

Washoe County District Board of Health Meeting Notice and Agenda

Members

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

**Thursday, August 23, 2018
1:00 p.m.**

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

An item listed with asterisk (*) next to it is an item for which no action will be taken.

1:00 p.m.

1. *Roll Call and Determination of Quorum

2. *Pledge of Allegiance

3. *Public Comment

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

4. Approval of Agenda – (For possible action)

August 23, 2018

5. *Recognitions

A. Retirements

- i. Jim Shaffer, 8/3/2018, Vector Control Coordinator - EHS

B. Years of Service

- i. Kimberly Graham, 20 years, Hired 8/31/1998 - CCHS

C. New Hires

- i. Kara Roseburrough, Office Support Specialist, 8/6/2018 - CCHS
- ii. Mercedes Soubiea, Public Health Investigator II, 8/20/2018 – EPHP
- iii. Allison Schleicher, Public Health Investigator II, 8/20/2018 – CCHS
- iv. Jacqueline Gonzalez, Advance Practice Registered Nurse, 8/20/2018 - CCHS

D. Shining Star

- i. Kim Franchi - EHS

6. Consent Items – (For possible action)

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

A. Approval of Draft Minutes – (For possible action)

- i. July 26, 2018

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

- i. Retroactive Approval of Notice of Grant Award #5U18FD006275-02 from the U.S. Food and Drug Administration for the period 7/1/18 through 6/30/19 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088 and authorize the District Health Officer to execute the subgrant award.

Staff Representative: Jennifer Pierce

- ii. Retroactive approval of Grant Agreement #A-00905418-1 from the U.S. Environmental Protection Agency (EPA) for funding increase in the amount of \$136,913 for the period 10/1/17 through 9/30/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

Staff Representative: Jennifer Pierce

- iii. Accept monetary donation [\$10.00] to Washoe County Health District's Vital Statistics Program retroactive from July 25, 2018; express appreciation for the contribution.

Staff Representative: Jennifer Pierce

- 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 July 1, 2018 through June 30, 2019 in the total amount of \$920,693 (with \$92,069.30 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Jennifer Pierce

- v. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2018 through June 30, 2019 in the total amount of \$365,687 (with \$33,244 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program. Approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$10,695 to attend the Health Care Coalition Conferences (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Jennifer Pierce

C. Recommendation for the Board to uphold an unappealed citation issued to Washoe County Community Services Department – Utility Services, Case No. 1202, Notice of Violation Citation No. 5670, with a \$1,190.00 negotiated fine. - **(For possible action)**

- i. Washoe County Community Services Department, Utility Services, Case No. 1202, Notice of Violation Citation No. 5670

Staff Representative: Charlene Albee

D. Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2018 – **(For possible action)**

Staff Representative: Anna Heenan

7. **Discussion and possible appointment of Consumer at Large to the REMSA Board of Directors as the District Board of Health Appointed Representative. - (For possible action)**
 - i. Scott Benton
 - ii. Melanie FloresStaff Representative: Christina Conti
8. **Regional Emergency Medical Services Authority**

Presented by: Dean Dow

 - A. **Review and Acceptance of the REMSA Operations Report for July, 2018 – (For possible action)**
 - B. ***Update of REMSA’s Public Relations during July 2018**
9. **Presentation and possible acceptance of the annual progress report on the 2017-2020 Strategic Plan. – (For possible action)**

Staff Representative: Kevin Dick
10. ***Staff Reports and Program Updates**
 - A. **Air Quality Management, Charlene Albee, Director**

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

Divisional Update – National Immunization Awareness Month; Data & Metrics; Program Reports
 - C. **Environmental Health Services, Chad Westom, Director**

Environmental Health Services (EHS) Division and Program Updates – Training, Epidemiology, Community Development, Food, Special Events, Hotel/Motel, Land Development, Safe Drinking Water, Vector-Borne Disease, Waste Management and Inspections
 - 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 – Public Health Accreditation (PHAB), Quality Improvement, Strategic Plan, Workforce Development, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Washoe Behavioral Health Policy Board, Washoe County Substance Abuse Task Force, County Complex Master Plan, Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD), Other Events and Activities and Health District Media Contacts.
11. ***Board Comment**

Limited to announcements or issues for future agendas.
12. ***Public Comment**

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

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 Meeting Minutes

Members

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

Thursday, July 26, 2018
1:00 p.m.

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

1. *Roll Call and Determination of Quorum

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

The following members and staff were present:

Members present: Dr. John Novak, Vice Chair

Michael Brown

Dr. George Hess

Oscar Delgado

Members absent: Kitty Jung, Chair

Tom Young

Kristopher Dahir

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO

Leslie Admirand, Deputy District Attorney

Daniel Inouye

Steve Kutz

Chad Westom

Christina Conti

Julie Hunter

2. *Pledge of Allegiance

Dr. Hess led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

July 26, 2018

Mr. Brown moved to approve the agenda for the July 26, 2018, 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. Molly Diaz, 15 years, Hired 7/28/2003 - AHS

Mr. Dick congratulated Ms. Diaz on her fifteen years of service.

- ii. Will Lumpkin, 10 years, Hired 7/21/2008 - EHS

Although Mr. Lumpkin was not in attendance to be recognized, Mr. Dick explained that he is member of the Vector Control Program and congratulated him on his ten years of service.

B. New Hires

- i. Katherine Sullivan, Office Assistant II, 7/9/2018 - EHS

Mr. Westom introduced Ms. Sullivan, informing that she is an asset to Environmental Health Services and is coming up to speed very quickly.

- ii. Kelly Parsons, Office Assistant II, 7/23/2018 – AQM

Mr. Inouye introduced Ms. Parsons as Air Quality Management's new Office Assistant II. He informed that she is originally from California, but graduated from Reed High School after moving to the area and earned her Bachelor of Science in Business Management from UNR.

Mr. Inouye stated that, of the nineteen employees in AQM, fourteen were UNR graduates and that number includes four employees with advanced degrees.

Mr. Inouye stated that Ms. Parsons began her career with Washoe County in 2015 with Human Services and Child Protective Services. He expressed that AQM is very pleased to have Ms. Parsons on staff with them.

C. Reassignments

- i. Jessica Cabrales, from CCHS Office Support Specialist to Office Support Specialist, 7/9/2018, - AQM

Mr. Dick informed that Ms. Cabrales had been reassigned within the Health District from CCHS to AQM as an Office Support Specialist and congratulated her on her new position.

D. Resignations

- i. Jan Houk, 7/27/2018, Public Health Nurse II, 22 years, CCHS

Mr. Dick stated that Ms. Houk had twenty-two years with the Health District and had resigned to work full time with the Washoe County School District as a School Nurse, but was pleased to inform that she would continue working with the Health District as an intermittent hourly employee.

Ms. Houk was not able to be in attendance.

- ii. Ruth Soto-Castillo, 6/23/2018, Community Health Aide, 12 years, CCHS

Mr. Dick informed that Ms. Soto-Castillo had worked twelve years with the Health District. Ms. Soto-Castillo was not in attendance.

- E. Shining Star
 - i. Carmen Mendoza - EPHP

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff. He wished to recognize Ms. Mendoza once again, informing that she had nine nominations at the time her recognition was placed on the agenda but that she has now received her tenth Shining Star Award.

Mr. Dick explained that Ms. Mendoza is in the Vital Records Program, which historically because of restrictions on who can be issued the records, had dissatisfied customers due to interactions there. Mr. Dick expressed he was very pleased with the performance of Ms. Mendoza and her staff who have received these Shining Star recognitions.

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

- i. June 28, 2018

- B. Budget Amendments/Interlocal Agreements

- i. Retroactively approve a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period of August 1, 2017 through July 31, 2018 [From \$170,522 to \$312,866] in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program IO #10984 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Jennifer Pierce

- C. Approve an Interlocal Agreement between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine MultiSpecialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Consultant to the District for the Sexually Transmitted Disease Clinic retroactive to July 1, 2018 through June 30, 2019 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years for the terms in the agreement unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

Staff Representative: Nancy Kerns Cummins

- D. Approve Amendment #1 to the Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide for vaccine storage retroactive to July 1, 2018.

Staff Representative: Nancy Kerns Cummins

- E. Presentation, discussion, and possible approval of the donation of various pieces of obsolete monitoring equipment and associated supplies with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research and community organizations.

Staff Representative: Daniel Inouye

- F. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.
 - i. Olympia Gaming CRS Sparks – Case No. 1200, NOV No. 5665
 - ii. Woodsprings Suites Reno East Legends – Case No. 1201, NOV No. 5668Staff Representative: Daniel Inouye
- G. Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2018
Staff Representative: Anna Heenan

Vice Chair Novak inquired regarding the amounts of the Air Quality Management fines on item 6F and requested they be reviewed for possible increase. He opined that the low penalty amount could encourage noncompliance as it would be more cost effective to pay the fine than comply.

Mr. Dick informed that these fines were for violations that occurred just prior to the higher fines for these violations approved at the June District Board of Health Meeting.

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

- 7. PUBLIC HEARING: Presentation, discussion, and possible adoption of “The Washoe County Portion of the Nevada State Implementation Plan to Meet the Ozone Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)” and direct Staff to forward it to EPA via NDEP as an amendment to the Washoe County portion of the Nevada Ozone State Implementation Plan.**

Staff Representative: Daniel Inouye

Mr. Inouye stated that the Environmental Protection Agency (EPA) establishes health-based standards for six pollutants including Ozone. He informed that the Clean Air Act requires State and Local Air Quality Management Agencies to demonstrate that they have the authority and resources to implement, maintain and enforce these air quality standards.

Mr. Inouye explained that this Ozone Infrastructure Plan is a demonstration of these requirements. If adopted, he stated that the Infrastructure Plan will be submitted through the Nevada Division of Environmental Protection (NDEP) to EPA, as a revision to the Washoe County portion of Nevada Ozone State Implementation Plan.

Vice Chair Novak opened the Public Hearing. There was no public comment.

Dr. Hess moved the District Board of Health adopt “The Washoe County Portion of the Nevada State Implementation Plan to Meet the Ozone Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)”. Mr. Brown seconded the motion which was approved four in favor and none against.

- 8. Regional Emergency Medical Services Authority**

Presented by: JW Hodge

- A. Review and Acceptance of the REMSA Operations Report for June, 2018

Mr. Hodge stated he wished to acknowledge Mr. Kenny Kitts who was present, for his significant role in the preparation of the monthly REMSA Report, and informed that Mr. Kitts has been with REMSA for twenty-five years.

Vice Chair Novak congratulated Mr. Kitts and thanked him for his hard work.

There was no public comment.

Mr. Brown moved to accept the REMSA Operations Report for June 2018. Mr. Delgado seconded the motion which was approved four in favor and none against.

B. *Update of REMSA's Public Relations during June 2018

Mr. Hodge stated that with the very high temperatures in June and July that REMSA has reached out to the public through various media outlets to provide tips to stay healthy and safe.

Mr. Hodge informed that new technology had been installed earlier in July to allow REMSA's website to be translated into one hundred different languages.

Mr. Hodge stated that a new pop-up feature on the career section of REMSA's website allows applicants to complete a short form to contact Human Resources and apply for jobs. He informed that this new feature was implemented in response to Mr. Dahir's question regarding REMSA's methods of recruiting.

During the week of July 30th, Mr. Hodge informed that the new internal employee survey would be launched. He stated that it would be open for two weeks and REMSA would then inform employees of the results and next steps forward.

9. Consideration and possible adoption of a policy for Environmental Health Services (EHS) and Air Quality Management fee relief or mitigation for entities affected by disasters and emergencies. – (Item was tabled for further discussion)

Staff Representative: Kevin Dick

Mr. Dick explained that he had produced this staff report as a follow up to action taken following the flooding in Lemmon Valley in which the decision was made to not collect fees for some of the properties impacted by the flood. He stated that he had been requested at that time to bring back a policy for the Board to consider regarding how the Health District should manage any fee relief or mitigation in the event of disasters or emergencies.

Mr. Dick summarized his proposed policy, in which the Health District would not provide any relief or mitigation for fees unless the jurisdiction in which the property or business was located agreed to reimburse the Health District, or, in the event a third party was willing to reimburse the Health District for the fee.

Mr. Dick informed that part of the consideration in this policy was that, while the Lemmon Valley flooding was certainly a disaster and hardship for those residents, it was fairly restricted as to the location and extent of the damage. He stated that future events could involve an entire region which would exceed the Health District's capability to effectively mitigate fees.

Mr. Dick informed that the Health District is currently receiving funding support through a Washoe County General Fund transfer, and depending on where the properties were actually impacted, opined that this scope of mitigation would be above and beyond the Health District's responsibilities.

Dr. Hess inquired the cost of the fees in question, and opined that the larger fees could place an additional hardship on a home or business owner. Mr. Dick informed that the fees range from several hundred to several thousand dollars.

Mr. Delgado agreed with Dr. Hess, and stated that persons without proper insurance to pay for repairs and fees could be burdened to the point of losing their home. He opined the policy to possibly be too strict.

Vice Chair Novak referred to Mr. Dick's comment that a large portion of the Health District budget is received from Washoe County, and inquired if possibly a policy should be considered between Washoe County and the Health District for mitigation of fees.

Vice Chair Novak stated that he agrees in many ways with the policy as it is written due

to potential consequences for a wide spread emergency or disaster. He informed that he would like to table this item for further discussion of a policy with the jurisdictions and investigation of a mechanism or process for appeals but expressed his concerns regarding the Board's capacity to address a large number of individuals seeking to appeal the District's charges for services. He inquired if Mr. Dick was agreeable to this action.

Mr. Dick stated that he was agreeable, and that he was open to suggestions from the Board Members.

Vice Chair Novak moved to table this item for Consideration and possible adoption of a policy for Environmental Health Services (EHS) and Air Quality Management fee relief or mitigation for entities affected by disasters and emergencies for further investigation. Dr. Hess seconded the motion which was approved four in favor and none against.

Vice Chair Novak inquired of Ms. Admirand, since this item had been tabled, if the Board is required to hear public comment. Ms. Admirand informed that when a motion is made it is an action item, and instructed Vice Chair Novak to ask the Clerk if there is any public comment at this time.

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

10. *Staff Reports and Program Updates

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

Mr. Inouye stated that the Board approved Air Quality Management's commitment to the Wildland Fire Air Quality Response Program at the March DBOH Meeting. He informed that Ms. Julie Hunter has been trained as an Air Resource Advisor (ARA) and that she had been deployed to wildfires in New Mexico and Colorado.

Ms. Hunter introduced herself as a Senior Air Quality Specialist with the Washoe County Health District Air Quality Management Division.

Ms. Hunter stated that she had been deployed to the Ute Fire in New Mexico and the 416 Fire in Colorado. She explained that an ARA is a part of the Wildland Fire Air Quality Response Program led by the USDA Department of Forest Service, and that the Program was developed to assess, communicate and address smoke risks from massive fire incidents.

Ms. Hunter detailed the components to this Program and explained her duties as an ARA were to use the air quality monitoring and modeling equipment to analyze and predict smoke impacts and to communicate the impacts to Incident Command, local agencies and the public.

Ms. Hunter explained the monitoring equipment they deploy measures the fine particulate matter that is the major component of wildfire smoke. The equipment uses satellite service to populate air quality index data on maps as shown in her presentation, noting that these maps are available to the public.

Ms. Hunter informed that ARAs are part of Incident Command and work in the Planning Section in collaboration with the Incident Meteorologist, Fire Behavior Analyst and others. These groups work together, examining each group's models to better determine smoke impacts, incorporating Ground and Air Operations reports

Ms. Hunter explained that with the Modeling and Monitoring instruments, the ARAs provide the previous air quality index as well as the forecasted air quality index for the

impacted communities. She spoke of the Outlook software displayed in her presentation and explained that it is specific to the ARA Program, that it is updated daily and populated with air quality monitoring data, and that health warnings and safety information are also displayed.

Ms. Hunter detailed the avenues of communication for the data they collect, and informed that the success of an ARA depends on the coordination and cooperation of the whole Incident Command Team working with the Emergency Operations Center in the local communities to providing consistent messaging.

Ms. Hunter stated the benefits she bring back to the Division as an ARA include her working knowledge of the Incident Command System and experience with the modeling and monitoring tools that are being used for local impacts. She informed that AQM is looking into the Outlook products and has tried to incorporate some of that messaging into their messaging. Ms. Hunter stated that consistent messaging is important throughout the nation on managing smoke impacts and that her experience supports and supplements planning for Exceptional Event Demonstrations, Mitigation Plans and AQM's Smoke Management Program.

Ms. Hunter informed that she would like to thank for the record Truckee Meadows Fire District, thanking Chief Moore who was present for sponsoring her as well as Captain Bunn, also present, who went out of their way to help her. She thanked the Air Quality Management Division and Ms. Albee and Mr. Inouye specifically for their support, as well as the District Board of Health for approving and supporting her role as an Air Resource Advisor.

Dr. Hess inquired what the air quality forecast for the next ten days would be. Ms. Hunter informed that smoke impacts would be great, especially with the Carr Fire which increased from 4,500 to 20,000 acres overnight. She informed that, with the fires in northwest California and southwest Oregon, there will be significant smoke in the area for the foreseeable future and that they have been consistently messaging to stay indoors, run the air conditioner and to avoid exercise or exertion outdoors.

Mr. Brown stated that air quality control is a consistent effort and is not limited to the fire season. He informed that Ms. Hunter is one of the leaders that have been working with land managers for the past several years and spoke of plans for more prescribed fires to reduce fuel loads in the desert and forest.

Mr. Brown expressed he is very happy that Ms. Hunter does such a fine job in her role to the benefit of the community overall, and thanked her for the work she does.

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

Divisional Update – Changes to CCHS Programs; Medicaid Enrollment Assistance; Data & Metrics; Program Reports

Mr. Kutz commented that, in regards to the changes in the CCHS Programs, they have been doing what they can with the limited resources available to them and that this has been a difficult change to make in relation to the Maternal Child Health Program. He stated that, while CCHS knows this program to be important, the changes were made to best serve the community and do what is best for the Division as a whole.

As part of the Plan, Do, Check, Act process, Mr. Kutz informed that the changes CCHS is making will be evaluated, assessing impact to staff, programs and the community.

Mr. Kutz stated that CCHS had their second outing to the Detention Facility at the Washoe County Sheriff's Office and served approximately ten women at this visit, providing Long Acting Reversible Contraceptives. He informed that the partnership is

going very well between CCHS and the Sheriff's Office and that the women are appreciative and excited for this opportunity.

C. Environmental Health Services, Chad Westom, Director

Environmental Health Services (EHS) Division and Program Updates – Community Development, Food, Special Events, Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management, Inspections

Mr. Westom informed that the EHS Team has been very successful in streamlining the Health plan review processes and the turn-around time is reduced to a week or less; the average completion time for the various plans are now posted on Health District website.

Mr. Westom stated that Chair Jung requested EHS approach the Washoe County Board of County Commissioners regarding \$180,000 in additional funding for mosquito abatement after the June DBOH Meeting where he reported on a proposed mosquito abatement program. He informed that Mr. Dick had more information for the Board.

As far as requesting additional funds for mosquito abatement, Mr. Dick wished to inform the Board that the Health District is pleased to have ended FY18 with a higher than anticipated fund balance as shown in the financial report from June 2018. He explained that, because of this ending fund balance, his intention is to support the mosquito abatement needs with Health District funds versus going to the Board of County Commissioners for an additional fund transfer at this point.

Along with this expenditure for mosquito abatement, Mr. Dick informed that the Health District will be identifying and proposing to the Board during the November Strategic Planning meeting other one-time investments in the District and for the community's benefit to be funded by a portion of the ending balance.

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

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

Ms. Conti informed that she had no additional comments but would be happy to answer any questions in Dr. Todd's absence.

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

District Health Officer Report – REMSA Franchise Agreement, Plan Reviews, Washoe Behavioral Health Policy Board, Public Health Accreditation, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Workforce Development, Style Guide, New CCHS Fees, Other Events and Activities and Health District Media Contacts.

Mr. Dick thanked the Board Members who participated in the meeting with City of Reno for funding of additional staffing through the Enterprise Fund and specifically thanked Mr. Delgado for his help in organizing the meeting as well as Vice Chair Novak and Mr. Brown's efforts to continue to work toward this arrangement.

Mr. Dick informed that the Health District continues to work with NDEP and TMWA on the interlocal agreement for alternative oversight of plan review. He opined they are nearing an agreement.

Mr. Dick announced that there will be an unveiling event to present the new Community Health Improvement Plan (CHIP) to the community held at the County Chambers on August 2nd from 9:30-11:30 a.m. He informed that Carson City Health and Human Services CHIP was approved by their Board on July 19 and will join the Washoe

County Health District at this event, and opined there may be opportunities for collaboration between the two. He stated that a number of community partners will be presenting at the event, as well.

Mr. Dick informed that a Family Health Festival (FHF) had been held at the Miguel Ribero Park with the Truckee Meadows Healthy Communities (TMHC) and that a number of partners participated including Community Health Alliance. The Festival was quite successful with approximately five hundred persons served. Services available were immunizations, BMI assessment, blood pressure and skin cancer screening, Healthy Smiles and distribution of back-to-school materials and information. He informed that there is another FHF being planned for October or November.

Vice Chair Novak requested an updated on Accreditation. Mr. Dick obliged by informing that the Health District is on track to submit all documents for review on October 1st. He stated that over 200 of the required 213 documents have been collected and are under review; the balance is pending finalization of data to complete them. He explained that there will be a site visit within six months after the October 1st document submission to PHAB.

Mr. Dick informed that he had the opportunity to see Carol Moehrle who had been part of the Health District's Fundamental Review Team in 2013-14 at the NACCHO Conference that he and Ms. Peters attended in July. He stated it was enjoyable to speak with her about the progress the Health District has made and how useful the Fundamental Review had been in the process.

Vice Chair Novak requested to have an update on the Health District's status for Accreditation for his report at the upcoming NALBOH Board Meeting and Annual Conference in early August. Mr. Dick stated he would be provided with a hard copy of this information to take with him and requested Ms. Rogers to set a date to meet with Ms. Peters, Vice Chair Novak and himself prior to the NALBOH events.

11. *Board Comment

Dr. Hess inquired if there was any other information available on the ambulance transport agreement between City of Reno Fire Department and MedXAirOne, LLC that had been pulled from the July 18th Reno City Council Agenda. Dr. Hess expressed concern that this item could be brought back on a future agenda.

Mr. Brown suggested that this item could be agendaized for review on the September DBOH Meeting for concerned parties to be able to discuss with and educate the Board on their stances.

Vice Chair Novak closed the Board comment period.

12. *Public Comment

Ms. Brandhorst expressed concerns for living conditions in low income housing.

Vice Chair Novak closed the public comment period.

13. Adjournment

Vice Chair Novak adjourned the meeting at 1:52 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.

DD_AH	—
DHO	— <i>KD</i> —
DA	—
Risk	—

Staff Report
Board Meeting Date: August 23, 2018

TO: District Board of Health

FROM: Jennifer Pierce, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, jpierce@washoecounty.us

SUBJECT: Retroactive Approval of Notice of Grant Award #5U18FD006275-02 from the U.S. Food and Drug Administration for the period 7/1/18 through 6/30/19 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088 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 and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$100,000 per contractor; over \$100,000 would require the approval of the District Board of Health.

The Environmental Health Services Division received a Notice of Grant Award from the U.S. Food and Drug Administration on June 29, 2018 in the amount of \$70,000 for the period 7/1/2018 through 6/30/2019 in support of the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program. This award is being presented for District Board of Health retroactive approval per the FDA procedure that does not require signature. A copy of the Notice of Grant Award is attached.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

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

BACKGROUND/GRANT AWARD SUMMARY

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

Scope of the Project: This Award provides support for travel for the 2019 Conference for Food Protection, documentation translation services through the University of Nevada, Reno, an Intervention Strategy Media Campaign, postage, printing, and indirect expenditures.

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

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

Award Amount: Total award amount is \$70,000
Grant Period: July 1, 2018 – June 30, 2019
Funding Source: U.S. Food and Drug Administration
Pass Through Entity: Not applicable
CFDA Number: 93.103
Grant ID Number: 5U18FD006275-02
Match Amount and Type: No match required
Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

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

As this award was not anticipated in the FY19 budget, a budget amendment in the amount of \$63,636 is necessary to bring the Award into alignment with the direct program budget. No amendment is necessary for indirect revenue.

Should the BCC approve these budget amendments, the FY19 budget will need to be amended as follows:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11088 -431100	Federal Revenue	\$ 63,636.00
	Total Revenue	\$ 63,636.00
2002-IO-11088 -710400	Payments to Other Agencies	\$ 52,344.00
-710360	Postage	\$ 1,656.00
-710502	Printing	\$ 144.00
-710509	Seminars and Meetings	\$ 200.00
-710546	Advertising	\$ 3,340.00
-711210	Travel	\$ 5,952.00
	Total Expenditures	\$ 63,636.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health retroactively approve the Notice of Grant Award #5U18FD006275-02 from the U.S. Food and Drug Administration for the period 7/1/2018 through 6/30/2019 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088 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 retroactively approve the Notice of Grant Award #5U18FD006275-02 from the U.S. Food and Drug Administration for the period 7/1/2018 through 6/30/2019 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088 and authorize the District Health Officer to execute the subgrant award.



FOOD AND DRUG ADMINISTRATION

Grant Number: 5U18FD006275-02
FAIN: U18FD006275

Principal Investigator:
Tony Macaluso

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

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

Award e-mailed to: genfield@washoecounty.us

Budget Period: 07/01/2018 – 06/30/2019
Project Period: 09/01/2017 – 06/30/2020

Dear Business Official:

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

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

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

Sincerely yours,

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

See additional information below

SECTION I – AWARD DATA – 5U18FD006275-02**Award Calculation (U.S. Dollars)**

Travel Costs	\$6,152
Consortium/Contractual Cost	\$57,484
Federal Direct Costs	\$63,636
Federal F&A Costs	\$6,364
Approved Budget	\$70,000
Federal Share	\$70,000
TOTAL FEDERAL AWARD AMOUNT	\$70,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$70,000

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

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

Fiscal Information:

CFDA Number: 93.103
EIN: 1886000138A1
Document Number: UFD006275A
PMS AccountType P(Subaccount)
Fiscal Year: 2018

IC	CAN	2018	2019
FD	6990914	\$70,000	
FD	6990928		\$70,000

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

FDA Administrative Data:

PCC: ORA12 / **OC:** 414P / **Processed:** FDAKPU 06/21/2018

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U18FD006275-02

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

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

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

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

Grant Recipient Information:

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

Grant Recipient Forms:

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

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

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

SECTION III – TERMS AND CONDITIONS – 5U18FD006275-02

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

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

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

Treatment of Program Income:

Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make

semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

SECTION IV – FD Special Terms and Condition – 5U18FD006275-02

SPECIAL PROGRAMMATIC TERMS AND CONDITIONS:

Monitoring Activities

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

The scope of the recommendation will confirm that:

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

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

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

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

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

Reporting Requirements

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

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

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

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

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

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

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

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

STANDARD TERMS AND CONDITIONS:

2.A. Cooperative Agreement Terms and Conditions of Award

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

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

2.A.1. Principal Investigator Rights and Responsibilities

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

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

Additionally PD/PIs will:

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

2. A.2. FDA Responsibilities

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

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

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

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

Funding Restrictions:

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

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

Non-allowable costs:

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

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

Financial Reporting:

A. Cash Transaction Reports

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

B. Financial Expenditure Reports

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

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

Performance Progress Reporting:

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

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

PROGRAM INCOME:

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

PRIOR APPROVAL:

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

1. CHANGE IN SCOPE OR OBJECTIVES
2. CHANGE IN KEY PERSONNEL

3. CHANGE IN GRANTEE ORGANIZATION
4. DEVIATION FROM TERMS AND CONDITIONS OF THE AWARD
5. CARRYOVER OF UNOBLIGATED BALANCES
6. NO COST EXTENSIONS
7. SIGNIFICANT REBUDGETING

ACKNOWLEDGEMENT OF FEDERAL SUPPORT:

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

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

FDA/ORA CONTACT INFORMATION:

Grants Management Contact:
Gordana Zuber
Grants Management Specialist
Food and Drug Administration, MSC HFA-500
5630 Fishers Lane, Rockville, MD 20857
Phone: 301-348-1747
Email: gordana.zuber@fda.hhs.gov

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

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

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

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

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

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

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

STAFF CONTACTS

Grants Management Specialist: Gordana Zuber
Email: gordana.zuber@fda.hhs.gov **Phone:** 301-348-1747

Program Official: Maribeth Niesen
Email: Maribeth.Niesen@fda.hhs.gov

SPREADSHEET SUMMARY

GRANT NUMBER: 5U18FD006275-02

INSTITUTION: COUNTY OF WASHOE

Budget	Year 2	Year 3
Travel Costs	\$6,152	\$13,960
Other Costs		\$20,304
Consortium/Contractual Cost	\$57,484	\$29,372
TOTAL FEDERAL DC	\$63,636	\$63,636
TOTAL FEDERAL F&A	\$6,364	\$6,364
TOTAL COST	\$70,000	\$70,000

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

Staff Report
Board Meeting Date: August 23, 2018

TO: District Board of Health

FROM: Jennifer Pierce, Fiscal Compliance Officer, Washoe County Health District
775-328-2418, jpierce@washoecounty.us

SUBJECT: Retroactive approval of Grant Agreement #A-00905418-1 from the U.S. Environmental Protection Agency (EPA) for funding increase in the amount of \$136,913 for the period 10/1/17 through 9/30/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

SUMMARY

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

The Air Quality Management Division received a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO 10019. A copy of the Grant Agreement is attached for the period October 1, 2017 through September 30, 2018. The Agreement was received by WCHD on August 6, 2018.

District Health Strategic Priority supported by this item:

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.

PREVIOUS ACTION

The Board retroactively approved Assistant Amendment #A-00905418-0 from the EPA for funding in the amount of \$547,651 for the period 10/1/17 through 9/30/18 on April 26, 2018.

BACKGROUND/GRANT AWARD SUMMARY

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

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

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

On-Going Program Support: The Health District has received and anticipates receiving continuous funding to support the EPA 105 Base Program. This grant agreement provided partial funding in the amount of \$547,651 and received additional funding of \$136,913. The total of the award is \$684,564.

Award Amount: \$136,913
Grant Period: October 1, 2017 – September 31, 2018
Funding Source: U.S. Environmental Protection Agency
Pass Through Entity: n/a
CFDA Number: 66.001
Grant ID Number: A – 00905418-0

Match Amount and Type: \$1,530,502. Funding for expenditures comes from fees, state dedicated funds and general fund transfer.

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

FISCAL IMPACT


Should the Board approve the Grant Agreement, there is no additional fiscal impact to the adopted FY18 budget or FY19 budget.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Grant Agreement #A-00905418-0 from the U.S. Environmental Protection Agency (EPA) for the additional funding in the amount of \$136,913 for the period 10/1/17 through 9/30/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve Grant Agreement #A-00905418-0 from the U.S. Environmental Protection Agency (EPA) for the additional funding in the amount of \$136,913 for the period 10/1/17 through 9/30/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019."

	U.S. ENVIRONMENTAL PROTECTION AGENCY Assistance Amendment	GRANT NUMBER (FAIN): 00905418 MODIFICATION NUMBER: 1 PROGRAM CODE: A	DATE OF AWARD 07/30/2018
		TYPE OF ACTION Augmentation: Increase	MAILING DATE 08/06/2018
		PAYMENT METHOD: Advance	ACH# 90104
		RECIPIENT TYPE: County	
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520-0027 EIN: 88-6000138		PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
PROJECT MANAGER Charlene Albee P.O. Box 11130 Reno, NV 89520-0027 E-Mail: calbee@washoecounty.us Phone: 775-784-7211	EPA PROJECT OFFICER Roberto Gutierrez 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Gutierrez.Roberto@epa.gov Phone: 415-947-4276	EPA GRANT SPECIALIST Veronica Adams Grants Management Section, EMD-6-1 E-Mail: adams.veronica@epa.gov Phone: 415-972-3677	
PROJECT TITLE AND EXPLANATION OF CHANGES FY18 Air Pollution Control Program <p>This award provides funding to support statewide air quality compliance/management activities, which include strategic planning and evaluation, compliance assistance, developing state implementation plans, monitoring air emissions, rulemaking, and operating permits. These projects will result in significant, near- and long-term emissions reductions in Washoe County and improve air quality in Nevada, reducing the risks to human health and the environment.</p> <p>This assistance agreement fully funds this grant by increasing the federal funding amount by \$136,913. The final CAA 105 federal funding amount for FY18 is \$684,564.</p>			
BUDGET PERIOD 10/01/2017 - 09/30/2018	PROJECT PERIOD 10/01/2017 - 09/30/2018	TOTAL BUDGET PERIOD COST \$2,215,066.00	TOTAL PROJECT PERIOD COST \$2,215,066.00
NOTICE OF AWARD			
<p>Based on your Application dated 08/01/2017 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$136,913. EPA agrees to cost-share 30.90% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$684,564. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.</p>			
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)		AWARD APPROVAL OFFICE	
ORGANIZATION / ADDRESS U.S. EPA, Region 9 - Grants Management Section, EMD 6-1 75 Hawthorne Street San Francisco, CA 94105		ORGANIZATION / ADDRESS U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY			
Digital signature applied by EPA Award Official Carolyn Truong - Grants Management Officer			DATE 07/30/2018

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$ 547,651	\$ 136,913	\$ 684,564
EPA In-Kind Amount	\$ 0	\$ 0	\$ 0
Unexpended Prior Year Balance	\$ 0	\$ 0	\$ 0
Other Federal Funds	\$ 0	\$ 0	\$ 0
Recipient Contribution	\$ 1,530,502	\$ 0	\$ 1,530,502
State Contribution	\$ 0	\$ 0	\$ 0
Local Contribution	\$ 0	\$ 0	\$ 0
Other Contribution	\$ 0	\$ 0	\$ 0
Allowable Project Cost	\$ 2,078,153	\$ 136,913	\$ 2,215,066

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

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1809M7S048	18	E1	09M4	000A04	4112			136,913
									136,913

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,290,913
2. Fringe Benefits	\$629,270
3. Travel	\$43,959
4. Equipment	\$0
5. Supplies	\$2,000
6. Contractual	\$300
7. Construction	\$0
8. Other	\$44,952
9. Total Direct Charges	\$2,011,394
10. Indirect Costs: <u>8.21%</u> Base <u>total direct costs</u>	\$203,672
11. Total (Share: Recipient <u>69.10 %</u> Federal <u>30.90 %.</u>)	\$2,215,066
12. Total Approved Assistance Amount	\$684,564
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$136,913
15. Total EPA Amount Awarded To Date	\$684,564

Administrative Conditions

The EPA general terms and conditions and the administrative term and condition G have been revised. All other terms and conditions remain in full force and effect.

EPA General Terms and Conditions

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

<https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-october-2-2017-or-later> These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award. The EPA repository for the general terms and conditions by year can be found at

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

G. Cost-Share Requirement and Maintenance of Effort

The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,530,427 (final MOE for FY17) Federal Financial Report dated 12/20/17), whichever is greater. EPA agrees to pay up to 60% of total eligible project costs, not to exceed the Total Approved Assistance Amount, provided that the recipient's MOE level is maintained. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

Programmatic Conditions

The programmatic terms and conditions remain the same.

-- End of Document --

DD	AH	-
DHO		KD
DA		
Risk		

Staff Report
Board Meeting Date: August 23, 2018

TO: District Board of Health

FROM: Jennifer Pierce, Fiscal Compliance Officer, Washoe County Health District
(775) 328-2418, jpierce@washoecounty.us

SUBJECT: Accept monetary donation [\$10.00] to Washoe County Health District’s Vital Statistics Program retroactive from July 25, 2018; express appreciation for the contribution.

SUMMARY

The Washoe County District Board of Health must approve donations and amendments to the adopted budget.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

There has been no previous action taken this fiscal year.

BACKGROUND

The Washoe County Health District’s Vital Statistics Program oversees the birth and death records in Washoe County. These funds would be used for operating supplies.

FISCAL IMPACT

Should the Board approve this donation, the budget amendment will occur in FY19 in the following revenue and expenditure accounts:

170300-484000 Vital Statistics – Donations \$10.00
170300-710300 Vital Statistics – Operating Supplies \$10.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health accept the monetary donation [\$10.00] to Vitals Statistics Program to be used for operating supplies; express appreciation for the contribution.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to accept the monetary donation [\$10.00] to Vitals Statistics Program to be used for operating supplies; express appreciation for the contribution.

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

STAFF REPORT
BOARD MEETING DATE: August 23, 2018

TO: District Board of Health

FROM: Jennifer Pierce, Fiscal Compliance Officer
775-328-2418, jpierce@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 July 1, 2018 through June 30, 2019 in the total amount of \$920,693 (with \$92,069.30 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

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 \$100,000 per contractor; over \$100,000 would require the approval of the District Board of Health.

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2018 through June 30, 2019 in the total amount of \$920,528 in support of the CDC Public Health Preparedness Grant Program, IO 10713. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Priority supported by this item:

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

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

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period July 1, 2017 through June 30, 2018 in the total amount of \$660,331 on August 24, 2017.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: CDC Public Health Preparedness Program

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

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Medical Countermeasure Dispensing
- Medical Material Management and Distribution
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management
- Program Administration

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

On-Going Program Support: These funds support on-going activities in the Public Health Preparedness Program.

Award Amount: Total award is \$920,693 (\$836,994 direct/\$83,699 indirect)

Grant Period: July 1, 2018 – June 30, 2019

Funding Source: Centers for Disease Control and Prevention (CDC)

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

CFDA Number: 93.069

Grant ID Number: 6NU90TP921907-01-04

Match Amount and Type: 10% match is required and is met through Shared Services expenditures

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

FISCAL IMPACT

As the FY19 budget in Internal Order 10713 was adopted with a total of \$913,681 in revenue (includes \$83,062 of indirect) and \$830,619 in expenditure authority, a budget amendment in the amount of \$7,012 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget. Should the Board approve the budget amendments, the FY19 budget will be increased by \$7,012 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/Decrease</u>
2002-IO-10713 -431100	Federal Revenue	\$6,375
	Total Revenue	\$6,375
2002-IO-10713 -711210	Travel	\$700
2002-IO-10713 -710100	Professional Services	\$5,675
	Total Expenditures	\$6,375

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 July 1, 2018 through June 30, 2019 in the total amount of \$920,693 (with \$92,069.30 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2018 through June 30, 2019 in the total amount of \$920,693 (with \$92,069.30 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award."



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

(hereinafter referred to as the Division)

Agency Ref. #: **16593**
 Budget
 Account: 3218
 Category: 22
 GL: 8516
 Job Number: 9306918S

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009		Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520	
Project Period: July 1, 2018 to June 30, 2019		Subrecipient's:	
Budget Period: July 1, 2018 to June 30, 2019		EIN: 88-6000138 Vendor #: T40283400 Dun & Bradstreet: 073786998	
Purpose of Award: Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) domains according to the HPP and PHEP Cooperative Agreement.			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>			
Approved Budget Categories:		AWARD COMPUTATION:	
1. Personnel	\$603,867.00	Total Obligated by This Action:	\$ 920,693.00
2. Travel	\$4,790.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Supplies	\$62,701.00	Total Federal Funds Awarded to Date:	\$ 920,693.00
4. Equipment	\$0.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant	\$127,031.00	Amount Required This Action:	\$ 92,069.30
6. Other	\$38,605.00	Amount Required Prior Awards:	\$ 0.00
TOTAL DIRECT COSTS	\$836,994.00	Total Match Amount Required:	\$ 92,069.30
7. INDIRECT COSTS	\$83,699.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL FEDERAL FUNDS	\$920,693.00		
8. Match	\$92,069.30		
TOTAL FEDERAL & NON-FEDERAL CONTRIBUTION	\$1,012,762.30		
Source of Funds: Centers for Disease Control and Prevention (CDC)		% Funds: 100%	CFDA: 93.069
		FAIN: NU90TP921907	Federal Grant #: 6 NU90TP921907-01-04
Federal Grant Award Date by Federal Agency:		August 8, 2018	
Terms and Conditions: In accepting these grant funds, it is understood that:			
<ol style="list-style-type: none"> 1. This award is subject to the availability of appropriate funds. 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual. 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented. 4. Subrecipient must comply with all applicable Federal regulations. 5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator. 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator. 			
Incorporated Documents:			
Section A:	Grant Conditions and Assurances;		
Section B:	Description of Services, Scope of Work and Deliverables;		
Exhibit 1:	Detailed Work Plan;		
Section C:	Budget and Financial Reporting Requirements;		
Exhibit 2:	Worksheet;		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Section D:	Request for Reimbursement;
Section E:	Audit Information Request;
Section F:	Current/Former State Employee Disclaimer;
Section G:	DPBH Business Associate Addendum; and
Section H:	Matching Funds Agreement

Kevin Dick District Health Officer, WCHD	Signature (Blue Ink)	Date
Karen Beckley, MPA Bureau Chief, BHPP		
for Julie Kotchevar, PhD. Administrator, DPBH		

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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Grantee shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "The Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Grantee is an independent entity.
2. The Grantee shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Grantee's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Grantee may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Grantee from its obligations under this Agreement.

The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Grantee.

