan	240,000	257,784	333,330	339,997	346,797
Birth & Death Certificates	500,000	490,000	494,900	499,849	504,847
Other Charges for Services	812,299	1,243,670	1,615,254	1,659,992	1,706,036
Miscellaneous	78,714	113,144	79,309	80,499	81,724
Total Revenues	10,231,365	10,991,017	12,285,855	12,569,975	12,862,393
General Fund (GF) transfer-Operating	7,743,084	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	2,333,772	2,053,772	1,773,772	1,773,772	1,773,772
Total General Fund transfer	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	22,576,727	22,777,057	22,848,438	23,450,156	23,895,360
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	9,953,764	10,367,158	10,462,234	10,659,293	10,861,820
Intermittent Hourly Positions	435,263	430,562	423,362	423,362	423,362
Group Insurance	1,566,651	1,741,217	1,845,691	1,956,432	2,073,818
OPEB Contribution (1)	-	1,181,460	1,205,089	1,229,191	1,253,775
Retirement	2,690,883	2,847,521	2,973,573	3,028,042	3,082,770
Other Employee Benefits	208,418	226,146	230,669	235,283	239,988
Contract/Professional Svcs	791,528	607,476	497,870	498,296	498,756
Chemical Supplies (Vector only)	249,309	231,500	231,500	231,500	231,500
Biologicals	259,529	257,496	257,496	257,496	257,496
Fleet Management billings	223,026	197,740	213,361	230,217	248,404
Outpatient	98,155	103,385	103,385	103,385	103,385
Property & Liability billings	75,992	76,093	77,614	79,167	80,750
Other Services and Supplies	1,208,878	1,703,337	1,168,417	1,172,229	1,176,149
Indirect cost allocation	2,795,882	1,700,797	1,734,813	1,769,509	1,804,899
Capital	30,265	59,443	60,037	60,643	61,261
Total Uses of Funds	20,587,542	21,731,331	21,485,112	21,934,045	22,398,134
Net Change in Fund Balance	(279,321)	(943,458)	317,599	152,786	(18,885)
Ending Fund Balance (FB)	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112	\$ 1,497,227
FB as a percent of Uses of Funds	9.7%	4.8%	6.3%	6.9%	6.7%
<small>(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY 17</small>					

Major Projects in Progress

Health District Cost Analysis

The Health District completed a comprehensive analysis of the costs associated with all of its programs. As part of this analysis, the Health District compared its costs to national benchmarks in order to determine where efficiencies can be made. The completed reports are currently being used as a tool to improve the efficiency and effectiveness of its programs in order to provide a higher level of service to the community.

Health District Fee Adjustments

The Health District chose not to increase fees during the recession. However, in order to ensure businesses and individuals bear the proper proportion of the cost associated with the Health District's services, on December 17, 2015, the Washoe County District Board of Health approved fee changes for Air Quality Management and Environmental Health Services. New fee rates will begin July 1, 2016, with an additional increase on July 1, 2017. Fees will be adjusted annually based on the Consumer Price Index, Western Region. The Health District is considering fee adjustments for other programs as well.

Strengthen our Workforce and increase Operational capacity to support growing population

Highlights from Board Interviews

- “The fundamental review was necessary. We should continue to use it and build on it to create a stronger, more viable Health District.”
- “We can’t expect everybody who comes to the region will have healthcare.”
- “Can we be sitting at the table with groups like EDAWN?”
- “Most health districts are reactive; we need to move towards more proactive.”
- “There are excellent people at the Health Department and we need to keep them around.”
- “Many people are getting ready to retire. We need to do a good job of training replacements.”
- “We need great staff and an adequate number of staff to be effective.”

Strategic Issues

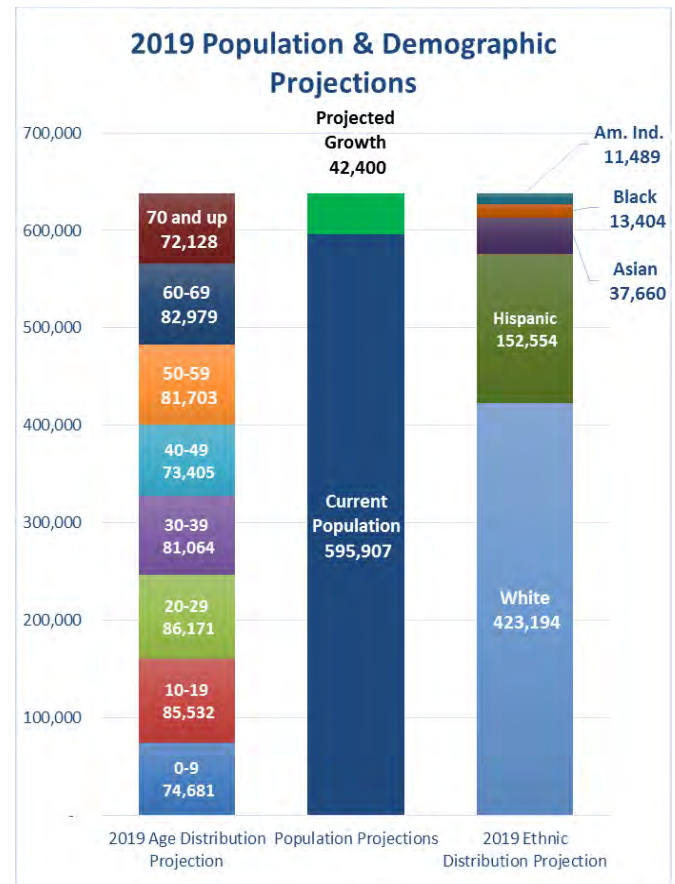
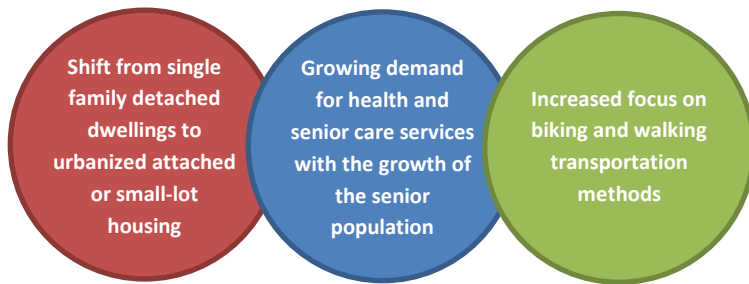
1. How can we work better across divisions and interjurisdictionally?
2. How can we continue to improve our process efficiency and use of technology?
3. How can we provide more training and professional development opportunities for staff?
4. What can we do to make the Health District facility more inviting?
5. How can we create a culture of employee recognition, encouragement, and accountability?
6. How can we become better leaders of our organization?

Major Projects in Progress

- The Health District continues to **implement the recommendations resulting from the fundamental review** process that was completed in 2013.
- The Health District is participating in **implementing Accela to improve the business permitting process.**

Key Findings from the EPIC Study

- North Washoe and Sparks suburban will experience household growth of around 13% and will likely rely on new home construction sooner rather than later. Reno/Sparks MSA's will see redevelopment and adaptive reuse.



Stakeholder Survey Results

Resource Adequacy

Only 35.6% of survey respondents said they had everything they needed to be effective in their positions. When asked what they would need to be more effective, their top responses were:

- More staff (x4)
- More clearly defined processes and procedures (x4)
- More management support and encouragement (x4)
- Better technology (software, phones) (x3)
- A more positive work environment (x3)
- More training (x2)
- Increased program funding (x2)

Employee Engagement

The Stakeholder Survey found that the Health District has a net engagement score of 18.9% compared to a national average of 14%.

	Total	Staff	Mgmt.	United States via Gallup 2014 *	
Promoters	40.5%	41.7%	35.7%	Engaged	31.5%
Passively Satisfied	37.8%	36.6%	42.9%	Not engaged	51.0%
Detractors	21.6%	21.7%	21.4%	Actively disengaged	17.5%
Loyalty/recommend	18.9%	20.0%	14.3%	Net Engagement	14.0%

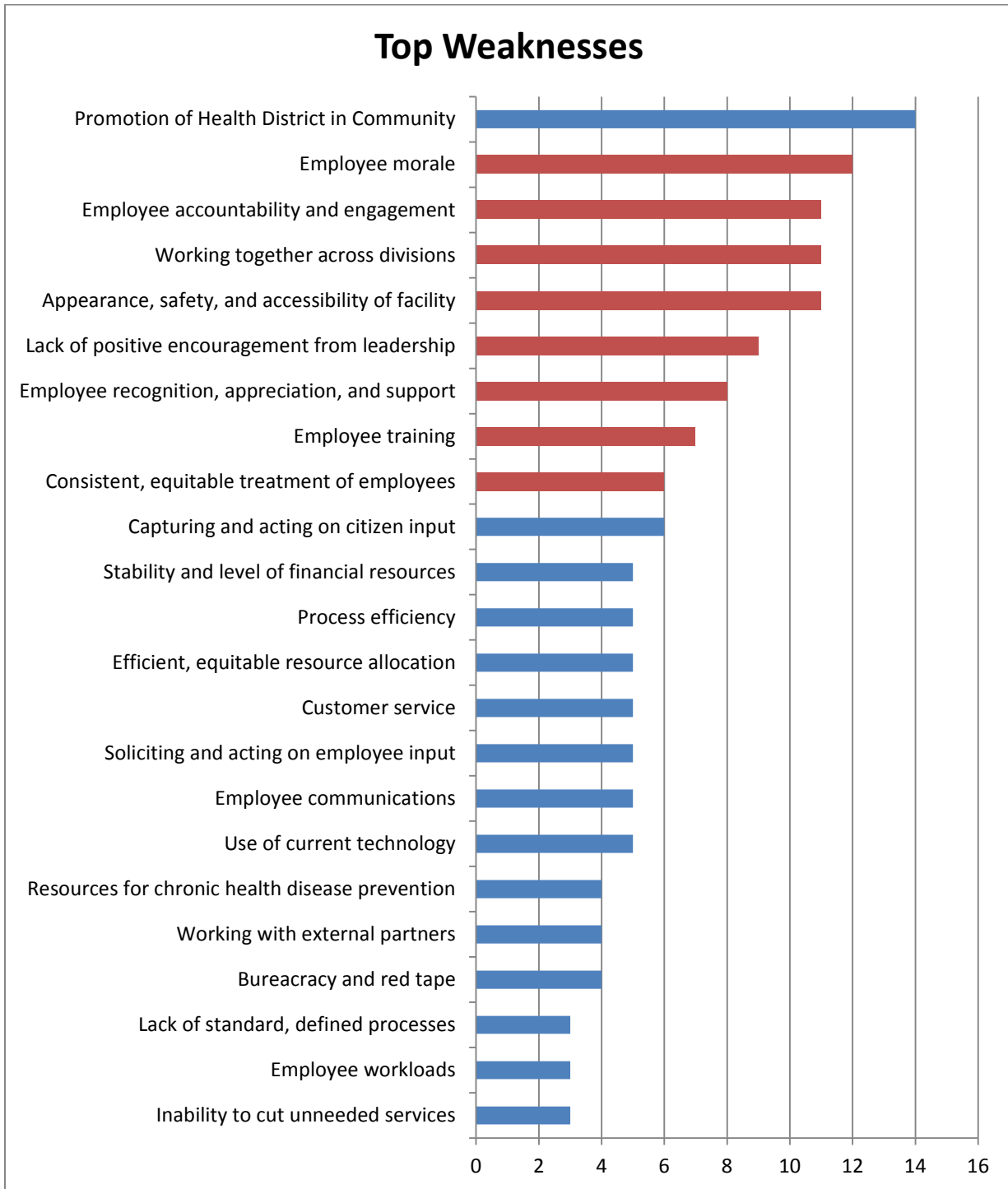
Three key drivers of employee engagement explaining 52.4% (adjusted R²) of the engagement score were found in the survey. They are:

- *There is no doubt that the Health District demonstrates trustworthiness.*
- *Management encourages my professional development.*
- *I believe [the current vision statement] clearly explains what success looks like for the Health District over the next 5 years.*

This suggests that demonstrating higher levels of trustworthiness, encouraging professional development, and casting a clear, inspiring vision for the future will result in an increase in employee engagement.

