

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

PLEASE NOTE LOCATION

Members

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

**Thursday, December 13, 2018
1:00 p.m.**

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

**An item listed with asterisk (*) next to it is an item for which no action will be taken.
1:00 p.m.**

1. *Roll Call and Determination of Quorum

2. *Pledge of Allegiance

3. *Public Comment

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

4. Approval of Agenda – (For possible action)

December 13, 2018

5. *Recognitions

A. Retirements

- i. Josie Rivera, 12/15/2018, Office Assistant II, Family Planning - CCHS

B. Promotions

- i. Samantha Beebe, Public Health Nurse I to Public Health Nurse II – CCHS
- ii. Kim Tran Franchi, Environmental Health Specialist to Environmental Health Specialist Supervisor - EHS

C. New Hires

- i. Alejandra Montoya-Adame, Office Assistant II, 12/10/2018- CCHS
- ii. Michelle Carral, Office Assistant II, 12/10/2018 - CCHS

D. Shining Star

- i. Frank Cauble
- ii. Mary Ellen Matzoll
- iii. Virginia McDonald

- iv. Irene Ramos-Hernandez
- v. Josie Rivera
- vi. Katherine Sobrio
- vii. Kelly Verling
- viii. Byron Collins
- ix. Mark Dougan
- x. William Mountjoy
- xi. Kathy Sullivan
- xii. Kerry Chalkley

E. District Board of Health Service

- i. Dr. George Hess, 1/1/2011 – 12/31/2018, Washoe County District Board of Health Member

6. Proclamations – (For possible action)

Radon Action Month Proclamation

7. Consent Items – (For possible action)

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

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

- i. October 25, 2018
- ii. November 1, 2018

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

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$1,062,147 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11537 and authorize the District Health Officer to execute the Subaward.

Staff Representative: Nancy Kerns Cummins

- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$63,482 (no match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention's Supplemental Nutrition Assistance Program Education Program IO#11534 and authorize the District Health Officer to execute the Subaward.

Staff Representative: Nancy Kerns Cummins

- iii. Approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to January 1, 2018 through December 31, 2018 for a total increase of \$1,841.00 (no match required) in support of the Community and Clinical Health Services Division's Tuberculosis (TB) Prevention Program IO#10016 and authorize the District Health Officer to execute the Subaward Amendment.

Staff Representative: Nancy Kerns Cummins

C. Authorize the abolishment of vacant Public Health Nurse PC# 70000167. - (For possible action)

Staff Representative: Nancy Kerns Cummins

- D. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve variance 01-18W with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Well Construction for Jerry Turley, owner of 240 School Street, Wadsworth Nevada: Assessor's Parcel Number: 084-200-80 - **(For possible action)**
Staff Representative: James English
- E. Approve an Interlocal Contract between Public Agencies between Washoe County Health District and the State of Nevada for the Health Information and Technology Program – HITECH 90/10 Federal Financial Participation (FFP) Program retroactive to September 11, 2018 through September 30, 2019. - **(For possible action)**
Staff Representative: Nancy Kerns Cummins
- F. Ratification of Right of Entry Agreement between the Washoe County Health District and Washoe County School District to provide a location for the Health District to locate, install, operate, and maintain ambient air monitoring equipment for the period upon ratification until terminated by either party; and if approved, authorize the Chair to execute. – **(For possible action)**
Staff Representative: Jennifer Pierce
- G. - Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - **(For possible action)**
i. Rilite Aggregate Company – Case No. 1207, NOV No. 5639
ii. Panther Meadows LLC – Case No. 1208, NOV No. 5688
Staff Representative: Charlene Albee
- H. Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2019 – **(For possible action)**
Staff Representative: Anna Heenan
- 8. Presentation from Truckee Meadows Healthy Communities (TMHC) and request for approval of \$45,000 to support TMHC as part of the FY19 budget augmentation request to the Board of County Commissioners. – (For possible action)**
Presented by: Kevin Dick, Sharon Zadra and Stephanie Kruse
- 9. Regional Emergency Medical Services Authority**
Presented by: Dean Dow
- A. Review and Acceptance of the REMSA Operations Report for October 2018 – (For possible action)**
- B. *Update of REMSA's Public Relations during October 2018**
- 10. Presentation and possible acceptance of the revised 2018-2021 Washoe County Health District Strategic Plan – (For possible action)**
Staff Representative: Catrina Peters
- 11. Election of District Board of Health Chair for 2019-2020 - (For possible action)**
- 12. Election of District Board of Health Vice Chair for 2019-2020 - (For possible action)**
- 13. Possible approval of the proposed 2019 Washoe County District Board of Health Meeting Calendar – (For possible action)**
Staff Representative: Kevin Dick

14. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Diesel Emission Mitigation Fund, Divisional Update, Monitoring and Planning and Permitting and Enforcement Program Reports

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

Divisional Update – World AIDS Testing Day; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

C. Environmental Health Services, Chad Westom, Director

Environmental Health Services (EHS) Division and Program Updates – Training, Child Care, Community Development, Epidemiology, Food, Special Events, Invasive Body Decoration (IBD), Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management and Inspections.

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

Program Updates for Communicable Disease, Outbreaks, Unusual Illness, Seasonal Influenza Surveillance, Public Health Preparedness, Medical Reserve Corps, Inter-Hospital Coordinating Council, Points of Dispensing, Communications Exercise, CASPER, Emergency Medical Services, ED Consortium, Regional MCI Tabletop, FireShows West Conference, EMS Strategic Plan, Complex Coordinated Terrorism Attack Tabletop, REMSA Compliance

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

District Health Officer Report – Public Health Accreditation (PHAB), Quality Improvement, Strategic Plan, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), NHALE, Legislative Session, County Complex Master Plan, New CCHS Fees, Washoe County District Board of Health Scholarship Endowment Fund, Other Events and Activities and Health District Media Contacts.

15. *Board Comment

Limited to announcements or issues for future agendas.

16. *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.

17. 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, 1001 E. Ninth Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and

must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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

Posting of Agenda; Location of Website:

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

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

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

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

Proclamation

RADON ACTION MONTH

January 2019

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

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

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

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

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

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

NOW, THEREFORE, the Washoe County Health District, does hereby proclaim January 2019, as

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

ADOPTED this ___th day of December, 2018

Kitty Jung, Chair
Washoe County District Board of Health

Washoe County District Board of Health Meeting Minutes

Members

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

Thursday, October 25, 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

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

The following members and staff were present:

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

Members absent: None

Ms. Rogers verified a quorum was present.

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

2. *Pledge of Allegiance

Mr. Lovato led the pledge to the flag.

3. *Public Comment

Chair Jung opened the public comment period

Mr. Michael Pitkin informed that he had gone to the Washoe County Northern Nevada HIV Prevention Planning Group on October 31st, and that a Sexual Health Program Coordinator, Ms. Howell, explained to him that Washoe County chose not to include HIV

care in its prevention program. He opined that good HIV care is good HIV prevention. He asked that Washoe County reconsider and add HIV care continuum and service quality standards to its HIV Prevention Program. He stated this would address the “Do no harm” of the Hippocratic Oath, as well as help address the social determinates of health inequities. He requested the Board to do the right thing.

Chair Jung informed the Board that she is working with Mr. Pitkin on these and other issues.

Chair Jung closed the public comment period.

4. Approval of Agenda

October 25, 2018

Dr. Novak moved to approve the agenda for the October 25, 2018, District Board of Health regular meeting. Mr. Delgado seconded the motion which was approved unanimously.

5. Recognitions

A. Years of Service

i. Janet Smith, 25 years, Hired 10/18/1993 – AQM

Mr. Dick thanked Ms. Smith for her twenty-five years of service. He informed that she was hired in October of 1993 and currently works in Air Quality Management as the Administrative Secretary. Mr. Dick confirmed with Ms. Smith that she had worked as a temporary employee prior to being hired as a permanent employee. Ms. Smith informed she had been a temporary employee for fifteen years, bringing her total to forty years. Mr. Dick congratulated her and thanked her again for her service.

ii. Falisa Hilliard – 15 years, Hired 10/13/2003 – ODHO

Ms. Hilliard was not able to be in attendance. Mr. Dick informed that Ms. Hilliard has worked fifteen years total with Washoe County and has worked at the Health District on Accreditation with Ms. Peters for nearly two years. He congratulated her on her years of service.

B. New Hires

i. Shawn Saladen, Community Health Aid, 10/1/2018 - CCHS

Mr. Kutz introduced Ms. Saladen as the newest member of the WIC team. He informed that she is a Community Health Aid and provides nutrition assessment and information, in addition to providing many other resources to WIC clients.

Mr. Kutz informed Ms. Saladen has over ten years of experience with WIC, and expressed she is passionate about improving the health and nutrition of the WIC community and Northern Nevada neighbors.

Chair Jung welcomed Ms. Saladen.

C. Shining Star

i. Jacqueline Chaidez - CCHS

ii. Maria Jimenez - CCHS

iii. Lisa Lottritz - CCHS

iv. Victoria Nicolson-Hornblower - CCHS

v. Julio Pech-Garcia - CCHS

vi. David Kelly - EHS

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.

Mr. Dick informed that Ms. Chaidez was not in attendance, but is with the WIC Program and may now have more than ten Shining Star nominations. He reminded the Board that Ms. Mendoza of the Health District had been leading the entire County with ten Shining Star nominations and commented that the Health District has some wonderful employees.

Mr. Dick congratulated Ms. Lottritz and Ms. Nicholson-Hornblower for their nominations.

Mr. Dick informed that Ms. Jimenez, Mr. Pech-Garcia and Mr. Kelly weren't able to attend and congratulated them all for their service and performance.

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. September 27, 2018

B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO# 11454 and authorize the District Health Officer to execute the Subaward.

Staff Representative: Nancy Kerns Cummins

- ii. Approve the Notice of Subaward from the State of Nevada Health and Human Services, Division of Public and Behavioral Health for the period upon approval through June 30, 2019 in the total amount of \$72,030 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11525 and authorize the District Health Officer to execute the Subaward.

Staff Representative: Nancy Kerns Cummins

- iii. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2018 through July 31, 2019 in the total amount of \$247,762 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Jennifer Pierce

- C. Approval of a staff recommendation for the Board to give direction to the County Treasurer to close the Environmental Health Oversight account ending in 3027 held at the Bank of America and further direction to deposit the funds in the Health District Environmental Health account 172400-485300.

Staff Representative: Anna Heenan

D. Approve staff submitting a purchase requisition to County Purchasing for the Professional Services agreement between the Washoe County Health District (WCHD) and Keep Truckee Meadows Beautiful (KTMB) in the amount of \$100,000 for the period January 1, 2019 through December 31, 2019 in support of the Recycling and Solid Waste Management Plan program activities and further direct staff to work with Purchasing to complete a Professional Services Agreement between WCHD and KTMB and once completed forward to the Board of County Commissioners to get authorization for the County Purchasing and Contracts Manager to sign and execute the agreement and purchase requisition.

Staff Representative: Jennifer Pierce

E. Appointment of Yvonne Downs to the Air Pollution Control Hearing Board (APCHB) for a 3-year term beginning October 25, 2018, and ending October 24, 2021.

Staff Representative: Charlene Albee

F. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Board to approve the appeal with conditions of the Health District's decision to not allow a reduced setback to a public utility easement, Section 040.095 of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Jeff and Penelope Filce owners of 330 Ember Drive, Sparks Nevada: Assessor's Parcel Number: 089-523-08.

Staff Representative: James English

G. Recommendation to uphold the decision and recommendation of the Sewage, Wastewater & Sanitation Board regarding minimum acreage required per septic system at 15540 Cherrywood Drive, Reno Nevada 89511 based on an appeal by Carl Perkins (General Contractor/Grizzly Construction) for Linda and Allen Eisele.

Staff Representative: James English

H. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.

i. John Longo Construction Inc. – Case No. 1203, NOV No. 5564

ii. Ashley 2012 Family Trust (Ryan Ashley) – Case No. 1205, NOV No. 5674

iii. Sierra Nevada Academy Charter School (Victor Schoenfeldt) – Case No. 1206, NOV No. 5682

Staff Representative: Charlene Albee

I. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2019.

Staff Representative: Anna Heenan

Mr. Dahir moved to accept the Consent Agenda as presented. Dr. Novak seconded the motion which was approved unanimously.

7. Resolution of Appreciation

A. David A. Rinaldi – 10/1/1991-9/27/2018, Air Pollution Control Hearing Board Member

Staff Representative: Kevin Dick

Mr. Dick informed that Mr. Rinaldi was not able to be in attendance, but that he had provided a statement that Ms. Albee would read to the Board

Mr. Dick read the Resolution of Appreciation for those present.

Ms. Albee shared Mr. Rinaldi's message with the Board, wherein he stated that he had enjoyed serving on the Air Pollution Control Hearing Board, a service he is proud of. He

expressed his appreciation to the District Board of Health for allowing him to serve and for the confidence the Board has had in him. He stated he has seen the County grow and with that growth, the need for the Air Pollution Control Division to protect the area's natural resources.

Mr. Rinaldi went on to say that he was proud to have worked with all of the current and past dedicated professionals of the Air Pollution Control Division, that he resigns with a heavy heart and will miss working with all the wonderful staff members and serving the County. He informed that, had he not moved to be near family, he would still be a part of the Board.

Chair Jung thanked Mr. Rinaldi for his message and his service.

Mr. Dick informed that the Board had a plaque for Mr. Rinaldi in thanks for his twenty-seven years of service that will be sent to him along with the Resolution.

Dr. Novak moved to accept the Resolution of Appreciation for Mr. Rinaldi. Dr. Hess seconded the motion which was approved unanimously.

- 8. PUBLIC HEARING: Review, discussion and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, specifically Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 010.091 (SYNTHETIC MINOR SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS), Section 040.046 (INCINERATOR BURNING) and proposed General Title V application fee of \$2,873.**

Staff Representative: Charlene Albee

Chair Jung opened the Public Hearing. There was no public comment.

Ms. Albee informed that the proposed regulations before the Board were to establish a General Title V Permitting Program, specifically at this point to allow for the operation of an Air Curtain Incinerator (ACI) by the Truckee Meadows Fire Protection District. She informed the ACI is a great tool for the protection of the community in regards to fire safety.

Ms. Albee stated this permit, if adopted, would allow for green waste to be burned in a controlled environment. She informed that the General Title V Program is provided for in the federal Title V regulations. The permit has gone through the public process and was reviewed by EPA whose comments are included in the permit that will be issued.

Ms. Albee informed that the adoption of these regulations allows for any future industry-specific general permit to be processed in a shorter time because of groundwork completed in this effort. She stated the definitions have been brought current and the program itself now reflects federal requirements.

Ms. Albee informed the permit fee for a Title V Permit is approximately \$35,000, but the General Title V Permit fee was established at \$2,873, providing a significant benefit to the industry.

Ms. Albee stated the General Title V Permit process was initiated for the Truckee Meadows Fire Protection District; if approved, any other land manager or private contractor may apply for the Permit and will be able to take advantage of the program.

Chair Jung thanked Ms. Albee and her staff for their hard work on this project. Ms. Albee informed that staff worked for eleven months to bring these regulations forward for adoption.

Mr. Brown moved to adopt the revisions to the District Board of Health Regulations Governing Air Quality Management and the General Title V application fee of \$2,873. Mr. Young seconded the motion which was approved unanimously.

9. Discussion and possible approval regarding the execution of an Interlocal Cooperative Agreement between the Nevada Department of Environmental Protection, the Washoe County District Board of Health and Truckee Meadows Water Authority for engineering design review of certain public water system infrastructure.

Staff Representative: Kevin Dick

Mr. Dick informed this item is for the approval of an Interlocal Cooperative Agreement between the Nevada Division of Environmental Protection, Washoe County District Board of Health and the Truckee Meadows Water Authority. He stated negotiations on this agreement to establish an alternative oversight mechanism for water projects submitted to TMWA for review have been ongoing for several months. He informed that by working together, they have developed this interlocal agreement that will provide for TMWA to have the authority to approve water projects submitted to them with the NDEP and Health District providing oversight through an audit process. He informed the audit process would occur on a quarterly basis and, per the agreement, there will be no more than 15% of projects reviewed within the quarter with the provision to reduce that level of oversight from quarterly to annual as deemed appropriate.

Mr. Dick stated the interlocal agreement provides for the Health District to retain authority for the review of infrastructure projects TMWA designs to increase their infrastructure capacity.

Mr. Dick informed Mr. Greg Lovato with NDEP and Mr. Danny Rotter, Engineering Manager for TMWA, were in attendance

Mr. Dahir informed that he has the honor of serving on both the TMWA and Health District Boards. He thanked Mr. Dick, Mr. Westom, Mr. Lovato and Mr. Rotter for their work in finding a good answer to the water plan review issues.

Mr. Young opined this interlocal agreement to be a good working solution for the region.

Dr. Novak moved to approve the execution of an Interlocal Cooperative Agreement between the Nevada Department of Environmental Protection, the Washoe County District Board of Health and Truckee Meadows Water Authority for engineering design review of certain public water system infrastructure. Mr. Dahir seconded the motion which was approved unanimously.

Chair Jung informed the Board would take a brief break to sign the interlocal agreement with Mr. Lovato.

Mr. Dick acknowledged that Ms. Nguyen, Bureau Chief of NDEP, was also present.

Chair Jung thanked the attendees from NDEP and TMWA, and opined it to be a banner day for Washoe County. She informed there were many calls fielded regarding water plan review and a solution has been achieved. Chair Jung congratulated all involved parties and called for a round of applause.

10. Regional Emergency Medical Services Authority

Presented by: Dean Dow

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

Mr. Dow informed he was available to answer questions regarding the September Operations Report.

Mr. Brown moved to accept the REMSA Operations Report for September, 2018. Dr. Novak seconded the motion which was approved unanimously.

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

Mr. Dow informed that October is Breast Cancer Awareness Month as well as Safe Sleep Awareness Month, and that REMSA administrative and field provider staff have been approved to wear pink T-shirts to raise awareness for breast cancer. He informed of a challenge he and his wife made to the organization in that they would donate five dollars for each employee that purchased a pink T-shirt, resulting in a donation of five hundred dollars.

Mr. Dow stated that the REMSA Programs Coordinator has participated in two media interviews in October to raise awareness of safe sleeping practices for infants, wherein parents and caregivers were reminded that babies should sleep alone, on their backs, in a crib.

Mr. Dow informed the REMSA education department held a "Zombie Apocalypse" Bleeding Control Class that was as entertaining as it was informative in the instruction of tourniquet use and other methods to stop bleeding.

Mr. Dow stated there is a Halloween safety video on their website and informed on-shift providers will provide safe candy and stickers.

Mr. Dow thanked the Board and community politicians for the effort on the work that has been done on the NNAMHS (Northern Nevada Adult Mental Health Services) campus in support of homeless women and children. He opined it was a great collaborative effort.

Mr. Dahir requested an update on flu shots for home-bound citizens through REMSA. Mr. Dow informed they participated with the County by providing flu shots at the Family Health Festival held at O'Brien Middle School. He stated there are discussions around an effort to provide flu shots for residents who cannot get out to be immunized, but informed the last information received was that there are no vaccines available at this time. He stated they had made flu vaccines available for all REMSA employees and family members.

Ms. Conti informed that the effort to immunize home bound residents has been a partnership between Washoe County Health District and REMSA, and explained that research revealed the Health District is not able to utilize their vaccines for the effort at this time. She stated the grant will be written next year to allow implementation of the plan.

Ms. Conti informed that Mr. Shipman is in the initial phases of working with REMSA partners to collaborate on a concerted effort next year with all jurisdictions working at the same time, under one exercise umbrella, to vaccinate home bound residents and hold a public immunization clinic.

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

Staff Representative: Christina Conti

Ms. Conti informed the July meeting was cancelled because of quorum issues, resulting in an extremely large October agenda. She noted the January meeting was rescheduled to February because of it being historically difficult to have a quorum.

Ms. Conti informed that the demonstration of the CAD-to-CAD Interface system didn't align with the desired function and further work is underway to review requirements requested by the agencies.

Ms. Conti stated the annual Washoe County Trauma Data Report has been accepted and published, informing that Washoe is the only county in Nevada to produce this type of report.

Ms. Conti directed the Board's attention to the REMSA Franchise Map, noting the EMS

Oversight Program recommends the map remain unchanged.

Ms. Conti informed the subcommittee has concluded its work on the lower acuity Priority 3 calls and stated there is a report included in their packet that shows an estimated 3,500 saved calls for service due to implementation of appropriate protocols.

Dr. Novak thanked Ms. Conti and those involved for this improvement in their processes.

Chief Cochran informed January 1, 2019 is the target date to have the program operable.

12. *Presentation: IWasPoisoned.com

Staff Representative: Chad Westom

Mr. Westom informed the IWasPoisoned.com site is accessible on all electronic devices and gave an overview of its operation, stating the complainant enters information regarding the issue and whether they want information to be sent to the public health department. He stated Environmental Health Services (EHS) has been able to receive this information for the past year and receives approximately five complaints per month.

Mr. Westom informed the EHS front desk clerical staff, Epidemiology and Communicable Disease Program staff members all receive the same complaint information. The investigation begins by researching validity and whether there are similar cases reported either locally or nationally. An internal form is completed and the complainant is contacted for additional information, if available. The other jurisdictions are involved as needed.

Mr. Westom explained the pros to this site are there may be more persons contact the Health District in this manner than would be collected otherwise. The cons include lack of complainant information as it is not required, however, Mr. Westom opined it another tool in the objective of reducing food borne illness.

Mr. Young expressed concern that there may be negative reports posted on IWasPoisoned.com stemming from the public's lack of understanding of food borne illness, as well as concern for the potential damaging effects for a restaurant of anonymous persons posting false and malicious claims.

Mr. Westom agreed with Mr. Young's point, and informed that a restaurant is not investigated until there are two or more unrelated cases alleging the same issue or becoming ill from eating at the same restaurant.

Mr. Young stated if a restaurant was targeted by competitors or disgruntled employees it would be easy to harm their business, but stressed that claims are important to investigate to ensure public health and safety.

Mr. Dahir inquired what is done with this information. Mr. Westom informed claims are investigated by EHS Epidemiology (Epi) specialists who work with Dr. Todd's Epi staff, and the results generally stay in-house.

Dr. Hess observed the complaint examples in the report provided by Mr. Westom do not have complainant identifying information, opining it to be the first thing that should be collected. Mr. Westom agreed, and informed it is not a change that the Health District can effect as the site is not property of the Health District. Dr. Hess stated that the information is useless and inquired if there is a way to provide feedback to IWasPoisoned.com. Chair Jung stated the contact information would be provided to Dr. Hess and stated his opinion would carry weight as a physician.

13. Possible appointment of Dr. Reka Danko to the District Board of Health for a term beginning January 2019 and ending December 2022.

Presented by: Kitty Jung, Chair

Mr. Dick thanked Dr. Hess and Dr. Kevin Murphy for their assistance in the recruitment of the physician position replacement on the District Board of Health. He informed that Dr.

Hess had worked with Dr. Kevin Murphy, and through the Washoe County Medical Society and the Public Health Committee, Dr. Reka Danko was approached as a possible candidate who then reached out to discuss the position with Mr. Dick.

Mr. Dick stated Dr. Reka Danko is being recommended for appointment to the District Board of Health with her term to begin January 2019 and end December 2022.

Mr. Dick informed of a prior commitment for Dr. Danko scheduled on the morning of the Strategic Planning Retreat, stating she is working to reschedule to attend the Retreat if she is appointed today.

Mr. Dick stated he had the opportunity to work with Dr. Danko previously during her time as Chief Medical Officer at Northern Nevada Hopes and informed she is now a Hospitalist at Saint Mary's and a professor at the University of Nevada Reno Med School. He stated Dr. Danko has been very active in the opioid response group, opined her to be highly engaged and recommended her appointment.

Chair Jung thanked Dr. Hess for his service on the Board and for his efforts to recruit his replacement on the DBOH, and stated she was impressed with Dr. Danko's qualifications.

Dr. Novak moved to appoint Dr. Reka Danko to the District Board of Health for a term beginning January 2019 and ending December 2022. Dr. Hess seconded the motion which was approved unanimously.

14. Review and Approval of the District Health Officer's Annual Performance Evaluation Results.

Presented by: Kitty Jung, Chair

Chair Jung directed the Board's attention to a list of the Health Officer's accomplishments within the past year and the summary of his performance evaluation included in their packet. She requested questions or comments from the Board.

Dr. Novak expressed his disappointment that not all of the Board Members participated in the evaluation. He opined it is the least that could be done for Mr. Dick in light of the great involvement the Board has with him.

Mr. Dahir thanked Mr. Dick for his service, stated he is doing a good job and expressed his appreciation for how he works with staff and his approach to managing conflict. He wished Mr. Dick many more years as Health Officer.

Mr. Delgado also thanked Mr. Dick and informed he has worked very closely with him within the past few months in respect to TMHC, community engagement, water plan review, etc., and appreciates that Mr. Dick is candid and forthcoming and approaches issues with an open mind to find the best solutions. He expressed he looks forward to continuing to work with Mr. Dick and his staff.

Chair Jung stated that it was her that heavily encouraged Mr. Dick to take the position of District Health Officer and of her advocacy for the DHO to be an administrator, not a physician. She expressed she supports Mr. Dick remaining in the role of District Health Officer for as long as he would like to stay, and that she cannot praise his work enough for the great improvement he's brought to the Health District that annually exceeds any expectations she might hold. She listed the Community Health Improvement Plan and his work in support of the underserved communities as examples of work that have really been a game changer in the work a Board of Health does and how the community views the importance of the organization. She listed the great works of each of the Divisions, thanked them all for their contributions and stated there is really no area that needs improvement; a direct reflection of Mr. Dick's leadership.

Chair Jung noted that Mr. Dick is at the top of his pay scale so is not of consideration in

his contract, that this item is just a formality and asked Mr. Dick to please stay with the Health District.

Chair Jung moved to approve the District Health Officer's Annual Performance Evaluation Results. Mr. Brown seconded the motion which was approved unanimously.

Chair Jung congratulated Mr. Dick on his excellent evaluation and reminded those present that the DBOH Members and community partners all participated, expressing the results of his evaluation indicate the expertise and professionalism of the District Health Officer. She called for a round of applause.

Mr. Dick thanked Chair Jung for her kind comments, and wished to express his appreciation of the support he has from the Board Members. He stated they have helped in times he faced difficulties, and he appreciated the confidence they have in him and their willingness to work with him to resolve issues. He thanked them all, and thanked Chair Jung for recognizing that he has an incredible staff at the Health District that makes him look good. He stressed that the list of accomplishments weren't his alone, but those of the Health District and expressed his appreciation for the dedication of his staff.

15. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Know the Code, Wintertime PM2.5, Divisional Update, Monitoring and Planning and Permitting and Enforcement

Ms. Albee informed she had nothing to add to her report, but was available to answer any questions.

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

Divisional Update – Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

Mr. Kutz introduced Ms. Chen, Health Educator in the Chronic Disease Program, informing she had been an intermittent hourly employee who was promoted to full time and expressed she is an amazing employee. He informed of her work with parks throughout Washoe County and that she would present a video and discuss some of her work in the community.

Ms. Chen informed the focus of the Chronic Disease Program in the past year has been on community parks to promote physical activity and the consumption of nutritious foods. She stated there are two completed projects she was excited to share.

Ms. Chen stated the first project she wanted to share is a painting of activity spaces on the concrete ground surfaces at Yori Park created by muralist Mr. Erik Burke, and presented a video to show his work. She stated Mr. Burke also painted the mural at Glenn Duncan Elementary School.

Chair Jung stated the Board is very familiar with Mr. Burke's work and expressed how lucky we are to have him in our community.

Ms. Chen informed of a Regional Parks Directory developed in collaboration with Washoe County's GIS Department, stating it is the first of its kind for Truckee Meadows. She stated that community members and visitors can use the site to find a park that meets their needs. She displayed the Directory and gave an overview of its function.

Dr. Novak inquired if this information is on the Health District website. She stated it is on the site in multiple places, and there is also a link, parkfinder.washoecounty.us, which can be input on any browser.

Mr. Delgado opined collaborations in the community to revitalize parks and make them welcoming for families are important. He informed the City of Reno will hold a movie night at Yori Park on November 2nd at 6:00 p.m., and the movie shown will be Coco. He opined it is a testament to work of the community to use the park for family functions. He thanked Ms. Chen, other involved staff and the Health District for their efforts, and invited the those present to attend the movie event.

Chair Jung inquired if the Directory involved the Truckee Meadows Parks Foundation. Ms. Chen informed that to be correct, and all jurisdictions were informed and participated in its development, as well. Chair Jung opined it a great resource for new residents and requested it potentially be shared with realtors and other sources for it to be accessed.

Dr. Novak inquired if this information could be incorporated in the Parks Summary that is produced twice per year. Mr. Dahir agreed that it could be.

Mr. Dahir stated he would like the link to be placed on the City of Sparks webpage and would request that it would be. Mr. Dahir inquired how Ms. Chen would keep informed of the new parks being developed. Ms. Chen stated they have great communication with the jurisdictions and will keep the Directory updated with information as it is received.

Chair Jung stated Ms. Chen is a terrific addition to the Health District, informing the Board that the Board of County Commissioners appointed Ms. Chen to the Regional Parks and Open Space Commission.

Mr. Kutz thanked Chair Jung for her recognition of Ms. Chen's appointment to the Parks Commission. He also thanked Councilman Delgado in his role with Community Health Alliance, who helped facilitate an agreement to provide a staff member to assist in the November 1st through December 15th open enrollment in the Affordable Care Act at the Health District. He stated he was thankful for Mr. Delgado's assistance and the partnership with Community Health Alliance.

C. Environmental Health Services, Chad Westom, Director

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

Mr. Westom informed he did not have any information to add to his report, but that he would be glad to answer any questions.

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

Program Updates for Communicable Disease, Outbreaks, Unusual Illness, Seasonal Influenza Surveillance, Public Health Preparedness, Medical Reserve Corps, Inter-Hospital Coordinating Council, Points of Dispensing, Fire Vaccination Video, Emergency Medical Services, American Red Cross Presentation, Reclamation Truckee River Dam Exercise, Training Videos

Dr. Todd informed of an update to his report under Communicable Disease. He stated the four reported cases regarding carbapenemase-producing E. coli have increased to six and informed of the ongoing investigation in a State of Nevada facility. Because it is in a state facility, he stated State Epidemiology is primary on the investigation, but that his staff is assisting. He stated the Centers for Disease and Control Prevention (CDC) has

also sent a team to assist.

Dr. Todd detailed the list of unusual illnesses in his report.

Regarding the Point of Dispensing (POD) at O'Brien Middle School, Dr. Todd informed there were over two hundred people vaccinated there. He informed of other POD partners that were also providing flu immunizations around the same time frame; Renown Regional Medical Center, Northern Nevada Adult Mental Health, the Reno-Sparks Indian Colony, Pyramid Lake Paiute Tribe, NV Energy and Community Health Alliance.

Dr. Todd informed of an upcoming POD held by the 152nd Air National Guard in early November.

Chair Jung inquired what carbapenemase-producing E. coli is. Dr. Todd informed carbapenem is an antibiotic usually used in a hospital setting as a last resort, and carbapenemase producer is one that produces an enzyme that attacks that drug and makes it less effective. He informed there are a number of bacteria that can develop this capability and can transfer that resistance to a completely different organism.

Dr. Todd stated that his Division is working with the local hospitals to report any such cases to the Health District, even though they are not listed as a reportable disease, and they have been cooperating.

Dr. Todd informed there is a draft update to regulations in NRS Chapter 441A at the state level to add official reportability to cases of carbapenemase-producing bacteria, and this will hopefully be completed within the next few months.

Chair Jung inquired what Tularemia is. Dr. Todd informed it is an infectious disease often carried by wild rodents, and the case in his report was not able to be confirmed so would remain listed as probable. He stated it is also an organism that can be intentionally transmitted by terrorists.

Dr. Novak inquired if the carbapenemase cases were contracted locally or if they were infected out of the area. Dr. Todd explained he was not sure, but opined they were contracted locally.

Dr. Hess inquired how many sentinel providers the Health District has. Dr. Todd informed there are twelve, but are only required to have two per the federal guidelines for a community of this size. He stated a high percentage of those will report each week to the Health District.

Mr. Dahir stated he'd heard of a pill for the treatment of influenza and if it would affect the need for a flu shot. Dr. Todd informed that the best way to prevent the flu is to get a flu shot every year. He stated that, if you do get the flu, the other types of medication have to be taken early after becoming infected and generally shorten the duration of the illness by approximately one day. He stressed the flu shot to be the best option for prevention, and reminded that staying home when sick, covering your cough and washing your hands are all very important preventative measures.

Mr. Dahir stated his understanding from the ad was that you won't get the flu again if you take the pill. Dr. Novak stressed the pill is not a replacement for the immunization. Dr. Todd informed the oral vaccine is available again this year, but noted his understanding that it is not quite as effective as the injectable vaccine.

Dr. Hess stated that the flu pills are not highly effective in that they shorten the duration by about a day and reduce severity of symptoms, and noted they are also expensive.

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

District Health Officer Report – Public Health Accreditation (PHAB), Quality Improvement, Strategic Plan, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Washoe Behavioral Health Policy Board, State Funding for Public Health, Government Affairs Liaison, Other Events and Activities and Health District Media Contacts.

Mr. Dick informed the documents for Accreditation were submitted after the last DBOH Meeting. He stated the Public Health Accreditation Board Specialist who performed the completeness review on the documents informed there were seventeen of the two hundred and thirteen reopened for submission of additional documentation.

Mr. Dick reminded the Board of the Strategic Planning Retreat scheduled for Thursday, November 1st and the location will be the conference rooms in Building B of the County Complex. He informed there will be breakfast foods available at 8:30 a.m., the meeting will begin at 9:00 a.m. and a working lunch will be provided. Mr. Dick informed Ms. Olsen of OnStrategy would facilitate the meeting which will adjourn at 1:00 p.m. He noted the meeting packet had been placed on the dais for each Member.

Mr. Dahir requested the invitation for the meeting be adjusted to the correct time.

Dr. Novak wanted to commend staff for the monumental effort it took to ready the documents for submission to PHAB for Accreditation. He expressed he was thrilled there were only seventeen documents reopened for additional information.

Chair Jung acknowledged Dr. Novak for his championing of Accreditation because without it, this goal may not have been achieved.

16. *Board Comment

Chair Jung opened the Board comment period.

In regards to Mr. Pitkin, Chair Jung, asked for a briefing in regards to what the Health District is doing for HIV prevention, how it is not parallel to the plan in Clark County and how the Health District's plan can be adjusted to be more in alignment to facilitate care for those who travel between counties. She requested there be more of a focus on prevention versus medication for symptoms.

Chair Jung closed the Board comment period.

17. *Public Comment

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

18. Adjournment

Chair Jung adjourned the meeting at 2:27 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, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2415, 24 hours prior to the meeting.

Public Comment: During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by

the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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

Posting of Agenda; Location of Website:

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

Washoe County Health District, 1001 E. 9th St., Reno, NV Reno

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

Sparks City Hall, 431 Prater Way, Sparks, NV

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

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

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

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

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

**Washoe County District Board of Health
FY18-21 Strategic Planning Retreat
Meeting Minutes**

Members

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

Thursday, November 1, 2018

9:00 a.m.

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

**Washoe County Administration Complex
Health District Conference Rooms A & B
1001 East Ninth Street
Reno, NV**

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 9:00 a.m.
The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Kristopher Dahir
Tom Young

Members absent: Dr. George Hess
Michael Brown

Ms. Rogers verified a quorum was present

Staff Present: Kevin Dick, District Health Officer, ODHO
Anna Heenan, Administrative Health Services Officer, AHS
Charlene Albee, Division Director, AQM
Steve Kutz, Division Director, CCHS
Dr. Randall Todd, Division Director, EPHP
Chad Westom, Division Director, EHS
Leslie Admirand, Deputy District Attorney
Catrina Peters, Director of Programs and Projects - ODHO
Heather Kerwin, Statistician, EMS
Christina Conti, Preparedness and EMS Program Manager, EPHP

2. *Pledge of Allegiance

Mr. Pitkin led the pledge to the flag.

3. *Public Comment

Chair Jung opened the public comment period.

Mr. Pitkin informed that, as a patient living with HIV, it took him over fourteen years to regulate his medications. He detailed his symptoms and medications. He informed that when he moved to the area in 2016, Hopes Clinic reduced his medication for pain and that he had over thirty-seven appointments with them in a year. He informed of subsequent medications prescribed and his subsequent denial for coverage by Health Plan of Nevada Medicaid. He stated his appeal of the denial was met with many excuses and expressed his frustration.

Mr. Pitkin requested the Board to provide direction to address his issues, and stated that, otherwise, he would be seeking treatment from the emergency room going forward.

Chair Jung informed the Board that she was working with a County Social Worker to address Mr. Pitkin's issues. She encouraged Mr. Pitkin to go to the emergency room to receive necessary care if unable to be cared for otherwise. Dr. Hess opined he could be treated at Urgent Care. Chair Jung reiterated he should go to the emergency room.

Chair Jung closed the public comment period.

4. Approval of Agenda

November 1, 2018

Dr. Novak moved to approve the agenda for the November 1, 2018 District Board of Health Strategic Planning Retreat. Mr. Dahir seconded the motion which was approved five in favor and none against.

5. Review, Discussion, and Possible Direction to cancel the tentative Washoe County District Board of Health Meeting currently scheduled for November 15, 2018.

Staff Representative: Kevin Dick

Mr. Dick informed that the 2018 Calendar for District Board of Health Meetings had been approved with the November 15th meeting scheduled as tentative. He stated that, because there were no pressing issues to be heard, staff recommends the meeting be cancelled.

Mr. Dick informed the next scheduled DBOH Meeting is December 13th.

Mr. Young moved to cancel the tentatively scheduled November 15th, 2018 District Board of Health Meeting. Mr. Delgado seconded the motion which was approved five in favor and none against.

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

- Identify and discuss emerging issues & community stated priorities
- Refresh the FY18-21 Strategic Plan
- Identify FY20 Budget Considerations

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

Presented by: Chair Jung, Kevin Dick and Erica Olsen

Mr. Dick requested introductions be made around the room.

Chair Jung stated that if the Health District doesn't have strategic goals, there is nothing to guide and measure its progress. She stated that the Health District is her favorite Board because of the importance of the District's function to the community.

Chair Jung expressed how proud she is of the success of the Board, Mr. Dick, Division Directors and staff who have overcome obstacles and greatly improved the status of the Health District.

On behalf of the Health District, Mr. Dick expressed appreciation of Chair Jung's support and passion for public health and for the support of the Board and the progress made under the direction of the Board. He acknowledged the work of the staff to execute the strategic plan and prepare the proposed revisions to the plan that would be presented to the Board. He acknowledged the great work of Erica Olsen and OnStrategy who had worked with them to prepare the plan and would be guiding their discussion during the meeting.

Ms. Olsen outlined the scope of the meeting and the desired outcomes. She clarified that action is agendaized for the one-time projects, but that no action would be taken on the proposed changes to the Strategic Plan at this meeting.

Ms. Olsen inquired if the Board Members had any specific information that they wanted to cover.

Chair Jung informed of an email received from the Teamsters Union regarding Waste Management, informing that Waste Management does not have to give trash collectors five minutes to wash their hands before they go to lunch. She wanted to investigate what the Health District can do to improve these types of employee/employer relationships.

Mr. Dahir stated that there has been dialog with Ms. Albee of Air Quality Management regarding a concept for recognition for entities that excel in implementing methods of air pollution control, which would be good press for the entity and good for air quality, and could provide other benefits for members.

Regarding Public Charge, Mr. Delgado stated he would like discussion regarding the perception by the immigrant population that a documented, legal resident who applies for Medicaid, SNAP or other public services could have difficulty becoming a citizen. He opined this perception could undermine the work that's been done to gain that community's trust, resulting in them not seeking government support but to go to ER for care. He informed the sixty day comment period is open and opined it important that the Health District show their position.

Mr. Dick informed that the National Association of County and City Health Officials has a position on this issue, and Mr. Kutz had provided him with a proposed comment in alignment that he opined would be suitable. He informed that there have already been clients visit the WIC counter to turn in their WIC cards and be removed from the data base out of fear of being compromised. He noted that WIC is not one of the services under the rule at this time.

Mr. Dick informed that, while these people may have legal status, their children may be US citizens due to their being born here, yet they are afraid to get resources to help the children citizens. He stated that NACCHO's concern is that this will have public health impacts.

Dr. Novak requested Mr. Dick to forward the NACCHO position to the Board Members.

Mr. Delgado stated he is concerned how the Health District can work with the community to sustain trust and development, knowing that administratively there are issues being presented that could undermine the work that has been done.

Mr. Young stated that those present are a diverse group of professionals. He opined if the group could direct themselves with the concepts of balance within their decisions and

empathy for the public in regards to the impact regulations will have on their lives, and their objective should be to enhance their lives.

8. *Current Community Trends Briefing: Growth Forecast, Community Health Improvement Plan and Behavioral Health Data

Staff Representatives: Kevin Dick, Catrina Peters and Heather Kerwin

Mr. Dick reminded the group that a Community Health Needs Assessment (CHNA) is done every three years, noting it was completed in December of 2017 and a briefing was provided to the Board. He stated there had been an Executive Summary of the CHNA provided to the Board in their packet, and they would be highlighting some of the information.

He displayed a population projection for the area from a study done to project the impact of the mega factory Tesla planned to build here. He informed that housing has become a major concern for the region, that housing costs are rising and explained the definition of affordable housing is when no more than thirty percent of income is spent on housing and utilities.

Another slide presented income levels against the average cost for housing, showing how many are affected by the lack of affordable housing. He explained that the median income has declined by fourteen percent since 2016 and a high percentage of Washoe County residents are cost burdened, creating an affordable housing shortage of almost 12,000 units.

Mr. Dick informed there are initiatives for affordable housing in place to address some of the areas for improvement with policy tools. He opined that, by developing a regional strategy, there are a number of benefits that will come to the Truckee Meadows to be able to address the issues.

Mr. Dick informed that these priorities, along with those to address homelessness issues, have been included in the CHIP that the Board has approved. Mr. Dick detailed the scope of the region's homelessness issue. He stressed that if people don't have housing, there is no stability to allow them to make good health decisions.

Mr. Dick informed of the growth in demand of the Health District's services, and highlighted the work in Environmental Health Services (EHS) by Mr. Westom and staff to increase efficiencies to meet the rising demand.

Dr. Novak inquired if there was more recent data available for housing. Mr. Dick informed the data is from 2016 and is the most current published data, stating it is from Enterprise Community Partners that is working on the regional strategy for housing affordability.

Ms. Albee informed the region is very close to non-attainment of the EPA's Ozone Standards, will require Air Quality Management to develop control strategies to address issues for possible reduction in Ozone levels and that these would be implemented through permitting and enforcement. She stated this will have an economic impact for businesses that consider relocating to this area due to the expense of the required additional pollution control equipment.

Ms. Albee stated non-attainment means that the air isn't healthy for the public to breathe and could eventually cause federal highway funds to be withheld.

Chair Jung directed that, for large construction projects to be more likely to adopt available measures for pollution reduction, staff should engage the appropriate Board Member in the process.

Ms. Albee informed that Mr. Inouye is working with NASA on a tool to identify heat islands. She stated that, when complete, the information will be provided to the community

for their use. She expressed hope that the planning agencies would use this tool to identify and rectify heat islands.

Ms. Peters gave an overview of the Community Health Improvement Plan (CHIP), stating that Truckee Meadows Healthy Communities Steering Committee assisted in identifying the Priorities, which are Housing and Homelessness, Behavioral Health and Nutrition and Physical Activity. She highlighted action plans under each Priority and informed the Regional Behavioral Health Policy Board (RBHPB) had decided on Crisis Stabilization Centers as the topic for their BDR.

Ms. Kerwin informed this data report on behavioral health was conducted for the RBHPB by Ms. Lauren Williams with Ms. Kerwin's guidance. She defined behavioral health as a combination of mental health and substance use and gave examples of the scope of issues under that umbrella. Ms. Kerwin provided the parameters for data collection and gave an overview of Washoe County in comparison to the state and nation.

Ms. Kerwin informed that substance use among youth is declining and gave the increase in use of personal media devices as a possible cause, while adult consumption of alcohol is higher than that of the state and nation and is increasing.

Ms. Kerwin stated that, while the statistics are high in Washoe County for high school students who felt sad or hopeless and considered and/or planned to commit suicide, the rate of attempts of suicide have dropped from 13.7% in 2013 to 8.9% in 2017.

Dr. Novak expressed concern of the data showing Washoe County as higher in negative data across the board, and inquired why that might be.

Ms. Kerwin opined that the percentage of church population is greater in Las Vegas and might influence less substance abuse. She informed her next topic might provide the answer to Dr. Novak's question, expressing that Adverse Childhood Experiences (ACEs), was the most exciting finding the past fifteen years in public health because of the clear demonstration of cause and effect, and that the behavior seen in high school students could well have been caused by earlier life events. She opined that effort to reduce ACEs would show positive results in future statistics.

Mr. Dahir informed that, in his experience in growing up and pastoring youth in the Las Vegas area, he observed a greater availability of mentoring opportunities in that area as compared to Washoe County. He opined that youth in this area would benefit from an effort to create more opportunities for adult guidance in their lives, and stated that he has seen its benefit in his own life as well as those youth he's mentored in both Washoe and in Clark County.

Ms. Kerwin shared information regarding the effects of ACEs on youth from statewide data pulled from the CHIP. She detailed the areas of measurement for data collected and showed how the percentages of negative outcomes were directly correlated to the number of ACEs reported to have occurred. She expressed patterns this clear are rarely seen. She informed ACEs directly impacts the incidence of violence or victimization in youth, and continues to affect health outcomes for all the top causes of death except for accidental death.

Ms. Kerwin stated that if we do nothing else, let's pay attention to our kids, and agreed with Mr. Dahir's point about mentorship.

Ms. Kerwin informed that Washoe County would have its own ACEs report released this year and will have similar metrics for the area.

Ms. Kerwin informed that the statistics on suicide and potential self-harm are increasing and are projected to continue for the 2017 data. She informed that the incidence of suicide in the most elderly population is trending higher nationally, but that Washoe County greatly exceeds both state and national trends.

Ms. Kerwin noted that Washoe County is typically lower in the number of behavioral healthcare providers as compared to the nation.

Dr. Novak informed that ACEs were a focus of the recent NALBOH Meeting he had attended and opined it is very relevant to the work of the Health District.

Mr. Dick informed staff have reviewed the emerging priorities from the CHNA and found social determinates to be a very important factor in health outcomes, with housing and homelessness being identified by the community as a top concern. Regarding behavioral health, he informed the need for increased access to behavioral health services has influenced priorities in the CHIP.

Mr. Dick stated environmental health impacts of growth and climate change will be discussed. He informed that the cities of Reno and Sparks are the fastest warming cities in the nation, with the month of October having increased by 7.4 degrees Fahrenheit since 1970. He noted that this impacts health by the increase in Ozone and allergens, that West Nile Virus is now present in the community and the type of mosquitos that carry Zika are now present in Las Vegas.

Mr. Dick stated there are now fifty-two more days per year that mosquitos can transmit disease because of warmer weather, increasing the risk of vector borne disease transmission in our community.

Chair Jung inquired which of the elected officials on the Board serve on the RTC Board. Mr. Dahir informed that he is an alternate. She encouraged both Mr. Dahir and Mr. Delgado to ask to sit on their Board and informed she would do the same. She opined it important for the Health District to have a voice in their processes.

Mr. Delgado informed the City of Reno is focused on initiatives to mitigate the effects of climate change. He agreed with Chair Jung's point that the elected officials on the DBOH need to be informed early in the process of upcoming construction projects for approval.

9. *Current Community Trends Briefing: Growth Forecast, Community Health Improvement Plan and Behavioral Health Data

- #1: Healthy Lives (Steve & Randy)

Mr. Kutz provided an overview of CCHS priorities and informed the onetime requests include two Vista positions, \$30,000, funding for the Tobacco Prevention Coalition, \$50,000 and building modifications to allow for increased services provided, \$30,000.

He informed of the increase in STDs in the region, noting that cases of infectious Syphilis have increased from 2016 to 2018 by 230%. He stated there are no related one-time funding requests, but that there will be funding requests for increased staffing to improve sexual health services in the community included in the FY20 budget.

Dr. Todd informed that as recent as the late 1990s or early 2000s that Nevada had achieved Syphilis elimination.

Dr. Todd informed of an increase in Hepatitis C cases and informed that the focus of interest on this disease in the CHIP was determined by the initiative to address new areas for improvement. He stated Hepatitis C cases will continue to grow because those infected often don't know that they are, and informed that there are now treatments available.

Dr. Novak inquired if the one-time funding request for the Tobacco Prevention Coalition are grant funds being provided to them. Ms. Dixon informed the Chronic Disease Prevention Program has staff that are highly involved in the Tobacco Prevention

Coalition and the Coalition wrote a grant to Renown to address change in tobacco outreach and policies. Renown funded half of the request and the one-time fund request will be used to enhance some of the outreach efforts around increasing protections.

Dr. Novak opined that he would like to see some of this funding request be diverted to the building improvements for increase of services in-house. Mr. Kutz informed that the funding requested for building improvements will complete the needed projects.

Mr. Dahir inquired if this is a grant that requires a match. Ms. Dixon informed it is not, but to be effective, would require the requested funds.

Recommended language changes and items suggested for removal from the Strategic Plan were reviewed.

- #2: Healthy Environment (Chad & Christina)

Mr. Westom informed EHS has fully implemented their risk-based food establishment inspection program. He stated the frequency of inspections per year have just been increased to two inspections per year for all Risk Level III establishments and three inspections per year for the least compliant Level III restaurants and explained the fee structure.

Mr. Westom informed of the development of a risk based inspection program for child care, public pools and vector program. He informed of the inspection training program for new staff and that existing staff have gone through a federally-based standardization program in the food programs, noting that training will be expanded to the other regulatory programs.

Ms. Albee informed non-attainment of the Ozone Standard is AQM's primary concern. She stated the Ozone Advance Program is currently voluntary but will become mandatory upon non-compliance, noting that businesses are well regulated at this time and the focus will become the indirect sources of Ozone such as traffic and construction. She informed AQM will be coming to the Board for approval of regulations if Washoe County is designated as non-attainment for ozone.

Ms. Albee informed the one-time funding request for the Electric Vehicle Charging Stations will fund replacement of the current ones as is required due to their age and informed the stations can be used by the public. Charge Point informed AQM that there may be grant funding available through NV Energy by way of the Governor's Office of Energy.

Ms. Albee stated AQM is working with the County to take advantage of this funding by the County installing charging stations as well, informing that Mr. Solaro had approved the project. A grant application will be submitted for these three additional charging stations installed in Building A's parking lot.

Chair Jung opined Tesla should be approached to provide charging stations. Mr. Wolf of AQM informed Tesla chargers cannot be used on any other type of car due to their incompatibility.

Mr. Westom informed of reduction in plan review times and of the efforts to develop a mobile inspection system through Accela Mobile Office (AMO) to replace the hand written report method. He informed that those reports written in the field had to be entered into the system.

Mr. Westom stated that AMO is now operable on tablet computers, and EHS has received the first order of Microsoft Surface tablets for staff to use in the field after months of testing and resolving issues. He expressed it is a much more efficient and professional process, allowing staff to use their time saved on other projects. Mr.

Westom informed the related one-time request will fund the MiFi technology to support the tablets.

Mr. Westom informed of the undertaking to scan all EHS documents for time savings in processing public records requests and that the project will take between one and two years.

Recommended language changes and items suggested for removal from the Strategic Plan were reviewed.

- #3: Local Culture of Health (Kevin)

Mr. Dick informed on activities around communicating health information with the community, such as the Healthy Outlook Newsletter compiled by Mr. Ulibarri, who repackages highlights from the DBOH monthly reports, emails it to staff and posts it on the Health District website.

Mr. Dick informed of the priority to improve the quality of the Health District website and information that is communicated, noting the Health District intends to work more with the County and independent professional services to improve communications.

Regarding policy improvement, Mr. Dick highlighted the Smoke-Free Parks ordinances that will be going before the Board of County Commissioners for approval and spoke of the opportunity presented by the upcoming 2019 Legislative Session.

Mr. Dick stated that, with the Board's direction, the Health District has moved forward to fill the Government Affairs Liaison position and have received a good selection of candidates to interview.

Mr. Dick stressed the importance the Health District to be the source for good data around public health in Washoe County, continue to publish data reports and improve Health District messaging around public health data to make it more meaningful and impactful for the community. He stressed it important to address the problem of the invisibility of public health, which is a national problem.

Mr. Dick informed of the adjustments to language in related items in the Strategic Plan. Regarding one-time funding requests, he stated the Health District is requesting \$7,500 for support of the Family Health Festivals that are organized in conjunction with TMHC and Northern Nevada Food Bank as part of the communication capacity, particularly to the disadvantaged communities. He informed of the \$100,000 one-time funding request to enhance Health District communications. He stated that amount will provide professional services around the website design, appearance and social media to draw more attention and improve the user experience with the public. Other expenditures would include professional consulting services to improve messaging to the public.

Dr. Novak inquired if there had been investigation into some of the national advertising firms that have messaging packaged, leaving only minor changes to adapt them for use. Mr. Dick stated that if there were those packaged for public health use, he would be interested in looking into their services.

Chair Jung informed that the Health District does use similar services, but opined that the work Mr. Dick was speaking of was a total refresh of the Health District website.

Mr. Dahir inquired if there will be links available for the jurisdictions to attach to their websites to easily access the Health District site. He also suggested the possibility of having a contest on the new site to draw the public in to then be more informed of the work of the Health District.

- #4: Impactful Partnerships (Catrina & Christina)

Mr. Peters informed the objective under this Priority was to remove older items and revise the remaining initiatives to support implementation of the CHIP. She detailed the proposed revisions.

Mr. Dahir opined that the verbiage of the Strategic Plan could be more focused on support of the family unit, and stated that one of the most impactful partnerships the Health District has is with parents, especially in regards to ACEs. Chair Jung and Ms. Peters informed of some of the activities the Health District is involved in that focus on the parent-child relationship. Mr. Dahir opined that some of these efforts address the relationship after issues have arisen, and would like to see more language in the Strategic Plan and efforts to support the family before negative impacts occur.

Mr. Kutz informed of the information for resources given to WIC, Family Planning and STD clients to be as healthy and high functioning as possible.

Ms. Conti informed that the change regarding the removal of the EMS Strategic Plan, with the exception of its maintenance as required by the interlocal agreement, is recommended because the County does not have purview over the EMS Strategic Plan. She stated the Strategic Planning Objective would be written to include the maintenance and facilitation and provide status reports on a quarterly basis to the Board.

Mr. Driscoll informed that, while the Health District is not responsible for the management of the EMS Strategic Plan, it is required for the EMS Advisory Board to bring certain decision and policy issues to the DBOH. He opined that, to extract the EMS Strategic Plan from the Health District's Strategic Plan and to mandate that it continues through the authorities granted the EMS Oversight Committee is the correct action to take.

Dr. Novak expressed his support for this proposed action.

Mr. Delgado inquired when the DBOH would be involved. Ms. Conti stated that the DBOH would be informed within the quarterly EMS Advisory Board Update report. She informed the EMS Advisory Committee is currently updating the EMS Strategic Plan and will bring forward the 2019 version for review by the EMS Advisory Board and then the DBOH for approval. She stated that would be the opportunity for the DBOH to make any changes deemed necessary. Also, she informed the Fire and Dispatch Representatives on the Board are the DBOH contacts for any initiatives that are important to be addressed, and that before work is begun on any project, it is brought to the DBOH for approval.

Ms. Peters informed the one-time projects include increased support for Immunize Nevada, \$25,000, support for Truckee Meadows Healthy Communities, \$45,000, and support for the 5210 Initiative at \$83,000. She informed the 5210 funding includes staff time to support that program as well as three school gardens through Urban Roots.

Dr. Novak inquired of Dr. Todd where the increased funding for Immunize Nevada would be directed. Mr. Kutz informed that both he and Mr. Dick have been in communication with Ms. Parker, Executive Director of Immunize Nevada, who presented a number of options that would support programming and services to the community. Dr. Novak inquired if mitigating the increased incidence of measles might come within the funded initiatives. Mr. Kutz informed it could be addressed within this funding, although there are no active cases of measles at this time. Dr. Novak stressed there are active cases nationally and it will come as it is a highly contagious disease, and that funding may need to be increased to mitigate it.

Mr. Dahir inquired if there is a way to assure the funding is spent to benefit Northern Nevada. Mr. Kutz informed they can, and that Ms. Parker can give full accountability of the expenditures.

Mr. Delgado inquired if the Family Health Festivals funding request for \$7,500 was separate from the \$45,000 request for TMHC. Ms. Heenan informed it is separate. Mr. Dick informed the \$7,500 will go to the Northern Nevada Food Bank who will take the lead in organizing the Family Health Festivals.

Of the \$45,000 funding request, Mr. Dick informed \$25,000 is intended for website and communications for TMHC. He stated the website is not professionally maintained and the goal is to expand the website to provide a greater amount of information to the community regarding the activities of the TMHC partners. He stated the balance of the funds is to support the administrative services of the Director of TMHC, Ms. Zadra.

Mr. Delgado inquired if the ask will be for the other partners to contribute support in kind and that requested a report of the support given by them. He inquired if the mission and vision of the work could be sustained if this funding was used within the Health District.

Mr. Dick informed the initial Strategic Planning Meeting was held and another is scheduled in December in which finances for the organization will be discussed. He stated the only consistent support for TMHC has been through the Health District and Renown, with Renown providing \$20,000 per year.

Mr. Dick opined that there was great progress made in the initial Strategic Planning Meeting in September around the mission and function of TMHC to provide convening for subject matter experts around key priorities areas in the community, to advocate for policy changes around those areas with the idea the advocacy will allow the enlistment of organizations that participated in the steering committee and other partners to lobby to move policy forward in the three identified priority areas. Mr. Dick stated these Priorities of Housing and Homelessness, Behavioral Health and Physical Activity and Nutrition align with the Priorities in the Community Health Improvement Plan.

Mr. Delgado named other organizations involved in the Priorities, and inquired of the sustainability of the Health District's support of TMHC. He requested they be monitored.

Mr. Dick stated the Enterprise Project would not have happened without TMHC as funding was raised by TMHC's efforts. He informed of plans to transition the housing project from TMHC to another entity for implementation after the Enterprise plan is complete around June 2019.

Mr. Driscoll informed he sits on one of the boards that are working with Enterprise Community Partners, and that Enterprise's primary focus is land use and the potential for funding to support housing subsidies. He inquired how these objectives are under the purview of the Health District. He stated that these are policies that would be approved by the big boards as far as land use and potential fee structures. He inquired why the Health District Board is involved with this part of the study. He stated he understands the Health District's involvement in homelessness, medical services and social services, but inquired why the Health District is involved with and providing subsidy monies for an issue that should be at the big board level.