4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Attachment A may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Grantee under this Agreement shall, at the option of the Department, become the property of the Department, and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

The Department may also suspend or terminate this Agreement, in whole or in part, if the Grantee materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Grantee ineligible for any further participation in the Department's Grant Agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Grantee is in noncompliance with any applicable rules or regulations, the Department may withhold funding as outlined in the current Grant Instructions and Requirements.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

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6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year 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 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 Subrecipient's fiscal year. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

8. Certification that neither the Grantee 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).
 9. No funding associated with this grant will be used for lobbying.
 10. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
 11. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
 12. Compliance with Grant Instructions and Requirements from the Office of Community Partnerships and Grants.
(Online: <http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Forms/FY17%20GIRS.pdf>)
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 1. Any attempt to influence the outcome of any Federal, State or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 3. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation; or
 - (b) The enactment or modification of any pending Federal, State or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 4. Any attempt to influence the introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity.
 5. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation;
 - (b) The enactment or modification of any pending Federal, State or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

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6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a grantee or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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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:

- The attached detailed Work Plan (Exhibit 1) is for Budget Period 1 Supplemental, July 1, 2018 to June 30, 2019 and is broken down by domain, goals, objectives, capabilities and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by June 30, 2019. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2018 1st Quarter Progress Report (For the period of 7/1/18 to 9/30/18)
 - January 31, 2018 2nd Quarter Progress Report (For the period of 7/1/18 to 12/31/18)
 - April 30, 2019 3rd Quarter Progress Report (For the period of 7/1/18 to 3/31/19)
 - July 31, 2019 4th Quarter Progress Report (For the period of 7/1/18 to 6/30/19)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2018 1st Quarter Progress Report (For the period of 7/1/18 to 9/30/18)
 - January 31, 2018 2nd Quarter Progress Report (For the period of 10/1/18 to 12/31/18)
 - April 30, 2019 3rd Quarter Progress Report (For the period of 1/1/19 to 3/31/19)
 - July 31, 2019 4th Quarter Progress Report (For the period of 4/1/19 to 6/30/19)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

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EXHIBIT 1

**Washoe County Health District
CDC Public Health Emergency Preparedness (PHEP)**

Detailed Work Plan

July 1, 2018 through June 30, 2019 (BP1 Supplemental)

DOMAIN 1: PHEP STRENGTHEN COMMUNITY RESILIENCE		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Domain 1 Activity 1: Partner with Stakeholders by Developing and Maturing Health Care Coalitions		
No planned objectives		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1: Community Preparedness		
<input type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction		
<input type="checkbox"/> Function #2: Build community partnerships to support health preparedness		
<input type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks		
<input type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts		
CAPABILITY 2: Community Recovery		
<input type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs		
<input type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations		
<input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents		
Planned activity(s) for Domain 1 Activity 5:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Output(s) for planned activities in Domain 1 Activity 1:		
Domain 1 Activity 2: Characterize Probable Risk of the Jurisdiction & the Health Care Coalition (HCC)		
Statewide Objective: By June 30, 2019 State PHP and LHAs will have an all-hazards resource assessment tool for their jurisdiction.		

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Objective 1: Participate in Washoe County All-Hazards Mitigation Planning efforts beginning in Q2 and ending in BP3.

Objective 2: Washoe County will update regional JRA based by June 30, 2019.

Objective 3: Work with Washoe County Emergency Management and the City of Reno and conduct education and outreach on preparedness during Preparedness month (September) and the Preparedness Expo by June 30, 2019.

Objective 4: Develop and conduct a CASPER survey to gain household level baseline data to support local planning efforts by June 30, 2019.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction**
- Function #2: Build community partnerships to support health preparedness**
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks**
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts**

CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations**
- Function #3: Implement corrective actions to mitigate damages from future incidents**

Planned activity(s) for Domain 1 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Participate in Washoe County Emergency Management 2018 Hazard Mitigation Planning efforts starting in Q2.	Sign-in sheets, minutes	Q4
2) Review and update JRA in conjunction with Washoe County Hazard Mitigation Planning	Updated JRA	Q4
5) Planning meetings to develop CASPER focus and questions for exercise.	Meeting agendas, sign-in sheets, completed survey form	Q2
6) Identification and development of CASPER geographic survey area and methodology.	GIS maps, emails	Q3
7) Conduct CASPER	ICS chart, personnel roster, strike team rosters, survey forms	Q3
8) Analyze CASPER developed data	Completed CASPER analysis	Q4

Output(s) for planned activities in Domain 1 Activity 2:

- 1) Updated JRA
- 2) Completed CASPER survey

Domain 1 Activity 3: Characterize Populations at Risk

Statewide Objectives: By June 30, 2019 Nevada PHP and LHAs will revise response plans to include access and functional needs based upon data for each jurisdiction.

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- Objective 1:** By June 30, 2018, Washoe County revise emergency response plans to include Access and Functional Needs considerations.
Objective 2: Engage with first responder community partners and finalize Community Reception Center plan by June 30, 2019.
Objective 3: Provision of basic radiological CRC training to Health District staff and community partners.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction**
 Function #2: Build community partnerships to support health preparedness.
 Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
 Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts

CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**
 Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations
 Function #3: Implement corrective actions to mitigate damages from future incidents

Planned activity(s) for Domain 1 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Coordinate "Stop-the-Bleeding" training for WCHD personnel, volunteers and other Community members	Sign-in sheets and training materials	Q3
2) NNAFNW will review a selected WCHD Plan to assess if the AFN population needs are addressed and then make recommendations. I.e. Isolation and Quarantine or Multi-Casualty Incident Plans	Sign-in sheets, minutes of the meeting notes	Q4
3) Continue to provide community partner agencies (i.e. VOAD) relevant information to incorporate vulnerable populations' response plans.	Information provided to community volunteers	Q4
4) Develop Point of Dispensing Video in top 2 identified Washoe County Languages other than English	Completed Video	Q4
5) Partner with CLEAR Team, Fire Services Triad and other community partners to review the CRC plan based on BP1 exercise.	Meeting agendas, meeting notes, sign-in sheets	Q2
6) Identify primary CRC locations in Washoe County based upon discussions with SMEs.	Meeting notes, sign-in sheets	Q3
7) Create planning documents for selected CRC sites.	GIS Mapping, site surveys, file pathways	Q4
8) Integrate site plans and recommendations from partners and finalize plan	Finalized CRC plan	Q4
9) Identify and provide CRC focused radiological training to selected Washoe County Health District staff and community stakeholders, as appropriate.	Training materials, sign-in sheets, participant surveys	Q3
10) Test, if possible, environmental tracking for public health in a mass care setting developed during BP1.	AAR/IP	Q4

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Output(s) for planned activities in Domain 1 Activity 3:

- 1) Increased awareness of “Stop the Bleed” techniques.
- 2) Educational Materials
- 3) Finalized CRC plan.
- 4) Site plans for CRC operations.
- 5) Baseline radiological training for selected WCHD staff and community stakeholders

Domain 1 Activity 4: Engage Communities & Health Care Systems

Objective 1: *By January 1, 2019 provide influenza vaccination educational material to the Washoe County School District for dissemination to students in Washoe County.*

Objective 2: *By June 30, 2018, Washoe County revise emergency response plans to include Access and Functional Needs considerations.*

Objective 3: *By June 30, 2018, Washoe County will work with tribal partners to establish a workgroup focused on collaborating on emergency preparedness information.*

Objective 4: *Washoe County Health District will present public health response plans to the Local Emergency Preparedness Committee, by June 30, 2019*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction**
- Function #2: Build community partnerships to support health preparedness**
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks**
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts**

CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations**
- Function #3: Implement corrective actions to mitigate damages from future incidents**

Planned activity(s) for Domain 1 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) If requested, volunteers will participate in a Community based health festival event.	Sign-in sheets	Q4
2) Conduct educational pushout on seasonal and pandemic influenza with focus on increasing vaccinations rates in Nevada based on NHSPI findings	Educational push out material	Q3
3) Develop Nevada specific Pandemic Influenza and flu vaccination educational material for distribution to community stakeholders including the school district	Completed materials, schedule/plan of distribution	Q3
4) Continue to expand the NNAFNW committee to include new non represented members representing the AFN population e.g. WCSD, Health providers.	New previously non-represented members of AFN population committee members	Q4

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5) Work to improve quarterly meeting attendance by 10% of the NNAFN committee membership.	New committee attendees & membership	Q4
6) Continue to facilitate quarterly NNAFNW committee meetings.	Committee meeting notes	Q4
7) Develop a bi-yearly tribal workgroup to review current exercises, training opportunities and emergency preparedness plans.	Agendas, meeting notes	Q4
8) Partner with Washoe County Emergency Management and provided public preparedness outreach during Preparedness month (September)	Event flyers, sign-in sheets for events	Q1
9) Partner with City of Reno on the Preparedness Expo and conduct outreach and education during event	Event flyer, educational material, sign-in sheets	Q4
10) Conduct presentation LEPC on new public health response plans (CRC and Iso/Quarantine Plan) and request feedback.	Meeting minutes	Q3
11) Update public health response plans based on LEPC recommendations	Meeting minutes, list of recommendations	Q4

Output(s) for planned activities in Domain 1 Activity 4:

- 1) Participation in health related community events
- 2) Educational materials
- 3) Increased NNAFNW participation
- 4) Developed workgroup
- 5) Community preparedness outreach activities occurring in September 2018
- 6) Educational information pushout during June 2019 City of Reno Preparedness Expo

Domain 1 Activity 5: Operationalize Response Plans

No planned objectives

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction**
- Function #2: Build community partnerships to support health preparedness**
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks**
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts**

CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations**
- Function #3: Implement corrective actions to mitigate damages from future incidents**

Planned activity(s) for Domain 1 Activity 5:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Output(s) for planned activities in Domain 1 Activity 5:

DOMAIN 2: PHEP STRENGTHEN INCIDENT MANAGEMENT

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 2 Activity 1: Coordinate Emergency Operations

Objective 1: Washoe County Health District will integrate satellite phones into 2 communications drills by June 30, 2019.

Objective 2: Washoe County Health District will review and revise the current all-hazards public health preparedness and response plan by January 1, 2019.

Objective 3: Washoe County Health District will coordinate a multi-day tabletop exercise, designed to test incident management and emergency response.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Emergency Operations Coordination

- Function #1: Conduct preliminary assessment to determine need for public activation
- Function #2: Activate public health emergency operations
- Function #3: Develop incident response strategy
- Function #4: Manage and sustain the public health response
- Function #5: Demobilize and evaluate public health emergency operations

Planned activity(s) for Domain 2 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will maintain its allocation of active Satellite Phones.	Satellite phone minutes purchased amount documented on activation and renewal invoice.	Q1
2) Jurisdiction will conduct communications with their allocated satellite phones at least Semi-annually in conjunction with its quarterly communications drills.	Quarterly Communications drills AARs.	Q4
3) Jurisdiction will develop operational documents for Department Emergency Operations Plan	Operational Documents	Q4
4) Review of Department Emergency Operations Plan to ensure the Emergency Management Assistance Compact is clearly outlined to ensure the mutual aid agreements to support activities are activated and utilized when needed.	If necessary, revised DEOP	Q2
5) Coordinate multi-agency, mutli-day tabletop exercise for region, testing emergency operations plans to strengthen incident management.	Exercise documentation and AAR/IP	Q4

Output(s) for planned activities in Domain 2 Activity 1:

- 1) Current satellite phone subscription minutes.
- 2) Completed Communications Drill AARs.
- 3) Operational documents
- 4) Revised DEOP, if required
- 5) Exercise Plan
- 6) AAR/IP

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Domain 2 Activity 2: Standardize Incident Command Structures for Public Health

Objective 1: Washoe County Health District will coordinate emergency operations training with command staff and support function staff by June 30, 2019.

Objective 2: Washoe County Health District will provide ICS training to staff and community partners by June 30, 2019.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Emergency Operations Coordination

- Function #1: Conduct preliminary assessment to determine need for public activation
- Function #2: Activate public health emergency operations
- Function #3: Develop incident response strategy
- Function #4: Manage and sustain the public health response
- Function #5: Demobilize and evaluate public health emergency operations

Planned activity(s) for Domain 2 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Conduct POD Command Course Training for staff identified in MCM plans	Sign-in Sheets, presentation material	Q2
2) Coordinate ICS 300 & 400 Training for WCHD personnel and other Emergency Preparedness Community Members.	Sign-in Sheets, presentation material	Q4
3) Coordinate "Stop-the-Bleeding" training for WCHD personnel and other community members	Sign-in Sheets, presentation material	Q3

Output(s) for planned activities in Domain 2 Activity 2:

- 1) Trained on FEMA's ICS requirements
- 2) Completed ICS/POD training for MCM staff
- 3) Newly trained personnel

Domain 2 Activity 3: Establish Incident Command Structures for Health Care Organizations & HCC

No planned objectives

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Emergency Operations Coordination

- Function #1: Conduct preliminary assessment to determine need for public activation
- Function #2: Activate public health emergency operations
- Function #3: Develop incident response strategy
- Function #4: Manage and sustain the public health response
- Function #5: Demobilize and evaluate public health emergency operations

Planned activity(s) for Domain 2 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

Output(s) for planned activities in Domain 2 Activity 3:

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Domain 2 Activity 4: Ensure HCC integration & Collaboration with ESF-8		
Statewide Objective: By June 30, 2019 State PHP and LHAs will have a template for a coordinating response plan with their jurisdictional healthcare coalition.		
No planned objectives		
<p>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 3: Emergency Operations Coordination</p> <p><input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation</p> <p><input type="checkbox"/> Function #2: Activate public health emergency operations</p> <p><input checked="" type="checkbox"/> Function #3: Develop incident response strategy</p> <p><input type="checkbox"/> Function #4: Manage and sustain the public health response</p> <p><input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations</p>		
Planned activity(s) for Domain 2 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Output(s) for planned activities in Domain 2 Activity 4:		
Domain 2 Activity 5: Expedite Fiscal Preparedness Procedures		
Statewide Objective: By June 30, 2019 State PHP and LHAs will revise plans to reflect fiscal procedures tested in BP1 incorporating the fiscal procedures needed to execute the Public Health Crisis Response Cooperative Agreement.		
Objective 1: <i>During BP2, if requested, Washoe County will participate in the State PHP led activity for testing fiscal procedures.</i>		
<p>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 3: Emergency Operations Coordination</p> <p><input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation</p> <p><input type="checkbox"/> Function #2: Activate public health emergency operations</p> <p><input type="checkbox"/> Function #3: Develop incident response strategy</p> <p><input type="checkbox"/> Function #4: Manage and sustain the public health response</p> <p><input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations</p>		
Planned activity(s) for Domain 2 Activity 5:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will participate in any State-led activity specific to fiscal procedures.	Meeting notes	Q4
Output(s) for planned activities in Domain 2 Activity 5:		
1) Testing AAR/IP.		

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DOMAIN 3: PHEP STRENGTHEN INFORMATION MANAGEMENT

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 3 Activity 1: Share Situational Awareness Across the Health Care & Public Health Systems

Statewide Objective: By June 30, 2019 Nevada’s public health authorities will modify current response plans to reflect changes resulting from the Information Sharing Review Committee in BP1.

Objective 1: Washoe County Health District will review and revise information sharing plans by March 31, 2019.

Objective 2: Washoe County Health District will conduct quarterly communication drills and two call down drills by June 30, 2019.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 4: Emergency Public Information & Warning

- Function #1: Activate the emergency public information system
- Function #2: Determine the need for a joint public information system
- Function #3: Establish and participate in information system operations
- Function #4: Establish avenues for public interaction and information exchange
- Function #5: Issue public information alerts, warnings and notifications

CAPABILITY 6: Information Sharing

- Function #1: Identify stakeholders to be incorporated into information flow
- Function #2: Identify and develop rules and data elements for sharing
- Function #3: Exchange information to determine a common operating picture

Planned activity(s) for Domain 3 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Upon receipt of feedback from the Information Sharing Review Committee, WCHD will modify current response plans as appropriate.	TBD	Q4
2) HF/FEMA radio instructions – step by step and exercise	Written protocols	Q4
3) Conduct quarterly communications drills.	AAR/IP, Vesta reports	Q4
4) Conduct WCHD call-down drills per ORR guidance	AAR/IP, Vesta reports, sign in sheets	Q4

Output(s) for planned activities in Domain 3 Activity 1:

- 1) Updated communications plan
- 2) Operational Documents for radios
- 3) AAR-IPs for communication drills
- 4) AAR-IPs for call down drills

Domain 3 Activity 2: Share Emergency Information & Warnings Across Disciplines & Jurisdictions & HCCs & their Members

Objective 1: Washoe County will continue to work to ensure unified messaging throughout the County during an emergency activation.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

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CAPABILITY 4: Emergency Public Information & Warning		
<input type="checkbox"/> Function #1: Activate the emergency public information system <input type="checkbox"/> Function #2: Determine the need for a joint public information system <input checked="" type="checkbox"/> Function #3: Establish and participate in information system operations <input checked="" type="checkbox"/> Function #4: Establish avenues for public interaction and information exchange <input type="checkbox"/> Function #5: Issue public information alerts, warnings and notifications		
CAPABILITY 6: Information Sharing		
<input checked="" type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow <input checked="" type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing <input checked="" type="checkbox"/> Function #3: Exchange information to determine a common operating picture		
Planned activity(s) for Domain 3 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Participate in the quarterly meetings of the Washoe County Crisis Communicators Group	Meeting notes	Q4
2) Participate in the Washoe County Strategic Planning and Communications Team meetings.	FAQs and developed information	Q4
Output(s) for planned activities in Domain 3 Activity 2:		
1) Unified messaging 2) FAQs		
Domain 3 Activity 3: Conduct External Communication with the Public		
Objective 1: <i>Prior to and during the fall 2018 POD exercises provide public messaging in multiple modes to encourage the public to get their flu vaccinations.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 4: Emergency Public Information & Warning		
<input type="checkbox"/> Function #1: Activate the emergency public information system <input checked="" type="checkbox"/> Function #2: Determine the need for a joint public information system <input type="checkbox"/> Function #3: Establish and participate in information system operations <input checked="" type="checkbox"/> Function #4: Establish avenues for public interaction and information exchange <input type="checkbox"/> Function #5: Issue public information alerts, warnings and notifications		
CAPABILITY 6: Information Sharing		
<input type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow <input checked="" type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing <input checked="" type="checkbox"/> Function #3: Exchange information to determine a common operating picture		
Planned activity(s) for Domain 3 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) In conjunction with planned fall Flu POD activities, develop public POD messaging in coordination with community stakeholders and HCC partners	Media releases, meeting minutes, sign in sheets, messaging templates	Q1

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2) Integrate alternative communication modes (RAILS) for public information push-out linked to fall flu POD exercises.	Media releases, emails, video clips	Q2
3) Conduct public messaging in top two Washoe County language groups other than English attached to fall flu POD	Media releases, emails, video clips	Q2
4) Identify and ensure information sharing systems are in place to include appropriately trained public health information officers, procedures for media notification, message development, and plans describing how the public can contact the health department.	PIC plan reviews	Q4
5) MRC Volunteers will be invited to participate in any WCHD drills and/or POD Exercises	Sign-in Sheets Media releases, emails, video clips	Q4
<p>Output(s) for planned activities in Domain 3 Activity 3:</p> <ul style="list-style-type: none"> 1) Media messaging for fall flu PODs 2) Multiple language media messaging. 3) Assistance in POD activity 4) Updated PIC plan as appropriate 		

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DOMAIN 4: PHEP STRENGTHEN COUNTERMEASURES & MITIGATION

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 4 Activity 1: Manage Access to & Administration of Pharmaceutical & Non-pharmaceutical Interventions

Objective 1: Use ORR planning guidance to develop readiness tracking spreadsheet and identify top two areas to create mitigation plan by June 30, 2019.

Objective 2: Add media messaging templates to Isolation and Quarantine plan by June 30, 2019.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 8: Medical Countermeasure Dispensing

- Function #1: Identify and initiate medical countermeasure dispensing strategies
- Function #2: Receive medical countermeasures
- Function #3: Activate dispensing modalities
- Function #4: Dispense medical countermeasures to identified populations
- Function #5: Report adverse events

CAPABILITY 9: Medical Materiel Management & Distribution

- Function #1: Direct and activate medical materiel management and distribution
- Function #2: Acquire medical materiel
- Function #3: Maintain updated inventory management and reporting system
- Function #4: Establish and maintain security
- Function #5: Distribute medical materiel
- Function #6: Recover medical materiel and demobilize distribution operations

CAPABILITY 11: Non-Pharmaceutical Interventions

- Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions
- Function #2: Determine non-pharmaceutical interventions
- Function #3: Implement non-pharmaceutical interventions
- Function #4: Monitor non-pharmaceutical interventions

CAPABILITY 14: Responder Safety & Health

- Function #1: Identify responder safety and health risks
- Function #2: Identify safety and personal protective needs
- Function #3: Coordinate with partners to facilitate risk-specific safety and health training
- Function #4: Monitor responder safety and health actions

Planned activity(s) for Domain 4 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Conduct operational review of ORR planning elements and identify areas for improvement within MCM response plans	ORR element spreadsheet items, list of improvements	Q4
2) Create improvement plan on top two identified ORR gap areas.	List of ranked improvements	Q4

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3) Develop public messaging for isolation and quarantine plan	Public messaging media release templates	Q3
4) Revise and update Isolation and Quarantine plan with public information messaging	Plan revision	Q4

Output(s) for planned activities in Domain 4 Activity 1:

- 1) ORR tracking sheet
- 2) Improvement plan for top 2 identified gaps
- 3) Mitigation plan for ORR components
- 4) Updated Isolation and Quarantine Plan

Domain 4 Activity 2: Ensure Safety & Health of Responders

Statewide Objectives: By June 30, 2019 Nevada public health authorities will complete jurisdictional plans for distributing pharmaceutical caches to first responders.

Objective 1: *By June 30, 2019 train up to 90 Washoe County School District staff to implement 'Stop the Bleed' protocols in an active assailant event.*

Objective 2: *By June 20, 2019 in conjunction with the IHCC and community stakeholders-- identify, purchase and integrate supplies and pharmaceuticals into the pharmacy cache plan.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 8: Medical Countermeasure Dispensing

- Function #1: Identify and initiate medical countermeasure dispensing strategies
- Function #2: Receive medical countermeasures
- Function #3: Activate dispensing modalities
- Function #4: Dispense medical countermeasures to identified populations
- Function #5: Report adverse events

CAPABILITY 9: Medical Materiel Management & Distribution

- Function #1: Direct and activate medical materiel management and distribution
- Function #2: Acquire medical materiel
- Function #3: Maintain updated inventory management and reporting system
- Function #4: Establish and maintain security
- Function #5: Distribute medical materiel
- Function #6: Recover medical materiel and demobilize distribution operations

CAPABILITY 11: Non-Pharmaceutical Interventions

- Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions
- Function #2: Determine non-pharmaceutical interventions
- Function #3: Implement non-pharmaceutical interventions
- Function #4: Monitor non-pharmaceutical interventions

CAPABILITY 14: Responder Safety & Health

- Function #1: Identify responder safety and health risks
- Function #2: Identify safety and personal protective needs

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<input checked="" type="checkbox"/> Function #3: Coordinate with partners to facilitate risk-specific safety and health training <input type="checkbox"/> Function #4: Monitor responder safety and health actions		
Planned activity(s) for Domain 4 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Work with Washoe County School District to develop a 'Stop the Bleed' initiative for staff as able.	Meeting notes, sign-in sheets, agendas	Q1
2) Develop training schedule for 'Stop the Bleed' training classes	Training schedule	Q2
3) Provide 'Stop the Bleed' training to school staff (up to 90 staff)	Presentation material, sign-in sheets	Q4
4) Present pharmaceutical cache plan to IHCC	Meeting minutes, sign-in sheet	Q1
5) Request IHCC to review how pharmacy cache plan supplies and pharmaceuticals are to be distributed in a Public Health Emergency.	Meeting notes, sign-in sheets, updated Pharmacy Cache Plan	Q2
6) Request PMAC to review pharmacy cache plan formulary and make recommendations on content.	List of recommendations	Q2
7) Purchase identified supplies and pharmaceuticals as able	Purchasing documents	Q4
8) Update pharmacy cache plan with any formulary changes	Updated Pharmacy Cache Plan	Q4
9) Review and update if necessary the Respiratory Protection Program Plan for WCHD	Revisions in plan if made	Q2
10) Conduct fit testing, per Respiratory Protection Program plan, on selected PPEs for assigned WCHD staff	Staff Fit Tested signature	Q4
11) Develop "just in time" training materials that could be provided to government employees on how they will be involved in an emergency activation request.	Training materials	Q4
Output(s) for planned activities in Domain 4 Activity 2: 1) Trained Washoe County School staff in 'Stop the Bleed' protocols 2) Expanded formulary on Pharmacy Cache plan 3) Updated Pharmacy Cache Plan 4) Revision in Plan 5) Training materials for government employees		
Domain 4 Activity 3: Operationalize Response Plans		
Objective 1: <i>In coordination with community stakeholders, conduct private and public PODs during second quarter of budget period, measure throughputs and update POD Operations manual by June 30, 2019.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 8: Medical Countermeasure Dispensing <input type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies <input type="checkbox"/> Function #2: Receive medical countermeasures <input checked="" type="checkbox"/> Function #3: Activate dispensing modalities <input checked="" type="checkbox"/> Function #4: Dispense medical countermeasures to identified populations		

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<input type="checkbox"/> Function #5: Report adverse events
CAPABILITY 9: Medical Materiel Management & Distribution
<input type="checkbox"/> Function #1: Direct and activate medical materiel management and distribution
<input type="checkbox"/> Function #2: Acquire medical materiel
<input type="checkbox"/> Function #3: Maintain updated inventory management and reporting system
<input type="checkbox"/> Function #4: Establish and maintain security
<input type="checkbox"/> Function #5: Distribute medical materiel
<input type="checkbox"/> Function #6: Recover medical materiel and demobilize distribution operations
CAPABILITY 11: Non-Pharmaceutical Interventions
<input type="checkbox"/> Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions
<input type="checkbox"/> Function #2: Determine non-pharmaceutical interventions
<input type="checkbox"/> Function #3: Implement non-pharmaceutical interventions
<input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions
CAPABILITY 14: Responder Safety & Health
<input type="checkbox"/> Function #1: Identify responder safety and health risks
<input type="checkbox"/> Function #2: Identify safety and personal protective needs
<input type="checkbox"/> Function #3: Coordinate with partners to facilitate risk-specific safety and health training
<input type="checkbox"/> Function #4: Monitor responder safety and health actions

Planned activity(s) for Domain 4 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Develop planning schedule and exercise documents for Fall POD exercises	Planning document	Q1
2) Present POD planning and training schedule to IHCC	IHCC minutes	Q1
3) Coordinate with WCSD to conduct public POD at school site if able	Meeting agenda, meeting notes, sign-in sheet	Q1
4) Coordinate with community stakeholders to develop Washoe County POD planning considerations	Meeting agenda, meeting notes, sign-in sheet	Q1
5) Provide POD training to community Private POD partners as requested.	Sign-in sheets, presentation documentation	Q2
6) Coordinate POD activities with State DPS	Sign-in sheets	Q2
7) Conduct PODs	AAR/IP	Q3
8) Assess throughputs and update POD planning documents (POD Operations Manual, MCMDD plan) with new assumptions	Throughput report and updated POD Operations manual	Q4
9) Identify radiological PPE and/or supplies and equipment for law enforcement (CBRNE) for support of Community Reception Center Operations	Lists of appropriate PPE and/or supplies	Q1
10) Purchase PPE and/or supplies and equipment for law enforcement (CBRNE)	Purchasing documents	Q2
11) Integrate radiological supplies and equipment into CRC planning documents	Updated CRC plan	Q4
12) Donate identified radiological supplies and equipment to appropriate community partners.	Approved District Board of Health agenda item	Q4

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13) Provide training on the CRC planning document to IHCC	Sign-in sheet, IHCC minutes	Q4
Output(s) for planned activities in Domain 4 Activity 3: 1) POD plan exercising for multiple private POD partners 2) AAR-IP for public POD exercise 3) Throughput documentation from private and public POD exercises		

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DOMAIN 5: PHEP STRENGTHEN SURGE MANAGEMENT

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 5 Activity 1: Management of Public Health Surge - Address mass care needs

Objective 1: *By March 31, 2019, Washoe County Health District, in partnership with community partners, will train and exercise the operational document created during BP 1 for medical support in mass care settings.*

Objective 1: *By June 30, 2019, Washoe County Health District, in partnership with community partners, will assist with creating response plans to address health needs in congregate locations.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 5: Fatality Management

- Function #1: Determine role for public health in fatality management
- Function #2: Activate public health fatality management operations
- Function #3: Assist in the collection and dissemination of ante-mortem data
- Function #4: Participate in survivor mental/behavioral health services
- Function #5: Participate in fatality processing and storage operations

CAPABILITY 7: Mass Care

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

CAPABILITY 10: Medical Surge

- Function #1: Assess the nature and scope of the incident
- Function #2: Support activation of medical surge
- Function #3: Support jurisdictional medical surge operations
- Function #4: Monitor non-pharmaceutical interventions

CAPABILITY 15: Volunteer Management

- Function #1: Coordinate volunteers
- Function #2: Notify volunteers
- Function #3: Organize, assemble, and dispatch volunteers
- Function #4: Demobilize volunteers

Planned activity(s) for Domain 5 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Work with community partner responsible for mass care shelters to train shelter volunteers on operational document for the activation of the MRC MOU	Operational document	Q3
2) Exercise operational document for medical support in a mass care shelter with community partners	AAR/IP	Q4

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3) Work with HPP partners on de-identified data obtained for baseline data for hospice and home health to improve emergency planning items.	De-identified data analysis	Q2
4) Work with community partner responsible for mass care shelters to create shelter activation plans specifically for medical surge, utilizing baseline data from home health and hospice.	Meeting notes	Q4
Output(s) for planned activities in Domain 5 Activity 1: 1) Operational document for medical support at mass care shelter 2) AAR/IP 3) Baseline information		
Domain 5 Activity 2: Management of Public Health Surge - Address surge needs		
Objective 1: <i>By December 31, 2018, Washoe County Health District will finalize the regional Family Reunification Plan drafted during BP1.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 5: Fatality Management <input type="checkbox"/> Function #1: Determine role for public health in fatality management <input type="checkbox"/> Function #2: Activate public health fatality management operations <input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data <input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services <input type="checkbox"/> Function #5: Participate in fatality processing and storage operations		
CAPABILITY 7: Mass Care <input type="checkbox"/> Function #1: Determine public health role in mass care operations <input type="checkbox"/> Function #2: Determine mass care needs of the impacted population <input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services <input type="checkbox"/> Function #4: Monitor mass care population health		
CAPABILITY 10: Medical Surge <input type="checkbox"/> Function #1: Assess the nature and scope of the incident <input checked="" type="checkbox"/> Function #2: Support activation of medical surge <input checked="" type="checkbox"/> Function #3: Support jurisdictional medical surge operations <input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 15: Volunteer Management <input type="checkbox"/> Function #1: Coordinate volunteers <input type="checkbox"/> Function #2: Notify volunteers <input type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers <input type="checkbox"/> Function #4: Demobilize volunteers		
Planned activity(s) for Domain 5 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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1) Present community partners drafted Family Reunification Plan and request input	Meeting notes	Q1
2) Update and finalize Family Reunification Plan	Family Reunification Plan	Q2
3) Exercise Family Reunification Plan during regional table-top exercises	Exercise documents	Q4
Output(s) for planned activities in Domain 5 Activity 2:		
1) Family Reunification Plan 2) AAR/IP		
Domain 5 Activity 3: Management of Public Health Surge - Coordinate Volunteers		
Objective 1: <i>Develop regional Spontaneous Volunteer Surge plan in coordination with Washoe County Emergency Management by June 30, 2019.</i>		
Objective 2: <i>During BP2, Washoe County Health District will seek opportunities to utilize MRC volunteers in exercises and/or drills.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 5: Fatality Management		
<input type="checkbox"/> Function #1: Determine role for public health in fatality management		
<input type="checkbox"/> Function #2: Activate public health fatality management operations		
<input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data		
<input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services		
<input type="checkbox"/> Function #5: Participate in fatality processing and storage operations		
CAPABILITY 7: Mass Care		
<input type="checkbox"/> Function #1: Determine public health role in mass care operations		
<input type="checkbox"/> Function #2: Determine mass care needs of the impacted population		
<input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services		
<input type="checkbox"/> Function #4: Monitor mass care population health		
CAPABILITY 10: Medical Surge		
<input type="checkbox"/> Function #1: Assess the nature and scope of the incident		
<input type="checkbox"/> Function #2: Support activation of medical surge		
<input type="checkbox"/> Function #3: Support jurisdictional medical surge operations		
<input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 15: Volunteer Management		
<input checked="" type="checkbox"/> Function #1: Coordinate volunteers		
<input checked="" type="checkbox"/> Function #2: Notify volunteers		
<input checked="" type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers		
<input checked="" type="checkbox"/> Function #4: Demobilize volunteers		
Planned activity(s) for Domain 5 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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1) In collaboration with Washoe County Emergency Management Homeland Security, develop project scope for the development of a regional Spontaneous Volunteer Surge plan, to include operational processes for spontaneous volunteer registration and dispatch, donation management and response and call center operations.	Meeting agendas, meeting notes	Q1
2) Engage community stakeholders such as Catholic Charities, Salvation Army, and Crisis Call Center in planning process.	Meeting agendas, meeting notes, sign-in sheets.	Q2
3) Present draft plan to community stakeholder groups (i.e. VOAD or emergency managers) for input and feedback.	Meeting minutes	Q3
4) Finalize Spontaneous Volunteer Surge plan	Plan	Q4
5) Continue to recruit new MRC Volunteers and embrace opportunities on the availability of MRC Volunteers to help out in various situations.	Increased MRC members	Q4
6) Develop “just in time” training materials that could be provided to government employees during an emergency activation request.	Training materials	Q2
7) Exercise the personnel surge elements of the Volunteer Management Plan.	AAR/IP	Q4
8) Continue to update www.servnv.org with MRC volunteers’ information.	Updated volunteer information	Q4
9) Identify opportunities that MRC volunteers can participate in emergency preparedness trainings and/or exercises.	Training materials, sign-in sheets	Q4
10) Update Volunteer Managements Plan, as appropriate, from regional AAR/IPs.	Revised Volunteer Management Plan	Q4
11) Continue to recruit new MRC Volunteers and embrace opportunities on the availability of MRC Volunteers to help out in various situations.	Sign-in-sheets	Q4

Output(s) for planned activities in Domain 5 Activity 3:

- 1) Regional Spontaneous Volunteer Surge Plan
- 2) Training materials
- 3) AAR/IP
- 4) Updated volunteer information
- 5) Trainings and volunteering opportunities
- 6) Revised Volunteer Management Plan

Domain 5 Activity 4: Management of Public Health Surge – Prevent or Mitigate Injuries and Fatalities

Objective 1: *By June 30, 2019, the Medical Examiner Coroner’s Office will update plans and provide training to ensure ability to respond during a mass fatality event.*

Objective 2: *By June 30, 2019, the Medical Examiner Coroner’s Office provide training to the region on Family Assistance Center operations and the software programs utilized during a mass fatality event.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 5: Fatality Management

Function #1: Determine role for public health in fatality management

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- Function #2: Activate public health fatality management operations
- Function #3: Assist in the collection and dissemination of ante-mortem data
- Function #4: Participate in survivor mental/behavioral health services
- Function #5: Participate in fatality processing and storage operations

- CAPABILITY 7: Mass Care**
- Function #1: Determine public health role in mass care operations
 - Function #2: Determine mass care needs of the impacted population
 - Function #3: Coordinate public health, medical, and mental/behavioral health services
 - Function #4: Monitor mass care population health

- CAPABILITY 10: Medical Surge**
- Function #1: Assess the nature and scope of the incident
 - Function #2: Support activation of medical surge
 - Function #3: Support jurisdictional medical surge operations
 - Function #4: Monitor non-pharmaceutical interventions

- CAPABILITY 15: Volunteer Management**
- Function #1: Coordinate volunteers
 - Function #2: Notify volunteers
 - Function #3: Organize, assemble, and dispatch volunteers
 - Function #4: Demobilize volunteers

Planned activity(s) for Domain 5 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Revise Family Assistance Center plan based on lessons learned from real-world events and exercises	Updated FAC plan	Q2
2) Exercise portable morgue assembly and operations	Planning documents	Q4
3) Train WCMECO staff and NNDVRT on portable morgue operations	Training materials	Q4
4) Conduct regional training for Family Assistance Center operations	Training materials	Q3
5) Conduct regional training for UVIS, to be utilized during a mass fatality	Training materials	Q3
6) Exercise FAC plan during regional table-top exercises	AAR/IP	Q4

- Output(s) for planned activities in Domain 5 Activity 4:**
- 1) FAC Plan
 - 2) FAC training materials
 - 3) UVIS training materials
 - 4) Portable Morgue training
 - 5) AAR/IP

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DOMAIN 6: PHEP STRENGTHEN BIOSURVEILLANCE

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 6 Activity 1: Conduct Epidemiological Surveillance & Investigation

Objective 1: *Maintain disease surveillance mechanisms and communicate with reporting sources to ensure compliance.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 12: Public Health Laboratory Testing

- Function #1: Manage laboratory activities
- Function #2: Perform sample management
- Function #3: Conduct testing and analysis for routine and surge capacity
- Function #4: Support public health investigations
- Function #5: Report results

CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation

- Function #1: Conduct public health surveillance and detection
- Function #2: Conduct public health and epidemiological investigations
- Function #3: Recommend, monitor and analyze mitigation actions
- Function #4: Improve public health surveillance and epidemiological investigation systems

Planned activity(s) for Domain 6 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Monitor cases of reportable disease.	NEDSS Base System	Q4
2) Investigate individual cases and outbreaks.	NEDSS Base System	Q4
3) Implement control measures.	NEDSS Base System	Q4
4) Participate in the Northern Nevada Infection Control (NNIC) meetings.	NNIC minutes	Q4

Output(s) for planned activities in Domain 6 Activity 1:

- 1) Data available for review in the NEDSS Base System.
- 2) Published issues of the EpiNews.
- 3) Outbreak investigation reports.
- 4) Annual disease reports.
- 5) Weekly influenza reports during flu season.

Domain 6 Activity 2: Detect Emerging Threats /Injury

Objective 1: *Monitor syndromic reporting systems to detect unusual cases and emerging disease.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 12: Public Health Laboratory Testing

- Function #1: Manage laboratory activities

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- Function #2: Perform sample management
- Function #3: Conduct testing and analysis for routine and surge capacity
- Function #4: Support public health investigations
- Function #5: Report results

- CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation**
- Function #1: Conduct public health surveillance and detection
 - Function #2: Conduct public health and epidemiological investigations
 - Function #3: Recommend, monitor and analyze mitigation actions
 - Function #4: Improve public health surveillance and epidemiological investigation systems

Planned activity(s) for Domain 6 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Maintain syndromic reporting systems for influenza and schools.	Weekly influenza reports	Q4
2) Maintain antibiogram based on local data.	Published antibiogram	Q4

Output(s) for planned activities in Domain 6 Activity 2:
1) Data available for review to assist in investigation of unusual occurrence of illness.

Domain 6 Activity 3: Conduct Laboratory Testing

Objective 1: *Coordinate with Nevada State Public Health Laboratory for disease investigation.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

- CAPABILITY 12: Public Health Laboratory Testing**
- Function #1: Manage laboratory activities
 - Function #2: Perform sample management
 - Function #3: Conduct testing and analysis for routine and surge capacity
 - Function #4: Support public health investigations
 - Function #5: Report results

- CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation**
- Function #1: Conduct public health surveillance and detection
 - Function #2: Conduct public health and epidemiological investigations
 - Function #3: Recommend, monitor and analyze mitigation actions
 - Function #4: Improve public health surveillance and epidemiological investigation systems

Planned activity(s) for Domain 6 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Coordinate submission of specimens to the Nevada State Public Health Laboratory.	Laboratory results entered into NEDSS Base System	Q4

Output(s) for planned activities in Domain 6 Activity 3:
1) Laboratory data relevant to active disease investigations available for review.

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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 subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6 NU90TP921907-01-04 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 (CDC)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NU90TP921907-01-04 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>		
1. Personnel	\$ 603,867				
				Annual Salary	% of Time
		\$ 112,678	Dr. Randall Todd, Epi Center Director \$173,351 x 65% = \$112,678	\$173,351	65%
		\$ 16,148	Christina Conti, Preparedness and EMS Program Manager \$100,926 x 16% = 16,148	\$100,926	16%
		\$ 90,021.0	Stephen Shipman, Public Health Emergency Coordinator \$90,021 x 100% = \$90,021	\$90,021	100%
		\$ 4,406	Andrea Esp, Public Health Emergency Coordinator \$88,121 x 5% = 4,406	\$88,121	5%
		\$ 18,154	Phil Ulibarri, Public Health Communication Manager \$90,771 x 20% = \$18,154	\$90,771	20%
		\$ 75,057	David Gamble, Program Coordinator \$75,057 x 100% = \$75,057	\$75,057	100%
		\$ 59,584	Dawn Spinola, Administrative Secretary \$67,709 x 88% = \$59,584	\$67,709	88%
		\$ 5,009	Heather Kerwin, Biostatistician \$40,068 x 25% = \$5,009 (6 months)	\$40,068	25%
		\$ 51,144	Overtime* *Please see note below regarding overtime expenses.		
		\$ 169,410	Fringe (Excluding Overtime) @ 45.05% 381,056.98 x 45.05% = 171,666.17		
2. Travel	\$ 4,790				
		\$ 700	Attendance at meetings around the region, working on Scope of Work initiatives. All WCHD PHP staff attend regional meetings and would be eligible for mileage reimbursement. Not to exceed \$700		

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	\$ 938	Meeting with Public Health Partners throughout the State. One meeting in Las Vegas, other three in Northern Nevada. Staff members affiliated with this travel are anticipated to be Public Health Emergency Response Coordinator and the Preparedness & EMS Manager 1 day, 2 staff, 1 trip Airfare, Per Diem, Transportation \$100 Not to exceed \$938
	\$ 3,152	Preparedness Summit Conference Atlanta, GA 4 days, 2 staff, 1 trip Airfare, Hotel, Per Diem, Transportation Not to exceed \$3,152
3. Supplies	\$ 62,701	
	\$ 1,200	General office supplies for day to day operations \$100/month x 12 months = \$1,200
	\$ 1,080	General operating supplies for day to day operations \$90/month x 12 months = \$1,080
	\$ 200	MRC supplies for community outreach. \$16.60/month x 12 months = \$200
	\$ 10,920	Purchasing of minor furniture for office staff and/or replacement of office equipment (under \$5,000ea), purchasing of portable morgue equipment (medical examiner's office) and/or equipment for POD to be utilized during an activation \$910/month x 12 months = \$10,920
	\$ 15,365	Purchasing of one laptop computer for Epidemiologist and six for Medical Examiner staff \$2,195/each x 7 = \$15,365
	\$ 33,936	Operational supplies for regional initiatives such as: radiological and/or pharmaceutical cache for Health District and/or first responders, radiological detection equipment, lead blankets for source protection, POD signage, PPE for Health District and/or first responders, preparedness activity supplies, POD and/or MMF operating supplies and/or stop the bleed trauma supplies. Some of the purchased supplies will be donated to regional partners. \$2,828/month x 12 months = \$33,936
4. Equipment	\$ 0	
	\$	
5. Contractual Consultant	\$ 127,031	
	\$ 35,800	Training support for Public Health preparedness staff and partner organizations \$11,933/each x 3 = \$35,800
	\$ 25,000	Development of Training Videos \$6,250/each x 4 = \$25,000
	\$ 36,231	Exercise Support for regional multi-day exercise
	\$ 30,000	Regional plan facilitation and development
6. Other	\$ 38,605	
	\$ 2,265	3 satellite phones required for Emergency Operations Coordination \$755 x 3 = \$2,265
	\$ 9,500	Online classes through the University of Michigan, School of Public Health, for epidemiologist and biostatistician \$4,750 x 2 = \$9,500
	\$ 2,700	General day to day operational use of telephones, network and cellular phones \$225/month x 12 months = \$2,700

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	\$ 450	Dues for Public Health Communications Manager for NPHIC (National Public Health Information Coalition) and PRSA (Public Relations Society of America) \$225/each x 2 = \$450
	\$ 11,520	General printing including emergency response plans or materials relating to pandemic influenza educational campaign to community, to include WCSD families and employees \$960/month x 12 months = \$11,520
	\$ 1,020	Copy charges and lease allocation by usage \$83/month x 12 months = \$1,020
	\$ 9,900	Maintain and operate trailers, signs, truck \$825/month x 12 months = \$9,900
	\$ 40	Postage for general mailings \$2/month x 20 = \$40
	\$ 1,210	Registration for Preparedness Summit conference \$605/each x 2 = \$1,210
7. Indirect	\$ 83,699	
	\$ 83,699.42	Indirect @ 10% \$836,994.15 x 10% = \$83,699.42
Total Federal Funds	\$ 920,693	
8. Match	\$ 92,069.30	
	\$ 92,069.30	A nonfederal contribution in the amount of 10% \$920,069 x 10% = 492,069.30
Total Federal and Non Federal Contribution	\$ 1,012,762.30	

- ***Overtime expenses:** overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (\$92,069.30) require a formal amendment. All redistribution of funds must be submitted for written approval no later than May 1, 2019 at 5:00 PM PST.**
- 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/Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be \$92,069.30. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated,

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including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H).

The Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed \$920,693.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred (Exhibit 2);
- Provide complete travel detail including purpose of travel and attach copies of a travel claim summary (if available).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial reconciliation of all expenditures is required to be submitted to the Division within 45 days of the CLOSE OF THE BUDGET PERIOD. Any un-obligated funds remaining after the 45-day closing period must be returned to the Division at that time, or if not already requested, will be deducted from the final award.
 - Any work performed after the BUDGET PERIOD will not be reimbursed.
 - If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
 - If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

- To provide technical assistance, upon request from the Subrecipient;
- To provide prior approval of reports or documents to be developed;
- To hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division

Both parties agree:

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

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- Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
-
- The Subrecipient 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 Subrecipient is requested to fill out and sign Section F, which is specific to this subaward, and will be in effect for the term of this subaward.
 - All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
 - The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and accurate expenditure documentation are submitted to and accepted by the Division.
 - This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

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

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

Section C - Exhibit B

Washoe County Health District (WCHD)
Reimbursement Worksheet
July 2019
 HD#16593

Personnel	Title	Description					Amount
TOTAL							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.545/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies <small>(Items under \$5,000 & consumed within 1 yr)</small>	Description					Amount	
TOTAL							
Equipment <small>(Items over \$5,000 or <u>not</u> consumed within 1 yr)</small>	Description (attach invoice copies for all items)					Amount	
TOTAL							
Contract / Consultant	Description					Amount	
TOTAL							
Other	Description					Amount	
TOTAL							
Indirect	Description					Amount	
TOTAL							
TOTAL EXPENDITURES							

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HD #: **16593**
 Budget Account: 3218
 GL: 8516
 Job Number: TBD
 Category: 22
 Draw #: _____

SECTION D

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subgrant Period: July 1, 2018 to June 30, 2019	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400

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	\$603,867.00	\$0.00	\$0.00	\$0.00	\$603,867.00	0.0%
2. Travel	\$4,790.00	\$0.00	\$0.00	\$0.00	\$4,790.00	0.0%
3. Supplies	\$62,701.00	\$0.00	\$0.00	\$0.00	\$62,701.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$127,031.00	\$0.00	\$0.00	\$0.00	\$127,031.00	0.0%
6. Other	\$38,605.00	\$0.00	\$0.00	\$0.00	\$38,605.00	0.0%
7. Indirect	\$83,699.00	\$0.00	\$0.00	\$0.00	\$83,699.00	0.0%
Total Federal Funds	\$920,693.00	\$0.00	\$0.00	\$0.00	\$920,693.00	0.0%
8. Match	\$92,069.30	\$0.00	\$0.00	\$0.00	\$92,069.30	0.0%
Total Federal & Non-Federal Contribution	\$1,012,762.30	\$0.00	\$0.00	\$0.00	\$1,012,762.30	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature (blue ink) _____

Title _____

Date _____

FOR DIVISION USE ONLY

Is program contact required? ____ 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 division. Electronic copies are preferred and can be sent to contractunit@health.nv.gov. Mail hard copies to the following address:

***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? _____

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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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.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

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.

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

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

1. **Permitted Uses and Disclosures:**

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

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2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

1. Effect of Termination:

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and

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Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.

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

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION H

Matching Funds Agreement

This Matching Funds Agreement is entered into between the Nevada Division of Public and Behavioral Health (referred to as “Division”) and Washoe County Health District (referred to as “Subrecipient”).

Program Name	Public Health Preparedness	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	6 NU90TP921907-01-04	Subaward Number	16593
Federal Amount	\$920,693.00	Contact Name	
Non-Federal (Match) Amount	\$92,069.30	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Award	\$1,012,762.30		
Performance Period	July 1, 2018 to June 30, 2019		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding will be required to be documented on the Monthly Financial Status and Request for Funds Request form and will be verified during subrecipient monitoring.

This subaward is subject to the requirements (federal, state financial and program assurances) established by the federal government, the State of Nevada and the Division as well as any local code, ordinances and policy. This subaward is subject to the availability of funding. Special Conditions: This project is approved subject to the conditions and limitations set forth on the following pages(s): Section A-Assurances and Certifications; Section B- Description of Services, Scope of Work and Deliverables; Section C- Budget and Financial Reporting Requirements; Section E- Audit Information Request; Section F- Current and Former State Employee Disclaimer; and Section G- Business Associate Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

DD	AH	-
DHO		KD
DA		
Risk		

STAFF REPORT
BOARD MEETING DATE: August 23, 2018

TO: District Board of Health

FROM: Jennifer Pierce, Fiscal Compliance Officer
775-328-2418, jpierce@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 July 1, 2018 through June 30, 2019 in the total amount of \$365,687 (with \$33,244 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program. Approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$10,695 to attend the Health Care Coalition Conferences (dates to be determined); 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 \$100,000 per contractor; over \$100,000 would require the approval of the District Board of Health.

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2018 through June 30, 2019 in the total amount of \$365,687 in support of the ASPR Public Health Preparedness Grant Program, IO 10708. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Priority supported by this item:

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

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

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period July 1, 2017 through June 30, 2018 in the total amount of \$280,035 on August 24, 2017.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: ASPR Public Health Preparedness Program

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

- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response and Recovery Coordination
- Continuity of Health Care Service Delivery
- Medical Surge
- Program Administration

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

On-Going Program Support: These funds support on-going activities in the Public Health Preparedness Program. A portion of the funds will be used to support the transition of the IHCC into a mature coalition as outlined in the Funding Opportunity Announcement and the completion of a Hazard Vulnerability Assessment (HVA) and resource assessment.

Award Amount: Total award is \$365,687 (\$332,443 direct/\$33,244 indirect, \$36,568.70 10% match)

Grant Period: July 1, 2018 – June 30, 2019

Funding Source: Assistant Secretary for Preparedness and Response (ASPR)

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

CFDA Number: 93.889

Grant ID Number: TBD

Match Amount and Type: 10% match is required and is met through Shared Services expenditures

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

FISCAL IMPACT

As the FY19 budget in Internal Order 10708 was adopted with a total of \$365,108 in revenue (includes \$33,192 of indirect) and \$331,916 in expenditure authority, a budget amendment is necessary.

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/Decrease</u>
2002-IO-10708 -431100	Federal Revenue	\$527
	Total Revenue	\$527
2002-IO-10708 -710100	Professional Services	\$527
	Total Expenditures	\$527

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2018 through June 30, 2019 in the total amount of \$365,687 (with \$33,244 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; Approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$10,695 to attend the Health Care Coalition Conferences (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Notice of Subgrant Award from Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2018 through June 30, 2019 in the total amount of \$365,687 (with \$33,244 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; Approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$10,695 to attend the Health Care Coalition Conferences (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award."



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

(hereinafter referred to as the Division)

NOTICE OF SUBAWARD

Agency Ref. #:	16577
Budget Account:	3218
Category:	23
GL:	8516
Job Number:	9388918S

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subgrantee Name: Washoe County Health District (WCHD)
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Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
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Project Period: July 1, 2018 to June 30, 2019 Budget Period: July 1, 2018 to June 30, 2019	Subrecipient's: <table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">EIN:</td> <td>88-6000138</td> </tr> <tr> <td style="text-align: right;">Vendor #:</td> <td>T40283400</td> </tr> <tr> <td style="text-align: right;">Dun & Bradstreet:</td> <td>073786998</td> </tr> </table>	EIN:	88-6000138	Vendor #:	T40283400	Dun & Bradstreet:	073786998
EIN:	88-6000138						
Vendor #:	T40283400						
Dun & Bradstreet:	073786998						

Purpose of Award: Funds are intended to demonstrate achievement in the Hospital Preparedness Program (HPP) domains according to the HPP and PHEP Cooperative Agreement.

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

Approved Budget Categories: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$222,972.00</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$13,859.00</td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$9,078.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$79,277.00</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$7,257.00</td></tr> <tr><td>TOTAL DIRECT COSTS</td><td style="text-align: right;">\$332,443.00</td></tr> <tr><td>7. INDIRECT COSTS</td><td style="text-align: right;">\$33,244.00</td></tr> <tr><td>TOTAL FEDERAL FUNDS</td><td style="text-align: right;">\$365,687.00</td></tr> <tr><td>8. Match</td><td style="text-align: right;">\$36,568.70</td></tr> <tr><td>TOTAL FEDERAL & NON-FEDERAL CONTRIBUTION</td><td style="text-align: right;">\$402,255.70</td></tr> </table>	1. Personnel	\$222,972.00	2. Travel	\$13,859.00	3. Supplies	\$9,078.00	4. Equipment	\$0.00	5. Contractual/Consultant	\$79,277.00	6. Other	\$7,257.00	TOTAL DIRECT COSTS	\$332,443.00	7. INDIRECT COSTS	\$33,244.00	TOTAL FEDERAL FUNDS	\$365,687.00	8. Match	\$36,568.70	TOTAL FEDERAL & NON-FEDERAL CONTRIBUTION	\$402,255.70	AWARD COMPUTATION: Total Obligated by This Action: \$ 365,687.00 Cumulative Prior Awards this Budget Period: \$ 0.00 Total Federal Funds Awarded to Date: \$ 365,687.00 Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Amount Required This Action: \$ 36,568.70 Amount Required Prior Awards: \$ 0.00 Total Match Amount Required: \$ 36,568.70 Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
1. Personnel	\$222,972.00																						
2. Travel	\$13,859.00																						
3. Supplies	\$9,078.00																						
4. Equipment	\$0.00																						
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TOTAL FEDERAL FUNDS	\$365,687.00																						
8. Match	\$36,568.70																						
TOTAL FEDERAL & NON-FEDERAL CONTRIBUTION	\$402,255.70																						

Source of Funds: Assistant Secretary for Preparedness and Response (ASPR)	% Funds: 100%	CFDA: 93.889	FAIN: NU90TP921907	Federal Grant #: 6 NU90TP921907-01-04
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Federal Grant Award Date by Federal Agency: August 8, 2018

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

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented.
4. Subrecipient must comply with all applicable Federal regulations.
5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents:

Section A: Grant Conditions and Assurances;
 Section B: Description of Services, Scope of Work and Deliverables;
 Exhibit 1: Detailed Work Plan
 Section C: Budget and Financial Reporting Requirements;
 Exhibit 2: Worksheet;
 Section D: Request for Reimbursement;
 Section E: Audit Information Request;

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Section F:	Current/Former State Employee Disclaimer
Section G:	DPBH Business Associate Addendum; and
Section H:	Matching Funds Agreement

	Signature (Blue Ink)	Date
Kevin Dick District Health Officer		
Karen Beckley, MPA Bureau Chief, BHPP		
for Julie Kotchevar, PhD. Administrator, DPBH		

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SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Grantee shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "The Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Grantee is an independent entity.
2. The Grantee shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Grantee's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Grantee may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Grantee from its obligations under this Agreement.

The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Grantee.

4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Attachment A may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Grantee under this Agreement shall, at the option of the Department, become the property of the Department, and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

The Department may also suspend or terminate this Agreement, in whole or in part, if the Grantee materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Grantee ineligible for any further participation in the Department's Grant Agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Grantee is in noncompliance with any applicable rules or regulations, the Department may withhold funding as outlined in the current Grant Instructions and Requirements.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

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6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year 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 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 Subrecipient's fiscal year. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

8. Certification that neither the Grantee 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).
 9. No funding associated with this grant will be used for lobbying.
 10. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
 11. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
 12. Compliance with Grant Instructions and Requirements from the Office of Community Partnerships and Grants.
(Online: <http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Forms/FY17%20GIRS.pdf>)
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 1. Any attempt to influence the outcome of any Federal, State or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 3. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation; or
 - (b) The enactment or modification of any pending Federal, State or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 4. Any attempt to influence the introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity.
 5. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation;
 - (b) The enactment or modification of any pending Federal, State or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

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6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a grantee or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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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:

- The attached detailed Work Plan (Exhibit 1) is for Budget Period 1 Supplemental, July 1, 2018 to June 30, 2019 and is broken down by domain, goals, objectives, capabilities and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by June 30, 2019. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2018 1st Quarter Progress Report (For the period of 7/1/18 to 9/30/18)
 - January 31, 2018 2nd Quarter Progress Report (For the period of 7/1/18 to 12/31/18)
 - April 30, 2019 3rd Quarter Progress Report (For the period of 7/1/18 to 3/31/19)
 - July 31, 2019 4th Quarter Progress Report (For the period of 7/1/18 to 6/30/19)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2018 1st Quarter Progress Report (For the period of 7/1/18 to 9/30/18)
 - January 31, 2018 2nd Quarter Progress Report (For the period of 10/1/18 to 12/31/18)
 - April 30, 2019 3rd Quarter Progress Report (For the period of 1/1/19 to 3/31/19)
 - July 31, 2019 4th Quarter Progress Report (For the period of 4/1/19 to 6/30/19)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

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Exhibit 1 to Section B

HD 16577

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

July 1, 2018 through June 30, 2019 (BP1 Supplemental)

DOMAIN 1: HPP STRENGTHEN COMMUNITY RESILIENCE		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Domain 1 Activity 1: Partner with Stakeholders by Developing & Maturing Health Care Coalitions (HCC)		
<i>Objective 1: Throughout the budget period, the Inter-Hospital Coordinating Council (IHCC), in collaboration with WCHD, will maintain the requirements of a mature coalition as outlined in the FOA.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1: Foundation for Health Care & Medical Readiness		
<input checked="" type="checkbox"/> Objective 1: Establish a Health Care Coalition		
<input type="checkbox"/> Objective 2: Identify Risk and Needs		
<input checked="" type="checkbox"/> Objective 3: Develop an HCC Preparedness Work plan		
<input type="checkbox"/> Objective 4: Train and Prepare the Health Care and Medical Workforce		
<input checked="" type="checkbox"/> Objective 5: Ensure Preparedness is Sustainable		
Planned activity(s) for Domain 1 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Review and revise, if necessary, IHCC bylaws.	Agenda, meeting minutes	Q2
2) Maintain core membership as outlined in the bylaws.	Attendance log and meeting minutes	Q4
3) Update point-of-contact (POC) forms quarterly a. Hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities (new), adult day care (new)	POC forms	Q4
4) Review and revise the IHCC Preparedness Planning Guidelines. a. Review guidelines b. Update with annual HVA information c. Update with annual coalition resource and gap analysis information	Agendas, meeting minutes	Q3
5) Track IHCC's 2018 and 2019 goals, objectives and activities.	Tracking sheet	Q4
6) Coordinate IHCC's 2018 and 2019 goals, objectives and activities.	Meeting minutes, tracking sheet	Q4

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7) Develop IHCC annual evaluation for members.	Annual evaluation	Q3
8) Coalition members to complete the coalition resource and gap analysis, adopted and modified from ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool during BP1.	Agenda, meeting minutes, Coalition resource and gap analysis	Q2
9) Maintain a collaborative partnership with a variety of stakeholders to ensure the community has: <ul style="list-style-type: none"> a. Medical equipment and supplies, b. Real-time information, c. Communication systems, and d. Trained and educated health care personnel to respond to an emergency. 	Agenda, meeting minutes	Q4

Output(s) for planned activities in Domain 1 Activity 1:

- 1) Bylaws (if necessary)
- 2) IHCC Preparedness Plan - updated
- 3) Coalition resource and gap analysis
- 4) POC forms

Domain 1 Activity 2: Characterize Probable Risk of the Jurisdiction & the HCC

Statewide Objective: By June 30, 2019 Healthcare Coalitions throughout Nevada will have established systems for tracking resources with state and local partners.

Objective 1: By June 30, 2019, the IHCC, with leadership from WCHD, will complete a Hazard Vulnerability Assessment (HVA) and resource assessment.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Foundation for Health Care & Medical Readiness

- Objective 1: Establish a Health Care Coalition
- Objective 2: Identify Risk and Needs
- Objective 3: Develop an HCC Preparedness Work plan
- Objective 4: Train and Prepare the Health Care and Medical Workforce
- Objective 5: Ensure Preparedness is Sustainable

Planned activity(s) for Domain 1 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Complete annual IHCC HVA.	HVA	Q2
2) Develop identified mechanism from BP1 to track and share resource information and share with coalition members.	Meeting minutes	Q4

Output(s) for planned activities in Domain 1 Activity 2:

- 1) IHCC HVA
- 2) Mechanism for track and share resource information

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Domain 1 Activity 3: Characterize Populations at Risk

Statewide Objective: By June 30, 2019 each of Nevada's four Healthcare Coalitions will have systems in place for healthcare delivery to Access and Functional Needs populations during disasters.

Objective 1: Every six months, starting July 2018, WCHD will identify for IHCC existing data sources and de-identified data from emPOWER and use for all-inclusive planning.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Foundation for Health Care & Medical Readiness

- Objective 1: Establish a Health Care Coalition
- Objective 2: Identify Risk and Needs
- Objective 3: Develop an HCC Preparedness Work plan
- Objective 4: Train and Prepare the Health Care and Medical Workforce
- Objective 5: Ensure Preparedness is Sustainable

Planned activity(s) for Domain 1 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Continue to include risk planning for the whole community in coalition planning. <ul style="list-style-type: none"> • Example: Utilization of the Agency for Toxic Substances and Disease Registry Social Vulnerability Index. 	Meeting minutes	Q4
2) Obtain de-identified data from emPOWER (once every 6 months). <ul style="list-style-type: none"> • Obtain in September for the revision of the IHCC Preparedness Planning Guidelines • Obtain in January for the grant planning purposes 	De-identified data	Q3
3) Identify existing IT tools that can help identify children, seniors, pregnant women, people with disabilities, and other unique needs.	Meeting minutes	Q3
4) Continue to work with home health agencies to educate and prepare their cliental to remain in their residences during certain emergencies.	Meeting minutes	Q4
5) Continue to work with homes for individual residential facilities to educate and prepare their cliental how to prepare for emergencies.	Meeting minutes	Q4
6) Continue to work with Adult Day Care agencies to educate and prepare their cliental on how to prepare for emergencies.	Meeting minutes	Q4
7) As requested, work with organizations that work with at risk populations to prepare for emergencies. <ul style="list-style-type: none"> • Examples: exercise with ambulatory surgical centers or federally qualified health centers. 	Meeting minutes	Q4

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8) In partnership with home health and hospice, coordinate with community partner responsible for mass care (ESF-6), as identified in BP1, to identify how home health and hospice workers integrate into shelter operations.	Meeting minutes	Q4
9) Continue to identify health care delivery support agencies for AFN populations (pre- and –post-event) that can prevent stress on hospitals during an emergency.	Agency information	Q4
Output(s) for planned activities in Domain 1 Activity 3: 1) Two de-identified data sets 2) Update health care delivery support agency list 3) Developed educational materials		
Domain 1 Activity 4: Engage Communities & Health Care Systems		
<i>Objective 1: Throughout BP1 Supplement, WCHD, on behalf of IHCC, will continue to engage the community and health care partners.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 1: Foundation for Health Care & Medical Readiness <input checked="" type="checkbox"/> Objective 1: Establish a Health Care Coalition <input type="checkbox"/> Objective 2: Identify Risk and Needs <input type="checkbox"/> Objective 3: Develop an HCC Preparedness Work plan <input checked="" type="checkbox"/> Objective 4: Train and Prepare the Health Care and Medical Workforce <input checked="" type="checkbox"/> Objective 5: Ensure Preparedness is Sustainable		
Planned activity(s) for Domain 1 Activity 4	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Local health department continued participation in the coalition.	Documented meeting attendance	Q4
2) Continue to review and discuss the coalitions means to increase sustainability	Meeting minutes	Q4
3) Revise, as appropriate, marketing materials to continue to share the benefits of IHCC activities to members and additional stakeholders to promote IHCC preparedness efforts.	Meeting minutes	Q4
4) Continue to reach out and engage champions among IHCC members and other response organizations to promote IHCC preparedness efforts to health care executives, clinicians, community leaders, and others as deemed appropriate. a. Examples of organizations to reach out to include: Nevada Chapter of American Academy of Pediatrics; Nevada System of Higher Education, Washoe County Medical Society, Nevada Nurses Association, Northern Nevada Emergency Physicians.	Meeting minutes, emails	Q4

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5) Continue to engage with clinicians from Northern Nevada Infection Control Workgroup.	Meeting minutes, emails	Q4
6) Offer IHCC members technical assistance in meeting the CMS Emergency Preparedness Rule: Medicare and Medicaid Participating Providers and Suppliers.	Meeting minutes, calendar appointments	Q4
7) Continue to promote health care executives' engagement in debriefs related to exercises, planned events, and real incidents.	Meeting minutes	Q4
Output(s) for planned activities in Domain 1 Activity 4:		
1) Meeting attendance		

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DOMAIN 2: HPP STRENGTHEN INCIDENT MANAGEMENT

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 2 Activity 1: Coordinate Emergency Operations

Statewide Objective: Nevada's four Healthcare Coalitions will strengthen incident management capabilities by integrating HCC preparedness plans completed in BP1 into jurisdictional all-hazard response plans by June 30, 2019.

Objective 1: By October 2018, IHCC, in collaboration with WCHD, will identify a plan to share EEs with its members.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1 Foundation for Health Care & Medical Readiness

Objective 4: Train and Prepare the Health Care and Medical Workforce

CAPABILITY 2 Health Care and Medical Response Coordination

Objective 1: Develop Coordinated Response Plans

Objective 3: Coordinate Response Strategy, Resources and Communications

CAPABILITY 3 Continuity of Health Care Service Delivery

Objective 2: Plan for Continuity of Operations

Objective 7: Coordinate Health Care System Recovery

Planned activity(s) for Domain 2 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) IHCC will be prepared to engage, if necessary, when one or more health care organizations have lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation.	Meeting minutes	Q4
2) Develop a draft plan to share EEs by the end of BP2.	Meeting minutes	Q2

Output(s) for planned activities in Domain 2 Activity 1:

1) [IHCC Response Plan](#)

Domain 2 Activity 3: Establish Incident Command Structures for Health Care Organizations & HCC

Objective 1: Throughout BP1 Supplement, IHCC will promote NIMS training opportunities and guidance as appropriate.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Foundation for Health Care & Medical Readiness

Objective 4: Train and Prepare the Health Care and Medical Workforce

CAPABILITY 2: Health Care and Medical Response Coordination

Objective 1: Develop Coordinated Response Plans

Objective 3: Coordinate Response Strategy, Resources and Communications

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 2: Plan for Continuity of Operations

Objective 7: Coordinate Health Care System Recovery

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Planned activity(s) for Domain 2 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Ensure IHCC leadership receives NIMS training based on evaluation of existing NIMS education.	Training information	Q4
2) Continue to promote NIMS training opportunities.	Agendas, training information	Q4
3) Assist IHCC members, as requested, with incorporating NIMS components into their emergency operations plans.	Request for assistance	Q4
Output(s) for planned activities in Domain 2 Activity 3:		
1) Identified and promoted trainings		
Domain 2 Activity 4: Ensure HCC Integration & Collaboration with ESF-8		
Statewide Objective: By June 30, 2019 Nevada's four Healthcare Coalitions will integrate with their jurisdictional ESF-8 in coordinating all-hazards response plans.		
<i>Objective 1: By December 2018, IHCC, in collaboration with WCHD, will approve and adopt a response and continuity of operations plan.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1: Foundation for Health Care & Medical Readiness		
<input type="checkbox"/> Objective 4: Train and Prepare the Health Care and Medical Workforce		
CAPABILITY 2: Health Care and Medical Response Coordination		
<input checked="" type="checkbox"/> Objective 1: Develop Coordinated Response Plans		
<input checked="" type="checkbox"/> Objective 3: Coordinate Response Strategy, Resources and Communications		
CAPABILITY 3: Continuity of Health Care Service Delivery		
<input checked="" type="checkbox"/> Objective 2: Plan for Continuity of Operations		
<input checked="" type="checkbox"/> Objective 7: Coordinate Health Care System Recovery		
Planned activity(s) for Domain 2 Activity 4	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Develop a response plan that includes the following components: <ul style="list-style-type: none"> • Individual IHCC member organization and IHCC contact information, • Locations that may be used for multiagency coordination, • Process for multiagency coordination if location is virtual, • A brief summary of each individual member's resources and responsibilities, • Integration with appropriate ESF-8 lead agency, • Emergency activation thresholds and processes, • Alert and notification procedures, • EEs agreed to be shared, including information format, 	Meeting minutes	Q2

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<ul style="list-style-type: none"> • Communication and IT platforms and redundancies for information sharing, • Support and mutual aid agreements, • Evacuation and relocation processes, and • Activation and notification processes for initiation and implementing medical surge response coordination. 		
<p>2) IHCC will participate in local pre-emergency recovery planning activities, as requested.</p>	Meeting minutes	Q4
<p>3) IHCC will develop a draft Continuity of Operations Plan that includes that following components:</p> <ul style="list-style-type: none"> a. Activation and response functions, b. Multiple points of contact for each HCC member, c. Orders of succession and delegations of authority for leadership continuity, d. Immediate actions and assessments to be performed in case of disruptions, e. Safety assessment and resource inventory to determine whether or not the coalition can continue to operate, f. Redundant, replacement, or supplemental resources, including communication systems, and g. Strategies and priorities for addressing disruptions to mission critical systems that include but not limited to electricity, water, and medical gases. 	Meeting minutes	Q4
<p>Output(s) for planned activities in Domain 2 Activity 4:</p> <ul style="list-style-type: none"> 1) Response plan 2) Continuity of Operations draft plan 		

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DOMAIN 3: HPP STRENGTHEN INFORMATION MANAGEMENT

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 3 Activity 1: Share Situational Awareness Across the Health Care & Public Health Systems

Statewide Objective: By June 30, 2019 Nevada’s four Healthcare Coalitions will have incorporated communication systems with established situational awareness protocols into coalition response plans.

Objective 1: Throughout BP1 Supplement, IHCC, in collaboration with WCHD, will increase situational awareness through its ability to access and share pertinent emergency information.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 2: Health Care & Medical Response Coordination

- Objective 2: Develop Information sharing processes and platforms
- Objective 3: Coordinate Response Strategy, Resources and Communications

Planned activity(s) for Domain 3 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) IHCC will continue to provide training, as requested, and promote the coalition EEI collection form to provide situational awareness during emergencies.	Meeting minutes	Q4
2) IHCC members will sign the coalition’s MOU, an annual requirement, which states they will participate in situational awareness activities.	Meeting minutes	Q3
3) IHCC will continue to ensure that the coalition is able to access and collect timely, relevant, and actionable information about their members during emergencies.	EEI Collection Form	Q4
4) As appropriate, IHCC will continue to share pertinent emergency information with IHCC members, the ESF-8 lead agency and other stakeholders.	Meeting Minutes	Q4
5) Participate in weekly Washoe County Amateur Radio Emergency Services Hospital Net.	Net Control Log	Q4
6) Conduct two redundant communication drills.	Exercise documents	Q4
7) Keep VESTA updated for redundant communications.	Calendar appointments	Q4

Output(s) for planned activities in Domain 3 Activity 1:

- 1) EEI Collection Form
- 2) Exercise Documents

Domain 3 Activity 2: Share Emergency Information & Warnings Across Disciplines & Jurisdictions & HCCs & their Members

Objective 1: Throughout BP1 Supplement, the IHCC and WCHD Medical Unit Leader will have the ability to effectively coordinate information during emergencies.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 2: Health Care & Medical Response Coordination

- Objective 2: Develop Information sharing processes and platforms

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<input checked="" type="checkbox"/> Objective 3: Coordinate Response Strategy, Resources and Communications		
Planned activity(s) for Domain 3 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) IHCC will continue to assist those members without the capability to alert and notify staff, patients and visitors during an emergency, if requested.	Request for assistance	Q4
2) Ensure multiple IHCC members, as deemed appropriate, understand and have access to the coalition's information sharing systems/platforms.	User information to platforms	Q4
3) Incorporate IHCC Communication Plan into the Response Plan.	Response Plan	Q4
Output(s) for planned activities in Domain 3 Activity 2: 1) Response Plan		
Domain 3 Activity 3: Conduct External Communication with the Public		
Statewide Objective: By June 30, 2019 Nevada's four Healthcare Coalitions will be incorporated into jurisdictional Joint Information Center (JIC) activities.		
<i>Objective 1: Throughout BP1 Supplement, IHCC will collaborate with the jurisdictional JIC and WCHD to increase the ability to disseminate information to the community using one voice.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 2: Health Care & Medical Response Coordination		
<input checked="" type="checkbox"/> Objective 2: Develop Information sharing processes and platforms		
<input checked="" type="checkbox"/> Objective 3: Coordinate Response Strategy, Resources and Communications		
Planned activity(s) for Domain 3 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Continue to collaborate with JIC, as appropriate, to determine type of information that will be disseminated to the public ensure information is accurate and consistent.	Meeting minutes	Q4
Output(s) for planned activities in Domain 3 Activity 3: 1) Updated EEI		

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DOMAIN 4: HPP STRENGTHEN COUNTERMEASURES & MITIGATION

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 4 Activity 1: Manage Access to and Administration of Pharmaceutical & Non-pharmaceutical Interventions

Objective 1: Throughout BP1 Supplement, IHCC, in collaboration with WCHD, will continue the Supply Chain Subcommittee.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Foundation for Health Care Readiness & Medical Readiness

Objective 2: Identify Risk and Needs

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 3: Maintain Access to Non-Personnel Resources during an Event

Objective 5: Protect Responders' Safety and Health

Planned activity(s) for Domain 4 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Promote IHCC involvement in PODS (joint activity with PHEP)	Meeting minutes	Q2
2) IHCC will continue the Supply Chain Subcommittee.	Meeting minutes	Q4
3) Continue to review strategies for acquisition, storage, rotation with day-to-day supplies in regards to purchasing pharmaceuticals and identify strategies for other medical material.	Meeting minutes	Q4
4) IHCC will complete the resource and gap analysis to continue assessing the integrity assessment to evaluate equipment and supply needs that will be in demand during an emergency. The results from the analysis will be given to the Supply Chain Subcommittee to further support efforts.	Resource and gap analysis	Q3
5) Review and revise if necessary the inventory tracking policy.	Meeting minutes	Q4
6) Review and revise if necessary the policy for activity stockpiles purchased by IHCC develop during BP1.	Meeting minutes	Q4

Output(s) for planned activities in Domain 4 Activity 1:

1) Resource and gap analysis

Domain 4 Activity 2: Ensure Safety & Health of Responders

Objective 1: By February 28, 2019, IHCC will identify the top three equipment, trainings, and resources necessary to protect responders, employees, and their families from hazards during response and recovery operations.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Foundation for Health Care Readiness & Medical Readiness

Objective 2: Identify Risk and Needs

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 3: Maintain Access to Non-Personnel Resources during an Event

Objective 5: Protect Responders' Safety and Health

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Planned activity(s) for Domain 4 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) IHCC will review previously identified equipment, trainings and resources necessary to protect responders, employees and their families from hazards during response and recovery operations.	Meeting minutes	Q3
2) Through the resource and gap analysis, identify the top three equipment, trainings and resources needs for IHCC members.	Meeting minutes	Q3
Output(s) for planned activities in Domain 4 Activity 2:		
1) List of equipment, training, and resources		

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DOMAIN 5: HPP STRENGTHEN SURGE MANAGEMENT

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 5 Activity 1: Address Mass Care Needs

Objective 1: Throughout BP1 Supplement, IHCC will be available to assist, as appropriate or requested by WCHD, in addressing health issues by those in congregate locations.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 6: Plan for Health Care Evacuation and Relocation

CAPABILITY 4: Medical Surge

Objective 1: Plan for Medical Surge

Objective 2: Respond to a Medical Surge

Planned activity(s) for Domain 5 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Serve as subject matter experts to PHEP awardees, as requested, on the health care needs of those impacted by an incident at a congregate location.	Meeting minutes	Q4
2) As identified or requested, coordinate with community partner responsible for mass care (ESF-6), as identified in BP1, to integrate the inclusion of medical care into shelter operations.	Meeting minutes	Q4

Output(s) for planned activities in Domain 5 Activity 1:

1) Input for PHEP

Domain 5 Activity 2: Prevent / Mitigate, Injuries & Fatalities

Objective 1: Throughout BP1 Supplement, IHCC will be available to increase coordination with WCHD PHEP partners to ensure the proper tracking, transportation, handling, and storage of human remains.

Objective 2: Throughout BP1 Supplement, IHCC will be available to increase coordination with WCHD PHEP partners to ensure access to mental and behavioral health services for responders and families impacted by an incident.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 6: Plan for Health Care Evacuation and Relocation

CAPABILITY 4: Medical Surge

Objective 1: Plan for Medical Surge

Objective 2: Respond to a Medical Surge

Planned activity(s) for Domain 5 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
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1) IHCC will be available as subject matter experts for PHEP partners for planning relating to preventing or mitigating injuries and fatalities.	Meeting minutes	Q4
2) IHCC will be available, as requested, to serve as a planning resource and subject matter expert to PHEP awardees and public agencies as they develop mass shelters.	Meeting minutes	Q4
Output(s) for planned activities in Domain 5 Activity 2:		
1) Input for PHEP		
Domain 5 Activity 3: Specialty Surge including: pediatrics, chemical/ radiation, burn/ trauma, behavioral health, & highly infectious diseases		
<i>Objective 1: Throughout BP1 Supplement, IHCC, in collaboration with WCHD, will continue to incorporate pediatrics, chemical or radiation, burn and trauma, behavioral health, and infectious disease into response plans.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 3: Continuity of Health Care Service Delivery		
<input type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation		
CAPABILITY 4: Medical Surge		
<input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge		
<input type="checkbox"/> Objective 2: Respond to a Medical Surge		
Planned activity(s) for Domain 5 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) As identified in BP1, IHCC will collaborate to enhance burn response capability within the region.	Meeting minutes	Q4
2) IHCC will include CRC plans in their response plan.	Response Plan	Q4
Output(s) for planned activities in Domain 5 Activity 3:		
1) Response Plan		
Domain 5 Activity 4: Management of Public Health Surge - Address mass care needs		
<i>Objective 1: Throughout BP1 IHCC will serve as a planning resource and subject matter expert, to WCHD or community partners, during the revision of mass shelter plans and medical care at shelter sites.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 3: Continuity of Health Care Service Delivery		
<input type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation		
CAPABILITY 4: Medical Surge		
<input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge		
<input checked="" type="checkbox"/> Objective 2: Respond to a Medical Surge		
Planned activity(s) for Domain 5 Activity 4	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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1) Continue to serve as a planning resource and subject matter expert, as appropriate, during the revision of mass shelter plans and medical care at shelter sites.	Meeting minutes	Q4
Output(s) for planned activities in Domain 5 Activity 4: 1) Input for PHEP		
Domain 5 Activity 5: Management of Public Health Surge - Address surge needs		
<i>Objective 1: Throughout the budget period, IHCC will serve as planning resources and subject matter experts during family reunification to WCHD PHEP partners.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 3: Continuity of Health Care Service Delivery		
<input checked="" type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation		
CAPABILITY 4: Medical Surge		
<input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge		
<input type="checkbox"/> Objective 2: Respond to a Medical Surge		
Planned activity(s) for Domain 5 Activity 5	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Continue to serve as a subject matter expert, as requested, for family reunification planning efforts.	Meeting minutes	Q4
Output(s) for planned activities in Domain 5 Activity 5: 1) Preparedness Plan		
Domain 5 Activity 6: Management of Public Health Surge - Coordinate Volunteers		
<i>Objective 1: Throughout Budget period, IHCC, in collaboration with WCHD, will promote the management of volunteers in the hospitals and other health care settings.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 3: Continuity of Health Care Service Delivery		
<input type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation		
CAPABILITY 4: Medical Surge		
<input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge		
<input checked="" type="checkbox"/> Objective 2: Respond to a Medical Surge		
Planned activity(s) for Domain 5 Activity 6	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Promote the management of volunteers in the hospitals and other health care settings through IHCC meetings.	Meeting minutes	Q4
Output(s) for planned activities in Domain 5 Activity 6: 1) Continued promotion of volunteers as documented in IHCC meeting minutes		

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Domain 5 Activity 7: Management of Medical Surge - Conduct health care facility evacuation planning & execute evacuations

Statewide Objective: By June 30, 2019 Nevada's four healthcare coalitions will complete an annual surge test with each core member of the HCC.

Objective 1: By June 2018, IHCC will have participated in a medical surge exercise.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 6: Plan for Health Care Evacuation and Relocation

CAPABILITY 4: Medical Surge

Objective 1: Plan for Medical Surge

Objective 2: Respond to a Medical Surge

Planned activity(s) for Domain 5 Activity 7	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Conduct an exercise using the "Coalition Surge Test".	Exercise Materials	Q4
2) IHCC will participate in the update of the Mutual Aid Evacuation Annex (MAEA).	Meeting minutes	Q4

Output(s) for planned activities in Domain 5 Activity 7:

- 1) AAR/IP
- 2) Updated MAEA

Domain 5 Activity 8: Management of Medical Surge - Address emergency department & inpatient surge

Statewide Objective: By June 30, 2019 will complete a Crisis Standards of Care (CSC) workshop in coordination with each Healthcare Coalition.

Objective 1: By March 31, 2018, IHCC will have participated in a medical surge exercise.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 6: Plan for Health Care Evacuation and Relocation

CAPABILITY 4: Medical Surge

Objective 1: Plan for Medical Surge

Objective 2: Respond to a Medical Surge

Planned activity(s) for Domain 5 Activity 8	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Plan and respond together to address emergency department and inpatient surge (MCIP). a. Example: exercise the Alpha Plan or TEEH Pediatrics tabletop	Exercise documents	Q3
2) IHCC will participate in the State PHP sponsored, and facilitated, Crisis Standards of Care (CSC) exercise.	Exercise documents	Q4

Output(s) for planned activities in Domain 5 Activity 8:

- 1) AAR/IP

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Domain 5 Activity 9: Management of Medical Surge - Develop Alternate Care Systems

Statewide Objective: By June 30, 2019 Nevada’s four Healthcare Coalitions will coordinate with their local public health jurisdiction to incorporate support of alternate care sites into HCC response plans.

Objective 1: Throughout the budget period, IHCC will participate in the planning for alternate care systems.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 6: Plan for Health Care Evacuation and Relocation

CAPABILITY 4: Medical Surge

Objective 1: Plan for Medical Surge

Objective 2: Respond to a Medical Surge

Planned activity(s) for Domain 5 Activity 9	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
<p>1) Based on the information identified in BP1, IHCC will identify a means to support alternate care sites within the region.</p> <p style="margin-left: 20px;">a. Items to be considered when developing a means to provide support include:</p> <ul style="list-style-type: none"> i. Establishment of telemedicine or virtual medicine capabilities ii. Establishments of assessment and screening for early treatment iii. Provision of medical care at shelters iv. Assisting with the selection and operation of alternate care sites v. Key considerations from the 2017-2022 Health Care Preparedness and Response Capabilities (pg. 50) 	Response Plan	Q4

Output(s) for planned activities in Domain 5 Activity 9:

1) Response Plan

Domain 5 Activity 10: Management of Medical Surge - Address specialty surge

Statewide Objectives: By June 30, 2019 Nevada’s four Healthcare Coalitions will incorporate planning for trauma and large burn injuries and incidents into their HCC Response Plans.

Objective 1: By June 2019, IHCC member hospitals will have participated in a medical surge exercise.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 6: Plan for Health Care Evacuation and Relocation

CAPABILITY 4: Medical Surge

Objective 1: Plan for Medical Surge

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<input checked="" type="checkbox"/> Objective 2: Respond to a Medical Surge		
Planned activity(s) for Domain 5 Activity 10	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Evaluate if IHCC member hospitals are able to receive, stabilize, and manage pediatric patients. a. Example: TEEX pediatrics tabletop exercise	Exercise documents	Q4
2) As identified in BP1 as a need within the region's MCI Plan, expand the burn response.	Response Plan	Q4
3) Based on the identified items to be revised in BP1, expand on the Ebola concepts off operations plan (CONOPs) to enhance preparedness and response for all infectious disease emergencies that stress the health care delivery system.	Revised Ebola CONOPs	Q4
4) Continue to include HAI coordinators and quality improvement professionals at the health care facility and jurisdictional levels in coalition activities.	Meeting minutes	Q4
5) Develop visitor policies for infectious disease emergencies	Visitor policies	Q4
6) As requested, IHCC will participate in the revision, if any, of the Regional Disaster Behavioral Health Annex.	Meeting minutes	Q4
Output(s) for planned activities in Domain 5 Activity 10:		
1) AAR/IP 2) Response Plan 3) Revised Ebola CONOPs 4) Visitor Policies		

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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 subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6 NU90TP921907-01-04 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 6 NU90TP921907-01-04 from the Assistant Secretary for Preparedness and Response (ASPR).