Perceived Weaknesses

8 of the top 9 weaknesses cited by staff and management in the stakeholder survey related to the work environment of the Health District.



Revised Strategic Plan Update

Catrina Peters MS, RD
Director of Programs and Projects
Office of the District Health Officer
Dec 14th, 2017

Revised Strategic Plan

- **Based on the input given at the Nov 2, 2017 Strategic Plan Retreat revised plan is presented for approval**
- **Minor revisions**
 - **Added summary of new information shared at the retreat**
 - **New outcomes added based on information and emerging considerations**
 - **Updated staffing assigned**
 - **Added a table to show cross-divisional collaboration**

Revised Strategic Plan

- **New outcomes added:**
 - **Goal 2.2**
 - **Outcome 2.2.5 Decrease the number of inappropriate 911 calls**
 - **Goal 4.5**
 - **Outcome 4.5.1 Multiple community partners working collectively to implement the 2018-2020 Truckee Meadows Health Communities Community Health Improvement Plan**

Revised Strategic Plan

- **New outcomes added:**
 - **Goal 6.3**
 - **Improve internal processes to ensure policies and procedures meet National Public Health Accreditation standards**

Revised Strategic Plan

- **Cross collaboration table**
 - **Total of 19 goals**
 - 12/19 involve more than 3 Divisions
 - 8/19 involve 4 or more Divisions

Questions?

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Staff Report
Board Meeting Date: December 14, 2017

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: Possible approval of the proposed 2018 Washoe County District Board of Health Meeting Calendar.

SUMMARY

A proposed DBOH meeting Calendar for 2018 is attached. Per the Rules, Policies and Procedures approved in 2016, DBOH meeting dates for November and December are scheduled the third Thursdays of those months rather than the fourth Thursday. Due to the third Thursday in December 2017 falling on the 20th, staff proposes that the Board consider scheduling that meeting on the second Thursday, December 13, 2018, and scheduling the November meeting as a tentative meeting that may be cancelled if not necessary. It is also proposed that a Strategic Planning Retreat be scheduled for the morning of November 1, 2018.

District Health Strategic Priority:

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

PREVIOUS ACTION

The DBOH approved the 2017 meeting calendar in December 2016.

BACKGROUND

The RPP's approved in 2016 provide for the November and December DBOH meetings to be scheduled on the third Thursdays of those months due to the close proximity to the holidays. Due to the third Thursday in December 2018 falling on the 20st, staff proposes that the Board consider scheduling that meeting on the second Thursday, December 13, 2018, and scheduling the November meeting as a tentative meeting that may be cancelled if not necessary. It is also proposed that a Strategic Planning Retreat be scheduled for the morning of November 1, 2018.

FISCAL IMPACT

- There is no additional fiscal impact to the FY18 budget should the Board approve the proposed meeting calendar.

RECOMMENDATION

Staff recommends that the Board move to approve the proposed DBOH meeting calendar for 2018.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve the proposed DBOH meeting calendar for 2018."

2018 MEETING CALENDAR

January						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



DBOH Meetings - Fourth Thursday of Each Month Except November and December*

Holiday

*Tentative Meeting scheduled for November 2018

*Tentative Strategic Planning Retreat

*December 2018 DBOH meeting is scheduled on the 2nd Thursday due to holiday.

Staff Report
Board Meeting Date: December 14, 2017

TO: District Board of Health
FROM: Chad Westom, EHS Division Director (775) 328-2644, cwestom@washoecounty.us
SUBJECT: Possible approval of the proposed appointment of two new Food Protection Hearing and Advisory Board Members to replace those who have resigned. Possible appointees are Mr. Chris Thompson, Mr. George Heinemann and Mr. Jesus Gutierrez.

SUMMARY

Recent resignations from the Food Protection Hearing and Advisory Board require the appointment of new Members. Current regulation requires that at least two (2) of the seven (7) members appointed represent industry – this requirement has been satisfied with continuing membership after the resignations.

District Health Strategic Priority:

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

PREVIOUS ACTION

The last action taken by the District Board of Health with respect to the FPHAB was the appointment of Mr. Sergio Guzman, Executive Steward with the Atlantis Hotel and Casino in October 2014. Mr. Guzman replaced Mr. Bill Miller who also served as a representative of the food industry.

BACKGROUND

The FPHAB consider appeals by aggrieved persons and variance applications pertaining to the Regulations of the Washoe County District Board of Health Governing Food Establishments. Vacancies exist due to the resignations of Mr. Vern Martin and Mr. Jerry Montoya. Staff will continue to gauge the interest of existing Board members and if additional appointments are necessary, recommendations will be presented to the Board of Health at future meetings.

Mr. Chris Thompson has been recommended as an appointee by Mr. Vern Martin who was a committed and respected member of the FPHAB for many years. Mr. Thompson has worked closely in the food establishment construction/design industry with Mr. Martin and we believe he would continue to provide a valuable perspective to the Board.

Mr. George Heinemann has experience managing new food establishment construction projects and has experience operating food establishments in Washoe County. Mr. Heinemann's ability to evaluate issues from a variety of perspectives adds value to the Board.

Mr. Jesus Gutierrez has expressed interest in being a member of the FPHAB in the past and would still like to be considered. He currently owns and operates MariCHUY's Mexican Kitchen in Reno and has a history of voluntary compliance with applicable food safety regulations. Mr. Gutierrez would bring the perspective of a current foodservice operator to the Board.

FISCAL IMPACT

- There will be no fiscal impact to the Washoe County Health District associated with new appointments.

RECOMMENDATION

Environmental Health Services staff recommends that the Washoe County District Board of Health (Board) appoint Mr. Chris Thompson to the Food Protection Hearing and Advisory Board. We would also support the appointment of either Mr. George Heinemann or Mr. Jesus Gutierrez for the other vacancy.

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be, "Move to appoint Mr. Chris Thompson and either Mr. George Heinemann or Mr. Jesus Gutierrez to the Food Protection Hearing and Advisory Board."

This voice message was accepted as Mr. Montoya's resignation.

Friday, December 8, 2017

"Hi Dave. Gerald Montoya calling. Uh, Dave, uh un I can't accept the thing with the Health Department anymore. I'm kind of tied up and I have other problems – I can't drive anymore so. I'm sorry but I have to decline it. But thank you anyway for the invite. If you have any questions you can call me back 829-0515. Thank you."

I have since left messages for Jerry requesting a resignation letter, but haven't heard back from him.

Hopefully this will suffice. Let me know please.

David McNinch, REHS

Environmental Health Specialist Supervisor | Environmental Health Services | Washoe County Health District
dmcninch@washoecounty.us | O: (775) 328-2645 | F: (775) 328-6176 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512



WashoeEats.com



Vern Martin Design Associates
a Nevada Corporation
760 Robin St.
Reno, NV 89509
(775) 240-2637.C - (775) 313-0823.F
vern@martinreno.com

December 11, 2017

Tony Macaluso
Environmental Health Supervisor
Washoe County Health District
1001 E. Ninth St., Bldg. B
Reno, NV 89512

Dear Tony:

Due to serious health concerns and retirement considerations, please accept this as my formal resignation from the Washoe County Health District Food Protection Hearing Advisory Board, effective as of December 1, 2017.

It has been my distinct pleasure to work with the Hearing Board members and staff during my more than 20 years of participation.

Sincerely,

Vern Martin
Vern Martin Design Associates

CHRISTOPHER THOMPSON

3120 DANA WAY
SPARKS, NV 89431
775-501-0112
CHRIS@MARTINRENO.COM

PASSIONATE * DEDICATED * CONSISTENT * PROFESSIONAL

Vern Martin Design Associates - Reno, NV

April 2014-Current

Consultant

- Design Foodservice operations while ensuring Health and Building Department regulations are met for public safety
- Complete constructions drawings for mechanical, electrical, and plumbing connections, as well as building conditions
- Project Management- Maintain up to date technical knowledge of Foodservice equipment for construction oversight
- Equipment Installation
- Maintain budgetary restrictions while safeguarding client's investments

Sushi Pier Tahoe - Stateline, NV

Sept 2012-April 2016

General Manager

- Motivated and Directed 11-18 employees for 150-300 covers per day
- Implement tracking methods for temperatures and sanitation to ensure safety
- Trimmed payroll by working Chef, Bartender, Server, and Kitchen positions when needed
- Annual sales increase of 5% while employed
- Assisted with Food and Beverage expansion
- Managed Marketing Strategy: Television, Print Ads, and Donations/Networking
- Expanded Annual Event from 75 to 400 attendees, helping raise \$5k for local charities
- Maintained a 4★ Yelp Profile

Himmel Haus - South Lake Tahoe, CA

July 2012 – Jan 2013

Sous Chef

- Promoted from Line Cook after 3 months
- Created and utilized Order Guides (FOH and BOH)
- Constant emphasis on cleanliness, proper thawing/cooking procedures, and presentation techniques
- Catered to Vegetarians dietary needs on the fly
- Created Seasonal Menu dishes

Morimoto - Napa Valley, CA

Nov 2011 – June 2012

Line Cook

- Omakase- Prepping, Cooking, and Plating all Meat dishes to order
- Garde Manger- 15+ hot/cold apps, salads, tempura, 110+ individual components
- Pastry- 10+ Dishes, Spherification, Baking, Sorbets, Gels, Hot/Cold Foams/Sauces
- Prep- Utilize knife skills and organization to finish Commis List in a timely manner
- Average 400 covers on weekends, 100-200 covers week days
- Organize, Clean, and Consolidate Protein, Dairy, and Produce Walk-ins daily

Sushi Pier 2 - Reno, NV

2005-2010

Manager

- Founded Midtown Merchant Association to gain exposure and generate profits
- Assisted with Food and Beverage expansion
- Voted Reno's Best Sushi 2006, '07, '08 by Reno News and Review
- Motivated and Directed 15-20 employees for 200-400 covers per day
- Implement tracking methods for temperatures and sanitation to ensure safety
- Trimmed payroll by working Chef, Bartender, and Server positions when needed
- Inspected orders and monitored flow of food through kitchen to maintain highest quality

US Bank - San Diego CA

2003-2005

Branch Manager, de facto,

- Responsible for all keys, codes, and payroll
- Responsible for Highest Loan Growth Branch in the Southern CA Market 2004
- Trimmed payroll by working Loan Officer and Teller positions when needed
- Expanded customer base through Ocean Beach Merchant Association

Schooling

Le Cordon Bleu College of Culinary Arts - Sacramento, CA

2011

Professional Culinary Arts Diploma

- Fundamentals of- Knife Skills, Safety/Sanitation, Soups/Stock/Sauces, Grains/Legumes/Starches/Vegetables, Meat Fabrication/Cookery, Baking/Pastry, International Cuisine, and produced Canapés/Terrines/Chaud Froid/ Forcemeats/Charcuterie/Buffets for 100, Wine and Beverage
- Cumulative GPA 4.0
- Mentor Program, Lead Mentor
- Escoffier Club, Member

Volunteer Work

- MidTown Merchants Association- Reno (Founder)
- Shred for Sushi Rail Jam- Lake Tahoe (4 years)
- Annual Gardnerville Gratuity Dinner (500+ people)
- Randy Peters Catering- Sacramento
- Pebble Beach Food and Wine Festival- Monterey Bay
- A Day on the Farm- Rancho Cordova
- LCB Chef Series- Sacramento
- Rhythms, Wine and Micro Brew Festival- South Lake Tahoe
- Ocean Beach Merchant Association- San Diego

PROFESSIONAL REFERENCES AVAILABLE UPON REQUEST



GEORGE HEINEMANN

1775 Gold Belt Drive ☐ Reno, NV ☐ (775) 338-3820 ☐ herronkat@sbcglobal.net

EXECUTIVE SUMMARY

COMMITMENT | LEADERSHIP | INTEGRITY

District Manager: accomplished Restaurant Executive with 30 plus years experience in strategic planning, improving operational efficiency, team building and project management for the hospitality industry. Able to quickly understand complex concepts, identify and solve problems, turn ideas into logical strategies, and implement systems that optimize productivity and customer satisfaction, decrease turn-over rates and increase bottom line.