Chair Jung inquired who the "big board" is.

Mr. Driscoll replied they are the Washoe County Commission and City of Reno and City of Sparks Councils, because those are the Boards that make decisions about land use

and funding mechanisms that are attached to land use which is the focus of the Enterprise study.

Mr. Dick stated the answer is simply that those decisions impact public health in our community and that the Health District is working through partnerships to improve and increase policies in the community that improve health. He reminded of the discussion regarding the rent burden of housing in the community that impacts health outcomes. He opined it completely appropriate that the Health District is concerned about these factors in our community that impact health outcomes. He informed that Health Districts across the country are likewise involved.

Chair Jung agreed with Mr. Dick's statements.

Mr. Delgado expressed his agreement and stressed it is to the community's benefit that housing is a focus for improvement; it is a best practice and policy and the focus of the in-depth analysis that Enterprise is conducting to provide this community direction for improvement.

Mr. Delgado opined the basis for the argument for the Health District's involvement goes back the appreciation of the work Truckee Meadows Healthy Communities has done to fund raise and engage Enterprise Community Partners to define a direction for improvement in our area. He stated that his questions are around if the need has been met by TMHC and what future steps should be.

Ms. Olsen suggested continuing this conversation within the Strategic Planning Process as she believed it would clarify some of the questions around this issue.

Mr. Delgado agreed.

Mr. Dahir noted that part of the \$45,000 funding request was for development of a website for TMHC. He stated he was impressed with a feature on Washoe County's website that is a list of links for information. He expressed he didn't want to provide funding for a service that is already in place.

Mr. Dick stated the plans for the TMHC website would not be duplicative. He informed information provided would be regarding current project activities and events, as well expanding awareness of what the group of organizations is doing. He stated that TMHC doesn't currently have the capacity to present this vital information.

- #6: Organizational Capacity (Kevin & Catrina)
Presented by: Goal Champions

Mr. Dick outlined the Goals under this Priority. He informed of progress under the Strategic Plan, noting annual reviews are being completed on time and the approach to Workforce Development Plan is being strengthened, assuring each employee has a professional development goal and opportunity as identified within their performance review.

Mr. Dick complemented Ms. Heenan for her work on security improvements, informing this is an ongoing project.

Mr. Dick stated there is an emphasis on becoming a learning organization, and informed of the proposed language changes in the Strategic Plan that will align with PHAB conformance.

Mr. Dick informed that the Health District has developed plans to formalize succession planning, as well as providing leadership development opportunities for staff.

Chair Jung informed the County had implemented Legacy Planning to position the County to address the expected wave of retirees.

Mr. Dick informed the Health District is now seeking to expand the relationship with UNR School of Community Health Sciences to become an academic Health Department.

Mr. Dick informed that Quality Improvement will be moved from Priority #5 to #6 due to cost savings being difficult to quantify and it being more in line with Organizational Capacity. He detailed other language adjustments in #6.

Mr. Dick informed the one-time projects include \$30,000 for training for staff and funding for intermittent hourly staffing to allow those full time employees to take advantage of trainings. Under Increase Utilization of Technology, \$90,102, Mr. Dick informed the Health District is considering a new performance management software platform. He stated the OnStrategy platform has been used to manage the Strategic Plan and it has worked well, but that it doesn't have the capacity to manage the ongoing operations and program delivery or support the management of the Community Health Improvement Plan. Mr. Dick informed the company they've determined that can support all of these aspects is Insightformation, Inc., who has developed a software platform specifically for Health Districts to support performance management under the PHAB Accreditation standards, and that it can be used to support operational and Strategic Plan performance management as well as the CHIP. Under this request is also funding for the scanning of EHS documents for public access as mentioned by Mr. Westom and the MiFi units to provide connectivity for the tablets used in EHS inspections. Mr. Dick stated the funding for infrastructure to meet staffing needs, \$27,000, will be used in part for facility enhancement.

10. Board Discussion on Strategic Priorities & Budget Considerations

i. Priority #5 Financial Stability

Ms. Heenan informed the focus for the next 12-24 months is to update the Health District's financial model to align with the needs of the community. She informed of Mr. Dick's efforts to work with other local health authorities to increase State funding, comparing the 1% funding of total revenues provided to Washoe County by the State of Nevada to the national average of 26%.

Ms. Heenan informed of the effort to increase the County's annual transfer to the Health District to include funding for the cost of living and increased insurance expenses they negotiate.

Chair Jung inquired if Mr. Dick was invited to meetings regarding the labor negotiations. Mr. Dick informed that he had not been. Chair Jung requested it be a priority that he attend for the Health District to have a voice.

Ms. Heenan informed of efforts to identify efficiencies in operations to provide cost savings and reduce dependency on the County's General Fund Transfer and to mitigate effects from reduced grant fund revenue.

ii. Current Financial Position

Ms. Heenan stated the ending FY18 fund balance is incredibly healthy and detailed the distribution of those funds, resulting in \$1.1 million dollars available for one-time fund requests.

iii. Priority Discussion

- Specific focus areas or initiatives
- Verify Initiatives are complete and on target to achieve Priorities

- Assess Goals to determine target areas for the greatest progress or those at greatest risk of regression
- Direction on one-time funding request

In consideration of the Summary of One-Time Projects document included in the packet, Chair Jung directed the Board to identify any one-time project they wished to discuss.

Mr. Dahir requested the \$45,000 item for Support to Truckee Meadows Healthy Communities for social media, operating and other contractor support to be discussed.

Chair Jung called for a motion to approve the one-time project funding other than support for Truckee Meadows Healthy Communities (TMHC). Mr. Dahir moved to approve the one-time funding requests. Dr. Novak seconded the motion which was approved five in favor and none against.

Mr. Dahir requested clarification on what the \$45,000 in funding for TMHC would be used for. He expressed his support for initiatives to improve the community's health, but noted there are committees in place for homelessness and housing and inquired how this funding would further the attainment of these goals.

Mr. Dick reminded the Board of the presentation he gave on the evolution of Public Health and what is being called Public Health 3.0. He informed Public Health 3.0 is a recognition that the most important factor in one's health is their zip code and not their genetic code; it is the social determinates of health that have the biggest impact on the health in our community.

Mr. Dick informed Public Health 3.0 calls for Health Districts to move outside of their previously defined areas to engage the community in cross sectoral collaborations to affect social determinate issues that they cannot impact directly. He stressed that it is often beyond what any one entity can impact directly, so the effort requires a coalition to work together to make a change in policies and systems to work to address issues.

Mr. Dick explained the objective of TMHC and informed his reason for being engaged in contributing time and proposing funding for this entity is to provide a cross sectoral coalition platform for the Health District to work with other organizations within our community and engage them in work to address the needs identified in the Community Health Needs Assessment (CHNA).

Mr. Dick opined the housing project is a success of TMHC thus far, noting that there had not been a regional approach to housing and homelessness prior to this effort. He stated that in early 2017, TMHC had begun to hold forums around issues for affordable housing, seeking cross sectoral input, which led to Enterprise Community Partners being invited to discuss their work with other communities to develop plans for affordable and workforce housing. He informed those community meetings developed a group consensus for TMHC to act as the lead convener, engaging Enterprise in work on a regional strategy for a more organized approach to meeting community housing needs.

Mr. Dick stated it has been a challenge to work regionally in our community with the jurisdictions of the Cities and the County. He informed that TMHC and Enterprise approached Truckee Meadows Regional Planning Authority (TMRPA) who was in the process of developing the new regional plan to propose the entities work together to include housing needs in that plan.

Mr. Dick opined the importance of a regional approach to affordable housing is that the development of a comprehensive regional plan can attract investment dollars to the community, noting that Enterprise is positioned to bring investment dollars to the area. He stressed these are funds the community would not get with the one-off type projects. He opined the progress that has been made with entities investing in a regional strategy for housing affordability and bringing other partners in our community together to invest in Enterprise working on the development of the housing plan speaks to the advantages of the cross sectoral approach.

Mr. Dick opined that, if we can continue on this path, the coalition can continue to build capacity to work collectively around the problems identified as priorities to move the needle toward improvement.

Mr. Dahir agreed that the regional approach is beneficial and that there have been solutions found within the work of the coalition that the jurisdictions had not yet discovered. He stated his concern was that TMHC cannot make policy for the jurisdictions. Concerning the homeless issue, he stated there is a regional board in place and an organizational plan being developed to provide direction.

Mr. Dahir stated he wanted to assure that funding is not provided for a duplicative effort. He stated he is not informed on all that TMHC does, but his concern regarding the regional plan for housing and homelessness is how supporting them without their ability to make policy and without the jurisdiction's participation is beneficial.

Mr. Delgado stated when Renown established the initial CHNA and community needs were identified, they introduced the concept of working regionally to address these needs and this was the initial concept for TMHC. He opined THMC's strength is the involvement of large stakeholders in the community who collaboratively focus on resolving issues around public health. He inquired of Mr. Dahir if his question was, has the need been met and has the community come together to plan for the resolution of housing and homelessness. He stated that he believes the jurisdictions are supportive of the Enterprise Community Partners involvement to evaluate policies in the region through the Regional Planning Governing Board.

Mr. Delgado inquired what role TMHC will play in housing and homelessness and what new initiatives will they promote moving forward. He acknowledged Mr. Dick's work with TMHC. He opined that the cost of his and other staff member's time is a large investment in this non-profit, and inquired what the long-term goal of TMHC is.

Mr. Dick informed that TMHC would continue to work around policy issues and advocacy and stated while TMHC does not create policy, policies aren't created without advocacy. He stressed that the housing and homelessness issues are far from solved which will require continued advocacy and support for tough decisions that the policy making bodies will have to make. He stated that TMHC will continue to advocate behind the decisions to establish the policy that will help resolve the housing and homelessness problems.

Mr. Dick stated it is not only the Health District that is invested in time and funding in TMHC; he highlighted the efforts and financial commitment of Ms. Nancy Brown and Schwab Bank, as well as other community partners. He opined that there is need to continue to support this platform for convening the organizations and advocacy for improvement.

Chair Jung stated the involved organizations are highly influential in the community, aren't restricted by the open meeting laws and have the time, the money

and the community responsibility, such as Renown being responsible for indigent care, to effect change and work through bureaucracy. She stated that Sparks hasn't the staff to address social work, behavioral health, etc., and that is what the County does through its General Fund.

Chair Jung stated she does not agree with the Board having an issue with funding TMHC as an entity that has just begun and is showing promise. She opined that \$45,000 is a reasonable amount for funding its work and inquired what the total Health District budget is. Ms. Heenan informed it is \$22 million.

Mr. Dahir stated that he was not insulting the work of TMHC, but opined that all funding decisions are important. He stated that he appreciated Mr. Dick's explanation of the work being done by TMHC, the coalition and stakeholders, and the importance of continued advocacy.

Mr. Dick stated an issue identified in their work with Ms. Kruse of KPS3 around the Strategic Plan is that there isn't a good understanding in the community of exactly what TMHC does and what their goals are. He informed there has been progress made in informing the community that TMHC does not implement programs or provide a service, but that they are an advocacy organization that brings together the people that understand an issue to put forward the policy ideas and possible solutions for consideration.

Mr. Dick informed Mr. Delgado of TMHC's discussion that they should attend the Reno City Council meetings to provide a voice in support of affordable housing to counter the "Not in My Back Yard" citizens that speak against it.

Mr. Dahir agreed that advocacy is necessary for housing and homelessness, and that Mr. Dick's explanation makes sense.

Dr. Novak noted that social media and development of a website are included under the \$45,000 funding ask for TMHC. He inquired why a website is needed for TMHC when there is \$100,000 in funding requested for a Health District website. He opined the Health District is heavily supportive of TMHC and inquired if the other stakeholders are being asked to contribute in kind.

Mr. Dick informed they are working on it, and that recently, TMHC has expended its energies and time in fund raising on the housing project in which several hundred thousand dollars were raised. He stated the funds have come from banks, realtors, and other stakeholders, and opined that the Health District has responsibility to provide a significant amount of support for this group whose function is to promote public health. He informed that some of the involved organizations are non-profit and do not have a large budget to contribute.

Mr. Delgado stated that he would support the \$45,000 funding request for TMHC, but that he would be monitoring their overall outcomes to determine how he would vote for support at the next Strategic Planning Retreat. He opined that the Health District is carrying a disproportionate share of funding in comparison to the other partners.

Chair Jung suggested the Board postpone decision on this funding request pending the December District Board of Health Meeting in which she requested TMHC provide a presentation.

Mr. Dick expressed concern in the delay of approval of the one-time funding requests. He explained the request for budget augmentation had to be presented to the Board of County Commissioners for these funds to be categorized as expenditures in this calendar year.

Ms. Heenan stated that an option would be to proceed with an augmentation for the \$45,000 TMHC funding request contingent upon approval by the Board, noting that if the Board does not approve that funding, it can be pulled from consideration.

Chair Jung agreed, stating the TMHC presentation could be heard at the December DBOH Meeting to provide information for final consideration of approval for the funding request. She noted it would also provide the community information on the function of TMHC via the meeting being televised. She inquired of Ms. Admirand if a motion was required; Ms. Admirand confirmed that it was.

Chair Jung stated a possible motion would be move to approve the entire group of one-time requests contingent on the December DBOH Meeting approval of the TMHC \$45,000 one-time expense.

Dr. Novak inquired if the Revised Strategic Plan would be ready for presentation in December; Mr. Dick informed that it would be.

Mr. Dick requested clarification on the proposed motion. He stated it sounded as though the entire list of one-time requests was contingent on the \$45,000 TMHC funding request being approved. Chair Jung and Dr. Novak confirmed that it is only the \$45,000 amount that may be pulled if not approved by the Board, that the remainder of the items are approved.

Chair Jung moved to approve the entire group of one-time requests contingent on approval of the TMHC \$45,000 one-time request at the December DBOH Meeting. If not approved, that item will be pulled from consideration and the balance of the list will be approved. Mr. Delgado seconded the motion which was approved five in favor and none against.

iv. Budget Discussion

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

Ms. Heenan informed staff will be working on an FY20 budget in the next few months for the Board's review at the February DBOH Meeting. She stated the plan is to continue to support the community programs that support public health in this budget, continue to fund current programs, and informed of potential considerations for funding; substance abuse and injury prevention.

Ms. Heenan stated that, after the DBOH consideration and approval of the proposed budget, it will be provided to the City and County Managers and to the Board of County Commissioners for final approval.

Chair Jung inquired if the substance abuse and injury prevention items for possible funding came from the Trauma Data Report presented by Ms. Conti at a prior DBOH Meeting. Ms. Heenan stated was related more with data reported by Ms. Kerwin in the CHNA. Chair Jung opined issues related to gun control may have to be a local response, and Family Planning and Sexual Health would require funding due to reduced grant funding. She stated the Health District would have to monitor the State's stance on Substance Abuse in regards to excise taxes.

Mr. Dahir stated increased traffic and accidents was his a focus for concern under injury prevention.

Mr. Delgado inquired if federal grants received in relation to Family Planning can be used to inform clients of abortion services. Mr. Kutz informed that Title X funds do not support abortion services, but that staff does inform clients of their options.

Chair Jung inquired if emergency contraception was available at the Health District; Mr. Kutz confirmed that it is.

Mr. Kutz spoke to the website enhancement Mr. Dick proposed, opining social media an efficient way to get this health message to the public, especially for the younger population.

Chair Jung stated there would be additional funding needed for air quality.

Mr. Young opined that growth is not sustainable at this level and stated that other funding sources may need to be developed.

Mr. Dahir inquired if the transfer from the County was adjusted for the area's growth. Ms. Heenan informed that it has not been, but that certain fees are structured to be adjusted for the CPI and will help cover some of the increased expenses. Mr. Dahir stated the County not adjusting the transfer for increased population will create a strain on the Health District to fund necessary services. He inquired how the transfer is calculated. Chair Jung informed she would provide that information to the group, and would champion an increase of the transfer to the BCC. She requested it to be agendaized for the December DBOH Meeting to discuss possible policy change in this matter.

Dr. Todd informed that with the increase in population comes increase in communicable disease.

Mr. Dick informed the County transfer has been reduced to 42% of the Health District budget, due in part to the Board's decision to allow the Health District to recover the costs for permitting and other services which increased revenue levels.

Mr. Dick informed of the BDR through the Healthcare Committee to increase per capita funding from the State by \$5/per person with the funds transferred to the Health District.

11. *Board Comment

Dr. Novak opined it necessary to provide Board Member education to involve a quarterly meeting for that purpose. He proposed to bring in community representatives from organizations involved with the Health District to learn more about their function.

Dr. Novak informed of the purchase through the University of Michigan of a Board Training Program. He suggested a segment of the training be reviewed during these meetings.

Ms. Admirand informed if a quorum was present, the meeting would need to be noticed as a workshop.

Mr. Delgado inquired if there are funds allocated for Board trainings. Mr. Dick informed there is. He stated Board has to approve non-county employee travel during a meeting in order to reimburse costs, so it is a benefit to notice the request for training and/or travel as early as possible.

12. *Public Comment

Chair Jung opened the public comment period.

Mr. Pitkin stated he advocates for medical care based on medical science, yet his experience has been morality based treatment. He stated he knows of instances where addicts are refused treatment until they change their behavior, and detailed examples. He challenged the DBOH to develop a medically supported program that law enforcement will support, and opined no progress can be made for health care in this instance without such a program.

Chair Jung closed the public comment period.

13. Adjournment

Chair Jung adjourned the meeting at 1:13 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, 1001 East Ninth Street, Building B, Reno, NV 89512, 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.

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STAFF REPORT
BOARD MEETING DATE: December 13, 2018

TO: District Board of Health

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

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$1,062,147 (no match required) in support of the Community and Clinical Health Services Division’s Women, Infants and Children (WIC) Program IO#11537 and authorize the District Health Officer to execute the Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services on November 6, 2018 to support the WIC Program. The funding period is retroactive to October 1, 2018 through September 30, 2019. A copy of the Notice of Subaward is attached.

Health District Strategic Priorities supported by this item:

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

PREVIOUS ACTION

On September 28, 2017, the Board approved the Notice of Subaward for the WIC Program effective October 1, 2017 through September 30, 2018 in the amount of \$1,062,147 (no match required).

BACKGROUND/GRANT AWARD SUMMARY

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

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

Benefit to Washoe County Residents: The WIC program provides supplemental nutritious foods, nutrition education and referrals to other health and social services to eligible pregnant and postpartum



Subject: Approve WIC Subaward

Date: December 13, 2018

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women, infants and children up to age five in Washoe County to prevent the occurrence of health problems and to improve the health status of these persons.

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

Award Amount: \$1,062,147 (including \$34,429.00 indirect)

Grant Period: October 1, 2018– September 30, 2019

Funding Source: United States Department of Agriculture

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

CFDA Number: 10.557

Grant ID Number: 7NV700NV7 / HD#16668

Match Amount and Type: No match required.

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

FISCAL IMPACT

The Department anticipated this award and included funding in the adopted FY19 budget in IO#10031 with \$1,041,321 in expenditure authority. A budget adjustment will be done to move the remaining authority to the new IO#11537 should the Board approve the Notice of Subgrant Award.

RECOMMENDATION

It is recommended that the District Board of Health approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$1,062,147 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11537 and authorize the District Health Officer to execute the Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$1,062,147 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11537 and authorize the District Health Officer to execute the Subaward."



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

Agency Ref. #: **HD 16668**
 Budget Account: 3214
 Category: 14
 GL: 8516
 Job Number: 1055719A

NOTICE OF SUBAWARD

Program Name: Women, Infants and Children Program (WIC) Bureau of Child, Family and Community Wellness		Subrecipient's Name: Washoe County Health District – WIC							
Address: 400 West King Street, Suite 300 Carson City, NV 89703		Address: 1001 East Ninth Street/ P.O. Box 11130 Reno, NV 89520							
Budget Period: October 1, 2018 – September 30, 2019		Subrecipient's: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">EIN:</td> <td>88-60000138</td> </tr> <tr> <td style="text-align: right;">Vendor #:</td> <td>T40283400Q</td> </tr> <tr> <td style="text-align: right;">Dun & Bradstreet:</td> <td>073-78-6998</td> </tr> </table>		EIN:	88-60000138	Vendor #:	T40283400Q	Dun & Bradstreet:	073-78-6998
EIN:	88-60000138								
Vendor #:	T40283400Q								
Dun & Bradstreet:	073-78-6998								
Purpose of Award: Provide staffing and support for WIC clinic operations in Washoe County									
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>									
Approved Budget Categories:		AWARD COMPUTATION:							
1. Personnel	\$994,162.00	Total Obligated by This Action:	\$ 1,062,147.00						
2. Travel	\$800.00	Cumulative Prior Awards this Budget Period:	\$ 0.00						
3. Operating	\$32,756.00	Total Federal Funds Awarded to Date:	\$ 1,062,147.00						
4. Equipment		Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
5. Contractual/Consultant		Amount Required This Action:	\$						
6. Training		Amount Required Prior Awards:	\$ 0.00						
7. Other		Total Match Amount Required:	\$ 0.00						
TOTAL DIRECT COSTS	\$1,027,718.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	0.00						
8. Indirect Costs	\$34,429.00	Budget Period:							
9. Match		October 1, 2018 – September 30, 2019							
TOTAL APPROVED BUDGET	\$1,062,147.00	Project Period:							
		October 1, 2018 – September 30, 2019							
Source of Funds: USDA/Food and Nutrition Service/WIC		% Funds: 100	CFDA: 10.557						
		FAIN: 197NVNV7W1003	Federal Grant #: 7NV700NV7						
Federal Grant Award Date by Federal Agency:		October 2, 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;									
Section C: Budget and Financial Reporting Requirements;									
Section D: Request for Reimbursement;									
Section E: Audit Information Request;									
Section F: Current/Former State Employee Disclaimer; and									
Section G: DPBH Business Associate Addendum									

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	Signature	Date
Kevin Dick, District Health Officer		
Beth Handler, MPH Deputy Administrator, Community Health Services		
for Julie Kotchevar, PhD. Administrator, Division of Public & Behavioral Health		

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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 Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Division of Public and Behavioral Health (hereafter referred to as "Division") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient 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 Division or Recipient from its obligations under this Agreement.
 - The Division 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 Division and Recipient.
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 Section B may only be undertaken with the prior approval of the Division. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Division, become the property of the Division, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Division may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Division may declare the Recipient ineligible for any further participation in the Division's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Division may withhold funding.

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.

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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).
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 Recipient 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.
- 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.

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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.
 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 recipient 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 and Human Services, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Health and Human Services

- I. GENERAL: Subgrantee shall operate using the following guidelines:
- A. Comply with the fiscal and operational requirements prescribed by the State of Nevada WIC Program pursuant to 7CFR part 246, 7CFR part 3016, the debarment and suspension requirements of 7 CFR part 3017, if applicable, the lobbying restrictions of 7 CFR part 3018, and FNS guidelines and instructions;
 - B. Have at least one Competent Professional Authority (CPA) that has successfully completed the mandatory State training on staff of the local agency, that possesses the necessary skills to perform certification procedures;
 - C. Provide nutrition education services to participants, in compliance with 7CFR part 246.11 and FNS guidelines and instructions;
 - D. Inform and facilitate the delivery of appropriate health services to WIC participants, and in the case of referrals, have current written agreements in place with health care providers;
 - E. Maintain and have available for review, audit, and evaluation all criteria used for certification.
 - F. Maintain complete, accurate current documentation that accounts for program funds received and expended;
 - G. Maintain comprehensive internal control procedures to insure proper funds management and separation of duties when determining eligibility and issuing benefits;
 - H. Prohibit discrimination against persons on the grounds of race, color, national origin, age, sex or handicap, and compiles data, maintains records and submits reports as required to permit effective enforcement of nondiscrimination laws;
 - I. Prohibit smoking in State WIC facilities where WIC functions are carried out.
- II. CLINIC OPERATION:
- A. Term: The term of the subgrant is October 1, 2018 through September 30, 2019.
 - B. Clinic Operation: Subgrantee shall operate clinic(s) in accordance with the State WIC Policy and Procedure Manual and 7CFR part 246, incorporated herein by reference as if set forth in full, subject to coordination and supervision of the State WIC office.
 - C. Operating Hours: Full time clinics shall remain open for participant services a minimum of eight hours daily. Agencies are encouraged to provide staff manning during lunch period and give consideration to providing services prior to 8 AM and after 5 PM or on Saturday to meet the needs of participants receiving WIC benefits.
 - D. Personnel Assigned: Terminations, replacements or additions will be reported to the State WIC office within seventy two (72) hours of occurrence, and include affected employee's work location, position and work telephone number.
 - E. Any change in clinic location, including opening of a new clinic, must be approved in writing by State WIC office at least 60 days prior to change in clinic location. A copy of the proposed lease must be forwarded to the State WIC office for review prior to execution.

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III. STAFF, FACILITIES AND EQUIPMENT:

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

IV. PROGRAM ADMINISTRATION:

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

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from the date of termination of the subgrant or until any discrepancies related to audit findings are resolved, whichever occurs last.

3. Participant Files: Subgrantee shall maintain all participant files for a minimum of six (6) years after closure or until completion of Federal and State audits, whichever occurs last.
4. Conflict of Interest: Subgrantee shall insure that no conflict of interest exists or arises between the subgrantee or persons employed by or associated with the subgrantee and any authorized vendor within or outside the State of Nevada.
5. Inspection: USDA and Nevada WIC Program through any authorized representative shall have the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed by subgrantee pursuant to this subgrant at the premises where such work is performed or where subgrantee records are maintained. Subgrantee shall provide reasonable facilities and assistance for the safety and convenience of WIC program representatives in the performance of their duties pursuant to this section.

V. CASELOAD AND FUNDING:

- A. Assigned Caseload: Subgrantee agrees to provide the level of service to an estimated **50,450** yearly participants at a maximum allowable reimbursement award of **\$1,062,147**. A mid-term participant and funding review will be conducted during the month of May of the subgrant year for the purpose of evaluating expenditures and caseload. Adjustments may be necessary to the estimated caseload which may have the net effect of increasing or decreasing the maximum future awards. Subgrantee agrees to monthly reimbursements that are based on actual costs to provide services.
- B. Funding: In consideration of subgrantees performance of all required services and fulfillment of all obligations pursuant to this subgrant, the WIC program agrees to pay monthly to subgrantee an amount for WIC services, the total not to exceed One Million Sixty-Two Thousand One Hundred Forty-Seven dollars (\$1,062,147) subject to any amendment of funding. The State WIC program will provide subgrantee with EBT cards, specialty infant formula (when approved), certification and nutrition education materials and technical support as necessary. Subgrantee hereby acknowledges and agrees that the maximum subgrant amount is subject to approval by the Administrator of the Nevada Division of Public and Behavioral Health and that amount is based upon the approved line item budget (Section C. Budget and Financial Reporting).

VI. NON-LIMITATION OF REMEDY:

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

VII. ADVERSE ACTIONS:

- A. Arbitrations: This subgrant shall not be subject to arbitration.
- B. Adverse Action: The right of appeal shall be granted when State WIC office takes adverse actions which affect participation.
 1. State WIC office must provide written notification of adverse action with a minimum of 60 days notice.
 2. Subgrantee must file appeal within 15 calendar days of receipt of notification.

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3. The hearing shall be convened with 20 days advance notice.
4. The hearing officer, appointed by the Administrator of the Division of Public and Behavioral Health, shall schedule two alternative hearing dates.
5. Subgrantee shall have the opportunity to confront and cross-examine adverse witnesses; to be represented by counsel; and the opportunity to review the case record prior to the hearing.
6. Within 60 days of the date of receipt of the notice of appeal, the hearing officer shall issue a written decision.

C. Disqualification: Subgrantee may be disqualified.

1. The State WIC office determines noncompliance with program regulations.
2. The State WIC office program funds are insufficient to support the continued operation of all its existing local agencies at their current participation level.
3. When the State WIC office determines, following a periodic review of local agency credentials, that another local agency can operate the program more effectively and efficiently.

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

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

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

VIII. DISCRIMINATION:

- A. Data Collection: Subgrants shall comply with Federal Nutritional Services (FNS) requirements for the collection of racial and ethnic participation data.
- B. Translation Services: Subgrantee shall take all reasonable steps to ensure that WIC program information and nutrition education materials and services are available in the appropriate language to non-English or limited-English speaking persons or hearing and speech impaired.
- C. Employment: Subgrantee shall state in all solicitation or advertisements for employees placed by or on behalf of subgrantee that all applicants for employment shall receive consideration regardless of race, age, disability, color, sex, or national origin.
- D. Notice and Opportunity for Hearing: Subgrantee shall comply with FNS requirements for public notification of nondiscrimination policy. Subgrantee shall provide all persons with notice and an opportunity to file a civil rights complaint. Subgrantee shall refer any and all complaints of discrimination filed by applicants, eligible recipients or participants to the Director, Office of Equal Opportunity, USDA, Washington, DC 20250, with a copy to State WIC office.

IX. ADDITIONAL SERVICES AND FUNDS:

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

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X. TERMINATION:

- A. **By Subgrantee:** The Subgrant may be terminated by subgrantee prior to expiration by providing written notification to State WIC office provided that subgrantee continues to perform this subgrant during its term until such time as State WIC office is able to replace subgrantee with another provider of the services or until 120 days after notification of revocation, whichever occurs first.
- B. **Availability of Federal Funds:** This subgrant is contingent upon federal funding and will terminate if such funding becomes unavailable. State WIC office shall notify subgrantee **immediately** in writing of such termination.
- C. **Cooperation:** Subgrantee shall, upon notification of the termination of this subgrant and if so directed by State WIC office, cooperate in any and all efforts to refer participants to other WIC clinics in order to maintain continuity of participation in the WIC program.
- D. **Liability Following Termination:** Following receipt of notice of termination by State WIC office, subgrantee shall cease all WIC program operations as of the effective date of termination. Subgrantee shall be liable for any and all EBT cards issued by subgrantee after the effective date of termination of this subgrant, unless the issuance of such EBT cards is expressly authorize in writing by State WIC office.
- E. This subgrant agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subgrant Award, provided the party has served written notice upon the other party and the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately for any reason the Division of Public and Behavioral Health, State, and/or Federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

XI. VALIDITY AND EFFECTIVENESS OF SUBGRANT:

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

XII.AUDIT:

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

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XIII. RENEWAL:

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

XIV. WHOLE AGREEMENT:

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

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

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SECTION C

Budget and Financial Reporting Requirements

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

Subrecipient agrees to adhere to the following budget:

Category	Total Cost	Detailed Cost	Details of Expected Expenses
1. Personnel	\$994,162.00		
		\$6,964.00	Program Manager 5% @ \$66.94 x 104 hrs = \$6,963.76
		\$122,579.00	Community Health Nutritionist \$58.93 x 2080 hrs = \$122,579
		\$108,945.00	Community Health Nutritionist \$52.38 x 2080 hrs = \$108,945
		\$99,462.00	Human Services Support Specialist II \$47.82 x 2080 = \$99,462
		\$94,671.00	Human Services Support Specialist II \$45.51 x 2080 = \$94,671
		\$88,233.00	Human Services Support Specialist II \$42.42 x 2080 = \$88,233
		\$57,207.00	VACANT position - currently interviewing candidates \$27.50 x 2080 = \$57,207
		\$79,492.00	Community Health Aide \$38.22 x 2080 = \$79,492
		\$87,202.00	Community Health Aide \$41.92 x 2080 = \$87,202
		\$82,152.00	Office Assistant II \$39.50 x 2080 = \$82,152
		\$87,008.00	Office Assistant II \$41.83 x 2080 = \$87,008
		\$80,217.00	Office Assistant II \$38.57 x 2080 = \$80,217
		\$30.00	Intermittent/Hourly Nutritionist \$30.44 x 1 hr = \$30.44
2. Travel	\$800.00		
		\$800.00	Mileage reimbursement - local travel @ \$.545/mile x 1,468 miles = \$800.06
Total Cost	\$994,962.00		

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Category	Total Cost	Detailed Cost	Details of Expected Expenses
Previous Table	\$994,962.00		
3. Operating	\$32,756.00		
		\$200.00	Medical Services (employee screening) @ \$100 x 2 = \$200
		\$250.00	Repair/Maintenance @ \$250
		\$8,000.00	Medical Supplies @ \$666.67/month x 12 months = \$8,000.04
		\$3,000.00	Copy Machine @ \$250/month x 12 months = \$3,000
		\$4,000.00	Office Supplies @ \$333.33/month x 12 months = \$3,999.96
		\$50.00	Books/Subscriptions @ \$50
		\$200.00	Postage @ \$16.67/month x 12 months = \$200.04
		\$190.00	Other Expenses @ \$190
		\$500.00	Printing @ \$41.66/month x 12 months = \$499.92
		\$700.00	Licenses/Permits @ \$140/months x 12 months = \$700
		\$100.00	Registration/meeting room rental @ \$100
		\$15,566.00	Office Lease @ \$1,297.17/month x 12 months = \$15,566.04
4. Equipment	\$0.00		
5. Contractual Consultant	\$0.00		
6. Training	\$0.00		
7. Other	\$0.00		
8. Indirect	\$34,429.00		
		\$34,429.00	Indirect Admin & Mgt @ the de minimis rate of 10% of MTDC is being used per 2 CFR § 200.414 Indirect (F&A) costs. (Payroll, mgt. occupancy, travel, supplies @ \$1,027,718 x 3.35% = \$34,428.55
Total Cost	\$1,062,147.00		

- 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. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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.

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- 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).

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 subgrant period.

- State WIC Program shall reimburse subgrantee monthly, and upon submission of a monthly Division of Public and Behavioral Health Request for Reimbursement with supporting documentation acceptable to the State WIC program, provided the requested amount does not exceed authorized subgrant amount. Any amount in excess of the authorized subgrant amount shall be borne by subgrantee. Monthly reports shall be submitted by the 15th of the month following service to participant. The final Request for Reimbursement report must be submitted by November 30th following the end of each Federal Fiscal Year ended September 30th.
- Maximum allowable for the term of the subgrant is **\$1,062,147**.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- **Allowable Expense:** Subgrantee shall be paid only for allowable expenses, as defined in the applicable regulations (OMB Uniform Guidance, Title 2, Subpart E- Cost Principles). It is the policy of the State Board of Examiners to restrict contractors/subgrantees travel to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions; see State Administrative Manual (SAM) Sections 0200.0 and 0320.0. Standard mileage reimbursement rate will be at the current Nevada State per mile rate. WIC program shall have the right to determine whether expenditures made by subgrantee from funds provided pursuant to this subgrant were made in accordance with the regulations, and to withhold payment or demand reimbursement of disallowed expenditures from subgrantee. Additional expenditure detail will be provided upon request from the Division.
- **Nutrition Education Requirement:** Subgrantee shall expend a minimum of one-sixth of all funds provided in this subgrant for nutrition education by including Time and Effort Studies and Unit Breakdown forms with Request for Reimbursements. The State WIC program shall have the right to determine if the subgrantee has fulfilled this requirement in accordance with the regulations, and to withhold payment from subgrantee for the difference between the amount expended on nutrition education and an amount equal to the one-sixth of the total subgrant.
- **Refunds:** Subgrantee shall pay the State WIC program the amounts, including any interest thereon, of any and all refunds, rebates, credits, or other amounts accruing to or received by Subgrantee for services provided by Subgrantee in performance of this subgrant from any outside source to the extent that such amounts are allocable to costs for which Subgrantee has been or may be reimbursed by State WIC program pursuant to this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division of Public and Behavioral Health are SUBJECT TO AUDIT.
- **Audit Exceptions:** Subgrantee shall pay to State WIC program any and all amounts claimed for reimbursement of WIC program funds brought against subgrantee as a result of state or federal audits.
- **Food Instrument Security:** Subgrantee shall pay the State WIC program any and all amounts equal to the value of EBT cards which were in their custody and were lost, misused, or otherwise diverted from WIC program purposes through negligence, fraud, theft, embezzlement, or unexplained causes. Subgrantee shall have an opportunity to submit evidence, explanation or information concerning alleged instances of non-

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

Additionally, the Subrecipient agrees to provide:

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

Both parties agree:

- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, 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 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.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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

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SECTION D**

Agency Ref. #: **HD 16668**
 Budget Account: 3214
 CAT: 14
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Women, Infant and Children Program	Subrecipient's Name: Washoe County Health District – WIC
Address: 400 West King Street, Ste, 300 Carson City, NV 89703	Address: 1001 East Ninth Street/ P.O. Box 11130 Reno, NV 89520
Budget Period: October 1, 2018 – September 30, 2019	Subrecipient's: EIN: 88-60000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$994,162.00	\$0.00	\$0.00	\$0.00	\$994,162.00	0.0%
2. Travel	\$800.00	\$0.00	\$0.00	\$0.00	\$800.00	0.0%
3. Operating	\$32,756.00	\$0.00	\$0.00	\$0.00	\$32,756.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$34,429.00	\$0.00	\$0.00	\$0.00	\$34,429.00	0.0%
9. Match	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$1,062,147.00	\$0.00	\$0.00	\$0.00	\$1,062,147.00	0.0%

I, a duly 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 _____ 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? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August 2018
7. What time-period did your last audit cover? July 2017 - June 2018
8. Which accounting firm conducted your last audit? Eide Bailly

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 and Human Services

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,

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enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for 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

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Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

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

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12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, 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

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confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

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

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

1. Effect of Termination:

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
- b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
- c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

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3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

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

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

STAFF REPORT
BOARD MEETING DATE: December 13, 2018

TO: District Board of Health

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

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$63,482 (no match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention's Supplemental Nutrition Assistance Program Education Program IO#11534 and authorize the District Health Officer to execute the Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services on October 17, 2018 to support the Chronic Disease Prevention's Supplemental Nutrition Assistance Program Education Program. The funding period is retroactive to October 1, 2018 through September 30, 2019. A copy of the Notice of Subaward is attached.

Health District Strategic Priorities supported by this item:

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

No previous action has been taken relevant to this item this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

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

Scope of the Project: SNAP-Ed is an evidence-based program that helps people lead healthier lives. SNAP-Ed programs increase the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles. Funding will

Subject: Approve SNAP-Ed Subaward

Date: December 13, 2018

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support staffing, travel, operating supplies to include promotional items, outreach and advertising and indirect expenses.

Benefit to Washoe County Residents: This component of the Chronic Disease Prevention Program will support the Wolf Pack coaches' challenge and a parks project targeting low-income neighborhoods to promote physical activity and drinking water.

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

Award Amount: \$ 63,482.00 (includes \$5,771.00 indirect)

Grant Period: October 1, 2018 through September 30, 2019

Funding Source: U.S.D.A. Food and Nutrition Service

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

CFDA Number: 10.561

Grant ID Number: 7NV430NV5 / Ed1924

Match Amount and Type: None

Sub-Awards and Contracts: No Sub-Awards will be funded.

FISCAL IMPACT

This award was not anticipated in the adopted FY19 budget. Should the Board approve this award, the adopted FY19 budget will need to be increased by \$57,711.00 in the following accounts:

Account Number		Description	Amount of Increase
2002-IO-11534	-431100	Federal Grants	\$57,711.00
2002-IO-11534	-701412	Salary adjustment	\$4,341.00
2002-IO-11534	-701130	Pooled Positions	\$27,580.00
2002-IO-11534	-705360	Benefit adjustment	\$2,288.00
2002-IO-11534	-710300	Operating Supplies	\$12,500.00
2002-IO-11534	-710350	Office Supplies	\$250.00
2002-IO-11534	-710500	Other Supplies	\$9,000.00
2002-IO-11534	-710502	Printing	\$1,000.00
2002-IO-11534	-710512	Auto Expense	\$752.00

Subject: Approve SNAP-Ed Subaward

Date: December 13, 2018

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RECOMMENDATION

It is recommended that the District Board of Health approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$63,482 (no match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention's Supplemental Nutrition Assistance Program Education Program IO#11534 and authorize the District Health Officer to execute the Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$63,482 (no match required) in support of the Community and Clinical Health Services Division Chronic Disease Prevention's Supplemental Nutrition Assistance Program Education Program IO#11534 and authorize the District Health Officer to execute the Subaward."



State of Nevada
 Department of Health and Human Services
Division of Welfare and Supportive Services

Agency Ref. #: **Ed1924**
 Budget Account: 3228
 Category: 42
 GL: 8795
 1056118,
 Job Number: 1056119

NOTICE OF SUBAWARD

Program Name: SNAP Education Division of Welfare and Supportive Services	Subrecipient's Name: Washoe County Health District Kevin Dick, Washoe County Health Officer
Address: 1470 College Parkway Carson City, NV 89706	Address: 1001 E. 9 th St. Building B Reno, NV 89512
Project Period: October 1, 2018 through September 30, 2019 Budget Period: October 1, 2018 through September 30, 2019	Subrecipient's: <div style="text-align: right;"> EIN: <u>*****0138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u> </div>

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

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

Approved Budget Categories:		AWARD COMPUTATION:	
1. Salary/Benefits	\$34,209.00	Total Obligated by This Action:	\$63,482.00
2. Contract / Grants / Agreements	\$0.00	Cumulative Prior Awards this Budget Period:	\$0.00
3. Non-capital equipment / Supplies	\$250.00	Total Federal Funds Awarded to Date:	\$63,482.00
4. Materials	\$22,500.00		
5. Travel	\$752.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
6. Building / Space	\$0.00		
7. Maintenance	\$0.00		
8. Equipment & Capital Expenditures	\$0.00	Amount Required This Action:	\$0.00
TOTAL DIRECT COSTS	\$57,711.00	Amount Required Prior Awards:	\$0.00
9. Administrative / Indirect Costs	\$5,771.00	Total Match Amount Required:	\$0.00
10. MATCH	\$0.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET	\$63,482.00	Must be completed for federal funding sources. If multiple federal sources apply, fill out the optional Subaward Additional Funding Sheet and leave this section blank.	

Source of Funds:	% of Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
U.S Department of Agriculture-Food and Nutrition Service	100%	10.561	187NVNV5Q3903	7NV430NV5	10/05/2017
U.S Department of Agriculture-Food and Nutrition Service	100%	10.561	197NVNV5Q3903	7NV430NV5	10/04/2018

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 DWSS 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: Assurances;

Section B: Description of Services, Scope of Work and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;
 Section E: Audit Information Request;
 Section F: Current/Former State Employee Disclaimer; and Attachment A to Section F (for sub-awardees)
 Section G: Confidentiality Addendum

Washoe County Health District	Signature	Date
Kevin Dick		
Grant Manager Name: Rose Sutherland		
DWSS, DA- Program & Field Operations Robert Thompson		
DWSS Administrator: Steve H. Fisher		

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Section A

FY19 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 Division of Welfare and Supportive Services (hereafter referred to as “The Division”) 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 Division 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 Division 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 Division or Grantee from its obligations under this Agreement.

The Division 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 Division 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 Section B** may only be undertaken with the prior approval of the Division. 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 Division, become the property of the Division, 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 Division 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 Division may declare the Grantee ineligible for any further participation in the Division’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

STATE OF NEVADA
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Section A

rules or regulations, the Division may withhold funding as outlined in the current Grant Instructions and Requirements.

Grant Assurances

A signature below 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).
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 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.**
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 Division of Welfare and Supportive Services.

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Section A

- An organization receiving grant funds through the Nevada Department of Health and Human Services, Division of Welfare and Supportive 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.
 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.

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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 Nevada Department of Health and Human Services, Division of Welfare and supportive 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.

SNAP-Ed Data Sharing Agreement

For the purposes of SNAP-Ed, the following security procedures and protocols apply:

1. DWSS and Receiving Party agree to complete at a minimum annual, training specifically focused on safe handling and use of Personal Identifiable Information (PII).
2. DWSS and Receiving Party agree to comply with:
 - a. NIST800 series security protocols, procedures, and guidance;
 - b. Nevada State Security Standards;
 - c. DWSS Policies and Procedures;
 - d. NRS 63A regulations (Data Privacy and Protection) standards.
 - e. Receiving Party agrees to annual security reviews by DWSS, if requested, to verify the Receiving Party is compliance with security, data protection, data privacy standards.
 - f. Exchanged data shall have the follow limitations:

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- 1) Limited sharing of the exchanged information files to the minimum people required to complete the work on the dataset;
 - 2) Excess or relaxed data sharing is not allowed at any time; and
 - 3) Sharing of exchanged data with other parties not part of this agreement is strictly forbidden.
3. Data sharing will occur using a secure file transfer solution selected by DWSS. The secure file transfer solution must employ TIS 1.2 (or newer version) tunneling protocols to protect data in transit to and from the webpage and backend storage server.
- a. The website will provide unique and User Name(s) to the Receiving Party to allow access to the file sharing solution and receive files.
 - b. The file to be shared will be sent within the system to the specified User Name(s).
 - c. DWSS and Receiving Party agrees to use strong passwords in accordance with the Nevada State Standard 118.
 - d. Data storage:
 - 1) Data will be stored on in an encrypted format, using AES256 symmetric data encryption which is FIPS 140.2 compliance for strong data encryption.
 - 2) Access to unencrypted data will be limited to only those that require access to process and review transactions related this program.
4. Receiving Party shall create and maintain an audit log of received and delete data files.
- a. The deletion log shall include the following minimum data elements:
 - 1) Name of file received
 - 2) Date/Time data was received
 - 3) Name of person that received that data
 - 4) Date/time data was deleted
 - 5) Name of person that deleted the data
5. Receiving Party will delete data that has not been used in 90 days.
- a. Data must be delete in such a way that it cannot be recovered regardless or storage medium, such as operating system files or in a database.
 - 1) Data files shall be:
 - a) Delete permanently by the operating system; and
 - b) Data file bits must be overwritten with all bits set to zero (0), one (1); or repeating alternating pattern of zero (0) and then one (1) at least two times fully to ensure no recovery is possible.
 - b. Data must also be removed from backup sources used by the Receiving Party in the same way.
6. In Case of Breach of the Security of the System Data
“Breach of the security of the system data” is defined in this agreement using the definition of NRS 03A.020:

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“Breach of the security of the system data” means unauthorized acquisition of computerized data that materially compromises the security, confidentiality or integrity of personal information maintained by the data collector. The term does not include the good faith acquisition of personal information by an employee or agent of the data collector for a legitimate purpose of the data collector, so long as the personal information is not used for a purpose unrelated to the data collector or subject to further unauthorized disclosure.

Security breaches can happen at any time and to any party in this agreement. It is best practice to be open with information sharing partners about the occurrence of breaches openly and quickly to allow all parties to check their systems for related issues.

Reporting of data breaches should only occur if:

1. The affected data was acquired from information exchanges pursuant to this agreement; or
2. If affected storage devices are storing data acquired from information exchanges pursuant to this agreement.
- 3.

The data breach procedure is as follows:

1. The breached party will notify the other party within one (1) hour of breach discovery and will agree to provide a risk analysis based on the information known at that time.
2. The breached party will conduct an investigation and determine if laws were broken and if law enforcement agencies should be contacted.
 - 1) Each party is responsible for contacting applicable law enforcement agencies based on their jurisdictional requirements.

3. A breach report will be sent to the non-breached party/parties within 5 business days with a shared plan to review the breach with other the party within 7 calendar days after sharing the breach report.

4. DWSS Security Contact:

- a. Name: DWSS Office of Information Security, ISO
- b. Phone: (775) 684-8710
- c. Email: welfsecurity@dwss.nv.gov
- d. Hours of Operation: 8 AM – 5 PM (Pacific Time)

5. Receiving Party Security Contact:

- e. Name: Anna Heenan, Administrative Health Services Officer
- f. Phone: 775-328-2069
- g. Email: aheenan@washoecounty.us
- h. Hours of Operation: 7:30 - 4:30 (Pacific Time)

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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 Division of Welfare and Supportive Services.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Division with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

Washoe County Health District

Name of Organization

Signature of Authorized Representative

Kevin Dick, District Health Officer

Name and Title (Please Print)

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Scope of Work & Action Plan

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

Scope of Work

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

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

The Sub-grantee agrees to:

1. Implement the 2019 Supplemental Nutrition Assistance Program Education (SNAP-Ed) as approved by USDA-Food and Nutrition Services in accordance with the Supplemental Nutrition Assistance Program Education Guidance located at <http://snap.fns.usda.gov>.
2. Maintain adequate controls and documentation of revenues and expenditures in accordance with federal and state regulations.
3. Maintain records as described in the USDA SNAP-Ed Plan Guidance located at <http://snap.fns.usda.gov> to evaluate programs and meet quarterly reporting requirements.
4. Follow SNAP-Ed Data Sharing Agreement for security procedures and protocols.
5. Submit quarterly program reports (using DWSS quarterly progress reporting template) to include evaluation of the project based on established goals, time sheets with employee and supervisors signatures and reports required as described in SNAP Plan Guidance located at <http://snap.fns.usda.gov> no later than 15 days after the end of the quarter and the Final Report including Education and Administrative Reporting System (EARS) data no later than November 15, 2019.

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6. Submit invoices and support documentation for reimbursement to DWSS itemizing all categories of all expenses for SNAP-ED no later than 30 days after the end of the quarter. Except for third quarter submission will need to be submitted within 21 days after the end of the quarter. DWSS will then reimburse the sub awardee no later than 30 days after receipt. Any costs that cannot be substantiated by source documents or any costs which not allowable cost as defined in SNAP-Ed Plan will be disallowed.
7. No later than November 15, 2019 provide a list of all outstanding obligations to be paid out of the approved funding ending September 30, 2019. All obligations must be liquidated by November 30, 2019.
8. Submit amendments to Plan, Budget and Waivers with appropriate support documentation for all changes that require approval from FNS-WRO prior to payment of SNAP-Ed 2019 funds. This includes at least; significant changes in program goals and objectives, changes in program delivery sites; test or content of materials and messages developed with SNAP-Ed funds, out-of-state travel or conference attendance that was not specifically approved in the 2019 plan and significant increase or decreases in budget. Budget Amendments must be submitted prior to April 1, 2019.

Description of projects/interventions:

Project/Intervention Title: Wolf Pack Coaches Challenge and Parks Project

Wolf Pack Coaches Challenge:

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

The WPCC was conducted for the second time in Washoe County during the 2017-2018 academic school year in a total of 57 classrooms across 17 elementary schools; 43 were classrooms from Title I schools. There was a huge increase in participation from the pilot year program and analysis shows an increase in physical activity and knowledge of fruit/vegetable consumption and portion size. The WPCC was developed based on the successful UNLV Coaches Challenge program in Clark County that first began in 2007 and now reaches 10,000 students each year.

Parks Project

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

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The current grant cycle focuses on Yori Park, a park located in a low-income neighborhood and one that has been identified where improvements can be made. WCHD staff has made progress in these efforts, engaging stakeholders in conversations and coordinating events for the neighborhood to participate. Conversely, WCHD has also experienced some limitations to enhance environmental changes at Yori Park. A lesson learned from this current project is the need to involve local businesses and agencies to help advocate for the park through engagement with the community. Year one of the parks project has shed new light to the WCHD, informing staff on approaches to take during year two. Instead of having a singular focus on Yori Park, WCHD will collectively evaluate parks located in low-income neighborhood and assess where changes can be made.

The success of both projects is tied to the partnerships formed with the Washoe County School District and the Parks and Recreation department at the City of Reno and City of Sparks. The collaboration with these entities has been an important component to help execute program objectives.

Related State Objective(s):

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

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

Program Objectives:

By June 1, 2019 at least 50 Title I elementary school classrooms will have signed up and completed the Wolf Pack Coaches Challenge.

By June 1, 2019 Washoe County elementary students who complete the four-week curriculum will report at least a 20% increase in physical activity compared with their behaviors prior to participating in the program.

By June 1, 2019 Washoe County elementary students who complete the four-week curriculum will report at least a 20% increase in vegetable and fruit consumption compared with their behaviors prior to participating in the program.

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

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

Program Objectives:

By December 31, 2018 form five new collaborations with business and community agencies to support and engage priority populations to increase utilization of parks in low-income neighborhoods.

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By March, 2019 identify priority capital improvement projects in low income parks that would encourage park utilization.

By June 30, 2019 identify at least three funding opportunities to fund an environmental capital improvement change at a low-income park.

By September 30, 2019 have at least six bilingual signs or educational messaging displays promoting and encouraging physical activity and drinking water installed in play areas, walking paths or fencing at low-income neighborhood parks.

By September 30, 2019 facilitate collaboration among partners to hold at least five events in parks in low-income neighborhoods to encourage physical activity and consumption of healthy foods.

Audience:

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

Parks project will target low-income community members, particularly women and children, living near parks in low-income neighborhoods.

Food and Activity Environments:

Wolf Pack Coaches Challenge

- Provides nutrition and physical activity education and experiences within the classroom and school setting
 - Incorporates educational messaging for nutrition as described below in Educational Strategies
 - Incorporates physical activity breaks into the daily classroom experience
- Promotes physical activity and nutrition behaviors in the home environment
 - Promotes healthy eating in the home
 - Promotes physical activity in the home

Parks Project

- Provides environmental supports and cues to support physical activity and promotion/consumption of healthy foods and beverages
 - Collaboration and partnerships formed with business and community agencies to hold events at low-income neighborhood parks
 - Installation of signage to encourage physical activity and drinking water

Project Description:

The Wolf Pack Coaches Challenge is a voluntary four-week program that is conducted in the classroom through partnership with the Washoe County School District. The WCHD provides the program materials including the curriculum, instructions and tools needed for a teacher to

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successfully conduct the challenge in their classroom. While the program is open to any school in the Washoe County School District, WCHD will concentrate focus on Title I schools, as they serve children from low-income families who are at need for improved physical activity and nutrition efforts. The projected total number of children to be reached will range between 800-1000.

- Educational messages will include:
 - My Plate and Go, Slow, Whoa! Foods – encourage and incentivize fruits and vegetable consumption
 - Healthy beverages – encourage and incentivize water and milk consumption; discourage sugar sweetened beverages
 - Serving size – appropriate portion size as defined by MyPlate
 - Encourage and incentivize at least 60 minutes a day of physical activity
 - Physical activity is fun and provides health benefits; recognize sedentary behaviors like screen time

The Parks Project will be a collaborative effort among the parks and recreation department at the City of Reno and City of Sparks, Truckee Meadows Parks Foundation, businesses and community agencies. The project will concentrate focus on parks located in low-income neighborhoods and services will be delivered directly at the park. The duration of this project will take place over the course of the grant cycle and the projected total number of individuals reached will range between 500-800 individuals.

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

Evidence Base:

Wolf Pack Coaches Challenge

The proposed activities related to increasing utilization of parks and implementation of Wolf Pack Coaches Challenge will incorporate the evidenced based approaches as presented in the SNAP-Ed Strategies & Interventions Toolkit: An Obesity Prevention Toolkit for States.

Evidence level: Research-tested and Practice-tested

Supporting References: I am Moving, I am Learning (Head Start); Eat Well & Keep Moving (Washington); Take 10; Sports Play Active Recreation for Kids (SPARK) (San Diego); Pick a better snack; PE-Nut (Michigan); Ways to Enhance Children's Activity and Nutrition (We Can!) (National Institutes of Health, National Heart, Lung and Blood Institute); ReFresh (Maryland); Classroom Energizer Teacher Training Workshop (Minnesota)

Parks Project

Classification: Research-tested and Practice-tested

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Supporting References: Eat Smart in Parks (ESIP) (Missouri); Food Hero (Oregon); Champions for Change (California); Latino Campaign (California); Ways to Enhance Children's Activity and Nutrition (We Can!) (National Institutes of Health, National Heart, Lung and Blood Institute); Pick it! Try it! Like it! (PTL) (South Dakota);

The Wolf Pack Coaches Challenge and Parks Project will examine and apply best practices and lessons learned from prior interventions to ensure the effectiveness of the proposed intervention.

Key Performance Measures/Indicators:

Wolf Pack Coaches Challenge:

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

Parks Project:

- Number of partners formed among businesses and community agencies to support and engage in priority projects
- Number of events held at a park organized by businesses and community agencies
- Number of capital improvement projects identified in low-income parks
- Number of funding opportunities identified to fund an environmental capital improvement change at a low-income park
- Number of bilingual signs promoting and encouraging physical activity and drinking water in parks located in low-income neighborhoods.

Use of Existing Educational Materials:

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

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

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

There are no existing materials for the Parks project.

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Development of New Educational Materials:

There currently are no plans for development of new materials for Wolf Pack Coaches Challenge. However, on an annual basis the curriculum will be reviewed and updated to ensure the educational materials contain the most current recommendations on nutrition and physical activity.

Parks project educational materials are anticipated to primarily be signage in the park. Messages for signage will be developed based on Dietary Guidelines for Americans, MyPlate, and Physical Activity Guidelines for Americans. When possible, existing messaging from other SNAP-Ed resources will be utilized.

Evaluation Plans

Name: Wolf Pack Coaches Challenge

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

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

Questions:

- Process evaluation question: Are program activities being implemented as intended?
 - Assessment: Key informant interviews and students fruit and vegetable, and physical activity tracking forms
- Outcome evaluation question: How has fruit and vegetable consumption and physical activity levels been impacted by program activities?
 - Assessment: Student tracking forms measuring weekly fruit and vegetable consumption and physical activity.

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- Impact assessment question: Are key indicators impacted, including BMI, student behavior and academics?
 - Assessment: WCSD BMI assessment and key informant interviews

Name: Parks Project

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

- Formative evaluation: Activities will be assessed for feasibility, appropriateness, and cultural sensitivity of proposed events at the park.
- Process evaluation: Project activities will be evaluated to ensure implementation as intended. Project aspects to be evaluated include number of partnerships formed, number of facilitated events among partners; number of capital improvement projects identified; and number of funding opportunities identified to fund an environmental capital improvement project (ST5, ST6 and ST7 from Evaluation Framework). As this project involves significant partnerships, leveraged resources will be evaluated and reported on. (LT9 from Evaluation Framework).
- Outcome evaluation: The number of signs installed prompting and encouraging physical activity and drinking water will be measured. Additionally, the number and type of environmental changes will be tracked and measured. (MT5 and MT6 from Evaluation Framework).
- Impact assessment: Key informant interviews will be completed with key partners and stakeholders to evaluate program successes, identify lessons learned, identify future projects, and ensure continued partnership. Surveys will be conducted among park attendees at events to assess program evaluation effectiveness. (ST7 and ST8 from Evaluation Framework). Evaluation of program recognition will also be measured by tracking recognition at public meetings, number of press releases, media reports, etc. (LT7 and LT8 from Evaluation Framework).

Questions:

- Formative evaluation question: Are proposed activities feasible, appropriate and culturally sensitive?
 - Assessment: Key informant interviews with parks staff and partners
- Process evaluation question: Are program activities being implemented as intended?
 - Assessment: Tracking key measures including number of partnerships, number of facilitated events, and number of environmental changes/improvements identified
- Outcome evaluation question: What and how many environmental changes encouraging physical activity and healthy eating /drinking are completed?
 - Assessment: Tracking of completed environmental changes
- Impact assessment question: Is there more community use of key parks (where efforts were focused) by partners and the community?
 - Assessment: Key informant interview with businesses and community agencies, and parks assessments

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Approach(es):

Planned Use:

Wolf Pack Coaches Challenge

Data collected from the tracking sheets will be used to measure healthy behaviors changes from the pre-program behavior in comparison to the completion of the program. Results will be shared with participating classrooms, the Washoe County School District, Wolf Pack Athletics, and SNAP-ed. Results will also be shared with the community and key leaders including Washoe County District Board of Health members.