Subrecipient agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>	
1. Personnel	\$ 222,972			
			Annual Salary	% of Time
		\$ 26,003	Randall Todd, Epi Center Director \$173,351 x 15% = \$26,003	\$ 173,351.57 15%
		\$ 16,148.16	Christina Conti, Preparedness and EMS Program Manager \$100,926 x 16% = \$16,148	\$ 100,926.00 16%
		\$ 83,715	Andrea Esp, Public Health Emergency Response Coordinator \$88,121 x 95% = \$83,715	\$ 88,121.43 95%
		\$ 29,721.00	Jackie Lawson, Office Support Specialist \$59,442 x 50% = \$29,721.00	\$ 59,442.00 50%
		\$ 67,385	Fringe @ 43.31% \$155,587 x 43.31% = \$67,385	
2. Travel	\$ 13,859			
		\$ 500	Regional travel for meetings. Public Health Emergency Response Coordinator and/or Office Support Specialist 2 staff Not to exceed \$500	
		\$ 2,195	Information Exchange at UMC on management of burn patients and pediatric trauma, Las Vegas, NV 1 day, 5 staff, 1 trip To include Airfare, Per Diem, Transportation Not to exceed \$2,195	
		\$ 469	Coalition Partners Meeting (1 in Las Vegas, NV, 3 in Northern NV) 1 day, 1 staff, 1 trip To include Airfare, Per Diem, Transportation No to exceed \$469	
		\$ 3,414	Coalition Summit Conference, New Orleans, LA 3 days, 3 staff, 1 trip To include Airfare, Hotel, Per Diem, Transportation Not to exceed \$3,414	

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	\$ 3,876	NAACHO Preparedness Summit Conference, Atlanta, GA 3 days, 3 staff, 1 trip To include Airfare, Hotel, Per Diem, Transportation Not to exceed \$3,876
	\$ 3,405	Joint Commission Emergency Preparedness Conference, Lake Bueno Vista, FL 3 days, 3 staff, 1 trip To include Airfare, Hotel, Per Diem, Transportation Not to exceed \$3,405
3. Supplies	\$ 9,078	
	\$ 400	General office supplies for staff \$33.33/month x 12 months = \$400
	\$ 200	General operating supplies for staff \$16.65/month x 12 months = \$200
	\$ 8,478	Supplies for Coalition Members such as bleed control kits, flash drives, MCI or MAEA tags, MCI or MAEA supplies, or MCI alpha plan supplies \$706.50/month x 12 months = \$8,478
4. Equipment	\$ 0	
5. Contractual Consultant	\$ 79,277	
	\$ 68,400	Contractual support to provide training for healthcare coalition members \$34,200 x 2 = \$68,400
	\$ 5,000	Contractual support for exercise development
	\$ 350	Webinar support for coalition trainings, meetings and/or emergency response plan initiatives
	\$ 5,527	Contractual support for emergency plan development
6. Other	\$ 7,257	
	\$ 1,815	Preparedness Conference registrations 3 staff x \$605 = \$1,815
	\$ 1,785	National Healthcare Coalition conference registration 3 staff x \$595 = \$1,785
	\$ 2,217	Joint Commission Emergency Preparedness conference registration 3 staff x \$739 = \$2,217
	\$ 900	Copy Machines: copies and lease allocation based on usage \$75/month x 12 months = \$900
	\$ 150	Minor Furniture and Equipment - As needed to replace printer, fax, office chair, etc. \$12.50/month x 12 months = \$150
	\$ 360	Phone for staff (2 land line plus long distance) \$30/month x 12 months = \$360
	\$ 30	Postage for coalition business \$2.50/month x 12 months = \$30
7. Indirect	\$ 33,244	
	\$ 33,244	Indirect @ 10% \$332,443.10 x 10% = \$33,244.31
Total Federal Funds	\$ 365,687	
8. Match	\$ 36,568.70	
	\$ 36,568.70	A non-federal contribution in the amount of 10% of award \$365,687 x 10% = \$36,568.70
Total Federal & Non-Federal Contribution	\$ 402,255.70	

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- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (\$36,568.70) require a formal amendment. All redistribution of funds must be submitted for written approval no later than May 1, 2019 at 5:00 PM PST.**
- 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/Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$36,568.70**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H).

The Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed **\$365,687.00**;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred (Exhibit 2);
- Provide complete travel detail including purpose of travel and attach copies of a travel claim summary (if available).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial reconciliation of all expenditures is required to be submitted to the Division within 45 days of the CLOSE OF THE BUDGET PERIOD. Any un-obligated funds remaining after the 45-day closing period must be returned to the Division at that time, or if not already requested, will be deducted from the final award.

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- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

- To provide technical assistance, upon request from the Subrecipient;
- To provide prior approval of reports or documents to be developed;
- To hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subrecipient 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 Subrecipient is requested to fill out and sign Section F, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and accurate expenditure documentation are submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

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

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

Exhibit 2 to Section C

Washoe County Health District
Reimbursement Worksheet
July 2019
 HD#16577

Personnel	Title	Description					Amount
TOTAL							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.545/mi	Lodging & Per Diem	Airfare & Misc.	Purpose/ Description	Amount
TOTAL							
Supplies <small>(Items under \$5,000 & consumed within 1 yr.)</small>	Description					Amount	
TOTAL							
Equipment <small>(Items over \$5,000 or <u>not</u> consumed within 1 yr.)</small>	Description (attach invoice copies for all items)					Amount	
TOTAL							
Contract / Consultant	Description					Amount	
TOTAL							
Other	Description					Amount	
TOTAL							
Indirect	Description					Amount	
TOTAL							
TOTAL EXPENDITURES							

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HD #: **16577**

Budget Account: 3218

GL: 8516

Job Number 9388918S

Category 23

Draw #: _____

SECTION D

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subgrant Period: July 1, 2018 to June 30, 2019	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400

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	\$222,972.00	\$0.00	\$0.00	\$0.00	\$222,972.00	0.0%
2. Travel	\$13,859.00	\$0.00	\$0.00	\$0.00	\$13,859.00	0.0%
3. Supplies	\$9,078.00	\$0.00	\$0.00	\$0.00	\$9,078.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$79,277.00	\$0.00	\$0.00	\$0.00	\$79,277.00	0.0%
6. Other	\$7,257.00	\$0.00	\$0.00	\$0.00	\$7,257.00	0.0%
7. Indirect	\$33,244.00	\$0.00	\$0.00	\$0.00	\$33,244.00	0.0%
Total Federal Funds	\$365,687.00	\$0.00	\$0.00	\$0.00	\$365,687.00	0.0%
8. Match	\$36,568.70	\$0.00	\$0.00	\$0.00	\$36,568.70	0.0%
Total Federal & Non-Federal Contribution	\$402,255.70	\$0.00	\$0.00	\$0.00	\$402,255.70	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature (blue ink) _____ Title _____ Date _____

FOR DIVISION USE ONLY

Is program contact required? ____ 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 division. Electronic copies are preferred and can be sent to contractunit@health.nv.gov. Mail hard copies to the following address:

***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? _____

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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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.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

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.

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

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

1. **Permitted Uses and Disclosures:**

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

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2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

1. Effect of Termination:

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and

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Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.

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

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION H

Matching Funds Agreement

This Matching Funds Agreement is entered into between the Nevada Division of Public and Behavioral Health (referred to as “Division”) and Washoe County Health District (referred to as “Subrecipient”).

Program Name	Public Health Preparedness	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	6 NU90TP921907-01-04	Subaward Number	16577
Federal Award	\$365,687.00	Contact Name	
Non-Federal (Match) Amount	\$36,568.70	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Federal and Non Federal Contribution	\$402,255.70		
Performance Period	July 1, 2018 to June 30, 2019		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding will be required to be documented on the Monthly Financial Status and Request for Funds Request form and will be verified during subrecipient monitoring.

This subaward is subject to the requirements (federal, state financial and program assurances) established by the federal government, the State of Nevada and the Division as well as any local code, ordinances and policy. This subaward is subject to the availability of funding. Special Conditions: This project is approved subject to the conditions and limitations set forth on the following pages(s): Section A-Assurances and Certifications; Section B- Description of Services, Scope of Work and Deliverables; Section C- Budget and Financial Reporting Requirements; Section E- Audit Information Request; Section F- Current and Former State Employee Disclaimer; and Section G- Business Associate Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

DD	CA	—
DHO		KD
DA		
Risk		

Staff Report
Board Meeting Date: August 23, 2018

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 an unappealed citation issued to Washoe County Community Services Department – Utility Services, Case No. 1202, Notice of Violation Citation No. 5670, with a \$1,190.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5670 be **upheld** and a fine of **\$1,190.00** be levied against Washoe County Community Services Department – Utility Services for generating visible fugitive dust emissions for a period accumulating more than 5 minutes in any hour and for failing to apply for and obtain a Dust Control Permit prior to the commencement of a dust generating activity. Generating visible fugitive dust emissions for a period accumulating more than 5 minutes in any hour and failing to apply for and obtain a Dust Control Permit prior to the commencement of a dust generating activity are minor violations of the District Board of Health Regulations Governing Air Quality Management, specifically Sections 040.030 C.1. and 040.030 C.3, respectively.

District Health Strategic Priority 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 July 10, 2018, Air Quality Specialist (AQS) Suzanne Dugger was on routine patrol in Spanish Springs north of the intersection of Eagle Canyon Drive and Pyramid Way. While conducting an inspection at an adjacent construction site, AQS Dugger observed a large plume of dust originating south of the North Spanish Springs Flood Control Basin. At approximately 1100 hours, AQS Dugger arrived on site and met with Dave Hughes with Washoe County Community Services Department (CSD) – Utility Services to discuss the fugitive dust issue. During the conversation, AQS Dugger determined that a Dust Control Permit was not obtained prior to commencement of the maintenance of the flood control system and explained that the dust generated from the maintenance activity had exceeded the visible emissions standard defined in the District Board of Health Regulations Governing Air Quality Management. AQS Dugger documented the visible fugitive dust with a video and the lack of a Dust Control Permit on a Construction Site Inspection Form.

During the course of the dust control evaluation, AQS Dugger issued Notice of Violation Citation (NOV) No. 5670 to Washoe County CSD for violations of Section 040.030, specifically generating visible fugitive dust emissions for a period accumulating more than 5 minutes in any hour and for failing to apply for and obtain a Dust Control Permit prior to the commencement of the dust generating activity. Mr. Hughes did not sign the Notice of Violation at the time the violations were observed.

On July 25, 2018, Branch Chief Michael Wolf conducted a negotiated settlement meeting attended by AQS Suzanne Dugger, Senior AQS Joshua Restori, Dwayne Smith, Director of Engineering and Capital Projects for Washoe County CSD, John Hulett, Senior Licensed Engineer for Washoe County CSD, and David Hughes, Safety/Training/EOC Coordinator – CSD Roads Maintenance. Branch Chief Wolf explained to Mr. Smith, Mr. Hulett and Mr. Hughes that Washoe County CSD was issued NOV No. 5670 per Sections 040.030 C.1. for generating visible fugitive dust emissions for a period accumulating more than 5 minutes in any hour and 040.030 C.3. for failing to apply for and obtain a Dust Control Permit prior to the commencement of the dust generating activity. During the negotiated settlement, Mr. Smith acknowledged the violations by Washoe County CSD and signed NOV No. 5670. Branch Chief Wolf explained how the fines were assessed and the enforcement process to resolve NOV No. 5670. Mr. Smith stated that he understood the enforcement procedures and agreed to settle the violation through a negotiated settlement. A Memorandum of Understanding was signed by all parties on July 25, 2018.

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. 5670, Case No. 1202, and levy a fine in the amount of **\$1,190.00** as a negotiated settlement for **minor violations**.

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 Notice of Violation Citation No. 5670.
- Or
2. The Board may determine to uphold Notice of Violation Citation No. 5670 and levy any fine in the range of \$0 to \$1,000 per day per violation.

POSSIBLE MOTION(s)

Should the Board agree with Staff's recommendation or the alternatives, a possible motion would be:

1. "Move to uphold Notice of Violation Citation No. 5670, Case No. 1202, as recommended by Staff."

Or

2. "Move to uphold Notice of Violation Citation No. 5670, Case No. 1202, and levy a fine in the amount of (*range of \$0 to \$1,000*) per day for each violation, with the matter being continued to the next meeting to allow for Washoe County Community Services Department - Utilities to be properly noticed."



NOTICE OF VIOLATION

NOV 5670

DATE ISSUED: 7-16-2018

ISSUED TO: WASHOE COUNTY CSD - UTILITIES PHONE #: 328-2043

MAILING ADDRESS: 1001 E. 9th CITY/ST: RENO NV ZIP: 89512

NAME/OPERATOR: DWAYNE SMITH PHONE #: 328-2043

COMPLAINT NO. WCMP18-02021 WV10-AQM-18-0006

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 7-16-2018 (DATE) AT 1:45 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 checked="" type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input checked="" type="checkbox"/> 040.030 <u>DUST CONTROL</u> | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 <u>ODOR/NUISANCE</u> | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 <u>DIESEL IDLING</u> | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: SEC. C. 1. - VISIBLE EMISSIONS PROHIBITED - 5 MINUTES OF VIDEO TAPE SHOWING FUGITIVE DUST. SEC. C. 3. - DUST CONTROL PERMIT - FAILURE TO OBTAIN A DUST CONTROL PERMIT PRIOR TO WORK.

LOCATION OF VIOLATION: NORTH SPANISH SPRINGS FLOOD CONTROL BASIN

POINT OF OBSERVATION: ON SITE

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: _____
 (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 7-10-2018 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within ASAP 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: 7/24/18
 Issued by: Syanne Duggan Title: AQS

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: July 25, 2018

Company Name: Washoe County Community Services Department - Utilities

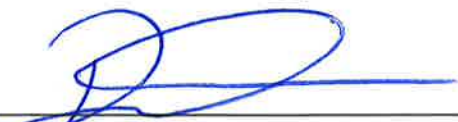
Address: 1001 E. 9th Street Reno, Nevada 89512

Notice of Violation # 5670 Case # 1202

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 040.030 Section C.1. Visible Emissions Prohibition and 040.030 C.3. Dust Control Permit Requirements

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1190.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on August 23, 2018

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

DWAYNE SMITH


Print Name

DIRECTOR, ENGINEERING AND CAPITAL PROJECTS

Title



Witness




Signature of District Representative

Michael Wolf

Print Name

Enforcement Branch Chief

Title



Witness

Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet

Company Name Washoe County Community Services Department - Utilities
Contact Name Dwayne Smith

Case 1202 NOV 5670 WVIO-AQM 18-0006

I. Violation of Section 040.030 Section C.1. Visible Emissions Prohibition

I. Recommended/Negotiated Fine = \$ 530

II. Violation of Section 040.030 Section C.3. Dust Control Permit Requirements

II. Recommended/Negotiated Fine = \$ 660

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 = \$ 1190



Air Quality Specialist

7-25-2018

Date



Senior AQ Specialist/Supervisor

7/25/18

Date

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Washoe County Community Services Department - Utilities
 Contact Name Dwayne Smith

Case 1202 NOV 5670 WVIO-AQM 18-0006

Violation of Section 040.030 Section C.1. Visible Emissions Prohibition

I. Base Penalty as specified in the Penalty Table = \$ 1,000.00

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** 0.5

Comment: Violation of 040.030 Section C Constitutes a Minor Violation per 020.040 Section C

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x **Adjustment Factor** 1.0

Comment: PM 10 is considered a criteria pollutant.

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.5

Comment: Location of fugitive dust was directly adjacent to a residential neighborhood.

Total Adjustment Factors (1 x 2 x 3) = 0.75

B. Adjusted Base Penalty

Base Penalty \$ 1000 x Adjustment Factor 0.75 = \$ 750

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 750 x Number of Days or Units 1 = \$ 750

Comment: _____

D. Economic Benefit

Avoided Costs \$ \$0.00 + Delayed Costs \$ 0 = \$ 0

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 750 + Economic Benefit \$ 0 = \$ 750

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 10%

B. Mitigating Factors (0 – 25%) - 10%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment Negotiated Settlement

C. Compliance History

No Previous Violations (0 – 10%) - 10%

Comment _____

Similar Violation in Past 12 months (25 - 50%) + _____

Comment: _____

Similar Violation within past 3 year (10 - 25%) + _____

Comment: _____

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -30%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 750</u>	x	<u>-30%</u>	=	<u>-225</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:

<u>\$ 750</u>	+/-	<u>\$ -225</u>	=	<u>\$ 530</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine



Air Quality Specialist

7-25-2018

Date



Senior AQ Specialist/Supervisor

7/25/18

Date

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

Company Name Washoe County Community Services Department - Utilities
 Contact Name Dwayne Smith

Case 1202 NOV 5670 WVIO-AQM 18-0006

Violation of Section 040.030 Section C.3. Dust Control Permit Requirements

I. Base Penalty as specified in the Penalty Table = \$ 1250

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 0.5

Comment: Violation of 040.030 Section C constitutes a minor violation per 020.040 Section C

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x Adjustment Factor 1

Comment: PM 10 is considered a criteria pollutant.

3. Environmental/Public Health Risk (Proximity to sensitive environment or group)

Negligible – 1x Moderate – 1.5x Significant – 2x Adjustment Factor 1.5

Comment: Location of the non-permitted source is adjacent to a residential neighborhood.

Total Adjustment Factors (1 x 2 x 3) = 0.75

B. Adjusted Base Penalty

Base Penalty \$ 1250 x Adjustment Factor 0.75 = \$ 937.5

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 937.5 x Number of Days or Units 1 = \$ 937.5

Comment: _____

D. Economic Benefit

Avoided Costs \$ _____ + Delayed Costs \$ _____ = \$ 0

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 937.5 + Economic Benefit \$ 0 = \$ 937.5

**Washoe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 10%

B. Mitigating Factors (0 – 25%) - 10%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment Negotiated Settlement

C. Compliance History
No Previous Violations (0 – 10%) - 10%

Comment No Prior Violations

Similar Violation in Past 12 months (25 - 50%) + _____

Comment: _____

Similar Violation within past 3 year (10 - 25%) + _____

Comment: _____

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -30%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ 937.5	x	-30%	=	-281.25
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:


\$ 937.5	+/-	\$ -281.25	=	\$ 660
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine



Air Quality Specialist

7-25-2018


Date



Senior AQ Specialist/Supervisor

7/25/18

Date

DD	NA
DHO	
DA	NA
Risk	NA

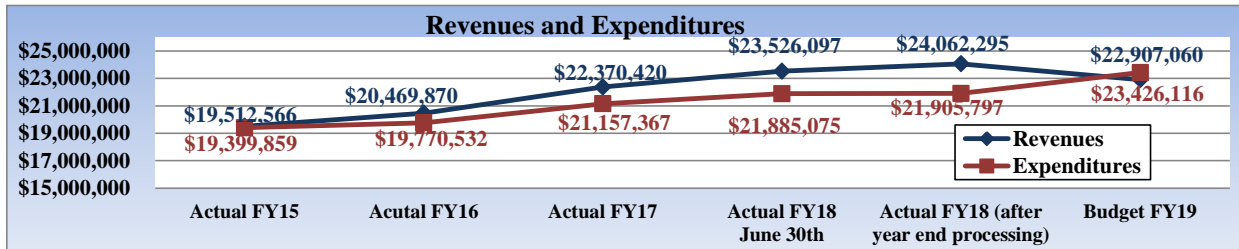
STAFF REPORT
BOARD MEETING DATE: August 23, 2018

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 July, Fiscal Year 2019

SUMMARY

Update for Fiscal Year 2018 (FY18):

Total FY18 revenues reported as of June 30, 2018 were \$23,526,097 and expenditures were \$21,885,075 reflecting a surplus of \$1,641,023. With the year-end processing of grant reimbursements, as of August 8, 2018, the FY18 revenues are at \$24,062,295 and the expenditures are at \$21,905,797 for a surplus of \$2,156,497. The fund balance is projected to be \$6,337,394 or 28.9% of total expenditures for FY18.



Fiscal Year 2019 (FY19):

FY19 opened the year with a cash balance of \$5,534,826 and by the end of July the cash decreased by \$72,462 for a July 31st balance of \$5,462,364. Total revenues were \$544,339 or 2.4% of budget and a decrease of \$729,227 over FY18. The decline in revenue is due to the July transfer from the County General Fund being deferred until September to assist the County General Fund with cash flow issues until the property tax revenue is posted to the General Fund account. The expenditures totaled \$1,724,948 or 7.4% of budget down \$475,546 or 21.6% compared to FY18 due to a \$587,017 purchase of chemical supplies purchased for Mosquito abatement in FY18 not required in FY19.

District Health Strategic Priority 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.

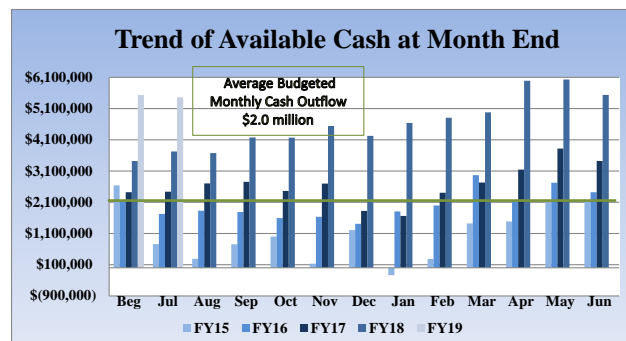
PREVIOUS ACTION

Fiscal Year 2019 Budget was adopted May 22, 2018.

BACKGROUND

Review of Cash

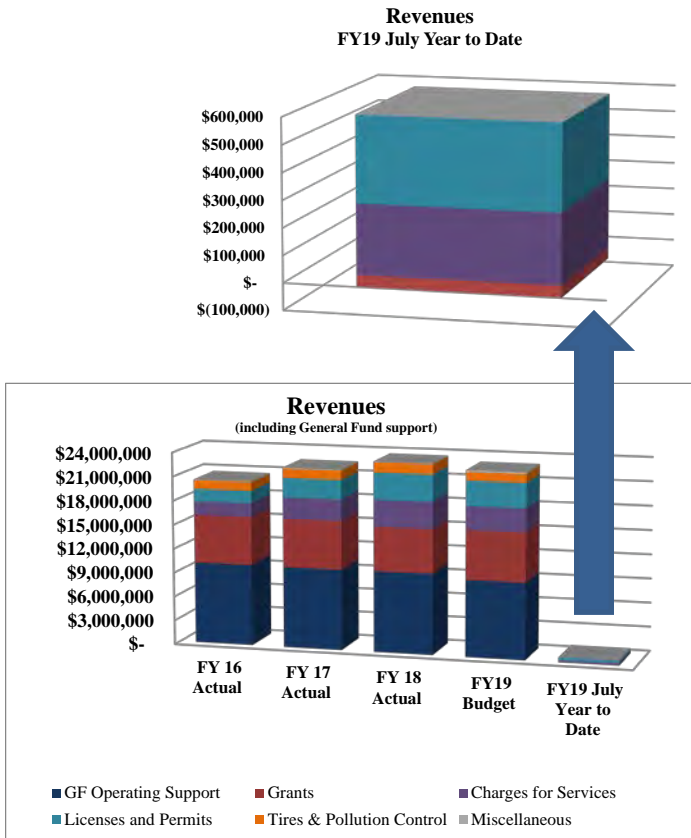
The available cash at the end of July, FY19, was \$5,462,364 which is enough to cover approximately 2.5 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.2 million; the cash restricted as to use is approximately \$1.0 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$3.3 million.



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

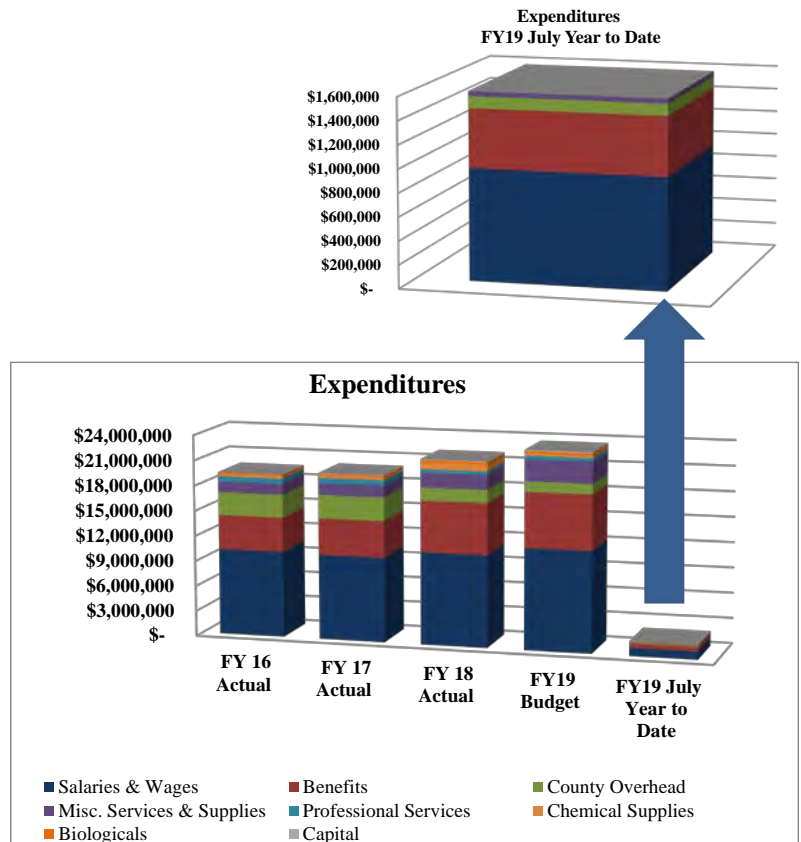


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$544,339 down \$729,227 or 57.3% compared to July FY18. The revenue categories up over last fiscal year were licenses and permits of \$324,625 up \$57,799 or 21.7% and charges for services of \$263,325 up \$52,106 or 24.7%. Miscellaneous revenues of \$539 were down \$508 or 48.5%. The major funding source that did not receive funding in July due to timing issues were state and federal grant reimbursements and tire and pollution control revenues. The monthly County General Fund transfer of \$793,071 will be deferred until September to assist the County General fund with cash flow issues due to the timing of the property tax collections for the County.

The total year to date **expenditures** of \$1,724,948 decreased by \$475,545 or 21.6% compared to year-end FY18. Salaries and benefits expenditures for the fiscal year were \$1,457,540 up \$47,134 or 3.3% over the prior year and 7.8% of budget. The total services and supplies of \$263,179 down \$522,681 or 66.5% compared to FY18 and 5.6% of budget. The main reason for the decline is a reduction in chemical supplies not required in July due to sufficient inventory. The major expenditures included in the services and supplies were: the professional services which totaled \$15,688 up \$12,899 over the prior year; chemical supplies of \$0 were down \$587,017 or 100%; the biologicals of \$67,161 were up \$66,880; and, County overhead charges of \$101,507 were down \$25,212 or 19.9%. There has been \$4,229 in capital expenditures.



Review of Revenues and Expenditures by Division

ODHO has spent \$79,515 up \$11,468 or 16.9% over FY18 mainly due to the installation of staff badge reader access into the main conference rooms for safety and security of the employees and public during lockdown situations.

AHS has spent \$93,381 down \$1,641 or 1.7% compared to FY18 mainly due to a decline in utilities and County overhead charges.

AQM revenues were \$159,418 up \$28,316 or 21.6% with the largest year over year increase in the Air Quality dust plans. The Division spent \$247,802 up \$32,725 or 15.2% over FY18 due to an employee retirement payout for the accrued vacation time and a vacant position in FY18 that filled in FY19.

CCHS revenues were \$47,619 down \$3,922 over FY18 and spent \$621,066 or \$60,396 more than FY18 due to an employee retirement payout for the accrued vacation and sick leave and biologicals for the Immunization and Family Planning programs.

EHS revenues were \$291,154 up \$35,427 over FY18 mainly in food service permits. EHS spent \$474,460 a decline of \$587,053 over last year due to an inventory of chemical supplies for the Vector program allowing for no expenditures in July FY19. In July FY18, \$587,017 was spent on chemicals.

EPHP revenues were \$46,147 up \$5,428 over last year and spent \$208,724 up \$8,558 over FY18 with the majority of that increase for the grant-funded contract with The Center for the Application of Substance Abuse Technologies for on-line continuing education training for first responders.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2014/2015 through July Year to Date Fiscal Year 2018/2019 (FY19)									
	Actual Fiscal Year			Fiscal Year 2017/2018		Fiscal Year 2018/2019			
	2014/2015	2015/2016	2016/2017	Actual Year End (unaudited)	July Year to Date	Adjusted Budget	July Year to Date	Percent of Budget	FY19 Increase over FY18
Revenues (all sources of funds)									
ODHO	-	15,000	51,228	3,365	1,404	-	-	-	-100.0%
AHS	151	-	-	-	-	-	-	-	-
AQM	2,427,471	2,520,452	2,979,720	3,543,340	131,102	3,086,133	159,418	5.2%	21.6%
CCHS	3,520,945	3,506,968	3,872,898	4,179,750	51,542	4,033,292	47,619	1.2%	-7.6%
EHS	2,008,299	2,209,259	3,436,951	4,428,294	255,728	4,126,593	291,154	7.1%	13.9%
EPHP	1,555,508	2,141,334	2,027,242	1,855,854	40,720	2,144,187	46,147	2.2%	13.3%
GF support	10,000,192	10,076,856	10,002,381	10,051,691	793,071	9,516,856	-	0.0%	-100.0%
Total Revenues	\$ 19,512,566	\$ 20,469,870	\$ 22,370,420	\$ 24,062,295	\$ 1,273,566	\$ 22,907,060	\$ 544,339	2.4%	-57.3%
Expenditures (all uses of funds)									
ODHO	481,886	594,672	904,268	826,325	68,047	1,433,591	79,515	5.5%	16.9%
AHS	1,096,568	996,021	1,119,366	1,016,660	95,022	1,156,532	93,381	8.1%	-1.7%
AQM	2,587,196	2,670,636	2,856,957	2,936,261	215,077	3,433,087	247,802	7.2%	15.2%
CCHS	6,967,501	6,880,583	7,294,144	7,538,728	560,670	7,712,347	621,066	8.1%	10.8%
EHS	5,954,567	5,939,960	6,366,220	7,030,470	1,061,514	6,797,222	474,460	7.0%	-55.3%
EPHP	2,312,142	2,688,659	2,616,411	2,557,352	200,166	2,893,337	208,724	7.2%	4.3%
Total Expenditures	\$ 19,399,859	\$ 19,770,532	\$ 21,157,367	\$ 21,905,797	\$ 2,200,494	\$ 23,426,116	\$ 1,724,948	7.4%	-21.6%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(481,886)	(579,672)	(853,040)	(822,960)	(66,643)	(1,433,591)	(79,515)		
AHS	(1,096,417)	(996,021)	(1,119,366)	(1,016,660)	(95,022)	(1,156,532)	(93,381)		
AQM	(159,725)	(150,184)	122,763	607,078	(83,974)	(346,954)	(88,384)		
CCHS	(3,446,556)	(3,373,615)	(3,421,246)	(3,358,978)	(509,128)	(3,679,055)	(573,447)		
EHS	(3,946,268)	(3,730,701)	(2,929,269)	(2,602,176)	(805,786)	(2,670,629)	(183,306)		
EPHP	(756,634)	(547,325)	(589,169)	(701,498)	(159,446)	(749,150)	(162,577)		
GF Operating	10,000,192	10,076,856	10,002,381	10,051,691	793,071	9,516,856	-		
Surplus (deficit)	\$ 112,707	\$ 699,338	\$ 1,213,053	\$ 2,156,497	\$ (926,928)	\$ (519,056)	\$ (1,180,609)		
Fund Balance (FB)	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,337,394		\$ 5,818,339			
FB as a % of Expenditures	11.7%	15.0%	19.8%	28.9%		24.8%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2019.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2019.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 1 2019
 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	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
422503 Environmental Permits	79,727-	6,673-	73,054-	8	79,990-	6,331-	73,659-	8
422504 Pool Permits	263,625-	9,391-	254,234-	4	245,234-	8,729-	236,606-	4
422505 RV Permits	31,139-	1,734-	29,405-	6	25,373-	2,877-	22,906-	11
422507 Food Service Permits	1,374,436-	147,395-	1,227,040-	11	1,263,372-	91,848-	1,171,525-	7
422508 Wat Well Const Perm	173,167-	20,428-	152,739-	12	146,747-	17,849-	128,898-	12
422509 Water Company Permits	34,456-	3,376-	31,080-	10	29,941-	7,263-	22,678-	24
422510 Air Pollution Permits	622,898-	71,212-	551,687-	11	766,406-	75,643-	690,763-	10
422511 ISDS Permits	255,177-	28,577-	226,600-	11	234,031-	26,453-	207,578-	11
422513 Special Event Permits	170,067-	25,981-	144,086-	15	208,827-	24,502-	184,325-	12
422514 Initial Applic Fee	85,526-	9,857-	75,669-	12	104,711-	5,331-	99,380-	5
* Licenses and Permits	3,090,218-	324,625-	2,765,594-	11	3,105,142-	266,825-	2,838,317-	9
431100 Federal Grants	5,406,020-	44,295	5,450,316-	1-	5,340,594-	1,404-	5,339,190-	0
431105 Fed. Grants-Indirect	488,253-	145-	488,108-	0	472,592-		472,592-	
432100 State Grants	223,206-		223,206-		373,951-		373,951-	
432105 State Grants-Indirect	18,160-		18,160-		17,396-		17,396-	
432310 Tire Fee NRS 44A.090	450,000-		450,000-		450,000-		450,000-	
432311 Pol Ctr 445B.830	587,828-		587,828-		587,828-		587,828-	
* Intergovernmental	7,173,467-	44,150	7,217,617-	1-	7,242,361-	1,404-	7,240,957-	0
460162 Services O Agencies	10,000-		10,000-		19,000-		19,000-	
460173 Reimbursements - Reno								
460500 Other Immunizations	60,000-	6,270-	53,730-	10	20,000-	5,112-	14,888-	26
460501 Medicaid Clinic Svcs	175,500-	13,091-	162,409-	7	85,500-	20,832-	64,668-	24
460503 Childhood Immunizations					200-		200-	
460508 Tuberculosis	6,000-	527-	5,473-	9	6,580-	564-	6,016-	9
460509 Water Quality	500-		500-		500-		500-	
460510 IT Overlay	60,672-	25-	60,647-	0	48,455-	920-	47,516-	2
460511 Birth Death Certific	515,000-	46,137-	468,863-	9	515,000-	40,668-	474,332-	8
460512 Duplication Service	97,571-	18,770-	78,801-	19	75,753-	16,181-	59,572-	21
460513 Other Health Service								
460514 Food Service Certifi								
460515 Medicare Reimbursement	185,500-	16,679-	168,821-	9	66,000-	15,867-	50,133-	24
460516 Pgm Inc-3rd Prty Rec								
460517 Influenza Immunization								
460518 STD Fees	35,000-	3,052-	31,948-	9	25,000-	3,489-	21,511-	14
460519 Outpatient Services	203,040-	12,355-	190,685-	6	168,844-	17,765-	151,079-	11
460520 Eng Serv Health	6,008-		6,008-		1,179-	847-	332-	72
460521 Plan Review - Pools	87,098-	285-	86,813-	0	81,584-	6,645-	74,939-	8
460523 Family Planning	50,000-	6,342-	43,658-	13	40,000-	4,682-	35,318-	12
460525 Plan Review - Vector	102,964-	1,060-	101,904-	1	99,179-	9,464-	89,715-	10
460526 Plan Review-Air Quality	95,210-	10,153-	85,057-	11	122,695-	7,385-	115,310-	6
460527 NOE-AQM	273,074-	24,928-	248,146-	9	238,433-	15,013-	223,420-	6
460528 NESHAP-AQM	221,452-	22,503-	198,949-	10	225,847-	9,280-	216,567-	4

Period: 1 thru 1 2019
 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	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
460529 Assessments-AQM	111,765-	11,975-	99,790-	11	106,866-	10,062-	96,804-	9
460530 Inspector Registr-AQ	4,175-		4,175-		6,750-		6,750-	
460531 Dust Plan-Air Quality	362,521-	61,589-	300,932-	17	334,771-	10,038-	324,733-	3
460532 Plan Rvw Hotel/Motel						2,826-	2,826-	
460534 Child Care Inspection	22,470-	2,183-	20,287-	10	21,169-	2,894-	18,275-	14
460535 Pub Accomod Inspectn	28,380-	5,371-	23,009-	19	46,666-	4,358-	42,308-	9
460570 Education Revenue								
460723 Other Fees	193,032-	29-	193,003-	0	197,528-	6,327-	191,201-	3
* Charges for Services	2,906,932-	263,325-	2,643,607-	9	2,553,979-	211,219-	2,342,760-	8
481150 Interest-Non Pooled		1-	1-					
484000 Donations, Contributions		10-	10-		5,000-		5,000-	
484050 Donation Fed Pgm Inc	6,500-	528-	5,972-	8	16,050-	995-	15,055-	6
484197 Non-Gov. Grants-Ind.	14,804-		14,804-		14,428-		14,428-	
485100 Reimbursements	48,283-		48,283-		46,084-		46,084-	
485300 Other Misc Govt Rev	150,000-		150,000-			52-	52-	
* Miscellaneous	219,587-	539-	219,048-	0	81,562-	1,047-	80,515-	1
** Revenue	13,390,204-	544,338-	12,845,866-	4	12,983,044-	480,495-	12,502,549-	4
701110 Base Salaries	10,495,306	848,556	9,646,750	8	10,324,398	835,877	9,488,521	8
701120 Part Time	302,258	21,567	280,691	7	230,388	22,246	208,142	10
701130 Pooled Positions	434,410	47,397	387,013	11	419,740	44,887	374,854	11
701140 Holiday Work	4,319	32	4,287	1	4,319	71	4,247	2
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages	166,100	665	165,435	0	164,408		164,408	
701200 Incentive Longevity	114,569	9,125	105,444	8	68,241	3,286	64,955	5
701300 Overtime	300	28	272	9	300	31	269	10
701403 Shift Differential	38,000	2,763	35,237	7	38,000	2,746	35,254	7
701406 Standby Pay	5,000	363	4,637	7	5,000	195	4,805	4
701408 Call Back								
701410 Detective Pay								
701412 Salary Adjustment	362,952		362,952		100,893		100,893	
701413 Vac Payoff Sick Term	84,041	21,143	62,898	25	73,676	184	73,492	0
701414 Vacation Denied-Payoff					1,101		1,101	
701417 Comp Time					2,069	4	2,065	0
701419 Comp Time - Transfer					7,194		7,194	
701500 Merit Awards								
* Salaries and Wages	12,007,254	954,094	11,053,160	8	11,439,728	909,528	10,530,200	8
705110 Group Insurance	1,643,058	129,570	1,513,488	8	1,648,117	129,957	1,518,160	8
705115 ER HSA Contribs	88,000		88,000		66,000		66,000	
705190 OPEB Contribution	1,286,542	107,212	1,179,330	8	1,305,189	108,766	1,196,423	8
705199 Lab Cost Sav-Benef								
705210 Retirement	3,069,829	244,584	2,825,245	8	3,001,406	240,925	2,760,482	8
705215 Retirement Calculation								
705230 Medicare April 1986	151,817	13,231	138,585	9	148,683	12,510	136,173	8

Period: 1 thru 1 2019
 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	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
705240 Insur Budgeted Incr	48,610		48,610		48,610		48,610	
705320 Workmans Comp	100,432	8,495	91,937	8	97,901	8,343	89,558	9
705330 Unemploy Comp	9,755	354	9,401	4	10,298	9,377	9,921	4
705360 Benefit Adjustment	167,765		167,765		28,461		28,461	
* Employee Benefits	6,565,808	503,446	6,062,362	8	6,354,665	500,878	5,853,787	8
710100 Professional Services	323,224	6,450	316,774	2	460,662	1,950	458,712	0
710105 Medical Services	9,521	3,319	6,202	35	9,121	8,782	8,782	4
710108 MD Consultants	58,936	500	58,436	1	58,936	500	58,436	1
710110 Contracted/Temp Svcs	24,003	5,418	18,584	23	53,610		53,610	
710119 Subrecipient Payments								
710155 Lobbying Services	600		600					
710200 Service Contract	63,962	2,512	61,451	4	61,929	3,456	58,472	6
710201 Laundry Services	650	90	560	14	102	102	102	
710205 Repairs and Maintenance	9,645	800	8,845	8	13,645	291	13,354	2
710210 Software Maintenance	3,000		3,000		3,000		3,000	
710300 Operating Supplies	161,369	504	160,866	0	151,280	957	150,323	1
710302 Small Tools & Allow	1,435		1,435		1,435		1,435	
710308 Animal Supplies	1,600		1,600		1,600	598	1,002	37
710312 Special Dept Expense								
710319 Chemical Supplies	232,700		232,700		767,535	587,017	180,518	76
710325 Signs and Markers								
710334 Copy Machine Expense	22,646		22,646		26,066	1,589	24,477	6
710335 Copy Mach-Copies	6,701		6,701		4,044	22	4,022	1
710350 Office Supplies	35,147	1,407	33,740	4	36,698	1,648	35,050	4
710355 Books and Subscriptions	8,140	154	7,986	2	8,145	155	7,990	2
710360 Postage	19,855		19,855		19,260		19,260	
710361 Express and Courier	100		100		100		100	
710391 Fuel & lube	125		125		125		125	
710400 Fmts to O Agencies	220,150	6,000	214,150	3	140,650		140,650	
710412 Do Not Use								
710500 Other Expense	103,016	50	102,966	0	31,606	50	31,556	0
710502 Printing	26,050		26,050		29,343		29,343	
710503 Licenses & Permits	8,245	665	7,580	8	8,345	200	8,145	2
710504 Registration		100	100					
710505 Rental Equipment	200		200					
710506 Dept Insdeductible								
710507 Network and Data Lines	7,140		7,140		9,050		9,050	
710508 Telephone Land Lines	35,442	2,784	32,658	8	35,611	2,456	33,155	7
710509 Seminars and Meetings	54,688	1,410	53,278	3	43,748	1,398	42,350	3
710512 Auto Expense	9,384	199	9,186	2	10,415	583	9,832	6
710514 Regulatory Assessments	20,000		20,000		20,000		20,000	
710519 Cellular Phone	14,217		14,217		14,821		14,821	
710529 Dues	20,905	750	20,155	4	32,129	1,160	30,969	4

Period: 1 thru 1 2019
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202
 Fund Center: 000
 Functional Area: 000
 Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
710535 Credit Card Fees	51,457	6,524	44,933	13	51,157	5,116	46,041	10
710546 Advertising	134,405		134,405		173,119	595	172,524	0
710551 Cash Discounts Lost						6	6-	
710563 Recruitment								
710571 Safety Expense	50,000	6,279	43,721	13	57,891		57,891	
710577 Uniforms & Special C	2,200		2,200		4,200		4,200	
710585 Undesignated Budget	598,071		598,071		794,954		794,954	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 LT Lease-Office Space	75,813	3,573	72,240	5	76,607	6,384	70,223	8
710620 LT Lease-Equipment								
710703 Biologicals	297,540	67,161	230,379	23	282,612	281	282,331	0
710714 Referral Services	6,780		6,780		6,780		6,780	
710721 Outpatient	84,551	1,789	82,762	2	124,693	133	124,560	0
710872 Food Purchases	3,244		3,244		2,744	30	2,714	1
711008 Combined Utilities	71,118	5,927	65,192	8	90,800	7,567	83,233	8
711010 Utilities								
711100 ESD Asset Management	50,274	4,190	46,085	8	40,091	3,528	36,563	9
711113 Equip Srv Replace	60,891	4,049	56,842	7	55,159	3,399	51,759	6
711114 Equip Srv O & M	61,103	5,271	55,831	9	64,486	6,530	57,957	10
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	31,839	3,553	28,285	11	27,852	2,585	25,268	9
711119 Prop & Liab Billings	82,007	6,834	75,173	8	82,007	6,834	75,173	8
711210 Travel	166,639	10,316	156,323	6	172,135	7,827	164,308	5
711213 Travel-Non Cnty Pers	2,500		2,500					
711300 Cash Over Short								
711399 ProCard in Process								
711400 Overhead - General Fund	1,218,080	101,507	1,116,573	8	1,520,621	126,718	1,393,903	8
711410 Overhead - Admin								
711504 Equipment nonCapital	69,149	3,094	66,054	4	83,270	3,735	79,535	4
711508 Computers nonCapital	20,379		20,379		20,000		20,000	
711509 Comp Sftw nonCap	3,281		3,281		2,631	123	2,508	5
* Services and Supplies	4,654,931	263,179	4,391,752	6	5,797,533	785,859	5,011,674	14
781004 Equipment Capital	100,000		100,000		100,000		100,000	
781007 Vehicles Capital								
781009 Comp Sftw Capital	25,000	4,229	20,771	17	25,000	4,229	20,771	17
* Capital Outlay	125,000	4,229	120,771	3	125,000	4,229	120,771	3
** Expenses	23,352,993	1,724,948	21,628,045	7	23,716,926	2,200,494	21,516,432	9
* 621001 Transfer From General	9,516,856-		9,516,856-		10,051,691-	793,071-	9,258,620-	8
* Transfers In	9,516,856-		9,516,856-		10,051,691-	793,071-	9,258,620-	8
812230 To Reg Permits-230	73,123		73,123		100,271		100,271	
814430 To Reg Permits Capit								
* Transfers Out	73,123		73,123		100,271		100,271	

Period: 1 thru 1 2019
 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	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
** Other Financing Src/Use	9,443,733-		9,443,733-		9,951,420-	793,071-	9,158,348-	8
*** Total	519,056	1,180,609	661,554-	227	782,463	926,928	144,465-	118

DHO	<u>KD</u>
DDA	<u>CC</u>
Risk	_____

STAFF REPORT
BOARD MEETING DATE: August 23, 2018

TO: District Board of Health
FROM: Christina Conti, Preparedness and EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us
SUBJECT: Discussion and possible appointment of Consumer at Large to the REMSA Board of Directors as the District Board of Health Appointed Representative.

