

Washoe County District Board of Health Meeting Notice and Agenda

Members

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

**Thursday, January 24, 2019
1:00 p.m.**

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

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

1. *Roll Call and Determination of Quorum

2. *Pledge of Allegiance

3. *Public Comment

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

4. Approval of Agenda – (For possible action)

January 24, 2019

5. *Recognitions

A. Past Board Chair, County Commissioner Kitty Jung

B. Introduction - Dr. Reka Danko, Physician Member of the DBOH

C. Retirements

i. Julie Pomi, 1/9/2019, Public Health Nurse II - CCHS

D. Years of Service

i. Elena Varganova, 5 years, Hired 1/27/2014 - EPHP

E. New Hires

i. Joelle Gutman, Government Affairs Liaison, 1/7/2019 - ODHO

F. Shining Star

i. Linda Gabor

ii. Ana Gonzalez

iii. Nancy Kerns Cummins

iv. Laura Rogers

v. Susan Schroeder

- vi. Cory Sobrio
- vii. Michael White
- viii. Jackie Chaidez

G. Special Recognition

- i. Dianna Karlicek, Organizer of the Health District Adopt a Family Campaign

6. Consent Items – (For possible action)

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

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

- i. December 13, 2018

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

- i. Retroactive approval of Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through September 30, 2019 in the total amount of \$19,800 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –NC State Retail HACCP and Validation and Verification Course IO-11545; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Jennifer Pierce

- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11552 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- iii. Retroactive approval of Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through December 31, 2019 in the total amount of \$3,000 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –Managing Employee Health Workshop IO-11549; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Jennifer Pierce

- iv. Approve Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through June 30, 2019 in the total amount of \$3,000 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO 11548; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Jennifer Pierce

- v. Retroactive approval of Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through July 31, 2019 in the total amount of \$2,851 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –FDA Program Standards Self-Assessment and Verification Audit Workshop IO-11544; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Jennifer Pierce

- C. Approve an Intrastate Interlocal Contract between Public Agencies between the Department of Health and Human Services, Division of Welfare and Supportive Services and Washoe County Health District for the provision of an onsite Family Services Specialist (FSS) worker to assist Health District clients inquiring about welfare assistance programs. - **(For possible action)**
Staff Representative: Nancy Kerns Cummins
- D. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,806.88, to attend the NALBOH Board Meeting and Joint NACCHO Meeting (ASTHO Washington Week Event) in Washington D.C., March 11-13, 2019. - **(For possible action)**
Staff Representative: Kevin Dick
- E. Acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2019 – **(For possible action)**
Staff Representative: Anna Heenan
- 7. ***Presentation – Waste Characterization Study and Updates on KTMB Community Outreach Activities with Waste Management**
Presented by: Christi Cakiroglu, KTMB Executive Director and Luke Franklin
- 8. **Regional Emergency Medical Services Authority**
Presented by: Dean Dow and Alexia Jobson
 - A. **Review and Acceptance of the REMSA Operations Report for November, 2018 – (For possible action)**
 - B. **Review and Acceptance of the REMSA Operations Report for December, 2018 - (For possible action)**
 - C. ***Update of REMSA’s Public Relations during November 2018**
 - D. ***Update of REMSA’s Public Relations during December 2018**
- 9. **Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2017 through 6/30/2018. - (For possible action)**
Staff Representative: Brittany Dayton
- 10. **Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session, and consideration and possible approval of District Board of Health Legislative Priorities and Legislative Principles. – (For possible action)**
Staff Representative: Joelle Gutman
- 11. ***Staff Reports and Program Updates**
 - A. **Air Quality Management, Charlene Albee, Director**
Program Update, Ozone Advance Goals, Divisional Update, Monitoring and Planning and Permitting and Enforcement
 - B. **Community and Clinical Health Services, Steve Kutz, Director**
Divisional Update – 2018 Year in Review; 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 Program Updates – Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Vector-Borne Disease and Waste Management and Inspections.

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

Program Updates for Communicable Disease, Outbreaks, Annual Communicable Disease Summary, Seasonal Influenza Surveillance, Public Health Preparedness, Statewide Planning, Community-based Exercise, Medical Reserve Corps, Inter-Hospital Coordinating Council, Points of Dispensing, CASPER, Emergency Medical Services, Earthquake Tabletop Exercise, New Non-acute Care Member of the MAEA, Pediatric Disaster Response Training, Continuation of EMS Strategic Planning, Update to EMS Protocols, Proposed Revisions to the MAEA, REMSA Compliance

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

District Health Officer Report –, Public Health Accreditation, Quality Improvement, Strategic Plan, Community Health Improvement Plan, Land Development and Plan Reviews, Substance Abuse Task Force, Legislative Session, New CCHS Fees, Other Events and Activities and Health District Media Contacts.