Parks

Information collected will guide future activities and determine next steps to increase park usage and healthy behaviors at the park. Results and successes will be shared with partners, including the local parks commissions, city and county park directors, and contributing partner agencies and stakeholders such as the District Board of Health.

Prior Evaluation:

Wolf Pack Coaches Challenge

Information and evaluation from previous Wolf Pack Coaches Challenge efforts include a pilot project in school year 16/17 and SNAP-ed funded efforts in school year 17/18. Assessment of these efforts demonstrated the following:

- During the 2017-2018 academic school year the WPCC was conducted in a total of 57 classrooms across 17 elementary schools; 43 were classrooms from Title I schools
- Data was collected through self-report surveys in which students tracked the amount of time spent in daily physical activity and daily consumption of fruits and vegetables during the four-week program.
 - Overall there was a 17% increase in physical activity and a 9% increase in fruit and vegetable consumption among the students who participated in the four-week challenge.

Parks

Initial assessments of parks in Reno/Sparks/Washoe County were completed in 2017 and 2018. These assessments have been used to inform target parks and needs. In addition, evaluation efforts from the Healthy Parks project in 17/18 provided valuable information about project activities and barriers. 17/18 efforts have not been completed, but evaluation to date has provided the following information:

- Perceived safety is a top concern for usage of the park among local residents and community leaders. To help mitigate the concern of safety, there needs to be community presence at the parks through regular events, sporting activities, or community gatherings.

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- Partnerships among local agencies and businesses need to be formed to help promote and encourage usage of neighborhood parks among residents.

Use of SNAP-Ed Evaluation Framework:

Wolf Pack Coaches Challenge

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

Parks Project

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

Coordination Efforts

Wolf Pack Coaches Challenge: Communications with the Washoe County School District have indicated that this program is complementary to other programs happening within the school district. The program supports student learning and the student wellness policy. The partnership with Nevada Wolf Pack Athletics is a key incentivizing component to this project, and coaches and athletes reiterate healthy living messages of nutrition and physical activity.

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

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SNAP-Ed Quarterly Progress Tracking and Evaluation Reporting Template

Action Plan Period: 10/1/2018 – 9/30/2019

Data Collection Date: **xxxx**

Funding Amount:	xxxx
Reimbursement to date:	xxxx

Goal 1:			
Annual Objective	Activities	Quarterly Progress (When, how, who, barriers, evaluation type/indicators)	Evaluation Results (SNAP-Ed Team use only)
1.1	1.1.1		
Goal 2:			
Annual Objective	Activities	Quarterly Progress (When, how, who, barriers, evaluation type/indicators)	Evaluation Results (SNAP-Ed Team use only)
2.1	2.2.1		
Goal 3:			
Annual Objective	Activities	Quarterly Progress (When, how, who, barriers, evaluation type/indicators)	Evaluation Results (SNAP-Ed Team use only)
3.1	3.3.1		
Quarter Summary:			
Progress			
Successes			
Barriers			
TA Needed			

SECTION C

Budget and Financial Reporting Requirements

Applicant Name: Washoe County Health District

Form 2

PROPOSED BUDGET SUMMARY - SFY19

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	SNAP Ed FY18 Carry In	SNAP Ed FY19	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
PENDING OR SECURED										
ENTER TOTAL REQUEST	\$18,700	\$44,782	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 63,482

EXPENSE CATEGORY

Salary/Benefits	\$7,500	\$26,709								\$ 34,209
Contracts/Sub-Grants/ Agreements	\$0	\$0								\$ -
Non-Capital Equipment Supplies	\$0	\$250								\$ 250
Materials	\$9,500	\$13,000								\$ 22,500
Travel	\$0	\$752								\$ 752
Building/ Space	\$0	\$0								\$0
Maintenance	\$0	\$0								\$0
Equipment and Other Capital Expenditures	\$0	\$0								\$0
Total Direct Costs	\$17,000	\$40,711								\$ 57,711
Indirect Costs*** (Indirect Cost Rate = 10%)	\$1,700	\$4,071								\$ 5,771

TOTAL Federal Funds	\$18,700	\$44,782	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 63,482
These boxes should equal 0	\$0	\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost	\$1,700	\$4,071
Indirect % of Budget	10.00%	10.00%

Total Subrecipient Budget	\$63,482
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

SECTION C

Budget and Financial Reporting Requirements

Applicant Name: Washoe County Health District

BUDGET NARRATIVE-SFY19

				FY18 Carry-In Budget Amount	Current FY 19 Budget Amount
Total Salary/Benefits				\$ 7,500	\$ 26,709
List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Amount Requested</u>	<u>Amount Requested</u>
<u>Kelli Goatley-Seals, Health Educator Coordinator</u>	\$84,840	40%	3%	\$1,237	\$0
Provides higher level program direction. Responsible for front line purchasing.					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Amount Requested</u>	<u>Amount Requested</u>
<u>Stephanie Chen, Health Educator</u>	\$57,616	40%	6%	\$4,840	\$0
Provides guidance and oversight for the day to day operations. Assists in completing day to day activities to meet program outcomes.					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Amount Requested</u>	<u>Amount Requested</u>
<u>Intermittent Hourly Health Educator(s)</u>	\$57,616	2%	48%	\$1,423	\$26,492
Complete day to day activities and program outcomes.					
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>Time</u>	<u>Amount Requested</u>	<u>Amount Requested</u>
<u>Public Service Intern(s)</u>	\$6,000	2%	4%	\$0	\$217
Provides support to completing day to day activities. Support may include posting of social media, delivery of informational materials, and other support tasks. Interns are paid at an hourly rate of approximately \$11 per hour.					
Total Fringe Cost				\$ 2,288	\$ 26,709

Contracts/Sub-Grants/ Agreements \$ - \$ -

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor: \$ - \$0

Method of Selection:

Period of Performance: October 1, 2018 - September 30, 2019

Scope of Work:

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Method of Accountability: Assigned staff will work with vendor to ensure that deliverables are met

Budget:

Personnel: List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.		\$0	\$0
Executive Director: Annual Salary amount x % of FTE	\$0		
Fringe @ what percent (currently set @ 20% in formula)	\$0		
Travel: how much and where		\$0	\$0
Instate Mileage:)	\$0		
Airfare:	\$0		
Per diem: GSA amount allowed	\$0		
Parking: Amount	\$0		
Hotel: \$ amount + tax	\$0		
Operating		\$0	\$0
	\$0		
	\$0		
Contractual		\$0	\$0
	\$0		
	\$0		
Indirect: 5.8% Direct Costs (or your federal approved rate - must change formula if not 5.8%)		\$0	\$0

Justification: Not applicable

If more than once Contractor/Consultant, copy section above (rows 35-53), revise formulas as needed and complete for entity.

Non-Capital Equipment Supplies Total: \$0 \$250

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included.

	FY18 Carry-in	FY 19
Office supplies \$20.83 x 12 mo.	\$0.00	\$250.00
	\$0.00	\$0.00

Justification: Office supplies may include items such as pens, pencils, office paper, folders, staples, thumb tacks, post it notes, business cards, batteries, light bulbs, desk organizers, calculators, chair mats, and other items to assist in daily office duties.

SECTION C

Budget and Financial Reporting Requirements

Materials	Total:	\$9,500	\$13,000
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List SNAP Ed materials required to conduct curriculum and justify these expenditures.

	<u>Sub Total</u>	<u>FY18 Carry-in</u>	<u>FY 19</u>
Signage for parks projects promoting physical activity and nutrition totaling to \$4,000:		\$0	\$4,000
Aluminum signs: 20 signs @\$40 per sign (20 x \$40=\$800)	\$800		
Asphalt decals: 20 decals at \$35 per decal (20 x \$35=\$700)	\$700		
Outdoor sign board: 2 sign boards at \$800 per board (2 x \$800=\$1,600)	\$1,600		
Outdoor Station sign: 4 signs at \$225 per sign (4 x \$225=\$900)	\$900		
Wolf Pack Coaches Challenge (WPCC) supplies totaling to \$7,000 include:		\$7,000	\$0.00
WPCC cinch bags: 1500 cinch bags @ \$1.10 per bag (1500 x 1.10 = \$1,650)	\$1,650		
WOCC Medallions: 1500 medallions @ \$1.39 per medallion (1500 X 1.39= \$2,085)	\$2,085		
Stress Balls: 1500 stress balls @ \$0.55 per ball (1500 x .55 = 825)	\$825		
Pencils: 1545 pencils @ \$0.22 per pencil (1545 x 0.22 = \$340)	\$340		
Incentive educational materials for teachers: 70 units @ \$30 per unit (70 x 30 = \$2,100)	\$2,100		
Copies and Printing totaling \$1,000:		\$1,000	\$0.00
WPCC binded lesson plans: 75 binders @ \$1.49 per binder (75 x 1.49=\$112)	\$112		
WPCC classroom posters/tracking poster: 60 posters @ \$13.75 per poster (60 x 13.75= \$825)	\$825		
General copies for the year = \$63	\$63		
Literature/Materials/Autovisuals totaling \$1,500:		\$1,500	\$0.00
America's Food & Fitness Guide: 200 guides @ \$2.09 per guide (200 X\$2.09= \$418)	\$418		
MyPlate pamphlets: 200 pamphlets @ \$0.45 per pamphlet (200 x \$0.45 = \$90)	\$90		
Exercise guide/infographic on retractable banner: 1 banner @ \$300 per banner (300*\$1.00 = \$300)	\$300		
Healthy recipe: 200 recipies @ \$3.00 per recipe (200 @ \$3 = \$600)	\$600		
Educational videos to support messaging (\$92)	\$92		
Demonstrations for Nutrition Education/Obesity Prevention totaling to \$1,500		\$0	\$1,500.00
Gardening demonstrations/ community engagements: 5 events @\$100 per event (5 x \$100 = \$500)	\$500		
Healthy eating demonstrations/ community engagements: 5 events @ \$200 per events (5 x \$200 = \$1000)	\$1,000		
Support park events including rental costs/ park permit fees totaling \$1,000		\$0	\$1,000
Park Permit fees: City of Reno @ \$45 each/ City of Sparks @ \$95 each - total \$375	\$375		
City of Reno Special event application: 3 events of more than 75 people @ \$103 per event (3 x \$103 = \$309)	\$309		
Event table/chair/canopy rental: 3 events @ \$105.33 per event (3 x 105.33 = \$316)	\$316		
Reinforcement materials for a total of \$2,000		\$0	\$2,000
Pedometers: 150 pedometers @ \$2.50 per pedometer (150 x 2.50 = \$375)	\$375		
Water Bottles: 150 water bottles @ \$1.10 per bottle (150 x 1.10 = \$165)	\$165		
Measuring cups: 300 cups @ \$2.50 per cup (300 x 2.50 = \$750)	\$750		
Portion plates: 300 plates @ \$2.37 per plate (300 @ 2.37 = \$710**)	\$710		
(**Total rounded down to the nearest dollar)			
Graphic design for two large messaging projects including park signage at approximately \$1,000 per project (2 x 1,000 = \$2,000)		\$0	\$2,000
Information and Services at Park Events : Non-traditional partners to provide SNAP-Ed messages, including Lime Bike, non-profit gyms, community stores, etc. 10 events @ an estimated \$250 per provider, per event (10 x 250 = \$2,500)		\$0	\$2,500

Justification: Wolf Pack Coaches Challenge supplies are utilized to enhance and support the educational messaging provided. Students receive items totaling less than the SNAP restricted amount. Literature, reinforcement materials, and educational materials that support the park PSE changes are dependent upon the park and community needs. All items listed above are examples of materials that could be provided. Actual materials may change due to availability, teacher and student needs, community input, and amount of materials needed.

Travel	Total:	\$0	\$752
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Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Out-of-State Travel					\$0
Title of Trip & Destination such as CDC Conference: San Diego, CA	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0	0	0	\$0

SECTION C

Budget and Financial Reporting Requirements

Baggage fee: \$ amount per person x # of trips x # of staff	\$0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	\$0
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	\$0
Mileage: (.545 per mile x 115 of miles per/trip) x 12 of trips x 1 of staff	\$0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	\$0

Justification:

Who will be traveling, when and why, tie into program objective(s) or indicate required by funder.

If traveling to more than 1 out-of-state destination, copy section above, revise formula in cell F26 and complete for each trip

In-State Travel				\$0	\$752
<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$0
Baggage fee: \$ amount per person x # of trips x # of staff					\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days					\$0
Mileage: (.545 x 115 miles) x 12 trips x 1 of staff	\$63	12		1	\$0
Parking: \$ per day x # of trips x # of days x # of staff					\$0

Justification:

Estimated mileage for staff to drive to participating elementary schools, parks, and other local grant related functions at federal mileage rate.

If traveling to more than 1 out-of-state destination, copy section above, revise formula in cell F39 and complete for each trip

Building/ Space	Total:	\$0	\$0
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Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here, but require special justification.

<u>FY18 Carry-in</u>	<u>FY 19</u>
\$0	\$0
\$0	\$0
\$0	\$0
\$0	\$0

Maintenance	Total:	\$0	\$0
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Identify and justify these expenditures, which can include maintenance and repair expenses.

	<u>FY18 Carry-in</u>	<u>FY 19</u>
Other Utilities: \$ per quarter	\$0	\$0
Postage: \$ per mo. x 12 months	\$0	\$0
State Phone Line: \$ per mo. x 12 months x # Of FTE	\$0	\$0
Voice Mail: \$ per mo. x 12 months x # of FTE	\$0	\$0
Conference Calls: \$ per mo. x 12 months	\$0	\$0
Long Distance: \$ per mo. x 12 months	\$0	\$0
Email: \$ per mo. x 12 months x # of FTE	\$0	\$0

Justification: *Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable.*

Equipment and Other Capital Expenditures	Total:	\$0	\$0
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List Equipment purchase or lease costing \$5,000 or more, and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.

	<u>FY18 Carry-in</u>	<u>FY 19</u>
Describe equipment: Computer \$ amount x #units	\$0.00	\$0.00
Describe equipment: Computer \$ amount x #units	\$0.00	\$0.00

TOTAL DIRECT COSTS	\$	17,000	\$	40,711
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Indirect Costs	\$1,700	\$4,071
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Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. *Indirect cost rate for Washoe County Health District is 10% of Total Direct Costs.*

TOTAL FEDERAL FUNDS	Total:	\$18,700	\$44,782
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TOTAL APPROVED BUDGET	\$63,482
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Department of Health and Human Services

**Division of Welfare and Supportive Services
Section D**

FY19 Financial Status Report and Request for Funds

Agency Ref # **Ed1924**
 Budget Account: 3228
 GL: 42
 Draw #: _____
 CFDA # 10.561

REQUEST FOR REIMBURSEMENT

Program Name: SNAP Education Division of Welfare and Supportive Services	Subrecipient's Name: Washoe County Health District
Address: 1470 College Parkway Carson City, Nevada 89706-7924	Address: 1001 E. 9th St. Building B Reno, NV 89512
Subaward Period: October 1, 2018 through September 30, 2019	Subrecipient's: EIN: *****0138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Salary/ Benefits	\$34,209.00	\$0.00	\$0.00	\$0.00	\$34,209.00	0.0%
Contracts/ Sub-Grants/ 2 Agreements	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Non-Capital Equipment/ 3 Supplies	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0.0%
4 Materials	\$22,500.00	\$0.00	\$0.00	\$0.00	\$22,500.00	0.0%
5 Travel	\$752.00	\$0.00	\$0.00	\$0.00	\$752.00	0.0%
6 Building/ Space	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Maintenance Equipment and Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8 Capital Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Administrative/ Indirect 9 Costs	\$5,771.00	\$0.00	\$0.00	\$0.00	\$5,771.00	0.0%
Total	\$63,482.00	\$0.00	\$0.00	\$0.00	\$63,482.00	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 _____ Title _____ Date _____

OFFICE USE ONLY - DIVISION OF WELFARE AND SUPPORTIVE SERVICES - OFFICE USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Scope of Work/approval date: _____ Signed: _____

Fiscal Review/approval date: _____ Signed: _____

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Report Number/Unduplicated RFF | <input type="checkbox"/> No Negative Balances | <input type="checkbox"/> RFF Tracking Log | <input type="checkbox"/> Approved in AF | <input type="checkbox"/> Expenses Allowable/Reasonable |
| <input type="checkbox"/> Prior Balances Match Contract Log | <input type="checkbox"/> Expenses Categorized per Budget | <input type="checkbox"/> Subgrant Log | <input type="checkbox"/> To Fiscal | <input type="checkbox"/> Signed and Dated |
| <input type="checkbox"/> Math Accurate/Rff Trans Match | | | | <input type="checkbox"/> Submitted through AF |
| <input type="checkbox"/> Travel Claim/Backup Doc Attached | | | | <input type="checkbox"/> Expenses in AF match RFF |

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

NOTICE OF SUBAWARD

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 the Division of Welfare and Supportive Services. Electronic copies are preferred and can be sent to sxjones@dwss.nv.gov. Mail hard copies to the following address:

***State of Nevada Division of Welfare and Supportive Services
1470 College Parkway
Carson City, NV 89706***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August, 2018
7. What time period did your last audit cover? July 1, 2017 - June 30, 2018
8. Which accounting firm conducted your last audit? Eide Bailly

Signature

Date

Administrative Health Services Officer

Title

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
NOTICE OF SUBAWARD
SUBAWARD# Ed1924**

SECTION F

Notification of Utilization of Current or Former State Employee

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

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

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

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

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

Signature Date

District Health Officer

Title

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

Section G

Confidentiality Addendum

BETWEEN

Department of Health and Human Services, Division of Welfare and Supportive Services

Hereinafter referred to as "Division"

and

Washoe County Health District

Hereinafter referred to as "Subrecipient"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Subrecipient.

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

NOW, THEREFORE, Division and Subrecipient agree as follows:

I. DEFINITIONS

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

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

II. TERM

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

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

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

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY SUBRECIPIENT

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

V. USE OR DISCLOSURE OF INFORMATION

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

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

Section G

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

VI. **OBLIGATIONS OF SUBRECIPIENT**

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

IN WITNESS WHEREOF, Subrecipient and the Division have agreed to the terms of the above written Addendum as of the effective date of the agreement to which this Addendum is made a part.

Subrecipient Organization

Division of Welfare and Supportive Services

Signature Date

Signature Date

Kevin Dick

Print Name

Steve H. Fisher

Print Name

District Health Officer

Title

Administrator

Title

AHSO	<u>AH</u>
DHO	_____ <i>KD</i>
DA	_____
Risk	_____

STAFF REPORT
BOARD MEETING DATE: December 13, 2018

TO: District Board of Health

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

SUBJECT: Approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to January 1, 2018 through December 31, 2018 for a total increase of \$1,841.00 (no match required) in support of the Community and Clinical Health Services Division’s Tuberculosis (TB) Prevention Program IO#10016 and authorize the District Health Officer to execute the Subaward Amendment.

SUMMARY

The Community and Clinical Health Services Division received an amendment from the State of Nevada Department of Health and Human Services, Division of Welfare and Supportive Services on November 27, 2018 to support the TB Program. The funding period is retroactive to January 1, 2018 through December 31, 2018. A copy of the Amendment is attached.

Health District Strategic Priority supported by this item:

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

PREVIOUS ACTION

On January 25, 2018, the Board approved the Notice of Subaward for the TB Program retroactive to January 1, 2018 through December 31, 2018 in the amount of \$109,099 (no match required).

BACKGROUND/GRANT AWARD SUMMARY

The Subgrant scope of work includes the following: Tuberculosis (TB) evaluation, treatment and case management activities; TB surveillance, data collection and reporting; TB outreach and education to providers, organizations and communities in Nevada; conduct an annual cohort review of confirmed TB cases; adhere to all Nevada regulatory and Centers for Disease Control and Prevention recommended policies and protocols.

This Amendment provides additional funding for personnel, travel and indirect expenditures.

Subject: Approve TB Subaward Amendment #1

Date: December 13, 2018

Page 2 of 2

FISCAL IMPACT

There is no fiscal impact.

RECOMMENDATION

It is recommended that the District Board of Health approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to January 1, 2018 through December 31, 2018 for a total increase of \$1,841.00 (no match required) in support of the Community and Clinical Health Services Division's Tuberculosis (TB) Prevention Program IO#10016 and authorize the District Health Officer to execute the Subaward Amendment.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to January 1, 2018 through December 31, 2018 for a total increase of \$1,841.00 (no match required) in support of the Community and Clinical Health Services Division's Tuberculosis (TB) Prevention Program IO#10016 and authorize the District Health Officer to execute the Subaward Amendment."



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

Agency Ref. #: **HD 16362**
 Budget Account: 3219
 Category: 14
 GL: 8516
 Job Number: 9311618

SUBAWARD AMENDMENT # 1

Program Name: Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health		Subrecipient Name: Washoe County Health District (WCHD)	
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: PO Box 11130 Reno, NV 89520	
Subaward Period: January 1, 2018, through December 31, 2018.		Amendment Effective Date: Upon approval by all parties.	
This amendment reflects a change to:			
<input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
Reason for Amendment: Additional funding necessary for Personnel to accomplish Scope of Work Clinical and Administrative requirements for this subaward period.			
Required Changes:			
Current Language: Total reimbursement through this subaward will not exceed \$109,099. See Section B and D of the original subaward.			
Amended Language: Total reimbursement through this subaward will not exceed \$110,940. See attached Section B, C and D revised on September 12, 2018.			
Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$80,301.00	\$2,325.00	\$82,626.00
2. Travel	\$4,562.00	\$248.00	\$4,810.00
3. Operating	\$9,920.00	(\$1,920.00)	\$8,000.00
4. Equipment			\$0.00
5. Contractual/Consultant			\$0.00
6. Other	\$500.00	\$955.00	\$1,455.00
TOTAL DIRECT COSTS	\$95,283.00	\$1,608.00	\$96,891.00
7. Indirect Costs	\$13,816.00	\$233.00	\$14,049.00
TOTAL APPROVED BUDGET	\$109,099.00	\$1,841.00	\$110,940.00
Incorporated Documents:			
Section C: Budget and Financial Reporting Requirements revised on September 12, 2018.			
Section D: Request for Reimbursement revised on September 12, 2018.			
Exhibit A: Original Notice of Subaward and all previous amendments			

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

Kevin Dick, Washoe County District Health Officer	Signature	Date
Julia Peek, MHA, CPM, Deputy Administrator, Community Services, DPBH		
for Julie Kotchevar, PhD. Administrator, DPBH		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION C
Budget and Financial Reporting Requirements
revised on September 12, 2018.**

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 NU52PS004681 from Tuberculosis Prevention and Laboratory Grant funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number NU52PS004681 from the Tuberculosis Prevention and Laboratory Grant funded by the Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

Category	Total Cost	Detailed Cost	Details of Expected Expenses
1. Personnel	\$82,626.00		
		\$48,633.00	TB Program Coordinator at \$88,423 x 55% FTE
		\$22,901.00	Fringe Benefits at 47.09% of \$48,633
		\$10,933.00	Intermittent PHN with hourly rate of \$29 x 377 hours
		\$159.00	Medicare at 1.45% of \$8,642 = \$158.53
2. Travel	\$4,810.00		
		\$1,559.00	TB Program Coordinator travel to Oakland, CA, Curry TB Center training, Oct 8-11, 2018. RT Airfare, transportation, lodging, MEI
		\$1,319.00	TB Program Nurse/1 staff to Palm Springs, CA for NTCA Conference, Spring 18, 5 days, 4 nights
		\$1,684.00	TB Program staff training, Curry center or equivalent, 5 days, 4 nights.
		\$248.00	In state travel, at \$0.545/mile x 455 miles = \$247.98
3. Operating	\$8,000.00		
		\$2,160.00	Patient housing support at \$180/month x 3 months x 4 patients
		\$940.00	Incentives/enabler cards for food, gas, bus passes at \$10/card x 94
		\$4,900.00	IGRA/QFT TB blood test at \$49/test x 100 tests
4. Equipment	\$0.00		
5. Contractual Consultant	\$0.00		
6. Other	\$1,455.00		
		\$1,455.00	Training and registration fees
7. Indirect	\$14,049.00		
		\$14,049.00	Administrative fee of 14.5% of direct costs (\$96,891)
Total Cost	\$110,940.00		

- 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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**

- 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).

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 subaward period.

- Total reimbursement through this subaward will not exceed \$110,940.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation of invoices, receipts, agendas, mileage logs, are needed in order to request reimbursement;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

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

- Responsibilities of Nevada Tuberculosis Prevention and Control Program:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing assistance for the implementation of program activities;
 - Coordinate with other state, federal, and international agencies;
 - Collect and interpret required data;
 - Conduct program evaluation and disseminate findings to the Subrecipient;
 - Forward any opportunities for education related to TB disease or TB infection;
 - Forwarding a report to another party, i.e. CDC, DGMQ, interstate agencies, etc.;
 - Forward any changes in the recommendations from the CDC regarding in testing or care of TB disease or infection;
 - Serve as the authority responsible for ensuring necessary reports and documents are submitted to the proper state agency and the CDC, per reporting deadlines.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

- Site-visit monitoring and/or audits will occur as needed, but at least one (1) time per year, and will be conducted by the State TB Program and/or the CDC with related staff of the Subrecipient TB Program to evaluate progress and compliance with the activities outlined in the Scope of Work.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, 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.
- 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.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Agency Ref #: **HD 16362**
 Budget Account: 3219
 GL: 8516
 Draw #: 9311618

**SECTION D
Request for Revision
revised on September 12, 2018**

Program Name: Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4126 Technology Way, Suite 200 Carson City, NV 89706	Address: PO Box 11130 Reno, NV 89520
Subaward Period: January 1, 2018, through December 31, 2018.	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

	Month(s)	Calendar year				
Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$82,626.00	\$0.00	\$0.00	\$0.00	\$82,626.00	0.0%
2. Travel	\$4,810.00	\$0.00	\$0.00	\$0.00	\$4,810.00	0.0%
3. Operating	\$8,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other/Training	\$1,455.00	\$0.00	\$0.00	\$0.00	\$1,455.00	0.0%
8. Indirect	\$14,049.00	\$0.00	\$0.00	\$0.00	\$14,049.00	0.0%
Total	\$110,940.00	\$0.00	\$0.00	\$0.00	\$110,940.00	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 _____ 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

STAFF REPORT
BOARD MEETING DATE: December 13, 2018

TO: District Board of Health

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

SUBJECT: Authorize the abolishment of vacant Public Health Nurse PC# 70000167.

SUMMARY

The Community and Clinical Health Services Division is requesting to abolish vacant Public Health Nurse PC# 70000167.

Health District 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

No previous action.

BACKGROUND

The Community and Clinical Health Services Division received the Title X Family Planning Program Grant in September, 2018. The grant award was less than previous awards; as such, less staff is being supported by that funding source. Public Health Nurse position #70000167 was vacated in August through a voluntary termination. In order to cover the grant funding shortfall, the Division is requesting the vacant position be abolished.

FISCAL IMPACT

This request has no fiscal impact.

RECOMMENDATION

It is recommended that the District Board of Health authorize the abolishment of vacant Public Health Nurse PC# 70000167.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to authorize the abolishment of vacant Public Health Nurse PC# 70000167."

DD	<u>CW</u>
DHO	<u>AD</u>

Staff Report
Board Meeting Date: December 13, 2018

TO: District Board of Health

FROM: James English, EHS Supervisor
775-328-2610, jenglish@washoecounty.us

SUBJECT: Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve variance 01-18W with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Well Construction for Jerry Turley, owner of 240 School Street, Wadsworth Nevada: Assessor's Parcel Number: 084-200-80

SUMMARY

Environmental Health Services (EHS) Staff and the Sewage, Wastewater & Sanitation (SWS) Hearing Board recommend approving variance 01-18W with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Well Construction.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

The District Board of Health has taken no previous action on this item.

BACKGROUND

The owner of 240 School Street, Wadsworth NV, 89406 applied for Washoe County Environmental Health Services well permit H018-0228WELL for the construction of a new well on the property as the property is currently without water. Upon standard plan review, EHS determined that there was no location on the property that would meet the required minimum setbacks to the septic system and its included repair area. The Regulations of the Washoe County District Board of Health Governing Well Construction Section 040.007 require a minimum of a 100 foot setback to both tanks and septic leach fields. The permit was denied and the owner was instructed to file for a variance with the SWS Hearing Board in order to receive an approval to drill a well within the required setback.

The owner filed their variance application in writing on November 1, 2018. The variance was heard on November 20, 2018, where the SWS Board made the unanimous decision to approve the variance to Section 040.007 of the Regulations, under the condition the sanitary seal of the

Subject: SWS Hearing Board – Turley Variance

Date: November 27, 2018

Page 2 of 2

well be extended 1 foot below the minimum required 100 foot seal for every foot of setback that could not be achieved between the well location and the septic system, including repair. Included with this staff report is the original staff report to the SWS Hearing Board and the draft minutes of the November 20, 2018 meeting.

FISCAL IMPACT

There is no positive or negative fiscal impact for the Division regarding this item. The property owners have paid the applicable fees for the review of their well permit and this associated variance.

RECOMMENDATION

Based on the decision of the SWS Hearing Board, staff recommends: The Washoe County District Board of Health (Board) make the final decision to approve the decision of the SWS Hearing Board.

ALTERNATIVE RECOMMENDATION(S)

An alternative recommendation as presented would include:

1. The Board may modify the decision of the SWS Hearing Board,
2. The Board may reverse the decision of the SWS Hearing Board, or
3. The Board may refer the variance or request back to the SWS Hearing Board for additional consideration.

POSSIBLE MOTION

Should the Board agree with the recommendation of staff regarding the decision of the SWS Hearing Board a possible motion would be:

1. “Move to approve the decision of the SWS Hearing Board.”

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

2. “Move to modify the decision of the SWS Hearing Board in the following manner:”

Or

3. “Move to reverse the decision of the SWS Hearing Board”

Or

4. “Move to refer the variance back to the SWS Hearing Board for further additional consideration.”

STAFF REPORT

BOARD MEETING DATE: November 20, 2018

TO: Sewage, Wastewater, and Sanitation Hearing Advisory Board
FROM: James English, EHS Supervisor
775-328-2610, jenglish@washoecounty.us
SUBJECT: Variance Case #1-18W; Reduced Setback to Septic, Parcel 084-200-80, 240 School Street, Washoe County, NV

Recommendation

Staff recommends the Sewage, Wastewater and Sanitation (SWS) Hearing Board support the presented Variance Case #1-18W (Jerry Turley) to allow the approval of the well permit H18-0228WELL with less than the required 100 foot setback to proposed well location. Upon SWS Hearing Board review, staff recommends the Variance Case #1-16S be presented to the District Board of Health for approval.

Background

Approximately 3 months ago, Mr. Turley of 240 School Street in Wadsworth came in to get information on applying to place a new domestic well on his property. Mr. Turley had historically been connected to a well on the neighboring property (084-200-81) which feeds a few surrounding properties. The well has gone dry and the owner of the well was not inclined to refurbish it. During the discussions and in office review, it was determined that it might not be possible to meet all required setbacks due to the proximity of the septic system within the lot.

A staff member was sent to the property to investigate the possibilities. Fortunately, Environmental Health Services (EHS) has specific knowledge as to the location of the septic system due to having it located during the fire rebuild that occurred within the last two years. Staff determined that it was too close to call due to having to measure through the building and because fences and property lines don't always match; this area in particular does not appear to have been constructed with regards to property lines.

Mr. Turley was instructed to get his property surveyed and staff returned to re-evaluate. It was determined that the only location on the property that would meet setbacks to the septic system and the required repair area was directly under the power lines. Mr. Turley consulted with his driller and the power company and it was determined that drilling in that location was not feasible.

The drilling company determined that the farthest location that was feasible was located only 95' from the septic tank, and will be even less from any future repair. Section 040.007, Table 1 of the Washoe County Health District Regulations of the Washoe County District Board of Health Governing Well Construction (regulations) requires a minimum of 100' setback from septic



tanks and leach fields. EHS also considers future septic repair leach fields with respect to setbacks as they will be needed at some point in the future. As the only available location to place a new domestic well on the property cannot meet setbacks, a variance was required.

At this time, the property is without water. During the summer months, the property had access to a non-potable water hydrant in the area but that water was turned off as winter approached and the property owner currently has to haul in water for consumption and sanitation needs.

Findings of Fact

1. Will the proposed variance result in contamination of water to the extent it cannot be used for its existing or expected use?

Reply: No, there are no effects on groundwater quality by the drilling of a new domestic well.

2. Will the proposed variance pose a threat to public health?

Reply: Septic systems located within close proximity to domestic wells can be considered a risk to contamination of groundwater, however, there are precautions that can be taken to minimize that risk. The recommended conditions of approval will create greater than the required 100' of separation by utilizing a deeper sanitary seal. Section 010.235 of the regulations defines a seal as "the watertight seal established in a well bore or the annular space between the well casings or a well casing and the well bore to prevent the inflow or vertical movement of surface water or shallow groundwater..." Staff feels that the deeper sanitary seal will protect from the public health threat of locating a septic system too close to a well. A review of the surrounding parcels and on-site evaluation does not indicate the presence of any other septic systems within 100 feet of the proposed well location.

3. Are there other reasonable alternatives?

Reply: Staff was unable to locate any place on the property that met the required setback and was feasible for the driller to place their rig. Without allowing for this variance, the property will likely have to haul water in to provide for water needs.

Conditions of Approval

- The well will be placed as far as possible from the current septic system and future repair area.
- The well will already require a minimum of a 100 foot seal due to the proximity of a watercourse within ¼ of a mile. The seal depth shall be increased by 1 foot for each foot of setback that cannot be met from either the current or future repair area; for example, if the well is located 95 feet from the existing septic system and 80feet from the repair area, the seal shall be increased to 120 feet.

Possible Motion

Should the SWS Hearing Board agree with staff's recommendation, a possible motion would be "Move to support staff to present to the District Board of Health for approval Variance Case #1-18W (Jerry Turley) to allow the approval of the well permit H18-0228WELL with less than the required

Subject: Public Hearing, SWS Board

Date: November 20, 2018

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100 foot setback to proposed well location, subject to the conditions of approval indicated in the staff report.

If the Board disagrees with staff's recommendation, the SWS Board may formulate their own motion.

SEWAGE, WASTEWATER, AND SANITATION HEARING BOARD MEETING MINUTES

Members

Ronald J. Anderson, P.E., Chair
Matthew Buehler
Vonnie Fundin
Nick Vestbie, P.E.
Matt Smith – Alternate
Ray Pezonella, P.E. - Alternate

Tuesday, November 20, 2018

6:00 p.m.

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

6:00 p.m.

1. *Roll Call and Determination of Quorum

Chair Anderson called the meeting to order at 6:15 p.m. once a quorum was present.

The following members and staff were present:

Members present: Ronald J. Anderson, P.E., Chair
Matthew Buehler
Vonnie Fundin

Members absent: Nick Vestbie, P.E.

Staff present: Leslie Admirand, DA
Jim English
Dave Kelly
Latricia Lord

Ms. Valentin verified a quorum was present.

2. *Pledge of Allegiance

Those present pledged allegiance to the flag.

3. *Public Comment

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

4. Approval of Agenda

November 20, 2018

Chair Anderson informed he would need to abstain from item number eight and that Mr. Fundin requested to abstain on agenda item number six due to conflict of interest, and that no quorum would be available.

Mr. Buehler moved to accept the agenda of the November 20, 2018 Sewage, Wastewater, & Sanitation Hearing Board (SWS Hearing Board) regular meeting as written, postponing agenda

items number six and eight until another meeting can be scheduled. Mr. Fundin seconded the motion which was approved three in favor and none against.

5. Approval of Draft Minutes

October 10, 2018

Chair Anderson commented he did not have the draft minutes in his hard copy agenda packet.

Mr. Kelly apologized for the oversight and relayed Laura sent the draft minutes with the electronic packet they received. Chair Anderson requested highlights.

DDA Admirand stated the minutes needed to be approved at this meeting.

Chair Anderson requested highlights. DDA Admirand provided a verbal summary review of the minutes for the board members.

Mr. Fundin moved to accept the minutes of the October 10, 2018 Sewage, Wastewater, & Sanitation Board (SWS Board) regular meeting as written. Mr. Buehler seconded the motion which was approved three in favor and none against.

Mr. Kelly stated he will be contacting the Board to determine the next available date for a quorum to hear items number 6 and 8.

- 6. Public Hearing** to consider an appeal to the Health District's decision to require the relocation of a residential onsite sewage disposal system pursuant to Section 120.040 of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation. – **(Item postponed to the next scheduled SWS Hearing Board Meeting)**
Staff Representative: Latricia Lord

- 7. Public Hearing** to determine whether or not to recommend approval to the District Board of Health for a variance for APN 084-200-80 of Sections 040.007 regarding the minimum setback to a domestic well from a residential onsite sewage disposal system as required in Section 040.007 of the Regulations of the Washoe County District Board of Health Governing Well Construction.
Staff Representative: David Kelly

Jerry Turley
240 School Street
Wadsworth, Nevada 89442
Assessor's Parcel Number 084-200-80

Mr. Kelly, Senior Environmental Health Specialist for septics and wells, thanked the board for meeting tonight as it is a difficult month to make time available. He informed this item is important to go before the District Board of Health (DBOH) at their next DBOH Meeting because of their out of water situation. He informed of a discussion with Chair Anderson before the meeting who had opined the plan was a bit inadequate for his standards to address the items in placing the well. Mr. Kelly stated he believed he would be able to answer any questions to the satisfaction of the Board in regards to their concerns.

Mr. Kelly noted this is one of the Verdi and Wadsworth properties he spoke to the board about last month, this being one of the Wadsworth properties he had mentioned.

Mr. Kelly informed the property owner had begun discussing the need to place a well on his property about three months ago. He stated the owner previously had been feeding off the well of a neighboring property. Mr. Kelly informed he wasn't sure of the details, but his understanding was that the quality and flow declined and ultimately they did not have access to a satisfactory source of water and therefore needs to drill a well on his property.

Mr. Kelly stated EHS staff had looked at the property and discovered that, where the septic

system is, there was wasn't a location to place a well on the property that would meet the one hundred foot setback requirement. He informed the one location that would meet the setback requirements sits directly under power lines so was not an option.

When speaking with the power company and the drillers to determine whether power could be temporarily disconnected to allow for drilling, it was his understanding this approach wasn't an option. He informed the farthest the drilling company could get from the septic system was ninety-five feet from the septic tank. Mr. Kelly referred the Board to the parcel map/plot map as the drawing would relay more information.

While the depiction of the septic system on the plot plan provided is not clear, Mr. Kelly informed the location of the septic tank had been field verified over a year. He stated staff is comfortable that a new well can be placed ninety-five feet from the septic system, informing that the leach field is a single run straight from the tank, not three wavy lines as depicted in the map.

Mr. Kelly informed there are two issues on this property:

1. The placement of the well will only be ninety-five feet from the septic tank. They cannot meet the one hundred foot setback requirement.
2. The well placement will also not meet the minimum one hundred foot setback to the required future septic leach field repair area. Based on staff analysis, the proposed well location will potentially only be able to maintain an eighty foot setback to future leach fields.

Staff has reviewed previous variances and found that the normal condition of approval acceptable by the SWS Hearing Board for approval of a reduced setback variance is an increased seal depth. During the last SWS Hearing Board meeting, Mr. Fundin (board member and licensed well driller) also discussed his belief that setbacks could be horizontal as well as diagonal. Based on his opinion, staff recommends that the conditions of approval include that the well will be set as far from the current and future septic systems as possible and that the seal be increased by one foot in depth for every foot of setback that cannot be met. The property already requires a minimum of one hundred foot seal, so based on the estimated setback of eighty feet to the future repair, the seal would be increased to one hundred twenty feet.

Mr. Kelly reviewed the Findings of Fact and Conditions of Approval as outlined in the Staff Report.

Mr. Fundin opined that a one foot increase in the seal depth for each foot of setback that could not be achieved per regulations may be too little. He pointed out that, depending on how much a setback was missed, a one to one ratio may not meet the intent of achieving the one hundred foot distance from the septic system. He opined a two to one ratio may be more appropriate and a minimum of one hundred foot seals should be the standard for all properties, noting that seals are not an expensive protective measure.

Mr. Kelly acknowledged the concern and stated that the Board had the right to increase the conditions of approval. He indicated that staff recommendations were based on two considerations. First, that because the property already requires a one hundred foot seal, the hypotenuse in this case would exceed the minimum one hundred foot horizontal setback. Second, staff knows that drillers also face other concerns, such as drilling to specific depths to capture zones of water, and that excessive seals may conflict with these issues. Therefore, the intent was to not require more sealing than absolutely necessary.

Mr. Fundin stated that with the property already requiring a one hundred foot seal, the one to one ratio would be acceptable for this property, but would not suffice in all instances.

Mr. Buehler inquired about soil conditions to which Mr. Kelly said it was unknown. Mr. Anderson asked Mr. Fundin if seals ever go down into groundwater levels. Mr. Fundin said yes,

occasionally seals are placed below groundwater levels, particularly if you are attempting to seal off contaminated zones. He said that the drilling industry is more concerned with protecting the void that they created with boring and that placing the seal is a good protective measure to prevent potential contamination from finding a route to groundwater through the void.

Mr. Anderson stated that he would defer to Mr. Fundin's expertise. Mr. Fundin again said that the one to one ratio was acceptable in this case but for future cases, if the property has a fifty foot minimum seal, the ratio should be 2 feet for every foot of setback missed.

Mr. Anderson opined that he would like to see better plot maps in the future. Mr. Kelly agreed and stated that one of the concerns that caused staff to begin exploring the potential for a "blanket variance" during the last SWS meeting was that, in these small property situations, money is a huge issue for the property owners. They often times need to keep costs very low, meaning that they are doing their own plot maps and may not have their drillers to assist them with technical details and recommendations.

Mr. Buehler moved to support staff and present to the District Board of Health for approval Variance Case #1-18W (Jerry Turley) to allow the approval of the well permit H18-0228WELL with less than the required one hundred foot setback to proposed well location, subject to the conditions of approval indicated in the staff report. Chair Anderson seconded the motion which was approved three in favor and none against.

8. Public Hearing to determine whether or not to recommend approval to the District Board of Health for a variance for APN 038-084-05 sections 040.100, 100.020 and 100.090 based on percolation rates for native soils being substantially lower than acceptable for a conventional onsite sewage disposal system of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation. – **(Item postponed to the next scheduled SWS Hearing Board Meeting)**

Staff Representative: Dave Kelly

9. *Public Comment

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

10. Adjournment

At 6:40 p.m., Chair Anderson moved to adjourn the meeting. Mr. Buehler seconded the motion which was approved three in favor and none against.

Respectfully submitted,

James English, Environmental Health Specialist Supervisor
Secretary to the Sewage, Wastewater and Sanitation Board

Paula Valentin, Administrative Assistant I
Recording

AHSO	___	<u>AH</u>
DHO	___	<u>KD</u>
DA	___	
Risk	___	

Staff Report

Board Meeting Date: December 13, 2018

TO: District Board of Health

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

SUBJECT: Approve an Interlocal Contract between Public Agencies between Washoe County Health District and the State of Nevada for the Health Information and Technology Program – HITECH 90/10 Federal Financial Participation (FFP) Program retroactive to September 11, 2018 through September 30, 2019.

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 requires approval of the Board.

District Board of Health strategic priority:

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND

The State of Nevada Division of Health Care Financing and Policy (HCFP) is providing HITECH 90/10 FFP for Washoe County Health District to implement a bi-directional connection between the Washoe County Health District (WCHD) Electronic Health Record, Patagonia Health, and HealthIE Nevada included in the State HealthIE Nevada contract with DHCFP (#20643). This connection will allow the WCHD to participate in the HIE, which will improve care coordination and quality of care for Medicaid recipients. Improved care coordination will benefit Nevada Medicaid by improving outcomes, reducing utilization and health care costs for Medicaid recipients, as well as improving the patient’s quality of life.

FISCAL IMPACT

Should the Board approve this Contract, the adopted FY19 budget included expenditure authority in 171100 – Community and Clinical Health Services Local to cover the required 10% match, not to exceed \$4,442.00.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve an Interlocal Contract between Public Agencies between Washoe County Health District and the State of Nevada for the Health Information and Technology Program – HITECH 90/10 Federal Financial Participation (FFP) Program retroactive to September 11, 2018 through September 30, 2019.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve an Interlocal Contract between Public Agencies between Washoe County Health District and the State of Nevada for the Health Information and Technology Program – HITECH 90/10 Federal Financial Participation (FFP) Program retroactive to September 11, 2018 through September 30, 2019."

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

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

DEPARTMENT OF HEATH AND HUMAN SERVICES DIVISION OF HEATH CARE FINANCING AND POLICY

1100 EAST William Street #108
Carson City, Nevada 89701
Phone: (775) 684-3699 Fax: (775) 684-3799

And

Washoe County Health District

1001 East Ninth Street, Building B
Reno, NV 89512
Phone: (775) 328-6159 Fax: (775) 325-8029

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

WHEREAS, it is deemed that the services of Washoe County Health District hereinafter set forth are both necessary Division of Health Care Financing and Policy and in the best interests of the State of Nevada;

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

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. DEFINITIONS. "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. CONTRACT TERM. This Contract shall be retroactive effective upon September 11, 2018 to September 30, 2019, unless sooner terminated by either party as set forth in this Contract.
4. TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason federal and/or State Legislature funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

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

ATTACHMENT A: SCOPE OF WORK

7. CONSIDERATION. Division of Health Care Financing and Policy agrees to provide the services set forth in section 6, Attachment A at a total project cost of \$44,417 (\$39,975 90% HITECH FFP and \$4,442 10% non-federal agency match) of which DHCFP will transfer \$8,475 to WCHD to cover 90% WCHD IT project staff costs and HIE user training by Patagonia Health after HIE connection is established with HealthIE Nevada. The WCHD will transfer to DHCFP \$3,500 to cover WCHD's 10% non-federal fund agency match for the HIE connection services as contracted between DHCFP's contract with HealthIE Nevada (contract #20643). Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

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

9. INSPECTION & AUDIT.

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

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

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

10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall not exceed \$150 per hour.

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

12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, acts of public enemy, acts of terrorism, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.

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

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

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

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

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

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

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

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

22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the exclusive jurisdiction of and venue in the First Judicial District Court, Carson City, Nevada for enforcement of this Contract.

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

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

WASHOE COUNTY HEALTH DISTRICT

Kitty Jung Date

Chair, District Board of Health
Title

DEPARTMENT OF HEATH AND HUMAN SERVICES
DIVISION OF HEATH CARE FINANCING AND POLOCY

Ellen Crecelius Date

Chief Fiscal Officer, DHCFP
Title

Marta Jensen Date

Administrator, DHCFP
Title

Richard Whitley Date

Director, DHHS
Title

Signature – Nevada State Board of Examiners

APPROVED BY BOARD OF EXAMINERS

On _____
(Date)

Approved as to form and compliance with law by:

Deputy Attorney General for Attorney General, State of Nevada

On _____
(Date)

ATTACHMENT A – SCOPE OF WORK

HEALTH INFORMATION AND TECHNOLOGY PROGRAM – HITECH 90/10 FFP PROGRAM/PROJECT ACTIVITIES

Washoe County Health District Clinical Services Connection to HealthIE Nevada

The Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP), Health Information and Technology (HIT) program submitted and received approval for several activities to request specific Health Information Exchange (HIE) Federal Financial Participation (FFP) funding from the Centers for Medicare and Medicaid (CMS), as provided in the Health Information Technology for Economic and Clinical Health (HITECH) Act of the American Recovery and Reinvestment Act (ARRA) of 2009.

The approved funding supports Health Information Exchange (HIE) activities to design, develop, and implement statewide data sharing capabilities necessary to transform healthcare in Nevada. The activities listed in this scope of work are those activities approved for CMS HITECH 90/10 FFP through the Division of Health Care Financing and Policy for the Washoe County Health District's (WCHD) EHR Patagonia Health connection to HealthIE Nevada's HIE. WCHD shall provide the 10% non-federal agency matching funds. Agency match funds must be non-federal agency general fund or fees and WCHD agrees to follow applicable federal regulations pertaining to the Nevada HIT HIE project activities per 42 CFR § 495, Subpart D.

I. Project Scope and Purpose

Washoe County Health District Clinical Services Connection to HealthIE Nevada: Nevada DHCFP is providing HITECH 90/10 FFP for Washoe County Health District to implement a bi-directional connection between the Washoe County Health District (WCHD) EHR, Patagonia Health, and HealthIE Nevada included in the State HealthIE Nevada contract with DHCFP (#20643). This connection will allow the WCHD to participate in the HIE, which will improve care coordination and quality of care for Medicaid recipients. Improved care coordination will benefit Nevada Medicaid by improving outcomes, reducing utilization and health care costs for Medicaid recipients, as well as improving the patient's quality of life.

II. Project Funding

- A. DHCFP agrees to provide HITECH 90/10 CMS FFP funds for WCHD upon receipt of approved federal funding from CMS (HIT HIE IAPD dated 4/17/2018 approved by CMS on 5/17/2018). DHCFP's contract with HealthIE Nevada includes 90% FFP HITECH funds for WCHD's connection to HealthIE Nevada per state contract #20643 in the amount not to exceed (NTE) **\$31,500** upon successful completion of the deliverables. The WCHD will provide to DHCFP 10% non-federal match funds NTE **\$3,500** for a total connection cost of **\$35,000**. Funding NTE date is through project completion or September 30, 2019, whichever occurs first.

- B. DHCFP will provide to WCHD the HITECH 90/10 CMS approved 90% FFP funds in the total amount NTE **\$8,475** through project completion or September 30, 2019, whichever comes first, for the following approved WCHD activities in support of WCHD's HIE connection project:
 - i. WCHD Technology Support salary costs in the amount NTE **\$3,750** for acting as the IT technical project lead for WCHD, including trouble shooting with staff, HealthIE Nevada and Patagonia Health as needed, to ensure full functionality of the system.
 - ii. Patagonia Health three (3) day training in the amount NTE **\$4,725** for WCHD staff on the use and function of the Patagonia Health EHR HIE connection functionality.
- C. WCHD agrees to provide the 10% match to support approved WCHD EHR HIE connection project activities, and agrees to provide proof that WCHD covered their match from a non-federal agency general fund source.
 10% non-federal agency match costs include:
 - i. WCHD Technology Support in the amount NTE **\$417**. WCHD will provide proof they covered these costs to DHCFP.
 - ii. Patagonia Health three (3) day training in the amount NTE **\$525**. WCHD will provide proof they covered these costs to DHCFP.
 - iii. WCHD will provide DHCFP the 10% non-federal match NTE \$3,500 to cover their share of WCHD's Patagonia Health system connection to HealthIE Nevada's HIE.

III. Project Activities

- A. DHCFP has procured HIE connectivity services from HealthIE Nevada in State contract #20643 to connect WCHD's Clinical services' health system, Patagonia Health to the HealthIE Nevada community based Health Information Exchange (HIE).
- B. The WCHD Technology Support will work with HealthIE Nevada staff and Patagonia Health staff to support implementation of a bi-directional connection between the WCHD EHR (Patagonia Health) and HealthIE Nevada.
- C. Patagonia Health Training on the use of the HIE within Patagonia Health and WCHD workflow.
 - i. WCHD will coordinate with Patagonia Health to provide a three-day training to all necessary staff in the use of the HIE connection functions within the Patagonia Health EHR after connection to HealthIE Nevada is complete.

IV. Deliverables and Milestones

This is a deliverable based scope of work where the Washoe County Health District can submit an invoice(s) for reimbursement after the deliverable is signed off by WCHD as completed. The table below includes the Milestones and Deliverables for this project.

#	Milestone	Deliverables	Due Date
1	Phase One: Planning and Specifications Completed	Discovery with Washoe County Health District and Patagonia	12/14/18
		Technical spec complete	12/31/18
		Scoping call	01/07/19
		Sign off by Washoe County Health District	01/15/19
2	Phase Two: Interface Development and Testing Completed	Network connection	01/21/19
		Test Data	02/01/19
		Update mapping if necessary	02/15/19
		Validate data	02/21/19
		Sign off by Washoe County Health District	02/25/19
3	Phase Three: Interface Go-Live Completed	Prep for production	02/26/19
		Go Live	03/12/19
		Sign off by Washoe County Health District	03/29/19
		Monitor interface and make changes if necessary	04/12/19
4	Patagonia Health Training Completed	Three-day staff training	05/15/19
PROJECT COMPLETED			05/15/19

V. Project Budget

Budget Item	Total Cost	90% HITECH (amount + source)	10% Match (amount + source)
WCHD Technology Staff	\$4,167	\$3,750 - DHCFFP	\$417 - WCHD
Patagonia Health Training	\$5,250	\$4,725 - DHCFFP	\$525 - WCHD
HealthIE Nevada Connection	\$35,000	\$31,500 - DHCFFP	\$3,500 - WCHD
TOTAL	\$44,417	\$39,975	\$4,442

VI. Project Management and Reporting Requirements

DHCFP HIT has procured HIE connectivity services from HealthIE Nevada in State contract #20643. Included in this contract is the Washoe County Health District Clinical services Connection project and deliverables of which WCHD agrees to provide monthly project status update reports, work collaboratively with all project stakeholders, and successfully complete the HIE connections with HealthIE Nevada according to established project scope, schedule, and budgets. DHCFP will provide project oversight to ensure appropriate use of the approved FFP funds and successful project outcomes. WCHD agrees that upon completion of the HIE connection project(s), all maintenance, connectivity issue troubleshooting and resolutions, as well as any ongoing monthly connection fees to HealthIE Nevada are out of scope of this agreement and not included in DHCFP’s contract for HIE connection services. WCHD will be responsible for contracting directly with HealthIE Nevada for ongoing maintenance and HIE services.

Project oversight for successful completion and use of the HITECH FFP funds will be provided by DHCFP. Project management activities of non-HIE connection activities will be provided by WCHD’s program staff. Project management of the HIE connection project(s) will be done by HealthIE Nevada with oversight by DHCFP HIT project management staff. Refer to section VII for contact information.

The WCHD shall maintain a project schedule including activities. Project reports shall be produced for the purpose of reporting to Nevada Medicaid and CMS to ensure effective and timely completion of project goals and objectives. To maintain this schedule, the following reports shall be provided:

Report	Timing and Description
Monthly Progress Report	Due the 7 th of each month (or the next business day if the seventh falls on a weekend), beginning one month from project kick-off and will include activities covering all work for the previous month.
Monthly Data Report	Due the 7 th of each month (or the next business day if the seventh falls on a weekend), beginning one month from project kick-off and will include all interfaces completed for the previous month.

VII. Personnel and Contact Information

Organization	Contact Type	Contact Information
State of Nevada, Division of Health Care Financing and Policy, Health Information and Technology Program	Project Oversight	Sara Behl Sr. Project Manager (contracted) sbehl@dhcfp.nv.gov (775) 315-3509
	Contractual	Valerie Hoffman DHHS Chief IT Manager v.hoffman@dhcfp.nv.gov 775-684-4076 Priscilla Colegrove, ASO4 DHCFP Fiscal p.colegrove@dhcfp.nv.gov 775-684-3639

Washoe County Health District	Contractual and Technical	Steve Kutz Division Director of Community and Clinical Health Services skutz@washoecounty.us (775) 328-6159
HealthIE Nevada	Technical	Joan Baratta Director of Operations jbaratta@healthinsight.org 702-933-7315
	Contractual	Michael Gagnon Executive Director mgagnon@healthinsight.org 702-933-7341

Staff Report
Board Meeting Date: December 13, 2018

TO: District Board of Health

FROM: Jennifer Pierce, Fiscal Compliance Officer
775-328-2418, JPierce@washoecounty.us

SUBJECT: Ratification of Right of Entry Agreement between the Washoe County Health District and Washoe County School District to provide a location for the Health District to locate, install, operate, and maintain ambient air monitoring equipment for the period upon ratification until terminated by either party; and if approved, authorize the Chair to execute.

SUMMARY

The District Board of Health must approve agreements between two or more public agencies.

Health District Strategic Priorities supported by this item:

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

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

PREVIOUS ACTION

No previous District Board of Health action, however, a similar Right of Entry (ROE) Agreement between the Washoe County Health District and Washoe County School District was executed by the District Health Officer in 2010 to locate, install, operate, and maintain ambient air monitoring equipment located on WCSD property at 684A State Route 431 in Reno.

BACKGROUND

The Air Quality Management Division operates an ambient air monitoring network throughout Washoe County to measure air pollution concentrations and disseminate information to the public. There are currently seven monitoring sites strategically located across Southern Washoe County that continuously collect air pollution data and automatically update local and national websites including AirNow.gov providing for near time air quality measurements to the public.

Subject: ROE Agreement Between WCHD and WCSD

Date: December 13, 2018

Page 2 of 2

The Reno3 air monitoring station located at 301A State Street in Reno (APN 012-131-01) is on City of Reno property. An interlocal agreement between the Health District and City of Reno for this station has been in place since 2001. On August 31, 2018, the Health District received official notice from the City of Reno to terminate the interlocal agreement. This proposed ROE Agreement is for relocating the Reno3 air monitoring station to Washoe County School District property at Libby Booth Elementary School (1450 Stewart Street in Reno (APN 13-042-01)).

It is anticipated that the new site could be fully functional by May 1, 2019. The cost and expense of all labor, materials, maintenance, and repair of the equipment is entirely the responsibility of the Health District and is already included in the Air Quality Management FY19 budget.

The ROE Agreement becomes active upon ratification and may be terminated by either party with 90 days written notice. Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this ROE agreement.

FISCAL IMPACT

Should the Board approve this ROE Agreement, there will be no additional impact to the adopted FY19 budget.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Right of Entry Agreement between the Washoe County Health District and Washoe County School District to provide a location at 1450 Stewart Street in Reno (APN 13-042-01) for the Health District to locate, install, operate, and maintain ambient air monitoring equipment for the period upon ratification until terminated by either party; and if approved, authorize the Chair to execute.

POSSIBLE MOTION

Move to ratify the Right of Entry Agreement between the Washoe County Health District and Washoe County School District to provide a location at 1450 Stewart Street in Reno (APN 13-042-01) for the Health District to locate, install, operate, and maintain ambient air monitoring equipment for the period upon ratification until terminated by either party; and if approved, authorize the Chair to execute.

RIGHT OF ENTRY AND USE AND USE AGREEMENT

THIS AGREEMENT, entered into this ___ day of _____, 2018 is made by and between WASHOE COUNTY HEALTH DISTRICT (the “Licensee”) and the WASHOE COUNTY SCHOOL DISTRICT (the “Landowner“). The term Licensee includes Washoe County Health District, employees, representatives, consultants, contractors, subcontractors, vendors, material men and other agents.