SUMMARY

The REMSA Board of Directors is comprised of seven positions, three of which are appointed by the District Board of Health (DBOH). There is currently one vacant position to be appointed by DBOH. The position is the Consumer at Large representative, previously held by Mr. Jim Begbie, who served as Chairman of the REMSA Board.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

In 1986, upon the creation of the Franchise agreement for ambulance services in Washoe County, the REMSA Board of Directors was created to include the three representatives appointed by the DBOH. Since 1986, the DBOH has appointed representatives to the REMSA Board of Directors as positions have become vacant.

BACKGROUND

The Washoe County Health District received notice from Mr. Jim Begbie that would be retiring from the REMSA Board, effective July 1, 2018. EMS staff utilized the Washoe County citizen volunteer page to recruit for the position. The outreach yielded two candidates. EMS staff interviewed both candidates and required each to tour the REMSA facilities as part of the interview process. A summary of the candidates is listed in alphabetical order below.

Candidate #1 Benton, Scott

Mr. Benton is currently employed as a case manager with the Reno Men's Shelter Program. Previously, Mr. Benton worked in the medical field for approximately fourteen years. During those years, he has worked in the capacity as a medical assistant, officer manager and practice manager with both large and small private organizations. Mr. Benton currently serves on three Washoe County School District committees and was recently appointed to the City of Sparks Civil Service

Commission. Mr. Benton has a working knowledge of the EMS system, to include the two dispatch centers and the prearrival instructions that are utilized during emergency medical calls. Mr. Benton's interest in joining the Board is to give back to the community by being one voice that can make a difference for many in the Washoe County community that has influenced his life on a daily basis.

Candidate #2: Flores, Melanie

Ms. Flores currently works as an Assistant Field Education Coordinator at the University of Nevada, Reno. Previously, Ms. Flores worked at both the Health District and the Nevada Division of Public and Behavioral Health over the course of 6 years in positions that strove to engage community stakeholders in programs and projects. In addition to her work in public services, Ms. Flores has worked at Northern Nevada Hopes as a client's services manager. Ms. Flores has limited knowledge of the EMS system; however, she was very familiar with REMSA being a community based provider that provides ambulance transport within the region, as well as an awareness of the Nurse Healthline and the community paramedicine program. Ms. Flores is interested in joining the REMSA Board to give back to the community at the decision making level. Ms. Flores has a Master's Degree in Social Work and believes this is complementary to the field, providing a unique perspective for the Board.

FISCAL IMPACT

There is no additional fiscal impact to the FY19 budget should the Board approve the appointment to the REMSA Board of Directors.

RECOMMENDATION

Each of the two candidates for the Consumer at Large position brings individual strengths that would be of benefit to the REMSA Board and both are capable and qualified for the position and would complement the Board in different ways.

POSSIBLE MOTION

Should the Board be prepared to appoint a representative, a possible motion would be: Move to approve (*insert name*) to the REMSA Board of Directors as the Consumer at Large District Board of Health Appointed Representative.

Scott Benton

Case Manager

A fair, firm and consistent Manager with over 13 years' professional experience. A highly dependable, reliable, and dedicated individual who is always willing to jump in and help accomplish the mission. Possess the leadership and communication skills to problem solve, navigate technology and utilize a computer with confidence.

- Problem Solver
- Dependable
- Organized
- Loyal
- Detail Orientated
- Supervisory Experience
- Ensure Compliance
- Dedicated
- Team Player
- Delegated Tasks
- Trustworthy
- Punctual & Reliable

EXPERIENCE

Office and Human Resource Management

- Establish relationships with Client to promote positive environment and personal growth within the program
- Referred patients/clients to resources
- Analyze needs of Clients based on intake and ongoing relationships
- Analyzed data to inform operational decisions or activities
- Prepared Individual Service Plans
- Assisted Client with goal setting
- Developed and maintained computerized management systems
- Prepared and maintained statistical data
- Administered and reviewed assessments on each Client
- Represent organization at personnel-related hearings and investigations
- Addressed employee relation issues
- Supervised, delegated and evaluated work activities of staff to ensure systematic workflow
- Conducted recruited, hired, training, and disciplined staff
- Developed and implemented policies and procedures
- Established objectives for business needs and growth
- Expanded and implemented programs based on service changes
- Consulted with business and community groups

PROFESSIONAL EXPERIENCE

Case Manager, Reno Men's Shelter Program, Reno, NV	11/2017 – present
Medical Assistant, SpineNevada, Reno, NV	08/2016 – 05/2017
Office Manager, Renewed Health & Wellness, Reno, NV	11/2014 – 02/2016
Office Manager, Child Neurology, Reno, NV	09/2013 – 05/2014
Practice Manager, Tahoe Forest Women's Center, Truckee, CA	01/2012 – 09/2013
Lead Medical Assistant, Sierra Family Health Center, Sparks, NV	04/2004 – 05/2010

EDUCATION

University of Nevada, Las Vegas, Las Vegas, Nevada, Bachelor of Science, Psychology

INTERESTS/INVOLVEMENT

Washoe County School District, Safe and Health School Commission, Commissioner
Washoe County School District, Council on Family Resources, Council Member
Washoe County School District, School Naming Committee, Committee Member
City of Sparks, Civil Service Commission, Commissioner
United States All-Star Federation, Regional Advisory Board, Board Member
Reno Sparks Cinderella (501c3), Board of Directors, Executive Director
American Heart Association, Heart Walk, Committee Co-Chair
Five Star Athletics, All Abilities (Special Needs) Team, Team Coach/Advisor

Scott Benton

Case Manager

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EXPERIENCE

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Reno Sparks Cinderella (501c3), Board of Directors, Executive Director
American Heart Association, Heart Walk, Committee Co-Chair
Five Star Athletics, All Abilities (Special Needs) Team, Team Coach/Advisor

July 16, 2018

Melanie Flores

REMSA Board
1001 East 9th Street, #B
Reno, NV 89512

Members of the Board:

I am applying for this opportunity because I believe I can bring a unique perspective to the board, not only being a consumer, but with my multi-governmental career experience. I have worked at the state, county, and community levels, often championing activities behind using community-based practitioners as a solution to public health problems.

Experience with community-based practitioners include developing a Community Health Worker program in Nevada, policy change to help outreach workers use naloxone for overdose prevention, and grant writing with the state Heart and Stroke program to decrease door-to-needle time for stroke patients in the rural areas using Emergency Medical Services.

I bring to the table skills for grant writing, strategic planning, quality improvement, community organizing and program evaluation. In addition, I have a strong social behavioral approach to care graduating with my Master's in Social Work. I am very impressed with REMSA's ability to use their community-based status to increase access to care and reduce costs for inappropriate or unneeded medical services.

As part of this board, I hope to support the innovative approaches to care REMSA has already put forth and to personally develop my skills to be part of decision making for the community I love so much. If these are qualities that you look for in a board member, I am definitely a person you want to know.

Thank you for your consideration. If you have questions, please call me at (775) 815-5666. I look forward to hearing from you soon.

Sincerely,
Melanie Flores, MSW

MELANIE FLORES, MSW

EDUCATION	
2010-2012	Master of Social Work, University of Nevada, Reno
2001-2003	Bachelor of Arts, Psychology, California State University San Bernardino, CA
RELEVANT SKILLS AND EXPERIENCE	
<ul style="list-style-type: none"> ▪ Eight years of cumulative managerial experience; managing teams of three people upwards to twenty-one people ▪ Successfully passed public health legislation including SB410, to reduce communicable disease through syringe access, and SB459 to expand opioid antagonist access and the Good Samaritan Law ▪ Founding member of the Public Health Alliance for Safety Access (PHASA) ▪ Grant writing which includes million-dollar grants from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) ▪ Former board member of four non-profit organizations: Northern Nevada Outreach Team, Statewide Native American Coalition, the Crisis Call Center, Directors of Health Promotion and Education ▪ Software: Microsoft Word, Excel, Publisher, Power Point and Adobe Photoshop, Prezi ▪ Proficient in digital mediums of communication including website development and social networking ▪ Developed a four-year successful fundraising campaign for sixteen different non-profit organizations ▪ Seven-years extensive work in public relations, marketing, branding, public speaking and community outreach 	
WORK HISTORY	
June 2017-Present <i>Assistant Field Education Coordinator</i> University of Nevada, Reno: School of Community Health Sciences: Nevada Public Health Training Center Reno, NV	<ul style="list-style-type: none"> ▪ Field studies and internship program management for the Bachelor and Master of Public Health Programs ▪ Teaching and building educational curricula for field studies in public health programs ▪ Implementing Nevada Public Health Training Center contracts for public health workforce development and research projects ▪ Community engagement and building partnerships with the public health practice community to enhance student experiential learning opportunities ▪ Ensuring University compliance for community field sites
August 2016-June 2017 <i>Program Coordinator</i> Washoe County Health District Reno, NV	<ul style="list-style-type: none"> ▪ Implementation, evaluation and reporting of the Washoe County Community Health Improvement Plan (CHIP) ▪ Public Health Accreditation Coordinator alternate to help move the Health District forward to meet compliance standards of the Public Health Accreditation Board (PHAB) ▪ Development of a District-wide workforce development plan to meet PHAB standards ▪ Research, analysis, evaluation and reporting ▪ Community engagement, coordination, and facilitation of community partners towards collective impact goals
August 2014-Current <i>Adjunct Instructor</i>	<ul style="list-style-type: none"> ▪ Instructor for the School of Community Health Sciences (CHS) for the following classes ▪ 102 – Personal Health and Well-being ▪ 310 – Health and Wellness Communication

MELANIE FLORES, MSW

<p>Carson City, NV</p>	<ul style="list-style-type: none"> ▪ Streamline internal and external communication of the Chronic Disease Prevention and Health Promotions (CDPHP) section, in addition to the development of marketing/branding of section activities around health promotion
<p>June 2012- April 2013</p> <p><i>Oral Health Program Evaluator</i></p> <p>Nevada Division of Public & Behavioral Health</p> <p>Carson City, NV</p>	<ul style="list-style-type: none"> ▪ Researching, collecting, and analyzing data and statistics related to chronic disease and oral health throughout the state of Nevada ▪ Planning, implementation, and evaluation of evidence-based disease prevention and health promotion campaigns in Nevada ▪ Engaging key community stakeholders and garnering policy support of community health issues with a special emphasis on disease prevention and health promotion
<p>2011-2012</p> <p><i>Research Analyst and Health Promotion Specialist</i></p> <p>Washoe County Health District</p> <p>Reno, NV</p>	<ul style="list-style-type: none"> ▪ Researching, collecting, and analyzing data and statistics related to communicable disease transmission throughout the state Nevada ▪ Planning, implementation, and evaluation of evidence-based disease prevention and health promotion campaigns in Washoe County ▪ Engaging key community stakeholders and garnering policy support of community health issues, with a special emphasis on disease prevention and health promotion ▪ Planning, development and publication of a statewide community needs assessment related to the burden of disease attributable to injection drug use, including barriers to the prevention of communicable diseases and community solutions of evidence-based interventions to address the problem ▪ Planning and implementation of statewide focus groups and key informant surveys to assess the knowledge, beliefs, and attitudes in regard to targeted communicable diseases in order to aid in community prevention efforts
<p>2010-2011</p> <p><i>Client Services Coordinator/Syringe Access Outreach Manager</i></p> <p>Northern Nevada HOPES</p> <p>Reno, NV</p>	<ul style="list-style-type: none"> ▪ Relationship building and empowerment of HIV-positive clients through the provision of health education and promotion activities and through targeted referrals to community resources ▪ Training, scheduling, and supervision of up to 15 community and client volunteers, including project placement and skills development through new and existing communicable disease prevention and management activities ▪ Plan, develop, implement, and evaluate health promotion programs and social marketing campaigns that aid in the prevention of communicable diseases, with a special emphasis on Hepatitis C, HIV, and other sexually transmitted diseases ▪ Developing agency policies, procedures, and protocols related to the provision of services to those infected with HIV and other communicable diseases ▪ Community outreach and collaboration through facilitating relationships with other non-profit organizations and building alliances with local businesses and policy makers ▪ Research, writing, and reporting of both local and national grants related to communicable disease prevention and health promotion ▪ Policy analysis, development, and promotion related to the prevention of communicable diseases, with a particular emphasis on Hepatitis C and HIV



REMSA

**FRANCHISE COMPLIANCE
REPORT**

July 2018



**REMSA Accounts Receivable Summary
Fiscal 2018**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
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
November	4026	\$4,580,696.00	\$1,137.78	\$1,138.85	\$409.98
December	4428	\$5,139,837.20	\$1,160.76	\$1,142.82	\$411.42
January	4239	\$4,948,942.20	\$1,167.48	\$1,146.47	\$412.73
February	3844	\$4,582,675.00	\$1,192.16	\$1,151.87	\$414.67
March	4157	\$4,953,807.00	\$1,191.68	\$1,156.39	\$404.74
April	3718	\$4,419,460.40	\$1,188.67	\$1,159.36	\$405.78
May	4059	\$4,818,179.20	\$1,187.04	\$1,161.89	\$406.66
June	4055	\$4,788,528.00	\$1,180.89	\$1,163.48	\$407.22
Totals	48484	\$56,410,146	\$1,163.48		
Prior Allowed Average Bill: \$1,161.23					
Current Allowed Average Bill: \$1,196.07				1/1/18 3% increase	

Fiscal Year 2018-2019

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B, C, D
Jul-18	5 Minutes 48 Seconds	91%	97%

Year to Date: July 2018 thru July 2019

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 48 Seconds	91%	97%

Year to Date: July 2018 through July 2019

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-18	P-1	5:14	6:02	7:45
	P-2	5:22	6:16	8:23



Year to Date: July 2018 through July 2019

Priority	Reno	Sparks	Washoe County
P-1	5:14	6:02	7:45
P2	5:22	6:16	8:23



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 07/01/2018 THRU 07/31/2018**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	7/2/2018 13:48	7/2/2018 13:52	1C40	0:04:15	0:04:15
Zone A	7/3/2018 6:38	7/3/2018 6:41	1C41	0:03:15	0:03:15
Zone A	7/3/2018 20:17	7/3/2018 20:19	1W35	0:02:20	0:02:20
Zone A	7/4/2018 0:30	7/4/2018 0:33	1C42	0:02:41	0:02:41
Zone A	7/7/2018 1:41	7/7/2018 1:41	1C02	-00:00:06	0:00:09
Zone A	7/7/2018 2:23	7/7/2018 2:24	1C11	-00:00:14	0:01:28
Zone A	7/7/2018 15:20	7/7/2018 15:22	1C25	0:02:49	0:02:49
Zone A	7/9/2018 3:37	7/9/2018 3:42	1C29	0:05:17	0:05:17
Zone A	7/11/2018 9:38	7/11/2018 9:42	1C43	0:03:47	0:03:47
Zone A	7/11/2018 19:58	7/11/2018 20:04	1C39	-00:01:36	0:05:16
Zone A	7/12/2018 8:39	7/12/2018 8:45	1C09	0:07:33	0:06:27
Zone A	7/12/2018 13:29	7/12/2018 13:33	1C09	0:04:29	0:04:01
Zone A	7/14/2018 14:37	7/14/2018 14:42	1C35	0:04:45	0:04:45
Zone A	7/15/2018 17:25	7/15/2018 17:25	1C30	0:00:00	0:00:20
Zone D	7/22/2018 15:24	7/22/2018 15:49	1C20	0:24:54	0:24:54
Zone A	7/22/2018 22:12	7/22/2018 22:14	1C35	-00:00:16	0:01:28
Zone A	7/27/2018 12:57	7/27/2018 12:59	1C01	0:02:16	0:02:16
Zone A	7/27/2018 15:17	7/27/2018 15:20	1C02	0:03:01	0:02:42
Zone A	7/27/2018 15:55	7/27/2018 15:57	1C02	0:02:47	0:02:13
Zone A	7/29/2018 1:40	7/29/2018 1:41	1C02	-00:00:40	0:00:54
Zone A	7/29/2018 2:21	7/29/2018 2:23	1C02	0:02:02	0:02:02
Zone A	7/30/2018 11:11	7/30/2018 11:20	1C30	-00:10:45	0:09:16



UPGRADE REQUESTED						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
No Upgrades						

EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
No Exemptions					



GROUND AMBULANCE OPERATIONS REPORT JULY 2018

1. Overall Statics

- a) Total number of system responses: 6647
- b) Total number of responses in which no transports resulted: 2563
- c) Total number of System Transports (including transports to out of county): 4084

2. Call Classification

- a) Cardiopulmonary Arrests: 1.5%
- b) Medical: 57.6%
- c) Obstetrics (OB): 0.8%
- d) Psychiatric/Behavioral: 9.0%
- e) Transfers: 11.8%
- f) Trauma – MVA: 7.5%
- g) Trauma – Non MVA: 6.8%
- h) Unknown: 5.1%

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: **2051**

Total number of above calls receiving QA Reviews: **371**

Percentage of charts reviewed from the above transports: **18%**



**REMSA EDUCATION
JULY 2018 MONTHLY COURSE AND STUDENT REPORT**

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	5	45	4	40	1	5
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	1	4	0	0
ACLS R	9	29	4	23	5	27
ACLS S	4	6	0	0	4	6
AEMT	0	0	0	0		
BLS	49	254	10	88	39	166
BLS I	0	0	0	0	0	0
BLS R	34	150	21	102	13	48
BLS S	11	26	0	0	11	26
B-CON	0	0	0	0	0	0
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	0	0	0	0		
EMT R	0	0	0	0		
FF CPR	1	3	1	3	0	0
FF CPR FA	1	21	1	21	0	0
FF FA	0	0	0	0	0	0
HS BBP	1	8	1	8	0	0
HS CPR	17	89	7	44	10	45
HS CPR FA	45	294	5	41	40	253
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	1	2
HS FA	7	21	3	5	4	16
HS FA S	0	0	0	0	0	0



HS K-12 CPR AED	21	147	0	0	21	147
HS K-12 CPR, AED, FA	8	37	0	0	8	37
HS PFA	0	0	0	0	0	0
HS Primeros Auxilios, RCP y DEA	0	0	0	0	0	0
HS Spanish RCP y DEA	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	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
Kid Care	1	16	1	16	0	0
PALS	3	18	2	13	1	5
PALS I	0	0	0	0	0	0
PALS R	7	15	2	9	5	6
PALS S	0	0	0	0	0	0
PHTLS	2	6	2	6	0	0
PHTLS R	0	0	1	0	0	0
PM	2	27	2	27		
PM R	0	0	0	0		
Classes w/ CPR		CPR Students		REMSA CPR Classes		REMSA CPR Students
188		1037		46		315



COMMUNITY OUTREACH JULY 2018

Point of Impact		
07/14/18	Child car seat checkpoint hosted by Menath Insurance; 9 cars and 14 seats inspected.	10 volunteers; 2 staff
7/2018	Eight office installation appointments; 8 cars and 9 seats inspected.	
Cribs for Kids/Community		
07/10/18	C4K attended Safe Kids Washoe County Meeting	
06/02/18	C4K attended Maternal Child Health Coalition Meeting	
07/25/18	Attended Truckee Meadows Family Health Festival	About 100+ Participants stopped by booth
07/28/18	Attended Child Passenger Safety Tech update @ REMSA	



REMSA

Reno, NV
Client 7299



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EMS System Report

July 1, 2018 to July 31, 2018

Your Score

96.18

Number of Your Patients in this Report

150

Number of Patients in this Report

6,728

Number of Transport Services in All EMS DB

147





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **07/01/2018** and **07/31/2018**.

The overall mean score for the standard questions was **96.18**; this is a difference of **3.55** points from the overall EMS database score of **92.63**.

The current score of **96.18** is a change of **1.14** points from last period's score of **95.04**. This was the **8th** highest overall score for all companies in the database.

You are ranked **2nd** for comparably sized companies in the system.

87.50% of responses to standard questions had a rating of Very Good, the highest rating. **99.30%** of all responses were positive.

5 Highest Scores



5 Lowest Scores



REMSA
July 1, 2018 to July 31, 2018

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		0	0	0	1	1	0	0
18 to 30	19	12	7	0	13	3	10	0
31 to 44	21	9	12	0	14	4	10	0
45 to 54	17	7	10	0	16	9	7	0
55 to 64	32	19	13	0	31	18	13	0
65 and older	62	30	32	0	75	34	41	0
Total	151	77	74	0	150	69	81	0

Age Ranges



Gender



REMSA
July 1, 2018 to July 31, 2018



Monthly Breakdown

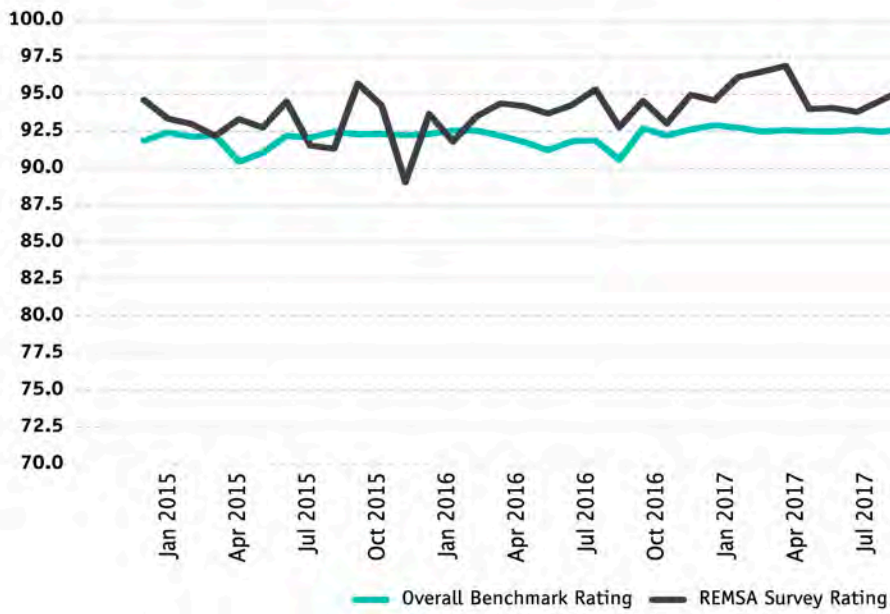
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018
Helpfulness of the person you called for ambulance service	95.21	95.21	93.13	90.58	93.13	97.56	93.55	90.95	92.53	99.42	96.67	96.25	96.79
Extent to which you were told what to do until the ambulance	91.48	96.02	89.89	92.33	94.59	95.65	93.77	90.52	92.97	99.39	96.59	96.05	98.61
Extent to which the ambulance arrived in a timely manner	92.01	95.01	95.44	92.37	92.87	95.84	95.36	92.30	95.11	93.55	90.28	95.58	95.87
Cleanliness of the ambulance	96.04	96.57	99.09	96.82	96.12	98.26	96.49	93.00	96.01	94.53	93.72	97.17	96.04
Skill of the person driving the ambulance	95.49	96.40	96.44	96.82	95.26	96.96	96.12	93.93	95.43	95.63	93.77	96.17	96.88
Care shown by the medics who arrived with the ambulance	95.12	93.90	96.19	93.68	95.49	95.45	95.78	92.94	95.59	94.37	92.91	94.51	96.95
Degree to which the medics took your problem seriously	94.73	94.70	95.90	93.59	95.21	95.93	95.61	91.99	93.97	94.85	92.30	94.60	96.97
Degree to which the medics listened to you and/or your family	93.77	94.52	96.88	94.22	94.75	96.11	95.60	92.11	94.80	95.44	92.65	95.04	95.93
Extent to which the medics kept you informed about your	91.76	92.33	92.75	92.56	93.81	94.98	94.69	91.33	94.04	94.26	92.27	93.56	95.27
Extent to which medics included you in the treatment decisions	92.01	93.16	91.71	93.93	91.47	96.68	93.34	89.66	93.44	92.69	91.80	93.54	94.35
Degree to which the medics relieved your pain or discomfort	87.43	92.54	90.17	86.22	92.90	91.13	91.12	89.07	90.92	90.45	91.24	92.12	94.76
Medics' concern for your privacy	97.16	96.00	96.73	94.72	93.45	95.85	94.40	92.26	95.53	94.51	93.74	96.00	97.04
Extent to which medics cared for you as a person	95.40	95.20	96.95	94.54	94.51	96.41	95.85	92.30	94.24	95.28	94.11	95.74	96.02
Professionalism of the staff in our ambulance service billing	81.25	93.18	96.43	100.00	87.50	97.22	96.88	94.44	100.00	94.57	88.46	98.08	94.79
Willingness of the staff in our billing office to address your	84.50	87.50	100.00	98.08	87.50	96.88	96.43	93.75	100.00	95.24	89.32	98.08	94.57
How well did our staff work together to care for you	96.25	95.72	96.68	95.92	95.98	97.79	96.46	93.02	95.22	94.78	93.73	95.52	97.24
Extent to which the services received were worth the fees	87.92	88.24	83.63	85.47	89.39	91.20	91.67	84.95	89.98	85.38	90.19	86.88	91.22
Overall rating of the care provided by our Emergency Medical	94.94	94.54	95.94	94.97	94.82	97.66	96.10	92.23	94.55	93.82	93.50	95.28	96.84
Likelihood of recommending this ambulance service to others	93.55	96.46	97.34	96.87	95.29	97.68	96.78	93.44	95.47	94.92	93.83	97.37	96.83
Your Master Score	93.80	94.57	95.33	93.86	94.19	96.02	95.12	91.82	94.44	94.18	92.78	95.04	96.18
Your Total Responses	144	150	150	150	150	150	150	150	150	150	153	151	150

REMSA
July 1, 2018 to July 31, 2018



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE JULY 2018 CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
1	05/22/2018	"they listen to me about being a hard stick- they didn't try to stab me a bunch- and they listen to me- they made sure I got around instead of being pushed around"				
2	05/22/2018	"pretty much everything"	"just be taken seriously- I was really panicking and I just didn't feel the concern- they asked me a lot of questions and I was having a hard time breathing- they had to take the treatment off of me so I could answer the questions"		7.9.18 Ticket # 5914	7/12/18, I called the pt., while I was talking to her she hung up. No further
3	05/22/2018	"well they were really nice and they gave me all the attention I needed and got here when I needed."				
4	05/22/2018	"they took care of me"		"they really tried their best with my pain"		
5	05/22/2018	"they were very professional, courteous, and helpful. they took really				



		good care of me."				
6	05/22/2018	"they just took really good care of me. and got me to the hospital quickly"				
7	05/23/2018	"the thoughtfulness- and how they took my problem seriously"	"I don't live in reno- so there probably won't be a next time"			
8	05/23/2018	"they were professional, got to my house fast- and were very professional"		"oh yes! they were very nice"		
9	05/23/2018	"everything."	"I do not know of anything that could be done"	"a definite 5"		
10	05/23/2018	"They were all very kind and compassionate to me."				
11	05/23/2018	"My mother passed away but spoke very highly of the experience with REMSA."				
12	05/23/2018	"I was able to ask questions and they answered them."	"Train medics for IV."			
13	05/23/2018	"They have done a wonderful job with me. I appreciate their service!"				



14	05/23/2018	"They were really quick and did everything they needed to get me to the hospital. I am a retired RN and I was impressed!"	"they were great!"			
15	05/24/2018	"They took really good care of my mother."				
16	05/24/2018	"they always come on time, but I don't really have a reply"				
17	05/24/2018	"they were really great and helpful. I was in a really bad car accident with my dog and staff- so I was really freaking out, and they did a really good job."				
18	05/24/2018	"I really can't explain"				
19	05/24/2018	"the treatment, the way the explained things. not only did they inform me, they also informed my wife and two of my kids. overall it was a good experience. they did a really good job."				



20	05/24/2018	"they were professional, caring, and knew what they were doing- also kept my wife informed"				
21	05/24/2018	"they got me where I was supposed to go, so that was good- I was just being moved from one place to another"		"two guys and they got me over to the hospital very nicely"		
22	05/24/2018	"just their concern and care- they did excellent"		"I'm very thankful for the service I received"		
23	05/25/2018	"they knew what they were doing, and got here fast- they just took really good care of me"				
24	05/26/2018		"better communication between medics and ER"		8.6.18 Ticket #6007	See follow up below
25	05/26/2018	"They were really terrific and I couldn't ask for any better"				
26	05/26/2018	"I broke my hip and I was in a lot of pain, the medics did great!"				
27	05/25/2018	"I appreciate REMSA!!"				
28	05/27/2018	"they were just good, really good. being nice and they care about me all the time"				



29	05/25/2018	"They were all really nice and treated her very well. everything was great- thank you for getting back with us."				
30	05/27/2018	"they arrived in a timely manner and answered all my questions. They got me to the hospital - everything was ready when I got there"				
31	05/27/2018	"they medic was very nice to my daughter- made sure she was comfortable"				
33	05/27/2018	"I'm sure they did whatever they had to do. they are always so great."				
34	05/27/2018	"just how quickly they got here- it only took them about 2 or 3 minutes"				
35	05/27/2018	"everything! it was very professional. you guys are really good. they actually talk to you like a person- they don't talk down to you- they talk to you like a human being"	"not a thing!"			



36	05/28/2018	"they were kind to explain to me what they were doing when they were putting the IV in-"	"I don't think there is anything- like I said you guys are number one"	"they were really good about that- they let me know everything they were doing as they did it"		
37	05/28/2018	"oxygen, you guys scored 100!"	"I can't think of a thing"			
38	05/28/2018	"They have always been kind and courteous!"				
39	05/29/2018	"The services was great."	"REMSA and Renown hospital have an agreement. Bills should be sent to the VA not the patient. I feel it's insensitive to bill someone when the bills should be going to the VA. This has happened on many occasions."		8.6.18 Ticket # 6008	See follow up below
40	05/29/2018	"They were kind and courteous, they were with me every step of the way!"				
41	05/29/2018	"Responsive, very fast and kind."	"don't put IV near bone. Let ER do it. God bless the REMSA people, without them I don't think I would be here."			



42	05/29/2018		"I keep getting bills, they need to send them to the VA"	"Send bill to VA!"	8.6.18 Ticket #6009	See follow up below
43	05/30/2018		"Everything was exactly the way I wanted."			
44	05/30/2018	"just getting me into the ambulance- the medic in the back watched out for me as the one in the front drove"	"nothing I guess"	"didn't have treatment because I was just be transferred from one hospital to another. so they really didn't know why I was being taken or what was going on"		
45	05/30/2018	"umm just about everything- from when they walked in the door until we got to the hospital. one time I called to tell them how well they are to me. It was a girl and a guy- they were just excellent - they sat down and talked to me."		"They always just treat me so well. I have never had a bad experience with them. most of the medics I've met are nicer than the doctors. just so informative."		



46	05/30/2018	"the whole service- from them getting here to getting me to the ambulance. I've even watched them before and they always do good."		"I've been a lot- they always treat me well- I even know some of the boys" "it was all really great to be honest"		
47	05/31/2018	"Well I'm still in the hospital, but I give them 5 all the way down. they were excellent"				
48	05/31/2018	"overall start to finish they were pretty good- didn't waste time and got me where I needed to be"	"you just don't really know until it happens- but overall I think they were good"	"they asked a lot of questions which is more helpful and comforting- they also just to let you talk which is also good."		
49	05/31/2018	"they ask questions and listen to my answers- they seem concerned about me as a person not just concerned about the problem- I would also add very kind, knowledgeable and professional"	"I don't think there anything you could have done better everything was very good"	"they were very good to me"		



50	06/01/2018		"Have smaller IV needed. They are like pitchforks!"		8.6.18 Ticket # 6010	Message left at listed telephone number 8/6/18 at 1530. Second message left today, 8/8/18 at listed telephone number.
51	06/01/2018	"They did a fantastic job. Thank you so much REMSA"				
52	06/01/2018	"They talked with me and kept me calm while I was having a heart attack. They deserve a reward for how they treated me. God was watching over all of us."				
53	06/01/2018	"they were professional, and kind."		"oh yes they were very good to me"		
54	06/01/2018	"just about everything. the medics were very helpful and knew what they were doing."		"haven't seen a bill"		
55	06/02/2018	"everything was great and went well- they get all 5's"				



56	06/02/2018	"the medics treated me well. and helped me get where I needed to be."		"oh yes, they were very good"		
57	06/02/2018	"got here fast and the professionalism of the medics"		"everything was good"		
58	06/03/2018	"they just took really good care of me. everything the medics did was fine."				
59	06/03/2018	"I have never had a problem with them. they are always very kind and professional"		"Oh they're always really good to me"		
60	06/03/2018	"The medics had trouble starting an IV so I asked them to try in a location other than the typical spot and they were successful."				
61	06/03/2018	"They did their job well."				
62	06/03/2018	"The pt. feels that her answers to the questions are enough information for her to provide at this time."				
63	06/03/2018	"Pt stated that the medics did the best they could for her pain and got				



		her quickly to the hospital."				
64	06/03/2018	"they started me on a breathing treatment- and gave me meds that saved my life-"	"nothing better you did really good"			
65	06/04/2018	"lifting me and transporting me out of the house with a lot of care- I am very grateful"	"nothing"			
66	06/04/2018	"well they got here fast- and got me out of here fast- I thought I was having a heat attack- they always take good care of me and get here right away."	"if there was a better way for them to put the needles in. they stuck me way too many times- after I didn't want to be stuck anymore-"	"they were fantastic"	8.6.18 Ticket #6011	PT had 2 iv attempts with the 2nd being successful. Message left with patient 8/8/18 at 1740.
67	06/04/2018	"I think you guys are great! you've been here for me and are great. thank you"				
68	06/04/2018	"well they just provided the service in a professional manner-and they were very careful"	"I can't think of anything"			
69	06/04/2018	"the overall care"	"billing"			
70	06/04/2018	"it was all done well"	"nothing"			



71	06/05/2018	"I thought the medic was nice and that he cared about me and took care of me well."	"I can't think of anything right now"			
72	06/05/2018		"air rides for a softer riding ambulance!"			
73	06/05/2018		"Put patient on gurney rather than on bench. All their equipment was on gurney. I was bobbing up and down like a cork."		8.6.18 Ticket #6012	See follow up below
74	06/05/2018	"They were all really good to me!"	"Cocktails!"			
76	06/06/2018	"They were great."	"Use air rides the ride is rough."			
77	06/06/2018	"They were very good with me except that the medic thought I was lying. Thank you for your services"	"Some medics can be judgmental and some can be more mature."		8.6.18 Ticket #6013	I called PT and spoke to his son, who advised me his father is on vacation in California but will be back next week. I will attempt contact when he returns.



78	06/06/2018	"The medics were wrapped up in themselves and the computer to focus on me as a patient. I am a retired nurse and felt that the medics need to wise up to patient care."	"I would encourage the medics to mature and take these experiences as learning experiences and treat people like human beings."	"Medics need to mature a lot. They made jokes among themselves. Reassurance and eye contact would have been nice. I felt like I was a thing. My condition was not a joke to me but serious."	8.6.18 Ticket # 6014	See follow up below
79	06/06/2018	"everything"	"have smaller needles for IV I was in a lot of pain but they couldn't get it in"			
80	06/06/2018			"very good-"		
81	06/06/2018	"everything- they got here on time- very professional, but very caring- they made me feel like I was in good care."	"I can't really say. they treated me very well. they joked with me, helped me not worry as much and just took very good care of me"	"they were very good"		
82	06/07/2018		"seemed to me everything was fine, they got me there - and when I did get there I wasn't hurt anymore"			



83	06/07/2018	"the driver and the other medic were great. they rolled me out real quick. they were excellent I wrote everyone a letter. the medics, the hospital, and the hotel. I am just so thankful for everything that was done. and everyone who helped me."		"they were just great- I was bleeding so bad- they calmed me down. and let me know I was going to be alright"		
84	06/07/2018	"my son was out of town and I was getting really weak. so, I thought I should go to the ER- I had not money for the a taxi so I called the ambulance- and they got me then the doctors gave me 5 pills"				
85	06/07/2018	"well they took care of the problem that was happening at the time"				
86	06/07/2018	"they treated me well and were very kind"				
87	06/07/2018	"everything"	"I don't know it was all good"			



88	07/01/2018	"everything, they were great"				
89	07/01/2018	"they got me out of my house quick and to the hospital fast as well"	"My wife wishes that more would have been done while I was ambulance. She wishes that a sugar drip would have been started before I got to the hospital. but the overall outcome was fine. I woke up and that's all that matters"			
90	07/01/2018	"well they picked me up in the parking lot. they put me in the ambulance- they had to make sure my vitals were okay"	"I don't think there could be anything, they did very well"			
91	07/01/2018	"they tested out my heart to see what was going on"				
92	07/01/2018	"they did a good job. they were friendly but professional. they two that worked on me were very good and kept me at ease"	"my wife thinks that they could have gotten here a little quicker. quicker would have been better. but overall everything was fine"		8.6.18 Ticket # 6015	See follow up below
94	07/01/2018	"well they were caring and professional- they told what they were going to do to get me off the floor- and it	"they have always treated me right- and they are just good- very good!"			



		went very well"				
95	07/01/2018	"they listened and understood my problem. they were able to treat me very well. I was having a hard time breathing and when I got out there they helped with that."	"explaining that VA was full- I didn't understand why I was taken to a different hospital until I was there. just a little confusion"			
96	07/02/2018	"you guys arrived you checked me out- thought I had a blood clot in the lugs- they very concerned about that- checked me out then sent me off to the hospital"	"would have liked a phone call about my bill being paid. your kind of lax about that."		8.6.18 Ticket #6017	See follow up below
98	07/02/2018	"it was most satisfactory"				
99	07/02/2018	"everything was excellent."	"just keep up the good work"			
101	07/02/2018	"I can tell you that I am satisfied with everything. everything went well"				
102	07/03/2018	"the care and the short time getting here"	"nothing really"			



103	07/03/2018	"the overall care- they came in and were concerned from the start- they were very professional but very kind"	"I'm not sure- they were here fast and everything went so smoothly I felt very comfortable with all of them"	"they were just fantastic. each and every one of them"		
104	07/03/2018	"everything"	"I don't see any changes- you guys are already excellent"			
105	07/03/2018	"they were terrific!"				
106	07/03/2018	"everything"	"nothing, you guys did everything that I thought you could do for me. thank you!"	"they were all very good"		
107	07/03/2018	"they put me in and drove me- and got there-"		"they were just transporting me from one hospital to another. so there wasn't really anything being done to me"		
108	07/03/2018	"the hooked up an IV- checked my sugar, checked my blood pressure- checked everything and got me ready for transport- just very professional"	"I cant think of anything better- they did their job and what was expected from them"			



109	07/04/2018	"They saved my life."	"My dollar for the bus to get home came up missing. No one was able to help me home. I would like to see something change so that ppl who need to rely on public transportation to have a ride or some kind availability to get ppl home from the hospital."			
110	07/04/2018	"I was very tickled by the service. I was having a heart attack."				
111	07/04/2018	"outstanding service! Thank you!"				
112	07/05/2018	"response was quick, they did a fantastic job!"				
113	07/06/2018	"overall I was very impressed with everyone. They made me feel important and cared for me very well."				
114	07/07/2018	"REMSA always takes really good care of me."				
115	07/07/2018		"I can't image what, they are wonderful to me and treated me wonderfully!"			