AREAS OF EXPERTISE

- | | | |
|---------------------------------|--------------------------|------------------------------------|
| ▪ Strategic / Tactical Planning | ▪ Performance Motivation | ▪ Employee Relations and Mediation |
| ▪ Recruitment | ▪ Operations Management | ▪ Computer POS |
| ▪ Regulatory Compliance | ▪ Quality Assurance | ▪ Team Building, Leadership |
| ▪ Cost Control | ▪ Project Managing | ▪ Customer Service Satisfaction |
-

PROFESSIONAL EXPERIENCE

Field Consultant

Subway Development – Currently

AREA MANAGER - GENERAL MANAGER 24 HOUR RESTAURANT

THE ORIGINAL MEL'S DINER - RENO, NV .

8/2000 - 8/2016

- Oversaw 3 locations with 7 million in revenue
- Opened new locations from start to finish with positive results with a short timelines
- Serve as a business partner to the owners in the strategic outlook in acquiring new properties.
- Optimized site processes to ensure high team performance
- Determine areas of improvement for cost control and initiate change.
- Conduct investigations in all employee related matters.
- Traveled to multiple sites to manage, address and resolve all operational issues company wide.
- Defined employee functions and kept individuals on task with training and motivation
- Facilitate employee growth through a culture of openness, continuous feedback, and a practice of consistent and prompt feedback.
- Implemented safety policies to reduce or eliminate incidents improve risk management
- Outlined site policies and optimal work and safety procedures.
- Achieved 3/5 % sales growth to budget annually
- Consistently maintained best in company cost of goods to budgeted goals.
- Increased hourly efficiency reducing labor costs by 2% while maintaining quality and service
- Facilitated vendor relationships for purchasing and cost control capitalizing on the economy scale.
- Analysed sales statistics to properly forecast, schedule and control labor costs.

CONTINUED ...

GEORGE HEINEMANN

- Held key leadership role in the restaurant's start-up including menu development, pricing, operational procedure development, building design, and restaurant workflow planning.
- Exceeded unit weekly sales expectations to \$90,000 during the higher volume season.
- Worked seamlessly providing Hotel room service to 800 rooms high customer satisfaction

GENERAL MANAGER 24 HOUR RESTAURANT

THE ORIGINAL MEL'S DINER – ROSEVILLE, CA.

9/1995 - 7/2000

- Responsible for the restaurant operation
- Prepared & processed new hire documentation, background screenings and reference checks.
- Scheduling, training, motivating employee's
- Implemented new on-boarding process for all new hires.
- Performed new hire orientations and trainings.
- Hands on in all aspects of the operation
- Outlined site policies and optimal work and safety features
- Consistently maintained best in company cost of goods to budgeted goals
- Developed full service all occasion catering specializing in weddings and corporate events with annual sales of 300K

General Manager

Marie Callender's – Citrus Heights, Ca.

1/1978 – 6/1993

- New operations team trainer restaurant, bar, bakery. Traveled to multiple sites troubleshooting.
- Manager training location
- Facilitate employee growth through a culture of openness, continuous feedback, and a practice of consistent and prompt feedback.
- Determine areas of improvement for cost control and initiate change.
- Consistently maintained best in company standards, cost of goods to budgeted goals.
- Facilitated vendor relationships for purchasing and cost control capitalizing on the economy scale.
- Wholesale bakery production for Costco and Air Force Bases
- Implemented safety policies to reduce or eliminate incidents improve risk management
- Defined employee functions and kept individuals on task with training and motivation

EDUCATION

West Valley College San Jose, Ca.

9/1973-6/1975

- *Business Management*
- *Economics*

TECHNICAL SKILLS

GEORGE HEINEMANN

Adobe, Point, and Microsoft Office Applications: Excel, PowerPoint, Word, Access, Publisher Outlook, Micros, Cad Design, Electrical, Plumbing, Equipment Pm, Project Manage, Plans and Construction, Serve Safe

PROFESSIONAL ORGANIZATIONS AND AFFILIATIONS

Society for Human Resource Management (SHRM)

Sacramento Area Human Resource Association



GEORGE HEINEMANN

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REFERENCES

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JESUS "CHUY" GUTIERREZ

764 S. Virginia Street
Reno NV 89501

Email: fresh.mex@live.com Phone: (775) 322-6866
Cell: (775) 287-6391

Married with two children.

Education

Universidad of Reno Nevada
Small Business Next Level

Truckee Meadow Community College
Culinary

Hug High School

Reno Sparks Chamber of Commerce

Community Involved

Professional Experience

2000 to present
Restaurant Chef Owner

1980 to 2005
Chef
ElDorado Hotel and Casino
Silver Legacy Hotel and Casino

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: December 14, 2017

DATE: December 4, 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. 2017 Year in Review



Upon review of the AQM 2017 activities, it became obvious the word of the year was Ozone. The challenge has been coordinating and balancing staff efforts in multiple directions at all levels of engagement, local, regional, and national. AQM has participated in efforts to reduce local sources of ozone, achieve attainment of the new National Ambient Air Quality Standard, and set plans in place to allow for future development without jeopardizing the overall health of the community, both citizens personal health and the economic health of the region.

National - The challenges of a new Federal Administration reached down to the local level almost immediately. A proposed 30% cut to the local air grants resulted in letters being sent to the Nevada Congressional members to defend the funding of the air program. At this time, the efforts seem to have been well received as the House proposed level funding for FY18 and the Senate has actually proposed a 10% increase in the state/local air grants. The reality is nothing is secure until the final budget is adopted, so staff will remain vigilant.

The Administration added a few other challenges with the implementation of the 2015 ozone standard by postponing the October 1st effective date for a year on June 6th and then reversing the decision on August 2nd. In preparation for the new standard, AQM staff put in a herculean effort to submit two Exceptional Events Demonstrations to exclude wildfire impacted ozone data from the 2015 and 2016 California and Northwestern States fires. The wildfire ozone demonstrations became the first of their kind in the country to receive EPA concurrence under the new Exceptional Events Rule and Guidance. As a result, EPA has cited these demonstrations as a great example of solid technical work for other air agencies. AQM staff has been invited to present at a number of regional and national air agency coalition meetings to share insight on the path to a successful demonstration.

Regional - AQM participated in efforts to reduce emissions from heavy duty diesel trucks by signing the South Coast Air Quality Management District petition to EPA to establish ultra-low NOx (nitrogen oxides) emission limits. Recognizing on-road vehicles are the largest source of emissions in Washoe County and the current growth in warehousing, reducing emissions from heavy duty trucks will provide a significant emissions reduction for the Truckee Meadows. Following the submittal of the petition and meetings with EPA, the decision was made to grant the petition and begin the process of establishing the lower emission standards.

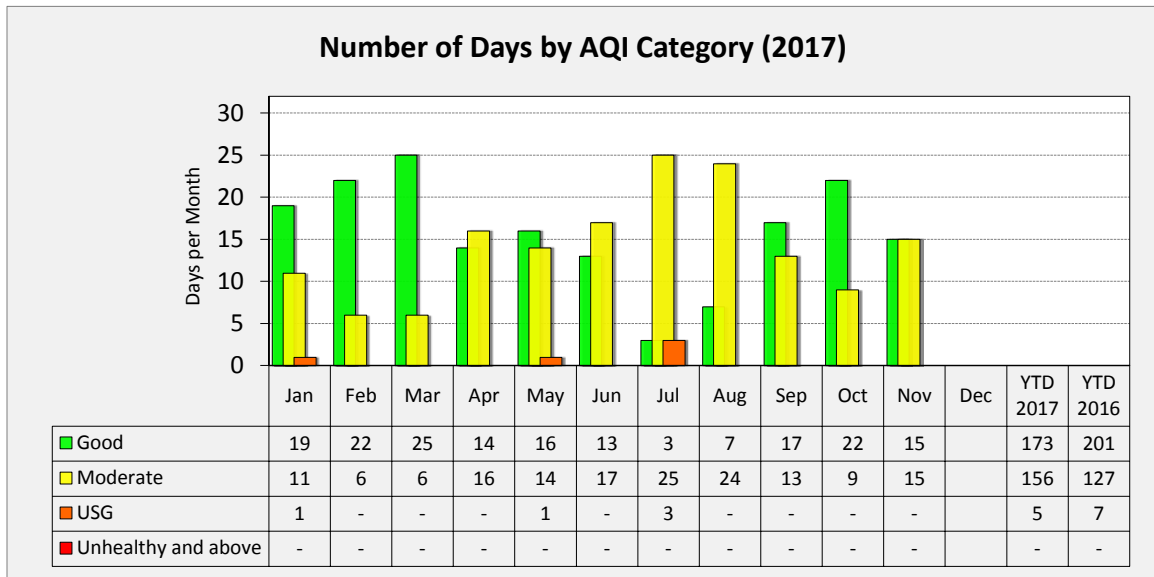
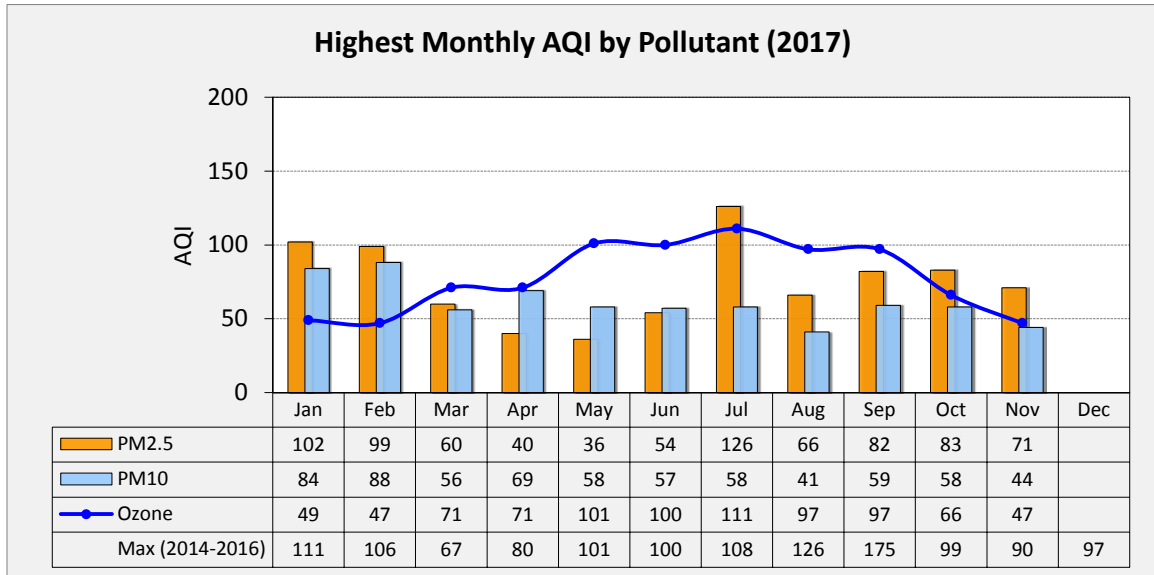
Local – Local efforts to reduce ozone have been focused on the implementation of the Ozone Advance Program through the development and submittal of the Path Forward. The goals in the Path Forward focus on reducing emissions from on-road and non-road motor vehicles; reducing the heat island effects that contribute to the formation of ozone; increasing the efficiency of buildings; and expanding air quality education and outreach programs. Staff has been successful in bringing these air quality issues into the regional planning efforts to help shape the future of the community with a focus on health in all policies.