1. GENERAL.

1.1 Property. Landowner is the owner of certain land located in Reno, Washoe County, Nevada, more commonly known as 1450 Stewart Street, Reno NV (APN 13-042-01).

1.2 Right of Entry and use. Licensee desires to enter (“Entry and use”) onto the Property and to install and subsequently make repairs, modifications or improvements as needed to an Air Quality Monitoring Station, which is depicted on **Exhibit A** (Attached).

2. TERMS OF USE AND ENTRY AND USE.

2.1 Licensee is hereby granted the right and license to enter the Property for the purpose of installing, and afterward operating, making repairs, modification or improvements as needed to an Air Quality Monitoring Station on the Property as depicted on **Exhibit A**. No fee shall be charged by Landowner for Entry and use. All access to the Property shall be subject to the Landowner’s approval. Entry and use shall be scheduled and coordinated prior to commencement of installation, repairs, modifications or improvements. Licensee shall not traverse, trespass on or disturb other real property owned by Landowner, unless prior written consent from Landowner is obtained.

2.2 Non-exclusive Right. The right and license of Entry and use granted herein is non-exclusive. Landowner may continue to use and to enjoy the Property in any manner not inconsistent with the right of Entry and use granted herein.

3. TERM.

3.1 Commencement and Termination. This Agreement shall commence, and be binding and effective on the parties, on the last date of the execution by a party here to. This Agreement shall remain in force indefinitely or until either party request termination of the agreement via a 90 day written notification.

4. COMPLIANCE WITH REQUIREMENTS.

Licensee shall comply with all applicable permits, authorizations, laws, rules and regulations of local, state and federal governmental authorities, including, without limitation, all Environmental Laws (hereinafter defined), and shall take every precaution to protect and safeguard the Property.

5. RESTORATION AND INDEMNITY.

Licensee agrees to restore the Property to its original condition or to the extent reasonably possible upon termination of this Agreement. Licensee's obligation hereunder to restore the Property shall include, without limitation, the removal of any debris, equipment, structures, fixtures, supplies, materials and other items necessary and incidental to Entry and use. Licensee shall indemnify and hold Landowner harmless and at Landowner's option, defend Landowner and the Property from all liens, encumbrances, attorney's fees, costs, expenses, environmental remediation or clean-up costs, fines, penalties, damages, charges, claims, demands or liability whatsoever arising out of, resulting from or in any manner connected with the Entry and use, including Licensee's employees, agents, independent contractors, licensees, invitees or assigns activities on the Property or the default in the performance of any warranty, term or condition hereof.

6. ENVIRONMENTAL.

Licensee will not, nor will Licensee authorize any other person or entity, during the term of this Agreement, to manufacture, process, store, distribute, use, discharge, place, or dispose of any Hazardous Substances (hereinafter defined), in, under or on the Property or any property adjacent thereto. For purposes hereof, "Hazardous Substances" shall include: 1) those substances defined as "hazardous substances", "hazardous materials", "toxic substances", "toxic material"; or "regulated substances" under any federal, state or local law, ordinance, regulation, statute or rule; 2) any petroleum based or related products except petroleum products used in construction of the Work performed hereunder, and 3) any oilier substance, material or waste regulated under any federal, state or local law, ordinance, regulation, statute or rule relating to the aforementioned, to the environment or to industrial hygiene (collectively, "Environmental Laws").

7. NOTICES.

All notices and demands by any party hereto to any other party, required or desired to be given hereunder shall be in writing and shall be validly given or made only if personally delivered or deposited in the United States mail, postage prepaid, return receipt requested or if made by Federal Express or other similar delivery service maintaining records of deliveries and attempted deliveries, or if made by facsimile. Service shall be conclusively deemed made upon receipt if personally delivered or, if delivered by mail or delivery service, on the first business day delivery is attempted or upon receipt, whichever is sooner.

Any notice or demand to Landowner shall be addressed to Landowner at:

Washoe County School District:
Capital Projects & Facilities Management
14101 Old Virginia Road
Reno, Nevada 89521

Any notice or demand to Licensee shall be addressed to Licensee at:

Washoe County Health District:

Administrative Health Services
1001 E. 9th Street
Reno, Nevada 89512

The parties may change their addresses for the purpose of receiving notices or demands as herein provided by a written notice given in the manner aforesaid to the others, which notice of change of address, shall not become effective, however, until the actual receipt thereof by the others.

8. Miscellaneous.

A. Assignment. Neither this Agreement nor any rights or obligations of Licensee hereunder may be transferred, assigned or conveyed by Licensee without the written consent of Landowner, provided that Licensee may delegate performance of obligations hereunder to contractors or others performing the Work on the Property. Said delegation shall not relieve Licensee of liability hereunder.

B. Survival of Covenants. Any of the representations, warranties, covenants and agreements of the parties, as well as any rights and benefits of the parties, pertaining to a period of time following the termination shall survive the termination and shall not be merged therein.

C. Parties Bound. Agreement shall be binding upon and inure to the benefit of the contractors, material men, vendors to this Agreement and their respective heirs, executors, administrators, legal representatives, successors and assigns.

D. Severability. If any of the terms and conditions hereof shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other of the terms and conditions hereof and the terms and conditions hereof thereafter shall be construed as if such invalid, illegal, or unenforceable term or conditions had never been contained herein.

E. Time. Time is of the essence to the performance of any provision of this Agreement. If the date for performance of any provisions of the Agreement is a Saturday, Sunday, or banking holiday (in the State of Nevada), the date for performance shall be extended until the next day that is not a Saturday, Sunday or banking holiday.

F. Waiver. Either party may specifically waive any breach of the terms and conditions hereof by the other party, but no waiver specified in this Section shall constitute a continuing waiver of similar or other breaches of the terms and conditions hereof. All remedies, rights, undertaking, obligations, and agreements contained herein shall be cumulative and not mutually exclusive.

G. Governing Law. The terms and conditions hereof shall be governed by and construed in accordance with the laws of the State of Nevada, and venue shall be in Washoe County, Nevada.

H. Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an executed original, and all of which together shall constitute one and the same instrument.

I. Entirety and Amendments. This Agreement embodies the entire Agreement between the parties and supersedes all prior Agreements and understandings if any, relating to the Property, and may be amended or supplemented only by an instrument in writing executed by the party against whom enforcement is sought. No oral statements or representations made before or after the execution of this Agreement regarding the subject matter of this Agreement are binding on a party, nor may any such oral statements or representations be relied on by a party.

J. Invalid Provisions. If any provision of this Agreement is held to be illegal, invalid or unenforceable under present or future laws, such provision shall be fully severable. The Agreement shall be construed and enforced as if such illegal, invalid or unenforceable provision had never comprised a part of the Agreement. The remaining provisions of the Agreement shall remain in full force and effect and shall not be affected by the illegal, invalid or unenforceable provision or by its severance from this Agreement.

K. Headings. Headings used in this Agreement are used for reference purposes only and do not constitute substantive matter to be considered in construing the terms of this Agreement.

L. Not a Partnership. The provisions of this Agreement are not intended to create, nor shall they be in any way interpreted or construed to create, a joint venture, partnership, or any other similar relationship between the parties.

M. No Recordation. Neither this Agreement nor any notice hereof shall be recorded in the office of the Washoe County Recorder.

IN WITNESS WHEREOF, the Washoe County School District and Washoe County Health District have duly affixed their signatures:

By: _____
Pete Etchart
Chief Operating Officer

By: _____
Kitty Jung
Chair, District Board of Health

Date: _____

Date: _____

Staff Report
Board Meeting Date: December 13, 2018

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Rilite Aggregate Company, Case No. 1207, Notice of Violation Citation No. 5639 with a \$1,750.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5639 be **upheld** and a fine of **\$1,750.00** be levied against Rilite Aggregate Company for operating a crushing and screening plant contrary to Permit to Operate conditions. This action is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.2175 Operations Contrary to Permit.

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 January of 2014, Rilite Aggregate Company was issued Notice of Violation Citation No. 5404 for operating a portable screening plant without obtaining a Permit to Operate for the equipment. The details of the citation can be found in Case No. 1150.

BACKGROUND

On September 27, 2018, Air Quality Specialist (AQS) Jeff Jeppson was on routine patrol when he observed a large plume of dust in southeast Reno, Nevada. Upon further investigation, AQS Jeppson determined that the dust had originated from the Rilite Aggregate Company mine site located at 9208 Western Skies Drive in Reno, Nevada. While approaching the mine site, AQS Jeppson coincidentally received an air quality complaint from the general public regarding dust from the Rilite Aggregate Company. The complainant stated that dust had been originating from the mine site for the past three days. Upon arrival at the site, AQS Jeppson met with the Mine/Plant Manager, Mr. Joseph Vietti. AQS Jeppson discussed his dust observations and the dust observations of the complainant with Mr. Vietti and requested to enter the mine site.

Upon observing the main crushing and screening plant at the mine site, AQS Jeppson noted the material being processed in the main plant was very dry and the water sprays were not operating at any of the emission points (drop points) in the main plant. Mr. Vietti then instructed the plant operator to activate the water sprays, however, it was apparent that not all of the water sprays were operational, which was a violation of the Permit to Operate conditions for the facility. AQS Jeppson then observed mining personnel applying water to the material upstream of the crushing and screening plant which reduced the amount of dust generated from the plant.

During the inspection, AQS Jeppson requested dust mitigation records for the plant. The record had not been filled out for the current day, however the previous day's record was complete with no indication of any issues with the water sprays. After the investigation, AQS Jeppson issued Notice of Violation (NOV) No. 5639 to Rilite Aggregate Company for operating contrary to Condition #3 of Permit to Operate AAIR16-0722. Mr. Vietti understood the violation and signed NOV #5639.

On October 4, 2018, Sr. Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement meeting attended by AQS Jeppson and Mr. Vietti, regarding NOV No. 5639. Sr. AQS Restori explained to Mr. Vietti that Rilite Aggregate Company was issued NOV No. 5639 per Section 030.2175 for operating the crushing and screening plant without operational water sprays which is contrary to the Permit to Operate conditions. Sr. AQS Restori explained that operating the plant contrary to any of the Permit to Operate conditions is a major violation of the District Board of Health Regulations Governing Air Quality Management. He further discussed the operating requirements of the plant in regards to 40 CFR Part 60 Subpart OOO – Standards of Performance for Nonmetallic Mineral Processing which is cited in the Permit to Operate for the plant. A copy of 40 CFR Part 60 Subpart OOO was provided to Mr. Vietti. After the discussion regarding the regulations and the requirements of the permit, Mr. Vietti acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on October 4, 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 Board uphold an uncontested citation issued to Rilite Aggregate Company, Case No. 1207, Notice of Violation Citation No. 5639, with a \$1,750.00 negotiated fine.

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. 5639.

Or

2. The Board may determine to uphold Notice of Violation Citation No. 5639 and levy any fine in the range of \$0.00 to \$10,000.00 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 an uncontested citation issued to Rilite Aggregate Company, Case No. 1207, Notice of Violation Citation No. 5639 with a \$1,750.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

2. "Move to uphold Case No. 1207, Notice of Violation Citation No. 5639, and levy a fine in the amount of (*range of \$0.00 to \$10,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Rilite Aggregate Company to be properly noticed."



NOTICE OF VIOLATION

NOV 5639

DATE ISSUED: 9/27/18

ISSUED TO: Rilite Aggregate Company PHONE #: 775-329-8842

MAILING ADDRESS: 3025 Mill St. CITY/ST: Reno/NV ZIP: 89502

NAME/OPERATOR: Joe Vietti PHONE #: 775-303-0147

COMPLAINT NO. WLCMP18-02394

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 9/27/18 (DATE) AT 1:00 PM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|--|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input checked="" type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: Condition #3 of Permit to Operate. The plant was in operation when water sprays were not running. Logs were not up to date on 9/27/18.

LOCATION OF VIOLATION: Rilite Aggregate Pit

POINT OF OBSERVATION: Rilite Aggregate Pit

Weather: Sunny, 86°F, Wind ~ 1 MPH 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 9/27/18 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within immediately hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 9-27-18

Issued by: Jeff Jappson - Jeff Jappson Title: Air Quality Specialist

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: October 4, 2018

Company Name: Rilite Aggregate Company

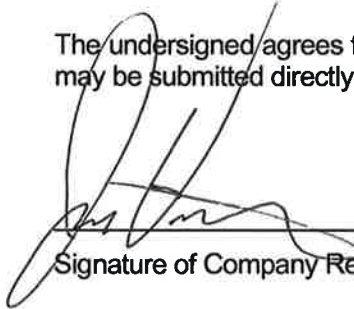
Address: 9208 Western Skies Drive Reno, Nevada 89521

Notice of Violation # 5639 Case # 1207

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.2175 Operations contrary to Permit to Operate conditions : Permit to Operate AAIR16-0722 Condition #3: Fogging water sprays must be applied to any potential emission point (i.e. crushers, screens, conveyor drop points, etc) when the plant is in operation.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,750.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on December 13, 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

JOSEPH A. VIETTI

Print Name

MANAGER

Title

Witness


Signature of District Representative

Joshua C. Restori

Print Name

Sr. AQS

Title


Witness

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

Company Name Rilite Aggregate Company
Contact Name Joe Vietti

Case 1207 NOV 5639 WVIO-AQM 18-0011

I. Violation of Section 030.2175 Operations contrary to Permit to Operate conditions

I. Recommended/Negotiated Fine = \$ 1750

II. Violation of Section 0

II. Recommended/Negotiated Fine = \$ 0

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 = \$ 1750



Air Quality Specialist


Senior AQ Specialist/Supervisor

10/4/18
Date
10-4-18
Date

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

Company Name Rilite Aggregate Company
Contact Name Joe Vietti

Case 1207 NOV 5639 WVIO-AQM 18-0011

Violation of Section 030.2175 Operations contrary to Permit to Operate conditions

I. **Base Penalty as specified in the Penalty Table** = \$ 2500.00

II. **Severity of Violation**

A. **Public Health Impact**

1. **Degree of Violation**

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1.0

Comment: Violation of Section 030.2175 constitutes a major violation per Section 020.040

2. **Toxicity of Release**

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

Comment: PM10 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** 1.0

Comment: Negligible environmental/public health risk

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

B. **Adjusted Base Penalty**

Base Penalty \$ 2500.00 x Adjustment Factor 1 = \$ 2500.00

C. **Multiple Days or Units in Violation**

Adjusted Penalty \$ 2500.00 x Number of Days or Units 1 = \$ 2500.00

Comment: One day of observed violation

D. **Economic Benefit**

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

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 2500.00 + Economic Benefit \$ 0.00 = \$ 2500.00

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>20%</u>
B. Mitigating Factors (0 – 25%)	-	<u>15%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment: <u>Negotiated a settlement</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>0%</u>
Comment: <u>See prior unrelated violation below</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u>5%</u>
Comment: <u>Case #1150 NOV #5404</u>		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-30%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>2500.00</u>	x	<u>-30%</u>
		=
Penalty Subtotal (From Section II)	Total Adjustment Factors (From Section III)	<u>-750.00</u> Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>2500.00</u>	+/-	\$ <u>-750.00</u>	=	\$ <u>1750</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine



Air Quality Specialist

10/4/18

Date



Senior AQ Specialist/Supervisor

10-4-18

Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
040.005	Visible Emissions	1000	2500
040.030	Dust Control (fugitive)	1000	2000
040.035	Open Fires	500	1000
040.040	Fire Training	500	1000
040.050	Incinerator	1000	2000
040.051	Woodstoves	500	1000
040.055	Odors	1000	2000
040.080	Gasoline Transfer (maintenance)	1000	2000
040.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000
040.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

Staff Report
Board Meeting Date: December 13, 2018

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Panther Meadows LLC, Case No. 1208, Notice of Violation Citation No. 5688 with a \$550.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5688 be **upheld** and a fine of **\$550.00** be levied against Panther Meadows LLC for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C. 3. Dust Control Permit Requirements.

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

No previous actions.

BACKGROUND

On November 1, 2018, Air Quality Specialist Trainee (AQST) Brittney Osborn was dispatched to a dust complaint at the intersection of Panther Drive and Western Road in Reno, Nevada. During the investigation, AQST Osborn observed an undeveloped parcel, owned by Panther Meadows LLC, where more than one acre of land had been recently cleared and grubbed of all vegetation. AQST Osborn documented the cleared and grubbed parcel with photographs.

On November 2, 2018, AQST Osborn continued to investigate and determined that a Dust Control Permit had not been obtained for the clearing and grubbing activity. During the investigation, AQST Osborn contacted the property owner, Mr. John Hinson of Hinson Homes and owner of Panther Meadows LLC. AQST Osborn discussed the requirement of obtaining a Dust Control Permit prior to commencement of a dust generating activity on more than an acre of land. Mr. Hinson was not aware of the Dust Control Permit requirements and completed the Dust Control Permit Application on the same day. Notice of Violation Citation (NOV) No. 5688 was issued to Panther Meadows LLC for failing to obtain a Dust Control Permit prior to commencement of a dust generating activity.

On November 7, 2018, Sr. Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement meeting attended by AQST Osborn and Mr. John Hinson, regarding NOV No. 5688. Sr. AQS Restori explained to Mr. Hinson that Panther Meadows LLC was issued NOV No. 5688 per

Section 040.030 C. 3. for failing to obtain a Dust Control Permit prior to commencement of a dust generating activity. Sr. AQS Restori explained that any dust generating activity in Washoe County, which includes clearing and grubbing of one acre or more of land, requires a Dust Control Permit prior to commencement of the dust generating activity. After some discussion, Mr. Hinson acknowledged the violations and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on November 7, 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 Board uphold an uncontested citation issued to Panther Meadows LLC, Case No. 1208, Notice of Violation Citation No. 5688, with a \$550.00 negotiated fine.

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. 5688.
- Or
2. The Board may determine to uphold Notice of Violation Citation No. 5688 and levy any fine in the range of \$0.00 to \$1,000.00 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 an uncontested citation issued to Panther Meadows LLC, Case No. 1208, Notice of Violation Citation No. 5688 with a \$550.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:
2. "Move to uphold Case No. 1208, Notice of Violation Citation No. 5688, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Panther Meadows LLC to be properly noticed."



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5688

DATE ISSUED: 11/2/2018

ISSUED TO: Panther Meadows LLC PHONE #: 408-607-5573

MAILING ADDRESS: 5470 Kietzke Lane #300 CITY/ST: Reno, NV ZIP: 89511

NAME/OPERATOR: John Hinson PHONE #: 408-607-5573

COMPLAINT NO. WCMP18-02576

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 11/2/2018 (DATE) AT 1200 (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: 040.030(c)(3) "The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity."

LOCATION OF VIOLATION: Panther Drive @ Western Road

POINT OF OBSERVATION: On site

Weather: Clear Wind Direction From: N E \odot W

Emissions Observed: NONE
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. 11/2/2018 (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 11/2/2018 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 48 (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: 11-2-18

Issued by: Brittney Osborn Title: AQST

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: November 7, 2018

Company Name: Panther Meadows LLC

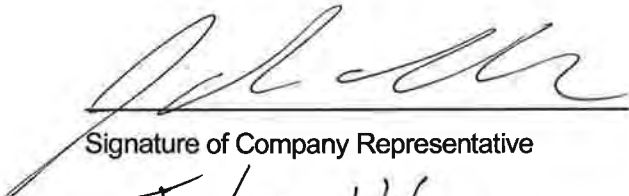
Address: 5470 Kietzke Lane #300 Reno, Nevada 89511

Notice of Violation # 5688 Case # 1208

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: Section 040.030 C. 3. Dust Control Permit Requirements - For failure to obtain a Dust Control Permit prior to commencement of a dust generating activity.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 550.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on December 13, 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

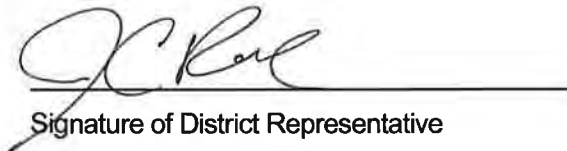
John Hanson

Print Name

Manager

Title

Witness



Signature of District Representative

Joshua C. Restori

Print Name

Sr. AQS

Title



Witness

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

Company Name Panther Meadows LLC
Contact Name John Hinson

Case 1208 NOV 5688 WVIO-AQM 18-0012

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

I. Recommended/Negotiated Fine = \$ 550

II. Violation of Section 0

II. Recommended/Negotiated Fine = \$ 0

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 = \$ 550



Air Quality Specialist

11-7-2018

Date



Senior AQ Specialist/Supervisor

11-7-18

Date

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

Company Name Panther Meadows LLC
 Contact Name John Hinson

Case 1208 NOV 5688 WVIO-AQM 18-0012

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

I. **Base Penalty as specified in the Penalty Table** = \$ 600.00

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 Section 040.030 constitutes a minor violation per Section 020.040 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 1.0

Comment: There were negligible health impacts associated with this violation

Total Adjustment Factors (1 x 2 x 3) = 0.5

B. Adjusted Base Penalty

Base Penalty \$ 600.00 x Adjustment Factor 0.5 = \$ 300.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 300.00 x Number of Days or Units 1 = \$ 300.00

Comment: Failure to obtain one Dust Control Permit

D. Economic Benefit

Avoided Costs \$ 543.00 + Delayed Costs \$ 0.00 = \$ 543.00

Comment: Cost to obtain a Dust Control Permit for 2 acres of disturbance

Penalty Subtotal

Adjusted Base Penalty \$ 300.00 + Economic Benefit \$ 543.00 = \$ 843.00

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>15%</u>
B. Mitigating Factors (0 – 25%)	-	<u>10%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>Negotiated Settlement</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment <u>No previous violations</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-35%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:								
\$ <u>843.00</u>	x	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><u>-35%</u></td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 65%; text-align: right;"><u>-295.05</u></td> </tr> <tr> <td style="text-align: center;">Total Adjustment Factors (From Section III)</td> <td></td> <td style="text-align: right;">Total Adjustment Value</td> </tr> </table>	<u>-35%</u>	=	<u>-295.05</u>	Total Adjustment Factors (From Section III)		Total Adjustment Value
<u>-35%</u>	=	<u>-295.05</u>						
Total Adjustment Factors (From Section III)		Total Adjustment Value						
Penalty Subtotal (From Section II)								

Additional Credit for Environmental Investment/Training - \$ _____
Comment: _____
 Adjusted Penalty:

\$ <u>843.00</u>	+/-	\$ <u>-295.05</u>	=	\$ <u>550</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine



 Air Quality Specialist



 Senior AQ Specialist/Supervisor

11-7-2018

 Date

11-7-18

 Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005	Visible Emissions	1000
040.030	Dust Control (fugitive)	2500
040.035	Open Fires	2000
040.040	Fire Training	1000
040.050	Incinerator	1000
040.050	Incinerator	2000
040.051	Woodstoves	1000
040.055	Odors	1000
040.055	Odors	2000
040.080	Gasoline Transfer (maintenance)	2000
040.200	Diesel Idling	1000
050.001	Emergency Episode	2000
040.030	Construction Without a Dust Control Permit	
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre
	Project Size – 10 acres or more	\$1,000 + \$50 per acre

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

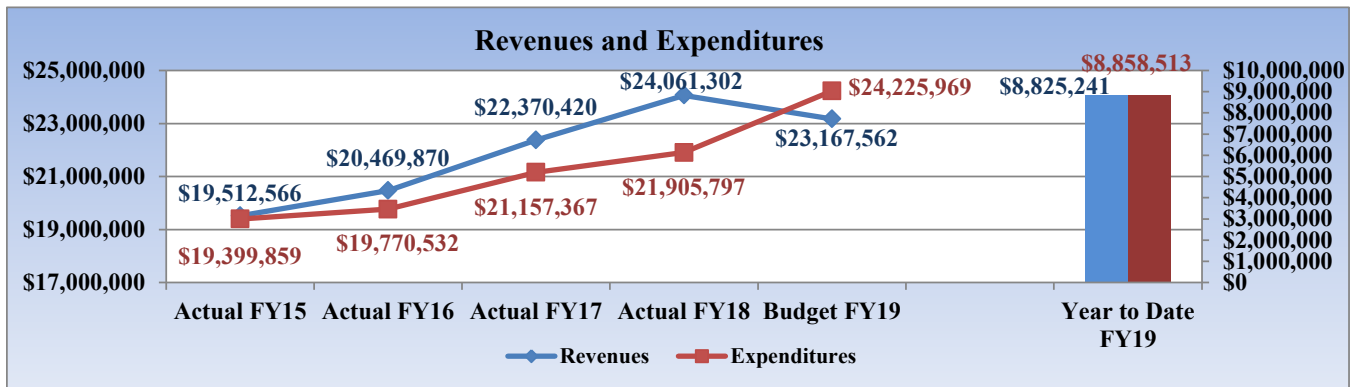
DD	NA	___
DHO	___	AD
DA	NA	___
Risk	NA	___

Staff Report
Board Meeting Date: December 13, 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 November, Fiscal Year 2019

SUMMARY

The five months of fiscal year 2019, (FY19) ended with a cash balance of \$6,359,536. Total revenues of \$8,825,241 were 38.1% of budget and a decrease of \$621,440 over FY18. The expenditures totaled \$8,858,513 or 36.6% of budget and down \$412,239 compared to FY18.



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.

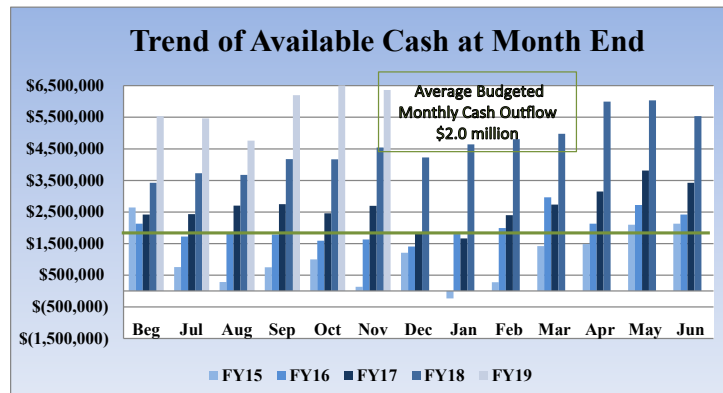
PREVIOUS ACTION

Fiscal Year 2019 Budget was adopted May 22, 2018.

BACKGROUND

Review of Cash

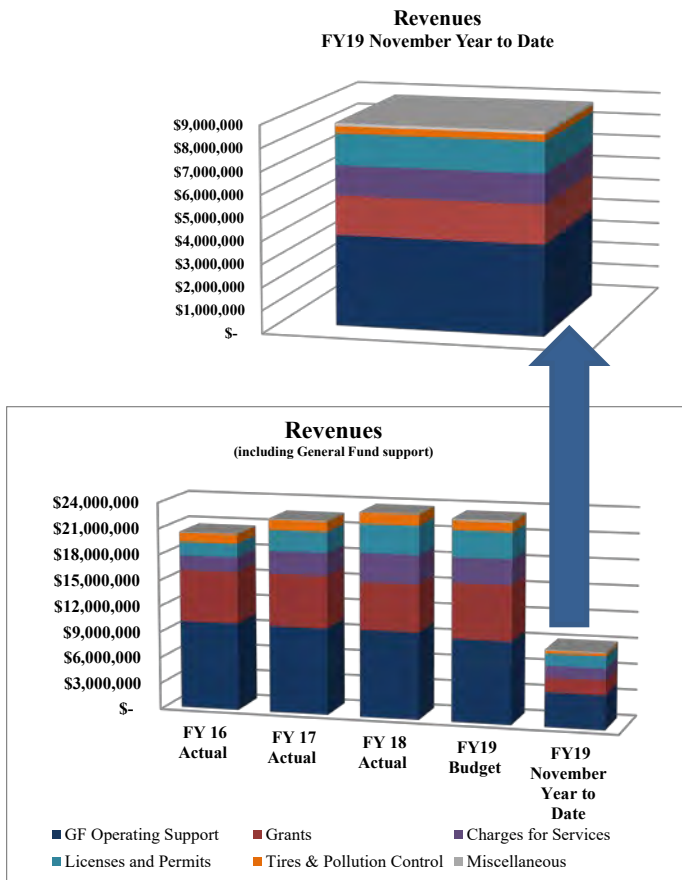
The available cash at the end of November, FY19, was \$6,359,536 which is enough to cover approximately 3.2 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$767,185; the cash restricted as to use is approximately \$900,000 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$4.7 million.



Note: January FY15 negative cash is due to no County General Fund support

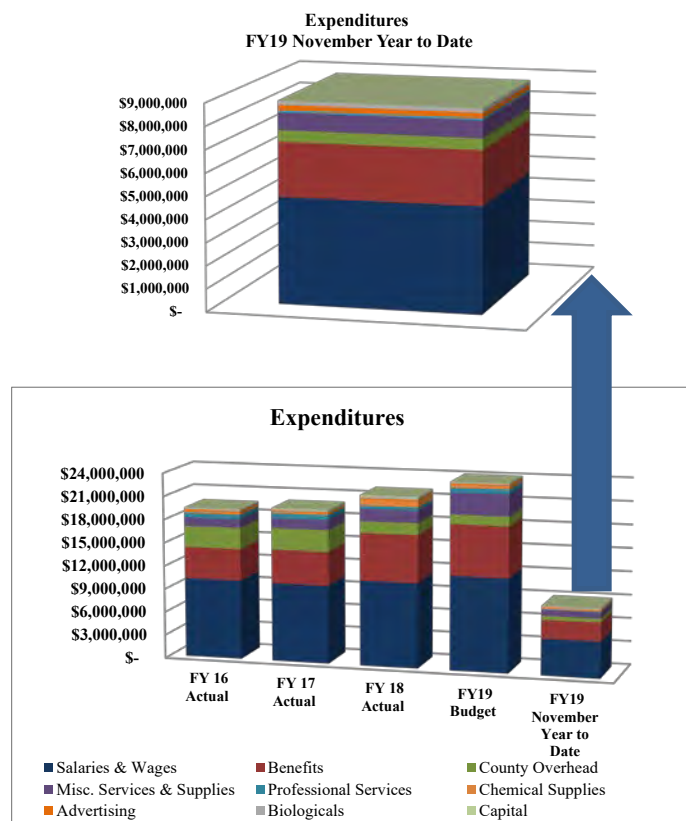


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$8,825,241 down \$621,440 or 6.6% compared to November FY18. The revenue categories up over FY18 were: licenses and permits of \$1,384,352 up \$128,554 or 10.2%; Federal and State grants of \$1,723,450 were up \$77,371 or 4.7%; and, miscellaneous revenues of \$124,965 were up \$105,935 due to the closing of the Environmental Health Hazardous Materials oversight checking account. The revenue categories down compared to FY18 were: charges for services of \$1,313,619 down \$12,407 or 0.9%; and, tire and pollution control funding of \$313,499 were down \$386,059 due to a lag in the distribution of DMV Air pollution funds; and, the County General Fund support of \$3,965,357 down \$534,834 due to the contingency transfer in FY18 for mosquito abatement chemicals that was not required in FY19.

The total year to date **expenditures** of \$8,858,513 decreased by \$412,239 or 4.4% compared to FY18. Salaries and benefits expenditures for the fiscal year were \$7,083,837 up \$80,780 or 1.2% over the prior year and 38.0% of budget. The total services and supplies of \$1,770,448 down \$484,561 or 21.5% compared to FY18 and 32.5% of budget. The main reason for the decline is a reduction in chemical supplies not required in FY19 due to sufficient inventory. The major expenditures included in the services and supplies were; the professional services, which totaled \$87,950 up \$15,518 over FY18; chemical supplies of \$230,977 down \$535,332 or 69.9%; the biologicals of \$156,855, were up \$35,531; and, County overhead charges of \$507,533 were down \$126,060 or 19.9%. There has been \$4,229 in capital expenditures.



Review of Revenues and Expenditures by Division

ODHO has spent \$423,356 up \$53,755 or 30.6% over FY18 mainly due to the installation of staff badge reader access into the main conference rooms for safety and security and replacement of Health District furniture that was well beyond its useful life thus requiring replacement.

AHS has spent \$448,565 down \$16,996 or 3.7% compared to FY18 mainly due to salary savings from a vacant position and a decline in utilities and County overhead charges.

AQM revenues were \$1,195,651 up \$292,747 or 38.7% with the largest year over year increase in the Air Quality dust plans and the timing of the federal grant reimbursements. The Division spent \$1,190,945 up \$71,778 or 6.4% over FY18 due to an employee retirement payout for accrued vacation and sick leave time and filling vacant positions.

CCHS revenues were \$1,243,670 down \$90,659 over FY18 due to a decline in grant reimbursements, Medicaid, and insurance reimbursements. The division spent \$2,990,068 or \$45,629 less than FY18 due to a reduction in the health benefit costs for the retirees and County overhead charges.

EHS revenues were \$1,802,030 up \$222,784 over FY18 mainly in food service permits. EHS spent \$2,767,417 a decline of \$501,356 over last year due to an inventory of chemical supplies in the Vector program allowing for a chemical supply expenditure reduction compared to FY18. With excluding Vector costs from FY18 and FY19 the total expenditures are up \$110,548 over FY18 with \$66,281 of that variance due to the purchase of computer equipment needed for field inspections and the balance mainly due to an employee retirement payout for accrued vacation and sick leave time.

EPHP revenues were \$618,534 up \$77,383 over last year due to increased grant funding and spent \$1,038,163 up \$26,209 over FY18 due to temporary help to assist during the recruitment of a vacant position and additional operating expenditures from the increased grant funding.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2014/2015 through November 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)	November Year to Date	Adjusted Budget	November Year to Date	Percent of Budget	FY19 Increase over FY18	
Revenues (all sources of funds)										
ODHO	-	15,000	51,228	3,365	3,365	-	-	-	-100.0%	
AHS	151	-	-	-	-	-	-	-	-	
AQM	2,427,471	2,520,452	2,979,720	3,543,340	1,488,398	3,086,133	1,195,651	38.7%	-19.7%	
CCHS	3,520,945	3,506,968	3,872,898	4,179,750	1,334,329	4,200,937	1,243,670	29.6%	-6.8%	
EHS	2,008,299	2,209,259	3,436,951	4,428,294	1,579,246	4,197,103	1,802,030	42.9%	14.1%	
EPHP	1,555,508	2,141,334	2,027,242	1,854,862	541,151	2,166,533	618,534	28.5%	14.3%	
GF support	10,000,192	10,076,856	10,002,381	10,051,691	4,500,192	9,516,856	3,965,357	41.7%	-11.9%	
Total Revenues	\$19,512,566	\$20,469,870	\$22,370,420	\$24,061,303	\$ 9,446,681	\$23,167,562	\$ 8,825,241	38.1%	-6.6%	
Expenditures (all uses of funds)										
ODHO	481,886	594,672	904,268	826,325	369,601	1,385,550	423,356	30.6%	14.5%	
AHS	1,096,568	996,021	1,119,366	1,016,660	465,561	1,156,532	448,565	38.8%	-3.7%	
AQM	2,587,196	2,670,636	2,856,957	2,936,261	1,119,167	3,596,040	1,190,945	33.1%	6.4%	
CCHS	6,967,501	6,880,583	7,294,144	7,538,728	3,035,696	7,894,320	2,990,068	37.9%	-1.5%	
EHS	5,954,567	5,939,960	6,366,220	7,030,470	3,268,773	7,225,090	2,767,417	38.3%	-15.3%	
EPHP	2,312,142	2,688,659	2,616,411	2,557,352	1,011,954	2,968,437	1,038,163	35.0%	2.6%	
Total Expenditures	\$19,399,859	\$19,770,532	\$21,157,367	\$21,905,797	\$ 9,270,752	\$24,225,969	\$ 8,858,513	36.6%	-4.4%	
Revenues (sources of funds) less Expenditures (uses of funds):										
ODHO	(481,886)	(579,672)	(853,040)	(822,960)	(366,236)	(1,385,550)	(423,356)			
AHS	(1,096,417)	(996,021)	(1,119,366)	(1,016,660)	(465,561)	(1,156,532)	(448,565)			
AQM	(159,725)	(150,184)	122,763	607,078	369,231	(509,907)	4,706			
CCHS	(3,446,556)	(3,373,615)	(3,421,246)	(3,358,978)	(1,701,367)	(3,693,383)	(1,746,398)			
EHS	(3,946,268)	(3,730,701)	(2,929,269)	(2,602,176)	(1,689,527)	(3,027,987)	(965,387)			
EPHP	(756,634)	(547,325)	(589,169)	(702,490)	(470,803)	(801,903)	(419,629)			
GF Operating	10,000,192	10,076,856	10,002,381	10,051,691	4,500,192	9,516,856	3,965,357			
Surplus (deficit)	\$ 112,707	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ 175,929	\$ (1,058,407)	\$ (33,272)			
Fund Balance (FB)	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402		\$ 5,277,995				
FB as a % of Expenditures	11.7%	15.0%	19.8%	28.9%		21.8%				

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

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for November, Fiscal Year 2019.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for November, Fiscal Year 2019.

Period: 1 thru 5 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-	32,208-	47,519-	40	79,990-	32,116-	47,874-	40
422504 Pool Permits	263,625-	60,320-	203,305-	23	245,334-	51,707-	193,628-	21
422505 RV Permits	31,139-	13,739-	17,400-	44	25,783-	14,543-	11,240-	56
422507 Food Service Permits	1,374,436-	621,178-	753,258-	45	1,263,372-	493,384-	769,988-	39
422508 Wst Well Const Perm	173,167-	65,669-	107,498-	38	146,747-	72,603-	74,144-	49
422509 Water Company Permits	34,456-	27,844-	6,612-	81	29,941-	41,714-	11,773-	139
422510 Air Pollution Permits	622,898-	259,884-	363,014-	42	766,406-	333,078-	483,328-	37
422511 ISDS Permits	255,177-	142,484-	112,693-	56	234,031-	130,094-	103,937-	56
422513 Special Event Permits	170,067-	108,248-	61,819-	64	208,827-	93,715-	115,112-	45
422514 Initial Applic Fee	85,526-	52,778-	32,748-	62	104,711-	42,845-	61,866-	41
* Licenses and Permits	3,090,218-	1,384,352-	1,705,866-	45	3,105,142-	1,255,798-	1,849,344-	40
431100 Federal Grants	5,518,478-	1,493,480-	4,024,998-	27	5,340,594-	1,481,295-	3,859,299-	28
431105 Federal Grants - Indirect	488,253-	170,639-	317,614-	35	472,592-	135,446-	337,147-	29
432100 State Grants	371,240-	54,235-	317,005-	15	373,951-	26,368-	347,583-	7
432105 State Grants-Indirect	18,160-	5,096-	13,064-	28	17,396-	2,970-	14,426-	17
432310 Tire Fee NRS 444A.090	450,000-	128,396-	321,604-	29	450,000-	128,906-	321,094-	29
432311 Pol Ctr 445B.830	587,828-	185,103-	402,725-	31	587,828-	570,652-	17,176-	97
* Intergovernmental	7,433,959-	2,036,948-	5,397,011-	27	7,242,361-	2,345,637-	4,896,724-	32
460162 Services to Other Agencies	10,000-		10,000-		19,000-		19,000-	
460173 Reimbursements - Reno	60,000-	28,882-	31,118-	48	20,000-	29,810-	9,810	149
460500 Other Immunizations	175,500-	60,787-	114,713-	35	85,500-	89,654-	4,154	105
460501 Medicaid Clinical Services					200-	6-	195-	3
460503 Childhood Immunizations								
460508 Tuberculosis	6,000-	2,021-	3,979-	34	6,580-	3,351-	3,229-	51
460509 Water Quality	500-		500-		500-		500-	
460510 IT Overlay	60,672-	30-	60,642-	0	48,435-	16,366-	32,069-	34
460511 Birth and Death Certificates	515,000-	205,922-	309,078-	40	515,000-	209,730-	305,270-	41
460512 Duplication Service Fees		160-	160					
460513 Other Health Service Charges	97,571-	67,780-	29,791-	69	75,753-	59,252-	16,501-	78
460514 Food Service Certification								
460515 Medicare Reimbursement	185,500-	78,280-	107,220-	42	66,000-	96,701-	30,701	147
460516 Pgm Inc-3rd Prty Rec								
460517 Influenza Immunization								
460518 STD Fees	35,000-	13,742-	21,258-	39	25,000-	17,713-	7,287-	71
460519 Outpatient Services		171-	171		500-		500-	
460520 Engineering Services - Health	203,040-	117,550-	85,490-	58	168,844-	123,436-	45,409-	73
460521 Plan Review - Pools & Spas	6,008-	16,631-	10,623-	277	1,179-	10,840-	9,661	919
460523 Plan Review - Food Services	87,098-	40,525-	46,573-	47	81,584-	45,890-	35,694-	56
460524 Family Planning	50,000-	34,506-	15,494-	69	40,000-	31,202-	8,798-	78
460525 Plan Review - Vector	102,964-	29,546-	73,318-	29	99,179-	41,634-	57,545-	42
460526 Plan Review-Air Quality	95,210-	40,856-	54,354-	43	122,695-	34,616-	88,079-	28
460527 NOE-AQM	273,074-	112,417-	160,657-	41	238,433-	141,976-	96,457-	60
460528 NESRAP-AQM	221,452-	105,631-	115,821-	48	225,847-	72,264-	153,583-	32

Period: 1 thru 5 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-NOM	111,765-	53,149-	58,616-	48	106,866-	49,257-	57,609-	46
460530 Inspector Registr-AQ	4,175-	249,044-	4,175-	69	6,750-	14	6,764-	0-
460531 Dust Plan-Air Quality	362,521-	5,393-	113,477-	53	334,771-	151,732-	183,039-	45
460532 Plan Rvw Hotel/Motel	22,470-	11,872-	10,598-	78	21,169-	6,279-	6,279-	55
460534 Child Care Inspection	28,380-	22,133-	6,247-	9	46,666-	19,178-	27,488-	41
460535 Pub Accomod Inspectn	193,032-	16,491-	176,541-	45	197,528-	63,591-	133,937-	32
460570 Education Revenue	2,906,932-	1,313,620-	1,593,312-	100	2,553,979-	1,326,024-	1,227,955-	52
460723 Other Fees		3-	3			0-	0	
* Charges for Services		10-			5,000-		5,000-	
481150 Interest-Non Pooled	10-	2,270-	4,230-	35	16,050-	5,146-	10,904-	32
484000 Donations, Contributions	6,500-		14,804-	30	14,428-	3,175-	11,253-	22
484050 Donations Federal Pgm Income	14,804-	14,255-	34,028-	72	46,084-	10,506-	35,578-	23
484197 Non-Gov. Grants-Indirect	48,283-	108,426-	41,574-	57		203-	203	23
485100 Reimbursements	150,000-	124,965-	94,632-	36	81,562-	19,031-	62,531-	23
485300 Other Misc Govt Rev	219,597-	4,859,885-	8,790,820-	40	12,983,044-	4,946,490-	8,036,554-	38
* Miscellaneous	13,650,706-	4,206,100	6,289,206	46	10,324,398	4,132,624	6,191,775	40
** Revenue	10,495,306	140,131	162,128	39	419,740	113,846	116,543	49
701100 Base Salaries	302,258	200,117	315,289	37	4,319	214,874	204,866	51
701120 Part Time	515,406	1,614	2,704			887	3,432	21
701130 Pooled Positions	4,319							
701140 Holiday Work								
701150 xcContractual Wages								
701199 Bud Labor Cost Savings-Wages	166,100	967	165,133	1	164,408	1,135	163,273	1
701200 Incentive Longevity	114,569	43,681	70,888	38	68,241	33,666	34,575	49
701300 Overtime	300	135	165	45	300	191	109	64
701403 Shift Differential	38,000	13,579	24,421	36	38,000	13,382	24,618	35
701406 Standby Pay	5,000	768	4,232	15	5,000	423	4,577	8
701408 Call Back								
701410 Detective Pay								
701412 Salary Adjustment	362,952	65,707	362,952	88	100,893	2,030	100,893	3
701413 Vac Payoff/Sick Pay-Term	74,256	10,460	8,549	107	73,676	2,757	71,647	3
701414 Vacation Denied-Payoff			675-		1,101		1,101	
701417 Comp Time	9,785				2,069		688-	
701419 Comp Time - Transfer					7,194		7,194	
701500 Merit Awards								
* Salaries and Wages	12,088,250	4,683,259	7,404,991	39	11,439,728	4,515,815	6,923,913	39
705110 Group Insurance	1,643,058	639,199	1,003,860	39	1,648,117	642,349	1,005,769	39
705115 Employer HSA Contributions	88,000	4,000	84,000	5	66,000	3,958	62,042	6
705190 OPEB Contribution	1,286,542	428,847	857,694	33	1,305,189	543,629	761,360	42
705199 Lab Cost Sav-Benef								
705210 Retirement	3,069,829	1,220,918	1,848,911	40	3,001,406	1,192,548	1,808,858	40
705215 Retirement Calculation								
705230 Medicare April 1986	151,817	64,509	87,308	42	148,683	62,076	86,607	42

Period: 1 thru 5 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%
* Transfers Out	73,123	51,215	21,908	70	100,271	100,271	100,271	
** Other Financing Src/Use	9,443,733-	3,914,142-	5,529,591-	41	9,951,420-	4,500,192-	5,451,228-	45
*** Total	1,058,407	33,272	1,025,135	3	782,463	175,929-	958,392	22-

Staff Report
Board Meeting Date: December 13, 2018

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
SUBJECT: Presentation from Truckee Meadows Healthy Communities (TMHC) and request for approval of \$45,000 to support TMHC as part of the FY19 budget augmentation request to the Board of County Commissioners.

SUMMARY

After the presentation from Truckee Meadows Healthy Communities (TMHC), staff requests Board approval of \$45,000 to support TMHC as part of the FY19 budget augmentation request to the Board of County Commissioners.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

At the November 2018 Board retreat, direction was given to staff to have Truckee Meadows Healthy Communities present to the Board and for staff to reserve \$45,000 for possible use by TMHC.

BACKGROUND

During the November 2018 Board retreat staff presented the options to use funding that was available from Fiscal Year 2018 savings. Part of the request for funding was \$45,000 to go to support Truckee Meadows Healthy Communities. The Board requested that TMHC provide a presentation on the organization and initiatives prior to Board approval of this budget augmentation funding.

FISCAL IMPACT

If approved, \$45,000 of FY19 budget augmentation funding in account 170202-710400 would be allocated to support Truckee Meadows Healthy Communities.

RECOMMENDATION

After completion of the presentation by Truckee Meadows Healthy Communities (TMHC) acknowledge receipt of the presentation and approve the use of \$45,000 of FY19 budget augmentation funding to support TMHC.

POSSIBLE MOTION

Move to acknowledge receipt of the presentation and approve the use of \$45,000 of FY19 budget augmentation funding to support Truckee Meadows Healthy Communities.



TMHC MISSION

Truckee Meadows Healthy Communities aligns diverse community leaders to ensure an inclusive and sustainable community built on a culture of health.

WHAT IT TAKES TO CREATE A HEALTHY COMMUNITY

Creating a healthy community and improving and sustaining the well-being of the Truckee Meadows cannot be achieved solely by health care or public health professionals; instead it requires partners and practitioners from multiple sectors, working together with broad-based community members to improve the underlying, adverse conditions throughout our community. Some of the elements of a healthy community include sustainable access to quality and affordable: health care, housing, food, and education; as well as efficient transportation, safe neighborhoods, and environmental quality. These elements effect our community health, well-being, economic stability and longevity. Creating and maintaining a healthy community requires a coalition of diverse and motivated partners. TMHC brings thought leaders together to identify, influence and achieve multi-sector, robust and sustainable solutions.



BOARD OF DIRECTORS, 2019

MEMBER	TITLE	AFFILIATION
Kevin Dick	President	Washoe County Health District
Anthony Slonim	Vice-President	Renown Health System
Cherie Jamason	Secretary	Food Bank of N. Nevada
Michele Montoya	Director	Northern Nevada Women's Fund
Kristen McNeill	Director	Washoe County School District
Chuck Duarte	Director	Community health Alliance
Ray Gonzalez	Director	Wells Fargo Advisors
Ann Silver	Director	Reno/Sparks Chamber of Commerce
Sharon Wurm	Director	Truckee Meadows Community College

Retiring Directors, effective Dec 31, 2018:

Nancy Brown	Treasurer	Charles Schwab Bank
Nancy Hamilton	Director	Wells Fargo Bank



**Truckee Meadows Healthy Communities
Report to Washoe County Health District
Dec. 13, 2018**

FUNDING 2018

National Assoc. Realtors	\$15,000
Nevada State Housing Division	40,000
Charles Schwab Bank	90,000
Washoe County Health District	29,574
Renown Health	30,000
Wells Fargo	10,000
Citi National Bank	5,000
Heritage Bank	2,500
Reno Housing Authority	10,000
Private Individual	500
Lifestyle Homes	5,000
Builders Assoc. N. Nevada	2,500
Health Plan of Nevada	1,000
NV Energy	500
Bank of America	10,000

TOTAL \$ 251,574

Top Funders' Percentage of Total

Schwab Bank	36%
NSHD	16%
Renown	12%
WCHD	12%
Realtors	6%
Wells Fargo	4%
B of A	4%
RHA	4%
All Others	6%

Funds Dedicated to the development
of the *Regional Strategy for Housing
Affordability* by consultant

Enterprise Community Partners \$ 156,059



REMSA

**FRANCHISE COMPLIANCE
REPORT**

October 2018



**REMSA Accounts Receivable Summary
Fiscal 2018**

Year to Date: July 2018 through October 2019

Month	# of Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	3982	\$4,876,285.40	\$1,224.58	\$1,224.58	\$428.60
August	4120	\$5,042,259.20	\$1,223.85	\$1,224.21	\$428.47
September	3900	\$4,741,010.00	\$1,215.64	\$1,221.43	\$427.50
Totals	12002	\$14,659,555	\$1,221.43		
Allowed Average Bill for 7/1/18 - 12/31/18: \$1,218.08					

Year to Date: July 2018 through October 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%
Aug-18	5 Minutes 52 Seconds	90%	95%
Sep-18	5 Minutes 47 Seconds	92%	97%
Oct-18	5 Minutes 47 Seconds	92%	95%

Year to Date: July 2018 through October 2019

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 10 Seconds	91%	96%



Year to Date: July 2018 through October 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
Aug-18	P-1	5:16	5:52	8:23
	P-2	5:23	6:12	8:12
Sep-18	P-1	5:06	6:00	7:51
	P-2	5:12	6:09	7:20
Oct-18	P-1	5:06	5:56	7:45
	P-2	5:13	6:14	7:40

Year to Date: July 2018 through October 2019

Priority	Reno	Sparks	Washoe County
P-1	5:10	5:57	7:55
P2	5:17	6:11	7:56



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 07/01/2018 THRU 10/31/2018**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	10/2/2018 10:26	10/2/2018 10:27	1X41	-00:01:54	0:00:42
Zone A	10/4/2018 19:41	10/4/2018 19:45	1C38	0:04:28	0:04:28
Zone E	10/4/2018 20:36	10/4/2018 21:28	1C32	0:51:57	0:51:57
Zone A	10/5/2018 13:05	10/5/2018 13:14	1W44	0:09:11	0:09:11
Zone A	10/6/2018 16:56	10/6/2018 17:05	1C34	0:09:23	0:09:23
Zone A	10/8/2018 7:19	10/8/2018 7:29	1C19	0:10:10	0:10:10
Zone A	10/8/2018 7:58	10/8/2018 8:07	1C05	0:09:21	0:09:21
Zone A	10/8/2018 12:48	10/8/2018 12:47	1C13	-00:01:00	0:06:32
Zone A	10/9/2018 6:50	10/9/2018 6:58	1C32	0:00:00	0:07:33
Zone A	10/10/2018 10:16	10/10/2018 10:26	1V50	0:09:09	0:09:09
Zone A	10/11/2018 0:06	10/11/2018 0:08	1C33	0:02:46	0:02:46
Zone A	10/11/2018 22:26	10/11/2018 22:36	1C14	0:09:56	0:09:56
Zone A	10/12/2018 18:00	10/12/2018 18:10	1C23	0:09:46	0:09:46
Zone A	10/13/2018 0:32	10/13/2018 0:34	1C25	0:02:04	0:02:04
Zone A	10/24/2018 21:12	10/24/2018 21:12	1C29	-00:00:03	0:00:13
Zone A	10/28/2018 17:30	10/28/2018 17:30	1C18	-00:00:04	0:05:49
Zone A	10/28/2018 22:09	10/28/2018 22:09	1C44	-00:00:01	0:00:13
Zone A	10/29/2018 16:52	10/29/2018 16:57	1C36	0:04:32	0:04:32
Zone A	10/31/2018 20:12	10/31/2018 20:16	1C33	0:03:46	0:03:46

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 October 2018

1. Overall Statics

- a) Total number of system responses: 6378
- b) Total number of responses in which no transports resulted: 2577
- c) Total number of System Transports (including transports to out of county): 3801

2. Call Classification

- a) Cardiopulmonary Arrests: 1.3%
- b) Medical: 58.2%
- c) Obstetrics (OB): 0.6%
- d) Psychiatric/Behavioral: 9.7%
- e) Transfers: 12.9%
- f) Trauma – MVA:9.1 %
- g) Trauma – Non MVA:3.4 %
- h) Unknown: 4.8%

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: 1867

Total number of above calls receiving QA Reviews: 321

Percentage of charts reviewed from the above transports: 5.8%



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

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	6	41	3	20	3	21
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	2	8	2	8	0	0
ACLS P	1	2	1	2	0	0
ACLS R	18	88	3	41	15	47
ACLS S	4	6	1	1	3	5
AEMT	0	0	0	0		
BLS	72	286	14	86	58	200
BLS I	1	11	1	11	0	0
BLS R	54	308	28	150	26	158
BLS S	15	24	0	0	15	24
B-CON	0	0	0	0	0	0
CE	3	40	3	40	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	1	7	1	7		
EMS I	0	0	0	0		
EMT	0	0	0	0		
EMT R	1	25	1	25		
FF CPR	11	54	1	3	10	51
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	3	16	3	16	0	0
HS CPR	18	109	4	39	14	70
HS CPR FA	56	346	10	68	46	278
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	3	33	0	0	3	33
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	17	90	2	2	15	88



HS FA S	0	0	0	0	0	0
HS K-12 CPR AED	26	183	0	0	26	183
HS K-12 CPR, AED, FA	0	0	0	0	0	0
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	1	1	1	1	0	0
ITLS S	0	0	0	0	0	0
Kid Care	2	19	2	19	0	0
PALS	2	18	2	18	0	0
PALS I	0	0	0	0	0	0
PALS R	21	136	3	26	18	110
PALS S	4	15	0	0	4	15
PEARS	0	0	0	0	0	0
PHTLS	0	0	0	0	0	0
PHTLS R	1	0	1	0	0	0
PM	0	0	0	0		
PM R	6	28	6	28		
Classes w/CPR		CPR Students		REMSA CPR Classes		REMSA CPR Students
255		1343		59		365



COMMUNITY OUTREACH OCTOBER 2018

POINT OF IMPACT		
10/1-31/2018	Fifteen (15) office installation appointments; Fifteen (15) cars and sixteen (16) seats inspected.	
10/2/2018	Became an official Child Passenger Safety Technician: able to sign off for volunteers and teach CPST classes.	
10/20/18	POI Checkpoint at the Robb Drive Raley's in Reno. Nineteen (19) cars and thirteen (13) seats inspected.	Five (5) Volunteers; Two (2) staff
CRIBS FOR KIDS/COMMUNITY		
10/02/18	C4K conducted a Train-the-Trainer for 2 nurses at Washoe County Health District.	Two (2) people trained
10/04/18	C4K recorded a video for REMSA's Facebook page about Safe Sleep for Safe Sleep Awareness Month.	
10/05/18	C4K attended Washoe County Child Death Review.	
10/08/18	Held booth for Truckee Meadow Family Health Festival @ O'Brian Middles School (C4K, Pedestrian Safety, CPR and POI.)	About two hundred fifty (250) participants came through
10/09/18	C4K participated in an interview for Channel 2 News about Safe Sleep Awareness Month.	
10/10/18	Pedestrian Safety: International Walk to School Day: Participated at Caughlin Ranch Elementary School. Handed out three hundred (300) copies of "Clifford Takes a Walk" books and three hundred (300) Pedestrian Safety Tip Sheets.	About three hundred (300) Parents and Children participated.
10/11/18	Pedestrian Safety: Participated on Vision Zero Meeting to help write and conduct a survey in Washoe County.	
10/11/18	C4K participated participate in Northern NV Maternal Child Health Coalition.	
10/15-16/18	C4K participated in the Nevada Health Conference at the Atlantis Casino.	
10/18/18	C4K participated in an On-Live Interview with FOX 11 news for Safe Sleep Awareness Month.	
10/23/18	Participated in American Heart Association Go Red Luncheon: Taught Hands Only CPR and our new feedback devices for manikins.	Eighteen (18) participated in the event.
10/25/18	Pedestrian Safety: Participated on Vision Zero Meeting to help write and conduct a survey in Washoe County. Planned dates for the end of November.	



REMSA

Reno, NV
Client 7299



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EMS System Report

October 1, 2018 to October 31, 2018

Your Score

93.30

Number of Your Patients in this Report

150

Number of Patients in this Report

6,512

Number of Transport Services in All EMS DB

149



REMSA
October 1, 2018 to October 31, 2018



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **10/01/2018** and **10/31/2018**.

The overall mean score for the standard questions was **93.30**; this is a difference of **0.36** points from the overall EMS database score of **92.94**.

The current score of **93.30** is a change of **-1.22** points from last period's score of **94.52**. This was the **44th** highest overall score for all companies in the database.

You are ranked **11th** for comparably sized companies in the system.

82.22% of responses to standard questions had a rating of Very Good, the highest rating. **97.40%** of all responses were positive.