116	06/15/2018		"Nothing, they did their job."			
117	06/22/2018	"They were very loving and cared for me. Thank you!"	"Like I said, they took really good care of me. I was too sick to move."			
118	06/22/2018		"Communication needs to be better. Ppl need to be trained with IV's. Use a butterfly with me."		8.6.18 Ticket # 6018	See follow up below
119	06/22/2018	"The medics were courteous and professional. They also had good teamwork during the transport."	"Pt stated that in his opinion there was nothing to improve upon because the service was excellent."			
120	06/23/2018	"The medics were more coordinated at the checking than the hospital staff."	"Better pain management"		8.6.18 Ticket # 6019	See follow up below
121	06/22/2018	"Pt stated that the medics got him situated and immediately began to assess and care for him."				
122	06/23/2018	"They saved my life."	"I wouldn't know what it would be. I am grateful for what they did do!"			



123	06/24/2018	"Everything went very well. They were really good and kept me calm and did such a good job."				
# Follow up						
24	I spoke with the patient who sustained a head laceration after falling in the kitchen. I asked if the patient could elaborate on her comment about the crew having better communication with the ER, she said the medics told her she would be getting a blood test after arriving at the ER, which did not happen. I asked if there was anything else, she said no. This patient was treated with an IV, 12 lead ECG, blood glucose check, and vital signs. I asked if she was happy with the overall treatment, she stated she was. I will contact the crew to obtain their recollection of the event from May 26, 2018.					
39	Called the patient - We are required to send the bill to the patient as a courtesy. PT had called the VA and spent 10 minutes over there having it explained to him - to which he responded it is not him but the older guys that get a bill like this and think they have to pay it. He understands why he gets the bill and that he is not responsible to pay it unless they VA denies travel benefits.					
42	Pt complaint rec'd through EMS Survey - Called the patient - We are required to send the bill to the patient as a courtesy. He understands why he gets the bill and that he is not responsible to pay it unless they VA denies travel benefit.					
73	This patient was taken aback when the crew asked her to walk to the ambulance from her house, step up into the ambulance, then had her sit on the bench seat, which was uncomfortable for her. She further stated the crew did not speak to her during transport, nor did they initiate any treatment. This appears in fact to be true based on the patient's PCR. The patient stated this was the first time she was compelled to complain about REMSA as she has been transported on other occasions. I will obtain occurrence reports from the crew and update the complaint.					
78	I spoke with this patient, a very nice lady who felt the crew were not compassionate enough with her and didn't take her complaint seriously. She stated her son was a firefighter and was always caring and compassionate toward patients and he set a standard for her. I apologized for her experience and assured her I would speak with the crew.					
92	This incident located in Cold Springs, Zone B 15:59 P1 Response standard. Unit assigned from the Red Rock post with a total response time of 10:07. Response time was within the standard for this response area.					
93	This is the same patient from Ticket 6014 #79. While speaking with her about that complaint, I asked her about her comments on this report. I asked her if she could expand on her comment, but she was unable to and reiterated that the crew "could have done better". I thanked her for her time and encouraged her to contact me personally should she have concerns in the future.					
96	pt. had an EMS Survey and requested a call regarding his bill. I called the patient and he said he had great service but could not recall what question he may have had. We discussed his Silver Saver Membership and this picked up his Sr Care Plus Copayment. He could not recall what question he had. I told him to call us should he recall what his question was.					



118	This patient said she was overall satisfied with her care, but states she told the attendant not to start an IV in her hand because her veins would roll. Our crew member explained there were no other obvious veins, the patient states she told our crew member to go ahead but both attempts were unsuccessful. I apologized for her discomfort, and explained that certain patients are difficult to obtain venous access on. She said she understood, and that she is a former phlebotomist. She was quite pleasant and assured me she was satisfied with the care she received.
120	I spoke with this patient who immediately stated he was very happy with his care, and that he "gave the crew 5 stars" in every area, apparently referring to a previous satisfaction survey. He did state he could have used another ice pack for his mouth for pain but he was otherwise very complimentary of our service.

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PUBLIC RELATIONS

Drones

REMSA continues to receive coverage on drone technology and its partnership with Flirtey. Sen. Dean Heller's tour spurred activity through the news wires and Public Now. KUNR continues to feature the drone story.

REMSA Partners With Drone Company To Deliver Defibrillators In Emergencies

By ANH GRAY • OCT 16, 2017



FLIRTEY, REMSA

A Reno-based company will be launching the nation's first drone defibrillator delivery service to increase the dismal odds of surviving a cardiac arrest. The survival rate is about one in 10. Reno Public Radio's Anh Gray reports.

KUNR

DEAN HELLER

07/03/2018 | Press release | Distributed by Public on 07/03/2018 20:22

After Announcing Competitive Program For City Of Reno & Flirtey, Heller Tours Nevada-Based Drone Delivery Company

RENO - U.S. Senator Dean Heller (R-NV), a member of the U.S. Senate Commerce, Science, and Transportation Committee, today toured Flirtey, a Reno-based drone delivery service company that is pioneering life-saving applications of drone technologies. In May, Heller **announced** that the U.S. Department of Transportation (DOT) selected the City of Reno and Flirtey for its highly competitive Federal Aviation Administration (FAA) Unmanned Aircraft Systems (UAS) Integration Pilot Program after Heller made the case for their

Public Now

July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

Uber vs. Ambulances

Studies show that more people may be using rideshare companies during an emergency, possibly to avoid the costs of an ambulance. Experts say those options should not be used as a substitute during a medical emergency. Adam Heinz, director of clinical communications, was interviewed by KTVN about this topic.



Experts Say Uber and Lyft Should Not Be Substituted for Ambulance Ride

Studies show that more people may be using rideshare companies instead of an ambulance during an emergency, possibly to avoid the high cost.

Tuesday, July 24th 2018, 4:37 pm PDT. By Paul Nelson
 Updated: Tuesday, July 24th 2018, 4:42 pm PDT



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PUBLIC RELATIONS

Ridealong with Owen Shaw

KUNR continues to promote the ridealong with paramedic Owen Shaw. It is also highlighted on other stories related to REMSA or the "Overnight Stories from Reno" student project.



July 2018 Public Relations + Digital Media Highlights Report

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PUBLIC RELATIONS

Heat Safety

Extreme heat hit Northern Nevada this past month. REMSA had the opportunity to become an expert advisor about heat safety tips based upon proactive pitches and an advisory issued as a press release. REMSA was highlighted on KTVN twice, on KOLO twice and on KRNV once.

NEWS

Hot Weather Can Be Hard to Beat For Reno's Homeless Population

Being outside in a heat wave can be tough and also risky. Some of Reno's homeless population are trying different methods to stay cool.

Tuesday, July 17th, 2018 9:00 pm PDT by Ryan Connolly
Updated: Tuesday, July 17th, 2018 6:25 pm PDT



During any heat wave, refreshing air is pumped into what's called the "Cooling Room" at the Volunteers of America Men's Shelter.

KTVN

Heat Safety Tips

Northern Nevadans are spending a lot more time outdoors for the past couple of weeks. With that, local paramedics say they are already seeing an increase in heat related calls.

Monday, July 9th, 2018 4:17 pm PDT
Updated: Monday, July 9th, 2018 1:05 am PDT



KTVN

Paramedics warn of extreme heat dangers

Keeping kids safe in extreme heat



By Roger Clapton | Updated: Tue 6:51 PM Jul 17, 2018 | Updated: Wed 5:26 AM Jul 18, 2018

KOLO

July 2018 Public Relations + Digital Media Highlights Report

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PUBLIC RELATIONS

Air Quality

Adam Heinz, director of clinical communications, shared information about the unhealthy air quality in the Reno area due to smoke from regional wildfires, including the Carr Fire, Whaleback Fire, Perry Fire and Ferguson Fire. His tips were highlighted on KOLO, KTVN, Univision, Facebook, YouTube and the REMSA blog.



REMSA: Respiratory Issue Related Calls Up 25 Percent Due to Air Quality

The air quality index in Reno-Sparks is currently 'unhealthy for sensitive groups.' While that's a slight improvement from Monday's unhealthy for everyone ranking, REMSA urges everyone to remain vigilant about prolonged exposure to the elements.

Monday, July 30, 2018, 8:13pm PDT
Updated: Thursday, July 26, 2018, 6:16pm PDT



Air quality reaches worst level in 10 years due to wildfires

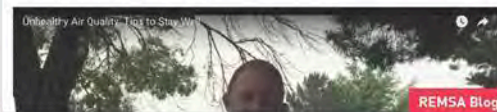


RENO, Nev. (KOLO) The Washoe County Health District's Air Quality Management reports the county reached its worst level of air quality since 2008 Monday. The air quality reached a level of 172 because of smoke from fires surrounding the Reno area.

Air Quality Unhealthy for all Populations: Tips to Stay Well



Adam Heinz, director of REMSA's Clinical Communications Center, shares information about the unhealthy air quality in the Reno area due to smoke from regional wildfires, including the Carr Fire, Whaleback Fire, Perry Fire and Ferguson Fire.

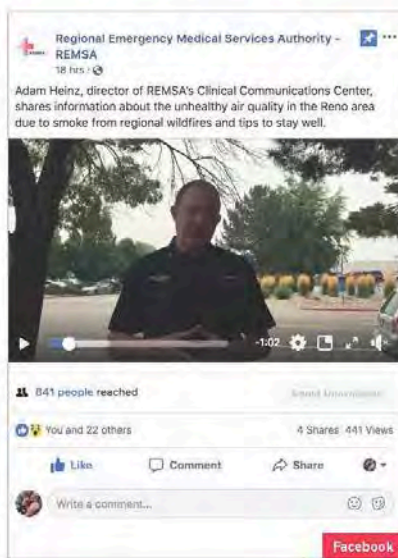


July 2018 Public Relations + Digital Media Highlights Report

District Board of Health

PUBLIC RELATIONS

Air Quality (Continued)



Regional Emergency Medical Services Authority - REMSA
18 hrs · 🌐

Adam Heinz, director of REMSA's Clinical Communications Center, shares information about the unhealthy air quality in the Reno area due to smoke from regional wildfires and tips to stay well.

841 people reached · Search Unavailable

You and 22 others · 4 Shares · 411 Views

Like · Comment · Share

Write a comment...

Facebook



Unhealthy Air Quality: Tips to Stay Well

13 views · 23 hours ago

Adam Heinz, director of REMSA's Clinical Communications Center, shares information about the unhealthy air quality in the Reno area due to smoke from regional wildfires. Learn more here: <https://goo.gl/amY10x>

YouTube

Washoe County HASTY Team

Recent training for life-saving water rescues at the Sparks Marina was featured on KRNV. REMSA was mentioned as providing on-site ALS.

HASTY dive team on call around the clock, ready to take the plunge when emergencies arise



By Kristen Eckert 36 | The Reno, NV, 12/6/2018

HASTY's on-duty

KRNV

July 2018 Public Relations + Digital Media Highlights Report

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PUBLIC RELATIONS

Camping Safety and First Aid Kits

We recently promoted camping safety and what items are needed in a first aid kit. Tips were promoted on KTVN, REMSA's blog, Facebook and YouTube.

Safety Tips for Camping; Packing a First Aid Kit

'Tis the season for camping, hiking and all things outdoors; but REMSA is urging everyone enjoying mother nature this summer, to head out with safety on their minds. Unfortunately, REMSA says many campers do not heed that advice.

Monday, July 16th 2018, 5:11 pm PDT
Updated: Monday, July 16th 2018, 5:36 pm PDT



Northern Nevada and Northeastern California are full of beautiful, exciting places to explore. Before you head out for a [camping trip](#), hike or day on the lake, make sure you are prepared and have a well-equipped first aid kit. You can purchase [pre-packaged kits](#) or assemble one yourself, suggestions on what to include are mentioned below. You can download a First Aid app from the [American Red Cross](#).



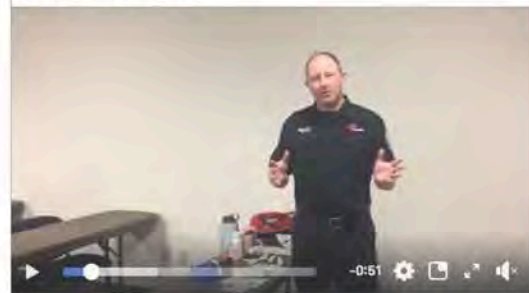
What to prepare for in your first aid kit:

Allergic reactions, dehydration, insect bites

REMSA Blog

Regional Emergency Medical Services Authority - REMSA
July 18 at 6:33 PM · 🌐

It's hot outside! Adam Heinz, director of clinical communications, has put together a few tips to stay safe in the heat. Before you head outdoors, learn about essential items to include in your first aid kit. Learn more here: <https://goo.gl/FmaBnb>



🕒 People have watched this video for a total of 168 minutes

📺 Video Unavailable

👤 You and 33 others

💬 1 Comment 5 Shares 629 Views

Facebook

Community Advisory



Summer Safety: First Aid Kits, Sunblock & Water

REMSA/Care Flight · 13 views · 1 week ago

Northern Nevada and Northeastern California are full of beautiful, exciting places to explore. Before you head out for a camping trip,

YouTube

July 2018 Public Relations + Digital Media Highlights Report

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PUBLIC RELATIONS

Barbecue Safety Tips

REMSA provided basic BBQ safety tips and precautions. This was highlighted on Nevada Business, REMSA's blog and Facebook.

REMSA Community Advisory | Barbecue Safety

July 17, 2018 By Christie Yabu - Comments

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

Reno - Summer is in full swing and many of us are ready to eat some delicious barbecue food. Before the ignition button is pushed or the charcoal is lit, REMSA would like to remind people of some basic safety precautions.

Before Starting Your Barbecue:

- Test Hoses for Leaks
- Make sure all control knobs are off
- Move the barbecue to a well-ventilated area
- Connect the gas supply to the barbecue and check for leaks.
- Slowly open the propane cylinder valve and apply a soap/water solution to all connections.
- Check for expanding bubbles, which indicate a leak.
- Repair all leaks before lighting barbecue.



REMSA would like to remind people of some basic safety precautions for using barbecues.

Nevada Business

BBQ Safety Tips and Precautions



Summer is in full swing and many of us are ready to eat some delicious barbecue food. Before the ignition button is pushed or the charcoal is lit, REMSA would like to remind people of some basic BBQ safety tips and precautions.

REMSA Blog

Honor Flight Nevada

Mason Burkhardt, REMSA paramedic, was featured on KTVN as one of the outstanding volunteers for the Honor Flight Nevada program.

NEWS

Honor Flight Nevada Volunteers: Helping The Heroes

Washington, D.C. has some of the largest and best war memorials in the US and Honor Flight Nevada takes vets from the Silver State to see them, at no cost to the traveler. In this third installment of our five-part series, we take a look at the devoted and tireless volunteers.

Wednesday, July 18th 2018 6:04 pm PDT by AND Garvey
Updated: Wednesday, July 18th 2018 6:23 pm PDT



2 NEWS

KTVN

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PUBLIC RELATIONS

Point of Impact

REMSA continues to be on calendar listings on ThisIsReno, KOLO and Reno News & Review for Point of Impact screenings.

REMSA Hosts Free Community Outreach Program: Point of Impact
 July 14 at 9:00 am - 12:00 pm PDT
 Menath Insurance, 1325 Armotive Way, Reno, 89502 + Google Map

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...

Find out more »

ThisIsReno

REMSA Hosts Free Community Outreach Program: Point of Impact
 Saturday, July 14, 2018
 9:00 am

Menath Insurance
 1325 Armotive Way
 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.

This outreach program encourages parents to check the car seat to make sure it has all its parts, labels and instructions. It should also never have been involved in a crash. REMSA will help people register their car seat with the manufacturer if they have not done so already. Registration makes it easy for the manufacturer to contact the consumer in the event of a recall.

RN&R

REMSA Hosts Free Community Outreach Program: Point of Impact

SAT, JUL 14, 2018 9:00 AM - 12:00 PM

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.

To understand program encourage parents to check the car seat to make sure it has all its parts, labels and instructions. It should also never have been involved in a crash. REMSA will help people register their car seat with the manufacturer if they have not done so already. Registration makes it easy for the manufacturer to contact the consumer in the event of a recall.

For additional information about this program and/or child safety seats, call 858-4335 (866-6437) or visit our website at www.remsahealth.com.

KOLO

Save a Heart CPR Community Course

REMSA's Save a Heart CPR Community Course can be found on ThisIsReno's calendar listing.

Save a Heart CPR Community Course
 July 28 at 9:00 am - 11:00 am PDT

REMSA Center for Prehospital Education, 400 Edison Way, Reno, 89502 United States + Google Map

\$25.00



This an awareness video-based, classroom course intended for anyone who wants to learn CPR and prefers to learn in an instructor-led or facilitated group environment. This course is for people who do not need a...

Find out more »

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District Board of Health

STRATEGIC INITIATIVES

Strategic Initiatives

REMSA recently installed technology that allows the REMSA website to be translated into more than 100 languages.



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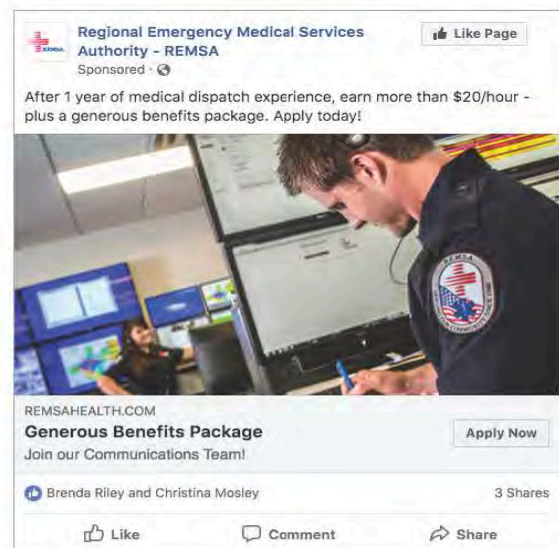
District Board of Health

STRATEGIC INITIATIVES

Recruitment Campaign

REMSA ran a recruitment campaign from June 29 - July 31, 2018 for the Communications Specialist role. We ran six different ads and targeted individuals in:

- Bakersfield, CA
- Boulder, CO
- Chico, CA
- Colorado Springs, CO
- Flagstaff, AZ
- Fort Collins, CO
- Fresno, CA
- Las Vegas DMA
- Reno DMA
- Roseville, CA
- Sacramento, CA
- Salt Lake City, UT
- San Francisco-Oak-San Jose DMA
- South Lake Tahoe, CA
- Stockton, CA
- Truckee, CA
- Tucson, AZ


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STRATEGIC INITIATIVES

Regional Emergency Medical Services Authority - REMSA
Sponsored · 🌐 Like Page

With at least 1 year of medical dispatch experience, earn more than \$20/hour - plus a generous benefits package. Apply today!



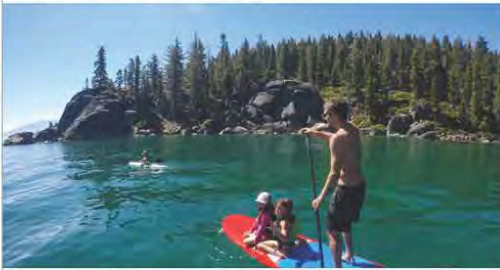
REMSAHEALTH.COM
Great Benefits & Perks
Join our Communications Team! [Apply Now](#)

Randy G Villamor and Anne Metzgar

Like Comment Share

Regional Emergency Medical Services Authority - REMSA
Sponsored · 🌐 Like Page

Perfect your work/life balance with a variety of available shifts on REMSA's clinical communications team. Apply today!




REMSAHEALTH.COM
Shift Variety & Benefits
Join our Communications Team! [Apply Now](#)

Jaime de Avila, Molly Rose and 42 others 3 Comments 8 Shares

Like Comment Share

Regional Emergency Medical Services Authority - REMSA
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Join an internationally accredited clinical communications center. Relocation assistance available for those who qualify.




REMSAHEALTH.COM
Relocation Assistance
Join our Communications Team! [Apply Now](#)

Marcella Hohman, Debi McLaughlin and 2 others 2 Shares

Like Comment Share

Regional Emergency Medical Services Authority - REMSA
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On work days, be part of an accredited clinical communications center. On off days, discover the Reno-Tahoe region.



REMSAHEALTH.COM
Rewarding Job & Lifestyle
Join the REMSA team today! [Apply Now](#)

Brian Hessler, Dena Downing and 41 others 8 Shares

Like Comment Share

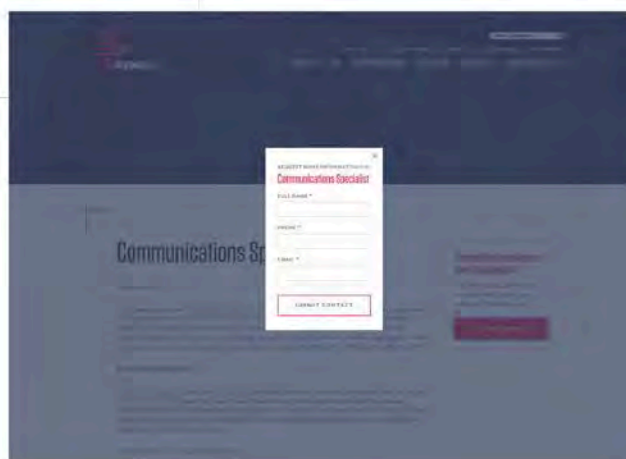
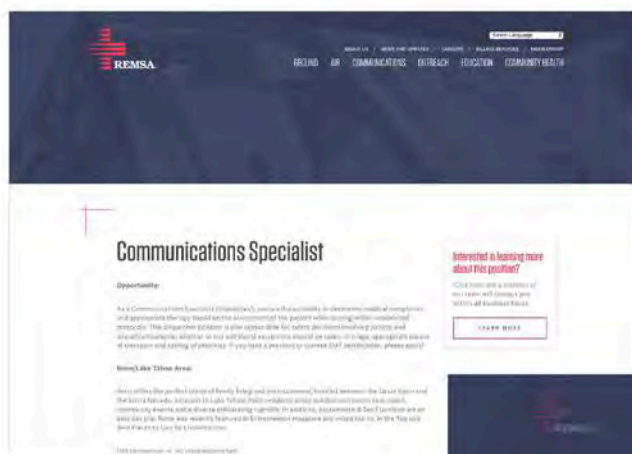
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STRATEGIC INITIATIVES

Interactive Recruitment on remsahealth.com

REMSA added a pop up feature on the career section of the website which allows potential applicants to complete a very short form requesting HR follow-up within two business days. The pop up can be turned on or off for all positions, any time.



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COMMUNITY RELATIONS / OUTREACH

REMSA's Participation in Southeast Connector Event

REMSA was recognized at the July RTC meeting for its participation in the Southeast Connector grand opening celebration. Todd Kerfoot and Monica Teves received the award on behalf of the organization.



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COMMUNITY RELATIONS / OUTREACH

CPR Class with Local Girl Scout Troop

Girl Scout troop 1019 received private training in CPR from the American Heart Association and REMSA as part of babysitter preparedness.



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INTERNAL INITIATIVES

REMSA Internal Initiatives

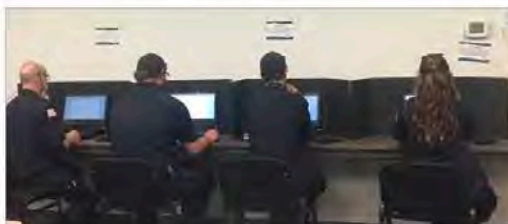
REMSA/Care Flight congratulates and celebrates the longevity of its employees!

Twice a year, we will announce employees that have been with the organization for 15 or more years. This listing includes employees that have celebrated this milestone between January and July 2018. We appreciate their hard work and dedication.

- 30 Years - Ted Britton, Fleet Maintenance Manager
- 25 Years - Kenneth Kitts, Senior Communication Analyst
- 20 Years - Heidi Weiss, EMS Supervisor
- 15 Years - Emily Mayer, Air Medical Communications Specialist
- 15 Years - Justin Butcher, EMS Supervisor
- 15 Years - Vanessa Coyle, Base Supervisor, Paramedic

Employee Survey Launches

On August 2, we launched our employee survey. It will run for two weeks and addresses four categories including communications, retention, value and leadership. We plan to share preliminary information with employees by the end of August and develop action plans to celebrate successes and address areas of opportunity by mid-September.



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SOCIAL MEDIA HIGHLIGHTS

REMSA Social Media

Social media engagement is such an important element of a robust public relations program, and we plan to continue the momentum with engaging content and new ways of telling the REMSA story through these social channels.

Facebook

- **Likes to-date:** 2,699 likes +124 likes from June 2018
- **Followers to-date:** 2,679
- **July posts:** 32
- **July post comments:** 130
- **July post shares:** 201
- **July post reactions:** 1.74k

Top Posts By Reach

1. **Care Flight Nurse**
 - 14,447 people reached
 - 166 reactions, comments and shares



17

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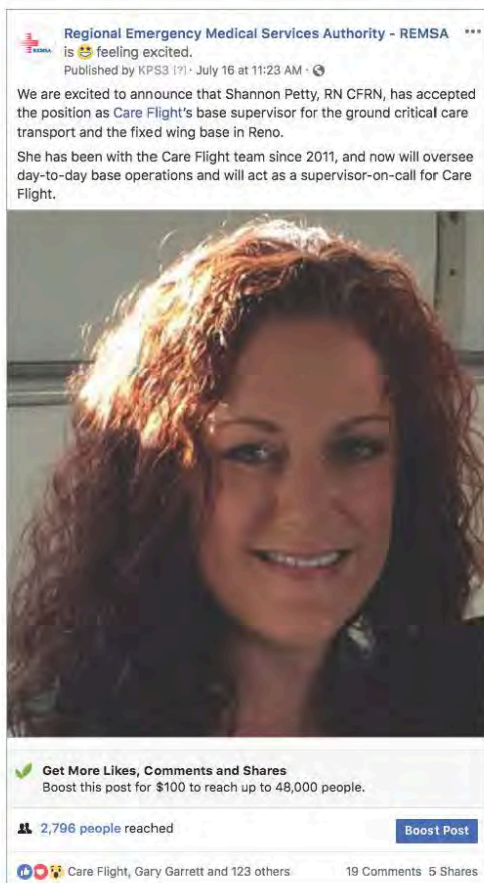
District Board of Health

SOCIAL MEDIA HIGHLIGHTS

Top Posts By Reach


2. Shannon Petty, RN CFRN

- 2,796 people reached
- 304 reactions, comments and shares



Regional Emergency Medical Services Authority - REMSA is feeling excited.
Published by KPS3 121 · July 16 at 11:23 AM ·

We are excited to announce that Shannon Petty, RN CFRN, has accepted the position as Care Flight's base supervisor for the ground critical care transport and the fixed wing base in Reno.
She has been with the Care Flight team since 2011, and now will oversee day-to-day base operations and will act as a supervisor-on-call for Care Flight.



Get More Likes, Comments and Shares
Boost this post for \$100 to reach up to 48,000 people.

2,796 people reached

Care Flight, Gary Garrett and 123 others · 19 Comments 5 Shares

3. Mason Burkhart, REMSA Paramedic

- 2,328 people reached
- 93 reactions, comments and shares



Regional Emergency Medical Services Authority - REMSA
Published by KPS3 121 · July 17 at 11:21 AM ·

We are proud of Mason Burkhart, REMSA paramedic, who is awaiting deployment and has taken an active role in the Honor Flight Nevada program. His passion for this cause is admirable!



YOUTUBE.COM
Honor Flight NV: Mason Burkhart

Get More Likes, Comments and Shares
Boost this post for \$100 to reach up to 48,000 people.

2,328 people reached

Sandy Munns, Allison Vondrak and 39 others · 2 Comments 6 Shares

Like Comment Share

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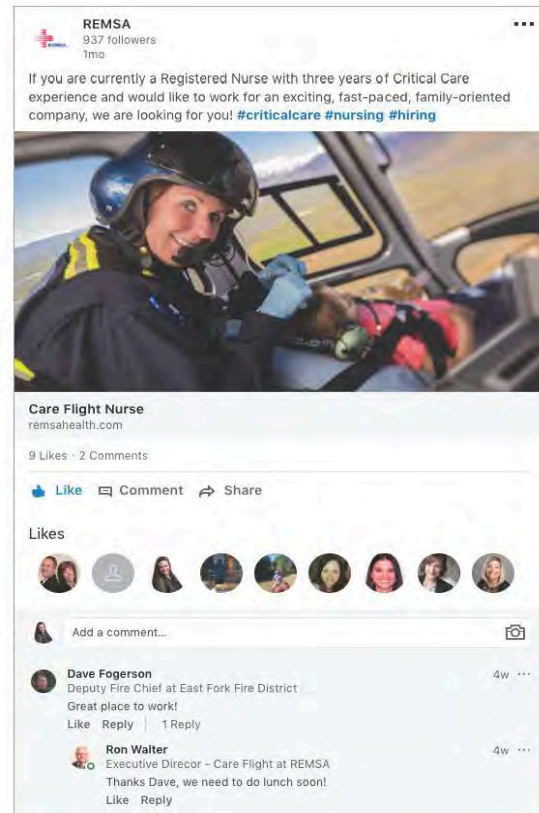
District Board of Health

SOCIAL MEDIA HIGHLIGHTS

LinkedIn

- **Followers to-date:** 937
- **July Posts:** 5
- **July Impressions:** 2,515
- **July Clicks:** 60
- **July Social Actions:** 56

Top Post By Impressions



REMSA
937 followers
1mo

If you are currently a Registered Nurse with three years of Critical Care experience and would like to work for an exciting, fast-paced, family-oriented company, we are looking for you! #criticalcare #nursing #hiring

Care Flight Nurse
remsahealth.com

9 Likes · 2 Comments

Like Comment Share

Likes

Dave Fogerson
Deputy Fire Chief at East Fork Fire District
Great place to work!
Like Reply | 1 Reply

Ron Walter
Executive Director - Care Flight at REMSA
Thanks Dave, we need to do lunch soon!
Like Reply

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SOCIAL MEDIA HIGHLIGHTS

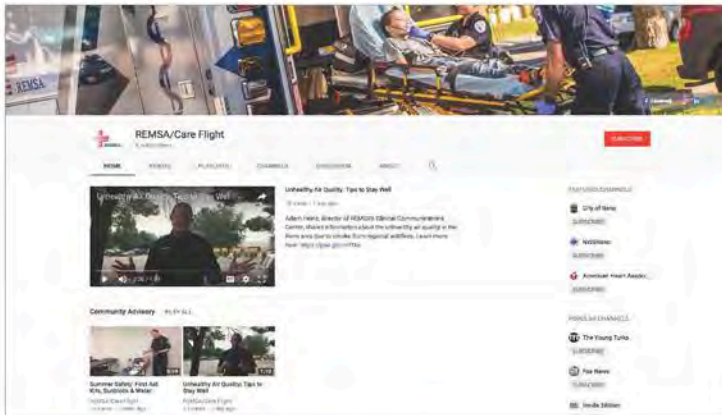
Instagram

We started using Instagram for paid media efforts for recruitment this past month.

- **Followers to-date:** 176 +100 likes from June 2018

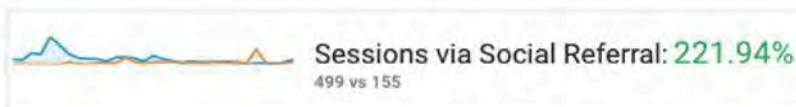
YouTube

We created a YouTube channel for REMSA/Care Flight in July.



July Website Referral Sessions from Social Media

Website referral sessions from social media have increased 268% year over year. The increase in sessions in June can be attributed to Facebook and LinkedIn efforts.





**REMSA 2017- 2018 PENALTY FUND RECONCILIATION
AS OF JULY 31, 2018**

REMSA 2017-18 PENALTY FUND RECONCILIATION AS JUNE 30, 2018

2017-18 Penalty Fund dollars accrued by month

Month	Amount
July 2017	\$6,510.60
August 2017	6,275.80
September 2017	9,269.04
October 2017	7,060.72
November 2017	6,271.88
December 2017	8,733.88
January 2018	7,279.84
February 2018	8,018.44
March 2018	8,407.16
April 2018	5,633.04
May 2018	8,711.08
June 2018	9,434.36
Total accrued as of 6/30/2018	\$91,605.84

2017-18 Penalty Fund dollars encumbered by month

Program	Amount	Description	Submitted
Child Safety	\$5,965.00	500 First Aid Kits for children's league sports	January-18
PulsePoint Respond CPR/AED Phone Application	10,000.00	PulsePoint Respond Implementation Services	April-18
PulsePoint Respond CPR/AED Phone Application	2,824.69	CTO Poweredge R330 server for PulsePoint system	May-18
PulsePoint Respond CPR/AED Phone Application	13,000.00	PulsePoint Respond annual license, maintenance and support	May-18
Community AEDs	9,894.00	8 AEDs to be donated to Washoe County Library	Jun-18
Bleeding Control Awareness Classes for County Employees	6,670.00	Bleeding Control Classes taught for the year	Jun-18
To Washoe County for Community AED Expenditures	1,500.00	Requested per approval letter for current fiscal year costs.	Jun-18
Child Safety	11,487.38	190 Child Car Seats	Jun-18
Bleeding Control Awareness Classes	30,264.77	Supplies for class instruction and inventory (600) of Bleeding Control Kits for students	Jun-18
Excess over balance previously approved for expenditure	(5,605.84)		

Total encumbered as of 6/30/2018 \$86,000.00

Penalty Fund Balance at 6/30/2018 \$5,605.84

2017-18 Penalty Funds accrued exceeded the \$86,000 approved for expenditure. REMSA requests permission to apply the remaining balance of \$5,605.84 towards supplies for Bleeding Control Kits.



REMSA INQUIRIES

JULY 2018

No inquiries for July 2018

STAFF REPORT

BOARD MEETING DATE: August 23, 2018

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: **Presentation and possible acceptance of the annual progress report on the 2017-2020 Strategic Plan.**

SUMMARY

In FY 2018, Washoe County Health District staff made significant progress in implementing the strategic plan. Overall, out of 171 initiatives 158 were achieved or finished the year on target.

This Item addresses all Health District Strategic Priorities.

PREVIOUS ACTION

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

On August 24, 2017 the DBOH accepted a semi-annual progress report on the 2016-2018 Strategic Plan.

On November 2, 2017, the DBOH held a retreat to discuss preparation of a refreshed and updated 2017-2020 Strategic Plan. Based on DBOH input the plan was updated and the DBOH accepted the 2017-2020 Strategic Plan at the December 14, 2017 DBOH meeting.

On February 22, 2018, a semi-annual progress report was presented and accepted by the DBOH.

BACKGROUND

The 2017-2020 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these District Goals. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan.

Progress was tracked and reported in online system and summarized in the annual report.

FISCAL IMPACT

There is no additional fiscal impact to the FY17 budget should the Board accept the FY 2017-2020 Strategic Plan Progress Report.

RECOMMENDATION

Staff recommends the District Board of Health accept the progress report on the Strategic Plan implementation and removal of the following items from the Strategic Plan:

Recommended for removal: 1.3.1.2 “Explore with partnering agencies to provide onsite community health workers to assist and educate clients on how to access resources”

Rational for removal: Item has been explored and funding for such a staff position would need to be identified for this position as no state funds are available to support community health workers contrary to our original assumptions.

Recommended for revision: 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”

Rational for revision: Suggested change to broaden activities to other types of disasters or emergencies.

Recommended for revision: 2.2.5 “Decrease the number of inappropriate 911 calls”

Rational for revision: Suggested change to “Conduct outreach campaigns to increase awareness of the appropriate use of 911” to allow for better measurement of success.

Recommended for removal: 4.1.2 “Increase the percentage of Washoe County students who graduate high school in Washoe County”

Rational for removal: High school graduation rates have improved and this was not identified as a top area of need and not incorporated into the 2018-2020 Community Health Improvement Plan.

Recommended for removal: 4.3.1 and 4.3.2 “Reduce the percentage of food insecure children/people in Washoe County”

Rational for removal: Food insecurity rates continue to fall and this was not identified as a top area of need and not incorporated into the 2018-2020 Community Health Improvement Plan.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to accept the annual report of Strategic Plan implementation and removal or revision of the listed items.”

FY18 Strategic Plan Progress

The Health District has made significant progress in FY18 in implementing the Strategic Plan initiatives to achieve goals established under the six strategic priorities. The information presented below describes the progress achieved in fiscal year 2017-2018 (July 1, 2017 to June 30, 2018).

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

1.1 Reduce the negative health and economic impacts of obesity and chronic disease. This goal was achieved and 100% of the outcomes were on target for FY18.

The Chronic Disease Prevention Program (CDPP) continues to support school based wellness initiatives such as the Wolf Pack Coaches Challenge and WCSD Student Wellness Committee. In school year 2017/2018, 67 classrooms signed up for the Wolfpack Coaches Challenge and 57 classrooms completed it, an increase from the 11 classrooms that participated in the prior year. Additional accomplishments for FY18 included implementation of the WOW! (We Order Well!) menu labeling campaign which resulted in 814,169 total impressions between radio, cable TV and Facebook ads. An additional Health Educator was hired to support additional chronic disease prevention initiatives and has been making great progress. In an effort to secure further funding for Chronic Disease Prevention, several larger funding proposals have been submitted and are awaiting a funding determination.

1.2 Promote preventive health services that are proven to improve health outcomes in the community. The goal of 40% completion for this fiscal year was surpassed and 60% of the items were completed.

Clinical and Community Health Services had a very successful year for media campaigns with over 8 million media impression across multiple campaigns and media outlets. The sexual health programs had over 3 million points of engagement via a print media campaign, a smoke free campaign had 3.8 million points of engagement from TV radio and print media, and the W.O.W. (We Order Well) program campaign had over 800,000 points of engagement. The WIC (Women, Infants and Children) program hosted an on-site farmers market, improving access to fresh fruits and vegetables to Washoe County Health Department clients and local residents who have limited access to food.

Health indicators in several areas have improved locally; teen birth rates have continued a decreasing trend and are currently at 21.9 per 1,000 births, lower than the goal of 25.6 per 1,000 births. Family planning clinic staff has continued to promote Long Acting Reversible

Contraceptives which can be effective in reducing teenage pregnancy rates. Our Immunization Programs rate of up-to-date 19-35 month olds for recommended immunizations closed out the year at 77.7%, near the 2020 goal of 80%.

1.3 Improve access to health care so people of all means receive the health services they need. This goal met the annual target for completing 20% of the progress towards a 5 year goal.

CCHS has also continued to work with the Food Bank of Northern Nevada (FBNN), Northern Nevada HOPES and Community Health Alliance (CHA) to enroll clients in an Affordable Care Act plan, Medicaid and Supplemental Nutrition Assistance Program (SNAP), and is still working with the Division of Public and Behavioral Health (DPBH) to get a full time Medicaid enroller at the Health District. Our South Reno WIC clinic has an enrollment assistant from HOPES as well. As not all clients in our area can make it to our clinic location, CCHS has provided extensive services to the community at off-site events. For FY18, CCHS participated in 247 offsite clinic events to provide services like vaccinations and STD screenings to some of our most vulnerable and at risk populations.

Recommended for removal: 1.3.1.2 “Explore with partnering agencies to provide onsite community health workers to assist and educate clients on how to access resources”

Rational for removal: Item has been explored and funding for such a staff position would need to be identified for this position as no state funds are available to support community health workers contrary to our original assumptions.

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

2.1 Protect people from negative environmental impacts. This goal is complete and with 100% of its initiatives implemented in FY18.

Air Quality Management Division continues to successfully work to protect people from negative environmental impacts through effective ambient air monitoring and planning activities along with permitting and inspection of over 1,200 facilities located in Washoe County. In FY18, 99% of all days were considered to be healthy. Through the Ozone Advance initiatives, Washoe County was be designated as meeting attainment for the ozone standard, a substantial achievement in support of public health and economic growth in our area.

The Waste Characterization Study was completed in FY18 and a final report has been posted on the website. Results of the study will be used to establish a baseline for recycling rates and to develop strategies for increasing recycling rates in Washoe County.

2.2 Keep people safe where they live, work, and play. Progress was made on this goal and 80% of its initiatives for FY18.

EHS staff has continued to make substantial progress in implementing risk based inspection program standards. Of the 12 inspection programs, two have fully implemented risk based standards, one of which is the largest EHS inspection program (Food Safety). EHS staff have developed and implemented Quality Assurance/Quality Control procedures for inspection staff to reduce fluctuations in pass rate and improve compliance with food safety regulations.

In an effort to decrease the number of inappropriate 911 calls, a marketing campaign was conducted in late spring/early summer of 2018. The 9-1-1 “Think Before You Dial” campaign had over 4 million impressions from outdoor and TV media outlets, plus Spanish and English Facebook ads the resulted in over 2,500 clicks directing people to the campaign landing page with further information on appropriate use if 911.

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

3.1 Raise awareness of the Washoe County Health District and the services it offers within our community. Progress was made on this goal and its initiatives for FY18.

The Health District posted, conducted, and broadcast a total of 2,266 media interviews, press releases, social media postings, and emergency radio messages in FY18. Significant media engagement has occurred around the influenza and meningitis outbreaks this fall and winter in addition to the measles outbreak this spring. Across several ad campaigns over seven million impressions were made.

3.2 Work with others to establish policies that positively impact public health. This goal was accomplished in FY18.

Progress continues to occur in moving policies forward in several areas including smoke free parks. In FY18, the Health District worked with 1) City of Sparks and 2) Sun Valley General Improvement District to establish smoke free parks ordinances. In late June of 2018, the 2018-2020 Community Health Improvement Plan was approved by the District Board of Health and implementation of the plan has begun. Health District staff continues to work closely with Truckee Meadows Healthy Communities (TMHC), and while no policy changes have resulted from TMHC to date, an initiative to develop a community wide strategy on affordable housing is nearing completion; two phases of the three phase project are complete.