As we celebrate 2017 and prepare for the challenges of 2018, AQMD is committed to our mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County. As always, we'll work to help our community ***Keep it Clean.***

Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts summarizing the most recent ambient air monitoring data. 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 that the ambient air monitoring data are neither fully verified nor 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 most recent ambient air monitoring data, please visit OurCleanAir.com.

3. Program Reports

a. Monitoring & Planning

October and November Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the months of October and November 2017.

Upcoming Air Monitoring Network Modifications: The AQMD operates and maintains an air monitoring network in accordance with Code of Federal Regulation (CFR) requirements. Air pollutant data are collected 24/7 and used daily to inform the public of the AQI and wintertime burn codes. Data are also used to determine attainment or non-attainment with the NAAQS. The Environmental Protection Agency (EPA) ensures the monitoring program continues to meet these objectives through review of AQMD's "Annual Network Plan" and triennial Technical System Audits. Any change to the network must be approved by EPA. EPA is currently reviewing and expected to approve a modification request. The request is to discontinue PM10 monitoring at the Plumb-Kit



and South Reno stations. PM10 monitoring currently exceeds CFR requirements. This modification will also build capacity at two new stations - 1) Spanish Springs, which opened in 2017, and monitors for ozone, PM2.5, and PM10, and 2) West Reno, which is planned to be collecting ozone, PM2.5, and PM10 data in 2020. These modifications will provide better geographic coverage of southern Washoe County. Additional information about the AQMD's monitoring program can be found at OurCleanAir.com under "Ambient Air Monitoring".

Southwest Exceptional Events Working Group: AQMD Staff actively participate in this working group, most recently in November prior to the California Desert Air Working Group conference in Reno. It's comprised of representatives from local/state air agencies in Nevada, California, and Arizona. EPA and the California Air Pollution Control Officers Association are also participants. The southwestern United States is vulnerable to wildfire PM2.5, wildfire ozone, high-wind PM10, and haboob PM10 exceptional events. Collaboration through this working group will help streamline the exceptional events demonstration process.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2017		2016	
	October	YTD	October	Annual Total
Renewal of Existing Air Permits	74	900	84	1285
New Authorities to Construct	2	51	7	97
Dust Control Permits	8 (160 acres)	147 (2363 acres)	11 (257 acres)	161 (2239 acres)
Wood Stove (WS) Certificates	27	406	26	434
WS Dealers Affidavit of Sale	8 (7 replacements)	40 (31 replacements)	0 (0 replacements)	81 (57 replacements)
WS Notice of Exemptions	1294 (11 stoves removed)	7742 (70 stoves removed)	539 (6 stoves removed)	7523 (66 stoves removed)
Asbestos Assessments	87	887	77	1020
Asbestos Demo and Removal (NESHAP)	24	210	18	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.

In October

Staff reviewed twenty-eight (28) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- In September gas station inspections were no longer separated as a single inspection category, but have been incorporated into the monthly inspection assignments.

Staff conducted sixty-two (62) stationary source inspections and five (5) initial compliance inspections in October 2017. Staff was also assigned twenty six (26) new asbestos related projects and seven (7) new construction/dust projects to monitor. Enforcement staff continues to monitor each asbestos and construction project until the projects are complete and the permit is closed.

COMPLAINTS	2017		2016	
	October	YTD	October	Annual Total
Asbestos	0	12	3	29
Burning	0	9	4	16
Construction Dust	3	38	4	58
Dust Control Permit	0	2	0	13
General Dust	0	52	1	72
Diesel Idling	0	0	1	8
Odor	2	13	1	31
Spray Painting	2	11	0	3
Permit to Operate	0	2	0	8
Woodstove	4	5	0	1
TOTAL	11	144	14	239
NOV's	October	YTD	October	Annual Total
Warnings	0	8	0	16
Citations	0	6	0	24
TOTAL	0	14	0	40

Type of Permit	2017		2016	
	November	YTD	November	Annual Total
Renewal of Existing Air Permits	71	971	79	1285
New Authorities to Construct	2	55	9	97
Dust Control Permits	16 (175 acres)	163 (2538 acres)	9 (152 acres)	161 (2239 acres)
Wood Stove (WS) Certificates	37	443	28	434
WS Dealers Affidavit of Sale	7 (4 replacements)	47 (35 replacements)	13 (9 replacements)	81 (57 replacements)
WS Notice of Exemptions	1148 (10 stoves removed)	8890 (80 stoves removed)	157 (10 stoves removed)	7523 (66 stoves removed)
Asbestos Assessments	74	961	68	1020
Asbestos Demo and Removal (NESHAP)	19	229	15	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.

In November

Staff reviewed forty-seven (47) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff has issued an Authority to Construct for the Air Curtain Incinerator (ACI) that was recently purchased by the Truckee Meadows Fire Protection District. Use of the ACI is mutually beneficial in that it helps to decrease the amount of smoke generated from the burning of vegetative matter, but also reduces the amount of fire on the ground and thus the chance for escape. All waste incinerators are classified by the Clean Air Act as major source polluters and therefore require a Title V, Part 70 permit. Now that we have this type incinerator in Washoe County AQMD is building a new component to our Part 70 rule. This new component will streamline the permitting of incinerators within Washoe County.

Staff conducted fifty six (56) stationary source inspections and two (2) initial compliance inspections in November 2017. Staff also were assigned twelve (12) new asbestos related projects and seven (7) new construction/dust projects to monitor. Enforcement staff continues to monitor each asbestos and construction project until the projects are complete and the permit is closed.

COMPLAINTS	2017		2016	
	November	YTD	November	Annual Total
Asbestos	1	13	1	29
Burning	0	9	1	16
Construction Dust	1	39	2	58
Dust Control Permit	0	2	0	13
General Dust	1	53	3	72
Diesel Idling	0	0	0	8
Odor	2	15	7	31
Spray Painting	0	11	0	3
Permit to Operate	0	2	0	8
Woodstove	1	6	0	1
TOTAL	6	150	14	239
NOV's	November	YTD	November	Annual Total
Warnings	2	10	0	16
Citations	1	7	0	24
TOTAL	3	17	0	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: December 14, 2017**

DATE: December 1, 2017
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – World AIDS Day; Nurse Family Partnership; Data & Metrics; Program Reports

1. Divisional Update

a. World AIDS Day –



December 1st marks the 29th annual observance of World AIDS Day, an international event dedicated to bringing awareness to advances in HIV/AIDS prevention and care, as well as celebrating the lives of those impacted by HIV. This year’s national theme, “Increasing Impact through Transparency, Accountability, and Partnerships” reflects the role of moving the epidemic from crisis to control through partnerships at the local, state, national and global levels. Of significance is the extensively researched role that medication plays in halting HIV transmission or acquisition, an unprecedented moment in the HIV response. As control of the epidemic develops through biomedical prevention strategies, it is within our collective ability to lay the groundwork to eliminate the epidemic.

Strong data supports the importance of identifying those infected with HIV that may not be aware of their status through testing. This includes targeted testing provided by local health departments and community based organizations, as well as engaging health care providers to offer broad based, opt-out testing in their clinical practices. The CDC recommends that everyone between the ages of 13-64 have at least one HIV test and then obtain testing more often, depending on an individual's sexual and needle sharing risk.

Of the 1.2 million people living with HIV (PLWH) in the US, an estimated 86% were diagnosed, leaving 1 in 7 people living with HIV unaware of their infection. An estimated 40% of PLWH were engaged in HIV medical care, with 37% prescribed HIV medication. Of those, 30%, only 3 out of 10 PLWH, had achieved viral suppression due to taking their medication and being consistently engaged in HIV care. Unequivocal data indicates that when a person has achieved at least six months of viral suppression and maintains suppression, they are unable to transmit the virus. Conversely, being unaware of HIV status, and thus, not in HIV care and on medication, is a major contributor to HIV transmission. Studies estimate that 30% of new HIV infections are from people that are infected, yet unaware of their HIV status because they have not been tested.



An additional prevention tool has been proven to reduce HIV acquisition by up to 96%. HIV negative individuals that are at high risk for HIV acquisition can take an HIV medication as a pre-exposure prophylaxis (PrEP). Northern Nevada HOPES as well as other community providers have implemented PrEP. Activities that support the PLWH achieving sustained viral suppression and engage high-risk HIV negative individuals to initiate PrEP are being recognized as strategies that will turn the tide of the epidemic, if fully supported.

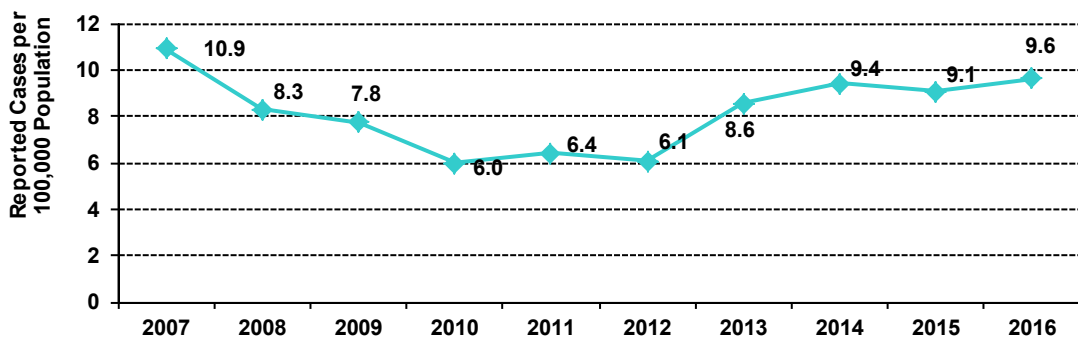
WCHD's Sexual Health Program provides comprehensive HIV prevention and surveillance services that support identifying people at risk for HIV infection and those infected with HIV. Linkage to HIV care and supportive services, as well as partnering with HIV care providers to promote retention to care among newly diagnosed contribute to decreasing HIV transmissions in Washoe County. Staff also engage in activities to identify PLWH whom are out of HIV care and work with community partners and the client to reduce the barriers that may challenge active

engagement in care. In addition, partnerships with Northern Nevada HOPES and other community HIV specialists assist in the facilitation of linkage and retention to HIV care.

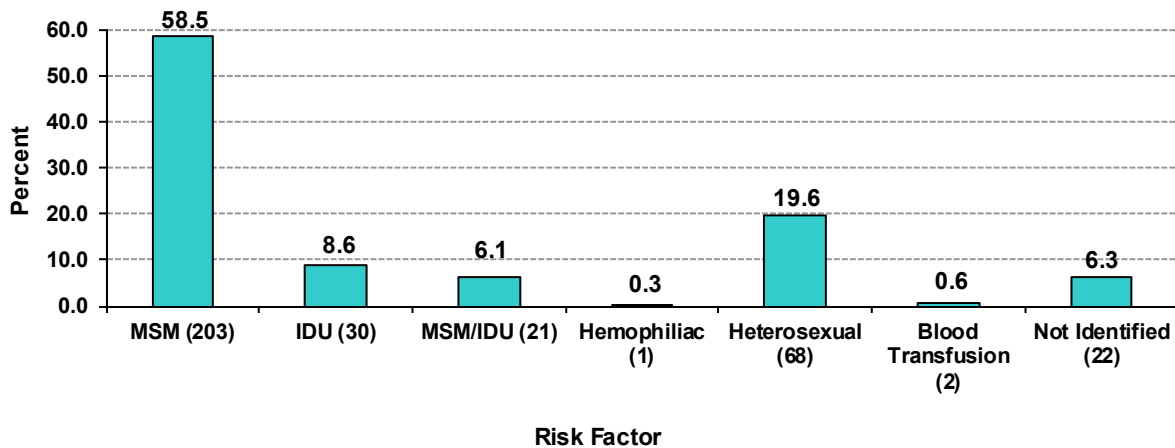
As an integrated program with STD and Family Planning, individuals that may benefit from addition risk reduction counseling and prevention education are given a “warm handoff” to HIV staff for the additional attention. HIV staff focus heavily on offsite testing of HIV and STDs at venues where high-risk populations are known to congregate. This free, confidential option for testing helps increase access and availability for community members. Utilizing rapid HIV testing, where the results are available within 15-20 minutes, also decreases barriers to testing. WCHD refers clients to HOPES to initiate PrEP and will also work with the client’s primary care provider regarding education for PrEP initiation and follow up.