5 Highest Scores



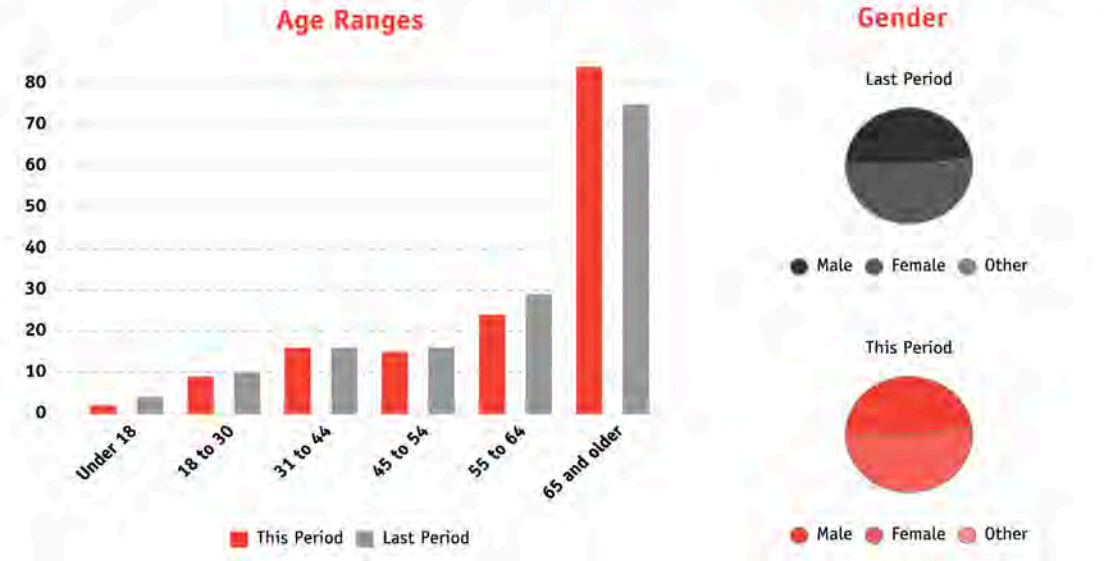
5 Lowest Scores



REMSA
October 1, 2018 to October 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	4	3	1	0	2	1	1	0
18 to 30	10	7	3	0	9	5	4	0
31 to 44	16	8	8	0	16	7	9	0
45 to 54	16	6	10	0	15	5	10	0
55 to 64	29	18	11	0	24	14	10	0
65 and older	75	30	45	0	84	40	44	0
Total	150	72	78	0	150	72	78	0





REMSA
October 1, 2018 to October 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.

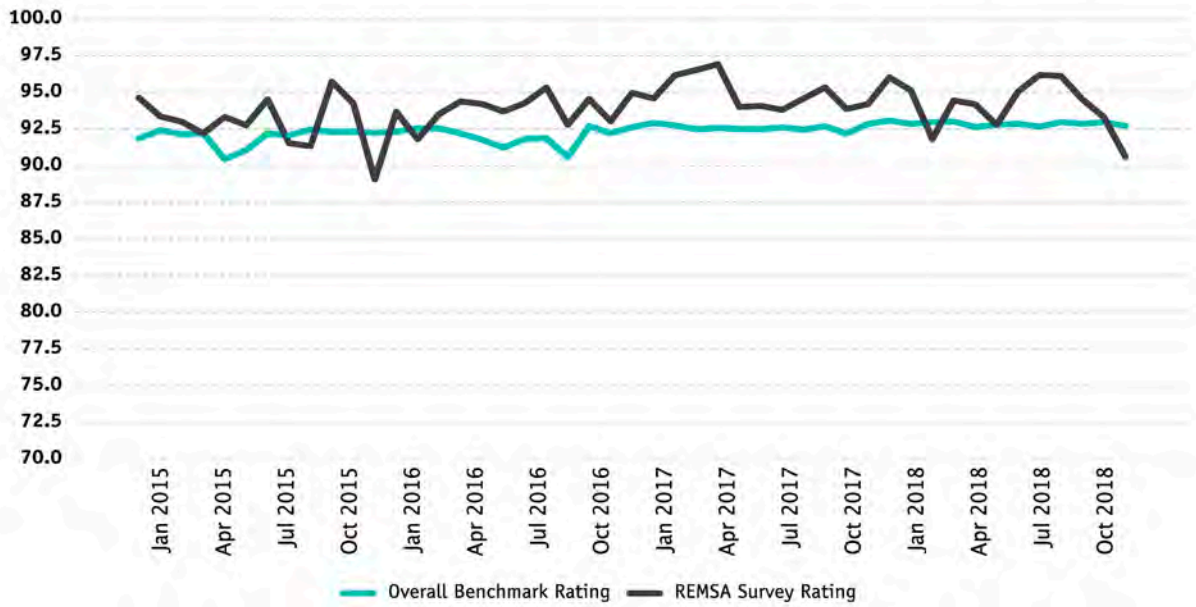
	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018
Helpfulness of the person you called for ambulance service	90.58	93.13	97.56	93.55	90.95	92.53	99.42	96.67	96.25	96.79	95.59	95.74	96.95
Extent to which you were told what to do until the ambulance	92.33	94.59	95.65	93.77	90.52	92.97	99.39	96.59	96.05	98.61	94.15	96.59	96.88
Extent to which the ambulance arrived in a timely manner	92.37	92.87	95.84	95.36	92.30	95.11	93.55	90.28	95.58	95.87	96.06	95.54	93.39
Cleanliness of the ambulance	96.82	96.12	98.26	96.49	93.00	96.01	94.53	93.72	97.17	96.04	97.27	96.82	93.55
Skill of the person driving the ambulance	96.82	95.26	96.96	96.12	93.93	95.43	95.63	93.77	96.17	96.88	96.46	95.21	93.92
Care shown by the medics who arrived with the ambulance	93.68	95.49	95.45	95.78	92.94	95.59	94.37	92.91	94.51	96.95	95.84	94.64	94.11
Degree to which the medics took your problem seriously	93.59	95.21	95.93	95.61	91.99	93.97	94.85	92.30	94.60	96.97	97.73	94.02	94.07
Degree to which the medics listened to you and/or your family	94.22	94.75	96.11	95.60	92.11	94.80	95.44	92.65	95.04	95.93	96.41	93.51	93.99
Extent to which the medics kept you informed about your	92.56	93.81	94.98	94.69	91.33	94.04	94.26	92.27	93.56	95.27	94.93	94.30	92.18
Extent to which medics included you in the treatment decisions	93.93	91.47	96.68	93.34	89.66	93.44	92.69	91.80	93.54	94.35	95.76	93.65	91.56
Degree to which the medics relieved your pain or discomfort	86.22	92.90	91.13	91.12	89.07	90.92	90.45	91.24	92.12	94.76	93.03	92.55	89.49
Medics' concern for your privacy	94.72	93.45	95.85	94.40	92.26	95.53	94.51	93.74	96.00	97.04	97.50	95.33	92.77
Extent to which medics cared for you as a person	94.54	94.51	96.41	95.85	92.30	94.24	95.28	94.11	95.74	96.02	96.20	94.67	93.90
Professionalism of the staff in our ambulance service billing	100.00	87.50	97.22	96.88	94.44	100.00	94.57	88.46	98.08	94.79	95.72	94.79	97.00
Willingness of the staff in our billing office to address your	98.08	87.50	96.88	96.43	93.75	100.00	95.24	89.32	98.08	94.57	94.86	92.71	96.00
How well did our staff work together to care for you	95.92	95.98	97.79	96.46	93.02	95.22	94.78	93.73	95.52	97.24	96.44	95.90	94.67
Extent to which the services received were worth the fees	85.47	89.39	91.20	91.67	84.95	89.98	85.38	90.19	86.88	91.22	95.45	87.19	88.38
Overall rating of the care provided by our Emergency Medical	94.97	94.82	97.66	96.10	92.23	94.55	93.82	93.50	95.28	96.84	96.07	95.14	93.09
Likelihood of recommending this ambulance service to others	96.87	95.29	97.68	96.78	93.44	95.47	94.92	93.83	97.37	96.83	96.93	95.05	93.73
Your Master Score	93.86	94.19	96.02	95.12	91.82	94.44	94.18	92.78	95.04	96.18	96.11	94.52	93.30
Your Total Responses	150	150	150	150	150	150	150	153	151	150	150	150	150



REMSA
October 1, 2018 to October 31, 2018



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE OCTOBER 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	08/24/2018	"They were very professional and caring. They knew how to keep me calm also"		"great guys"		
2	08/26/2018	"everything.. I guess - everything was fine"	"nothing- it was all good"			
3	08/26/2018	"The ambulance got here in a timely manner, and the medics knew what they were doing. very caring people."				
4	08/26/2018	"They didn't poke me a bunch, and talked to me to keep me calm. they were very good to me"	"nothing that I can think of, just keep doing what your doing"	"they were here fast"		
5	08/26/2018			"they couldn't do a lot for my pain"		
6	08/26/2018	"I thought it was very professional, straight forward, and meant expectations"	"I cant really think of anything"	"it doesn't really apply"		
7	08/26/2018	"the medics were professional and got me to the hospital"				
8	08/26/2018	"they did a fine, job with her. thank you"		"I cant answer about her pain"		
9	08/26/2018		"you guys suck, that's all I got to say"		Assigned Jones 11.5.18 Ticket #6294	See follow up below



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
10	08/27/2018	"well they took care of me and put an IV in which was good ha-ha"	"drive faster, a lot faster- I mean it depends on the person and their pain, but in my situation I wish they would have drove faster"	"I just wish they would have drive faster. they drive slow trying to get more money out of ya and I was just in so much pain. when you're in that much pain you don't want them to be driven that slow"		
11	08/27/2018	"well like I said I hurt my hip- but it effected my whole body- they were very good with moving me and helping to relieve my pain- real good work on that whole trip"	"nothing I could think of- they did such a good job- I cant think of anything that would have made it better"	"they were very good- treated me with what I needed- just a super job- I would recommend them to anyone- they were real professional. Well job!!""they were very good very careful- they laided me down on a blue board and got me to the hospital"		
12	08/27/2018	"everything. they took very good care of me"	"nothing. everything was done very well in my opinion"	"yes were very careful with me"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
13	08/27/2018	"I was very displeased this young man, he knew my history from a ride before- he knows I've been thru so much, I would never had faked anything like this. I was later diagnosed with epilepsy by doctors. I am very glad you called, and that someone cares- this man needs to be taken care of before he hurts someone else."	"That medic needs to think before assuming. I needed correct care and wasn't given it." "BARBARA LISTER 775-302-3250"	"I was very displeased with that man - the blonde man was very displeased with what his partner for assuming as well. "the same kid told them to pull over- I started to go into a seizure- he told them this was where I started seizing last time they took me and that I was faking it- that I most have seen watched someone have a seizure before and was coping them. "two young men came out to the house- the young brown hair man said I was faking- but I was having seizures - I couldn't even walk down the hall"	Assigned Jones 11.5.18 Ticket 6295	See follow up below



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
14	08/27/2018	"uhh like I said very professional medics- they did an excellent job"		"very professional people"		
15	08/27/2018	"the medics were caring and knew what they were doing. I'm very thankful for them"				
16	08/28/2018		"Well I've had 4 or 5 next times for anxiety and I wouldn't change anything about how they were handled"			
17	08/28/2018	"their mannerisms and their care - and thoughtfulness"	"honey I don't see anything they could do better. they were really great"			
18	08/28/2018	"yes! I was very satisfied with their care- tell them I say thank you!!"	"nothing, I was very satisfied"			
19	08/28/2018	"I've took them a couple of times and have always had a good experience with them- give them thank you from me, and everything REMSA has done for me"	"not anything I can think of- REMSA has always been there for me"	"they treated me very well"		
20	08/28/2018		"if they could have gotten the gurney situation handled in a more timely manner that would have been great"	"I know that they had a hard time getting the gurney to shift or something - so I was out there for awhile"		
21	08/28/2018	"uhh ha-ha I don't know"	"well one of the things I was bummed out about was that I had a backpack that they		Assigned Weiss 11.5.18 Ticket	See follow up below



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
			took off of me and that didn't make it on to the ambulance"		#6296	
22	08/28/2018	"they were prompt very efficient and professional"	"a more clear option, for me to refuse the ambulance- I wasn't really given that and didn't need one"	"great people that did their jobs- there wasn't much they could do because it was only a 4 mile ride"		
23	08/28/2018	"it was everything I could have asked for"	"nothing the care was excellent"	"were all professional and took good care of me" "the drivers were awesome and really, very nice"		
24	08/28/2018	"both very nice and kind- good service- speedy and all that stuff"	"had a little bit of a problem with getting an IV in- maybe have the more experienced medic try 1st - maybe when someone's older have that person do it 1st, because it just is harder with older people"			
25	08/29/2018	"it was all good service"	"they only thing that wasn't well with REMSA was that I didn't have the right paper work to get back my car - it took me a couple days to get back to it back. but everything else was fine"	"they were in the parking lot they were in the parking lot so I didn't need to call"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
26	08/29/2018	"it was very fine, what they did do they did very well and were very professional"	"I don't think anything could have done better they were pretty good"	"they couldn't really do much- I didn't realize how close I was to the hospital and felt like I should have just had someone drive me"		
27	08/29/2018	"The medics were kind and helpful. They took good care of me and were professional"	"I really don't think you could do anything"			
28	08/29/2018	"Overall service was very professional and they ran the siren for him. Pt repeatedly stated throughout the survey how pleased he was with the service."				
29	08/29/2018	"Pt stated the medics were very professional and please keep up the good work."				
30	08/29/2018	"Pt stated it was a very short ride and she has nothing to say."				
31	08/30/2018	"Pt stated the medics assessed the situation and saw what he was going thru and acted accordingly. He wants to extend a Thank You to the medics."				
32	08/30/2018	""They did				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
		everything well."""				
33	08/30/2018		"Pt wants the medics to take more time to see how she feels. She felt like the medics just wanted to get her to the hospital and be done with it."		Assigned Jones 11.5.18 Ticket 6297	See follow up below
34	09/04/2018	"They did their job."				
35	09/04/2018	"People were really nice and they were professional too. and very caring."	"Not wait for so long."		Assigned to Kitts 11.5.18 #6298	See follow up below
36	09/05/2018		"Give medic more training and listen better. I almost died. Medics acted like they didn't want to take me in. A fireman urged my family to take me in. They did. If I hadn't of gone it I would have dyed."		Assigned Jones 11.5.18. #6299	See follow up below
37	09/05/2018	"it was pretty good"	"nothing, it was pretty good like I said"			
38	09/05/2018	"the ambulance got here quick, and they medics were awesome"		"I'm not sure how clean it was, I wasn't really looking around"		
39	09/05/2018	"they were very good that's all I can tell ya"	"nothing"			
40	09/05/2018	"Everything, they were very fast, and professional. I'm very thankful for your service"				
41	09/05/2018	"they transferred me from one hospital to another very well, but that's all they really did- I didn't need anything"	"nothing that I can think of"	"I was being transferred" "I wasn't aware they were being called but they seemed to"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
				have gotten to the hospital fast- I'm not really sure 5 I guess"		
42	09/04/2018	"they were the best- everything they did was excellent"	"nothing that I can think of, keep up the good work"			
43	09/06/2018	"they did everything well- they were professional- I know all the REMSA people do their job well"	"I don't think you could do anything better- they did everything so well- they even turned the heater on for me when it was so cold"	"a 5 plus!!"		
44	09/06/2018		"I wish they wouldn't talk to ppl the way they spoke to me. Male medic grouped me into a category as if I were a drug addict. I felt that he was talking shit by asking the kinds of questions he asked. I feel that I would rather die than to call REMSA and deal with a cocky attitude."	"The male medic was rude. Made comments about my arms as if I was a drug addict."	Assigned to Jones 10.17.18 #6230	See follow up below
45	09/08/2018	"Made me feel very comfortable and professional"	"Nothing."			
46	09/08/2018	"They treated me with dignity and were very professional. They took very good care of me. Thank you for calling and asking me these questions. THANK YOU!"				
47	09/08/2018	"They were all				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
		very helpful"				
48	09/09/2018	"My heart was racing because of an afib attack, they got me into the hospital fast."				
49	09/11/2018	"they conducted themselves very professionally."				
50	09/13/2018	"they got me in the ambulance and they were trying to figure out who I was and who to call- but they did a good job working with me and getting a hold of my wife"	"I don't think there anything more you could have done"	"they did an excellent job- they worked thru my phone to get a hold of my wife- they did everything perfect"		
51	09/13/2018	"I was very,very satisfied with what happen- everyone was wonderful, the medics that came and got me, the doctors that came to see me- everything was just great."	"I had no bad experience with them whatsoever"	"excellent give them a 10"		
52	09/13/2018	"they calmed me down- they were distracting me and calming me down"	"I couldn't think of anything better cause they were so awesome"	"I was very happy about how they listened to me and talked to me and how they got my mind off of things- they were great"		
53	09/13/2018	"Let me tell you they were just wonderful, nothing more I could have asked for- just		"the 1st two medics were just wonderful"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
		wonderful"				
54	09/14/2018	"The interaction between the nurses and myself and their attention to my brother, who's disabled, and made him feel comfortable. The pilot was very good as well"		"Treated him very well; many times disabled people are not"		
55	09/14/2018	"They kept me from panicking. They're the only ones that are able to put in the IV without sticking me 9 times. I was impressed"		"I was kind of out of it"		
56	09/14/2018	"I was in good hands"		"The ones that I remember have always been polite and thoughtful. They calm you down"		
57	09/15/2018	"They were very knowledgeable about everything."	"Communication with hospital about files and patient."			
58	09/15/2018	"They did everything well."	"Nothing, they did great."			
59	09/16/2018	"they were really good- they took their time with me and answered all of my questions. they were really good medics"	"uhh nothing that I can think of- everything was good like I said"			
60	09/16/2018	"This last ride was very good- everything went smooth and the				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
		medics were professional"				
61	09/17/2018	"The medics were very helpful and very compassionate."	"Nothing I can think of, they did a very good job."			
62	09/17/2018	"everything. they did an excellent job and were very professional"		"they did what they could"		
63	09/17/2018	"I only rode one mile with the REMSA but they were very good and took care of me - I really have no complaints"	"like I said I only rode a mile with them but from what I experienced they were good"			
64	09/17/2018	"They are super! They get 5 stars across the board ma'am"				
65	09/18/2018	"everything."	"well I wouldn't know until the next time"	"they were excellent!! thoughtful, professional guys."		
66	09/18/2018	"They just picked him up and transported him I mean everything was fine"	"if don't think anything I think everything was fine"	"he was just transported so they didn't really do anything with him"		
67	09/18/2018	"everything they did was great. they were excellent!"	"nothing."			
68	09/18/2018	"My wife says everything was great and based on the outcome of me being alright I have to say they did a great job too. We'd liked them to get 10's!"	"I really don't think there could have been anything else better than what happened that day."			



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
69	10/01/2018	"The medics were caring, wonderful and on time, very happy with their help!"	"I couldn't say anything bad."			
70	10/01/2018	"I had the best experience that I have ever had. They did their best. Patient is 90 years old, that says a lot!"				
FOLLOW UP						
9	I spoke with the patient who told me the last crew that responded on her was "rude". She was unable to elaborate, only to say that the crews are becoming increasingly "rude" when she calls for help. I asked her how her previous experiences with REMSA have been. She indicated they have mostly been positive. Note: REMSA has responded on this patient 220 times since 2015					
13	I spoke at length with the patient. The patient was difficult to understand and seemed to be referencing experiences with other crews on other calls. Her concern seemed to be she was experiencing seizures and our crew was making fun of her and telling her she wasn't having a seizure. The patient indicated our crew continued to laugh at her while she was having seizures in the ER. The patient was talking incessantly and rambling and when I attempted to interject questions to clarify her concerns, she became defensive and irate and demanded the name of my supervisor. The name was provided and the patient hung up on me. I will try to determine the particular call the patient was upset over and address it with the crew.					
21	This was a flight transfer from the airport. I imagine that her backpack did not make it into the original ambulance. She had no reported belongings from the airport to Renown. The flight crew was on board, but there was no mention in the chart which fixed wing agency this was or where she was coming from.					
33	A message was left with patient at 1730 on 11/6. I requested a call back A second message was left for patient on 11/11.					
35	This was an IFT from SMH to Reno Behavioral. Promised was 2000, and OS 2027. Unknown how long the patient was waiting in the ED for acceptance or prior to transportation arrangement.					
36	I spoke at length with the patient's daughter, who submitted the comments on behalf of her mother. The daughter stated her concerns very clearly. She explained that her mother was quite ill and that the REMSA crew that arrived told the patient and the daughter that "all the numbers look good". The patient adamantly refused transport, and the crew, per the daughter, was ready to leave the patient on scene. The daughter alleges one of the firemen on scene took her aside and told her that if the patient didn't go to the hospital they would be back in a half hour to "pick up a corpse". She states she pleaded with her mother to allow transport, which she finally did. She stated if one of the REMSA crew had told the patient she needed to go, she would have gone right away. The daughter then stated that the patient was intubated shortly after arriving at the ER. I will address the concerns of this customer with the crew and update this ticket.					



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
44				10.17.18 I spoke with the paramedic and expressed the caller's concerns. He stated he did ask if the patient had a history of IV drug use, but only to obtain a complete history. He stated his questions were not accusatory in nature and denied any impropriety. His AEMT partner was the attendant on the call. She stated the patient expressed displeasure about her contact with the medic, and that she tried to explain to the patient why the questions were being asked. She expressly denied apologizing for her partner, as she didn't feel he did anything wrong. I called the patient and spoke to a family member who said she was currently unavailable. I asked her to please have her call me at her earliest convenience. 10.23.18 Another message was left for patient yesterday, I have not received a return call.		

October 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Public Relations

Infant Safe Sleep

Francisco Ceballos, community programs coordinator, provided interviews to KTVN and KRXI about Infant Safe Sleep Awareness Month. One interview was done in-studio and the other was filmed on-site at REMSA's Center for Pre-hospital Education. In addition, REMSA produced a short video reminding caregivers about the ABCs of Safe Sleep. It is posted on the website and was linked to REMSA's Facebook account.





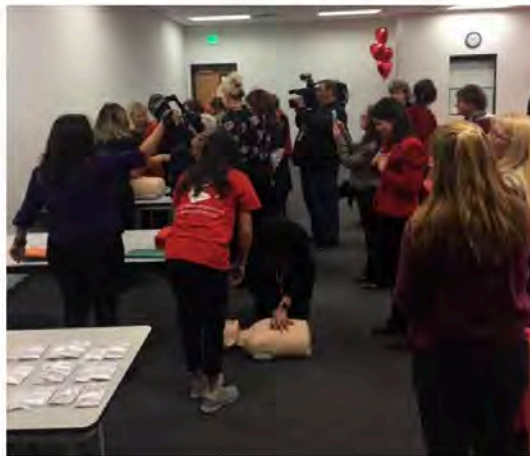
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District Board of Health

Public Relations

REMSA Partners with AHA for Lunch and Learn

October is also Sudden Cardiac Awareness Month and REMSA hosted a Lunch and Learn for the American Heart Association. The event received media coverage on KTVN and Univision. The focus of the presentation was Hands-Only CPR. Participants had the opportunity to learn and practice their skills, as well as tour REMSA's education and Clinical Communication Center.



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Public Relations

CPR Training

Cindy Green, education manager, conducted an interview with KTVN about the importance of having CPR training. The story related to a local cardiac arrest survivor who received CPR from a bystander. Green demonstrated CPR for the segment.



ZomB-CON at REMSA!

REMSA's Center for Prehospital Education cleverly versioned its more traditional Bleeding Control class to a zombie theme in honor of Halloween. Participants learned important information about tourniquet application and wound-packing then put their skills to the test in a high-pressure zombie apocalypse scenario. The event received coverage on KTVN in advance of and during the training. Avery Baldwin, education program coordinator, was interviewed for the news story. 42 out of 48 spots were filled for the class.



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Public Relations



Chelsea Seelbinder added 4 new photos — with Katharyn Kurek and Amanda Raye Kay at Regional Emergency Medical Services Authority - REMSA.
October 20 at 11:01 PM · Reno · 🌐

Had a great time at ZomB-Con!!



Brittney Espinoza, Brenda Henry Pazar and 25 others

1 Share

Share

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Public Relations

Dr. Wilson Announced in This Is Reno

This is Reno included the announcement of the addition of Dr. Jenny Wilson to REMSA's medical leadership staff.

BUSINESS NEWS IN BRIEF

Longtime Nevada Official & Labor Legend Stan Jones Dies at 95 — Former Nevada labor commissioner and organized labor hall of famer Stan Jones died at his Reno home on Oct. 10 from injuries sustained in a fall at the Reno Airport on July 18. He was 95. At his request, there will be no memorial service.

REMSA Announces Jennifer Wilson, MD as Medical Director — The Regional Emergency Medical Services Authority (REMSA) is pleased to announce that Jenny Wilson, MD will join the organization as its newest medical director. In this role, Wilson will be responsible for medical oversight of the organization as well as providing direct medical leadership to the ground, clinical communications center and education departments. Wilson will represent REMSA in regional projects including PMAC, EMS Oversight and EMS Advisory Board.

Mass Casualty Incident Preparedness

Todd Kerfoot, EMS manager, participated in an interview with KRNV highlighting the county's mass casualty incident preparedness on the anniversary of the shooting in Las Vegas.



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Community Relations

REMSA reminded parents and caregivers about the importance of Safe Trick or Treating through a video and blog post. Plus, crews were handing out candy and stickers during trick-or-treating hours across Washoe County.



October 17, 2018

Halloween Safety

Adam Heinz, Director of Clinical Communication, shares REMSA's top Halloween safety tips. Read below for more safe ideas. Trick or Treating Safety Tips: Children should go out during daylight hours only unless accompanied by a responsible adult. Plan a safe route so parents know where their older kids will be at all times. Set a [...]

[READ MORE](#)

International Visitors

REMSA hosted a delegation of officials from Turkmenistan who were visiting the region to learn about earthquakes and natural disaster preparedness and response. We were pleased to share information about regional preparedness and learn about differences in international emergency medical services.



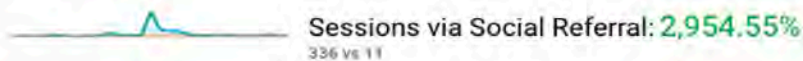


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District Board of Health

Social Media Highlights

Website referral sessions from social media have increased 3,000% year over year thanks to increased presence on multiple platforms. The increase in sessions can be attributed specifically to Facebook, LinkedIn, Instagram, Yelp, Twitter and Reddit.



Facebook

Likes to-date: 2,800 +74 likes since Sept. 2018
Followers to-date: 2,783 +41 followers since Sept. 2018
October posts: 28
October post comments: 87
October post shares: 113
October post reactions: 1.31k

Top 3 Posts by Reach

1. 9,121 people reached, 71 reactions, comments & share

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District Board of Health

Regional Emergency Medical Services Authority - REMSA
 Published by Falcon.io (7) · October 8 ·

We love hearing from our patients! REMSA Paramedic Amy Carpenter was recently recognized for her thoughtfulness and compassion during a transport.

"...REMSA is very lucky to have an employee like you. You must love your job, I could see it in your smile. What a great fit for you - you are pretty darn good at it. I hope to run into you someday to give you a big hug (maybe at the park or something) just not on the clock - okay!"

Yes, at the park would be great! Thank you so much for your kind words. And Amy, keep up the fantastic work!



Social Media Highlights

- 2. 3,684 people reached, 1,804 video views, 209 reactions, comments & share

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 **Regional Emergency Medical Services Authority - REMSA** ...
 is with Francisco Ceballos at Regional Emergency Medical Services Authority - REMSA.
 October 9 · Reno · 🌐

October is Infant Safe Sleep Awareness Month. Francisco Ceballos, REMSA's community programs coordinator, would like to remind parents and other caretakers that safe sleep practices include placing a baby to sleep alone, on their back and in a crib at all times. The back sleeping position is the safest position for all babies until they are 1. Learn more here: <https://goo.gl/bcfa8l> #SafeSleepAwareness



3. 2,884 people reached, 1,452 video views, 167 reactions, comments & share

 **Regional Emergency Medical Services Authority - REMSA** ...
 is 🎃 celebrating Halloween.
 Published by KPS3 (?) · October 31 at 8:03 AM · 🌐

When you're out and about trick or treating tonight and see one of our REMSA ambulances, come say hi! We'll be passing out candy, treats and stickers throughout the night. REMSA/Care Flight wishes everyone a happy, safe Halloween!



Social Media Highlights

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District Board of Health

LinkedIn

Followers to-date: 977 957 +20 followers since September 2018

October Posts: 5

October Impressions: 2,554

October Clicks: 143

Top Post by Impressions



REMSA
977 followers
1mo • Edited

REMSA is excited to partner with regional fire agencies to launch a new paramedic program designed just for fire personnel and offered around their schedule. "Regionalizing the training of our firefighter paramedic counterparts creates seamless patient care, standardizes best practices and builds familiarity and camaraderie among the region's fire and health care professionals," said [Dean Dow](#), president and CEO of REMSA.

REMSA Partners with Regional Fire Agencies to Launch Paramedic Program | REMSA
remsahealth.com

Visitor Demographics by Location





October 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

LinkedIn Professional Content

In early October, REMSA announced an updated uniform standardization policy for its clinical and field-qualified leadership. Adam Heinz, Director of the Clinical Communications Center authored an article about the importance of uniform standards in EMS and shared the content on LinkedIn.



9 likes, 1 comment and 3 shares

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District Board of Health

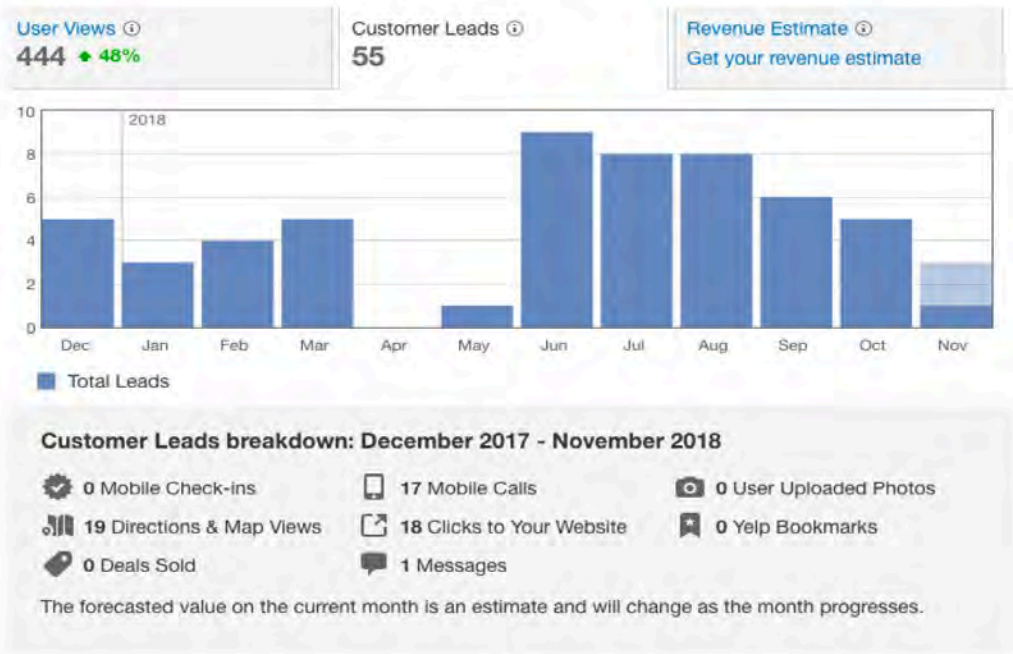


Members of REMSA and Care Flight's field-qualified leadership staff received their badges.

Social Media Highlights

Yelp

The information on Yelp pages are used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps. We have had 55 leads come from Yelp between November 2017-October 2018.



October 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

Google My Business

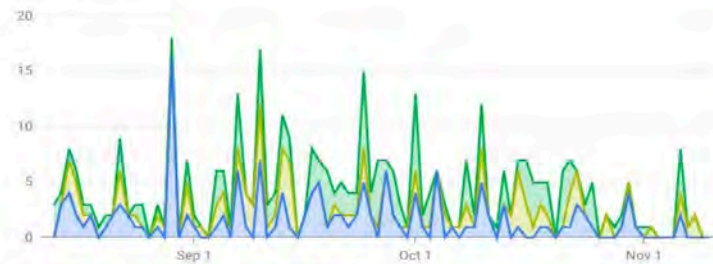
REMSA's Google My Business Insights

Customer actions

The most common actions that customers take on your listing

1 quarter

Total actions 383



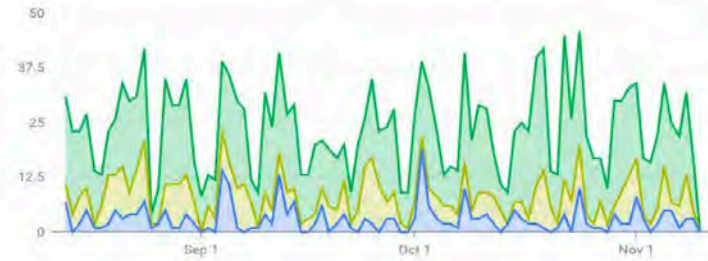
REMSA Education's Google My Business Insights

Customer actions

The most common actions that customers take on your listing

1 quarter

Total actions 2.12K



October 2018 Public Relations + Digital Media Highlights Report

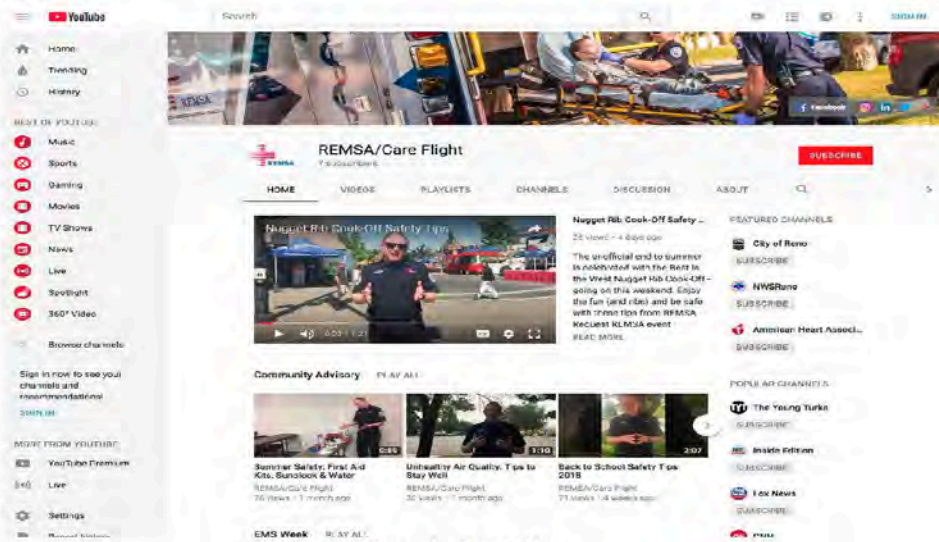
District Board of Health

Social Media Highlights

YouTube

REMSA launched a YouTube Channel and regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.

Followers to-date: 11



Google Analytics

We strategically make changes to the website to optimize our audiences' ability to find content on the REMSA site. We also add content to the website that people find interesting so that they stay longer on the website and want to look for more information.





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District Board of Health

Google Analytics

Overview of Site Data in October (Year Over Year Comparison)

- Sessions: 54% increase year over year
- Users: 397% increase year over year
- Pageviews: 85% increase year over year
- Pages / Session: 20% increase year over year
- Avg. Session Duration: 22% decrease year over year
- Bounce Rate: 24% decrease year over year (a good thing!)

We will continue to work on creating engaging content for the blog which will support increasing average session duration on site.

There are various ways people come to the remsahealth.com. We pay close attention to the following channels:

- Referral traffic is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc.
- Direct traffic are users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to brand awareness, as well.
- Organic search is natural ranking determined by search engine algorithms that can be optimized throughout the year.

Sessions coming from direct traffic year over year in the month of October increased by 179% and referral sessions decreased by 63%. The decrease in referral sessions can be attributed to internal IP traffic being removed from the data in March 2018. By doing this, we can accurately measure how the community is using remsahealth.com. The bounce rate, which determines how many people visited the website without any interactions, decreased by 24% (a good thing!) and the average number of pages viewed increased by 20%. Organic search sessions increased by 668%.

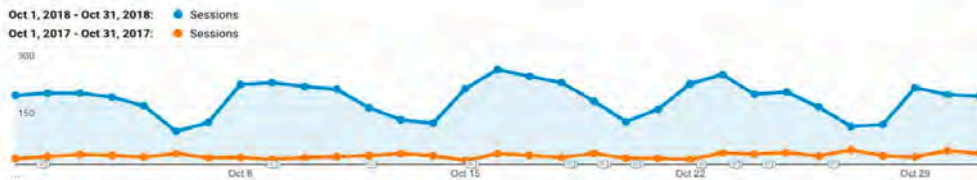


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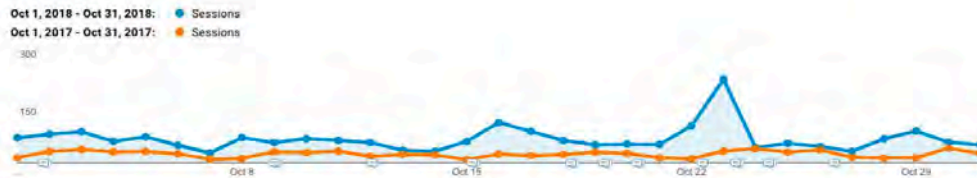
District Board of Health

Google Analytics

Organic Traffic



Direct Traffic



Referral Traffic



Top 3 Referral Sites:

1. REMSA Enrollware
2. Truckee Fire Protection District
 - a. <https://www.truckeefire.org/employment/> - has REMSA Paramedic Program link on landing page
3. Sierra Buttes Trail Stewardship (sierratrails.org)
 - a. <https://sierratrails.org/join-the-tribe/> - \$25 off on Care Flight helicopter membership



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District Board of Health

Google Analytics

We have also implemented event tracking for three specific goals on the website: Membership Leads, Pay Your Bill Online and Phone Calls.

- Website visitors who clicked to fill out a Membership form:
 - Flight Plan Membership form: 119 (-3 from Sept. 2018) website visitors clicked the external link to fill out the Flight Plan Membership form
 - Silver Saver Membership: 60 (+85 from Sept. 2018) website visitors clicked the external link to fill out the Silver Saver Membership form
 - Sierra Saver Membership: 24 (+3 from Sept. 2018) website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 235 (238 clicks in Sept. 2018)
- Top 5 phone numbers that visitors clicked on:
 - 775-858-5700 - Main Phone Number - 77 clicks
 - 775-858-1000 - Nurse Health Line - 93 clicks
 - 775-353-0739 - Billing-Private Insurance - 10 clicks
 - 775-858-5745 - Membership Questions - 5 clicks
 - 775-353-0765 - Billing-Medicare/Medicaid - 4 clicks



**REMSA 2017-2018 PENALTY FUND REONCILATION
AS OF SEPTEMBER 30, 2018**

REMSA 2018-19 PENALTY FUND RECONCILIATION AS SEPTEMBER 31, 2018

2018-19 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2018	\$7,899.78
August 2018	9,263.79
September 2018	6,652.17
October 2018	
November 2018	
December 2018	
January 2019	
February 2019	
March 2019	
April 2019	
May 2019	
June 2019	
Total Accrued	<u>\$23,815.74</u>

2018-19 Penalty Fund dollars encumbered by month

Program	Amount	Description	Submitted

Total encumbered as of
9/30/2018 \$0.00

Penalty Fund Balance at
9/30/2018 \$23,815.74



REMSA INQUIRIES

OCTOBER 2018

No inquiries for October 2018

DD	___	___
DHO	___	___

Staff Report
Board Meeting Date: December 13th, 2018

TO: District Board of Health
FROM: Catrina Peters, Director of Programs and Projects
775-328-2401, cpeters@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: **Presentation and possible acceptance of the revised 2018-2021 Washoe County Health District Strategic Plan.**

SUMMARY

On November 1, 2018, a Strategic Planning Retreat was held to discuss progress in new initiatives such as the 2018-2020 Community Health Improvement Plan, new data in areas such as behavioral health and a discussion on emerging priorities that may prompt revisions to the strategic plan. After review of information and discussion, several revisions were suggested for a revised Strategic Plan. The revised plan is presented for acceptance by the Washoe County District Board of Health.

District Health Strategic Priorities supported by this item:

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

PREVIOUS ACTION

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.

Subject: Presentation and possible acceptance of the 2018-2021 Washoe County Health District Strategic Plan.

Date: 11/30/18

Page 2 of 2

Semiannual and annual Strategic Plan reports were presented at the February 2018 and August 2018 District Board of Health meetings, respectively.

On November 1, 2018, a similar retreat was held with the intent of gathering input to present a refreshed and updated 2018-2021 Strategic Plan.

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.

FISCAL IMPACT

There is no additional fiscal impact to the FY19 budget should the Board accept the FY 2018-2021 Strategic Plan.

RECOMMENDATION

Staff recommends the District Board of Health accept the 2018-2021 Washoe County Health District Strategic Plan.

WASHOE COUNTY HEALTH DISTRICT FY18-21 STRATEGIC PLAN EXECUTIVE SUMMARY

MISSION STATEMENT

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

VALUES STATEMENT

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

VISION

A healthy community

STRATEGIC DIRECTION

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

STRATEGIC PRIORITIES

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

STRATEGIC PRIORITIES & FY18-21 GOALS

1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.

FY18-21 Goals:

- 1.1 Reduce the negative health and economic impacts of obesity and chronic disease.
- 1.2 Provide preventive health services that are proven to improve health outcomes in the community.
- 1.3 Improve access to healthcare and social services so people of all means receive the services they need.

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

FY18-21 Goals:

- 2.1 Protect people from negative environmental impacts.
- 2.2 Keep people safe where they live, work, and play.

3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.

FY18-21 Goals:

- 3.1 Raise awareness of the Health District and the services it offers within the community.
- 3.2 Work with others to establish policies that positively impact public health.
- 3.3 Inform the community of important health trends by capturing and communicating health data.
- 3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.

4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

FY18-21 Goals:

- 4.1 Lend support and accountability to improve K-12 educational outcomes which are strongly associated with public health outcomes.
- 4.2 Support and promote behavioral health.
- 4.3 Improve nutrition by supporting efforts to increase food security.
- 4.4 Enhance the regional EMS system.

5. FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

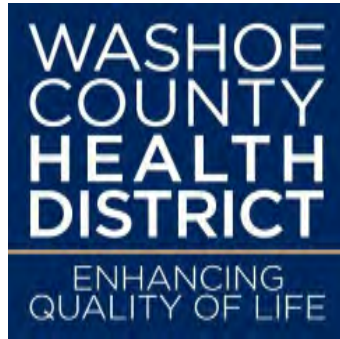
FY18-21 Goals:

- 5.1 Update the Health District's financial model to align with the needs of the community.
- 5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.

6. ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.

FY18-21 Goals:

- 6.1 Create a positive and productive work environment.
- 6.2 Focus on continuing to build staff expertise.



WASHOE COUNTY HEALTH DISTRICT FY18-21 STRATEGIC PLAN

Updated as of December 1, 2018

LETTER FROM THE DISTRICT BOARD OF HEALTH CHAIR



Big changes are underway in Washoe County. While the foundation for a significant increase in the economic vitality of our region has been laid, much work is yet to be done to ensure that commensurate improvements in the region's quality of life accompany the coming economic growth. And when it comes to quality of life, nothing can have a greater impact than one's health.

Over the coming years, my colleagues on the District Board of Health, Washoe County Commission, Reno and Sparks City Councils, and other leadership positions within the community will have to make decisions that have significant implications on the future of our community. One thing I have learned from my experience on the District Board of Health is that many policy decisions in areas such as transportation, land use, and education that may not be immediately associated with public health can have significant effects on public health outcomes. As regional policy makers shaping the future of our community, we all must recognize and value the health implications of the decisions we make so that our community is healthier tomorrow than it is today.

The simple fact is that Washoe County faces many public health challenges—high rates of chronic disease, drug abuse and limited public health funding are examples. I am confident that the District Board of Health and the excellent staff at the Washoe County Health District have identified the most significant public health challenges our community faces and created a strategic plan that addresses those challenges in a meaningful way.

I know I share the opinion of my fellow board members when I say that I am excited to oversee and participate in the execution of the strategic plan, and experience the positive results the Health District's work will have on our community.

Kitty Jung
Washoe County Commissioner
District Board of Health Chair

LETTER FROM THE DISTRICT HEALTH OFFICER



Nearly every day I am reminded of the importance and impact of the work done by the Washoe County Health District. Never was this more true than during the creation of this strategic plan. Throughout the process, all staff shared their enthusiasm for the work they do and their desire to make a greater impact on the community they care about.

Perhaps the greatest challenge we faced in the creation of this plan was choosing what to prioritize. We relied heavily on community data in our decision making process but also took into account the voice of staff who interact with those we serve on a daily basis. They are the ones who have the deepest insight into the needs of our community and whose work is impacted most significantly by strategic decisions we made in developing this plan.

They are also the ones who will be most crucial to successfully implementing this strategic plan. It will take a continued commitment to improving our team to be able to accomplish everything we hope to over the next four years. This is an investment that I know will pay off.

Of course, even with unlimited staff and resources, the Health District alone could not achieve all of the health outcomes the community needs. A community's health is a result of many factors and as such, it requires the partnership and collaboration of many individuals, organizations, and agencies to make meaningful improvements. This plan not only outlines what we as the Health District can accomplish alone, but also what we hope to accomplish as a community and the partnerships required to do so.

I am excited to see what the next four years brings to our region. Whatever that is, I am confident that the staff of the Washoe County Health District under the leadership of the District Board of Health will make tremendous strides towards a healthier community.

Kevin Dick
Washoe County District Health Officer

OVERVIEW OF THE PLAN STRUCTURE AND PLANNING PROCESS

Definitions

Mission: What is our core purpose?

Values: How do we behave?

Vision: Where are we going?

Strategic Direction: What does success look like?

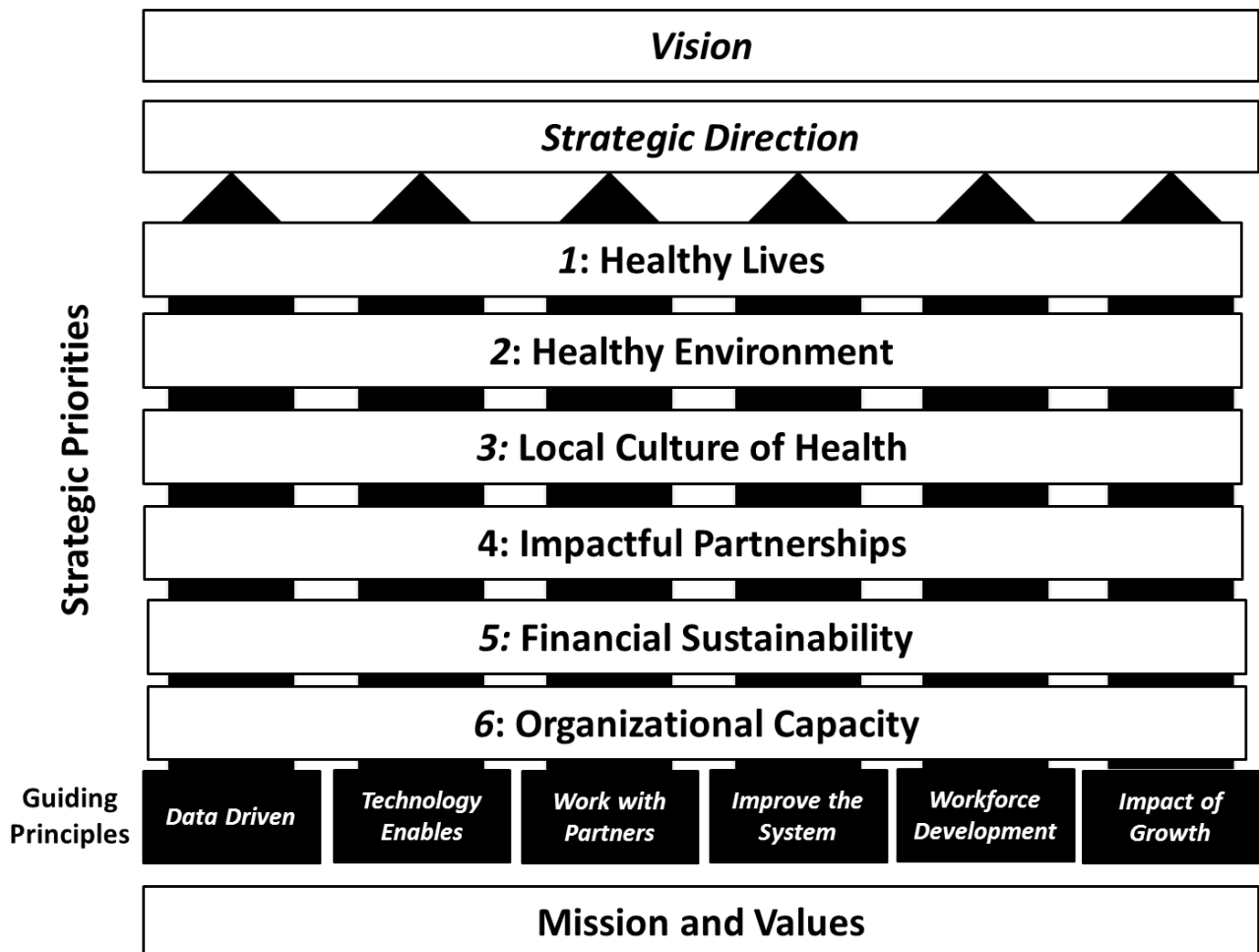
Guiding Principles: What is central to the way we work?

Strategic Priorities: Where must we focus so we succeed?

District Goals and Community Outcomes: What is most important right “now”?

Supporting Divisional Initiatives: Who must do what?

Plan Structure



Planning Process

In December 2015, the Washoe County Health District (WCHD) began a 6-month process to develop its strategic plan. The process engaged multiple stakeholder groups including the District Board of Health (DBOH), all WCHD staff, and external community stakeholders. The process was implemented in 4 distinct phases:

1. **Gain Insights:** This phase was dedicated to gathering all the information the planning participants would need to make informed decisions regarding the future direction of the WCHD. Primary research in the form of interviews with DBOH Members and a survey distributed to all WCHD staff and external stakeholders was combined with existing WCHD and community data to frame and inform the strategic issues facing the WCHD.
2. **Design Strategy:** Using the information gathered in the previous phase, the DBOH, working with the executive team of the WCHD, updated the existing Mission and Strategic Direction and established new strategic priorities for the WCHD. Further, the DBOH identified priorities within each strategic priority that the executive staff turned in to District goals.
3. **Build the Plan:** Building off of the strategic foundation established by the DBOH, executive staff identified measurable community outcomes for each of the District Goals that they will work to improve over the next 3-5 years. To achieve these goals, teams built specific initiatives and action plans to ensure the entire WCHD is coordinating action to implement the strategic plan.
4. **Manage Performance:** In order to maintain alignment around the WCHD's strategic plan and ensure accountability for achieving District Goals, the executive staff agreed to meet regularly throughout the year to report on performance and modify the plan as necessary to adapt to changes or unforeseen priorities.

In fall of 2017 and 2018, the DBOH convened a strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. At the 2018 retreat, new information was shared and considered, which included the Washoe County Behavioral Health data profile, the 2018-2020 Community Health Improvement Plan and information on our growing housing and homeless crisis. Additionally, the following emerging strategic considerations were shared:

- The impact increased community growth has on the need for our services
- Increased need for mental health and substance use treatment providers
- Increasing suicide rate
- Increasing homeless population
- Potential nonattainment of ozone standards
- Capacity to work on policy and government relations
- Need for staff training and development

From the 2017 and 2018 retreats, several revisions to the plan have been made to meet the changing needs of the community. A summary of these changes are outlined in the following table:

PLAN REVIEW AND CHANGES

Date of Review	Reviewed By	Page(s)	Summary of Changes
11.21.17	Catrina Peters	7	Brief description of the November 2017 District Board of Health Strategic Plan retreat and additional emerging strategic considerations
11.21.17	Catrina Peters	8,9	Additional Community Health Needs Assessment (CHNA) Information from 2018-2020 CHNA
11.21.17	Catrina Peters	17	Added an outcome under goal 2.2
11.21.17	Catrina Peters	19	Added an outcome under goal 4.5
11.21.17	Catrina Peters	20	Added an outcome under goal 6.3
11.21.17	Catrina Peters	21	Added a table of cross-divisional collaboration
11.21.17	Catrina Peters	22-33	Updates to staff person assigned to reflect current staffing
11.21.17	Catrina Peters	22-33	Removed initiatives that are complete
11.26.18	Catrina Peters	18-22	Revised outcomes to reflect removal of completed items and revisions to accurately reflect current needs
11.26.18	Catrina Peters	25-35	Revised initiatives

COMMUNITY TRENDS

After the initial 2015-2017 Community Health Needs Assessment, a 2018-2020 Washoe County Community Health Needs Assessment (CHNA) was completed and the preliminary results were shared at the 2017 strategic planning retreat. From the 2018-2020 Community Health Needs Assessment, the subsequent 2018-2020 Community Health Improvement Plan (CHIP) was developed during the spring of 2018 and approved by the Washoe County District Board of Health in June of 2018.

The following focus areas were selected to be included in the CHIP as it was determined they were the highest areas of need and the areas where there was community capacity to initiate work:

1. Housing
2. Behavioral Health
3. Nutrition/Physical Activity

Once focus areas were determined, committees with subject matter experts and key stakeholders from community organizations were formed to establish goals for each priority area and selected indicators to measure progress toward achieving the goals. The plan included 16 objectives to improve health and well-being across the lifespan for all Washoe County residents as outlined in the table below:

Focus Area One: Housing			
Goals		Objectives	
1	To stabilize and improve housing security for people spending more than 30% of their income on housing.	1.1	By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.
		1.2	By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.
		1.3	By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.
		1.4	By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.
2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	2.1	By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).
		2.2	By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.
Focus Area Two: Behavioral Health			
Goals		Objectives	
1	To stabilize and improve housing security for the severely mentally ill (SMI).	1.1	By September 1, 2018 identify and support alternative funding models for housing SMI.
		1.2	By September 1, 2018 identify best practices for incorporating community case management for SMI receiving housing assistance.
2	Assess and address current status and need for Behavioral Health services in Washoe County	2.1	By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.
		2.2	By December 31, 2018 identify gaps in service and access for those needing behavioral health services in Washoe County.
		2.3	By September 1, 2018 develop strategies and advocate for policies to address gaps and needs identified.
3	Reduce depression and suicidal behaviors in adolescents	3.1	By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.

Focus Area Three: Nutrition and Physical Activity	
Goals	Objectives
1 To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.1 By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 12.
	1.2 By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.
	1.3 By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.
	1.4 By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.

The CHIP is managed by community workgroups, with the Health District acting in a supportive role and several of the items included in the CHIP have been successfully implemented. A summary of the items included in the CHIP and an update on the progress of CHIP implementation were shared at the fall 2018 retreat.

Washoe County Regional Behavioral Health Data Profile

In an effort to address the behavioral health needs across Nevada, AB 366 was passed in the 2017 legislative session creating 4 regional Behavioral Health Boards. The Washoe County Regional Behavioral Health Board (WCRBHB) consists of 13 members including the Washoe County District Health Officer. The Regional Board advises the State Department of Health and Human Services, the Division of Public and Behavioral Health and the Nevada Behavioral Health Commission on matters related to identified gaps in behavioral health services and any recommendations or service enhancements to address those gaps, amongst other responsibilities. In order to provide such advisement, a data profile was assembled utilizing data from State and national sources. The resulting Behavioral Health Data profile is very comprehensive and key highlights are shared below.

Substance Use

Use of most substances, especially alcohol & marijuana, are declining among youth which mirrors national trends. However, substance use remains an issue as youth in Washoe County have higher reported use rates than Nevada and the United States overall. Substance use rates among adults has not changed, especially alcohol use, and Washoe County use rates continued to be higher than Nevada and the United States. In a similar trend to report substance use rates, death due to alcohol-related causes is higher than Nevada and the

United States. In 2016, Washoe County rate of death due to alcohol-related causes was double the national rates among all age groups 30-59 years & 70+ years. Death due to substance-related causes is higher than United States, especially among those 60 years & older.

Mental Health

While a noticeable decrease was seen in reported suicide attempts among high school students from 2013 (13.7%) to 2015 (11.7%) to 2017 (8.9%), depression and suicidal ideation among high school students is higher in Washoe County compared to Nevada and the United States. No real change in trends was seen among depression, considering attempting suicide or making a plan to attempt suicide.

A growing body of evidence is showing that Adverse Childhood Experiences (ACEs) are a key predictor for several risk behaviors including being a perpetrator and victim of violence, experiencing depression, attempting suicide, use of substances and sexual activity. ACEs range from mild like a household moving or a divorce to severe such as physical or sexual abuse. In 2017, Washoe County high school students' prevalence of ACEs:

- Living with someone who had a substance use problem (35.2%)*¹
- Living with someone who was mentally ill (34.5%)*
- Ever been physically abused (17.4%)
- Experiencing household domestic violence (16.3%)
- Having been physically forced to engage in unwanted sexual intercourse (7.6%)*

Due to the close link between ACEs and risky behaviors later in life, monitoring trends in ACEs can help predict trends in later behavioral health needs. In adult populations, prevalence of mental health conditions among adults in Washoe County is similar to Nevada and the United States. However, death due to suicide is higher in Washoe County and increasing, and is especially high among those aged 65+ years.

In addition to the data shared above on Behavioral Health, many other factors impact the overall health of the community. During the initial development of the strategic plan the information below was presented to provide a fuller picture of all the elements that impact health and how prevalent some of these elements are in our community.

*indicates higher prevalence compared to Nevada

Social Determinants of Health

Health outcomes for individuals and overall communities are strongly associated with the social characteristics of those individuals and communities. By influencing the factors related to health outcomes, the WCHD hopes to improve the health outcomes for people within the community it serves. One of the most significant areas targeted for improvement is the high rate of chronic disease in the region.