12. *Board Comment

Limited to announcements or issues for future agendas.

13. *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.

14. 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. 9th 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 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, December 13, 2018
1:00 p.m.**

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

1. *Roll Call and Determination of Quorum

Chair Jung called the meeting to order at 1:02 p.m.

The following members and staff were present:

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

Members absent: Michael Brown
Oscar Delgado

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
Catrina Peters

2. *Pledge of Allegiance

Councilwoman Zadra led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

December 13, 2018

Dr. Novak moved to approve the agenda for the December 13, 2018, District Board of Health regular meeting. Mr. Dahir seconded the motion which was approved five in favor and none against.

5. Recognitions

A. Retirements

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

Mr. Dick stated that Ms. Rivera would begin her retirement on Saturday, December 15th. He informed that she has been an Office Assistant II in the Family Planning Program for CCHS and has nineteen years with the Health District. Ms. Rivera was not in attendance.

B. Promotions

- i. Samantha Beebe, Public Health Nurse I to Public Health Nurse II – CCHS

Ms. Beebe was not in attendance.

- ii. Kim Tran Franchi, Environmental Health Specialist to Environmental Health Specialist Supervisor – EHS

Mr. Dick informed that Ms. Franchi has been promoted from an Environmental Health Specialist to Environmental Health Specialist Supervisor, and congratulated her on her promotion.

C. New Hires

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

Ms. Montoya-Adame was not in attendance.

- ii. Michelle Carral, Office Assistant II, 12/10/2018 - CCHS

Mr. Dick informed that Ms. Carral is now working in the Immunization Program, and congratulated her on her new position with the Health District.

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

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.

Ms. Sullivan and Ms. Chalkley were in attendance; the other Shining Star recipients were not able to attend.

Mr. Dick congratulated all employees recognized and informed they had received three or more Shining Star nominations.

E. District Board of Health Service

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

Mr. Dick recognized Dr. Hess for his years of service on the Washoe County District Board of Health. He informed Dr. Hess began service on the DBOH on January 1, 2011 and that this would be his last meeting.

Mr. Dick presented a plaque to Dr. Hess as a small token of appreciation, reading the inscription to those present.

Chair Jung inquired if Dr. Hess would like to address the group. Dr. Hess stated that his tenure on the Board had been a pleasure and that he enjoyed meeting those involved with the Board. Although he had coordinated a course in community medicine during the time he started with the Board and had been confident in his knowledge as a physician, he related that he had learned so much during his service and thanked the Board for their help.

Chair Jung thanked Dr. Hess not only for his service on the Board, but as a long-time physician in the area, and informed that his son and daughter-in-law were also physicians.

6. Proclamations

Radon Action Month Proclamation

Mr. Dick informed that Susan Howe and Nadia Noel of the University of Nevada Reno Cooperative Extension were present to receive the Radon Action Month Proclamation for January 2019 and read the Proclamation for those present.

Ms. Howe spoke of the dangers of radon, the importance of testing and percentage of homes by zip code in Washoe County that may have elevated levels of radon. She informed that shipping was now being charged on those kits sent via the mail, but the Cooperative Extension was providing free radon test kits in January and February and provided information on locations where they could be picked up. Ms. Noel noted that the kits would also be available at several upcoming presentations and provided details.

Ms. Noel informed there was a new guide for healthcare providers included in the testing kits.

She thanked the Board for their help and letter of support for the building code amendments process that had occurred during the last year. She stated that the Board's letter and the Nevada Cancer Coalition helped support the initiative, although it was not voted on.

Ms. Noel informed that the Southern Nevada Health District is providing a Proclamation following this Board's lead.

Dr. Novak moved to accept the Proclamation for Radon Action Month. Dr. Hess seconded the motion which was approved five in favor and none against.

There was no public comment on this item.

7. Consent Items

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

A. Approval of Draft Minutes

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

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

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.

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.

Staff Representative: Jennifer Pierce

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

- 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

Staff Representative: Anna Heenan

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

There was no public comment.

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.