Progress has also been made in establishing a Government Affairs position in the Health District, the approved FY 19 budget includes funding for the position.

3.3 Inform the community of important health trends by capturing and communicating health data. Progress was made on this goal and corresponding initiatives for FY18.

Significant progress was seen in FY18 for the publication of reports communicating critical health information to the community and a total of seven reports were published in FY18. This

included the 2017 annual report of progress made in the 2016-2018 Community Health Improvement Plan, 2018-2020 Community Health Needs Assessment and corresponding Community Health Improvement Plan, in addition to the Nevada Air Quality Trends Report, 2016 Antibigram, Communicable Disease Annual Summary, and the Chronic Disease Report Card.

In addition to the successes highlighted above of the various media campaigns, 2,062 press releases, social media postings and emergency radio station announcements were made. The Health District's website continues to be heavily utilized with over 328,000 unique page views in FY 2018.

3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. This goal is complete with 100% of its initiatives implemented in FY18.

In addition to the reports published and released to the community, several events were held to further promote the importance of improving health. Several well attended events were conducted including a County Health Rankings event. The Health District worked with TMHC /TMRPA to support the Enterprise Affordable Housing Strategy and Air Quality promoted Ozone Advance and planning to protect air quality and community health. The Chronic Disease Prevention Program worked with Reno Housing Authority to develop a healthy living mural for the community which was very well received.

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

4.1 Lend support and accountability to improve K-12 educational outcomes. This goal is complete with 100% of its initiatives implemented in FY18.

The Washoe County School District was provided with various tools to help in preventing and controlling GI outbreaks, including a toolkit which was fully distributed and is now being reviewed for any needed updates. The average duration for an outbreak for the 2017-2018 school year was 21 days, well below the goal of 40 days and reduction from the previous year's median number of 25 days.

4.2 Support and promote behavioral health. This goal is complete with 100% of its initiatives implemented in FY18.

The 2017 Youth Risk Behavior Survey data showed reductions in the percentage of student self-reported suicide attempts, alcohol use and drug use. Slight increases were seen in the number of bullying incidences reported, which may be due to improved avenues for reporting. In the 2018-2020 CHIP youth suicide prevention was included as a specific objective and work is underway to support the full implementation of the Signs of Suicide Program in all 7th grade classrooms.

4.3 Improve nutrition by supporting efforts to increase food security and access. This goal is complete with 100% of its initiatives implemented in FY18.

Previous commitments to work with other community partners to improve food security as included in the 2016-2018 CHIP were largely completed in FY 17 and reported on in the 2017 CHIP Annual Report. From this work the Prescription Pantry program was created which allows for healthcare providers to give patients in need a “prescription” that can be redeemed for healthy foods at a local food pantry.

Recommended for removal: 4.3.1 and 4.3.2 “Reduce the percentage of food insecure children/people in Washoe County”

Rational for removal: Food insecurity rates continue to fall and this was not identified as a top area of need and not incorporated into the 2018-2020 Community Health Improvement Plan.

4.4 Enhance the Regional Emergency Medical Services System. This goal is complete with 100% of its initiatives implemented in FY18.

Work continues on the identified goals and objectives of the five-year EMS Strategic Plan approved on October of 2016. The EMS Advisory Board receives quarterly updates on the progress of the planning initiatives. Partner agencies have been successful with including both fire and REMSA prehospital data in system uploads, however, further testing of system expansion is needed to complete implementation.

4.5 Engage the Community in Public Health Improvement. This goal was achieved and 100% of the outcomes were on target for FY18.

In March of 2018, in partnership with the Nevada Public Health Association and eight other community partners, the Health District conducted an event to share the Robert Wood Johnson County Health rankings with the community. The event was well attended by members of the community and was also covered by the local media.

With support of 38 partner agencies across the community, 2018-2020 CHIP was completed in June of 2018. Three CHIP focus areas were chosen with the help of the TMHC Steering Committee, taking into consideration the highest priority needs of the community and the current capacity of the community to engage in such work. The CHIP was developed with extensive community engagement and serves as a means to align efforts across the multiple sectors.

Health District staff continues to actively participate in the TMHC steering committee meetings to further engage the broader community in health initiatives. The District Health Officer also serves as a TMHC board member, providing leadership and direction toward collaborative work.

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

5.1 Updating the Health District’s financial model to align with the needs of the community. This goal was achieved and 100% of the outcomes were on target for FY18.

Staff continue work to identify ways of increasing state funding support for Washoe County Health District which is currently at 1% of total WCHD funding. Discussions continue with the County regarding the need to adjust the County General Fund support to include the cost of negotiated cost of living adjustments and benefits for employees. Efforts have also been put forth to engage the Nevada Department of Health and Human Services to pursue increased funding from the state to county health authorities.

5.2 Ensuring resources are spent where they can have the most impact by identifying opportunities for cost savings. This goal is complete with 100% of its initiatives implemented in FY18.

Budget per capita increased from FY17 budgeted funding of \$50.66 to \$52.24 per capita in FY18, a 4.6% increase largely due to increases in fees and an increase in the volume of activities generating fees.

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

6.1 Create a positive and productive work environment. This goal is complete with 100% of its initiatives implemented in FY18.

Many security and facility enhancements were put into place in FY18 including two surveillance cameras, further expansion of badge readers to secure workspaces and 20 panic buttons installed. Our facilities were improved through various small projects and new furniture was purchased for an administrative conference room and the auditorium conference rooms, both of which are used frequently for both internal and public meetings. The percent of annual performance reviews completed on time reached 90.2% across the health district, which is above the 85% annual goal. The Quality Improvement team meets regularly and four quality improvement projects were completed in FY18.

6.2 Focus on continuing to build staff expertise. This goal is complete with 100% of its initiatives implemented in FY18.

The Workforce Development Plan was completed and information on training opportunities tailored to the needs identified in the plan is distributed to staff monthly. The Health District organized and partnered with Washoe County HR, to deliver part one of a two part training series focused on learning organizations and managing change based on identified needs. Part two of the training will occur in FY 19.

6.3 Achieve Public Health Accreditation. Progress was made on this goal and its 100% of the initiatives for FY18.

The Accreditation team completed an incredible amount of work on FY18, gathering all but a few documents needed for Accreditation. At the end of FY18, 45% of required documents had been finalized, formatted and uploaded into the online submission platform. The Health District is on track for complete document submittal October 1, 2018.

In total, 158 out of 171 items were achieved. Items that were not achieved include decreasing the reports of bullying in schools, EMS and Air Quality projects that awaiting completion steps or approval from partners or outside agencies and a gap in timing between the development and transition to the current Community Health Improvement Plan from the previous plan. The following items were not on target or achieved at the end of FY18:

- 2.1.1.3 Expand air monitoring network to West Reno.
- 2.1.2.1 Establish Reno-Tahoe Clean Cities Coalition with Department of Energy designation.
- 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.
- 3.1.1.1 Develop periodic newsletter or blog to promote Health District activities.
- 4.2.4 Reduce the rate of K-12 Washoe County School District bullying incidents.
- 4.3.1.1 Increase the number of active school gardens in Washoe County
- 4.4.2 Reduce the median EMS regional response times (initial contact to first arriving unit in min:sec) in Washoe County.
 - 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.
- 4.4.3 Coordinate communications amongst EMS partners.
 - 4.5.1.2 Transition activities related to 2016-2018 Community Health Improvement Plan (CHIP) to reflect 2018-2020 Truckee Meadows Healthy Communities CHIP.
- 5.2.1.1 Establish an agreement with the County on adjusting general fund transfers to address COLAs.
- 6.1.1 Increase the employee engagement score in Washoe County.



WASHOE COUNTY HEALTH DISTRICT

WCHD FY16-20 STRATEGIC PLAN

Executive Summary w/Progress for FY18

As of August 16, 2018

MISSION STATEMENT

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

VISION STATEMENT

A healthy community

CORE 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

STRATEGIC DIRECTION

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

WCHD FY16-20 STRATEGIC PLAN - PROGRESS AT-A-GLANCE

STRATEGIC PRIORITIES AND DISTRICT GOALS	EOY TARGET, MEASURE	ACTUAL	STATUS
1 Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.			
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.	100% % of community outcomes on target	75%	On Target As of 08/15/18
1.2 Promote preventive health services that are proven to improve health outcomes in the community.	40% % of community outcomes on target	60%	On Target As of 07/24/18
1.3 Improve access to health care so people of all means receive the health services they need.	100% % of community outcomes on target	20%	On Target As of 07/11/18
2 Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.			
2.1 Protect people from negative environmental impacts.	100% % of community outcomes on target	100%	On Target As of 07/03/18
2.2 Keep people safe where they live, work, and play.	100% % of community outcomes on target	80%	On Target As of 08/08/18
3 Local Culture of Health: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.			
3.1 Raise awareness of the Washoe County Health District and the services it offers within our community.	# of press and social media releases	2,266	On Target As of 08/08/18
3.2 Work with others to establish policies that positively impact public health.	100% % of annual goal accomplished	100%	On Target As of 07/23/18
3.3 Inform the community of important health trends by capturing and communicating health data.	100 Number of press releases and social media postings	2,052	On Target As of 04/12/18
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.	100% % of community outcomes on target	100%	On Target As of 07/24/18
4 Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.			
4.1 Lend support and accountability to improve K-12 educational outcomes.	100% % of community outcomes on target	100%	Achieved As of 10/17/17
4.2 Support and promote behavioral health.	100% % of community outcomes on target	90%	Achieved As of 08/14/18
4.3 Improve nutrition by supporting efforts to increase food security and access.	100% % of community outcomes on target	100%	Achieved As of 02/01/18
4.4 Enhance the Regional Emergency Medical Services System.	100% % of community outcomes on target	75%	On Target As of 08/15/18
4.5 Engage the Community in Public Health Improvement.	100% % Complete	100%	Achieved As of 08/02/18
5 Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.			

5.1 Update the WCHD's financial model to align with the needs of the community.	100% Completed model	100%	On Target As of 07/23/18
5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.	100% % of community outcomes on target	100%	On Target As of 03/30/18
6 Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.			
6.1 Create a positive and productive work environment.	100% % of annual goal achieved	100%	On Target As of 07/23/18
6.2 Focus on continuing to build staff expertise.	100% % of plan outcomes on target	50%	On Target As of 01/31/18
6.3 Achieve National Public Health Accreditation	100%	60.60%	On Target As of 01/30/18

WCHD FY16-20 STRATEGIC PLAN - PROGRESS DETAIL

COMMUNITY STRATEGIC PRIORITIES & DISTRICT GOALS

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

1.1 Reduce the negative health and economic impacts of obesity and chronic disease. (Steve Kutz) (12/31/21)

Measure: % of community outcomes on target
Target: 100%

75%

On Target

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
1.1.1 Reduce the percentage of overweight and obese adolescents (Steve Kutz)	07/01/16, 06/30/20	% of overweight adolescents	100%	On Target As of 08/15/18
1.1.2 Reduce the percentage of overweight and obese adults in Washoe County. (Steve Kutz)	07/01/16, 06/30/20	21% % of overweight and obese adults		On Target As of 06/28/18
1.1.3 Reduce the percentage of adults who are current smokers in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	14% % of adults who are current smokers	15.30%	On Target As of 08/15/18
1.1.4 Reduce the percentage of youth who currently smoke cigarettes in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	9% % of youth who currently smoke cigarettes		On Target As of 04/24/18
1.1.5 Reduce the prevalence of diabetes in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	7.10% Prevalence of diabetes		On Target As of 06/28/18
1.1.6 Reduce the coronary heart disease mortality rate (per 100,000) in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	Coronary heart disease mortality rate (per 100,000)		On Target As of 08/15/18
1.1.7 Reduce the cancer mortality rate (per 100,000) in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	172.50 Cancer mortality rate (per 100,00)	171	On Target As of 08/15/18

1.2 Promote preventive health services that are proven to improve health outcomes in the community. (Steve Kutz) (06/30/21)

Measure: % of community outcomes on target
Target: 40%

60%

On Target

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
1.2.1 Monitor the teen birth rates (per 1,000) in Washoe County. (Lisa Lottritz)	07/01/16, 06/30/20	25.60 Teen birth rates (per 100,000)	21.90	Achieved As of 07/11/18
1.2.2 Increase the percentage of newly reported hepatitis C cases with confirmatory test results in Washoe County. (Randall Todd)	07/01/16, 06/30/20	60% % of newly reported Hep C cases	67%	Achieved As of 01/30/18
1.2.3 Increase the number of people utilizing WIC in Washoe County. (Erin Dixon)	07/01/16, 06/30/20	9,855 # of people utilizing WIC		On Target As of 06/28/18
1.2.4 Increase the percentage of children 19-35 months old who receive the recommended doses of vaccine, to Healthy People 2020 goal of 80%. (Linda Gabor)	07/01/16, 06/30/20	78% % of children immunized	77.70%	On Target As of 07/11/18

1.3 Improve access to health care so people of all means receive the health services they need. (Steve Kutz) (06/30/21) **Measure:** % of community outcomes on target **20%** **On Target**
Target: 100%

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
1.3.1 Increase the percentage of the population with health insurance in Washoe County. (Steve Kutz)	07/01/16, 06/30/20	83.30% % of population with health insurance	88.70%	On Target As of 07/11/18
1.3.2 Collaborate with community partners to increase the percentage of Washoe County residents with a primary care provider. (Steve Kutz)	07/01/16, 06/30/21	71.50% % of Washoe County residents with a usual primary care provider	88.60%	On Target As of 07/11/18
1.3.3 Increase offsite services through increased funding and partnerships.	07/01/16, 06/30/20	200 Increase in number of CCHS offsite Services	247	On Target As of 07/11/18
1.3.4 Increase the number of offsite services in Washoe County. (Catrina Peters)	07/01/16, 06/30/18	6 Increase the number of offsite services	2	Achieved As of 08/10/18

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

2.1 Protect people from negative environmental impacts. (Charlene Albee) (12/31/21) **Measure:** % of community outcomes on target **100%** **On Target**
Target: 100%

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
2.1.1 Reduce the ozone concentration (parts per billion) - design value, 3-year average number in Washoe County. (Charlene Albee)	07/01/16, 06/30/20	70 Ozone concentration (parts per billion) - Design value, 3-year average number	70	Achieved As of 07/09/18
2.1.2 Increase the air quality index - percentage good and moderate days in Washoe County. (Charlene Albee)	07/01/16, 06/30/20	98% Air quality index - % good and moderate days	99%	Achieved As of 07/09/18
2.1.3 Reduce the waste generation - tons per year per capita in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	4.38 Waste generation - Tons per year/per capita		On Target As of 11/22/17
2.1.4 Increase the recycling rates in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	35% Recycling rates	35%	On Target As of 07/11/18
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. (Christina Conti)	07/01/16, 06/30/20	10 # of exercises to prepare and respond to potential impacts due to drought, clima		Waiting As of 07/26/18

2.2 Keep people safe where they live, work, and play. (Dave McNinch) (12/31/21) **Measure:** % of community outcomes on target **80%** **On Target**
Target: 100%

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
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2.2.1 Increase the number of programs that have risk-based environmental program standards. (Dave McNinch)	07/01/16, 06/30/20	2 Number of programs that have risk-based environmental program standards	2	On Target As of 07/11/18
2.2.2 Increase the percentage of risk-based food inspections in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	100% % of food inspections conducted that are risk-based	100%	Achieved As of 11/28/17
2.2.3 Increase the food inspection "pass" rate (i.e. facility status equals "pass" not "conditional pass" or "closed") in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	92% food inspection pass rate	91%	On Target As of 07/11/18
2.2.4 Reduce the percentage of foodborne illness risk factors in food establishments in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	0% % reduction in foodborne illness		On Target As of 07/11/18
2.2.5 Decrease the number of inappropriate 911 calls (Christina Conti)	07/01/16, 12/31/21	Number of inappropriate 911 calls made annually across Washoe County	100%	Achieved As of 07/26/18

OPERATIONS STRATEGIC PRIORITIES & DISTRICT GOALS

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

3.1 Raise awareness of the Washoe County Health District and the services it offers within our community. (Phil Ulibarri) (06/30/21) **Measure:** # of press and social media releases **Target:** 2,266 **On Target**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
3.1.1 Communicate important health trends and data using traditional and social media, interviews, and press releases in Washoe County. (Phil Ulibarri)	07/01/16, 06/30/20	250 # of traditional media interviews and press releases	244	On Target As of 04/12/18
3.1.2 Increase the number of social media posts in Washoe County. (Phil Ulibarri)	07/01/16, 06/30/20	500 # of social media posts	2,120	On Target As of 04/12/18
3.1.3 Track the number of impressions from advertising campaigns in Washoe County. (Phil Ulibarri)	07/01/16, 06/30/20	13,800,000 # of impressions from advertising campaigns	7,773,887	On Target As of 08/15/18
3.1.4 Increase the percentage of permits applied for online in Washoe County. (Dave McNinch)	07/01/16, 06/30/20	50% % of permits applied for online	2%	On Target As of 07/11/18

3.2 Work with others to establish policies that positively impact public health. (Kevin Dick) (06/30/21) **Measure:** % of annual goal accomplished **Target:** 100% **On Target**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
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. (Kevin Dick)	05/01/16, 06/30/20	2 Number of policies established or improved that positively impact public health	2	On Target As of 07/23/18

3.3 Inform the community of important health trends by capturing and communicating health data. (Phil Ulibarri) (06/30/21) **Measure:** Number of press releases and social media postings **Target:** 100 **On Target**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
3.3.1 Increase the number of community public health advisories issued in Washoe County. (Phil Ulibarri)	07/01/16, 06/30/20	66 # of community public health advisories issued	2,052	On Target As of 04/12/18
3.3.2 Monitor the monthly visitors to the Health District website for Washoe County. (Phil Ulibarri)	07/01/16, 06/30/20	5,911 Average number of unique visitors monthly to the website	27,312.83	On Target As of 08/14/18
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. (Kevin Dick)	07/01/16, 06/30/20	5 # of community health data reports published/promoted	7	On Target As of 07/23/18

3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. (Kevin Dick) (06/30/21) **Measure:** % of community outcomes on target **Target:** 100% **On Target**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
3.4.1 Increase the number of initiatives contributing to building a local culture of health. (Kevin Dick)	07/01/16, 06/30/20	4 # of supporting initiatives undertaken	7	On Target As of 07/23/18

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

4.1 Lend support and accountability to improve K-12 educational outcomes. (Catrina Peters) (06/30/21)	Measure: % of community outcomes on target Target: 100%	100%	Achieved
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COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
4.1.1 Reduce the duration of GI outbreaks in schools in Washoe County. Duration of outbreak based on date difference between the last onset date and the first onset date. Using median duration. (Randall Todd)	07/01/16, 06/30/20	40 Duration of GI outbreaks in schools (Days)	21	Achieved As of 07/23/18
4.1.2 Increase the percentage of Washoe County students who graduate high school in Washoe County. (Catrina Peters)	07/01/16, 06/30/20	76.90% % of Washoe County students who graduate high school	84%	Achieved As of 01/31/18

4.2 Support and promote behavioral health. (Catrina Peters) (06/30/21)	Measure: % of community outcomes on target Target: 100%	90%	Achieved
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COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
4.2.1 Reduce the percentage of Washoe County high school student who attempt suicide. (Catrina Peters)	07/01/16, 06/30/20	11.10% % of Washoe County high school student who attempt suicide	8.90%	Achieved As of 07/24/18
4.2.2 Reduce the percentage of Washoe County high school students who ever took a prescription drug without a doctor's prescription. (Catrina Peters)	07/01/16, 06/30/20	17.40% % of WCHS students taking off script medication	14.80%	Achieved As of 07/24/18
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. (Catrina Peters)	07/01/16, 06/30/20	31.40% % of high school students who were offered, sold, or given an illegal drug	28.30%	Achieved As of 08/08/18
4.2.4 Reduce the rate of K-12 Washoe County School District bullying incidents. (Catrina Peters)	07/01/16, 06/30/20	-10% Rate of K-12 Washoe County School District bullying incidents.	2%	Off Target As of 01/31/18
4.2.5 Reduce the percentage of Washoe County high school students who currently drink alcohol. (Catrina Peters)	07/01/16, 06/30/20	34.70% % of Washoe County high school students who currently drink alcohol	28.20%	Achieved As of 07/24/18

4.3 Improve nutrition by supporting efforts to increase food security and access. (Catrina Peters) (12/31/17)	Measure: % of community outcomes on target Target: 100%	100%	Achieved
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COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
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4.3.1 Reduce the percentage of food insecure children in Washoe County. (Catrina Peters)	07/01/16, 06/30/20	25.70% % of food insecure children	21.60%	Achieved As of 11/30/17
4.3.2 Reduce the percentage of food insecure people in Washoe County. (Catrina Peters)	07/01/16, 06/30/20	14.25% % of food insecure people	12.70%	Achieved As of 12/19/17

4.4 Enhance the Regional Emergency Medical Services System. (Christina Conti) (12/31/21)

Measure: % of community outcomes on target
Target: 100%
75% **On Target**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
4.4.1 Implement a single patient record for pre-hospital care in Washoe County. (Christina Conti)	07/01/16, 06/30/20	100% % Complete	65%	On Target As of 07/26/18
4.4.2 Reduce the median EMS regional response times (initial contact to first arriving unit in min:sec) in Washoe County. (Christina Conti)	07/01/16, 06/30/20	6 Median EMS regional response times (Minutes)		Deferred As of 11/28/17
4.4.3 Coordinate communications amongst EMS partners. (Christina Conti)	07/01/16, 06/30/20	100% % P25 Radio Migration complete		Waiting As of 08/15/18

4.5 Engage the Community in Public Health Improvement. (Catrina Peters) (06/30/21)

Measure: % Complete
Target: 100%
100% **Achieved**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
4.5.1 Multiple Community Partners working collectively to implement the 2018-2020 Truckee Meadows Healthy Communities Community Health Improvement. (Catrina Peters)	10/17/17, 06/30/20	15 Number of partners working collaboratively	15	Achieved As of 01/31/18

FINANCIAL STRATEGIC PRIORITIES & DISTRICT GOALS

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

5.1 Update the WCHD's financial model to align with the needs of the community. (Anna Heenan) (12/31/21) **Measure:** Completed model **Target:** 100% 100% **On Target**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
5.1.1 Increase State funding support in Washoe County. (Anna Heenan)	07/01/16, 06/30/20	1% % state funding support	1%	On Target As of 03/30/18

5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings. (Anna Heenan) (06/30/21) **Measure:** % of community outcomes on target **Target:** 100% 100% **On Target**

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
5.2.1 Increase budget per capita (Base target is \$49.88). (Anna Heenan)	07/01/16, 06/30/20	\$49.88 budget per capita	\$52.24	Achieved As of 07/23/18
5.2.2 Generate cost savings (in dollars) through QI projects. (Catrina Peters)	07/01/16, 06/30/20	\$ of cost savings		On Target As of 07/24/18
5.2.3 Increase utilization of interns and volunteers (hours/FTEs). (Anna Heenan)	07/01/16, 06/30/20	13,676 # hours of work from interns and volunteers	9,986	On Target As of 11/28/17

PEOPLE AND LEARNING STRATEGIC PRIORITIES & DISTRICT GOALS

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

6.1 Create a positive and productive work environment. (Kevin Dick) (06/30/21)

Measure: % of annual goal achieved
Target: 100%

100%

On Target

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
6.1.1 Increase the employee engagement score in Washoe County. (Catrina Peters)	07/01/16, 06/30/20	25% Employee engagement score		Deferred As of 08/14/18
6.1.2 Increase the number of facility enhancements implemented (cumulative) within the Washoe County Health District. (Steve Kutz)	07/01/16, 06/30/20	5 # of facility enhancements implemented (cumulative)	36	On Target As of 07/11/18
6.1.3 Increase the number of security enhancements implemented within the Washoe County Health District. (Anna Heenan)	07/01/16, 06/30/20	100% Annual investments in security initiatives.	100%	On Target As of 07/23/18
6.1.4 Increase the number of QI projects implemented in the last 12 months within the Washoe County Health District. (Catrina Peters)	07/01/16, 06/30/20	2 # of large QI projects completed per fiscal year	2	On Target As of 07/23/18

6.2 Focus on continuing to build staff expertise. (Catrina Peters) (06/30/21)

Measure: % of plan outcomes on target
Target: 100%

50%

On Target

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
6.2.1 Implement the Workforce Development Plan. (Catrina Peters)	07/01/16, 06/30/20	100% % Implementation of the Workforce Development Plan	75%	On Target As of 01/31/18

6.3 Achieve National Public Health Accreditation (Catrina Peters) (10/01/18)

Measure:
Target: 100%

60.60%

On Target

COMMUNITY OUTCOMES	START/END DATE	TARGET, MEASURE	ACTUAL	STATUS
6.3.1 Improve internal processes to ensure policies and procedures meet national Public Health accreditation standards (Catrina Peters)	11/03/17, 10/01/18	100% % Complete	70%	On Target As of 01/30/18

APPENDIX A: STRATEGIC PLANNING TERMS

STRATEGIC PLANNING TERM	DEFINITION
Core Values/Guiding Principles	How people want to behave with each other in the organization. Value statements describe actions that are the living enactment of the fundamental values held by most individuals within the organization. What are our guiding principles, as a group, to adhere to no matter what?
Core Purpose/Mission Statement	The organization's core purpose. Why do we exist?
Vision Statement (5+ years)	Where you are headed — your future state — your Big, Hairy, Audacious Goal. Where are we going?
Competitive Advantages	A characteristic(s) of an organization that allows it to meet their customer's need(s) better than their competition can. What are we best at in our market?
Organization-Wide Strategies	Your strategies are the general methods you intend to use to reach your vision. A strategy is like an umbrella. It is a general statement(s) that guides and covers a set of activities. You can develop strategies for your whole organization, a department, a specific set of activities, or a guiding statement for a year. No matter what the level, a strategy answers the question "how."
Long-Term Strategic Priorities (3+ years)	Long-term, broad, continuous statements that address all areas of your organization. If you have a five-year vision, these would be three- to four-year intermediate guideposts on the way there. What must we focus on to achieve our vision?
Short-Term Items (1 year)	Short-term items that convert the Strategic Priorities into specific performance targets. Effective goals clearly state what, when, who and are specifically measurable — they are Specific, Measurable, Attainable, Responsible person, time bound (SMART). What must we do to achieve our long-term Strategic Priorities?
Key Performance Indicators (KPIs)	Metric and non-metric measurements essential to the completion of an organization's goals. Each organization narrows the possible list down to a manageable group of KPIs that make the most difference to performance. KPIs are linked to goals. How will we know we have achieved our goals?

Strategic Plan FY 18 Progress Update

Catrina Peters MS, RD

Director of Programs and Projects

August 23rd, 2018

Strategic Plan Progress

Lots of accomplishments in FY 2018!

- This update covers July 1, 2017 to June 30, 2018
- 158 out of 171 items “achieved” or “on target”

Strategic Priorities

	OnStrategy Score: 95
	158 7 6
1 Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.	OnStrategy Score: 100
	35
2 Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe ...	OnStrategy Score: 95
	25 3
3 Local Culture of Health: Lead a transformation in our community's awareness, understanding, and ...	OnStrategy Score: 97
	29 1
4 Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress ...	OnStrategy Score: 87
	25 3 3
5 Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the ...	OnStrategy Score: 92
	8 1
6 Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing ...	OnStrategy Score: 95
	36 1 1

Priority 1: Healthy Lives

- 35 out of 35 on track or achieved
- Key highlights
 - 11 more classrooms participated in coaches challenge this year for a total of 67 classrooms participating
 - WIC on-site farmers market increased access to fruits and vegetables
 - Several CCHS media campaigns

Priority 2: Healthy Environment

- 25 out of 28 on track or achieved
- Key highlights
 - Washoe County was designated as meeting attainment for the ozone standard
 - Waste Characterization study complete and posted on the WCHD website
 - Campaign to reduce inappropriate 911 calls implemented

Priority 3: Local Culture of Health

- 29 out of 30 on track or achieved
- Key highlights
 - Smoke free parks ordinance passed
 - 2018-2020 CHIP completed
 - 7 Community wide reports published
 - Healthy living mural in partnership with Reno Housing Authority
 - Media coverage, media campaigns and website utilization

Priority 4: Impactful Partnerships

- 25 out of 31 on track or achieved
- Key highlights
 - Reduced average GI outbreak duration at WCSD
 - 2017 YRBS showed many improvements in risky behaviors
 - Continued implementation of the EMS 5 year strategic plan
 - TMHC engagement/leadership, County Health Rankings event

Priority 5: Financial Stability

- 8 out of 9 on track or achieved
- Key highlights
 - Continued discussions with the county on COLA increases
 - Increased budget per capita, largely due to fee increases

Priority 6: Organizational Capacity

- 36 out of 38 on track or achieved
- Key highlights
 - 90.2% of performance reviews completed on time
 - Continued implementation of the WFD plan
 - Two part training offered on managing change
 - Much progress toward Accreditation submission

Revisions

Recommended for removal: 1.3.1.2 “Explore with partnering agencies to provide onsite community health workers to assist and educate clients on how to access resources”

Rational for removal: Item has been explored and funding for such a staff position would need to be identified for this position as no state funds are available to support community health workers contrary to our original assumptions.

Recommended for revision: 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”

Rational for revision: Suggested change to broaden activities to other types of disasters or emergencies.

Recommended for revision: 2.2.5 “Decrease the number of inappropriate 911 calls”

Rational for revision: Suggested change to “Conduct outreach campaigns to increase awareness of the appropriate use of 911” to allow for better measurement of success.



Revisions

Recommended for removal: 4.1.2 “Increase the percentage of Washoe County students who graduate high school in Washoe County”

Rational for removal: High school graduation rates have improved and this was not identified as a top area of need and not incorporated into the 2018-2020 Community Health Improvement Plan.

Recommended for removal: 4.3.1 and 4.3.2 “Reduce the percentage of food insecure children/people in Washoe County”

Rational for removal: Food insecurity rates continue to fall and this was not identified as a top area of need and not incorporated into the 2018-2020 Community Health Improvement Plan.

Questions?

**AIR QUALITY MANAGEMENT
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: August 23, 2018**

DATE: August 10, 2018
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. Public Outreach in Response to Wildfire Smoke

The month of July provided an opportunity to demonstrate the effectiveness of the Keep it Clean - Be Smoke Smart campaign. Staff experienced a significant increase in demand for outreach activities as a result of the smoke from California wildfires. Routinely, AQMD staff collects data at seven (7) monitoring sites located in Washoe County, validates the data, and then uploads it to EPA for retrieval by AirNow to develop a daily forecast. AirNow is an EPA program designed to translate air quality data into numbers and colors that help people understand when to take action to protect their health.

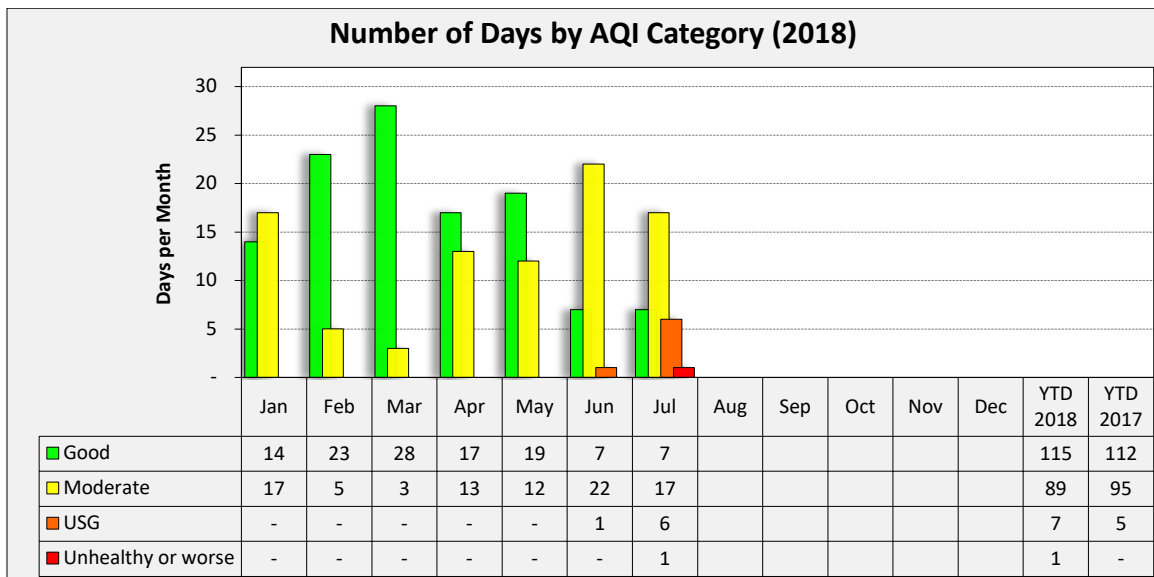
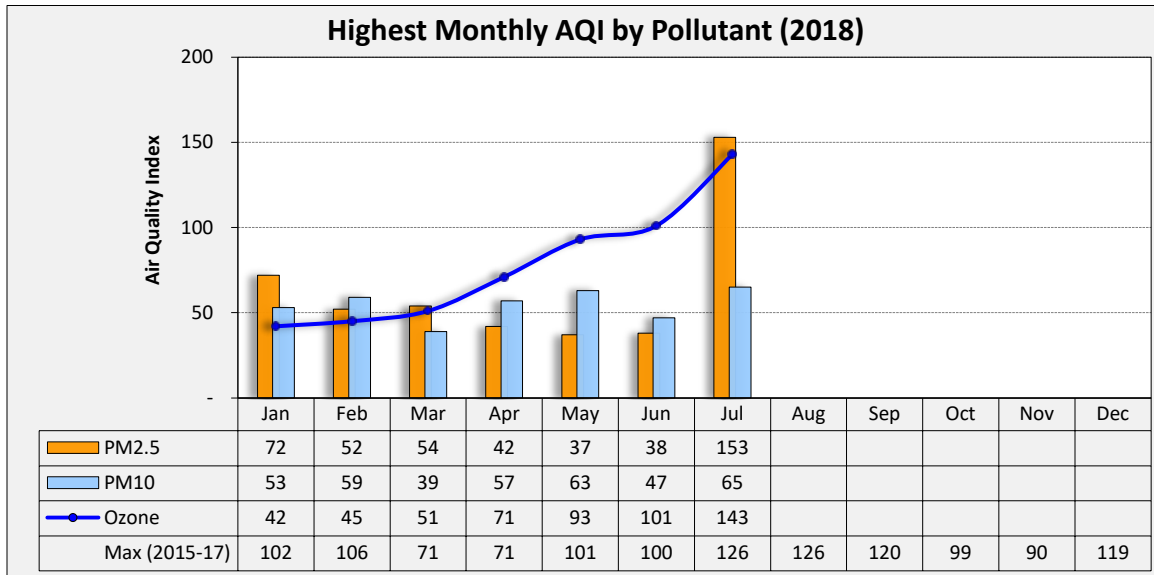
For the month of July, there were thirty-one (31) AirNow forecasts and twelve (12) alerts warning the public of elevated pollution levels as a result of the transport of wildfire smoke. There was at least one alert sent each day from July 20 – 31. EnviroFlash is another EPA product that provides a notification to alert subscribers of the current air quality. July saw an increase of nearly seventy (70) subscribers for a total of 465 confirmed subscribers, which includes all media and governmental partners. As a result of the alerts, AQMD staff conducted nine (9) television interviews and Mr. Phil Ulibarri conducted an interview with the Associated Press Reno.

Social media activity also increased in July. Twitter saw 95 tweets, not including retweets, for a total of 106,000 impressions. There were 117 posts on Facebook, including shares, for a total of 64,700 impressions. OurCleanAir.com also experienced an increase in activity to 5,706 pageviews. AQMD staff will continue to provide the most accurate and current information to help the community *Be Smoke Smart* throughout the duration of the 2018 fire season.

Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing 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 the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data 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, visit OurCleanAir.com.

3. Program Reports

a. Monitoring and Planning

July Air Quality: There were 7 exceedances of the ozone National Ambient Air Quality Standard (NAAQS) and 3 exceedances of the PM_{2.5} NAAQS during the month of July. Air Quality Indexes occasionally reached Unhealthy levels (AQI greater than 151). These exceedances were primarily due to smoke from the Carr and Ferguson Fires in California.

Reno Planning Commission Takes the Lead to Improve Commuting to Work: Motor vehicles are the largest category of emissions that create ozone. As our area recovers from the Great Recession, we're seeing increases in energy use and vehicle miles traveled (VMT). In 2016, the City of Reno adopted a resolution supporting the Ozone Advance program. The most powerful impact Reno can have is through its land use planning process.

On July 19, the Reno Planning Commission (RPC) reviewed an application for a Special Use Permit (SUP) for a 200,000 square foot warehousing/distribution building on North Virginia Street in Stead. The project will generate an estimated 857 average daily trips, many of which will be employees. RPC approved the SUP with an additional condition to include an Employee Trip Reduction (ETR) program. An ETR program is the business version of Safe Routes to School. This program will be another benefit for all their employees and can also save money for the business.



Managing VMT will be critical to maintaining air quality standards. This is the first project to require an ETR program. All [future and current] business should have some degree of an ETR program. Kudos to the RPC for reducing single occupant vehicles managing VMT, and moving us towards a Healthy Community!

Downtown Reno Air Monitoring Station: The City of Reno will be disposing of the property bounded by Mill, State, and River Rock for an affordable housing project. AQMD has been monitoring at this location since being relocated by the ReTRAC project in 2001. This is AQMD's flagship station and is designated by EPA as an NCore site. Staff is coordinating with Reno, NVEnergy, TMWA, and the Washoe County School District to locate a site that meets EPA requirements.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Staff reviewed thirty (30) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted twenty-two (22) stationary source inspections, twenty-four (24) gasoline stations and one (1) initial compliance inspections in July 2018. Staff was also assigned thirteen (13) new asbestos abatement projects, overseeing the removal of 25,800 square feet of asbestos containing materials. Staff received thirteen (13) new building demolition projects to monitor. Further, there were twenty-five (25) new construction/dust projects to monitor, totaling 260 new acres of land being worked for various projects. Staff performed sixteen (16) construction site inspections. Each asbestos, demolition and construction notification project is monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to fifteen (15) complaints.

Type of Permit	2018		2017	
	July	YTD	July	Annual Total
Renewal of Existing Air Permits	87	689	97	1055
New Authorities to Construct	1	33	6	60
Dust Control Permits	25 (259 acres)	130 (1904 acres)	4 (18acres)	173 (2653 acres)
Wood Stove (WS) Certificates	42	256	35	474
WS Dealers Affidavit of Sale	2 (0 replacements)	46 (29 replacements)	0 (0 replacements)	54 (40 replacements)
WS Notice of Exemptions	745 (7 stoves removed)	4899 (58 stoves removed)	490 (6 stoves removed)	9722 (88 stoves removed)
Asbestos Assessments	100	693	88	1029
Asbestos Demo and Removal (NESHAP)	39	186	15	241

COMPLAINTS	2018		2017	
	July	YTD	July	Annual Total
Asbestos	0	5	1	13
Burning	0	1	0	10
Construction Dust	10	35	2	42
Dust Control Permit	1	1	0	2
General Dust	2	20	13	54
Diesel Idling	0	6	0	0
Odor	1	17	1	15
Spray Painting	1	5	0	11
Permit to Operate	0	4	0	3
Woodstove	0	3	0	7
TOTAL	15	97	17	157
NOV's	July	YTD	July	Annual Total
Warnings	3	16	2	10
Citations	1	3	0	7
TOTAL	4	19	2	17

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

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK	-
DHO		AD

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: August 23, 2018**

DATE: August 9, 2018
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – National Immunization Awareness Month; Data & Metrics;
 Program Reports

**1. Divisional Update –
a. National Immunization Awareness Month**



The National Immunization Awareness Month campaign goal is to communicate the importance of vaccination across the lifespan and celebrate the benefits of vaccination.

An assessment of vaccination coverage for 2017 showed that 77.4% of children aged 19-35 months had received age-appropriate vaccinations at the time of their visits to clinics or healthcare providers located in Washoe County. The Healthy People 2020 objective is 80% for children aged 19 to 35 months to have received the recommended doses of the childhood vaccines DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate.

Year	2017	2016	2015	2014	2013	2012	2011
Rate (%)	77.4	80.2	79.0	75.6	74.2	73.6	71.2

Table 1: Washoe County 19-35 month old Immunization Rate (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 Hep B, 1 varicella, 4 PCV)
 Data source: WebIZ Replica Database
 State of Nevada, 3/2018

Human Papillomavirus (HPV) vaccination rates for 2017 are steadily rising but continue to be well below the Healthy People 2020 objective of 80%. Nevada WebIZ statewide data shows only 23.3 percent of adolescents age 13-17 years old received the complete series of HPV, with a 31.6 percent 3 dose completion rate in Washoe County.

NV State Immunization Program, percent appropriately vaccinated, 13-17 years old

HPV Rates

	2015 Washoe County			2015 Nevada			2016 Washoe County			2016 Nevada			2017 Washoe County			2017 Nevada		
	F	M	Both	F	M	Both	F	M	Both	F	M	Both	F	M	Both	F	M	Both
1 Dose	50.2	41.5	45.7	47.4	35.3	41.2	54	47.8	50.9	51.8	43	47.4	58.1	54.1	56.0	50.7	45.2	47.8
2 Doses	38.5	29.6	33.9	34.7	23.9	29.1	42.5	35.6	39	39	30.2	34.6	45.7	40.6	43.1	37.4	31.5	34.4
3 Doses	28.9	20.4	24.5	24.6	15.5	19.9	32.5	26.3	29.4	28.4	20.7	24.6	34.1	29.3	31.6	26.1	20.7	23.3

Numerator: Number of children in NV WebIZ in the selected age range who are up to date with the selected vaccinations and doses during the selected time frame

Denominator: Number of children in NV WebIZ in the selected age range during the selected time frame.

Data run off the NV WebIZ replica database using SQL Studio on 7/9/18

The Immunization Program continues to provide on-site clinic services five days per week. Additionally, off-site vaccinations have been provided through partnerships such as Immunize Nevada, Washoe County School District, and the Nevada State Immunization Program. Flu and pneumonia vaccines, as well as other vaccines, were also provided for high risk clients at Project Homeless Connect and a residential drug rehabilitation center. Additionally, immunizations and education were provided at a Remote Area Medical (RAM) event, Northern Nevada Children's Cancer Foundation, Mexican Consulate Binational Health Event, Children's Cabinet, Mariposa Academy, a Pediatric Community Flu Shot Clinic and a community Baby Shower event. A total of 1,539 doses of vaccine were administered to 921 clients at these events. All of these off-site clinics contribute to maintaining and improving preparedness for an influenza pandemic or other vaccine preventable disease outbreak.