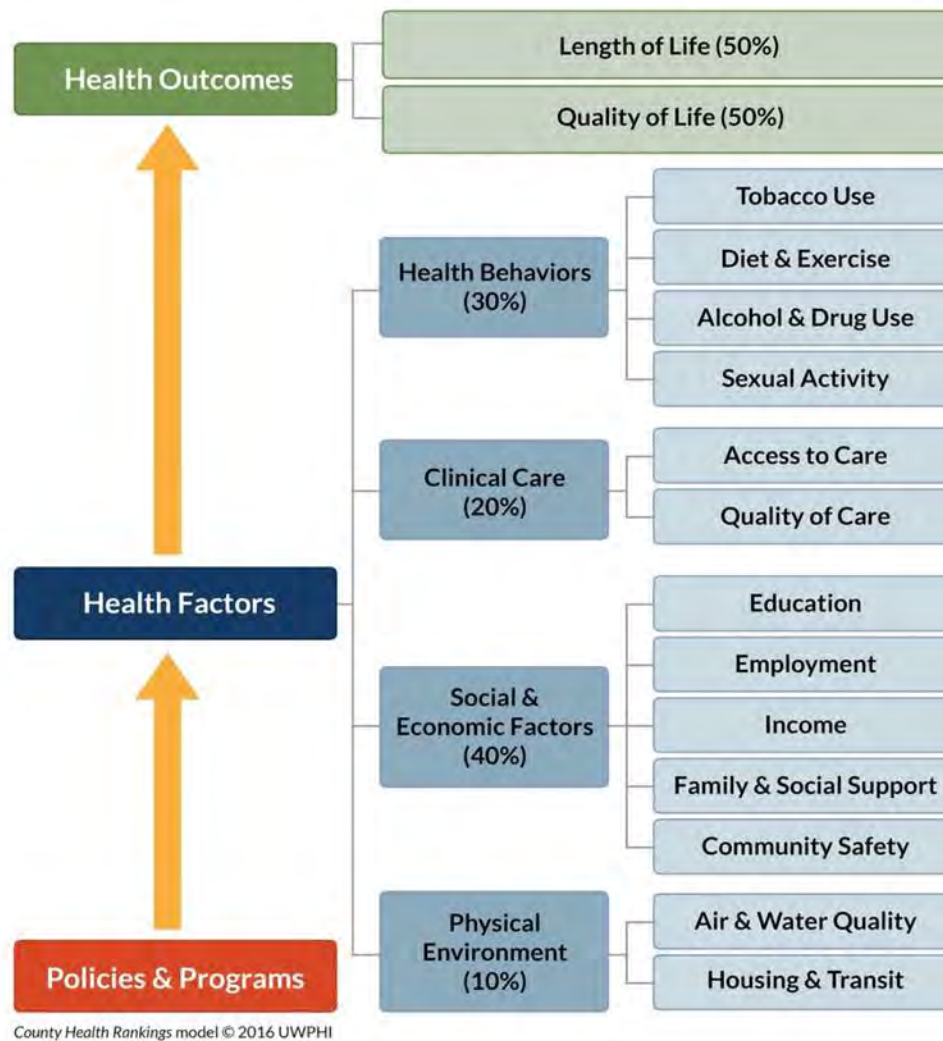


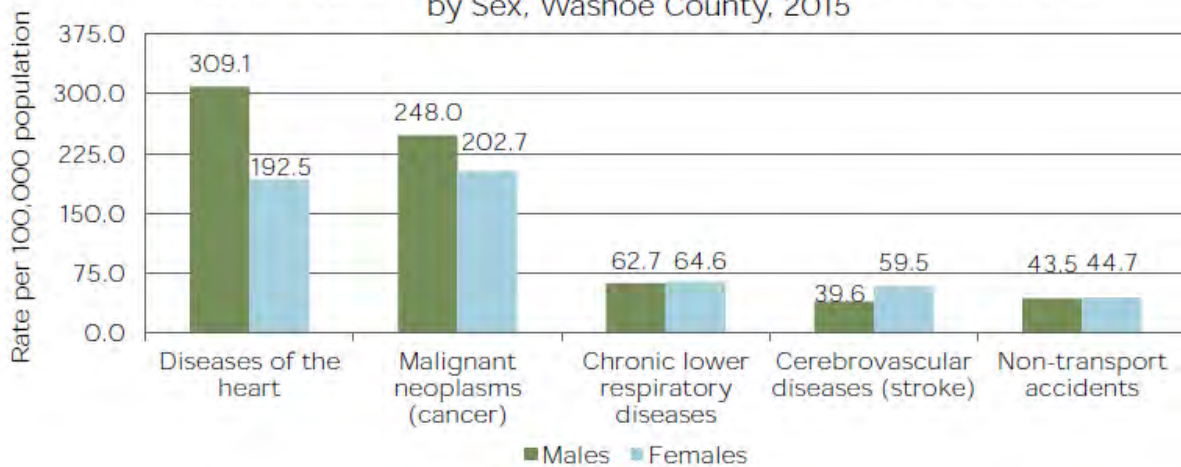
FIGURE 1- UNIVERSITY OF WISCONSIN PUBLIC HEALTH INSTITUTE

Chronic Disease Impacts in Washoe County

Washoe County, like the nation as a whole, is experiencing the extremely high physical and economic costs of chronic disease. The top 3 causes of death in 2015—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state. Due to the scale of the impacts of chronic disease on the health and overall quality of life of residents of Washoe County, this is an issue the WCHD must address in its strategic plan.

Cause of Death by Sex

Fig 174: Age-Adjusted Rate of Death for Top 5 Causes of Death by Sex, Washoe County, 2015



Heart Disease & Cancer

FIGURE 2- COMMUNITY HEALTH NEEDS ASSESSMENT

Washoe County has a higher incidence of death from heart disease, cancer, and chronic lower respiratory disease than Nevada and the United States as a whole.

Obesity

A key contributor to chronic disease, increasing rates of obesity are largely due to lifestyle changes in the way we eat and decreasing amounts of physical activity.

Health District Strategies

- **Healthy Lives:** Many chronic diseases result from individual behaviors. By encouraging individuals to engage in healthy lifestyle behaviors and ensuring individuals have access to care when they need it, the WCHD hopes to reduce the negative impacts of chronic disease.
- **Local Culture of Health:** Just as the rise in chronic disease is a result of many factors, it will require many different factors to come together to reduce the impact of chronic disease. This can only be achieved through a significant change of attitude within the entire community towards one of acknowledging and acting on the health impacts of the decisions organizations, businesses, and individuals make.

- **Impact through Partnerships:** Combatting chronic disease is not something the WCHD can do alone. Many factors related to chronic disease—access to food and educational attainment for example—will require the collaboration and direct action of partner organizations.

Large Population Growth Expected

The population of Washoe County is growing and recent economic development in the region suggests the growth rate will increase in the future. To maintain service levels the Health District will require increased funding from reliable, long-term funding sources. In addition to an increased demand for services, the WCHD must also monitor and address the impacts of an increasing population on the environment, specifically the region’s air quality.

Regional Population Projections

While there is strong consensus that the region the WCHD serves will grow, there are differing opinions on the timing and specific growth rates. The Washoe County Consensus forecast is predicting that Washoe County alone will have a population of 512,137 in 2020 and regional projections are anticipating 638,302 residents in 2019. Despite the differences between population projection models, common themes arise. Specifically, two of the largest demographics the WCHD serves, seniors and Hispanics, are both expected to experience strong growth.

Health District Strategies:

- **Healthy Lives:** Board and staff will be monitoring the growth through service level demands. At this time, the plan does not specifically address an increase as the timing and forecasts are uncertain.
- **Funding Stability:** To prepare for changes in the population, WCHD is seeking to more closely align its funding model with changes in the population it serves as well as seeking additional funding from the State of Nevada for public health.
- **Organizational Capacity:** Resources will always be limited at the WCHD so it must make the most out of what it has. The WCHD’s primary resource is its employees. By building their expertise and ensuring processes are as efficient as possible; the WCHD can mitigate potential increases in service demands.

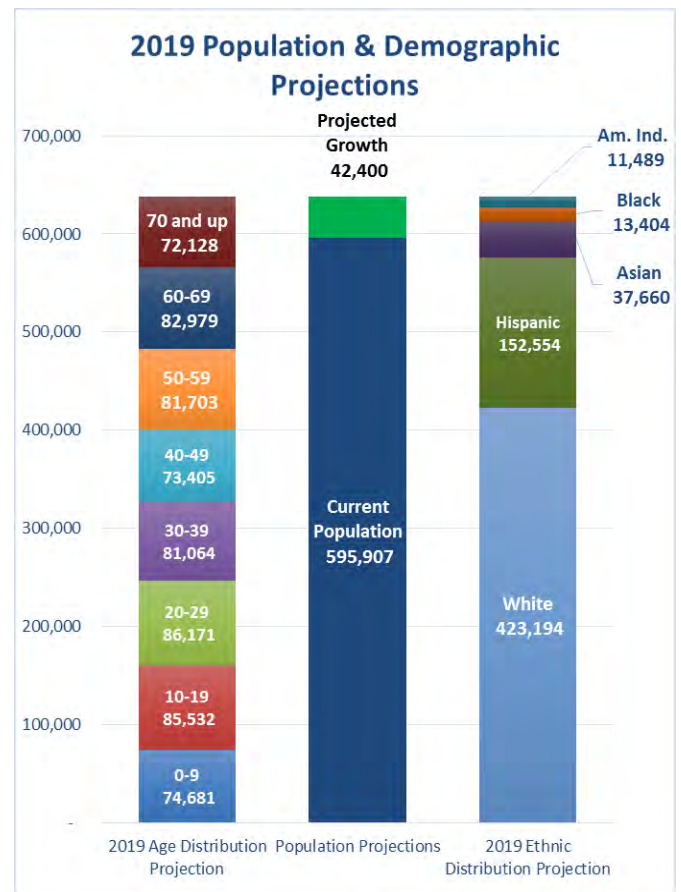


FIGURE 3- ECONOMIC DEVELOPMENT AUTHORITY OF WESTERN NEVADA

Achieving National Standards

While most people don't think about the health impacts of going outside, drinking a glass of water, or going out to eat, it is the WCHD's duty to ensure the safety of these activities. No immediate threats to public health due to environmental factors were discovered in the assessment of the strategic plan. However the combination of recent upward trends in ozone concentration and more stringent federal standards illustrate one area the WCHD must focus on. Another area of focus for the Health District will be implementation of the uniform national standards of the FDA model food code to protect the community from food-borne illnesses. As a measure of progress in improving the health of the community, we will challenge ourselves and the community to achieve the national CDC *Healthy People 2020* goals.

Health District Strategies:

- **Healthy Environment:** Population growth and the new development that comes with it will require increased monitoring of air quality. New monitoring stations and innovative new monitoring technologies will help identify sources of pollution and solutions to help improve the region's air quality.

Washoe County Ozone Trend

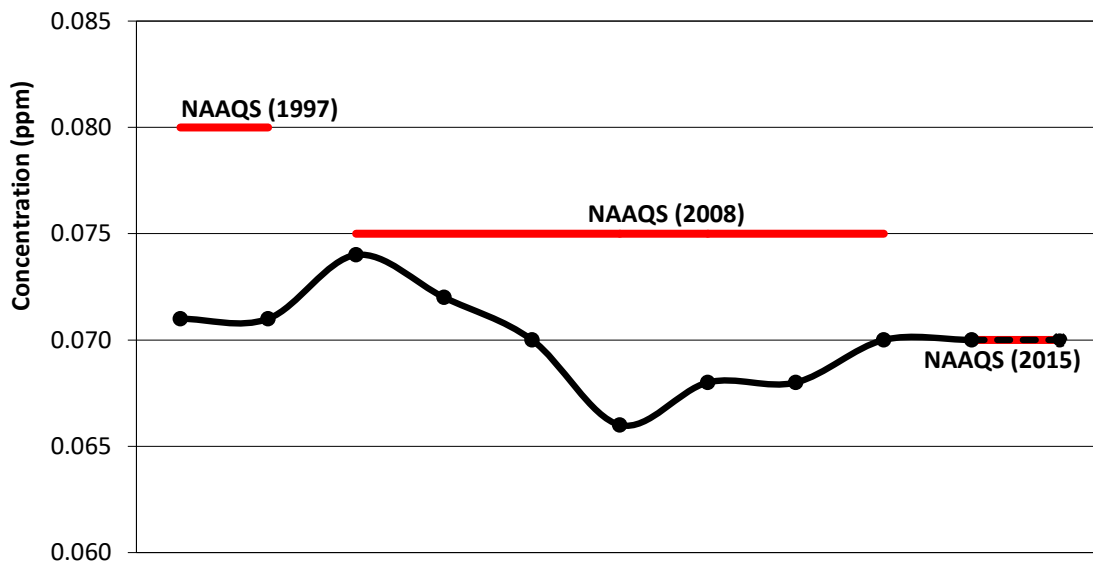


FIGURE 4- WASHOE COUNTY HEALTH DISTRICT

- **Local Culture of Health:** Nearly everyone impacts the region's air quality in one way or another. Thus, nearly everyone has the power to help improve the region's air quality. It will require a concerted effort by individuals, organizations, and policy makers to come together and recognize their impact on air quality and work to improve it.

Through the 6 month planning process that concluded in December of 2016, and with consideration of current trends, data and community needs identified at that time, the following strategic plan was drafted and approved by the Washoe County District Board of Health at the December 15th, 2016 board meeting.

MISSION

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

VALUES

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

VISION

A healthy community

STRATEGIC DIRECTION

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

Success for the WCHD is determined by the overall health of the community it serves. First and foremost, the WCHD wants to make measurable progress on public health and quality of life indicators for the community it serves. While the WCHD can make a meaningful impact on many public health indicators, many of the challenges the community faces can only be overcome by multiple agencies working together. The WCHD can play a leadership role in the coordination of multiple entities and individuals to create a local culture of health.

GUIDING PRINCIPLES: WHAT IS CENTRAL TO THE WAY WE WORK?

- **Being data-driven:** The use of quality data is both a practice we promote externally to policy makers and something that guides our internal decision making.
- **Technology enables:** We embrace new ways of communicating and interacting when they have the potential to enhance our reach, effectiveness, and efficiency.
- **Work through and with partners:** Public health is a community-wide effort. We recognize that we don't have the resources or capabilities to address all of the community's health needs, so we engage and collaborate with partners to address major challenges.
- **Improving the system we work within:** We are capable of influencing the environment in which we work. In many areas, it will be necessary to make significant policy changes at the local, state, and national level to affect meaningful change.

- **Impact of growth:** Preparing for and reacting to the anticipated growth of our community is an assumption built in to all of our planning.
- **Developing our workforce:** Everything we do on a daily basis and everything we want to accomplish to move our organization forward requires a quality workforce to execute.

STRATEGIC PRIORITIES

1. **HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.** The health of a community depends on the health of the individuals within it. A wide range of factors impact one's health. These factors include individual nutrition and lifestyle choices, socio-economic conditions, and health policy decisions. The aim of the WCHD is to identify and address the most important factors contributing to the health of individuals within the community and implement solutions that allow people to live healthier lives.
2. **HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.** The external environment we interact with every day—the air we breathe, the water we drink, the buildings we work in—can impact the health of a community. The aim of the WCHD is to monitor and maintain a safe natural and built environment so the community feels confident living, working, and playing anywhere in Washoe County.
3. **LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.** Many of the decisions community leaders, organizations, and individuals make every day can impact the community's health. However, the community's health is not always a factor in the decision making process. The WCHD's aim is to work with the community to assign greater value to its health and consider health implications in the decisions it makes.
4. **IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.** Many of the issues impacting the health and quality of life within Washoe County do not fall under the WCHD's direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The WCHD will extend its reach by working with key partners to identify and address issues that require community collaboration.
5. **FINANCIAL STABILITY: Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources on income.** Public health requires an up-front investment. The programs and services the WCHD offers require resources to implement but those programs and services create value for the community over time. When funding is insufficient or unreliable, it limits the positive impact of the WCHD. The WCHD's aim is to have greater control over its finances in order to be able to better predict and control future funding levels.
6. **ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.** As the community grows, the service demands on the WCHD will grow. To

maintain and improve levels of service, the WCHD workforce needs to grow along with the community. By investing in the capabilities of the WCHD staff and creating a positive and productive work environment, the WCHD will continually improve its ability to serve the community.

STRATEGIC PRIORITIES, DISTRICT GOALS & COMMUNITY INDICATORS: WHAT MUST WE FOCUS ON TO SUCCEED?

1. HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			
% of overweight and obese adolescents	34.6% (2015)	34%	33%
% of overweight and obese adults	57% (2015)	55%	55%
% of adults who are current smokers	15% (2014)	14%	13%
% of youth who currently smoke cigarettes	10.3% (2015)	9%	8%
Prevalence of diabetes	7.1% (2013)	7.1%	7%
Coronary heart disease mortality rate (per 100,000)	226.6 (2012)	224	222
Cancer mortality rate (per 100,000)	174.5 (2012)	172.5	170.5
1.2 Promote preventative health services that are proven to improve health outcomes in the community.			
Teen birth rates (per 100,000)	26.9 (2013)	25.6	24.2
% of newly reported hepatitis C cases with confirmatory test results	53% (2015)	60%	70%
# of people utilizing WIC	9,568 (2016)	9,855	10,046
Child immunization rates	75.5% (2016)	78%	80%
1.3 Improve access to health care so people of all means receive the health services they need.			
% of population with health insurance	79.4% (2014)	83.3%	87.3%
% of Washoe County residents with a usual primary care provider	68.1% (2014)	71.5%	83.9%
# of offsite events		200	200

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

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
2.1 Protect people from negative environmental impacts.			
Ozone concentration (parts per billion) - Design value, 3-year average number	71 (2015)	70	68
Air quality index - % good and moderate days	356 Days (2013-2015)	358 Days	360 days
Waste generation – pounds/person/day	-	4.38 pounds/day	4.38 pounds/day
Recycling rates	31.5% (2015)	35%	35%
# of activities to prepare and respond to potential impacts due to drought, climate change, and natural disasters	12 (2015)	10	10
2.2 Keep people safe where they live, work, and play.			
# of risk-based environmental program standards	0 (2016)	2	10
% of risk-based food inspections	0% (2015)	100%	100%
Development of marketing plan to educate the public on the appropriate use of 911	-	1	1

3. LOCAL CULTURE OF HEALTH: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
3.1 Raise awareness of the Health District and the services it offers within the community.			
# of traditional media interviews and press releases	221 (2015)	250	275
# of social media posts	343 (2015)	500	700
# of impressions from advertising campaigns	12.6M (2015)	13.8M	14.0M
% of permits applied for online	-	5%	10%
3.2 Work with others to establish policies that positively impact public health.			
# of policies established or improved that positively impact public health. Examples might potentially include: <ul style="list-style-type: none"> • Taxation of e-nicotine products • Vaping in the Clean Indoor Air Act • Access to behavioral health services • Height and weight measurements in schools • Expansion of wrap-around service models 	-	2	5
3.3 Engage the media through health advisories, noticed and data publications to inform the community of important health trends			
Average # weekly unique visitors to the Health District website	5,374 (2015)	5,911	6,502
# of community health data reports published/promoted. For example: <ul style="list-style-type: none"> • Community Health Needs Assessment • County Health Rankings • Air Quality Trends • Communicable diseases annual report • Foodborne illness risk factors • Antibigram report 	4 (2015)	5	5
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.			
# of supporting initiatives undertaken	3	4	5

4. IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

District Goals & Community Outcomes	Baseline	Targets	
		2018	2020
4.1 Lend support and accountability in childcare and educational settings to reduce outbreaks			
Duration of GI outbreaks in schools	44 days (2015)	40 days	36 days
4.2 Support and promote behavioral health.			
% of Washoe County high school students who attempt suicide	11.7% (2015)	11.1%	10.53%
% of Washoe County high school students who ever took a prescription drug without a doctor's prescription	18.3% (2015)	17.4%	16.5%
% of WC high school students who were offered, sold, or given an illegal drug by someone on school property	27.9% (2015)	26.5%	25.1%
Rate of K-12 Washoe County School District bullying incidents	-	-10%	-20%
% of Washoe County high school students who currently drink alcohol	35.5% (2015)	34.7%	32.9%
4.3 Support CHIP Nutrition and Physical Activity focus area			
Increase community participation in Nutrition/Physical Activity programs like 5210! Healthy Washoe	-	12	12
4.4 Enhance the regional EMS system.			
Maintain 5 year Emergency Medical Services Plan	-	1 Plan	1 Plan
4.5 Engage the community in public health.			
Partners engaged to implement the 2018-2020 Washoe County Community Health Improvement Plan	-	15	25

5. **FINANCIAL STABILITY:** Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources on income.

District Goals & Community Outcomes	Baseline	Targets	
		FY18	FY20
5.1 Update the WCHD’s financial model to align with the needs of the community.			
% State funding support	1.2% (FY15)	1.3%	1.5%
5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.			
Utilization of interns and volunteers (hours/FTEs)	12,636/6.1 (FY15)	13,676/6.6	14,716/7.1
Budget per capita (442,000 population)	\$47.50 (FY15)	\$49.88	\$52.25

6. **ORGANIZATIONAL CAPACITY:** Strengthen our workforce and increase operational capacity to support growing population.

District Goals & Health District Outcomes	Baseline	Targets	
		2018	2020
6.1 Create a positive and productive work environment.			
Employee engagement	-	30%	35%
# of facility enhancements implemented (cumulative)	2 (FY16)	5	8
% of security enhancement projects completed	0 (FY16)	100%	100%
# of “Big” QI projects implemented in last 12 months	-	2	2
6.2 Create a plan to grow as a Learning Organization			
% Implementation of the Workforce Development Plan	0%	50%	100%
6.3 Achieve Public Health Accreditation			
Achieve Public Health Accreditation	-	100%	100%

DISTRICT WIDE COLLABORATION

Collaboration Summary						
Goal	AHS	AQM	CCHS	EHS	EPHP	ODHO
1.1 Reduce the negative health and economic impacts of obesity and chronic disease.			X			
1.2 Promote preventative health services that are proven to improve health outcomes in the community.			X		X	X
1.3 Improve access to health care so people of all means receive the health services they need.			X			X
2.1 Protect people from negative environmental impacts.		X		X	X	
2.2 Keep people safe where they live, work, and play.				X	X	
3.1 Raise awareness of the Health District and the services it offers within the community.	X	X	X	X	X	X
3.2 Work with others to establish policies that positively impact public health.		X	X	X	X	X
3.3 Engage the media through health advisories, notices and data publications to inform the community of important health trends.		X	X	X	X	X
3.4 Raise awareness of the benefits of a healthy community to build a local culture of health.		X	X	X	X	X
4.1 Lend support and accountability in childcare and educational settings to reduce outbreaks				X	X	X
4.2 Support and promote behavioral health.			X		X	X
4.3 Improve nutrition by supporting efforts to increase food security and access.			X			X
4.4 Enhance the regional EMS system.					X	X
4.5 Engage the community in public health improvement.			X			X
5.1 Update the WCHD’s financial model to align with the needs of the community.	X					X
5.2 Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.	X	X	X	X	X	X
6.1 Create a positive and productive work environment.	X	X	X	X	X	X
6.2 Create a plan to grow as a learning organization	X	X	X	X	X	X
6.3 Achieve Public Health Accreditation	X	X	X	X	X	X

PERFORMANCE MANAGEMENT OF STRATEGIC PLAN

The management of the strategic plan is conducted through an online platform which allows for regular progress reporting on the progress made towards accomplishing all goals, outcomes and initiatives included in the strategic plan. While each initiative has a specific reporting timeframe which may be monthly, quarterly or annually, each outcome and initiative has a measure of implementation included in the online platform and a specific staff member is assigned to enter progress updates. Additionally, a bi-annual report on strategic plan progress is compiled and presented to the District Board of Health and to all staff during an all staff meeting.

Meeting Type	Time Required	Audience	Purpose/Format
Bi-annual Strategic Plan Progress Report	20 mins	Washoe County DBOH, All WCHD staff	Review progress on performance measures. Receive board feedback on strategic focus areas.
Annual Planning Retreat	1 day	Washoe County DBOH, Division Directors and Supervisors	Confirm strategic direction, update annual goals, and revise action plans for next fiscal year.

ACTION PLAN

Outcomes and Initiatives		Who	FY18	FY19	FY20
1.1	Reduce the negative health and economic impacts of obesity and chronic disease.				
Outcome 1.1.1	Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)	Steve Kutz	Target 34%		Target 33%
Initiative 1.1.1.1	Expand Wolf Pack Coaches Challenge.	Erin Dixon			
Initiative 1.1.1.2	Participate in the implementation of the Washoe County School District Wellness Policy.	Erin Dixon			
Outcome 1.1.2	Reduce the percentage of overweight and obese adults in Washoe County. (2015 Baseline: 21.8%)	Steve Kutz	Target 55%		Target 55%
Initiative 1.1.2.1	Develop and promote a local restaurant menu campaign.	Erin Dixon			
Initiative 1.1.2.2	Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking.	Steve Kutz			
Outcome 1.1.3	Reduce the percentage of adults who are current smokers in Washoe County. (2014 Baseline: 15%)	Erin Dixon	Target 14%		Target 13%
Initiative 1.1.3.1	Develop, place, and evaluate smoking free community campaign.	Erin Dixon			
Initiative 1.1.3.2	Identify and implement smoke free policies at family friendly locations.	Erin Dixon			
Outcome 1.1.4	Reduce the percentage of youth who currently smoke cigarettes in Washoe County. (2015 Baseline: 10.3%)	Erin Dixon	Target 9%		Target 8%
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon			
Outcome 1.1.5	Reduce the prevalence of diabetes in Washoe County. (2013 Baseline: 7.1%)	Erin Dixon	Target 7.1%		Target 7.0%
	Correlates with Initiatives 1.1.1.1 and 1.1.1.2	Erin Dixon			
Outcome 1.1.6	Reduce the coronary heart disease mortality rate (per 100,000) in Washoe County. (2012 Baseline: 226.6)	Erin Dixon	Target 224		Target 222

Outcomes and Initiatives		Who	FY18	FY19	FY20
	Correlates with Initiatives 1.1.1.1, 1.1.1.2, 1.1.2.1, 1.1.2.2, and 1.1.2.3	Erin Dixon			
Outcome 1.1.7	Reduce the cancer mortality rate (per 100,000) in Washoe County. (2012 Baseline: 174.5)	Erin Dixon	Target 172.5		Target 172.5
	Correlates with Initiatives 1.1.3.1 and 1.1.3.2	Erin Dixon			
1.2	Promote preventative health services that are proven to improve health outcomes in the community.				
Outcome 1.2.1	Monitor the teen birth rates (per 100,000) in Washoe County. (2013 Baseline: 26.9)	Lisa Lottritz	Target 25.6		Target 24.2
Initiative 1.2.1.1	Leverage the media, social media, and providers to increase outreach and education regarding available clinical services at the Washoe County Health District.	Steve Kutz			
Initiative 1.2.1.2	Promote “forget proof” birth control options within the community by increasing provider awareness regarding the importance of long-acting contraceptives in reducing teen and unintended pregnancy.	Lisa Lottritz			
Initiative 1.2.1.3	Promote and launch the Fetal Infant Mortality Review “Go Before You Show” campaign.	Linda Gabor			
Outcome 1.2.2	Increase the percentage of newly reported hepatitis C cases with confirmatory test results in Washoe County. (2015 Baseline: 53%)	Randall Todd	Target 60%		Target 70%
Initiative 1.2.2.1	Provide targeted education among those healthcare providers who do not follow CDC’s recommendation on hepatitis C testing.	Lei Chen			
Outcome 1.2.3	Increase the number of people utilizing WIC in Washoe County. (2016 Baseline: 9,568)	Erin Dixon	Target 9,855		Target 10,046
Initiative 1.2.3.1	Increase promotion and outreach of CCHS clinical programs, including WIC (Women, Infant & Children).	Steve Kutz			
Outcome 1.2.4	Increase the percentage of children, 19-35 months old, who receive the recommended doses of vaccine. (2015 Baseline: 75.5%)	Linda Gabor	Target 78%		Target 80%
Initiative 1.2.4.1	Participate on the Washoe County Immunization Workgroup to identify and coordinate immunization outreach activities for target populations.	Linda Gabor			
Initiative 1.2.4.2	Provide immunizations at the Truckee Meadows Healthy Communities Family Health Festival events.	Linda Gabor			

Outcomes and Initiatives		Who	FY18	FY19	FY20
1.3	Improve access to health care so people of all means receive the health services they need.				
Outcome 1.3.1	Increase the percentage of the population with health insurance in Washoe County. (2014 Baseline: 79.4%)	Steve Kutz	Target 83.3%		Target 87.3%
Initiative 1.3.1.1	Encourage clients requesting high-cost services to meet with enrollment assister to get enrolled in an ACA or Medicaid plan.	Steve Kutz			
Outcome 1.3.2	Collaborate with community partners to increase the percentage of Washoe County residents with a primary care provider. (2014 Baseline: 68.1%)	Steve Kutz	Target 71.5%		Target 83.9%
Initiative 1.3.2.1	Document CCHS clients' primary care provider status in EHR.	Steve Kutz			
Initiative 1.3.2.2	Advocate for increased Medicaid reimbursement to providers.	Steve Kutz/ Kevin Dick			
Initiative 1.3.2.3	Update clinical protocols to include counseling and referral of clients for primary care provider options and resources.	Steve Kutz			
Initiative 1.3.2.4	Partner with the new University of Nevada Medical School Physician's Assistant program to offer clinical rotation in CCHS.	Steve Kutz			
Outcome 1.3.3	Increase the number of offsite services in Washoe County.	Steve Kutz	Target 200		Target 200
Initiative 1.3.3.1	Increase offsite services through increased funding and partnerships.	Steve Kutz			
2.1	Protect people from negative environmental impacts.				
Outcome 2.1.1	Reduce the ozone concentration (parts per billion) – design value, 3-year average number in Washoe County. (2015 Baseline: 71)	Charlene Albee	Target 70		Target 68
Initiative 2.1.1.1	Implement and execute the Ozone Advance action plan.	Charlene Albee			
Initiative 2.1.1.2	Expand air monitoring network to West Reno.	Charlene Albee			
Outcome 2.1.2	Increase the air quality index – percentage good and moderate days in Washoe County. (2013-2015 Baseline: 356)	Charlene Albee	Target 358		Target 360

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 2.1.2.1	Establish Reno-Tahoe Clean Cities Coalition with Department of Energy designation.	Charlene Albee			
Initiative 2.1.2.2	Update the Air Quality penalty regulations.	Charlene Albee			
Outcome 2.1.3	Work with current and ongoing regional organizations and partners to develop ideas and implement plans to reduce per capita waste generated in Washoe County.	Jim English	4.38 lbs/per person/day		4.38 lbs/per person/day
Outcome 2.1.4	Meet and exceed the 35% goal recycling rate in Washoe County. (2015 Baseline: 31.5%)	Jim English	Target 35%		Target 35%
Initiative 2.1.4.1	Evaluate current recycling rates and develop internal plan to educate current regulated facilities on waste reduction and recycling.	Jim English			
Initiative 2.1.4.2	Build on community partnerships to increase recycling, reuse, and diversion throughout Washoe County.	Jim English			
Initiative 2.1.4.3	Create an educational and outreach plan/program to increase recycling efforts of commercial, industrial, and multifamily dwellings.	Jim English			
Outcome 2.1.5	Increase the number of activities to prepare and respond to disasters and/or emergencies in Washoe County. (2015 Baseline: 12)	Christina Conti	Target 10		Target 10
Initiative 2.1.5.1	Keep disaster plans and training current.	Christina Conti			
2.2	Keep people safe where they live, work, and play.				
Outcome 2.2.1	Develop risk based standards for inspection programs identified in the Performance Management System. (2016 Baseline: 0%)	Dave McNinch	Target 100%		Target 100%
Initiative 2.2.1.1	Develop and implement a work plan for establishing risk-based program standards for each program.	Dave McNinch			
Outcome 2.2.2	Implement risk based food inspection program based on the criteria of FDA program standards. (2015 Baseline: 0%)	Tony Macaluso	Target 100%		Target 100%
Initiative 2.2.2.1	Implement the new risk-based form and inspection process.	Dave McNinch			
Initiative 2.2.2.2	Establish risk-based environmental program standards for all programs.	Dave McNinch			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 2.2.3	Implement staff QA program based on the criteria of FDA Standard 4, "Uniform Inspection Program" for food inspections. (no baseline data)	Tony Macaluso	Target TBD		Target TBD
Initiative 2.2.3.1	Correlates with Initiative 2.2.1.1				
Outcome 2.2.4	Reduce the percentage of foodborne illness risk factors in food establishments in Washoe County. (no baseline data)	Dave McNinch	Target TBD		Target TBD
Initiative 2.2.4.1	Establish measurement of percentage of food-borne illness risk factors in food establishments.	Dave McNinch			
Initiative 2.2.4.2	Implement Intervention Strategies for Washoe County's most hazardous food safety risk factors.	Dave McNinch			
Outcome 2.2.5	Conduct outreach campaign to increase awareness of the appropriate use of 911.	Christina Conti	Campaign Implemented		Campaign Completed
Initiative 2.2.5.1	Develop a marketing plan to work with partner entities to educate the public on appropriate uses of 911	Christina Conti			
Outcome 2.2.6	Continue to fully implement the EHS Strategic Plan for all 9 FDA Standards.	Chad Westom			
3.1	Raise awareness of the Washoe County Health District and the services it offers within our community.				
Outcome 3.1.1	Communicate important health trends and data using traditional and social media, interviews, and press releases in Washoe County (2015 Baseline: 221)	Phil Ulibarri	Target 250		Target 275
Initiative 3.1.1.1	Develop periodic newsletter or blog to promote Health District activities.	Phil Ulibarri			
Initiative 3.1.1.2	Develop and post videos on website using County or contracted videographer or existing public health material.	Phil Ulibarri			
Initiative 3.1.1.3	Increase the number of social media posts in Washoe County. (2015 Baseline: 343)	Phil Ulibarri			
Outcome 3.1.3	Increase the number of impressions from advertising campaigns in Washoe County. (2015 Baseline: 12.6M)	Phil Ulibarri	Target 13.8M		Target 14.0M
Initiative 3.1.3.1	Ensure branding message of "Enhancing Quality of Life" is promoted in all marketing and outreach efforts.	Phil Ulibarri			
Outcome 3.1.4	Increase the percentage of permits applied for online in Washoe County. (no baseline)	Paula Valentin	Target 5%		Target 10%

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 3.1.4.1	Update look and feel of the Washoe County Health District Website to improve overall appearance.	Phil Ulibarri			
Initiative 3.1.4.2	Increase the average weekly unique visitors to the Washoe County Health District website.	Phil Ulibarri			
Initiative 3.1.4.3	Identify and implement opportunities to increase efficiency and awareness of online permit application	Paula Valentin			
3.2	Work with others to establish policies that positively impact public health.				
Outcome 3.2.1	Engage in policy development to positively impact public health. Examples might potentially include: taxation of e-nicotine products, vaping in the Clean Indoor Air Act, access to behavioral health services, height and weight measurements in schools, expansion of wrap-around models. (no baseline)	Kevin Dick	Target 2		Target 5
Initiative 3.2.1.1	Restrict smoking and vaping to designated areas on Washoe county properties and report on the number of properties with restricted smoking/vaping areas.	Kevin Dick			
Initiative 3.2.1.2	Establish policies that positively impact public health.	Kevin Dick			
Initiative 3.2.1.3	Establish Government Affairs/Policy support position in ODHO.	Kevin Dick			
Initiative 3.2.1.4	Submit recommendations to the Interim Legislative Committee on Health Care for consideration.	Kevin Dick			
Initiative 3.2.1.5	Work with others to develop BDRs addressing public health policy.	Kevin Dick			
Initiative 3.2.1.6	Provide legislative testimony and support, and report on the number and summary of policies/laws enacted during the legislative session.	Kevin Dick			
3.3	Inform the community of important health trends by capturing and communicating health data.				
Outcome 3.3.1	Increase the number of community public health advisories issued in Washoe County. (2015 Baseline: 60)	Phil Ulibarri	Target 66		Target 72
Initiative 3.3.1.1	Protect quality of life by communicating critical information during times of public health crisis or events through all appropriate media channels.	Phil Ulibarri			
Initiative 3.3.2.1	Promote WCHD data in media efforts.	Phil Ulibarri			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Outcome 3.3.2	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, Antibigram Report. (2015 Baseline: 4)	Phil Ulibarri	Target 5		Target 5
Initiative 3.3.2.1	Communicate Robert Wood Johnson Foundation county health data report in media efforts.	Phil Ulibarri			
3.4	Raise awareness of the benefits of a healthy community to build a local culture of health.				
Outcome 3.4.1	Increase the number of initiatives contributing to building a local culture of health. (2015 Baseline: 3)	Kevin Dick	Target 4		Target 5
Initiative 3.4.1.3	Hold Family Health Festivals or other TMHC events/initiatives and report on the number of events.	Kevin Dick			
4.1	Lend support and accountability to improve K-12 educational outcomes.				
Outcome 4.1.1	Reduce the duration of GI outbreaks in schools in Washoe County. (2015 Baseline: 44 days)	Randall Todd	Target 40 days		Target 36 days
Initiative 4.1.1.1	Provide Washoe County School District toolkits to prevent and control GI illness outbreaks.	Randall Todd			
Initiative 4.1.1.2	Provide backbone support for the Community Health Improvement Plan Education goals and objectives.	Catrina Peters			
Initiative 4.1.1.3	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for educational initiatives.	Catrina Peters			
4.2	Support and promote behavioral health.				
Outcome 4.2.1	Reduce the percentage of Washoe County high school students who attempt suicide. (2015 Baseline: 11.7%)	Catrina Peters	Target 11.1%		Target 10.53%
Initiative 4.2.1.1	Collaborate with Truckee Meadows Healthy Communities and be a leader in moving the needle forward for behavioral health initiatives.	Catrina Peters			
Outcome 4.2.2	Reduce the percentage of Washoe County high school students who ever took a prescription drug without a doctor's prescription. (2015 Baseline: 18.3%)	Catrina Peters	Target 17.4%		Target 16.5%

Outcomes and Initiatives		Who	FY18	FY19	FY20
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.3	Reduce the percentage of Washoe County high school students who were offered, sold, or given an illegal drug by someone on school property. (2015 Baseline: 27.9%)	Catrina Peters	Target 26.5%		Target 25.1%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.4	Reduce the rate of K- 12 Washoe County School District bullying incidents. (no baseline)	Catrina Peters	Target -10%		Target -20%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
Outcome 4.2.5	Reduce the percentage of Washoe County high school students who currently drink alcohol. (2015 Baseline: 35.5%)	Catrina Peters	Target 34.7%		Target 32.9%
	Correlates with Initiatives 4.2.1.1 and 4.2.1.2	Catrina Peters			
4.3	Increase community participation in physical activity and nutrition programs like 5210! Healthy Washoe				
Outcome 4.3.1	Increase community participation in physical activity and nutrition programs like 5210! Healthy Washoe.	Catrina Peters			
4.4	Enhance the Regional Emergency Medical Services System.				
Outcome 4.4.1	Maintain a 5-Year Emergency Medical Service Plan. (2015 Baseline: 0%)	Christina Conti	Target 100%		Target 100%
Initiative 4.4.1.1	Report quarterly to the District Board of Health on progress of initiatives within the Strategic Plan.	Christina Conti			
4.5	Engage the Community in Public Health Improvement.				
Outcome 4.5.1	Multiple community partners working collectively to implement the 2018-2020 Community Health Improvement Plan	Catrina Peters	Target 100%		Target 100%
5.1	Update the WCHD's financial model to align with the needs of the community.				
Outcome 5.1.1	Increase State funding support in Washoe County. (FY 2015 Baseline: 1.2%)	Anna Heenan	Target 1.3%		Target 1.5%

Outcomes and Initiatives		Who	FY18	FY19	FY20
5.2	Ensure resources are spent where they can have the most impact by identifying opportunities for cost savings.				
Outcome 5.2.1	Increase budget per capita (442,000 population). (FY 2015 Baseline: \$47.50)	Anna Heenan	Target \$49.88		Target \$52.25
Initiative 5.2.1.1	Establish an agreement with the County on adjusting general fund transfers to address COLAs.	Kevin Dick			
Initiative 5.2.2.1	Identify opportunities to support above base requests within division budgets.	Anna Heenan			
Initiative 5.2.2.2	Achieve and report on cost savings through QI projects.	Catrina Peters			
Outcome 5.2.3	Increase utilization of interns and volunteers (hours/FTEs). (FY 2015 Baseline: 12,636/6.1)	Anna Heenan	Target 13,676/6.6		Target 14,716/7.1
6.1	Create a positive and productive work environment.				
Outcome 6.1.1	Increase the employee engagement score in Washoe County. (FY 2016 Baseline: 18.9%)	Catrina Peters	Target 25%		Target 30%
Initiative 6.1.1.1	Conduct an annual engagement survey.	Catrina Peters			
Initiative 6.1.1.2	Achieve 85% on-time annual reviews.	Kevin Dick			
Initiative 6.1.1.3	Achieve 85% on-time annual reviews.	Anna Heenan			
Initiative 6.1.1.4	Achieve 85% on-time annual reviews.	Chad Westom			
Initiative 6.1.1.5	Achieve 85% on-time annual reviews.	Charlene Albee			
Outcome 6.1.2	Increase the number of facility enhancements implemented (cumulative) within the Washoe County Health District. (FY 2106 Baseline: 2)	Steve Kutz	Target 5		Target 8

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 6.1.2.1	Implement actions to enhance aesthetics of the Health District building environment and report on number of actions taken.	Steve Kutz			
Outcome 6.1.3	Increase the number of security enhancements implemented within the Washoe County Health District. (FY 2106 Baseline: 0)	Anna Heenan	Target 100% project completion		Target 100% project completion
Initiative 6.1.3.1	Implement improvements in security measures.	Anna Heenan			
Outcome 6.1.4	Increase the number of QI projects implemented in last 12 months within the Washoe County Health District. (FY 2106 Baseline: 8)	Catrina Peters	Target 10		Target 12
Initiative 6.1.4.1	Develop and approve an annual Quality Improvement Plan.	Catrina Peters			
Initiative 6.1.4.2	Implement QI projects and report on the number of projects implemented.	Catrina Peters			
Outcome 6.1.5	Complete two "Big" QI projects per year.				
Initiative 6.1.5.1	Complete Quality Improvement Projects	Catrina Peters			
6.2	Focus on continuing to build staff expertise.				
Outcome 6.2.1	Implement the Workforce Development Plan. (FY 2016 Baseline: Plan under development)	Catrina Peters	Target 50%		Target 100%
Initiative 6.2.1.1	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Kevin Dick			
Initiative 6.2.1.2	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Anna Heenan			
Initiative 6.2.1.3	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Chad Westom			
Initiative 6.2.1.4	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Charlene Albee			
Initiative 6.2.1.5	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Randall Todd			

Outcomes and Initiatives		Who	FY18	FY19	FY20
Initiative 6.2.1.6	Increase the number of staff with at least one professional development opportunity in annual performance evaluations.	Steve Kutz			
Initiative 6.2.1.13	Identify current and future workforce needs to support career pathways.	Kevin Dick			
Initiative 6.2.1.14	Identify current and future workforce needs to support career pathways.	Anna Heenan			
Initiative 6.2.1.15	Identify current and future workforce needs to support career pathways.	Dave McNinch			
Initiative 6.2.1.16	Identify current and future workforce needs to support career pathways.	Charlene Albee			
Initiative 6.2.1.17	Identify current and future workforce needs to support career pathways.	Randall Todd			
Initiative 6.2.1.18	Identify current and future workforce needs to support career pathways.	Steve Kutz			
Initiative 6.2.1.19	Develop and implement the workforce development plan.	Catrina Peters			
Initiative 6.2.1.20	Explore opportunities to evolve into an academic organization with the University Of Nevada's Community Health Sciences Program.	Catrina Peters			
Initiative 6.2.1.21	Provide opportunities for leadership development through short courses, certificate programs, distant learning and other opportunities.	Catrina Peters			
6.3	Achieve National Public Health Accreditation.				
Outcome 6.3.1	Continue to improve internal processes to ensure policies and procedures meet National Public Health Accreditation Standards. (FY 2016 Baseline: Process not started)	Catrina Peters	Target Achieve Accreditation		Target Maintain Accreditation
Initiative 6.3.1.1	Submit all required documentation and prepare for Accreditation site visit.	Catrina Peters			

APPENDIX A

PLAN REVISION PROCESS SUMMARY

As mentioned in the beginning of the document, in fall of 2018 the DBOH convened a Strategic planning retreat to revisit the strategic plan, discuss the progress to date and if any revisions were needed. This was a very similar process to the retreat conducted in the fall of 2017. New information was shared and considered from the 2018-2020 Washoe County Community Health Improvement Plan and the Washoe County Regional Behavioral Health Board data profile in addition to information on other emerging trends such as increases in population in Washoe County and our growing homeless population. A summary of the meeting and major activities as well as the new data provided is summarized below.

Meetings and Major Activities

Meetings and Major Activities	Participants	Timing
Phase 1: Retreat Planning		
Retreat planning meeting	Core Planning Team	8/3/18
Retreat planning meeting	Core Planning Team	9/27/18
Meeting with Division Directors to discuss Strategic Planning retreat agenda and purpose	Core Planning Team & WCHD Division Directors	9/19/18
Retreat planning meeting to review materials and presentations to be shared	Core Planning Team & WCHD Division Directors	10/30/18
Phase 2: Conduct Retreat		
Strategic Planning Retreat Day 1 <ul style="list-style-type: none"> • Provided an update on data used in the initial strategic plan • Review current and emerging considerations • Presented updates on future Strategic Plan initiatives • Discuss any potential revisions needed to the plan 	District Board of Health, Core Planning Team, Division Directors, and Supervisors	11/01/18
Phase 3: Revise Plan		
Present revised plan to District Board of Health for review and approval	District Board of Health	12/13/17
Revised Strategic Plan rollout to all staff	All WCHD Staff	1/8/19

Participant Lists

Core Planning Team

1. Kevin Dick, District Health Officer
2. Catrina Peters, Director of Programs and Projects

District Board of Health

1. Kitty Jung, Washoe County Commissioner
2. Kristopher Dahir, Sparks City Council
3. Oscar Delgado, Reno City Council
4. Dr. John Novak, Non-Elected Washoe County Appointee
5. Tom Young, Non-Elected Washoe County Appointee

WCHD Division Directors

1. Chad Warren Westom, Division Director, Environmental Health Services
2. Steve Kutz, Division Director, Community and Clinical Health
3. Randall Todd, Division Director, Epidemiology and Public Health Preparedness
4. Charlene Albee, Air Quality Management
5. Anna Heenan, Admin Health Services Officer

WCHD Staff

1. Laura Rogers, Administrative Secretary
2. Mike Wolf, Air Quality Supervisor
3. Dan Inouye, Air Quality Supervisor
4. Erin Dixon, Public Health Supervisor
5. Linda Gabor, PHN Supervisor
6. Lisa Lottritz, PHN Supervisor
7. Angela Penny, PHN Supervisor
8. Kim Graham, Administrative Assistant
9. Dave McNinch, Environmental Health Specialist Supervisor
10. James English, Environmental Health Specialist Supervisor
11. Paula Valentin, Administrative Assistant
12. Christina Conti-Rodriguez, EMS Program Manager
13. Nancy Kerns Cummins, Fiscal Compliance Officer
14. Jennifer Pierce, Fiscal Compliance Officer
15. Phil Ulibarri, Public Health Communications Program Manager
16. Lei Chen, Epidemiology Program Manager
17. Laura Rogers, Admin Secretary
18. Falisa Hilliard, Office Support Specialist

SUMMARY OF 2018-2020 COMMUNITY HEALTH NEEDS ASSESSMENT

After the initial 2015-2017 Community Health Needs Assessment, a 2018-2020 Washoe County Community Health Needs Assessment (CHNA) was completed and the preliminary results were shared at the 2017 strategic planning retreat. The 2018-2020 CHNA is a collaboration funded by Washoe County Health District and Renown Health.

Purpose

- Identify health needs of a geographically defined area “community”
- Identify strengths and assets of the community
- Inform decision makers and leaders

Components

1. **Secondary data:** data for over 250 health indicators from reliable and generalizable sources such as Behavioral Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), American Community Survey (ACS), and other sources of standardized population data available at the county level. Indicators align with the Table of Contents [attached].
 - i. Data displayed in 5-10 years trends, some indicators show disparities among educational attainment, race/ethnicity, age, and sex, and compare Washoe County performance to Nevada and United States as well as Healthy People 2020 objectives.
2. **Primary data:** data gathered through a survey of residents focused on areas with little to no secondary data. Includes questions identifying barriers to physical activity, nutrition, and accessing healthcare. Helps understand the why and how. Survey available in English and Spanish, online and hardcopy, over 1,400 respondents over a 4-month period.
3. **Ranked health needs:** Objective measurement of secondary and primary data scored on five criteria [accompanying table] to determine rank. [see ranked data graph, ranked community input graph, overall rank]
4. **Prioritized focus areas:** community workshop was an opportunity for community organizations and leaders to weigh in and identify which priority areas under each health topics has the best opportunity for sustainable success. [workshop results]

2018-2020 Washoe County Community Health Needs Ranking

Health Topic	Overall Rank	Community Survey	Data	Community Workshop
Access to Health	1	1	6	3
Mental Health	2	5	1	2
Social Determinants	3	3	8	1
Crime & Violent-Related Behaviors	4	4	5	7
Physical Activity, Nutrition, & Weight	5	6	2	5
Chronic Disease/Screenings	6	6	3	6
Substance Use	7	7	4	4
Injury Prevention	8	7	7	12
Maternal & Child Health	9	Under Sexual Health	9	8
Sexual Health	10	10	10	10
Environmental Health	11	2	12	11
Infectious Disease & Immunizations	12	6	11	9
Community Services	NR	9	NR	Under Social Determinants
Built Environment	NR	11	NR	Under Physical Activity

Criteria for Score and Rank of Health Priorities

1. **Magnitude:** the percent, rate, or number of measured population impacted by each indicator.
2. **Severity:** severity of what the indicator measures acute, short-term impact or is it a measure of premature death, disability, chronic illness.
3. **Trend:** indicator shows improvement, worsening, or no improvement over time.
4. **Benchmark:** how Washoe County ranked relative to Nevada, the United States or Healthy People 2020 objectives.
5. **Community Perception:** perceived importance as determined by the score resulting from online community survey respondents.

Criteria & Associated Scoring Used to Determine Health Topic Score & Rank		
Criteria	Score	Definition
Magnitude [weight 1.0]	0	0-.9% of population impacted
	1	.91-3.0% of population impacted
	2	3.1-7.0% of population impacted
	3	7.1% + of population impacted
Severity [weight .75]	0	Not serious/short-term issue (0-2 weeks)
	1	Moderately serious/medium length of impact 2 weeks-1 year
	2	Very serious/1+ years of impact
Trend [weight .75]	0	Improvement over the past 5-10 years
	1	No clear trend up or down
	2	Getting worse over the past 5-10 years
Benchmark [weight .5]	0	Better than Nevada or National level by more than 3%
	1	Same as Nevada or National level; within 1-2%
	2	Worse than Nevada or National level by 3-5%
	3	Worse than Nevada or National level by 6% or higher
Community Perception [weight 2.0]	The calculated average score resulting from the health topic prioritization survey question, [multiplied by 2]	

APPENDIX B

DETAILED PLANNING PROCESS

The documents included in appendix B include a description of the planning process and participants as well as the documents and data that were used in the initial version of the Strategic Plan. They were included in the revised 2018-2020 Strategic Plan to reflect the information provided that shaped the initial version of the Strategic Plan.

Meetings and Major Activities

Meetings and Major Activities	Participants	Timing
Phase 1: Determine Position		
Kickoff Meeting to clarify outcomes and expectations	Core Planning Team	11/23/2015
1:1 Strategy Interviews with District Board of Health Members	District Board of Health	01/25/16 to 2/12/2016
Project management meeting to review strategy interview findings and develop Stakeholder Survey questions	Core Planning Team	02/05/2016
Stakeholder survey	All WCHD Staff, External Stakeholders	02/16/2016 to 03/04/2016
Initial strategy session to confirm initial findings (See Current State Summary below)	Core Planning Team & WCHD Division Directors and Supervisors	03/02/2016
Project management meeting to develop employee engagement presentation and draft major themes from current state assessment.	Core Planning Team	03/11/2016
Presentation of Stakeholder Survey findings to Division Directors for review	WCHD Division Directors	03/18/2016
Presentation of initial findings and draft strategic planning retreat agenda to DBOH	District Board of Health, Core Planning Team	03/24/2016
Project management meeting to develop supporting materials for strategic planning retreat	Core Planning Team	03/25/2016
Presentation of Stakeholder Survey findings to all WCHD staff for review	All WCHD Staff	04/05/2016
Project management meeting to finalize agenda and clarify roles during strategic planning retreat	Core Planning Team	04/08/2016
Phase 2: Develop Strategy		
Strategic Planning Retreat Day 1 <ul style="list-style-type: none"> Clarified the District's core purpose and strategic direction Developed Strategic Objectives Developed District Goals 	District Board of Health, Core Planning Team, Division Directors, and Supervisors	04/14/2016
Phase 3: Build the Plan		
Strategic Planning Retreat Day 2 <ul style="list-style-type: none"> Developed desired community outcomes Developed initiatives to support District goals Developed strategic plan implementation model 	Core Planning Team, Division Directors, and Supervisors	04/15/2016

Project management meeting to review draft strategic plan	Core Planning Team	04/29/2016
Review of draft plan for input and feedback	Division Directors and Supervisors	05/02/2016 to 05/12/2016
Present draft plan to District Board of Health for review and approval	District Board of Health	05/26/2016
Plan rollout to all staff	All WCHD Staff	07/1/2016

Participant Lists

Core Planning Team

1. Kevin Dick, District Health Officer
2. Sara Dinga, Director of Programs and Projects
3. Anna Heenan, Administrative Health Services Officer

District Board of Health

4. Kitty Jung, Washoe County Commissioner
5. Julia Ratti, Sparks City Council
6. Oscar Delgado, Reno City Council
7. Michael D. Brown, City of Reno Non-Elected Appointee
8. George Hess, M.D. District Board of Health Appointee
9. John Novak, City of Sparks Non-Elected Appointee
10. David Silverman, Non-Elected Washoe County Appointee

WCHD Division Directors

11. Charlene Albee, Division Director, Air Quality Management
12. Robert Sack, Division Director, Environmental Health Services
13. Steve Kutz, Division Director, Community and Clinical Health
14. Randall Todd, Division Director, Epidemiology and Public Health Preparedness

WCHD Supervisors

15. Dawn Spinola, Administrative Secretary
16. Phil Ullbarri, Public Health Communications Program Manager
17. Mike Wolf, Air Quality Supervisor
18. Dan Inouye, Air Quality Supervisor
19. Linda Gabor, PHN Supervisor
20. Lisa Lottritz, PHN Supervisor
21. Stacy Hardie, PHN Supervisor
22. Dave McNinch, Environmental Health Specialist Supervisor
23. Tony Macaluso, Environmental Health Specialist Supervisor
24. Jim Shaffer, Vector Coordinator

25. James English, Environmental Health Specialist Supervisor
26. Jeff Whitesides, Public Health Preparedness Manager
27. Christina Conti-Rodriguez, EMS Program Manager
28. Sunita Monga, Community Health Nutritionist
29. Janet Piette, Community Health Nutritionist

CURRENT STATE ASSESSMENT

SWOT Analysis

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Customer Service • Proactive disease prevention and public health promotion • Community health education and outreach • Community engagement and communication • Knowledgeable staff dedicated to their work • Breadth and quality of services • Working with community partners • Leadership and employee communication • Emergency response • Working efficiently with limited resources 	<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Population growth and resulting increased resources • Local hospitals' willingness to support public health efforts • Strong awareness and data of the community's health needs through recent Community Health Needs Assessment • Willingness of community partners to engage in efforts such as the Community Health Improvement Plan and Truckee Meadows Healthy Communities • Partnering with entities such as UNR, TMCC, Hospitals, school districts, nonprofits, etc. to expand reach and impact. • Increasing rates of people with health insurance
<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Promotion of Health District in community • Employee morale • Employee accountability and engagement • Working together across divisions • Appearance, safety, and accessibility of facility • Lack of positive encouragement from leadership • Employee recognition, appreciation, and support • Employee training • Consistent, equitable treatment of employees • Capturing and acting on citizen input • Stability and level of financial resources • Process efficiency • Efficient, equitable resource allocation • Customer service • Soliciting and acting on employee input • Employee communications • Use of current technology • Resources for chronic health disease prevention 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Population growth and increasing need for services • Growing senior population with higher needs • Nevada has the lowest levels of public health funding of any state • Low graduation rates which are tied to poorer public health outcomes • Mental health provider shortage in all of Washoe County • Increasing community reliance on supplemental nutrition assistance program • More strict federal standards for air quality • Drought and climate change's impact on water supply • Primary care provider shortage • Difficulty finding providers who accept Medicaid • Increasing rates of sexually transmitted diseases • Increasing prevalence of vaping • Increasing rates of obesity and chronic disease

- Working with external partners
- Bureaucracy and red tape
- Lack of standard, defined processes
- Employee workloads
- Inability to cut unneeded services

Mission Statement: What is the Core Purpose of the Health District?

Current Statement

To protect and enhance the physical well-being and quality of life for all citizens of Washoe County through providing health information, disease prevention, emergency preparedness, and environmental services.

70.7% of survey respondents agree that the current mission statement strongly explains the core purpose of the Health District. Below is a summary of what respondents like about the current statement and what they think could be better.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> • It accurately reflects the core purpose of a Health District in general and us specifically (x12) • It is clear and succinct (x3) • It focuses on our citizens (x2) 	<ul style="list-style-type: none"> • It doesn't encompass our work in: <ul style="list-style-type: none"> ○ Prevention (x3) ○ Air Quality (x3) ○ WIC (x2) ○ Community partnerships (x2) • We protect and enhance more than just physical well-being (x6) • It should be more general and inspiring less list-like (x4) • It is difficult to understand/the terminology is unclear (x3) • Our services also protect visitors, not just citizens (x2)

Other Health District Mission Statements

- **Southern Nevada:** To protect and promote the health, the environmental and the well being of Southern Nevada residents and visitors.
- **Carson City:** To protect and improve the quality of life for our Community through disease prevention, education and support services.
- **CA Dept. of Public Health:** The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California.

- **Sacramento County:** The mission of Sacramento County Public Health is to promote, protect, and assure conditions for optimal health and public safety for residents and communities of Sacramento County through leadership, collaboration, prevention and response.

Draft Mission Statements

1. *To protect and enhance the health and well-being of the Washoe County community.*
2. *To protect and enhance the health, well-being, and quality of life for all citizens and visitors to Washoe County.*
3. *To make Washoe County a healthier community.*
4. *To provide services that have meaningful, positive impacts on the health of the Washoe County community.*

Strategic Direction: What does success look like?

Current Statement

We are leaders in a Unified Community Committed to Optimal Human and Environmental Health.

Stakeholder Survey Results

51.8% of survey respondents agree that the current statement clearly explains what success looks like for the Health District over the next 5 years. Below is a summary of what respondents like about the current statement and what they think could be better.

Key Themes	
Why?	Why Not?
<ul style="list-style-type: none"> • 'Unified Community' speaks to our work with partners • Concise and inspiring 	<ul style="list-style-type: none"> • 'Optimal Health' is very broad and not quantifiable • Too much jargon, not enough substance • Does not seem feasible given current internal and external environment

Board Direction

By 2020, success in our community looks like...

Key Themes

- **Improved community health indicators:** We have reached aspirational goals on community health indicators.
- **Increased work with partners:** We should focus on what we do really well and then partner with others with different expertise.
- **Responsiveness to community growth:** We've been able to maintain service levels as the community has grown.

- **Innovative pilot programs:** Trying out new ideas that can potentially have major impacts.
- **Clean, safe downtown:** Cleaning up downtown.
- **Financially stable organization:** The Health District will be less dependent on general funds and able to better predict future funding levels.

Other Responses

- **National model:** We are a model for other communities throughout the nation.
- **Serving the underserved:** We've been able to expand services and reach more of the underserved population in our County.
- **Working closer with the cities:** Increasing the interaction with and collaboration with Reno and Sparks.
- **Beyond mandates:** Able to extend services beyond what is mandated into other areas that can improve the health of the community.
- **Partnering to extend reach:** Strengthening relationships with other agencies in the community working to improve the health and well-being of the community.
- **Community awareness:** There will be greater community awareness and appreciation for what the Health District does.
- **Community hub:** The Health District should be a hub for low-income people to get their needs met.