Staff Representative: Kevin Dick, Sharon Zadra and Stephanie Kruse

Mr. Dick stated this item has been placed on the agenda in response to direction received from the Board during the November 1st Strategic Planning Retreat. He informed that Ms. Zadra, Executive Director of Truckee Meadows Healthy Communities, and Stephanie Kruse of KPS3 who has been assisting with the strategic plan for TMHC, will provide the presentation to the Board.

Ms. Zadra stated TMHC was introduced to the community in early 2015 as a result of the Washoe County Health District and Renown's work to produce a 2015-2018 Community Health Needs Assessment (CHNA). She informed TMHC's work continues to be driven by the CHNA.

Ms. Zadra informed that TMHC has received their designation as a 501(c)(3) organization. She read the Mission Statement that had been provided to the Board. She stressed that more can be accomplished through collaboration with community partners than by one entity alone.

Some of the first projects undertaken by TMHC were the Family Health Festivals (FHF) to provide access to and the delivery of services to the most disadvantaged in the community. She informed there had been eight of these held to date in various locations throughout the community; the most recent had been at O'Brien Middle School. This area had not been reached prior to that FHF; she informed TMHC had committed to reach even more areas.

Ms. Zadra stated that Schwab Bank held a public forum for Affordable Housing in January of 2017 that was attended by nearly three hundred people. She informed that Schwab Bank's goal was to achieve a community driven vision for the purpose of developing a road map to begin to address the issue. The consensus of this meeting determined TMHC and Truckee Meadows Regional Planning Agency (TMRPA) as the leaders of this initiative.

During the second forum, Ms. Zadra informed that the Community Foundation of Western Nevada held a community conversation and was attended by an additional five hundred people.

After these forums, TMHC and TMRPA went before the Regional Planning Governing Board (RPGB) who identified Affordable Housing as a priority to include within the update to the Regional Plan that was being developed at the time.

Ms. Zadra informed the results of the extensive community profile that had been completed are available at <https://www.tmaffordablehousing.org/>.

Ms. Zadra informed the road map for a regional strategy for Affordable Housing will be complete in February 2019. She stated the recommendations and plan outline will be presented to the RPGB in March 2019 and that this plan will become the action plan within the CHIP for its Affordable Housing priority.

Ms. Zadra informed The Executive Leadership Team, which includes managers of Reno, Sparks and the County, the head of RTC, EDAWN, Renown, Senator Ratti, the Reno

Housing Authority and the State Division of Housing, has identified the probable entity to implement the Affordable Housing Strategy over the next ten years, and that TMHC would be completed with their work on this initiative in June 2019.

Ms. Zadra informed the detail of funding for 2018 had been provided to the Board in response to their request.

Ms. Zadra informed of the two Strategic Planning sessions held by TMHC and of their intent to continue to be guided by the priorities of the CHNA. She stated that TMHC had secured the services of Ms. Kruse of KPS3 who will outline the priorities and next steps for TMHC to the Board.

Ms. Kruse explained the process to assist TMHC define what type of organization they are, what it should stand for and what its brand and value statement should begin with the assessment of how TMHC works relative to the sum of its parts.

Ms. Kruse informed they had reviewed TMHC's past work on their initiatives, including the FHF's and Fitness and Nutrition, and how they identified Affordable Housing as their priority for its importance as the basis of health in the community.

During the Strategic Planning Sessions, the importance of TMHC being known for its broad involvement in the improvement of the community's health while adhering to the CHNA and CHIP priorities was stressed. She informed that other available data would also be used going forward to improve the ability to measure progress.

Ms. Kruse informed TMHC came to a clearer vision of what the organization should be and how it should function during the Strategic Planning sessions, that TMHC would be the leader in convening, persuading, informing and advocacy for important health topics in the community with the goal of improving the community's overall health.

In order to define TMHC priorities for action, it was decided to look for initiatives that are common to public and community health and healthcare. This place where these different types of care intersect was identified as the Sweet Spot. Ms. Kruse informed the TMHC Board has made a commitment to play a strong role in convening, advocacy and influencing for a common agenda on the chosen health issue.

Going forward, Ms. Kruse informed the two priorities for TMHC will now be a common agenda for next steps around Behavioral Health for the community and the 5210 Let's Go! initiative as relates to the CHIP's Physical Activity/Nutrition priority.