Since 1983, a total of 1,549 cases of HIV infection have been reported in Washoe County, with 996 cases of advanced HIV infection, AIDS, being reported. The majority of cases are among males, of which the largest reported risk category are among men who have sex with men (MSM). In 2016, the majority of HIV cases were among 20-39 year olds. People of color continue to be disproportionately impacted by HIV infection, with Blacks representing a rate of 18 per 100,000 population, Hispanics’ rate of 14 per 100,000 population, American Indian/Alaskan Natives rate of 14 per 100,000 population compared to Whites reporting a rate of 7 per 100,000 population of HIV cases reported in 2016. AIDS cases have dramatically decreased due to the increased access to more effective anti-retroviral therapy that may halt a PLWH progressing to an AIDS diagnosis, or advanced HIV disease.

Rate of Reported Cases of HIV Infection, Washoe County, 2007-2016.



Reported Cases of HIV Infection by Exposure Category Represented as Percent of Total Cases, Washoe County, 2007-2016.



Source: WCHD, 2016 Annual Communicable Disease Summary Report.

Nurse Family Partnership – In February 2014 the District Board of Health accepted the Fundamental Review that had been conducted in 2013. In the review, it was recommended that *“Consideration should be given to revamping the [perinatal home visitation] program to increase its overall efficiency, ability to generate revenue, and fidelity to a well evaluated effective model. If these changes cannot be accomplished, consideration should be given to discontinuing the program and investing in other impactful areas.”* As there was no additional funding at that time to implement an evidence based Maternal Child (MCH) home visitation program, the program was phased out in the summer of 2014, with resources being distributed to other programs in CCHS. Consideration to implement an evidence based MCH home visitation program was discussed should an opportunity arise and funding identified.

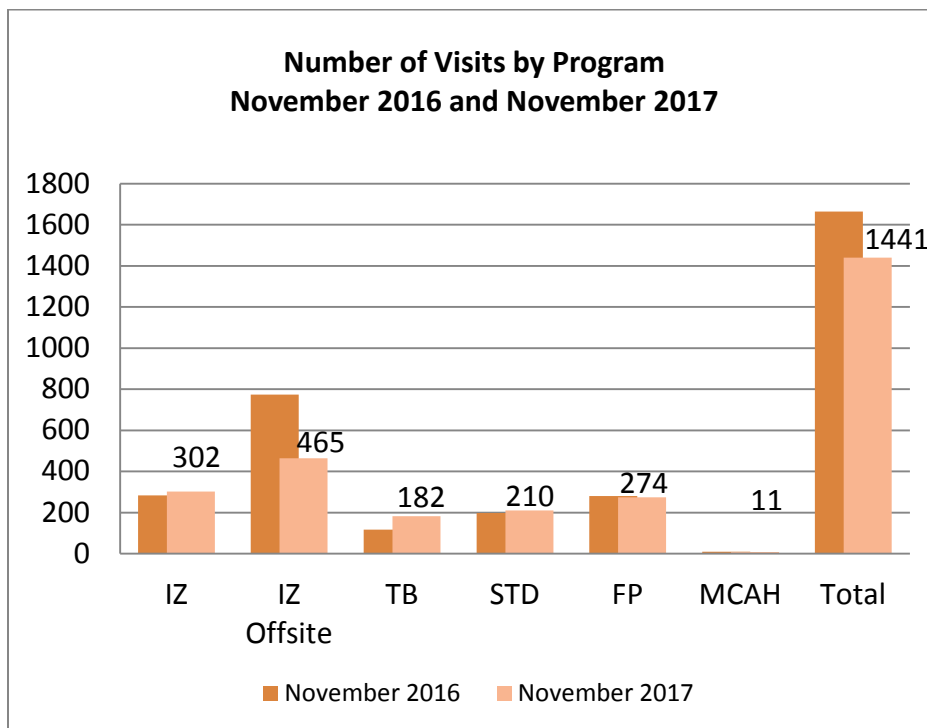
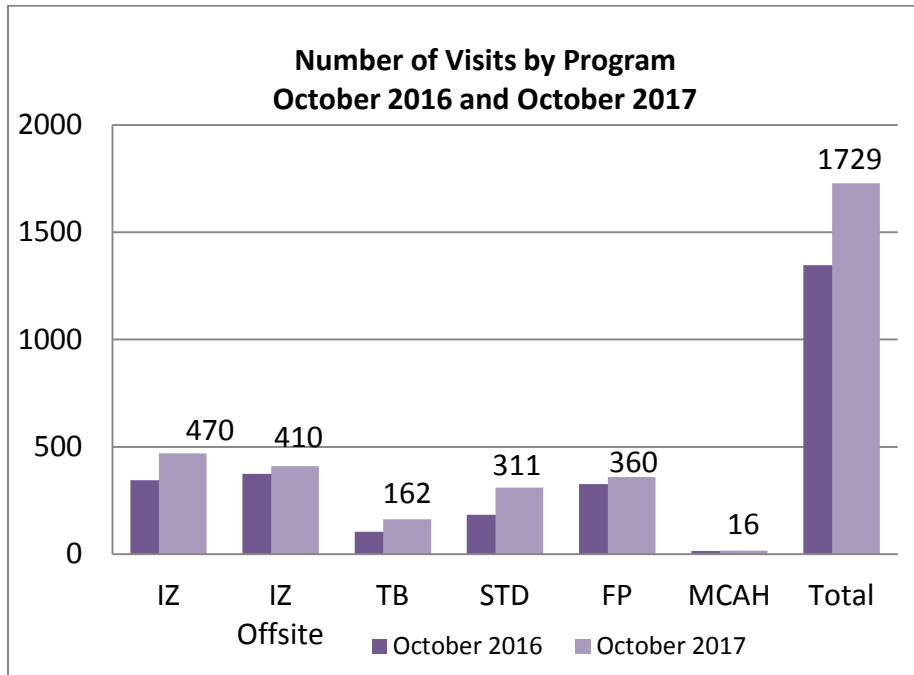
Linda Gabor, MCH program supervisor, was contacted by the State’s Home Visiting Program asking the Health District to apply for funding to begin a MCH evidence based program, Nurse Family Partnership (NFP). While it was a somewhat hurried process with a very tight turnaround time, CCHS management partnered with Administrative Health Services and the District Health Officer to develop and submit a NFP application by December 1, 2017.

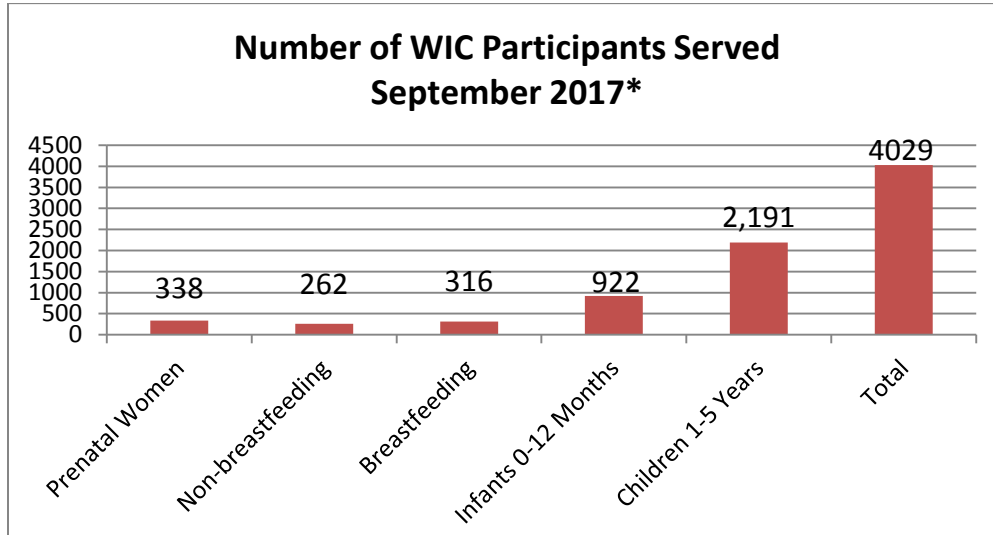
Funding for this program is a combination of monies from NFP, a private foundation that works with a variety of entities, and matching funds from the State’s Home Visiting Program. This grant is for a three year cycle, and we’ll be working the State to seek out additional funding sources to sustain the program, including Medicaid reimbursement for services, beyond the initial three years.

NFP’s mission is to positively transform the lives of vulnerable babies, mothers and families, and their vision is a future where all children are healthy, families thrive, communities prosper, and the cycle of poverty is broken. We believe that both are a great fit with the Health District’s vision of a healthy community, and our vision to protect and enhance the well-being and quality

of life for all in Washoe County. We are very excited at this grant opportunity, and the positive and meaningful impact it would have for our community.

b. Data/Metrics





October data was unavailable at the time this report was written, but will be included in the January report.

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

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

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff participated in a program site visit with the Division of Public and Behavioral Health (DPBH). DPBH recommended re-evaluating the methodology for WCHD Outbreak Response Standard Operation Procedures (ORSOP) as the current ORSOP has not allowed WCHD to be out of outbreak status for syphilis since August 2013. Staff is working with EPHP to re-evaluate the methodology in order to improve allocation of resources and better track successful interventions. Staff also participated in an HIV site visit with DPBH in October with favorable results.

Staff attended the 18th Annual Autumn Update, Networking for HIV Care November 18th and November 19th. Topics presented included new information and concepts including treatment as prevention, that an undetectable viral load equals an un-transmittable virus, and the reinforcement of CDC's recommendation of Pre-exposure prophylaxis (PrEP) for HIV infection as a prevention strategy.

- b. **Immunizations** – Staff administered 97 vaccinations to 55 participants (12 children and 43 adults) at the Binational Health Week Event on Saturday, October 14, 2017. Sixty-three doses of flu vaccine were also administered at the Northern Nevada Children's Cancer Foundation on October 17, 2017.

The School Located Vaccination Clinic (SLVC) season was kicked off at the Mariposa Academy on October 18, 2017, where a total of 99 doses of flu vaccine were administered to 55 children and 44 adults.

Six SLVCs were conducted in November, in partnership with Immunize Nevada, Washoe County School District and the State of Nevada Immunization Program. A total of 460 doses of flu vaccine were administered to 405 children and 55 adults. An additional 12 schools are scheduled in December 2017 – January 2018.

Staff attended the Nevada Health Conference in Henderson, Nevada, November 13-14, 2017. Staff attended a variety of sessions such as immunization updates, pertussis outbreak management, social determinants of health, maternal, child and adolescent health issues, as well as insurance billing and coding. Three staff were awarded scholarships by Immunize Nevada to attend this conference.

The immunization clerical area began utilizing a phone queue on November 29, 2017, to improve customer service, as had been successfully implemented in our Central Clinic in September 2017. Staff are expecting increased client satisfaction through this improved appointment scheduling process.