Other Health District Strategic Direction Statements

- **Southern Nevada:** Healthy People in a Healthy Southern Nevada.
- **Carson City:** Carson City Health and Human Services leads the region in providing services that support healthy communities.
- **CA Dept. of Public Health:** Healthy Individuals and Families in Healthful Communities.
- **Sacramento County:** Optimal health and well-being for Sacramento County communities!
- **Weld County:** Together, we are working to make Weld County a healthy place to live, learn, work and play.

Draft Strategic Direction Statements

1. *We will be leaders in a unified community committed to making measurable progress on the health of its people and environment.*
2. *Washoe County will be recognized as a top community for health, well-being, and quality of life.*
3. *Washoe County will make meaningful progress on public health indicators resulting from a unified, community-wide focus on health.*

Strategic Objectives: What do we need to focus on to Achieve our Strategic Direction?

Board Priorities

What are the top 3 most significant issues facing the Health District?

Key Themes

- **Financial sustainability:** The Health District needs to be less reliant on the County for general funds.
- **Tightened air quality standards:** The Health District needs to improve the region's current air quality to meet new, tougher federal air quality standards.
- **Ambulance service:** The current provider does not have a good history of achieving the required service levels.

What community or regional trends do we need to address during this process?

Key Themes

- **Drug abuse:** Our region is seeing increased use of heroin and methamphetamine and the negative effects of these drugs are impacting our community.
- **Drought and climate change:** Access to water and changing climates could negatively impact the health of the community.
- **Population growth:** We need to be able to meet the needs of a growing population and a more geographically dispersed population.
- **Obesity:** We need to help prevent obesity by addressing issues such as access to healthy food.

What are the long-term priorities the Health District needs to focus on over the next 3-5 years?

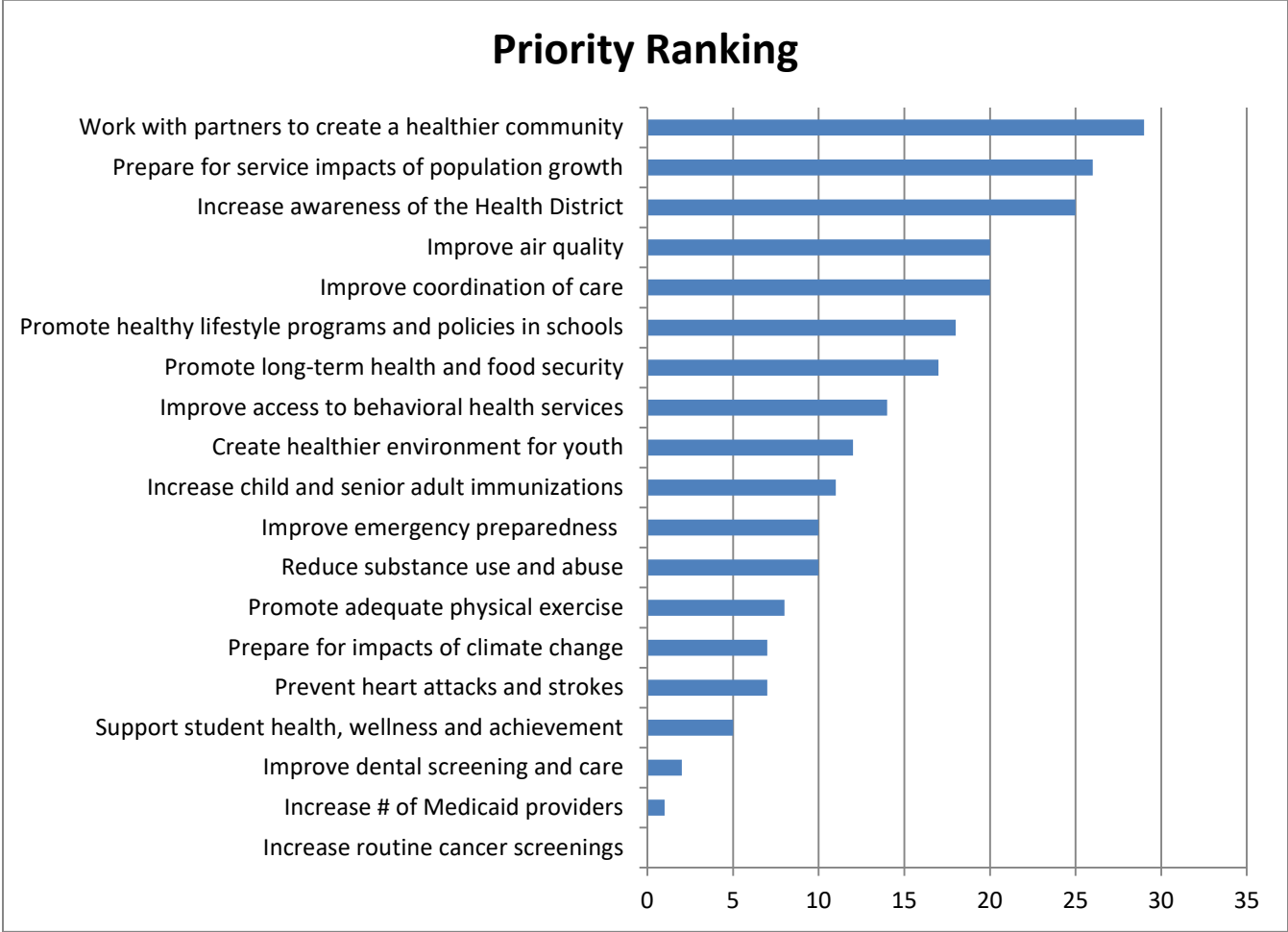
Key Themes

- **Financial resources:** Improving the finances of the District for greater security and to enable the organization to be proactive and explore new programs and services to help the community.
- **Increasing awareness and public outreach:** Informing more people about the services the Health District offers and its positive impact on the community.
- **Long-term planning:** We need to get ahead of requirements and regulations and try to be more proactive in our planning.
- **Quality control and process improvement:** In the past 7 years the Health District has come a long way but we can still do better at making this part of the culture.

Management Team Priorities

- **Population growth** and the resulting social/environmental impacts
- **Fiscal sustainability** to be able to proactively address issues instead of struggling to keep up
- **Stable priorities** backed by long-term funding commitments
- **Resource flexibility** to address issues that have the biggest impact on community health such as chronic disease, and behavioral health
- **Updated identity/brand/image** for the Health District including facility upgrades
- **Trusting, open, and engaged work environment**

Stakeholder Survey Priorities



Draft 2016-2018 Strategic Objectives

- 1. Improve the health of our community by empowering individuals to live healthier lives.**
 - a. How do we reduce the negative health and economic impacts of obesity/chronic disease?
 - b. How can we reduce increasing rates of sexually transmitted disease?
 - c. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
 - d. How do we increase immunization rates and prevent the spread of disease?
 - e. What can we do to improve access to health care?

- 2. Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**
 - a. What is our plan to meet more strict air quality standards?
 - b. What should we be doing to address drought/climate change?
 - c. How can we better prevent food safety issues?
 - d. How can we be better prepared for emergencies?

- 3. Extend impact through partnerships.**
 - a. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
 - b. What can we do to reduce high suicide rates in our community, especially among youth?
 - c. How can we best address increasing rates of drug use and abuse in our region?
 - d. How can we improve the regional EMS System?

- 4. Lead the creation of a local culture of health.**
 - a. How can we establish a new and improved Health District identity/brand?
 - b. How can we get the word out about all the great work we do?
 - c. How can we encourage citizens to live healthier lifestyles every day?
 - d. How can we make meaningful improvements in health policy?

- 5. Achieve greater financial stability.**
 - a. How do we achieve greater financial stability/predictability?
 - b. Do we agree on our current local funding model for the Health District?

- 6. Strengthen our workforce and increase operational capacity to support growing population.**
 - a. How can we work better across divisions and interjurisdictionally?
 - b. How can we continue to improve our process efficiency and use of technology?
 - c. How can we provide more training and professional development opportunities for staff?
 - d. What can we do to make the Health District facility more inviting?
 - e. How can we create a culture of employee recognition, encouragement, and accountability?
 - f. How can we become better leaders of our organization?

Improve the health of our comm. by empowering individuals to live healthier lives

Highlights from Board Interviews

- “We moved the needle on the Community Health Needs Assessment measures and Truckee Meadows Tomorrow quality of life indicators.”
- “We are a mentally and physically healthy community.”
- “There will be less smoking, drinking, obesity, suicide, food insecurity, etc. due to our education and program support.”
- “Most people don’t see it, but overdose rates are going up. We need to get on the front end of this rising problem.”

Strategic Issues

1. How do we reduce the negative health and economic impacts of obesity/chronic disease?
2. How can we reduce increasing rates of sexually transmitted disease?
3. Should we increase our efforts to improve outcomes related to maternal, infant and child health?
4. How do we increase immunization rates and prevent the spread of disease?
5. What can we do to improve access to health care?

Program Expansion Recommendations

41.7% of respondents think that there are programs or services of the Health District that should be expanded.

When asked which ones, key themes were:

- Chronic disease prevention program (x11)
- Community education (x5)
- Maternal and child health (x5)
- Immunizations (x4)
- Environmental Health Services (x3)
- Nutrition education (x2)
- Community and Clinical Health Services (x2)

New Program Recommendations

44.1% of respondents think that the Health District is providing all of the public health services it should be to properly serve the community. When asked which new programs or services are needed, the top responses were:

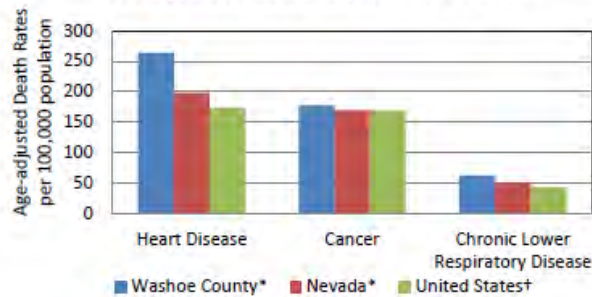
- Don’t add new programs, strengthen existing programs (x4)
- Mental health services (x3)
- Chronic disease prevention services (x3)
- Additional support for families and children (x2)
- Oral health
- Injury prevention

Relevant Findings from the Community Health Needs Assessment

Chronic Disease

The top 3 causes of death in 2012—Heart Disease, Cancer, and Chronic Lower Respiratory Disease—accounted for 68.2% of all deaths in Washoe County and cost the state approximately \$2.8 billion in direct expenditures (2011)—69.6% of the total economic burden to the state.

Figure 1.1: Top 3 Causes of Mortality, Washoe County, Nevada & the United States, 2011



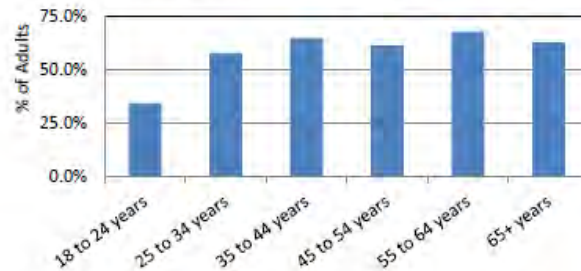
Source: *Nevada Health Statistics Portal Death Data Query
Source: †National Vital Statistics Report, Deaths Preliminary Data for 2011

Chronic Disease Risk Factors

“Four health behaviors are responsible for nearly 70% of deaths in the US: Lack of physical activity, unhealthy diet, smoking tobacco, and excessive alcohol consumption. Research shows that by reducing or eliminating these four risk factors, anywhere from 40-80% of premature deaths related to heart disease, cancer, and cardiovascular deaths can be prevented.”

- **Physical activity:** “Less than 25% of adolescents and adults are getting the recommended daily amount of physical activity.”
- **Nutrition:** “Only 30.7% of youth could have met the recommended dietary guidelines for servings of fruit and only 12.9% could have met the rec. intake for vegetables over the course of the previous week.”
- **Obesity:** “Obesity may be the single largest threat in the country, not only to public health, but the economy as well.”

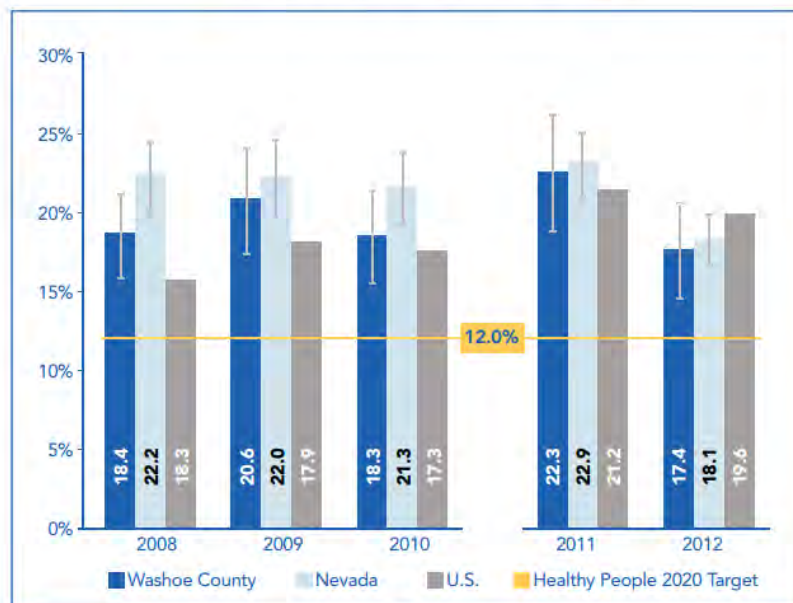
Figure 1.8: Adults Overweight/Obese, Washoe County, by Age Group, 2013



Source: 2013 Nevada BRFSS: Washoe County Analysis

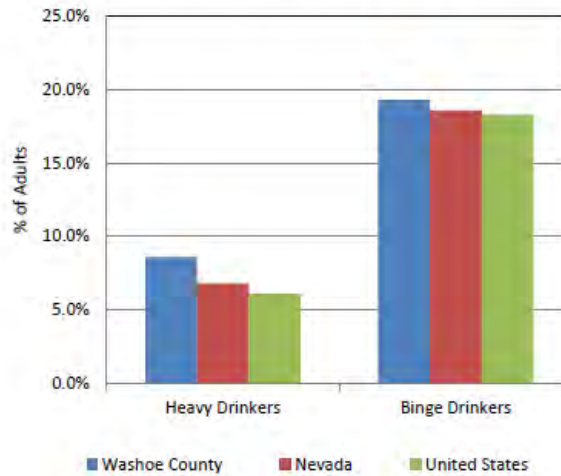
- Tobacco:** “43% of cancers and 21.7% of deaths were due to tobacco-related illnesses in Washoe County from 2006 to 2010. Although fewer teens report having ever tried cigarettes, the rates of current smokers have remained stable in Washoe County. Smoking rates among adults in Washoe County have decreased since 2011. And in 2013 only 15.4% of adults indicated they were current smokers, which was lower than rates for both Nevada and the U.S.”

Tobacco Use and Exposure
Prevalence of Current Smokers
Washoe County, Nevada and U.S., 2008 – 2012



- **Alcohol:** “Washoe County has higher rates of alcohol consumption and binge drinking than Nevada and the rest of the nation.”

Figure 1.21: Adult Alcohol Use by Type, Washoe County, Nevada & the US, 2011



Source: 2011 Nevada BRFSS

Sexual Health

“Youth in Washoe County experience higher rates of intimate partner abuse, sexual contact and sexual penetration than youth nationwide. These rates correlate with findings from a 2011 national study that ranked Nevada as the second-worst state for sexual violence — especially against women.

The sexually transmitted diseases highlighted have all seen an increase in 2013; and chlamydia, gonorrhea and syphilis have seen increases since 2010. Rates tend to be disproportionately higher among African Americans. However, as with all reportable conditions, the increase in rates among all races and ethnicities may be a result of several factors — an increase in the number of people who get screened, improved case reporting from laboratories and providers, or a true reflection in the number of infections.”

Figure 1.48: Percent of high school students reporting they had been physically forced to have sex, when they did not want to, Washoe County, 2013

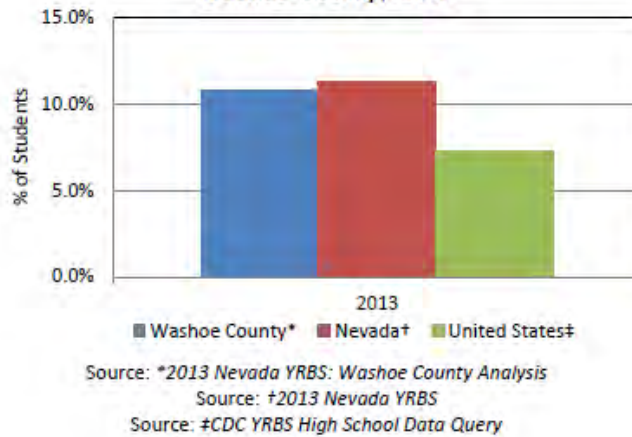
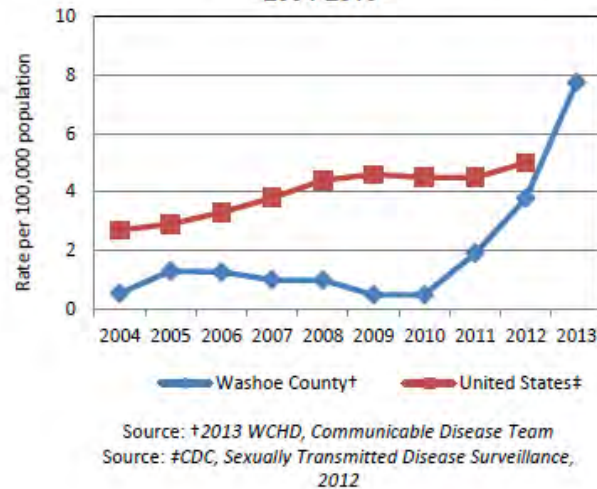


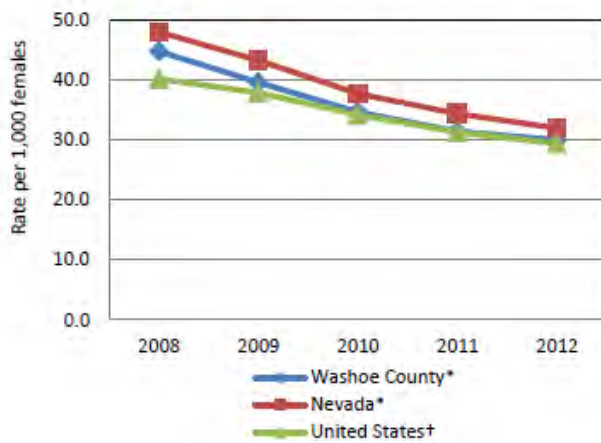
Figure 1.54: Rate of Primary & Secondary Stage Syphilis, Washoe County & the U.S., 2004-2013



Maternal, Infant and Child Health

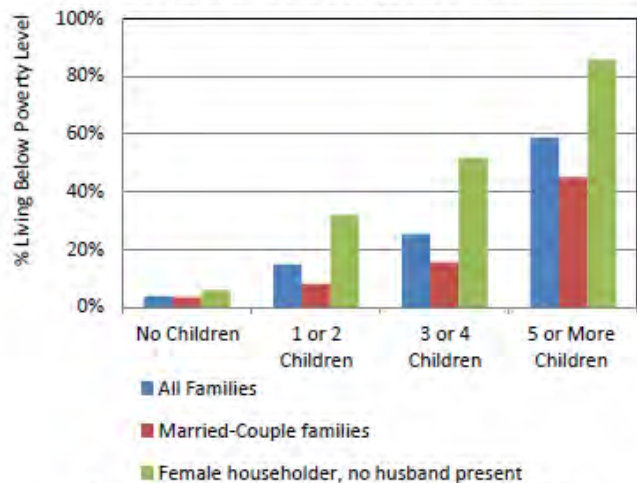
“There have been decreases in the overall birth rate and exponential decreases in teenage pregnancy and the resulting birth rate. More mothers-to-be are receiving prenatal care in the first trimester, improving health and outcomes for both mother and baby. WIC data indicates that the income level of participants has decreased. Fewer Hispanics and more Caucasian, non-Hispanic families have enrolled over the past six years. Improvements in maternal child health include fewer low birth-weight infants and a decrease in obesity among children who are enrolled in WIC.”

Figure 1.7: Teen (age 15-19) Birth Rate, Washoe County, Nevada & the U.S., 2008-2012



Sources: *OPHIE, data request
† CDC, Births: Final Data for 2012

Figure 1.1: Families Living Below Poverty Level, Washoe County, 2008-2012



Source: US Census Bureau, 5 year estimates, 2008-2012

- **Maternal, infant and child health ranking:** “Nevada ranked 48 out of 50 states overall in 2014, with the state’s lowest scores in economic well-being and family and community, for which many of the indicators are based on the poverty rate and the proportion of children being raised in single-parent households.”
- **Prenatal care:** The percent of women receiving prenatal care in the first trimester has increased for all age groups since 2010.
- **WIC participation:** “Overall WIC enrollment has remained fairly stable since 2007: the number of children born in Washoe County has increased by about 3,000 since that year.”
- **WIC outcomes:** “Fewer low-birth-weight infants were born from 2007 to 2013.”

Immunizations

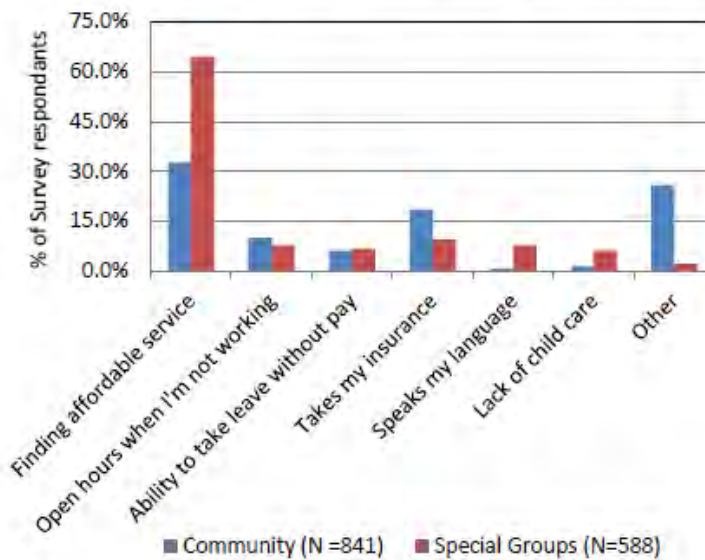
The child immunization rate in Washoe County has increased since 2003 and at 75.5% it is 3.5% above the national average. To meet the Healthy People 2020 goal, this rate will have to increase 4.5% to 80% over the next five years. The number of WC seniors who report receiving an annual flu shot was lower than rates for Nevada and the US. Improvements in awareness and making it easier for seniors to access services are current priorities.

Health Access

“Historically Washoe County, like Nevada, has maintained a large population of uninsured residents who cannot afford healthcare. Since the passing of the Affordable Care Act (ACA) the numbers of uninsured have decreased dramatically. There exists, however, a shortage of available practitioners. One in five residents in Washoe County is enrolled in Medicaid, and many have experienced difficulty in finding providers who accept Medicaid and providers who are accepting new Medicaid patients.”

- **Primary care:** “Approximately, one-third of Washoe County residents live in a primary care provider or a dental care provider shortage area.”
- **Medicaid enrollment:** Enrollment in Medicaid increased 83.4% from September 2013-August 2014. “Accessing services is especially challenging for those covered by Medicare, Medicaid and other health plans that do not reimburse providers at equal amounts as do private insurers.”

Figure 1.1: Main barrier you face in accessing health care in our community.



Source: * TMRPA, 2013 Senior Study

Areas of Highest Need

“Although only 30% of Washoe County’s population lives in the five zip codes with highest need, this population accounted for 42.1% of hospital inpatient visits and 54% of ER visits during 2013 [Table 1.2]. All of these ZIP codes report higher than average hospitalization rates for chronic obstructive pulmonary disease (COPD), as well as higher than average mortality rates due to cancer, and accidents when compared to Washoe County averages. Higher proportions of the residents in these communities live in poverty, including children (<18 years) and seniors (65+ years), and more than a quarter of the population has not graduated from high school (GED or equivalent), with the exception of 89501.”

Table 1.2: 5 Highest Need ZIP Codes, Ranked by CNI Scores, 2014

Zip Code	2014 CNI Scores §	% of Washoe County*	% of Hospital Inpatient Visits†	% of Emergency Room Visits†
89512	5.0	6.0	8.7	12.7
89502	4.8	10.3	14.3	17.7
89431	4.8	8.5	11.8	12.5
89501	4.2	1.0	1.7	5.3
89433	4.0	4.8	5.6	5.8

Source: § Truven Health Analytics Inc. (2014). Community Needs Index
Source: *U.S. Census Bureau, 2010 Census
Source: † All 2013 Washoe County hospital data, author’s analysis



Map 1.2: 5 Highest Need Zip Codes, Washoe County, 2014

Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer

Highlights from Board Interviews

- “We are currently at 71 ppb (air quality). That was good enough to meet the previous standard of 75ppb but not the new standard of 70ppb.”
- “Water quality and quantity is an issue. The Health District should be on the forefront of this.”
- “The Health District will be supportive of growth but not at the expense of air quality and pollution.”

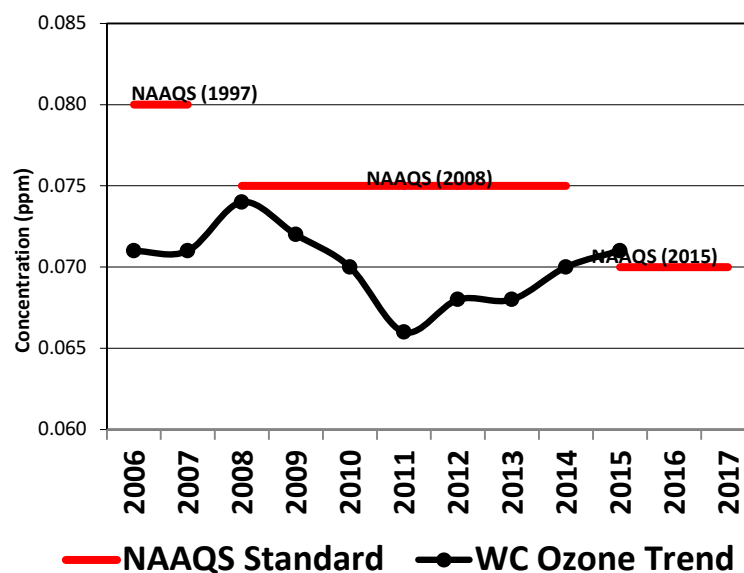
Strategic Issues

1. What is our plan to meet stricter air quality standards?
2. What should we be doing to address drought/climate change?
3. Should we increase efforts to better prevent food safety issues?
4. How can we be better prepared for emergencies?

Relevant Findings from the Community Health Needs Assessment

Air Quality

“Overall Washoe County’s ambient air quality is favorable with more than 250 days on average per year in the Good range. There are, however, some seasonal episodes when air quality varies and sometimes reaches unhealthy levels — typically in the summer when wildfires occur or winter during temperature inversions. Winds typical of the Washoe County area work to clear pollutants, and the location on the lee side of the Sierra Nevada serves to shelter the cities from some pollutants. Washoe County is currently meeting all air quality standards set by the EPA, but changes in standards could alter that status.”



Water Safety, Drought, and Climate Change

“Washoe County’s groundwater is safe, but it contains naturally occurring minerals that may affect the taste of the water. Residents reliant on well water are encouraged to test their water for potential unknown sources of groundwater contamination. Residents who receive their water through the municipal water supply have access to clean, regulated and frequently tested water.”

Relevant Excerpts Related to the Sustainability of Water Supplies from TMWA’s Draft 2016-2035 Water Resource Plan

Section 2.1 Sustainability of Source Water Supplies- Climate Variability

“Studies by Desert Research Institute (“DRI”) and University of Nevada, Reno (“UNR”) indicate the potential for climate change to alter the timing, type of, and quantity of precipitation needs continued monitoring and study, but it is inconclusive at this time as to the magnitude that climate change will have on the region and its water resources over a long-term planning horizon.”

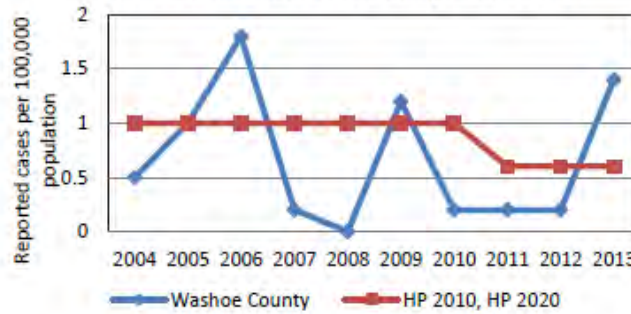
Section 2.2 Sustainability of Source Water Supplies- Drought Periods

“The region is in its fourth consecutive, low-precipitation year. The meteorological drought, begun in 2012, created hydrologic drought impacts in 2014 and 2015, which required TMWA to release some of its upstream drought reserves for the first time since 1992. As defined in TROA, the region has been in a Drought Situation (i.e., the level of Lake Tahoe is projected to be below elevation of 6223.5 feet on November 15 of a given year per TROA) since 2014. Unfortunately, it cannot be known with certainty the duration of the current drought. In addition, analysis has shown that under TROA operations water supplies and drought reserves accumulate to TMWA’s benefit under the 1987 to 1994 drought; in addition, even under a hypothetical drought hydrology, which repeated 2015 hydrology at 2015 demands for 10 years, TMWA would grow its reserves.”

Food Safety

“Foodborne illnesses are often underreported and are not all traceable to a particular restaurant or food handler. Illness may be a result of a food recall. While rates of foodborne illness in Washoe County have increased since 2013, this can be due to a variety of reasons and may not be a reflection of local food production or handling practices.”

Figure 1.2: Rates of Reported Cases* of STEC 0157 Infection, Washoe County, 2004-2013



*Effective in 2009, probable cases became reportable in Washoe County
 Source: Washoe County 2013 Annual Communicable Disease Summary

Extend impact through partnerships

Highlights from Board Interviews

- “We should be integrating the decisions of the Health Board into other plans such as the regional plan, transportation plans, the school district, parks, etc.”
- “Investing to make WCHD the community’s Health District and not just the ‘County’s’ Health District.”
- “There is a potential for public/private partnerships for certain services where the hospital rate is higher than Medicaid.”

Strategic Issues

1. How can we best support the implementation of the Community Health Improvement Plan and make an impact on the Behavioral Health, Education, and Food Security needs of our community?
2. What can we do to reduce high suicide rates in our community, especially among youth?
3. How can we best address increasing rates of drug use and abuse in our region?
4. How can we improve the regional EMS System?

Major Projects in Progress

- The Washoe County Health District successfully **partnered with Renown Health** to complete the **Community Health Needs Assessment**. This document continues to help inform individuals and organizations across the community.
- In **partnership with Truckee Meadows Healthy Communities**, the Washoe County Health District authored the **Community Health Improvement Plan (CHIP)**. Representatives from the Health District sit on the CHIP steering committee with other community leaders from organizations such as the **Regional Transportation Commission, the Washoe County School District, and the University of Nevada, Reno**.
- **The District Health Officer and the CEO of Renown are co-chairs of the Truckee Meadows Healthy Communities** initiative, which strives to unite the health, education, and community development sectors in promoting a culture of health in the region.

Partnership Opportunities

45.2% of survey respondents believe that the Health District could form partnerships with other organizations in the community to more effectively or efficiently deliver services. When asked which organizations the Health District could partner with, top responses were:

- UNR/TMCC (x5)
- The two cities (x3)
- Federally Qualified Health Centers (x3)
- Hospitals (x3)
- The School District (x2)
- Washoe County Social Services (x2)

- Nonprofits and community organizations, i.e. HOPES, Community Health Alliance, Catholic Charities (x2)

When asked which services could benefit most from partnerships, the top responses were:

- Developing consistent codes and requirements regionally (x5)
- WIC and HIV Prevention (x3)

Community Health Improvement Plan Priorities

Health Priority	Goals
 Access to Healthcare and Social Services	<p>GOAL 1: Improve access to healthcare and social services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p>GOAL 2: Improve coordination of care in Washoe County across healthcare settings, social services, individual providers, and the community.</p>
 Behavioral Health	<p>GOAL 3: Improve access to behavioral health services for individuals on Medicaid and Medicare, and for those who are underinsured or uninsured.</p> <p>GOAL 4: Create a healthier environment for Washoe County youth.</p> <p>GOAL 5: Protect the health and safety of Washoe County youth through the reduction of substance use and abuse.</p>
 Education (K-12)	<p>GOAL 6: Improve health outcomes of Washoe County youth through educational attainment.</p> <p>GOAL 7: Support student health, wellness and achievement through nutritious eating habits and physical activity.</p>
 Food Security	<p>GOAL 8: Implement programs that address the immediate need for food and promote long-term health and food security in households and communities.</p> <p>GOAL 9: Enhance home-delivered meal programs to seniors to keep on pace with the rising senior population.</p>

Relevant Findings from the Community Health Needs Assessment

Food Insecurity

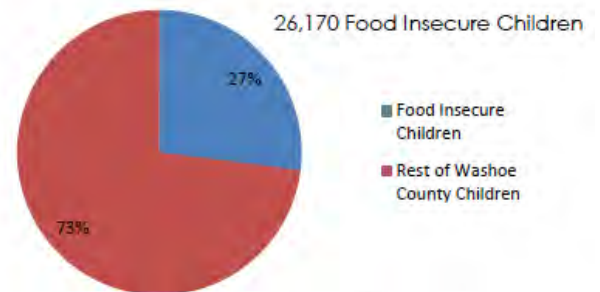
“While there is a strong network of food distribution and assistance in Washoe County, there are a growing number of people reliant on federal nutrition programs and charity to obtain adequate food. Those in need of food assistance often decide each month between paying for food or other needs such as medication, utilities and housing. Limited resources coupled with increasing demand could leave more families and children with fewer meals in the future. The physical layouts of the Reno-Sparks community relative to the major highways, which transect the city, bring sources of unhealthy food into the areas where many low-income people live.”

Figure 1.4: Food Insecurity Rates, Washoe County, Total Population, 2012



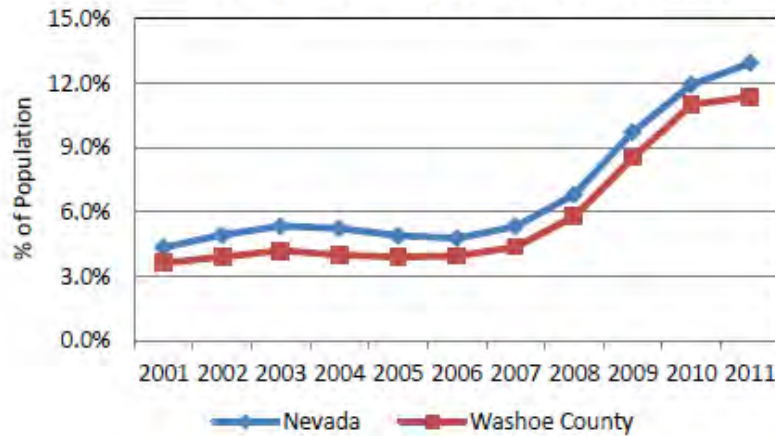
Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

Figure 1.6: Food Insecurity Among Children, Washoe County, 2012



Source: Washoe County Chronic Disease Report Card 2014, Food Bank of Northern Nevada data

Figure 1.6: Percent of Population Enrolled in SNAP, Washoe County & Nevada, 2001-2011



Source: US Census Bureau, Small Area Estimates Branch, County SNAP Benefits Table

Behavioral Health

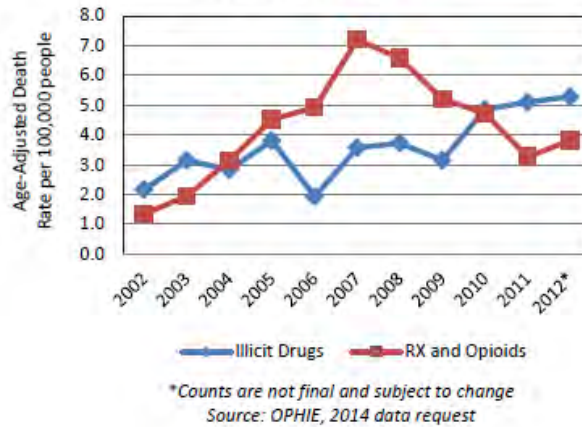
“While most data available at the county level represent only two mental health issues, depression and suicide, there are several more stressors contributing to every day mental health. Depression, sadness and poor mental health is reported most often among females; however, Washoe County males have some of the highest rates of suicide compared to Nevada and the rest of the U.S. Suicide among all ages is much higher in Washoe County than the rest of the country.”

- **Suicide rates:** At 22.3 per 100,000 population Adults in Washoe County have a much higher suicide rate that both Nevada and the United States.
- **Mental health provider access:** “All residents in Washoe County are living in a mental health provider shortage area.”
- **Youth suicide rates:** “The percentage of high school students in Washoe County who considered and/or attempted suicide in 2013 was considerably higher than the national average.”

Drug Use and Abuse

“Drug use among youth in Washoe County has not seen much of a decrease over the past decade, and some data indicate it may be rising — especially marijuana use. Overall drug overdose death rates have increased, although prescription drug deaths have fallen since 2007.”

Figure 1.28: Drug Overdose Death Rate, by drug type, 2002-2012



Education

“Compared to people who have had some college, college graduates in Washoe County reported:

- Better perceived general health status
- More likely to be insured
- Higher rates of immunization
- Fewer poor mental health days
- Less likely to be overweight or obese
- Less likely to smoke cigarettes”

Lead the creation of a local culture of health

Highlights from Board Interviews

- “We need to make the effort to reach out to the community. This could mean setting up access points in other neighborhoods, bilingual marketing, etc.”
- “If you do a good job at preventative medicine, you don’t make the news. We need to find a way to get noticed for the good work we do.”
- “Explain the value that the Health District brings to the community in order to build up community support and trust. “
- “The Health District should be a hub for low-income people to get their needs met.”

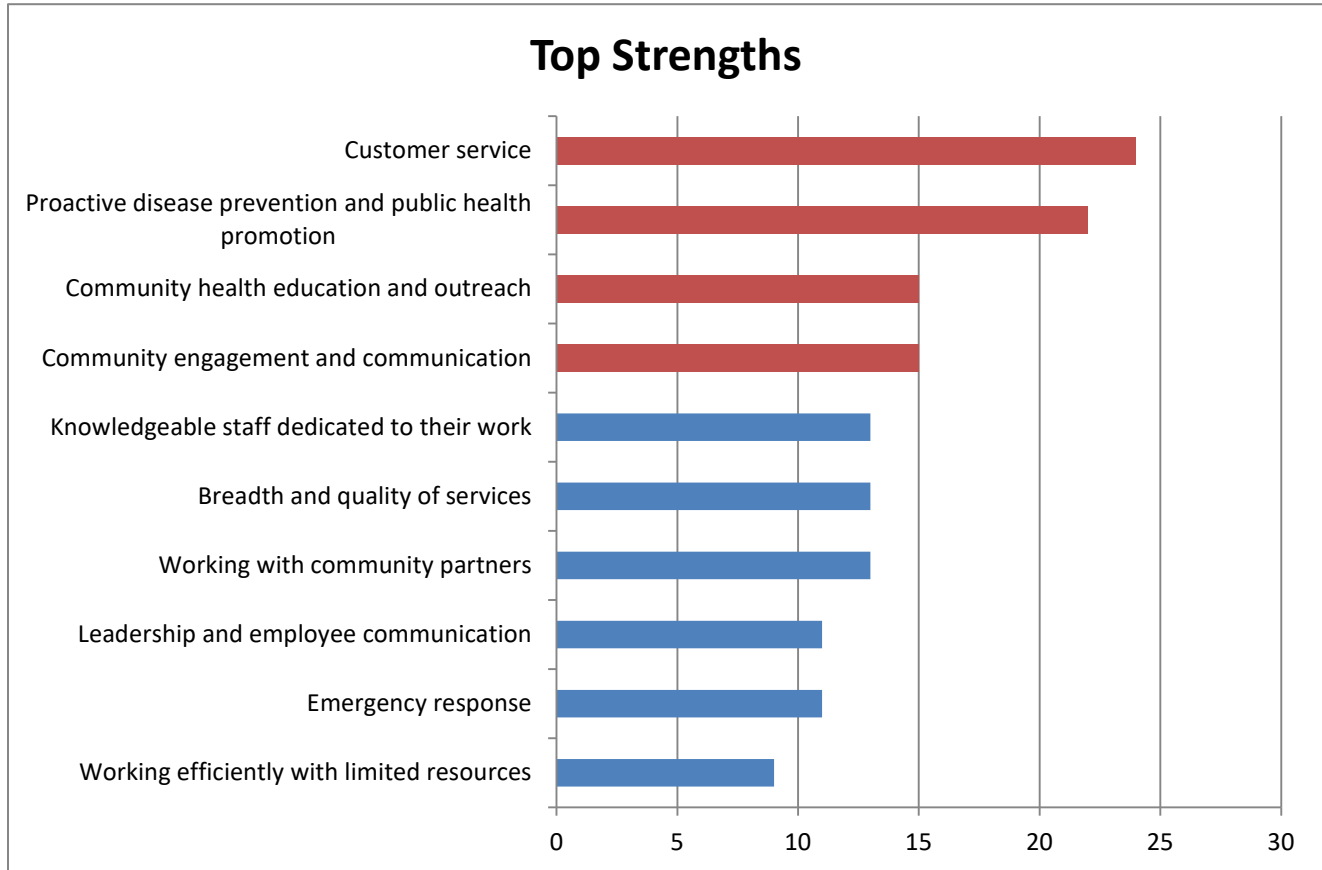
Strategic Issues

1. How can we establish a new and improved Health District identity/brand?
2. How can we get the word out about all the great work we do?
3. How can we encourage citizens to live healthier lifestyles every day?

4. How can we make meaningful improvements in health policy?

Perceived Strengths

The top 4 strengths cited by survey respondents referred to the Health District’s ability to work with, inform, educate and engage the community it serves.



Achieve Greater Financial Stability

Strategic Issues

1. How do we achieve greater financial stability/predictability?
2. Do we agree on our current local funding model for the Health District?

Highlights from Board Interviews

- “Our fees should cover the true cost of providing the service.”
- “Being worried about potential cutbacks every year is a nightmare.”

- “Would like to see steady progress towards 25% general fund contribution.”
- “Making sure we’re never in a position where we have to eliminate critical services again.”

Current Health District Programs

Washoe County Health District Programs

Office of the District Health Officer

Administrative Health Services

Air Quality Management

Community and Clinical Health Services

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

Environmental Health Services

- Environmental Health Services
- Food Protection
- Safe Drinking Water
- Solid Waste Management
- Underground Storage Tanks
- Vector Borne Diseases

Epidemiology and Public Health Preparedness

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

Revenues and Expenditures by Division from FY 2016-2017 Recommended Budget

Division	Revenue	% of Total Revenues	Expenditures	% of Total Expenditures
Office of the District Health Officer	\$35,000	0.2%	\$979,998	4.5%
Administrative Health Services	\$0	0.0%	\$1,168,142	5.4%
Air Quality Management	\$2,683,185	12.9%	\$3,270,820	15.1%
Community and Clinical Health Services	\$3,557,273	17.1%	\$7,371,920	33.9%
Environmental Health Services	\$2,902,711	14.0%	\$6,394,404	29.4%
Epidemiology and Public Health Preparedness	\$1,812,848	8.7%	\$2,546,046	11.7%
Subtotal	\$10,991,017	52.9%	\$21,731,331	100%
General Fund Support	\$9,796,856	47.1%	\$0	0%
Totals	\$20,787,873	100%	\$21,731,331	100%

Current Budget and Three-Year Financial Projections

	ETC	Proposed	Projected		
	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
FUND SUMMARY:					
SOURCES OF FUNDS:					
Opening Fund Balance	\$ 2,268,506	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112
Revenues:					
Licenses and Permits	1,413,708	2,148,652	2,901,791	2,974,335	3,048,694
Federal & State Grants	5,749,295	5,343,819	5,454,091	5,578,501	5,707,031
Federal & State Indirect Rev.	410,716	368,948	376,561	385,151	394,025
Tire Fees (NRS 444A.090)	468,548	475,000	469,618	479,431	489,575
Pollution Control (NRS 445B.830)	558,086	550,000	561,000	572,220	583,664
Dust Plan	240,000	257,784	333,330	339,997	346,797
Birth & Death Certificates	500,000	490,000	494,900	499,849	504,847
Other Charges for Services	812,299	1,243,670	1,615,254	1,659,992	1,706,036
Miscellaneous	78,714	113,144	79,309	80,499	81,724
Total Revenues	10,231,365	10,991,017	12,285,855	12,569,975	12,862,393
General Fund (GF) transfer-Operating	7,743,084	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	2,333,772	2,053,772	1,773,772	1,773,772	1,773,772
Total General Fund transfer	10,076,856	9,796,856	9,516,856	9,516,856	9,516,856
Total Sources of Funds	22,576,727	22,777,057	22,848,438	23,450,156	23,895,360
USES OF FUNDS:					
Expenditures:					
Salaries & Wages	9,953,764	10,367,158	10,462,234	10,659,293	10,861,820
Intermittent Hourly Positions	435,263	430,562	423,362	423,362	423,362
Group Insurance	1,566,651	1,741,217	1,845,691	1,956,432	2,073,818
OPEB Contribution (1)	-	1,181,460	1,205,089	1,229,191	1,253,775
Retirement	2,690,883	2,847,521	2,973,573	3,028,042	3,082,770
Other Employee Benefits	208,418	226,146	230,669	235,283	239,988
Contract/Professional Svcs	791,528	607,476	497,870	498,296	498,756
Chemical Supplies (Vector only)	249,309	231,500	231,500	231,500	231,500
Biologicals	259,529	257,496	257,496	257,496	257,496
Fleet Management billings	223,026	197,740	213,361	230,217	248,404
Outpatient	98,155	103,385	103,385	103,385	103,385
Property & Liability billings	75,992	76,093	77,614	79,167	80,750
Other Services and Supplies	1,208,878	1,703,337	1,168,417	1,172,229	1,176,149
Indirect cost allocation	2,795,882	1,700,797	1,734,813	1,769,509	1,804,899
Capital	30,265	59,443	60,037	60,643	61,261
Total Uses of Funds	20,587,542	21,731,331	21,485,112	21,934,045	22,398,134
Net Change in Fund Balance	(279,321)	(943,458)	317,599	152,786	(18,885)
Ending Fund Balance (FB)	\$ 1,989,185	\$ 1,045,727	\$ 1,363,325	\$ 1,516,112	\$ 1,497,227
FB as a percent of Uses of Funds	9.7%	4.8%	6.3%	6.9%	6.7%
<small>(1) Other Post Employment Benefits (OPEB) was included in the Indirect cost allocation in services and supplies prior to FY 17</small>					

Major Projects in Progress

Health District Cost Analysis

The Health District completed a comprehensive analysis of the costs associated with all of its programs. As part of this analysis, the Health District compared its costs to national benchmarks in order to determine where efficiencies can be made. The completed reports are currently being used as a tool to improve the efficiency and effectiveness of its programs in order to provide a higher level of service to the community.

Health District Fee Adjustments

The Health District chose not to increase fees during the recession. However, in order to ensure businesses and individuals bear the proper proportion of the cost associated with the Health District's services, on December 17, 2015, the Washoe County District Board of Health approved fee changes for Air Quality Management and Environmental Health Services. New fee rates will begin July 1, 2016, with an additional increase on July 1, 2017. Fees will be adjusted annually based on the Consumer Price Index, Western Region. The Health District is considering fee adjustments for other programs as well.

Strengthen our Workforce and increase Operational capacity to support growing population

Highlights from Board Interviews

- “The fundamental review was necessary. We should continue to use it and build on it to create a stronger, more viable Health District.”
- “We can’t expect everybody who comes to the region will have healthcare.”
- “Can we be sitting at the table with groups like EDAWN?”
- “Most health districts are reactive; we need to move towards more proactive.”
- “There are excellent people at the Health Department and we need to keep them around.”
- “Many people are getting ready to retire. We need to do a good job of training replacements.”
- “We need great staff and an adequate number of staff to be effective.”

Strategic Issues

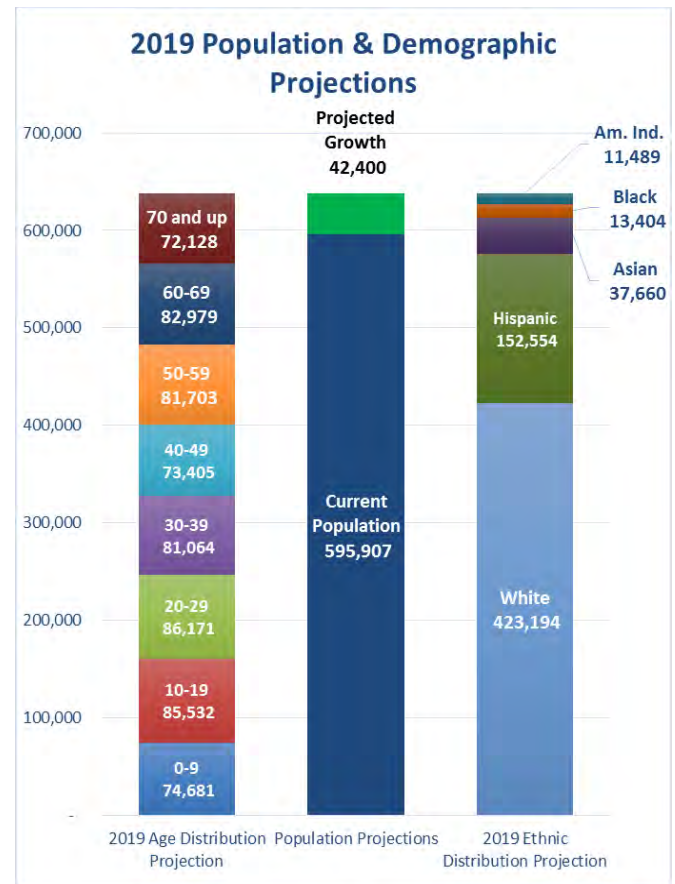
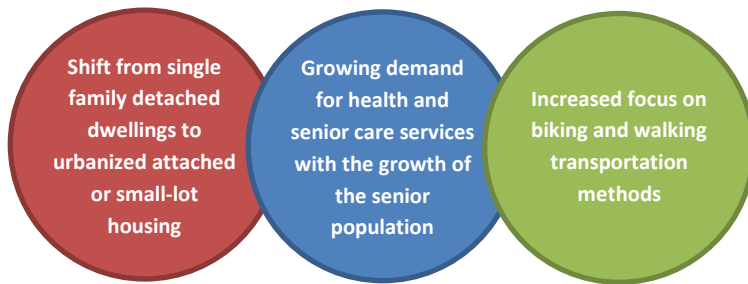
1. How can we work better across divisions and interjurisdictionally?
2. How can we continue to improve our process efficiency and use of technology?
3. How can we provide more training and professional development opportunities for staff?
4. What can we do to make the Health District facility more inviting?
5. How can we create a culture of employee recognition, encouragement, and accountability?
6. How can we become better leaders of our organization?

Major Projects in Progress

- The Health District continues to **implement the recommendations resulting from the fundamental review** process that was completed in 2013.
- The Health District is participating in **implementing Accela to improve the business permitting process.**

Key Findings from the EPIC Study

- North Washoe and Sparks suburban will experience household growth of around 13% and will likely rely on new home construction sooner rather than later. Reno/Sparks MSA's will see redevelopment and adaptive reuse.



Stakeholder Survey Results

Resource Adequacy

Only 35.6% of survey respondents said they had everything they needed to be effective in their positions. When asked what they would need to be more effective, their top responses were:

- More staff (x4)
- More clearly defined processes and procedures (x4)
- More management support and encouragement (x4)
- Better technology (software, phones) (x3)
- A more positive work environment (x3)
- More training (x2)
- Increased program funding (x2)

Employee Engagement

The Stakeholder Survey found that the Health District has a net engagement score of 18.9% compared to a national average of 14%.

	Total	Staff	Mgmt.	United States via Gallup 2014 *	
Promoters	40.5%	41.7%	35.7%	Engaged	31.5%
Passively Satisfied	37.8%	36.6%	42.9%	Not engaged	51.0%
Detractors	21.6%	21.7%	21.4%	Actively disengaged	17.5%
Loyalty/recommend	18.9%	20.0%	14.3%	Net Engagement	14.0%

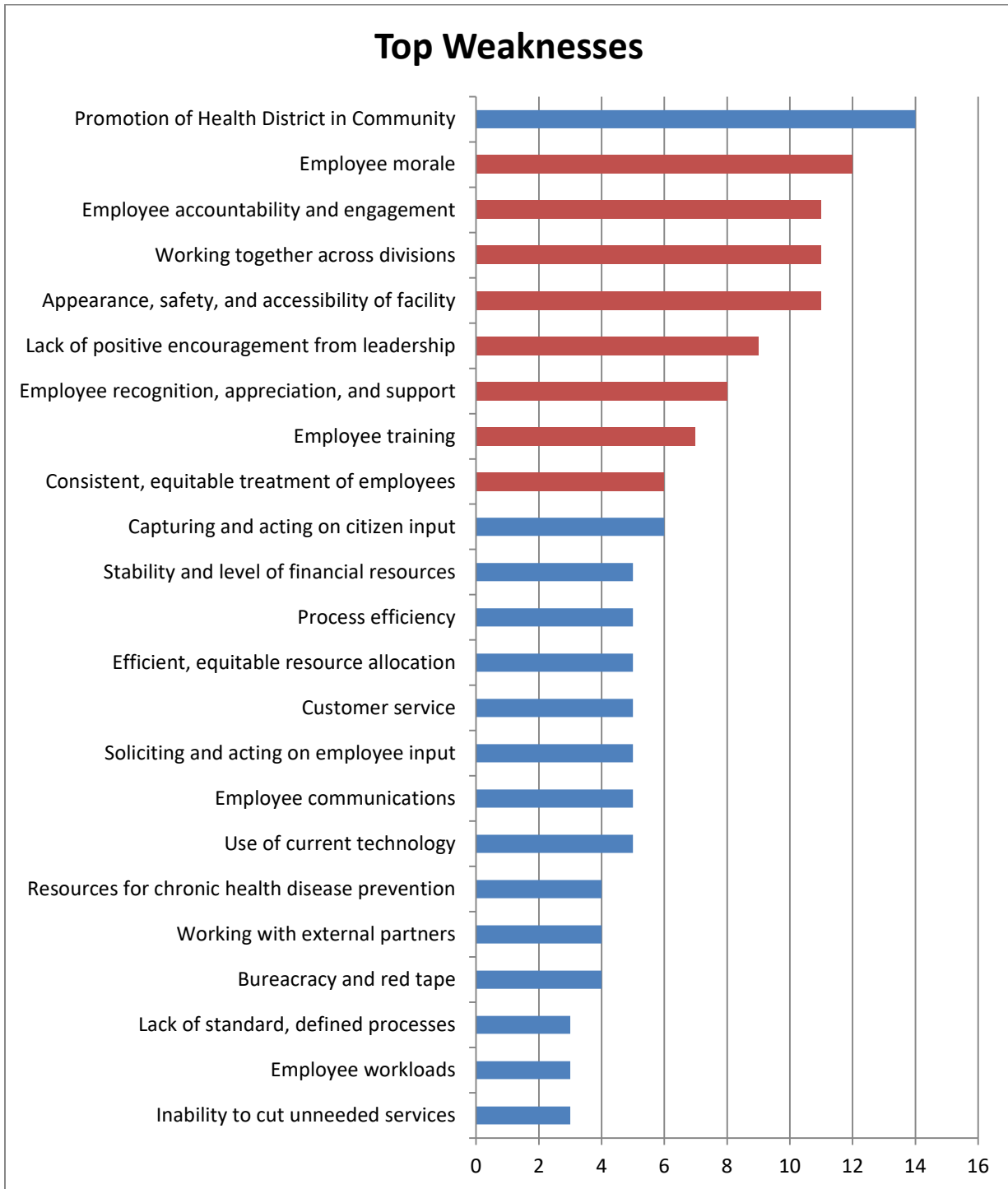
Three key drivers of employee engagement explaining 52.4% (adjusted R²) of the engagement score were found in the survey. They are:

- *There is no doubt that the Health District demonstrates trustworthiness.*
- *Management encourages my professional development.*
- *I believe [the current vision statement] clearly explains what success looks like for the Health District over the next 5 years.*

This suggests that demonstrating higher levels of trustworthiness, encouraging professional development, and casting a clear, inspiring vision for the future will result in an increase in employee engagement.

Perceived Weaknesses

8 of the top 9 weaknesses cited by staff and management in the stakeholder survey related to the work environment of the Health District.



Revised 2018-2020 WCHD Strategic Plan

Catrina Peters MS, RD

Director of Programs and Projects

December 13th, 2018

11/1/18 Retreat Purpose

- Update on emerging issues & community trends
- Refresh the FY19/20 Strategic Plan based on community trends and emerging issues
- Direction on proposed one-time projects and FY20 core Budget Direction

Vision & Strategic Direction

Vision Statement:

A healthy community

Strategic Direction:

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

Mission & Values

Mission Statement:

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

Values Statement:

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

Priority One

Healthy Lives

Improve the health of our community by empowering individuals to live healthier lives

Priority 1: Healthy Lives

- Continued focus: Reducing chronic disease and increasing access to care
- Revisions: Removed Community Health Worker item which was found to be non-viable

Priority Two

Healthy Environment

Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer

Priority 2: Healthy Environment

- Continued focus: protecting the public from health hazards
- Revisions:
 - updated to reflect current work on recycling and waste composition study
 - further expand the number of risk based inspections
 - Continue appropriate use of 911 outreach work

Priority Three

Local Culture of Health

Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action

Priority 3: Local Culture of Health

- Continued focus: Share public health messaging with the community in an efficient and effective manner, pursue policy development
- Revisions: Revised language to better reflect pursuit of goals

Priority Four

Impactful Partnerships

Extend our impact by leveraging partnerships to make meaningful progress on health issues

Priority 4: Impactful Partnerships

- Continued focus: Support implementation of the 2018-2020 Community Health Improvement Plan, continued EMS oversight
- Revisions: Reflect support of current CHIP priorities, EMS oversight quarterly report to DBOH

Priority Five

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.