A Point of Dispensing (POD) event was held on October 4th, in partnership with EPHP. Additionally, employee flu shot clinics were held and the program took over providing required vaccinations for new WCHD staff.

The School Located Vaccination Clinic (SLVC) program continued to focus on providing flu shots for children attending Title I schools. This program was held in partnership with Immunize Nevada and the Washoe County School District.

School Located Vaccination Clinics 2015-2016 through 2017-2018 Flu Seasons

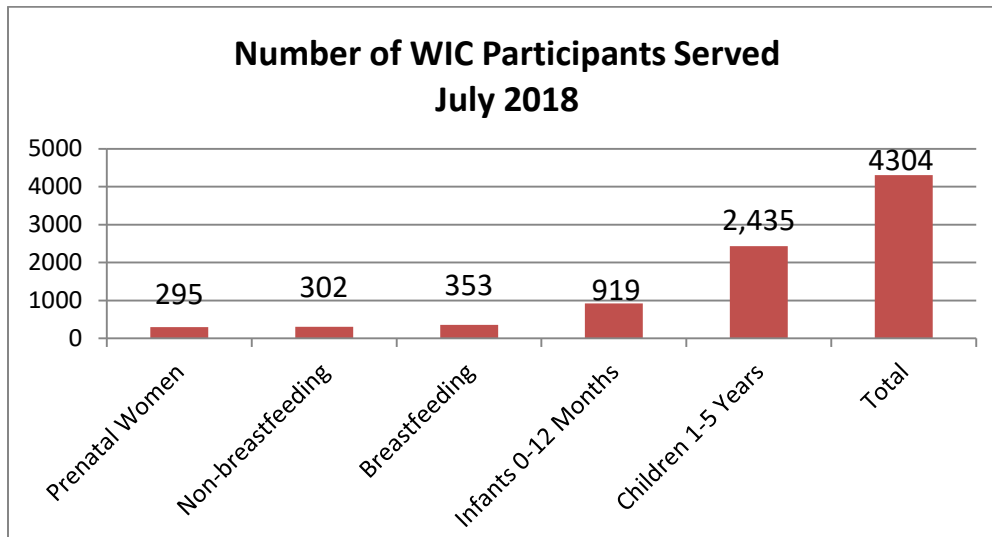
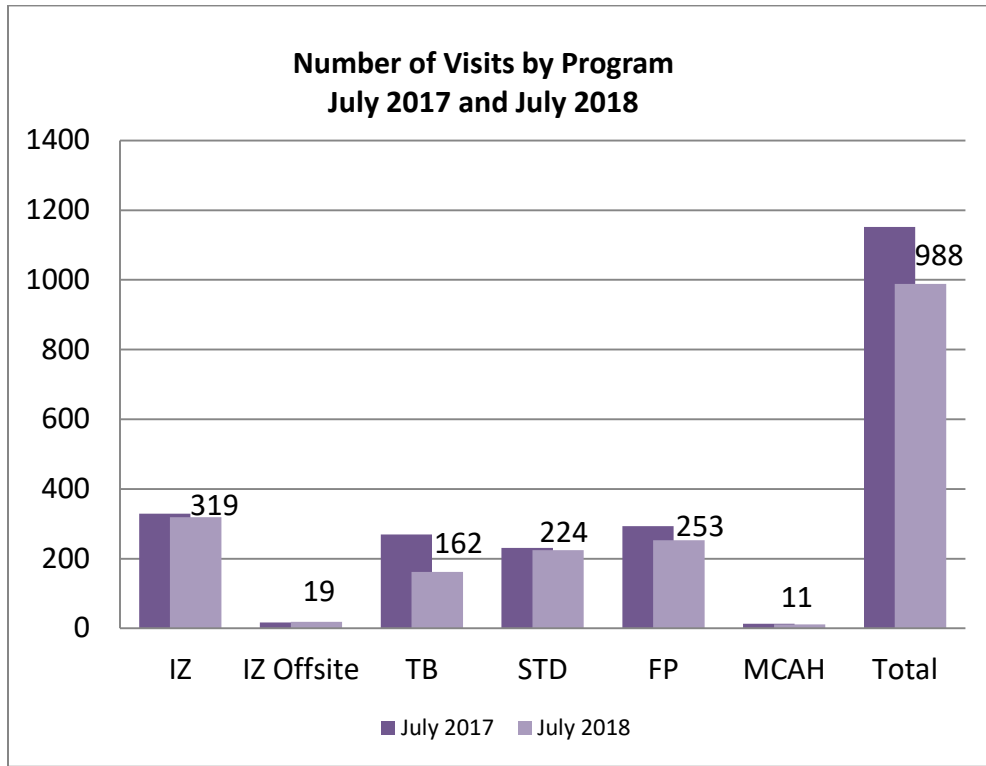
Flu Season	# of School Located Vaccination Clinics	IIV4 (Injectable)	LAIV Nasal Spray	Total Doses	Children	Adults	Total Served
2015-16	14	152	759	911	833	78	911
2016-17	15	1,047	0	1,047	869	178	1,047
2017-18	17	1,089	0	1,089	963	126	1,089

Immunization Program staff are also responsible for carrying out a variety of grant related activities such as conducting provider visits to enhance stewardship and accountability for Vaccine for Children and 317 publicly purchased vaccines, provider education for improved immunization rates and program improvement. Perinatal hepatitis B surveillance and follow-up is another grant component that is carried out by the Epidemiology program.

Additional Accomplishments in Fiscal Year 2018 include:

- Immunization lectures for nursing students at University of Nevada, Reno
- Immunization panel discussion for Community Health Sciences class
- Phone queue for appointment scheduling

b. Data/Metrics



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 welcomes Jacqueline Gonzalez, Advanced Practice Registered Nurse (APRN). Jacqueline has been an APRN for seven years and was practicing in an Urgent Care setting. Staff also welcomes Allison Schleicher, Public Health Investigator II. Allison comes to us from Nevada Division of Public and Behavioral Health where she was the Tobacco Data Analyst.

Staff participated in the Northern Nevada Pride celebration in July, which boasted a record crowd. Education, safer sex supplies, and referrals to Sexual Health Program testing opportunities were provided.

Pre-exposure prophylaxis (or PrEP) is an HIV medication provided to people at very high risk for HIV, which lowers their chances of becoming infected. Daily PrEP reduces the risk of getting HIV from sex by more than 90%. Among people who inject drugs, it reduces the risk by more than 70%. The risk of acquiring HIV from is lowered even more by combining PrEP with condom use, use of new syringes/equipment, and other prevention methods. This advancement is viewed as one of the strategies to end new HIV infections and end the epidemic.

Staff are preparing to assess clients for PrEP and facilitate referrals to PrEP providers, with consideration on how WCHD may implement PrEP in our clinics. Training on PrEP, including how it has been implemented in similar clinic structures, and assessing and follow up on clients will be provided to all Sexual Health staff, including Family Planning, on August 24, 2018.

- b. **Immunizations** – Nursing staff, including the program supervisor, attended the annual Statewide Immunization meeting on July 18-19, 2018. Federal and state program updates were reviewed on day one and breakout sessions were held the second day to address specific grant objectives and leadership activities.

Program staff provided immunizations to children at the Family Health Festival on July 25th. Nursing staff gave 36 doses of vaccine to nine children at the festival.

Give Kids a Boost, the annual Back to School immunization clinic held in partnership with Immunize Nevada and the Nevada State Immunization Program, was held on August 4, 2018, at the Neil Road Recreation Center. WCHD staff administered a total of 293 doses of vaccine to 103 children during that event.

- c. **Tuberculosis Prevention and Control Program** –TB clinic staff have been very busy with two new active cases of pulmonary Tuberculosis. Staff are working closely with the VA as one case is currently an inpatient there and in respiratory isolation. This patient's roommate is also newly

diagnosed with pulmonary disease but does not require isolation. Dr. Krasner, our consulting physician, believes these two cases are independent of one another; confirmation of this theory is pending genotyping results. The VA has taken the lead for the inner circle contact investigation involving a VA clients. One additional case of active, noncontagious disease is in process of being ruled out or confirmed. Staff have also been working with six new immigrants requiring evaluation in the past week.

- d. **Family Planning/Teen Health Mall** – Teen Health Mall is now offering clinic hours on Wednesday afternoons to align with early release day. As of August 2, 2018, staff has served 29 female inmates at the Washoe County Sheriff's Department twice a month.
- e. **Chronic Disease Prevention Program (CDPP)** – Staff prepared and submitted a grant application for continued SNAP-ed funds to support Wolf Pack Coaches Challenge activities and Healthy Parks efforts. The funds will cover a part time health educator to complete the deliverables outlined in the application.

Staff continued to support smoke free parks efforts. The Sun Valley General Improvement District passed a policy in May and the City of Sparks passed an ordinance in June. The first reading of the ordinance in Reno passed unanimously with a second reading scheduled August 8th. Washoe County is expected to have the item on a County Commission agenda within the next several months.

Staff participated in key aspects of the Physical Activity and Nutrition Community Health Improvement Plan (CHIP), including key organization of the July 25th Family Health Festival which was held at Miguel Ribera Park and was a huge success with over 40 participating vendors and approximately 500 individuals served. Additional CHIP activities CDPP staff work on include healthy vending activities and 5210 planning.

On July 26th CDPP staff participated in the Northern Nevada Pride event with information about tobacco use and cessation. LGBT communities have significantly higher rates of smoking than the general population and participating in Pride allowed staff to reach this key population with tobacco messages. Staff surveyed 139 Pride participants and of those, 75% supported a smoke free Pride event.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The FIMR program is working with the Nevada Department of Health and Human Services, Office of Public Health Informatics to create an multi-year report for the FIMR program that meets stringent confidentiality and suppression requirements.

Nurses from the Immunization Program are in the process of orienting for Cribs4Kids Safe Sleep training. A pilot project is being finalized with WIC to provide monthly trainings at both locations.

- g. **Women, Infants and Children (WIC)** – The WIC program was randomly selected for both the State Financial and Programmatic site visits during July. Both visits went well and at the conclusion of the programmatic visit staff were complemented on how efficiently and effectively they were able to identify solutions to assist WIC clients.

DD_CW
DHO_____KD_____

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: August 23, 2018**

DATE: August 10, 2018
TO: District Board of Health
FROM: Chad Warren Westom, Director
775-328-2644; cwestom@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division and Program Updates – Training, Epidemiology, Community Development, Food, Special Events, Hotel/Motel, Land Development, Safe Drinking Water, Vector-Borne Disease, Waste Management and Inspections

Division Updates

- **Environmental Health Services Training Program** – Two EHS trainee staff members successfully passed the Registered Environmental Health Specialist (REHS) exam in July. Since 2016, six (6) staff members have used the Training Manual and Study Materials established by the Training Program and have successfully passed the REHS exam on their first try. Additionally, the Training Program developed schedules and training for a new EHS Intermittent Hourly and Public Service Intern for the first half of fiscal 2018/2019.
- **Environmental Health Services Epidemiology Program** –
 - Staff completed Standard Operating Procedure (SOP) updates for Foodborne Outbreak Investigation (SOP FS-1) and Confidential Information Records Request (SOP FS-4) in July. Both documents were added to submissions for Public Health Accreditation.
 - The gastroenteritis section of the Annual Communicable Disease (CD) summary for the Health District was completed by program staff.
- **Program Updates**

Community Development

- Current plan review turnaround is at 6 calendar days for commercial plans and water projects.
- Staff meets with our regional partners to routinely discuss commercial plans and future development.

- See the table below for specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

Community Development	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	YTD 2018	2017 TOTAL
Development Reviews	44	49	44	41	47	44	25	294	426
Commercial Plans Received	76	78	87	91	141	127	87	688	780
Commercial Plan Inspections	23	16	26	23	25	23	30	166	407
Water Projects Received	27	26	24	20	23	14	10	144	287
Lots/Units Approved for Construction	975	970	582	445	403	72	313	3,760	4,117

Food

- With a grant funded by the FDA Voluntary National Retail Food Regulatory Program Standards, staff collaborated with a local media firm to translate existing handwashing radio spots and Facebook advertisements into Spanish. The campaign focuses on proper handwashing procedures and will target Spanish speaking food service workers and the general public. The advertisements will run through the month of August. This activity pertains to FDA Standard 7 – Industry and Community Relations.
- One staff member attended an in-person meeting with all nationwide NACCHO Mentorships Program participants in Washington, DC. The meeting included a presentation on the Food Safety Program's experience participating in the Mentorship Program as well as an opportunity to meet Nevada representatives at the White House to discuss food safety initiative as they relate to the Program Standards. This activity pertains to FDA Standard 7 – Industry and Community Relations.
- In an effort to focus program resources on food operations with the greatest food safety risk, staff has begun inspecting Risk Level III establishments for the second time this calendar year. Several of these inspections have resulted in the identification and correction of critical violations that would not have otherwise been identified without the second inspection. Critical violations include improper hot/cold holding temperatures of potentially hazardous food, improper cooking temperatures, dirty and/or contaminated utensils and equipment, and poor employee health and hygiene. This activity pertains to FDA Standard 3 - Inspection Program Based on HACCP Principles.
- **Special Events** – Star Spangled Sparks, the Biggest Little City Wingfest, and a reduced scope Red, White and Tahoe Blue took place near the beginning of the month of July. Inspection numbers for the year are tracking very similarly to the previous year. August will kick off the busiest time of the year in the Special Events program with large events occurring nearly every other week through the remainder of the summer/fall season. August events include the Barracuda Championship, Hot August Nights and the Nugget Rib Cook-off with several to follow into September and October.

Hotel/Motel

- On August 8, the Reno City Council heard a presentation from staff regarding improvements to ordinances for motels and long-term rentals in Reno. The City Council may vote to adopt this

ordinance on August 22. If so, approximately 75 motels will no longer be inspected by Health District Staff. Staff reached out to provide training in the inspection process, including bed bug identification, in the transition of these inspections concerning motel operators.

Land Development

- Plan review times have improved significantly. Some of this is attributable to minor process changes internally, but the bulk of the reduction is due to the majority of plans being fielded by new team members.

Land Development	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	YTD 2018	2017 TOTAL
Plans Received (Residential/Septic)	75	52	68	74	67	61	113	510	816
Residential Septic/Well Inspections	65	57	69	105	96	99	73	564	1,056
Well Permits	7	7	4	9	7	14	19	67	146

Safe Drinking Water

- To date, approximately 30% of required sanitary surveys for the calendar year have been completed. The largest, TMWA, has been scheduled for the first week of August. Surveys are being scheduled at a more rapid rate to meet the goal of completing all surveys before November.
- The team is assisting Boomtown to become a community water system with the upcoming new housing development that will be served by them. TMWA is also looking into consolidating with Boomtown in the near future and worked with the team during the latest sanitary survey. The State joined the group survey to ensure all required monitoring and changes needed are completed.

Vector-Borne Diseases

- The Vector Borne Diseases Program conducted a fourth helicopter application on August 9, which larvicided Lemmon Valley, Kiley Ranch Wingfield Springs, Butler Ranch, Rosewood Lakes, South Meadows and Damonte Ranch, 800 acres in all. Positive adult mosquitoes have been collected from Hidden Valley and Damonte Ranch. Two species of mosquitoes, *Culiseta inornata* and *Aedes dorsalis*, collected from Damonte Ranch, are positive for West Nile virus. *Culex tarsalis*, the primary vector of West Nile virus, have been detected the past two weeks in Hidden Valley.
- Staff fogged Hidden Valley, Mira Loma, Rosewood Lakes Golf Course and Damonte Ranch the past two weeks. With the large presence of virus in both the Damonte Ranch and Hidden Valley areas, the danger is virus being transmitted to people. Citizens need protectionary measures to avoid adult mosquito activity outdoors during the evenings and mornings.
- The stationery New Jersey light traps are collecting high numbers of *Culex tarsalis* in Lemmon Valley, Wingfield Springs, Damonte Ranch and Washoe Valley. Average daily temperatures are supporting mosquito disease virus transmission. To date over 4,700 mosquitoes have been collected, identified and sent to the Animal Diseases laboratory with five positive collections.
- From April through the end of July, staff identified 27 specimens of ticks. Most of these ticks were *Dermacentor variabilis*. The number of tick service requests and those specimens received for identification is higher than in previous years.

- Staff reviewed 12 building projects in the Truckee Meadows Community.
- Vector Responses to Public Requests:

Vector Responses	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	YTD 2018	2017 TOTAL
Mosquito	0	0	3	20	20	16	37	96	289
Mosquito Fish – Gambusia	0	0	0	5	23	33	7	68	124
Gambusia Delivered	0	0	0	0	0	469	130	599	807
Hantavirus	7	0	6	9	11	11	13	57	126
Plague	0	0	0	0	4	3	5	12	17
Rabies	3	4	1	4	2	13	7	34	104
Planning Calls	8	14	9	15	16	4	4	70	163
Lyme Disease/Ticks	1	0	1	4	13	3	8	30	26
Media	0	0	2	2	2	2	9	17	47
Outreach / Education / Misc.	9	11	13	28	23	21	27	132	442
Cockroach / Bedbug	3	7	9	9	15	15	23	81	227
West Nile Virus	0	0	0	0	0	0	7	7	55
Zika	0	0	0	0	0	0	2	2	12
TOTAL	31	36	44	96	129	590	279	1,205	2,439
Planning Projects Reviewed by Vector	6	15	13	16	12	16	12	91	149

Waste Management

- All Waste Management web pages have been updated with current information.
- The Waste Composition/Characterization was posted on our webpage Friday. A similar post will be put on our Facebook page on Tuesday, along with a brief description of why it was done and what waste diversion efforts should be focused on by officials.

EHS 2018 Inspections

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

	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	YTD 2018	2017 TOTAL
Child Care	11	11	4	6	15	6	15	68	115
Complaints	70	57	53	68	52	66	92	458	883
Food	650	724	709	625	471	602	354	4,135	4,997
General*	120	100	71	116	476	212	495	1,590	2,032
Temporary Foods/Special Events	17	19	25	59	105	210	153	588	1,686
Temporary IBD Events	2	0	1	85	0	0	0	88	96
Waste Management	6	29	14	16	5	13	7	90	286
TOTAL	876	940	877	975	1,124	1,109	1,116	7,017	10,095
EHS Public Record Requests	138	124	164	149	234	115	131	1,055	437

Mosquitoes grounded by smoke, public health threat continues



By [Ed Pearce](#) |

Posted: Tue 6:03 PM, Jul 31, 2018 |

Updated: Tue 8:37 PM, Jul 31, 2018

RENO, Nev. (KOLO) It turns out like us, mosquitoes tend to quiet down on smoky days. We may stay inside more. They're flying less. So encounters may drop off.

Sounds like a respite at least. But here's the bad news. While they may be flying less and biting less on smoky days, they haven't stopped breeding.

A shift in the winds can clear the air and a new generation of mosquitoes IS flying and biting again.

"Regardless of the smoke, they're going to continue to go through that process, going from egg to adult probably within about seven days," says Jim Shaffer, Director of [Washoe County's Vector Borne Disease Program](#).

That's why the people at the Health Department's Vector Control office haven't let up in their efforts. Each year the county attacks the mosquitoes from the air and on the ground, not only at the obvious sites--the wetlands on the east side of the valley or to the north for instance, but also on the ground.

Mosquitoes only need a half inch of water in a puddle, a backyard bucket or children's toy to start breeding. Storm drains can breed them by the cloud. So they're checked and treated with a larvicide.

This seasonal war isn't just about controlling a nuisance. There's a real public health hazard here. Last week [West Nile virus was found in mosquitoes](#) trapped in the Damonte Ranch and Hidden Valley areas.

"Staff went out and did some further trapping and we put out some portable traps in Hidden Valley and also Damonte Ranch and we found even more West Nile virus."

There may be as many as 30 species of mosquito in the valley and a dozen have been known to carry the virus and Shaffer says, West Nile is no joke.

"Mortality is less than five percent, but even the mild version of it takes weeks maybe months to get over it, so it's a serious thing."

And so, the battle continues pond by pond, puddle by puddle. Shaffer says you can help by checking your property for any standing water and protecting yourself by covering up and using repellent in mosquito-prone areas.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: AUGUST 23, 2018**

DATE: August 23, 2018
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 July, the Communicable Disease Program has opened four outbreak investigations. Of these, three were Hand Foot and Mouth Disease (HFMD) in childcare facilities. One was a foodborne outbreak caused by *clostridium perfringens* enterotoxin associated with a workplace potluck. A retrospective cohort study was conducted. A total of 132 ill employees were identified through the cohort study, not 50 illness reported previously by the company. The team was able to epidemiologically confirm that the beans prepared one employee was the only food vehicle to cause this outbreak. Environmental investigation suggested that inappropriate food preparation, storage, cooling, and reheating practices were indicated. Recommendations were provided to prevent from future outbreaks. As of August 8, 2018, one outbreak is still open.

Public Health Preparedness (PHP) and EMS Oversight Programs

The EMS Statistician is leading the Community Assessment for Public Health Emergency Response (CASPER) efforts for Washoe County Health District by engaging and leading statewide and local meetings. Planning efforts began on July 12 with a meeting with the PHP team to ensure grant goals, deliverables, and timelines were clear and would be met. On July 20 the EMS Statistician participated in a webinar meeting with other CASPER leads across the state to develop best practices, share materials and lessons learned, and to develop a set of standard statewide questions to be asked in each jurisdiction conducting a CASPER in Nevada.

The EMS Coordinator presented to Sunrise Rotary Club members on July 13. The presentation included an overview of emergency planning and preparedness efforts in Washoe County, with a specific focus on the Health District plans.

On July 24, the Public Health Emergency Response Coordinator conducted a presentation on regional planning efforts with a focus on emergency response plans to City of Reno Ward 4 Neighborhood Advisory Board (NAB).

The PHP staff have begun planning for the fall flu Point of Dispensing (POD) exercises expected to take place across Northern Nevada. Currently seven (7) closed POD partners will be conducting POD training exercises in conjunction with the push out of seasonal influenza vaccine. The exercises will begin mid-September and are expected to run through most of October

PHP staff facilitated an Emergency Credentialing Exercise on July 25. The purpose of the exercise was to identify how ambulatory surgical centers and hospitals can share staff during an emergency. Four ASCs, three hospitals, WCHD and IHCC participated in the exercise.

The EMS Coordinator attended the Great Reno Balloon Race tabletop exercise on July 26. The exercise scenario involved a drone flying into a hot air balloon, causing it to smash into another balloon and both crash land injuring numerous people. This annual exercise allows personnel from fire, EMS, FAA, health, law enforcement, park rangers and event staff to discuss possible response in a no-fault environment.

The EMS Program has completed the grant deliverables for the Nevada Governor's Council on Developmental Disabilities (NGCDD) on July 30. Both the short shift change and the 30-minute training videos were distributed to first responders throughout the state.

PHP staff facilitated an IHCC Redundant Communications Exercise on August 1. The purpose of the exercise was to test the ability to respond to a request to complete the Operating Status and Capability Assessment Report (OSCAR) via WebEOC and fax. Seven IHCC core members and eighteen additional members participated in the exercise.

On August 2, the Public Health Emergency Response Coordinator conducted a presentation on the Isolation and Quarantine plan and the Community Reception Center plan to the Local Emergency Preparedness Committee. This presentation was to familiarize local emergency planners and responders of the current planning initiatives coming from the Health District.

The IHCC have developed Response Guidelines that will provide general guidance for preparation, response, and recovery to all hazards events. The IHCC Response Guide establishes and describes the emergency response framework which will guide the IHCC as it activates to protect the health, safety and well-being of Washoe County residents and visitors in areas impacted by a natural or manmade health emergency or disaster.

On August 9, EMS staff began facilitating the review and update of the EMS Strategic Plan with a regional subcommittee. This meeting was held to review the status of the current strategies and objectives and to work with partner agencies to begin drafting future goals, strategies and objectives.

**REMSA Percentage of Compliant Responses
 FY 2018 -2019**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2017	91%	97%	100%	100%	97%	91%
YTD	91%	97%	100%	100%	97%	91%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2017	8:45	14:56	14:42	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 requirements.

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: August 23, 2018**

DATE: August 23, 2018
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us
SUBJECT: District Health Officer Report – Public Health Accreditation (PHAB), Quality Improvement, Strategic Plan, Workforce Development, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), Washoe Behavioral Health Policy Board, Washoe County Substance Abuse Task Force, County Complex Master Plan, Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD), Other Events and Activities and Health District Media Contacts.

Public Health Accreditation (PHAB)

The Accreditation team is nearing the finishing line of gathering all required documents. Out of the required 213 documents, we now have 208 of the required documents gathered, and 148 documents finalized and uploaded into the online submission system. The balance of documents between what has been submitted and what has been uploaded is comprised of documents that are being reviewed for full conformity. We are well on track for meeting our submission due date.

Quality Improvement

The QI team continues to meet every other month to support implementation of Quality Improvement Projects. Of the six QI projects started in FY 17-18, three are complete and three have been rolled over into the current year for completion.

Strategic Plan

A Strategic Plan report is included in the board packet, and the employee engagement committee has had its first meeting and will be meeting for a second time to develop a set of recommendations to present to the Division Directors.

Workforce Development

Two follow-up training sessions mentioned in the last report are being conducted in mid-August to further expand on the June sessions previously offered by Dr. Mel Minarik.

Community Health Improvement Plan

The August 2nd unveiling event was very successful with over 100 people in attendance. Implementation of plan objectives is fully underway with kick off meetings for each focus area complete or planned in the near future. Small workgroups have been formed to tackle more issue specific objectives and larger group meetings, in conjunction with large existing groups when possible, are being utilized for updates and opportunities for engagement for other community members.

Truckee Meadows Healthy Communities (TMHC)

A Family Health Festival was conducted on July 25th and received good attendance from the community. Over 500 people attended and there was broad representation from health oriented vendors.

The TMHC Board of Directors met on July 26 and the Steering Committee met on August 1. The Board will hold a Strategic Planning Retreat on September 12.

Enterprise Community Partners representatives visited the week of August 6 and met with stakeholders and workgroups regarding the development of the Comprehensive Regional Strategy for Affordable Housing.

Washoe Behavioral Health Policy Board

Of the seven concepts considered, the Washoe Behavioral Health Policy Board has decided to focus discussions regarding the Board's Bill Draft Requests (BDR) on Crisis Stabilization Units policy and funding during the August 20 meeting. Crisis Stabilization Units (CSU) are small inpatient facilities for people in a mental health crisis whose needs cannot be met safely in residential service settings. CSUs are designed to provide a safe, secure environment that is less restrictive than a hospital. CSUs are designed to stabilize the person and get him or her back into the community quickly.

Committee Chair Senator Spearman has invited the Chairs of the Regional Policy Boards to the August 27, 2018 Interim Legislative Committee on Health Care (LCHC) meeting to present any concepts considered by the regional boards but not selected to be addressed as priority for the Regional Board's BDR. The LCHC will consider these priorities/recommendations for the ten BDRs they are allocated. Attached please find the submission to the Committee from the Washoe County Regional Behavioral Health Board. Chair Chuck Duarte will be making the presentation on behalf of the Board.

Washoe County Substance Abuse Task Force

At the request of Commissioner's Berkbigler and Jung, Amber Howell, Director of the Human Services Agency, organized an initial meeting of stakeholders to discuss substance abuse in Washoe County and the formation of a Task Force to work together to address the matter. It was decided to continue meeting and begin with community mapping to identify what roles, services, and activities were occurring in the community and where gaps needed to be addressed as an initial step in developing a regional strategy. The decision was also made to continue as a substance abuse task force in recognition that Washoe County experiences more overdoses from methamphetamines than opioids, and that alcohol abuse has even greater health impacts in Washoe County.

County Complex Master Plan

The County Community Services Department has initiated development of a Master Plan for the County Complex to anticipate and plan for space and facility needs over the next twenty years. They have contracted with Collaborative Design Studios to provide professional support for the plan. I was invited to serve on the Master Plan Steering Committee. A kick-off meeting with County Departments was held and Collaborative Design personnel toured the Health District. Historic statistics on Health District staffing and workload measures were provided. CSD and Collaborative Design representatives are meeting with the Health District on August 22 to discuss the nature of our work, opportunities for automation and efficiency, and services and staffing into the future.

Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD)

CWCD Chairman Tom McCoy requested that the State and local health authorities and Nevada Public Health Association provide the presentation made jointly to the Interim Legislative Committee on Health Care during their April 24, 2018 meeting. The presentation describes current State funding for public health, the evolution to Public Health 3.0, Community Health Assessments and Community Health Improvement Planning, identifying, costing and funding foundational public health services, and an increased flexible State funding mechanism to support community health needs. The presentation will be made to the CWCD during their August 16 meeting.

Other Events and Activities

7/31/18	Nevada Public Health Foundation Board of Director's Meeting
7/31/18	PHAB briefing for DBOH Member Novak
7/31/18	TMHC Financials Meeting
8/1/18	TMHC Steering Committee Meeting
8/2/18	CHIP Reveal Event
8/2/18	NV Health Authority Conference Call
8/3/18	Monthly Meeting w/County Manager Slaughter
8/3/18	Meeting with OnStrategy to plan for the Nov. 1 Strategic Plan refresh retreat
8/6/18	Washoe Bills Training
8/7/18	Presentation for UNR CHS 340 Health Policy Course
8/8/18	Department Heads Meeting
8/9/18	County Complex Master Plan Kick-Off Meeting
8/10/18	Washoe County Substance Abuse Task Force Meeting
8/14/18	Washoe311 Coordination Meeting
8/16/18	Monthly meeting with DBOH Chair and Vice-Chair
8/16/18	Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease

Date: August 23, 2018

Subject: ODHO District Health Officer Report

Page: 4 of 4

8/17/18	NPHA Advocacy Call
8/20/18	Behavioral Health Policy Board
8/22/18	CCHS – DHO/DD/Board Member Meeting
8/22/18	County Complex Master Plan Meeting
8/23/18	EHS DHO/DD/Board Member Meeting

Health District Media Contacts: July 2018

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
7/31/2018	KOLO CH8 - ABC Reno	Ed Pierce	Mosquitos - Shaffer/Interns
7/30/2018	KOLO CH8 - ABC Reno	Photographer	Air Quality and Wildfire Smoke - Inouye
7/30/2018	KRNV CH4 - NBC Reno	Katie Karalis	Air Quality and Wildfire Smoke - Inouye
7/30/2018	KTVN CH2 - CBS Reno	Paul Nelson	Air Quality and Wildfire Smoke - Inouye
7/30/2018	Associated Press - Reno	Scott Sonner	Air Quality and Ozone - Ulibarri
7/27/2018	KRNV CH4 - NBC Reno	Ben Margiott	AQ Monitoring - Hunter/Schnieder
7/27/2018	KOLO CH8 - ABC Reno	Ben Deach	Air Quality and Wildfire Smoke - Inouye
7/27/2018	KRNV CH4 - NBC Reno	Ben Margiott	Air Quality and Wildfire Smoke - Inouye
7/25/2018	UNIVISION	Anya Archeya	Mosquitos - Shaffer
7/25/2018	KRNV CH4 - NBC Reno	Photographer	Mosquitos - Shaffer
7/25/2018	KTVN CH2 - CBS Reno	Photographer	Mosquitos - Shaffer
7/25/2018	KOLO CH8 - ABC Reno	Photographer	Mosquitos - Shaffer
7/25/2018	KTVN CH2 - CBS Reno	Gaby Tafolla	Air Quality and Wildfire Smoke - Inouye
7/25/2018	KRNV CH4 - NBC Reno	Ben Margiott	Smoke Free Parks - Seals
7/25/2018	KKOH 780AM - CNN Reno	Daniella Soninno	Mosquitos - Ulibarri/Lumpkin
7/24/2018	DOPE Magazine	Joseph Schaffer	Marijuana Studies - Ulibarri
7/24/2018	KTVN CH2 - CBS Reno	John Potter	Lemonade Stands - Ulibarri
7/18/2018	KOLO CH8 - ABC Reno	Photographer	Mosquitos - Ulibarri/Lumpkin
7/17/2018	KOLO CH8 - ABC Reno	Terri Russell	Mosquitos - Lumpkin/Ulibarri
7/16/2018	Reno Gazette-Journal	Jenny Kane	Cholera - Ulibarri
7/11/2018	KRNV CH4 - NBC Reno	Luis Chavez	Mosquitos - Ulibarri/Lumpkin
7/10/2018	KOLO CH8 - ABC Reno	Bridget Chavez	Summer Air Quality - Inouye
7/5/2018	KOLO CH8 - ABC Reno	Terri Russell	Ticks - Shaffer/Ulibarri/Banspach
7/3/2018	KTVN CH2 - CBS Reno	Brandon Fuhs	Air Quality and Wildfire Smoke - Inouye

Press Releases/Media Advisories/Editorials/Talking Points

7/30/2018	Ozone air pollution at worst level in 10 years due to wildfires	Ulibarri
7/27/2018	Minimize smoke and heat risks by following these prevention measures	Ulibarri
7/25/2018	West Nile Virus confirmed in South Meadows area	Ulibarri
7/20/2018	Free Family Health Festival slated for Wednesday, July 25	Ulibarri
7/10/2018	Health District to conduct third aerial larviciding	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	165 (CCHS 22 EHS 16 ODHO 10 AQM 117)
Twitter	AQMD/CCHS	106 (AQM 95 CCHS 11)



Brian Sandoval
Governor

Charles Duarte
Chair

Washoe Regional Behavioral Health Policy Board

August 10, 2018

The Honorable Pat Spearman
Nevada State Senate
Chair, Nevada Legislative Committee on Health Care
Nevada Legislature
401 S. Carson St.
Carson City, Nevada 89701

Dear Senator Spearman:

Pursuant to Assembly Bill 366 (NRS 433) passed in the 2017 Nevada Legislative Session, there are four Regional Behavior Health Boards: Southern, Northern, Rural and Washoe. The Washoe Regional Behavioral Health Policy Board is composed of 13 Board members, appointed in compliance with statutory guidelines and currently meets monthly to identify behavioral health needs of the region and to discuss and identify plans, policies and solutions to recognized issues. The Washoe Regional Behavioral Health Policy Board coordinates with the other three Regional boards to ensure that efforts are collaborative, not duplicative and, when possible, that resources are shared.

In preparation for the upcoming 2019 Nevada Legislative session, the Washoe Regional Behavioral Health Policy Board considered a variety of bill draft concepts. A complete draft of Concept One is being developed for submission to the Legislative Counsel Bureau by September 1, 2018.

Concept One: Crisis Stabilization Unit (CSU)

Background

Crisis Stabilization Units (CSUs) are considered an emergency healthcare alternative, providing persons with an acute behavioral health problem (including co-occurring disorders) with prompt action, gentle response and effective support in a respectful environment. A CSU can provide intensive, short-term voluntary interventions for someone experiencing a psychiatric and/or substance abuse crisis, including stabilization services and medical detoxification.

Crisis Services are designed to stabilize and improve symptoms of distress and feature a continuum of core services including 23-hour crisis stabilization/observation beds, medical detox, short term crisis residential services and crisis stabilization, mobile crisis services, 24/7 crisis hotlines, warm lines, psychiatric advance directive statements, and peer crisis services.

The research based on the effectiveness of crisis services is growing. There is evidence that crisis stabilization, community-based residential crisis care, and mobile crisis services can divert individuals from unnecessary hospitalizations and ensure the least restrictive treatment option is available to people

experiencing behavioral health crises. Additionally, a continuum of crisis services can assist in reducing costs for psychiatric hospitalization, without negatively impacting clinical outcomes (SAMSHA, 2014).

Recommendation

The Washoe Regional Behavioral Health Policy Board recommends legislation that supports both programmatically and fiscally, a Crisis Stabilization Unit in Washoe County.

Concept Two: Affordable Housing

Background

The Washoe Policy Board carefully reviewed the National Governor’s Association Housing as Health Care report and agrees with the principles outlined therein regarding the need for affordable, accessible, quality housing. The affordable housing crisis in Reno has disproportionately affected those living with a severe mental illness, many on a fixed income that is not increasing as rents soar. The Policy Board also remains concerned about the quality of housing available to this population as outlined in the audit of the Community Based Living Arrangements (CBLA) funded by the state.

Recommendation

The Policy Board agrees with the recommendations from the legislature’s Affordable Housing Committee to exercise the 1915(i) Medicaid option for permanent supported housing for those who are experiencing chronic homelessness and have a diagnosed mental health issue. The Policy Board also agrees with the Committee’s recommendation to create a Nevada Affordable Housing Tax Credit Program.

Concept Three: Assisted Outpatient Treatment (AOT)

Background

The Assisted Outpatient Treatment (AOT) allows the most severely mentally ill individuals to be court-ordered into treatment *without* ordering them into a hospital. It represents a less-restrictive, less-expensive, more humane form of ‘commitment’ than inpatient commitment. The criteria to place someone in assisted outpatient treatment are easier to meet than the “imminent dangerousness” standard often required for inpatient commitment. AOT allows an individual to be ordered into treatment to prevent a relapse or deterioration which would likely result in serious harm to the patient or others. The court order not only commits the patient to accept treatment, but also commits the mental health system to providing it. AOT legislation has been shown to reduce hospitalization, arrest and incarceration, homelessness, victimization, and also to prevent violent acts associated with mental illness, including suicide and violence against others.

Recommendation

During the 2013 Nevada Legislative session, AB287 was introduced and passed (NRS 433A.310) resulting in one funded state program (Southern Nevada Adult Mental Health Services (SNAMHS)). Northern Nevada Adult Mental Health Services (NNAMHS) successfully applied for a SAMSHA grant to create an AOT program in Washoe County but that funding is scheduled to end in 2019. The Washoe Regional Behavioral Health Policy Board identified a need to include funding for the NNAMHS program in the next biennial budget.

Concept Four: Super-Utilizer Pilot Program

Background

Super-utilizers are individuals whose complex medical problems make them disproportionately heavy users of expensive health care services, particularly Emergency Medical Services (ambulance/fire), Emergency Room treatment and in-patient hospitalizations. These are people who typically overuse

emergency departments and hospital inpatient services, making more visits to those facilities in a month than some people make in a lifetime. These patients often suffer from multiple chronic complex diseases, including mental health issues along with inadequate – or nonexistent – housing. They also lack a primary care physician or other medical home, so their health care may be haphazard and uncoordinated resulting in a huge burden being placed on our health care system.

Recommendation

While all emergency responders and health care providers agree they see these same individuals regularly, having the ability to identify each one and share approaches and services offered, is an important first step. Data sharing emerges as a goal to enable this process to become more streamlined and to provide services that will mitigate multiple entries into the hospitals, jails, etc. The Washoe Regional Behavioral Health Policy Board identified the need for a staff position to allow for a pilot Super-Utilizer Multi-Disciplinary Team to be convened, using data-sharing to identify the shared top utilizers of services and have the resources to develop highly-specialized case intervention plans to decrease inappropriate calls for services across systems.

Concept Five: New 1% Excise Tax to Address Impacts of Marijuana

Background

The Washoe Regional Behavioral Health Policy Board heard presentations from community-based entities regarding the impact the legalization of marijuana has had in our region and ideas for more systemic data collection and surveillance and coordinated public education campaigns around second marijuana smoke, disparate populations such as pregnant and breastfeeding women, and youth prevention.

Recommendation:

A proposal to raise the excise tax on marijuana sales to fund these types of activities was discussed.

Concept Six: Mandate Substance Abuse Prevention Program in Schools

Background

Preventing alcohol, tobacco, and other drug use among youth requires a comprehensive approach that addresses a range of risk and protective factors. The responsibility for preventing youth substance abuse does not lie with one discipline or group. Consistent prevention messages must be present from early childhood through young adulthood and be reinforced by multiple messengers at home, at school, and in the community.

Schools have a significant role to play in addressing student substance abuse. Research shows that youth who receive universal, school-based substance abuse prevention programming are less likely to drink, smoke, and use other drugs. Schools—from kindergarten through high school—are an ideal venue to deliver age-specific, developmentally appropriate, and culturally responsive prevention programming. Teachers and administrators can foster positive school climates, create and enforce substance abuse prevention policies, and communicate consistent norms that youth substance abuse is unacceptable. The benefits are many: students who do not regularly use alcohol and other drugs are more likely to have higher grades, better attendance, and superior overall academic achievement than those who do use substances. Substance abuse can contribute to bullying and other violent behaviors in schools; thus, decreasing substance use contributes to safer schools. In addition, reducing substance abuse and related disciplinary and intervention responses can free up teacher, administrator, and staff time to focus on students’ academic success.

Recommendation

The National Institute on Drug Abuse (NIDA) has identified early intervention as one of many evidence based prevention programs. Intervening early—before high school—is critical. The data suggest that patterns of substance abuse become worse in the high school years. Individuals who begin using alcohol or tobacco when they are very young are more likely to abuse them later in life, when it becomes much more difficult to quit.

Recognizing and appreciating the tremendous work our teachers in Nevada do, but also cognizant of the problem that faces our children, the Washoe Regional Behavioral Health Policy Board identified this issue as a possible BDR request, asking for a mandate to require age appropriate education within our schools that will assist students in learning learn how to understand and identify the causes, preventions, and treatments for diseases, disorders, injuries, and addictions. It is the Board’s understanding that the Attorney General’s office is pursuing a bill draft for this purpose.

Concept Seven: Clubhouse or Drop-In Center for Consumers**Background**

Drop-In Centers offer a safe, supportive environment within the community for individuals who have experienced mental/emotional problems. It is a place to go, a place to be, a place to make friends, and be accepted and allows individuals the opportunity to learn to live in the community and to take control of their lives.

The concept of a drop in center allows individuals to interact with others who have shared similar experiences, such as hospitalizations, medications, doctors, therapies, etc. Understanding of the pain and suffering of mental health problems is shared. A support system is built that helps individuals through painful times and helps individuals to have a sense of normalcy in their world which is often chaotic. A center of this sort would provide another resource to our community’s population experiencing mental and emotional health needs.

Recommendation

The Washoe Regional Behavioral Health Policy Board received input from consumers of mental health services regarding their desire for a Clubhouse or Drop-In Center to enable them to access these peer services and supports in our region.