- c. **Tuberculosis Prevention and Control Program** – Staff participated in an informal site visit with the Division of Public and Behavioral Health in October. The meeting enabled staff to meet the new Nevada TB Controller and Program Manager for the State, Susan McElhany, DMD. Currently staff have been preparing for the Annual TB Cohort Review that was hosted Thursday, November 30, 2017, at Washoe County Health District. There have been 17 active TB cases so far this year, and nine clients are presently receiving direct observation therapy. The TB team has experienced quite the diversity in disease sites this year with 10 pulmonary cases, three lymph node, two peritoneal (one with pulmonary and peritoneal), one spine also called Pott's disease and two ocular cases.
- d. **Family Planning/Teen Health Mall** – Staff participated in a site visit with the National Family Planning & Reproductive Health Association (NFPRHA). NFPRHA is a nonprofit membership organization established to ensure access to voluntary, comprehensive, and culturally sensitive family planning and reproductive health care services and to support reproductive freedom for all. NFPRHA provided technical assistance for billing, coding, and other program related issues.

Christine Ballew, APRN, attended Contraceptive Technology training in Atlanta the week of October 30, 2017. Lisa Lottritz, Program Supervisor, is attending the NFPRHA seasonal meeting in New Orleans the week of December 4, 2017.

On November 27, 2017, staff provided education on abstinence, pregnancy choices, and birth control methods for teens at a local charter school and at Washoe County Juvenile Services.

- e. **Chronic Disease Prevention Program (CDPP)** – The team is excited to welcome Huong Ngo to Intermittent Hourly Health Educator from Public Service Intern and welcomed Jordan Thomas as Public Service Intern. Both will be working on tobacco prevention and control activities.

Staff participated in an evaluation of bike share options with key community representatives. Among other potential benefits, bike share could increase levels of physical activity, decrease car emissions by reducing use, and improve public transit access and use.

CDPP staff celebrated the Great American Smoke Out on November 16, 2017, at Truckee Meadows Community College (TMCC). CDPP continues to work with TMCC as they educate students, staff and faculty about a tobacco free campus.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff attended a variety of trainings during this reporting period including Ages and Stages Questionnaire Training on October 6, 2017, National Governor's Association – Improving Birth Outcomes: Addressing Substance Abuse on November 8, 2017, and a National Drug Endangered Children (DEC) presentation on November 15, 2017.

Reports have been requested from the State of Nevada to follow up on findings from the FY2017 FIMR report.

- g. **Women, Infants and Children (WIC)** – After a full week of training by the entire WIC team, a new electronic records system was implemented in the on November 6th. The system, NV WISH, is being rolled out statewide and should increase efficiencies, reduce the need for paper records, and allow for increased communication among clinics. While there have been a few unexpected bumps staff have embraced the new system and are looking forward to eliminating all paper records over the next 6 months.

DD	<u>CW</u>	___
DHO	___	<u>AD</u> ___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: December 14, 2017

DATE: December 1, 2017
TO: District Board of Health
FROM: Chad Warren Westom, Division Director, Environmental Health Services (EHS)
775-328-2644; cwestom@washoecounty.us
SUBJECT: EHS Division and Program Updates – Community Development, Food, Land
Development, Safe Drinking Water, Vector-Borne Disease and Waste Management

DIVISION UPDATES

- NDEP, WCHD, and TMWA have negotiated an agreement and a waiver was issued on December 4, 2017, by WCHD, with NDEP support, to TMWA. The waiver exempts TMWA from the Health District Review of Water Projects for water main additions of 500 lineal feet or less (that are not associated with NRS/NAC 278 requirements for tentative or final maps) for TMWA System 190. Work on this priority has been completed.
- For Process Improvement, the City of Reno has agreed to provide daily delivery of commercial plans to the Health District to expedite the review process.
- The Health District is working with the City of Reno to establish an agreement for financial support from the City's Building Enterprise fund to support Health District staff engaged in commercial plan review associated with economic development activities in the City of Reno.

PROGRAM UPDATES

Community Development

- The Health District routinely attends standing meetings at the City of Reno for Planning and Development at 8am every Monday. These meetings are drop-in and available for the development community to discuss ideas, present potential projects, or discuss current projects and issues under review.
- The Health District currently attends pre-development meetings scheduled up to twice a month with Washoe County Planning and Engineering to allow for potential development to hear concerns and issues from staff and to provide additional guidance and options for those projects and future development.
- Staff is working with all three building divisions on process and plan review improvements to help maintain consistent plan review processes and aid in the movement of plans.
- Currently all new commercial plans are reviewed in an average of 12.6 business days and revisions are completed within an average of 10 business days.

- Please see the Community Development table below for the specific number of plans per program, inspection, and the number of lots or units that were approved by month for construction within all of Washoe County:

Community Development	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	AUG 2017	SEP 2017	OCT 2017	NOV 2017	YR Total	Mo. Avg
Development Reviews	30	34	38	38	35	41	16	36	41	40	40	389	35
Commercial Plans Received	17	53	45	64	51	90	72	90	85	74	64	705	64
Commercial Plan Inspections	16	19	25	54	52	44	15	56	31	34	25	371	34
Water Projects Received	19	21	34	20	39	36	25	23	21	21	13	272	25
Lots/Units Approved for Construction	0	64	464	269	471	568	819	321	700	427	76	4,179	380

Food

- The Food Safety Program was selected to participate as a mentor in the Voluntary National Retail Food Regulatory Program Standards Mentorship Program administered by the National Association of County and City Health Officials (NACCHO) with support from the Food and Drug Administration (FDA). The Food Safety Program has been matched with Mahoning County Board of Health, OH as the mentee. The Food Safety Program will provide guidance to the mentee on the development and implementation of a food inspection quality assurance program. The Mentorship Program award will also provide funding for: staff to attend the 2018 National Environmental Health Association (NEHA) Annual Educational Conference, three staff to sit for the Registered Environmental Health Specialist (REHS) exam, and educational outreach promotional items. Activities outlined in the work plan for the NACCHO Mentorship Program meets criteria of Standard 2- Trained Regulatory Staff and Standard 7- Industry and Community Relations.

Pignic Pub & Patio, located at 235 Flint Street in Reno, had its Food Establishment permit suspended on November 17, 2017, because of their noncompliance and evidence of a substantial health hazard. Their bar permit remains in effect.

Pignic Pub & Patio will have a Variance Hearing on December 7, 2017. They are requesting a variance from Sections 200.055(B), Section 200.055(E), and Section 060.205(A) of the Regulations of the Washoe County District Board of Health Governing Food Establishments. Pignic desires to allow customers to cook, baste and season food items they bring with them, rather than acquiring or purchasing the food items from the permitted food establishment. They also seek to allow customers grilling outside to use household type refrigerators and other equipment that is the required commercial grade equipment certified for sanitation by an American National Standards Institute (ANSI) accredited certification program.

The background of the Pignic Pub & Patio, leading up to the Variance Hearing, is as follows. On October 9, 2014, Washoe County Health District (WCHD) staff issued a permit to operate a restaurant for Pignic Pub & Patio located at 235 Flint Street in Reno. It was noted during the permit issuance that Pignic Pub & Patio intended to conduct all cooking outdoors on grills and one electric range as well as allow patrons to bring and cook their own food.

In June 2015, the Washoe County District Board of Health approved a comprehensive revision of their regulations governing food establishments which included requirements that operators submit operational plans for certain activities such as barbecuing and special processes. New provisions also provided for conducting certain outdoor foodservice activities without having to meet standard “brick and mortar” construction requirements or having to routinely obtain temporary food permits. While these provisions became effective in June

2015, the WCHD has systematically addressed compliance, including operational plan submittal requirements, during permit issuance (new facilities) and annual routine inspections (existing facilities).

On June 15, 2016, WCHD staff conducted an annual routine inspection at which time several violations were noted, including two (2) critical items. It was also documented that no CFPM's were on-site at the time of the inspection. As a Risk Category III facility, Pignic Pub & Patio is required to have a CFPM on-site at all times the facility is in operation. A re-inspection conducted June 23, 2016 validated that all items noted during the June 15, 2016 routine inspection had been corrected.

On February 1, 2017, WCHD staff conducted a site visit based on information that the facility was hosting a weekly event that included customers bringing food to share with other customers (i.e. potlucks). Because foods prepared in a private home and served at a food establishment are not considered to be from an approved source, Pignic Pub & Patio was issued a notice to cease and desist all potluck related activities at the facility. Subsequent to the notice, Pignic Pub & Patio advertised a "Valentine's Day Edition Spaghetti Potluck" that included side dishes provided by guests. WCHD staff conducted a second site visit on February 13, 2017 and informed the operator that the notice to cease and desist all potluck related activities at the facility was still in effect. At the time of the second site visit, staff also addressed proper service of "communal" foods which were being prepared by Pignic Pub & Patio and provided to customers. Specifically, staff required that all foods being served communally be accompanied by tongs, toothpicks, spoons, etc. to prevent potential cross-contamination by customers serving themselves.

On February 14, 2017, WCHD staff conducted a site visit to validate compliance with the notice to cease and desist issued on February 1, 2017. Pignic Pub & Patio was noted as being compliant with the notice to cease and desist; however, staff observed bare hand contact with ready-to-eat foods (employees were chopping lettuce with bare hands) which is a critical item.

On February 23, 2017, WCHD staff conducted an annual routine inspection at which time several violations were noted including three (3) critical items that were required to be corrected on-site in order for Pignic Pub & Patio to remain in operation. In addition, 17 non-critical items were noted as being out of compliance including repeat violations from previous inspections (e.g. no CFPM on-site). Pignic Pub & Patio was also issued a notice to cease and desist outside barbecuing activities until such time as they had an approved operational plan.

On March 14, 2017, WCHD staff conducted a re-inspection and noted that several items from the February 23, 2017 inspection had not been corrected.

On March 27, 2017, WCHD staff conducted a second re-inspection (fee assessed) and noted that several items noted from the February 23, 2017 inspection had still not been corrected. The permit was suspended pending correction of all noted violations.

On April 13, 2017, WCHD staff conducted a third re-inspection (fee assessed) and noted that most of the remaining non-critical items had been corrected. The permit was reinstated with the requirement to correct the remaining items by April 20, 2017. WCHD staff also reiterated the continuation of the cease and desist notice regarding outdoor barbecuing activities as well, and required them to submit an operational plan.

On October 8, 2017, WCHD staff conducted a temporary food permit inspection for Rawbry at the Pignic Pub & Patio. During the inspection, it was noted that Pignic Pub & Patio was conducting barbecuing activities in violation of the cease and desist order issued on February

1, 2017. Due to the temporary food event occurring at Pignic at the time, staff completed a food safety inspection on Pignic's foodservice activities and required them to retroactively obtain a temporary food permit. On October 10, 2017, a representative from Pignic Pub & Patio submitted the required temporary food application and remitted payment. Pignic Pub & Patio was also required to apply for two additional temporary food permits for events planned later that week.

On October 18, 2017, WCHD staff met with Mr. Ryan Goldhammer (owner of Pignic Pub & Patio) to discuss a variety of operational issues. On that day, Pignic Pub & Patio was also issued a notice to cease and desist cooking for customers on outside equipment, as well as allowing customers to bring their own food to the food establishment for preparation, storage, and service.

A representative of Pignic Pub & Patio subsequently addressed the Board of Health and met with the District Health Officer. Based on those communications, the District Health Officer agreed to hold the cease and desist notice issued October 18, 2017 in abeyance during the period that a variance was considered as long as both the variance was applied for, and the required operational plan was submitted by November 3, 2017. Pignic Pub & Patio submitted a variance application (without payment) and an operational plan. The Health District determined that both were insufficient to address the Health District's concerns. Pignic Pub & Patio was encouraged to submit a revised variance request and apply for the variance, and they were required to submit an application for an outdoor food establishment.

Communications between Pignic Pub & Patio and the Environmental Health Services Division continued through November 14, 2017 at which time Pignic Pub & Patio was informed to submit and remit payment for a revised variance as well as submit an application for an Outdoor Food Establishment by early afternoon on Friday, November 17, 2017, in order to avoid enforcement action. When Pignic Pub & Patio did not submit or remit payment for a revised variance application or Outdoor Food Establishment application by early Friday afternoon on November 17, 2017 as requested, the Health District determined that sufficient progress had not been made and there was evidence of a substantial health hazard, so the permit to operate the restaurant was suspended in the late afternoon, pending submittal of written procedures that clearly define foodservice operations and how those operations will comply with pertinent food safety regulations.