Priority 5: Financial Stability

- Continued focus: Maintain financial stability
- Revisions: Remove QI goal based on cost savings, replace with new goal in Priority 6

Priority Six

Organizational Capacity

Strengthen our workforce and increase operational capacity to support a growing population

Priority 6: Organizational Capacity

- Continued Focus: Accreditation, staff development, engagement, and a safe and secure work environment
- Revisions: Addition to reflect focus on leadership training, relocation of QI item to broad focus of benefits

Next Steps

- Semi-annual reporting on Strategic Plan progress

Questions?

Staff Report
Board Meeting Date: December 13, 2018

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: Possible approval of the proposed 2019 Washoe County District Board of Health Meeting Calendar.

SUMMARY

A proposed DBOH meeting Calendar for 2019 is attached. Per the Rules, Policies and Procedures approved in 2016, DBOH meeting dates for November and December are scheduled the third Thursdays of those months rather than the fourth Thursday. Due to the third Thursday in December 2019 falling on the 19th, staff proposes that the Board consider scheduling that meeting on the second Thursday, December 12, 2019, and scheduling the November meeting as a tentative meeting that may be cancelled if not necessary. It is also proposed that a Strategic Planning Retreat be scheduled for the morning of November 7, 2019.

District Health Strategic Priorities supported by this item:

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

PREVIOUS ACTION

The DBOH approved the 2018 meeting calendar in December 2017.

BACKGROUND

The RPP's approved in 2016 provide for the November and December DBOH meetings to be scheduled on the third Thursdays of those months due to the close proximity to the holidays. Due to the third Thursday in December 2019 falling on the 19th, staff proposes that the Board consider scheduling that meeting on the second Thursday, December 12, 2019, and scheduling the November meeting as a tentative meeting that may be cancelled if not necessary. It is also proposed that a Strategic Planning Retreat be scheduled for the morning of November 7, 2019.

FISCAL IMPACT

There is no additional fiscal impact to the FY19 budget should the Board approve the proposed meeting calendar.

RECOMMENDATION

Staff recommends that the Board move to approve the proposed DBOH meeting calendar for 2019.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve the proposed DBOH meeting calendar for 2019."

2019 MEETING CALENDAR

January						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
S	M	T	W	T	F	S
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25	26	27	28	29	30	31

September						
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October						
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27	28	29	30	31		

November						
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24	25	26	27	28	29	30

December						
S	M	T	W	T	F	S
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

*A & B



DBOH Meetings - Fourth Thursday of Each Month Except November and December*

*December 2019 DBOH meeting is scheduled on the 2nd Thursday due to holiday.

Tentative Meeting scheduled for November 2019

Strategic Planning Retreat

Holiday

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: December 13, 2018

DATE: December 5, 2018

TO: District Board of Health

FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update, Diesel Emission Mitigation Fund, Divisional Update, Monitoring and Planning and Permitting and Enforcement Program Reports

1. Program Update

- a. 2018 Year in Review



AQM activities in 2018 were once again focused on maintaining our attainment with the 2015 ozone National Ambient Air Quality Standard (NAAQS). Staff completed the review of the past three years of data collected from the regional monitoring network sites and determined the design values to be:

2016 – 2018 Design Value

Monitoring Site	Ozone ppm	4 th High Ozone ppm (2018)
Reno	0.071	0.078
South Reno	0.069	0.075
Toll Road	0.068	0.072
Sparks	0.071	0.076
Spanish Springs*	0.069	0.070
Lemmon Valley	0.071	0.077

* Spanish Springs does not have a full 3-years of data so this is not a valid design value, data is for informational purposes only

Design values in red indicate exceedances of the ozone NAAQS. Following the final certification of the data in May, staff will begin the initial notification process to exclude data that was impacted by this summer's wild fire smoke. If EPA concurs with the exceptional events demonstrations, the design values may be reduced enough to continue to attain the NAAQS.

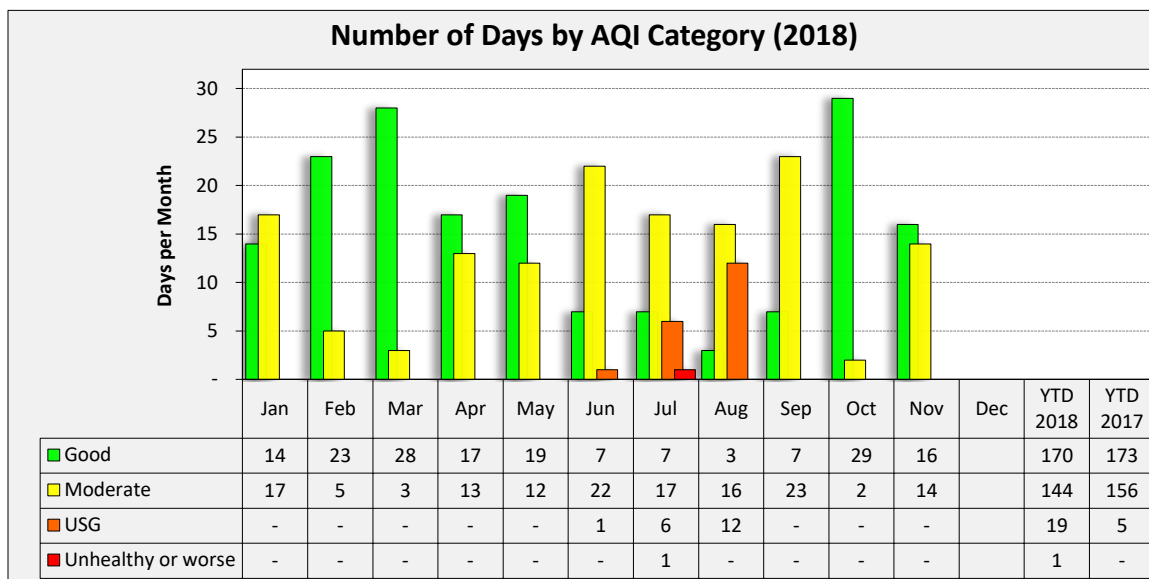
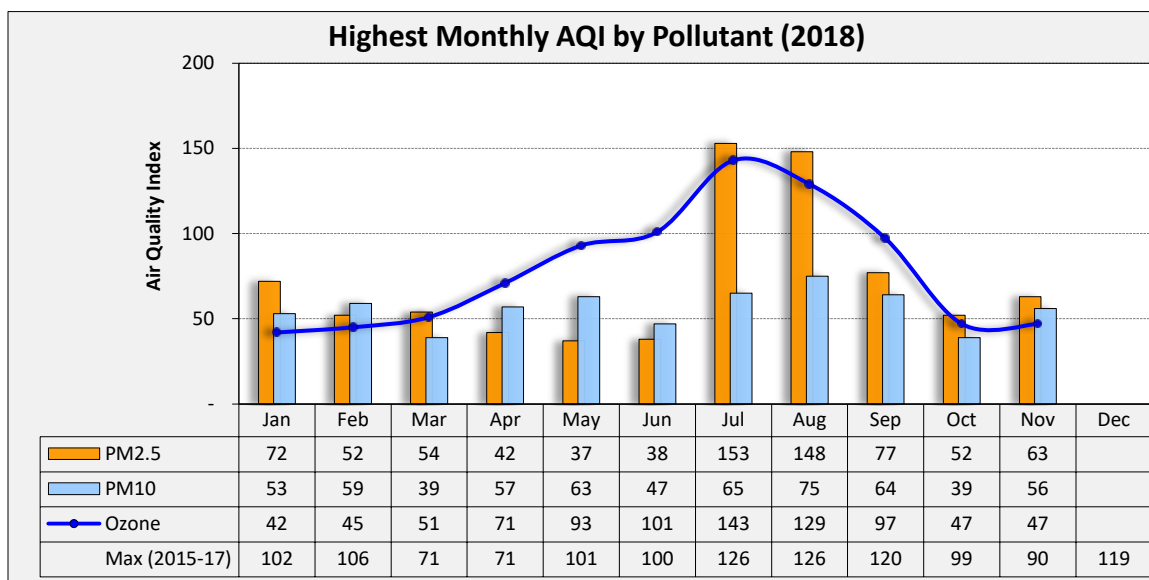
Towards the end of 2018, the efforts to incorporate the Ozone Advance Program initiatives into the jurisdictional planning activities actually began to produce positive outcomes. For the first time, the Reno Planning Commission required a new industrial/manufacturing facility to implement an Employee Trip Reduction Program as part of the special use permit. This action not only set precedence for future projects but brought the topic of reducing vehicle miles traveled into the development process. The incorporation of this type of control strategy demonstrates it is possible to allow for future development without jeopardizing the overall health of the community, both citizens personal health and the economic health of the region.

As we prepare for the challenges of 2019, AQMD is committed to our mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County. As always, we'll work to help our community ***Keep it Clean.***

Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts summarizing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



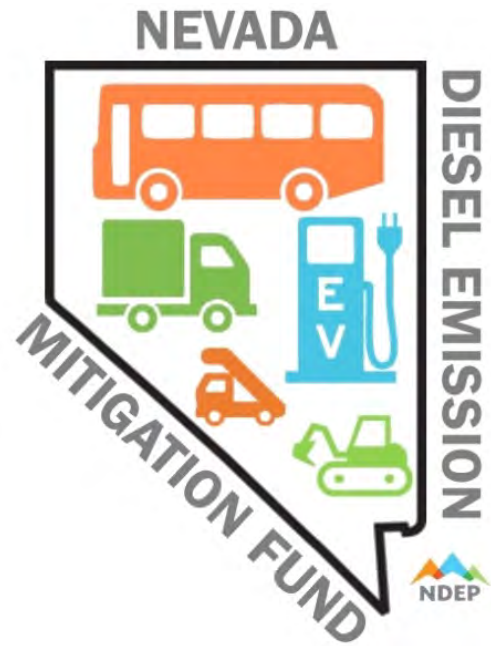
Please note that the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, please visit OurCleanAir.com.

3. Program Reports

a. Monitoring & Planning

October and November Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the months of October and November 2018.

Diesel Emission Mitigation Fund (Part 1): The Nevada Division of Environmental Protection (NDEP) identified 12 projects to fund in the first award cycle of its Diesel Emission Mitigation Fund (DEMF). These projects will significantly reduce the release of harmful nitrogen oxides (NOx) into Nevada's air from on-road and non-road diesel-powered vehicles and equipment. NOx and Volatile Organic Compounds are precursors to ozone formation. With \$6.6 million from the Volkswagen Environmental Mitigation Trust, NDEP will leverage more than \$9.4 million in funding from project partners to mitigate excess NOx emissions associated with Volkswagen's 2.0 and 3.0L diesel-powered cars, and efficiently and cost-effectively reduce NOx emissions from areas of Nevada that bear a disproportionate share of NOx pollution and other pollutants. A total of 185 vehicles will be replaced and five vehicles will be repowered throughout Nevada in this first round of awards.



In Washoe County, three projects were awarded a total of nearly \$1.3 million. The awards will assist in: 1) Replacing 31 pieces of old, high polluting diesel powered ground support equipment (GSE) at the Reno-Tahoe International Airport with electric, and 2) replacing five diesel school buses with new, cleaner diesel busses. The GSE project is the beginning of the airport's transformation to a zero tailpipe emission ground support fleet. These projects also support Ozone Advance's goal to reduce emissions from on-road and non-road motor vehicles.

Diesel Emission Mitigation Fund (Part 2): The next round of applications is expected to be due in Summer 2019. Most older diesel powered equipment is eligible for the DEMF. Information about the DEMF, including eligible projects, can be found at the NDEP website (ndep.nv.gov/air/vw-settlement).

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

In October

Staff reviewed forty-three (43) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Enforcement staff has purchased an olfactometer. This device will allow inspectors to quantify odors. It works by filtering ambient air to remove all odors and then performs a dilution series by allowing specific quantities of unfiltered air thru the device. The use of the olfactometer will initially be as a compliance aid, with the ultimate goal to update our local regulations to allow the device to be used for enforcement.



Staff conducted forty-nine (49) stationary source inspections; thirteen (13) gasoline stations; and six (6) initial compliance inspections in October 2017. Staff was also assigned twenty-four (24) new asbestos-abatement projects, overseeing the removal of more than 126,000 square feet and 1,100 linear feet of asbestos. Staff received seven (7) new building demolition projects to oversee. There were twelve (12) new construction/dust projects to monitor; and Staff documented seventy (70) construction site inspections. Enforcement staff continues to monitor each asbestos and construction project regularly until the projects are complete and the permit is closed. During the month enforcement Staff also responded to twenty (20) complaints, one (1) woodstove burning, two (2) smoke; three (3) odor; three (3) asbestos; and eleven (11) dust. In the month of October six (6) written warnings were issued.

Type of Permit	2018		2017	
	October	YTD	October	Annual Total
Renewal of Existing Air Permits	70	907	74	1055
New Authorities to Construct	3	44	2	60
Dust Control Permits	18 (155 acres)	184 (2399 acres)	8 (160 acres)	173 (2653 acres)
Wood Stove (WS) Certificates	35	352	27	474
WS Dealers Affidavit of Sale	5 (4 replacements)	68 (42 replacements)	8 (7 replacements)	54 (40 replacements)
WS Notice of Exemptions	688 (4 stoves removed)	7132 (73 stoves removed)	1294 (11 stoves removed)	9722 (88 stoves removed)
Asbestos Assessments	94	981	87	1029
Asbestos Demo and Removal (NESHAP)	28	278	24	241

COMPLAINTS	2018		2017	
	October	YTD	October	Annual Total
Asbestos	3	14	0	13
Burning	2	10	0	10
Construction Dust	6	51	3	42
Dust Control Permit	0	2	0	2
General Dust	3	55	0	54
Diesel Idling	0	0	0	0
Odor	1	12	2	15
Spray Painting	0	6	2	11
Permit to Operate	1	3	0	3
Woodstove	1	1	4	7
TOTAL	17	154	11	157
NOV's	October	YTD	October	Annual Total
Warnings	6	14	0	10
Citations	0	12	0	7
TOTAL	6	26	0	17

In November

Staff reviewed forty-seven (47) sets of plans submitted to the sets of plans submitted to the Reno, Sparks and Washoe County Building Departments to assure the activities complied with Air Quality requirement.

- In November of 2017 permitting staff issued an Authority to Construct for the Air Curtain Incinerator (ACI) that was recently purchased by the Truckee Meadows Fire Protection District. Permitting staff has now received and deemed complete the permit application from Truckee Meadows Fire protection District for the General Title V Permit for the Air Curtain incinerator. Use of the ACI is mutually beneficial in that it helps to decrease the amount of smoke generated from the burning of vegetative matter, but also reduces the amount of fire on the ground and thus the chance for escape. A Title V General Permit must now be issued within one year of receiving the complete application.



Staff conducted thirty six (36) stationary source inspections, twenty (20) gasoline stations and one (1) initial compliance inspections. Staff was also assigned thirteen (13) new asbestos abatement projects, overseeing the removal of over 35,000 square feet of asbestos. They also received three (3) new building demolition projects to oversee. There were twenty four (24) new construction/dust projects to monitor, and staff documented twenty two (22) 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 fourteen (14) complaints, three (3) smoke, two (2) odor, two (2) asbestos, six (6) dust and one (1) mercury. In the month of November five (5) written warnings and one (1) citation were issued.

Type of Permit	2018		2017	
	November	YTD	November	Annual Total
Renewal of Existing Air Permits	75	982	71	1055
New Authorities to Construct	3	47	2	60
Dust Control Permits	22 (298 acres)	260 (2697 acres)	16 (175 acres)	173 (2653 acres)
Wood Stove (WS) Certificates	24	376	37	474
WS Dealers Affidavit of Sale	3 (3 replacements)	71 (45 replacements)	7 (4 replacements)	54 (40 replacements)
WS Notice of Exemptions	641 (10 stoves removed)	7773 (83 stoves removed)	1148 (10 stoves removed)	9722 (88 stoves removed)
Asbestos Assessments	80	1061	74	1029
Asbestos Demo and Removal (NESHAP)	16	294	19	241

COMPLAINTS	2018		2017	
	November	YTD	November	Annual Total
Asbestos	1	15	1	13
Burning	0	10	0	10
Construction Dust	5	56	1	42
Dust Control Permit	0	2	0	2
General Dust	1	56	1	54
Diesel Idling	0	0	0	0
Odor	1	13	2	15
Spray Painting	0	6	0	11
Permit to Operate	1	4	0	3
Woodstove	4	5	1	7
TOTAL	13	167	6	157
NOV's	November	YTD	November	Annual Total
Warnings	5	14	2	10
Citations	1	13	1	7
TOTAL	6	27	3	17

*Note: Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

DD	<u>SK</u>
DHO	<u>AD</u>

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: December 13, 2018**

DATE: November 30, 2018
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – World AIDS Testing Day; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

1. Divisional Update –

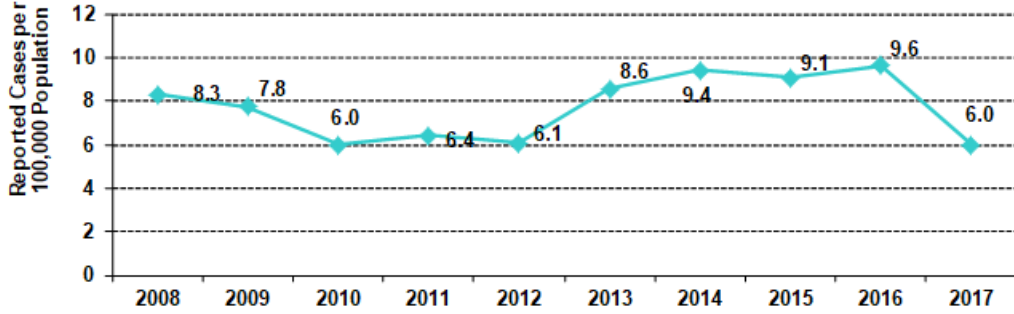
a. World AIDS Day



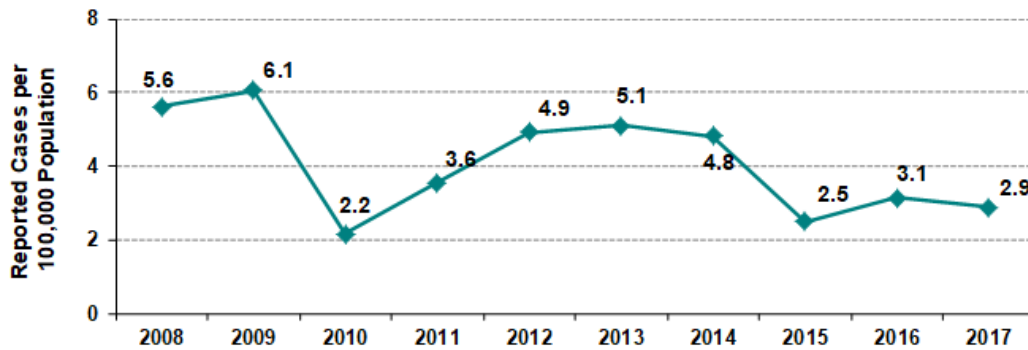
World AIDS Day, observed on December 1st, is an annual reflection on the impacts of HIV/AIDS as well as a reminder to recommit to ending the epidemic. Today, approximately 36.9 million persons worldwide are living with HIV infection, including 1.8 million persons newly infected during 2017. An estimated 940,000 persons worldwide died from AIDS-related illnesses in 2017.

In 2015, an estimated 1.1 million persons in the United States were living with HIV infection, and 86% were aware of their infection. An estimated 1 in 7 people in the U.S. that are living with HIV are unaware of their status. In Washoe County, 1,281 people are estimated to be living with HIV while 11,901 people are living with HIV in Nevada (2017).

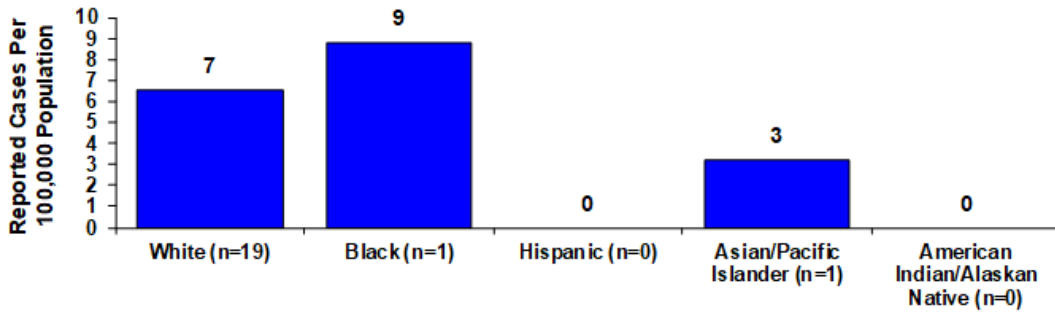
Rate of Reported Cases of HIV Infection, Washoe County, 2008-2017



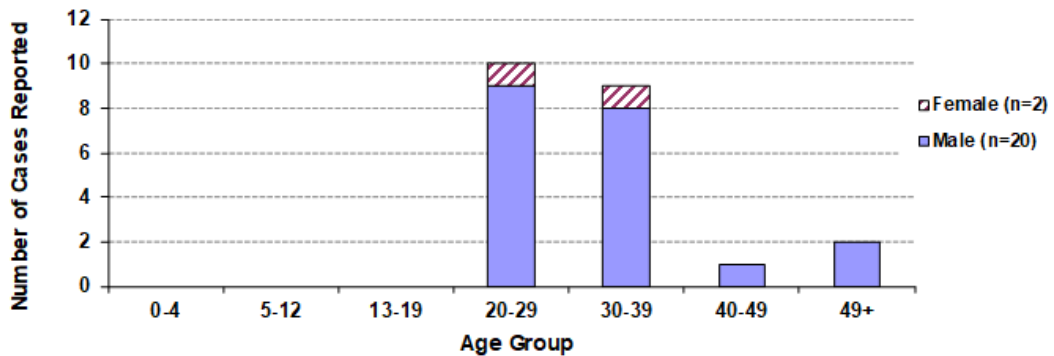
Rate of Reported Cases of AIDS, Washoe County, 2008-2017.



Rate of Reported Cases of HIV Infection by Race/Ethnicity, Washoe County, 2017.



Reported Cases of HIV Infection by Age and Gender, Washoe County, 2017.



Successes

We continue to make progress toward achieving our goals of reducing new HIV infections, improving health outcomes among people living with HIV, and reducing some HIV-related disparities. Reaching these goals will require that we sustain the progress we have already made and accelerate efforts, efficiently and effectively, across HIV prevention, treatment, and care services and programs. Today, we have highly effective tools to help us continue and accelerate that trend. For example:

- **Treatment as prevention (TasP):** For people living with HIV, there are important health benefits to getting their viral load as low as possible. We have known for some time that those who know their status, take HIV medication daily as prescribed, and get and keep an undetectable viral load can live long and healthy lives. Now we *also* know that they have effectively no risk of sexually transmitting HIV to their HIV-negative partners. TasP benefits everyone!
- **Pre-exposure prophylaxis (PrEP)** is a once-daily pill that, when taken as prescribed, can protect HIV-negative people at high risk for infection. PrEP lowers the risk of sexual transmission of HIV by up to 90 percent and the risk of transmission via injection drug use by up to 70 percent.

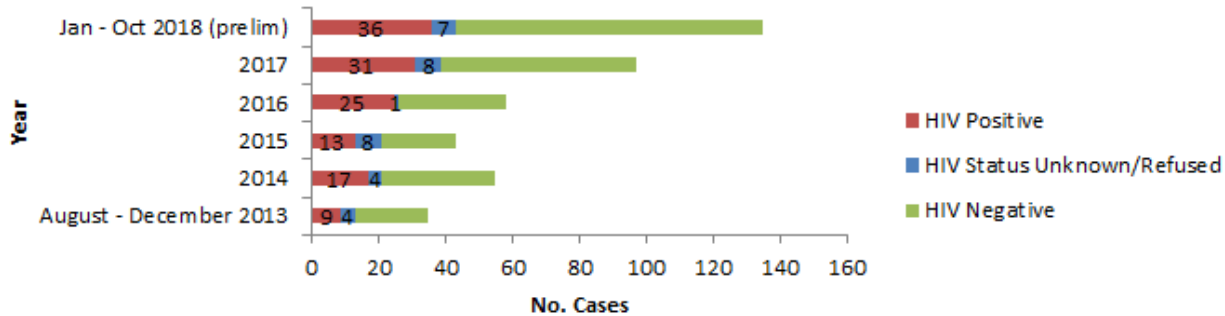
Challenges

Despite the progress we've achieved, some populations continue to fall behind. HIV stigma continues to be a major barrier to prevention, testing, and treatment, and HIV continues to affect certain groups of people more than others. They include men who have sex with men (especially young, black and Latino/Hispanic men), people who inject drugs, and transgender women. We must continue to focus our efforts on these key populations to ensure that they reap the benefits of our new HIV prevention and treatment tools.



The alarming increase in other STDs (chlamydia, gonorrhea, and syphilis) has a tremendous impact on sexual health, including HIV status. STD infections make it easier to acquire HIV as well as easier to transmit the virus due to biological and behavioral factors. According to the CDC, people infected with a STD are two to five times more likely to become infected with HIV after exposure to the virus than a person who are not infected by another STD. Of considerable concern is the extraordinary increase of infectious syphilis in Washoe County. Most cases of infectious syphilis and HIV are among men. Approximately 30% of the infectious syphilis cases in Washoe County since August 2013 are co-infected with HIV.

Washoe County HIV Status of Infectious Syphilis Cases August 2013 - October 2018



We also need to ensure that people know about the benefits of getting and keeping an undetectable viral load and how PrEP can protect them from getting HIV. Right now, too many people, including healthcare providers, do not know about TasP and PrEP, or they do not realize how lack of access to these interventions is contributing to the ongoing epidemic. The Sexual Health Program continues to provide information to the community, providers, and partners on the importance of discussing sexual health behaviors between patients and providers, appropriate HIV and STD testing, and reporting to WCHD in an effort to offer services to the sexual and needle sharing partners of individuals with HIV and STDs.

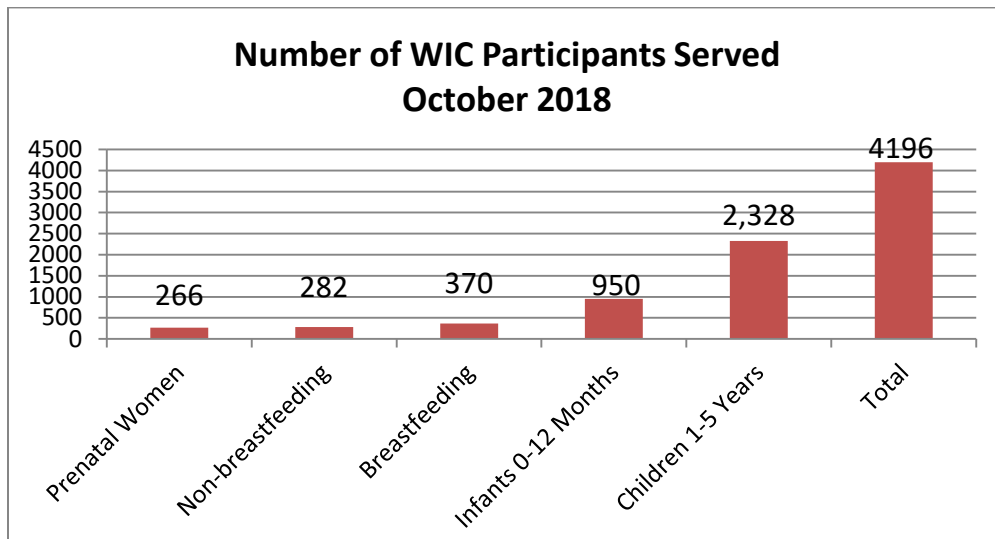
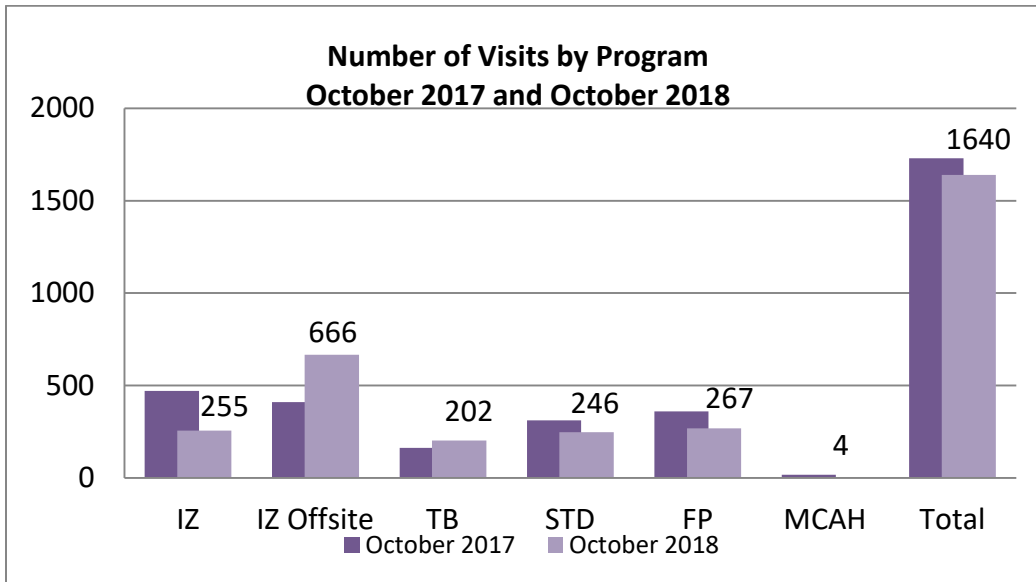
Opportunities

This World AIDS Day, please help us sustain the forward momentum of our response to HIV by encouraging people to:

Get tested and get into HIV care. WCHD offers confidential HIV tests, with free testing offered offsite targeting high-risk populations.

Talking about HIV, TasP, and PrEP with those in your circle of influence. Tackle stigma and help spread the word—and potentially save the life/health of people you care about. Healthcare providers can share information among their peers to generate knowledge and enthusiasm about these strategies.

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. November data was not available until after the deadline and will be included in the January 2019 Board of Health report.

November client and participant data will be reported in the January 2019 report.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – The Sexual Health Program welcomes Xhosha Millington and Jazmin Sarmiento, Public Service Interns, to assist with NBS data entry.

Angela Penny, PHN Supervisor, attended the National Coalition of STD Directors, STD Engage conference in Orlando Florida, November 13 – 16, 2018.

On November 16, 2018, staff provided STD education at Sparks High School to approximately 160 students.

- b. **Immunizations** – The School Located Vaccination (SLVC) Program kicked off in October, in partnership with Immunize Nevada, Washoe County School District and the Nevada State Immunization Program, primarily held at Title I schools. Two SLVC clinics were held in October, with 149 flu vaccinations administered.

Community flu vaccination clinics were also held at the Children's Cancer Foundation where 62 doses were administered and the Children's Discovery Museum where 151 doses were administered. The Binational Health Week Clinic was held on October 13, 2018 at Little Flower Church where 91 clients received a total of 142 doses of vaccine (flu and other vaccines). Additionally, a Point of Dispensing exercise was held in partnership with EPHP where a total of 202 doses of flu vaccine were given.

Nine SLVC clinics were held in November, with a total of 721 flu vaccinations administered.

- c. **Tuberculosis Prevention and Control Program** – Two new active TB cases were received in October, including a pediatric case. Currently, six clients are receiving direct observation therapy.
- d. **Family Planning/Teen Health Mall** – Staff will receive Fertility Awareness-Based Methods (FABMs) training on December 5th and 12th. The trainings will provide staff with information on the different types of FABMs and describe essential information on three easy-to-teach-and-use options: Standard Days Method®, TwoDay Method®, and Dot™. Staff will have an inservice on Nexplanon®, the birth control implant, on December 6, 2018.

Jackie Gonzalez, APRN, attended the Contraceptive Technology Conference in Atlanta November 1st – November 3rd.

Staff are in the process of developing the application for the 2019 Title X funding opportunity. Applications are due January 14, 2019.

- e. **Chronic Disease Prevention Program (CDPP)** – Staff attended the Nevada Tobacco Prevention Coalition (NTPC) Strategic Planning Session and worked with partners from across the state to develop initiatives for decreasing the impact of tobacco on Nevada. We are excited to announce that Kelli Goatley-Seals was elected vice-president of NTPC for 2019.

Staff participated in the Comprehensive Opioid Abuse Program (COAP) Action Group kick-off meeting, hosted by the Reno Police Department. As part of the COAP efforts, CDPP will provide technical assistance to ensure best practices taken from tobacco control strategies will be used to successfully implement population-based prevention strategies. The goals include increasing awareness of the dangers associated with misuse of opioids and other dangerous prescribed drugs, as well as working to change cultural norms surrounding dangerous prescribed drugs.

The 2018 winning classrooms from the Wolf Pack Coaches Challenge were honored at Mackay Stadium during the November 10th Nevada football game (picture below). Teachers and students received free tickets to the game and students were also provided a free healthy meal and lunch bag. CDPP staff is gearing up for the upcoming 2019 challenge.



Staff presented in the community to several groups including at the Nevada Health Conference (smoke free workplaces), the Washoe County School District Nurses (e-cigarettes), TMCC Student Graduate Association (tobacco free campuses), UNR students (chronic disease prevention), and Renown Community Benefit team and awardees (smoke free workplaces).

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff continue to abstract data from local physicians and hospitals which is presented at monthly FIMR Case Review Team meetings. Staff attended the March of Dimes 2018 Nevada Women's Health Symposium: Assuring Optimal Health Outcomes for All Moms and Babies on October 19, 2018 in Las Vegas.

Public Health Nurses continue to provide Safe Sleep training and Pack N Play Cribs through the Cribs for Kids program. Staff also assist with locating babies in need of additional newborn metabolic testing.

- g. **Women, Infants and Children (WIC)** – Staff attended the 2018 Baby Fair and Diaper Derby on Saturday November 10th and provided participants with information including tips for healthy pregnancies, breastfeeding information, and toddler cook books. Thirty five potential new clients completed WIC applications.

Staff participated in the 2019 Nevada Food Security Summit and worked with partners across the state to develop initial steps for working to eliminate hunger through policy, systems, and environmental changes.

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: December 13, 2018**

DATE: November 30, 2018
TO: District Board of Health
FROM: Chad Warren Westom, Division Director
775-328-2644; cwestom@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division and Program Updates – Training, Child Care, Community Development, Epidemiology, Food, Special Events, Invasive Body Decoration (IBD), Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management and Inspections.

Division Updates

- **Training** – Another Registered Environmental Health Specialist (REHS) in-training completed the Division’s Training Manual as of November 20, 2018 and is ready to start with an inspection area in 2019. The intent is to have him and another REHS in-training sit for and pass the REHS exam in the summer of 2019.

Program Updates

Child Care

- Childcare inspections were completed in November and there are two licensed facilities scheduled for renewal in late December, closing out the year. Starting in 2019, childcare inspections will be performed by all field staff instead of the two individuals assigned to the program. It will be the first time in over twenty years that childcare inspections are handled by all field staff.

Community Development

- The TMWA, NDEP, and WCHD Inter-local agreement for water project review has been approved and implemented. Additional meetings between agencies are ongoing to address implementation.
- WCHD continues to meet weekly and monthly with the planning agencies for pre-development discussions. These meetings allow for discussion prior to submittal to help streamline the regulatory process for the applicant.

- Commercial plan review is currently averaging 5.5 calendar days and water project review is currently averaging 7 calendar days for review and comments back to the applicant.
- The table below details the 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	AUG 2018	SEP 2018	OCT 2018	YTD* 2018	2017 TOTAL
Development Reviews	44	49	44	41	47	44	25	27	26	36	383	426
Commercial Plans Received	76	78	87	91	141	127	87	114	103	133	1038	780
Commercial Plan Inspections	23	16	26	23	25	23	26	34	33	28	257	407
Water Projects Received	27	26	24	20	23	14	10	25	27	9	205	287
Lots/Units Approved for Construction	975	970	582	445	403	72	313	1,056	235	16	5,067	4,117

*YTD numbers are only through October

Epidemiology

- EHS Epidemiology program staff investigated local cases of Salmonella Newport that were part of a nationwide outbreak in October and November. There were four cases identified in Washoe County and staff was able to retrieve shopping information from two of them. One of the cases was linked to a large retailer that was on the recall list; on November 14, EHS staff collected a ground beef sample from the case's residence that had been stored in the freezer. On November 20, EHS received word from the Nevada State Public Health lab that the ground beef sample was positive for Salmonella Newport and a match to the case. The nationwide outbreak was confirmed by Whole Genome Sequencing (WGS). It was the first ever WGS confirmation of food source to a human case and outbreak in Washoe County. Additionally, program staff has hit a two-year high on foodborne illness complaints and conducted investigations at two food establishments in October and a large hotel in early November.

Food

- Staff has completed the majority of routine inspections for calendar year 2018 and have begun work on special projects including improvements to the Accela electronic food establishment inspection form; development of outreach material to promote proper handwashing in food establishments; evaluation of all food establishment permits to ensure proper risk level categorization; and conducting a third inspection for the least compliant Risk Level III food establishments in calendar year 2018.
- Staff met with the newly assigned US Food & Drug Administration Retail Food Specialist for the region to discuss Retail Program Standards activities, accomplishments, goals for next year, and Health District needs from the FDA regarding Program Standards activities.
- **Special Events** – The volume of Special Events has decreased significantly during the winter season as expected, although there are multiple holiday craft fairs and indoor fundraiser events.

Invasive Body Decoration (IBD)

- Nearly all routine IBD inspections have been completed for the year with only 4-5 remaining. The IBD web page was recently updated to ensure the latest information is being presented.

Land Development

- Over the course of the winter months, the team is working on creating milestones and deadlines for reworking the septic regulations. The primary goals are to study and compare differing regulations, including the State and Environmental Protection Services (EPS), to identify areas that need reworking and create achievable timelines for specific tasks. The goal is to provide management with a clear timeline by the end of the year and have started the in-depth review of alternative regulations.
- Work is continuing on developing the over the counter septic permits in Accela. Once completed, all Land Development permits will be in Accela. The records scanning project is also continuing. Current septic records are almost completed, though there will still be future work on standardizing the file types and determining the proper storage placement. Work has also started on the next phase of record scanning, including old variances and subdivision files.
- For possibly the first time, a complaint of a hand dug well was validated. The property owner will be issued a notice of violation and be required to abandon the well. The team is coordinating with State of Nevada Division of Water Resources to ensure any specific needs they might have are also met.

Land Development	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	SEP 2018	OCT 2018	YTD* 2018	2017 TOTAL
Plans Received (Residential/Septic)	75	52	68	74	67	61	113	86	60	99	755	816
Residential Septic/Well Inspections	65	57	69	105	96	99	73	95	60	120	839	1,056
Well Permits	7	7	4	9	7	14	19	5	4	13	89	146

*YTD numbers are only through October

Safe Drinking Water

- Sanitary surveys are being finished up, with a goal of completion by the end of November. Many of the writing and issuance of survey reports will likely be delayed into the month of December, but getting the surveys completed prior to snowfall is the priority. The team continues to improve on its follow up timelines and enforcement procedures.
- One staff member attended training on the new software for sanitary survey reports that will debut in January. They will train and assist the rest of the team in implementation of the new software during 2019. Additional training was requested from the State in a few areas, including review and approval of CCRs and clarification on how population is measured with respect to water system designation. The group also began working with the State to ensure they are following standardized procedures for re-designation of a water system type based on population changes.
- The Safe Drinking Water group continues to collaborate on safety and compliance issues with the State. Most recently, Mt Rose Bowl water system received notification of lead exceedances and Kruse's on Eastlake had hits of high nitrates and was placed on a do not drink order. Mt Rose Bowl has had issues for several years outside of the required public notification and education, the goal is to get them onto a specific corrective action plan with deadlines for

completion or increased enforcement. Kruse's is a new issue which may be a result of seasonal issues or may be a long term type of problem that will require treatment.

Schools

- School inspections have been completed for the year with another month left in the semester. Additionally, the new school field guide has been completed and presented to EHS staff. The new inspection form is also finished and will be added to the Accela system for inspection input in the field, replacing the paper forms in 2019.

Vector-Borne Diseases

- Vector Responses to Public Requests:

Vector Responses	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	SEP 2018	OCT 2018	YTD* 2018	2017 TOTAL
Mosquito	0	0	3	20	20	16	37	31	7	8	142	289
Mosquito Fish Req (Gambusia)	0	0	0	5	23	33	7	2	0	0	70	124
Hantavirus	7	0	6	9	11	11	13	9	6	9	81	126
Plague	0	0	0	0	4	4	5	1	0	0	14	17
Rabies	3	4	1	4	2	15	9	10	4	1	53	104
Planning Calls	8	14	9	15	16	4	4	2	1	6	79	163
Lyme Disease/Ticks	1	0	1	4	16	7	15	1	2	0	47	26
Media	0	0	2	2	2	2	9	3	1	1	22	47
Outreach / Education / Misc.	9	11	13	28	23	21	27	21	14	15	182	442
Cockroach / Bedbug	3	7	9	9	15	15	23	31	11	15	138	227
West Nile Virus	0	0	0	0	0	0	7	4	5	0	16	55
Zika	0	0	0	0	0	0	2	0	0	0	2	12
TOTAL	31	36	44	96	132	128	158	115	51	55	846	1,632

*YTD numbers are only through October

Waste Management

- Staff is working on a recycling reporting letter for breweries and distilleries.
- Staff attended a Sparks Justice Court hearing on November 29, 2018, for a horse manure citation.
- Two new waste haulers were recently permitted, Walker Lake Disposal and Down To Earth Composting.

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	AUG 2018	SEP 2018	OCT 2018	YTD* 2018	2017 TOTAL
Child Care	11	11	4	6	15	6	15	8	13	21	110	115
Complaints	70	57	53	68	52	66	92	82	76	79	695	883
Food	650	724	709	625	471	602	354	481	458	353	5427	4,997
General*	120	100	71	116	476	212	495	307	176	91	2164	2,032
Temporary Foods/Special	17	19	25	59	105	210	153	545	326	139	1,625	1,686
Temporary IBD Events	2	0	1	85	0	0	0	3	8	0	99	96
Waste Management	6	29	14	16	5	13	7	8	11	8	117	286
TOTAL	876	940	877	975	1,124	1,109	1,116	1,433	1,068	691	10,237	10,095
EHS Public Record Requests	138	124	164	149	234	115	131	167	226	210	1,658	437

*YTD numbers are only through October

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: December 13, 2018**

DATE: November 30, 2018
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Outbreaks, Unusual Illness, Seasonal Influenza Surveillance, Public Health Preparedness, Medical Reserve Corps, Inter-Hospital Coordinating Council, Points of Dispensing, Communications Exercise, CASPER, Emergency Medical Services, ED Consortium, Regional MCI Tabletop, FireShows West Conference, EMS Strategic Plan, Complex Coordinated Terrorism Attack Tabletop, REMSA Compliance

Communicable Disease (CD)

Outbreaks – Since the last District Board of Health meeting in October, the Communicable Disease Program has opened three outbreak investigations. Of these, two were norovirus outbreaks in school and daycare. One was a Strep Throat outbreak associated with a kindergarten classroom in a public school. The previously reported outbreak of *Klebsiella pneumoniae* Carbapenemase producing E. coli associated with a group care home finally affected six persons and the outbreak investigation was closed on November 13. As of November 30, 2018, two outbreaks are still open and under investigation.

Unusual illness – The Communicable Disease (CD) Program investigated one case of meningococcal disease in an adult which occurred during the week of Thanksgiving. The case was fatal. A total of 23 close contacts received post-exposure prophylaxis (PEP). No secondary case has been reported.

Seasonal Influenza Surveillance – For the week ending November 24, 2018 (CDC Week 47) 12 participating sentinel providers reported a total of 136 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 2.1% (136/6,404) which is below the regional baseline of 2.3%. By age group, ILI activity was highest among 0-4 years (9.9%) and lowest among 50-64 years (0.9%). During the previous week (CDC Week 46), the percentage of visits to U.S. sentinel providers due to ILI was 1.9%. This percentage is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.9% to 3.4%.

Five death certificates were received for week 47 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 47 was 90. This reflects a P&I ratio of 5.6%. The total P&I deaths registered to date in Washoe County for the 2018-2019 influenza surveillance season is 33. This reflects an overall P&I ratio of 4.7% (33/697).

Public Health Preparedness (PHP)

Medical Reserve Corps - The Medical Reserve Corps Volunteer (MRC) program will be participating in the Northern Nevada American Red Cross (NNARC) 2019 Spring exercise. This exercise will assess their ability to open shelters and accommodate the needs of our local communities in times of disasters. In this exercise NNARC will also demonstrate:

- Ability to have two concurrently sites used as shelters;
- Assessment of sites using shelter surveys;
- Plans for pet partners;
- Plans for feeding at shelters;
- Plans for providing support services to individuals with disabilities and others with access and functional needs.

Additionally, the MRC program and ARC Shelter Standard Operating Procedure (SOP) document will also be exercised. The SOP is a summary of the steps that will be followed when NNARC makes a request for WCHD's MRC volunteers to help staff their general population shelter during an emergency. The initial planning meeting was attended by the MRC Coordinator and held on November 2, 2018. The next planning meeting will be held at the NNARC on December 10, 2018.

Inter-Hospital Coordinating Council (IHCC) - The IHCC continues to work on the draft Alternate Care Site Plan, which will be presented to the IHCC in December. Planning for the Alternate Care Site Exercise has begun, with the exercise scheduled for April 29-May 3, 2019. This exercise will test many components of the plan, including training on the set-up and take down of three Disaster Medical Facilities owned by the State and housed with REMSA.

The IHCC Goals and Objectives for 2019 were approved at the November meeting. They also approved the top 10 hazards, as noted by the Hazard Vulnerability Assessments (HVA) done by the agencies. The top ten include earthquake, external flood, inclement weather, internal fire, wildland fire, IT system outage, internal flood, communication/telephone failure, seasonal influenza and unplanned power outage.

The IHCC Response Plan has been drafted and the HVA information has been added. This plan addresses how the IHCC would respond in a disaster, essentially combining all plans and documents into one.

Points of Dispensing (POD) - The PHEP program completed the final flu POD of 2018. The 152nd Nevada Air National Guard held their POD exercise on November 3rd, providing vaccinations to approximately 350 of their personnel. The PHEP program is working with our POD partners to review each of the exercises for this year to identify and document strengths and weaknesses to improve the response capabilities of our community.

Communications Exercise - The PHEP program partnered with the Reno-Sparks Indian Colony (RSIC) who conducted a communications exercise in Hungry Valley. The exercise scenario was

a power outage which required the utilization of one of the PHEP electronic message boards. The RSIC operated the sign and then demobilized the unit at the end of the exercise.

Community Assessment for Public Health Emergency Response (CASPER) - The CASPER has been scheduled for March 2019. The planning team is meeting frequently and will have the CASPER questions finalized within the next two weeks. Washoe County will be the fourth jurisdiction in the State to conduct a CASPER this Fiscal Year. The four health authorities are planning to combine the data for baseline emergency preparedness information, to be provided to emergency planners within the regions.

Emergency Medical Services (EMS)

ED Consortium - The ED Consortium held its quarterly meeting on November 1. The group has grown significantly over the last year and has representation from law enforcement, fire, EMS, mental health, jail healthcare, public health and hospitals. The group is currently addressing several topics including alternatives to opioids, data sharing and blood borne pathogens.

Regional Multi-Casualty Incident Tabletop Exercise - The EMS Coordinator partnered with Quad-County Public Health Preparedness and East Fork Fire Protection District to develop a Regional Multi-Casualty Incident (MCI) Tabletop Exercise that focused on on-scene coordination for fire/EMS if a major incident occurred in Washoe County and mutual aid was not available from partner agencies due to other system demands. The exercise was held on November 2 and had more than 24 attendees and representation from Fire, EMS and hospitals from all five counties.

FireShows West Conference - EMS Program staff attended the FireShows West Conference from November 5-8 through LEPC grant funds. Over the four days, staff attended several sessions that focused on HazMat, MCI response, operations and Fire/EMS leadership.

EMS Strategic Plan - The EMS Strategic Plan subcommittee met on November 15 to continue revising the goals for 2019-2023. During the November meeting the group focused on goal 3: improving communications and goal 4: continuity of care. The subcommittee will continue to meet on a monthly basis until all proposed revisions are complete.

Complex Coordinated Terrorism Attack Tabletop Exercise – The EMS Coordinator attended the Complex Coordinated Terrorism Attack Tabletop Exercise at Nevada Division of Emergency Management on November 29. The all-day exercise scenario included multiple terror attacks in both northern and southern Nevada. The State held the exercise to discuss their support role in this type of incident and if the newly developed complex Coordinated Terrorist Attack Appendix addressed planning, response and recovery operations as needed by local agencies.

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 2018	91%	97%	100%	100%	97%	91%
August 2018	90%	96%	93%	N/A	95%	91%
September 2018	92%	96%	97%	100%	97%	92%
October 2018	92%	93%	100%	100%	95%	92%
YTD	91%	95%	97%	100%	96%	91%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2018	8:45	14:56	14:42	N/A*
August 2018	8:49	13:42	19:07	N/A*
September 2018	8:33	13:50	15:40	17:45
October 2018	8:39	15:31	17:24	N/A*

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: December 13, 2018**

DATE: November 30, 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, Community Health Improvement Plan, Truckee Meadows Healthy Communities (TMHC), NHALE, Legislative Session, County Complex Master Plan, New CCHS Fees, Washoe County District Board of Health Scholarship Endowment Fund, Other Events and Activities and Health District Media Contacts.

Public Health Accreditation (PHAB)

We received the results of the completeness review on 10/19/18 and seventeen items were reopened for revision. The PHAB team addressed the issues on those items and they were resubmitted on 11/15/18. The majority of the items that were reopened included activities that occurred in the clinic and were rejected for being out of scope.

A proposed list of site reviewers was submitted to WCHD and vetted for any potential conflicts of interest prior to selection of site reviewers by PHAB.

Quality Improvement

The EHS Division is currently working on a large QI project to improve the management of electronic plan records to increase staff efficiencies and better serve the public, which continues to make substantial progress towards the ultimate goal of allowing access to records through the online Accela Citizen Access (ACA) portal.

Strategic Plan

After a great strategic plan retreat, a revised 2018-2021 strategic plan will be presented at the December 2018 DBOH meeting.

Community Health Improvement Plan

Implementation of the community health improvement plan continues for each of the three action plans. Several items have been completed and the work groups have been making substantial progress towards

achieving the due dates outlined in the plan. A 2018 CHIP progress report is being prepared to report on the progress of the CHIP in the first six months of implementation.

Truckee Meadows Healthy Communities (TMHC)

The second strategic planning session with the Board of Directors was held on December 6.

Meetings of Board leads for Behavioral Health, Physical Activity and Nutrition, and the Family Health Festivals were held to discuss convening and advocacy priorities and actions.

TMHC and Enterprise convened the housing affordability community workgroups and executive leadership team, and met with key stakeholders during an Enterprise site visit the week of November 12. TMHC and Enterprise provided a presentation on the Regional Strategy for Housing Affordability during the Opportunity Alliance EPA workshop on November 15 at the Discovery Museum.

On November 27, the Washoe County Board of County Commissioners took action to proceed with staff development of an ordinance to establish an Affordable Housing Trust Fund. This is a mechanism to financially support creation and preservation of affordable housing and is one of the tools in the Regional Strategy. Numerous community partners participating with TMHC on the initiative attended the BCC meeting to demonstrate their support for the action.

NHALE

DRI hosted a meeting in Las Vegas on Nov. 29 to discuss formation of the Nevada Human Airway and Lung Exposure (NHALE) Alliance. The Alliance is intended to promote research and policy development regarding health effects of tobacco (including e-cigarettes), marijuana, and wildfire and controlled burn smoke. Limited research has been conducted and therefore data is limited on the health effects of inhalation of associated chemical compounds and particulates from these sources. Formation of an alliance to pursue research opportunities and policy development was supported by participants that included higher education, health authorities, and non-profit health organizations.

Legislative Session

Recruitment for the new Government Affairs Liaison position was completed. A number of well qualified applicants were considered. Ms. Joelle Gutman was selected and accepted the position. She will begin employment with the Health District on January 7.

As of November 30 there are 564 Bill Draft Requests, and 88 Assembly Bill Drafts and 89 Senate Bill Drafts have been released.

County Complex Master Plan

The Health District continues to work with the Community Services Department and the consulting team on the Master Plan for the County Complex to meet department needs over the next twenty-years. The Health District will require additional space driven primarily by the space needed to provide clinical services to the growing population. Various options to address future space needs of County departments were discussed during a steering committee meeting held on November 15 to develop recommendations to be presented to the Board of County Commissioners.

New CCHS Fees

An additional test for Trichomonas was approved in the STD and Family Planning programs, which is an add-on to our existing Chlamydia and Gonorrhea tests. The fee for the Trichomonas Aptima test is \$11.48. We're pleased to be able to provide a test with sensitivity of greater than 95%, for both males and females. Having this additional test will allow us to detect more infections and can be used independently of the presence of symptoms.

An additional method has been approved as a contraceptive choice for our Family Planning clients. The NuvaRing (vaginal ring) is considered a moderately effective method, similar to oral contraceptives, though clients do not have to remember to take a pill daily. Our clinicians often receive requests for this method, and we are pleased to now be able to offer this low cost alternative. The fee for the NuvaRing is \$3.23.

Washoe County District Board of Health Scholarship Endowment Fund

Ms. Nikki Stone, who is the Board of Health Scholarship recipient this year, wrote a letter of appreciation which is attached. Scholarship recipients must be pursuing a graduate or undergraduate degree in the School of Community Health Sciences, have a minimum 3.0 GPA and be from Nevada or from northern California counties adjoining Nevada.

Other Events and Activities

10/30/18	TMHC Behavioral Health Initiative Meeting
10/31/18	TMHC Board of Directors Meeting
11/1/18	DBOH Strategic Planning Retreat
11/1/18	NV Health Authority Conference Call
11/2/18	Government Affairs Liaison Interviews
11/2/18	NALHO Conference Call
11/5/18	Substance Abuse Task Force Meeting
11/6/18	TMHC Strategic Planning Retreat Meeting
11/8/18	Monthly Meeting w/ John Slaughter, Dave Solaro
11/15/18	Opportunity Alliance Workshop
11/15/18	9 th Street Master Plan Steering Committee Workshop
11/16/18	NPHA Advocacy Call
11/16/18	TMHC 5210 Meeting
11/28/18	TMHC Family Health Festivals
11/28/18	Accela Briefing
11/29/18	NHALE Meeting at UNLV
11/30/18	UNR School of Community Health Sciences Community Advisory Board Meeting

Date: December 13, 2018

Subject: ODHO District Health Officer Report

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12/3/18	Washoe Regional Behavioral Health Policy Board Meeting
12/3/18	Substance Abuse Task Force
12/4/18	Special NPHF Meeting w/KPS3
12/4/18	Accela Oversight Committee Meeting
12/5/18	Monthly Meeting with Chair Jung
12/5/18	TMHC Steering Committee Meeting
12/5/18	Crisis Action Team
12/6/18	TMHC Board of Directors Annual Meeting and Strategic Planning Retreat, Part 2
12/6/18	NV Health Authority Conference Call
12/7/18	State Board of Health Meeting
12/7/18	Monthly Meeting w/ John Slaughter and Dave Solaro
12/12/18	Department Heads Meeting

Health District Media Contacts: October - November 2018

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
11/28/2018	KOLO CH8 - ABC Reno	Terri Russell	Sun Valley/Swan Lake Algae - Ulibarri
11/27/2018	KRNV CH4 - NBC Reno	Paul Nelson	Helipad - Ulibarri
11/27/2018	Nevada Independent Times - Las Vegas	Yasmin Beltran	Cosleeping - Ulibarri
11/26/2018	KRNV CH4 - NBC Reno	Karsen Buschjost	Flu Report - Chalkley
11/15/2018	KOLO CH8 - ABC Reno	Jeff Thompson	Air Quality - Inouye/Schnieder
10/30/2018	KRNV CH4 - NBC Reno	Cassie Wilson	Air Quality - Inouye
10/29/2018	KRNV CH4 - NBC Reno	Shad Ahmad	Flu Report - Chalkley
10/25/2018	KRNV CH4 - NBC Reno	PJ Connelley	Xofuza - Ulibarri
10/23/2018	KTVN CH2 - CBS Reno	Andi Guevarra	Suicide Program Funding - Peters
10/17/2018	KRNV CH4 - NBC Reno	Shad Ahmad	Acute Flacid Myelitis (AFM) - Todd
10/17/2018	KOLO CH8 - ABC Reno	Valentina Bonaparte	Acute Flacid Myelitis (AFM) - Todd
10/10/2018	KOLO CH8 - ABC Reno	Chloe Ortega	E-cigarettes - Seals
10/5/2018	KRNV CH4 - NBC Reno	Samantha Smerchniak	Family Health Festival - Dixon/Ulibarri
10/5/2018	KOLO CH8 - ABC Reno	Guragpal Sangha	Family Health Festival - Dixon
10/1/2018	KRNV CH4 - NBC Reno	Melissa Metheny	Hospital Readiness - Conti
10/1/2018	KUNR Radio 88.7FM - NPR Reno	Anh Gray	Flu Report - Chalkley

Press Releases/Media Advisories/Editorials/Talking Points

11/14/2018	Great American Smokeout	Ulibarri
10/29/2018	Know the Code - Burn Code	Ulibarri
10/22/2018	Suicide Prevention Program	Ulibarri
10/19/2018	Find a Park	Ulibarri
10/18/2018	Online Resource Library for Food Safety	Ulibarri
10/9/2018	Youth e-cigarette use in Washoe County	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	173 (CCHS 40 EHS 23 ODHO 22 AQM 88)
Twitter	AQMD/CCHS	101 (AQM101 CCHS 0)

Fall 2018

Dear Mr. Dick,

I am honored to be the recipient of your scholarship. Thanks to your generosity, I will be the first in my family to graduate college.

My name is Nikki Stone and I am currently a sophomore at the University of Nevada, Reno, double majoring in Pre-Nursing and Spanish. My interest in Pre-Nursing started in the seventh grade when I found out I had scoliosis. With two curves well over sixty degrees each, I had to get five procedures done on my back, after it getting infected twice. All of this and more sprouted my interest in nursing, as well as made me the person I am today. In my freshman year at the University, I decided to add on a Spanish major. I realize how frustrating a language barrier in a hospital setting can be when ones family member is sick, and I would like to be able to reach out to as many patients and their families as I can.

In my free time, I volunteer at Renown on the Pediatrics floor every Wednesday. There, I am able to connect and interact with the patients, in order to make their stay as enjoyable as it can be. I also take an active role in my sorority, Alpha Omicron Pi. In my sorority, I take a key role in our recruitment process.

After college, I will work as a Pediatric Nurse at Renown. After being a Registered Nurse for a year or two, I would like to take classes online to one day become a Nurse Practitioner. My educational pursuits would not be possible without your generous support. Thank you for your investment in the University of Nevada, Reno and students like me!

Sincerely,

Nikki Stone