Right after the suspension, a representative of Pignic Pub & Patio did submit a revised variance request and an application for an outdoor food establishment, but declined to remit payment at that time when notified that the permit suspension would remain in place until foodservice operations are clearly defined through approved applications (including variances) and operational plans. Payment for the variance request and outdoor food establishment application was remitted on Monday, November 20, 2017.

On November 6, 2017, the WCHD was informed by the City of Reno that Pignic Pub & Patio had been issued a cease and desist in June 2017 for using a non-licensed bar area in the attic. Operation of this area as a food establishment (including as a bar) would be a violation of WCHD regulations since it does not currently have a permit. During previous inspection of the facility, WCHD questioned the use of this area and was informed there were no keys available to unlock the door but that the area was office space only and that no food/beverage storage, service, or preparation was occurring. It is our understanding that plans have been submitted to bring the area in to compliance with the City's requirements. The WCHD has not received an application to operate a second bar at Pignic Pub & Patio.

- **Special Events** – The final large scale special events of the year were Eldorado’s Great Italian Festival and Grand Sierra Resort’s Chili and Beer Festival, both of which occurred in October. With the close of the major outdoor event season, staff has focused attention on many craft fairs and tasting events that dominate the fall/winter season. Staff continues to track activities associated with the permitting of tasting events and intends to report results back to the District Board of Health (DBOH) in early 2018.

Land Development

- 785 septic plans have been received through December 1st versus 698 in 2016. For well plans, the numbers were 154 and 163 respectively. Well plans may have decreased because fewer well deepenings were needed after the record precipitation winter last year. With winter’s arrival slightly delayed, contractors continue to rush to get construction done and plans approved in order to place footings before the snow arrives.
- Accela record type testing has been delayed. Hopefully with the arrival of winter, work will resume on this shortly.
- Scanning of old paper copies of property information has begun. It is expected that by the end of the year, all old information will be transferred into digital format. Progress with Tech Services slowed due to construction activity and it is anticipated the project will resume in December.

Land Development	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	AUG 2017	SEP 2017	OCT 2017	NOV 2017	YR Total	Mo. Avg
Plan Review (Residential - Septic/Well)	41	67	88	74	117	81	57	72	65	47	59	768	70
Residential Septic/Well Inspections	18	52	84	102	89	97	169	100	91	90	79	971	88
Well Permits	4	9	14	21	14	19	17	11	7	13	14	143	13

Safe Drinking Water

- All sanitary surveys were completed by the first week of November, meeting the team’s goal. Approximately ten reports are left to be written up and issued.
- The basic level of cross connection control trainings required by the State for its staff has now been completed by all team members. This was another goal of the group for the year. Trained staff will allow for better group discussions on approaches and consistency and should also improve efficiency into 2018.

Vector-Borne Diseases

- On June 23, 2016, the Vector-Borne Diseases Program provided a staff report to the Board of Health that included approval of an Interlocal Agreement between the Washoe County Health District and the City of Reno to stage, land and fly a helicopter at Fire Station 12. The purpose is for mosquito abatement of 700 acres in the South Meadows and Damonte Ranch area. In the fiscal section of the staff report it states that the helipad will be built in September 2016 by the Washoe County Roads Department with funds from CSD center 2116002. The helipad was not built during this period due to delays of approval from the FAA. The City of Reno also added requirements that included minimizing wash material from the landing and takeoff from the helicopter affecting Fire Station 12 and approval on the land use from Damonte Ranch. The staff report is to update the status to the City of Reno that the construction of the helipad will be built in 2018.

- Vector Responses to Public Requests:


	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	AUG 2017	SEP 2017	OCT 2017	YR Total	Mo. Avg
Mosquito	1	2	11	11	72	44	57	52	27	5	282	28.2
Mosquito Fish – Gambusia	0	0	10	25	36	36	12	4	0	1	124	12.4
Gambusia Delivered	0	0	0	0	0	492	315	0	0	0	807	80.7
Hantavirus	5	0	2	6	6	10	8	12	10	53	112	11.2
Plague	0	0	5	0	0	2	4	2	3	0	16	1.6
Rabies	2	0	6	5	4	25	17	16	10	6	91	9.1
Planning Calls	21	6	6	3	14	8	15	21	23	17	134	13.4
Lyme Disease/Ticks	0	1	0	2	2	3	7	6	0	2	23	2.3
Media	0	1	0	4	3	9	11	9	7	2	46	4.6
Outreach / Education / Misc.	2	4	24	90	22	147	43	55	15	31	433	43.3
Cockroach / Bedbug	12	8	13	18	16	26	22	31	19	20	185	18.5
West Nile Virus	0	0	0	2	0	0	5	31	17	0	55	5.5
Zika	1	1	0	1	0	0	7	1	1	0	12	1.2
TOTAL	44	23	77	167	175	802	523	240	132	137	2320	241.9
Planning Projects	12	6	26	8	12	15	14	16	7	18	134	13.4

Waste Management

- The Household Hazardous Waste (HHW) collection event held by Waste Management and partnered with Clean Harbors collected over 51,000 pounds of HHW from the community on November 4, 2017. Types of waste collected included paints, toxic chemicals, and E-waste.
- Washoe County staff have received and reviewed the preliminary data collected from the first round of sampling from the Washoe County Waste Characterization Study. The second round of sampling is to occur in the Spring of 2018. A report compiling the data from the Fall 2017 and Spring 2018 event will be completed in the Summer of 2018.

EHS 2017 Inspections	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	AUG 2017	SEP 2017	OCT 2017	NOV 2017	YR Total	Mo. Avg
Child Care	1	4	9	6	8	23	6	16	13	14	9	109	10
Complaints	40	61	93	98	59	96	139	83	59	52	51	831	76
Food	212	282	367	377	325	445	306	515	582	685	482	4578	416
General*	45	36	75	93	363	182	191	503	153	107	126	1874	170
Commercial Plan Inspections	16	19	25	54	52	44	15	56	31	34	25	371	34
Plan Review (Residential - Septic/Well)	41	67	88	74	117	81	57	72	65	47	59	768	70
Residential Septic/Well Inspections	18	52	84	102	89	97	169	100	91	90	79	971	88
Temporary Foods/Special Events	22	22	29	85	85	224	167	428	450	123	36	1671	152
Temporary IBD Events	0	0	45	45	0	0	0	0	6	0	0	96	9
Well Permits	4	9	14	21	14	19	17	11	7	13	14	143	13
Waste Management	21	23	16	18	30	27	27	15	16	49	14	256	23
TOTAL	420	575	845	973	1,142	1,238	1,094	1,799	1,473	1,214	895	11,668	1,061

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

DD	<u>RT</u>
DHO	_____ 
DA	_____
Risk	_____

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: December 14, 2017**

DATE: December 4, 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)

Outbreaks – Since the last District Board of Health meeting in October, the CD Program has opened 12 outbreak investigations. Of these outbreaks, nine (9) are viral gastroenteritis in schools, two (2) are Hand, Foot, and Mouth Disease (HFMD) in day care facilities, and one (1) is a febrile illness with unknown etiology. As of November 29, four outbreak investigations are still open.

Aseptic meningitis outbreak – As noted in October, the CD Program has seen a significant increase in aseptic meningitis cases since July 15 of this year. An extremely significant increase occurred from late August and is still ongoing. Between July 15 and November 29, a total of 54 cases have been reported. Historically between 2005 and 2016, there was an average of 11 cases reported per year (range: 5-23 cases per year). Of the 54 cases reported since July 15, 72% are children. School aged children (5-17 years of age) account for 50%. Enterovirus has been confirmed as the etiology for this outbreak. Echovirus 30, a part of the Enterovirus family, is the strain confirmed by CDC and matched with the viral meningitis outbreak strain in Lassen County. Echovirus 30 is a common cause for viral meningitis in the United States according to CDC. In addition, a couple of cases had Echovirus 9. As of November 29, a total of 14 risk communications and interventions have been completed by the Outbreak Response Team (ORT) members, which resulted in more than 100 stories generated from local media outlets. This outbreak is still ongoing but slowing down. The CD Program continues working with ORT members for outbreak investigations and takes appropriate actions when clusters are identified.

Acute Hepatitis A – The CD Program investigated a case of acute hepatitis A in an employee of Trader Joe’s. The case worked as a stocker/cashier while infectious and not wearing gloves. The CD Program coordinated with the EHS team, the communication manager, Trader Joe’s, and the headquarter office of Trader Joe’s for risk communication. Before Thanksgiving, a total of 29 informational letters were distributed to customers by the store. The monitoring is ongoing until December 20.

Overall Communicable Disease Investigations – As of November 29, a year-to-date total of 1,085 cases of reportable general communicable disease (CD) requiring follow up by the CD Program have been recorded in the log. This number does **not** include influenza, STD, HIV, TB, or animal bites. By way of comparison, during the same time period in 2016 there were 701 cases. This represents a workload increase of 55% (1,085 records in 2017 vs. 701 records in 2016). The CD log is a real-time system for CD staff to document all cases being investigated or needing follow-up activities.

Seasonal Influenza Surveillance – For the week ending November 25, 2017 (CDC Week 47) 12 participating sentinel providers reported a total of 151 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 2.3% (151/6,545) which is below the regional baseline of 2.4%. During the previous week (CDC Week 46), the percentage of visits to U.S. sentinel providers due to ILI was 2.0%. This percentage is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.7% to 4.5%.

Eight death certificates were received for week 47 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 47 was 115. This reflects a P&I ratio of 7.0%. The total P&I deaths registered to date in Washoe County for the 2016-2017 influenza surveillance season is 47. This reflects an overall P&I ratio of 7.0% (47/668).

2016 CD Annual Summary – The 2016 CD Annual Summary was published online in October. The attached three-page Epi-News provides highlights of findings from this more than 100 page document. This publication is also a good example of inter-divisional collaborative work. The Epi-News is scheduled to be distributed to local medical providers on December 8, 2017.

Public Health Preparedness (PHP)

On November 16 the PHEP program, in collaboration with State PHP, gave a presentation on the local release procedures for the CHEMPACK to local stakeholders. The CHEMPACK program maintains forward deployed medical countermeasures for chemical and nerve agent events for rapid use by Emergency Medical Services (EMS) responders and Emergency Department physicians. The focus of this presentation was to re-introduce our local area providers with these countermeasures and to provide up-to-date information on how to access these pharmaceuticals in an emergency.

On November 22, the PHP program gave a presentation to the Emergency Preparedness Council (EPC) which both discussed the programmatic activities of the PHP program as well as how to start on the development of a government personnel surge plan. The intent of this plan is to identify government employees across multiple jurisdictions that may be available to staff emergency operations in a major event. As current government employees are background checked and already familiar with governmental operations, they can be a key human resource asset.

The PHP Public Health Emergency Response Coordinator (PHERC) participated in the initial Nevada Threat and Hazard Identification and Risk Assessment (THIRA). This assessment provides information back to the State of Nevada which is then provided to the Federal Government. This documents and provides direction for the allocation of federal resources through grants based on identified hazards and risks in our State.

Emergency Medical Services (EMS)

The protocols task force convened on October 13 to discuss the final steps and logistics for executing the regional protocols for eight Washoe County agencies. It was determined that the group would meet on a biannual basis to review and revise protocols. The Washoe County Regional EMS Protocols were signed by all Medical Directors and are scheduled for training and implementation by April 1, 2018.

The EMS Coordinator and fiscal staff met with the Projects Manager of the Nevada Governor's Council on Developmental Disabilities to discuss expectations, quarterly reports and documentation of progress for the grant the EMS Oversight Program received for the federal fiscal year. The EMS program started working on its first grant objective: a short training video that provides tips to fire, law enforcement and EMS personnel when responding to calls involving individuals with developmental disabilities.

EMS staff participated in a functional exercise with four skilled nursing/long term care facilities in the region on October 16. One facility used the Mutual Aid Evacuation Annex (MAEA) tagging system to evacuate approximately 60 "patients" and distribute them to three receiving facilities. The exercise allowed for additional testing of our healthcare tagging system and resulted in only minor process modifications.

The EMS Coordinator attended the Fire Shows West Conference from November 6-9. This annual conference offers a range of courses and had tracks that included hazmat, command, leadership, safety and health and wellness. The conference provided an opportunity to learn more about on-scene coordination, fire/hazmat responses and the incident command system.

The region continues to work on alternative responses to low acuity/priority 3 calls for service. At the November 13 meeting the group finished reviewing omega determinants and continued the discussion on skilled nursing facilities with the possibility of expanding to look at all facilities with medical personnel on staff. The group also decided to wait until January to address alpha calls.

In an effort to standardize the training EPHP receives to respond to the Regional Emergency Operations center (REOC) during a disaster, the EMS Coordinator created an EOC Handbook. This document includes basic information about ICS, EOC operations and all documents needed for the medical unit leader (MUL) position.

The EMS Program Manager and EMS Coordinator attended a Mass Casualty Response training on November 16. The training was designed for victim advocates and their critical response role to a disaster. This was a quality opportunity to learn other perspectives on disaster planning and response.

The EMS Coordinator and EMS Statistician attended the annual EMS Chiefs luncheon at Incline Village during the annual paramedic refresher conference on November 30. This was a great opportunity to network with regional EMS leadership.

The ED Consortium met on December 1 and the agenda included a continued discussion of the hospital diversion policy, status 99 reports and increasing agency representation/attendance.

**REMSA Percentage of Compliant Responses
 FY 2017 -2018**

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%
September 2017	92%	96%	100%	100%	97%	92%
October 2017	92%	92%	91%	100%	92%	92%
YTD	92%	93%	95%	100%	93%	92%

REMSA 90th Percentile Responses

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*
September 2017	8:32	13:06	18:30	N/A*
October 2017	8:31	14:15	19:32	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.

DHO	<u>KD</u>	
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**District Health Officer Staff Report
Board Meeting Date: December 14, 2017**

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report – Water Projects, Strategic Planning Update, Public Health Accreditation, Quality Improvement, Community Health Needs Assessment, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts.

Water Projects

I provided a presentation to the NDEP Administrator and TMWA General Manager at a Concurrent Meeting held between Reno and Sparks City Councils, the Board of County Commissioners, and the TMWA Board on Water Project Plan review on November 6, 2017. EHS staff and I coordinated closely with NDEP and TMWA Administration and staff to continue to resolve issues with water project review. A thirty-day status report was provided on December 4, 2017 as requested by these bodies during the Concurrent Meeting.

Strategic Planning Update

District Board of Health (DBOH) held a strategic plan retreat on November 2, 2017. The strategic plan was refreshed and updated based on discussion and input at the meeting for acceptance by the DBOH at the December 14 meeting.

Public Health Accreditation

The PHAB team met on November 20th to review current progress and discuss breaking up internal due dates to distribute the work load of reviewing documents more evenly. Further documents have been submitted and we now have roughly 24 of the needed 213 documentation examples gathered. Staff will travel to the in-person Public Health Accreditation Board (PHAB) training in February 2018.

Quality Improvement

The QI team is working to revamp the project submission and charter forms to improve usability and increase utilization. CCHS has completed a large QI project to improve the phone answering system and is close to completing a Sexual Health staffing improvement project to increase program revenue and improve customer satisfaction.

Community Health Needs Assessment

Work continues to complete the Community Health Needs Assessment. Sections were distributed to subject matter experts for review and comment so their input can be incorporated in the final document. The CHNA is expected to be completed by the end of the month.

Community Health Improvement Plan

Data is being gathered to start drafting the 2017 CHIP Annual Progress Report which should be complete by early March 2018. While much of the data will be gathered by mid-December, key data from the Youth Risk Behavior Survey won't be available until February to complete the 2017 Annual Progress Report.

Truckee Meadows Healthy Communities (TMHC) has agreed to serve as the backbone organization for development and implementation of a Community Health Improvement Plan. The approach was discussed during the November 30th TMHC Board Meeting. The identification of priorities for the plan and the establishment of Committees to further develop strategies, partnerships, and outcomes to achieve through the 2018-2020 CHIP will occur during the January 10, 2018 TMHC Steering Committee Meeting.

Truckee Meadows Healthy Communities

The IRS approved TMHC's application for 501(c)(3) status. Sharon Zadra, TMHC Director, traveled to Baltimore Maryland December 4-6 with the TMHC Collaborating for Communities (C4C) Grant project team for a final meeting with the Arnold/Annie E Casey Foundations and the other 4 project teams from different communities across the country.

A combined meeting of the TMHC Board and Steering Committee occurred on October 31, 2017 for a presentation on the C4C grant project.

Other Events and Activities

10/31/17	EHS Staff Meeting with new EHS Division Director
10/31/17	Special Joint Meeting-TMHC Board of Directors and Steering Committee
10/31/17	Strategic Plan Preparation Meeting
10/31/17	OnStrategy Strategic Plan Update Meeting
11/2/17	Strategic Planning Retreat
11/2/17	NV Health Authority Conference Call
11/3/17	DD/DHO Board Member Meeting - EPHP
11/3/17	UNR School of Community Health Sciences (SCHS) Advisory Board Meeting
11/6/17	Concurrent Meeting-Water Projects

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11/8/17 Department Heads Meeting

11/8/17 Nevada Health Authorities Conference Call

11/13/17 Strategic Plan Debrief Meeting with OnStrategy

11/14/17 Health District Base Budget Discussion with County Manager Representatives

11/14/17 Meeting with UNR SCHS Development Coordinator re: Board Scholarship Endowment

11/15/17 DHO/DD/Board Member Meeting – CCHS

11/16/17 Washoe County Strategic Plan-Quarterly Review w/Dave Solaro

11/29/17 NV Association of Local Health Officials (NALHO) Conference Call

11/30/17 TMHC Board of Directors Meeting

12/1/17 Assistant Manager Dave Solaro Monthly Meeting

12/4/17 WCHD Vector Program Meeting with City of Sparks

12/5/17 Accela Regional Project Management Oversight Group Quarterly Meeting

12/7/17 Washoe County Staff Recognition Breakfast

12/7/17 Food Protection Hearing and Advisory Board Meeting

12/7/17 Human Network Meeting w/Chair Jung

12/7/17 NV Health Authorities Conference Call

12/8/17 State Board of Health Meeting

12/12/17 Local Health Authorities meeting with NV HHS and DPBH Administration

12/13/17 Department Heads Meeting

Health District Media Contacts: October 2017

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
10/31/2017	KOLO CH8 - ABC Reno	Terri Russell	Flu Vaccine Myths - Ulibarri
10/31/2017	KRNV CH4 - NBC Reno	Jaclyn Shearer	Burn Code - Inouye
10/18/2017	KRNV CH4 - NBC Reno	Karsen Buschjost	Wildfire Smoke & Air Quality - Schnieder
10/18/2017	KUNR 88.7 FM - NPR Reno	Ahn Nguyen	Meningitis - Todd
10/16/2017	Reno Gazette-Journal	Siobhan McAndrew	Meningitis - Todd
10/16/2017	UNIVISION	Carolina Lopez	Meningitis - Todd
10/16/2017	KRNV CH4 - NBC Reno	Jaclyn Shearer	Meningitis - Todd
10/16/2017	KOLO CH8 - ABC Reno	Ed Pierce	Meningitis - Todd
10/11/2017	KTVN CH2 - CBS Reno	Mike Curan	Hantavirus - Todd
10/11/2017	KRNV CH4 - NBC Reno	Diana Thao	Hantavirus - Todd
10/11/2017	KTVN CH2 - CBS Reno	Johnny Mugnanio	City of Reno Flu POD - Shipman
10/11/2017	KOLO CH8 - ABC Reno	Ben Deach	City of Reno Flu POD - Shipman
10/11/2017	KRNV CH4 - NBC Reno	Sanaz Tahernia	City of Reno Flu POD - Shipman
10/10/2017	KRNV CH4 - NBC Reno	Melissa Metheney	Evacuations - Esp
10/3/2017	KKOH Radio 780AM - CNN Reno	Daniella Zaninno	Meningitis & Hantavirus - Todd
10/3/2017	KRNV CH4 - NBC Reno	Jaclyn Shearer	Meningitis & Hantavirus - Todd
10/3/2017	KOLO CH8 - ABC Reno	Ed Pierce	Meningitis & Hantavirus - Todd

Press Releases/Media Advisories/Editorials/Talking Points

10/30/2017	Health District encourages free household hazardous waste...	Ulibarri
10/30/2017	Keep It Clean-Know the Code-Burn Notifications begin ...	Ulibarri
10/16/2017	More viral meningitis cases recorded in Washoe County	Ulibarri
10/10/2017	Washoe County records second hantavirus case	Ulibarri
10/3/2017	Viral Meningitis on the rise in Washoe County	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	102 (CCHS 16 EHS 16 ODHO 3 AQM 67)
Twitter	AQMD/CCHS	50 (AQM 46 CCHS 4)
Grindr	CCHS	5

Health District Media Contacts: November 2017

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
11/30/2017	KRNV CH4 - NBC Reno	Karsen Buschjost	Viral Meningitis & Handwashing - Ulibarri
11/30/2017	UNIVISION	Anya Aricheya	Viral Meningitis - Ulibarri
11/27/2017	KRXI - FOX 11 Reno	Ben Margiott	Hep A Trader Joes - Ulibarri
11/27/2017	KOLO CH8 - ABC Reno	Zack Mooney	Hep A Trader Joes - Ulibarri
11/27/2017	KOLO CH8 - ABC Reno	Steve Timko	Hep A Trader Joes - Ulibarri
11/27/2017	KRNV CH4 - NBC Reno	Joe Hart	Ponderosa Hotel Inspections - Ulibarri
11/27/2017	KRNV CH4 - NBC Reno	Kim Burrows	Hep A Trader Joes - Ulibarri
11/21/2017	KOLO CH8 - ABC Reno	Terri Russell	Influenza - Chalkley
11/21/2017	KOLO CH8 - ABC Reno	Terri Russell	Viral Meningitis - Chen
11/20/2017	KOLO CH8 - ABC Reno	Denise Long	Pignic Bar - Westom
11/20/2017	Associated Press - SLC	Michelle Price	Influenza Deaths - Chalkley
11/13/2017	KTVN CH2 - CBS Reno Ask the Doctor	Kristen Remington	Viral Meningitis - Chen
11/8/2017	Reno Gazette-Journal	Siobhan McAndrew	Viral Meningitis - Ulibarri
11/8/2017	KRXI - FOX 11 Reno	Caleb Roedel	Viral Meningitis - Ulibarri
11/8/2017	KRNV CH4 - NBC Reno	Kensie Bales	Viral Meningitis - Ulibarri
11/8/2017	KTVN CH2 - CBS Reno	Kelly Stockwell	Viral Meningitis - Ulibarri
11/8/2017	KOLO CH8 - ABC Reno	Terri Russell	Viral Meningitis - Ulibarri
11/8/2017	KOLO CH8 - ABC Reno	Terri Russell	Woodstove Exchange - Inouye

Press Releases/Media Advisories/Editorials/Talking Points

11/29/2017 Westom named EHS Director for Washoe County Health District Ulibarri

Social Media Postings

Facebook AQMD/CCHS/ODHO 116 (CCHS 20 EHS 12 ODHO 4 AQM 80)
EHS

Twitter AQMD/CCHS 76 (AQM 68 CCHS 8)

Grindr CCHS 5