Ms. Zadra reiterated the TMHC Board has redefined the role they will have in moving the needle forward in the community's health with community partners as the convener and advocate as opposed to the tactical approach that they have had. She stressed it will take strategic alliance across community partners to address the Behavioral Health issues in the upcoming Legislative Session.

Ms. Zadra stated that TMHC appreciates the opportunity that may exist for the DBOH to provide additional funding which would allow TMHC to address the Behavioral Health issues first.

Mr. Dahir informed that he had the opportunity to meet with the jurisdictions and learn more about TMHC and their activities, and stated that he is in support of moving forward with funding for TMHC. He expressed his appreciation for Mr. Dick's work on the TMHC Board and that he looks forward to continuing to work with TMHC.

There was no public comment.

Dr. Novak moved to approve \$45,000 to support TMHC as part of the FY19 budget augmentation request to the Board of County Commissioners. Dr. Hess seconded the motion which was approved five in favor and none against.

Chair Jung thanked Councilwoman Zadra and Ms. Kruse for presenting today and stated the DBOH looks forward to further updates and improvements on a regional basis for Affordable Housing.

9. Regional Emergency Medical Services Authority

Presented by: JW Hodges

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

Mr. Hodges informed he was available to answer questions regarding the October Operations Report. He informed the November and December reports would be provided at the January 2019 DBOH Meeting.

Mr. Young moved to accept the REMSA Operations Report for October, 2018. Dr. Hess seconded the motion which was approved five in favor and none against.

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

Mr. Hodges informed that Ms. Alexia Jobson, REMSA Public Affairs Manager, will be presenting this portion of the REMSA report going forward.

Mr. Hodges stated that several healthcare-related topics occur in October, one of which is Sudden Cardiac Awareness Month. He informed REMSA hosted the Go Red for Women and Circle of Red Committee members at REMSA for a hands-only CPR training event. He stated that an additional training will be provided in January.

Chair Jung inquired if the breathing portion of CPR was no longer considered best practice. Mr. Hodges informed that it is a tiered approach in which first responders, medical professionals, EMS staff are taught both breathing and circulation, while the general public are trained in hands-only due to circulation having a great impact on survivability. He stated he would inform the Board about the training in January.

Mr. Hodges informed REMSA was the recipient of seven hundred dollars' worth of popcorn from a local Cub Scout Troup that came to visit REMSA. He stated they were given a tour the communications center and ambulances, and that REMSA staff enjoyed the great popcorn and the Cub Scout Troop's visit.

Mr. Hodges stated that REMSA continues to post community advisory and wellness videos and informed the Radon presentation would be included in their January postings.

Mr. Hodges informed that, mostly due to the work of Ms. Jobson partnered with the Cerebral Palsy Parent Network, a REMSA-hosted exclusive Cookies and Cocoa with Santa Event for children with cerebral palsy will be held the evening of Monday, December 17th on the REMSA campus. He stated the purpose of the event is to provide medically fragile participants with an exclusive and thoughtful holiday experience. He expressed that REMSA's hope is that, through events like this, they will continue the conversation with populations REMSA and EMS encounter on a daily basis but who might not have the interactions they need to be best served.

Mr. Hodges thanked Dr. Hess for his support.

10. Presentation and possible acceptance of the revised 2018-2021 Washoe County Health District Strategic Plan

Staff Representative: Catrina Peters

Ms. Peters provided a recap of the Strategic Planning Retreat held on November 1st and of the proposed revisions to the Strategic Plan that were presented at that meeting. She informed there would be a semi-annual report provided on the Strategic Plan progress at the DBOH Meeting in February.

Chair Jung inquired if the Waste Composition Study referred to in the Plan was the same as Down to Earth Composting. Mr. Dick informed the Health District completed a waste characterization study, the results of which would be presented at the January DBOH Meeting. He informed it was a study of the composition of the waste stream that goes to Waste Management with the goal of identifying more recycling opportunities in the community and viable economic opportunities. Ms. Peters informed the results of the study were on the Health District website. She stated she would send the link to the DBOH Members.

Mr. Dick stated there had also been a recent survey completed by commercial and residential customers about their satisfaction with the programs provided by Waste Management. He informed that he would send the link to the results of this survey to the Board.

Chair Jung challenged other entities to manage a Strategic Plan as the Board of Health does by revisiting the Plan twice per year, holding the Strategic Planning Retreat and revising the plan as necessary, followed by a report out of the final, revised plan. She stated this process works to keep the Board and Health District focused in direction and to manage their budget, and thanked the District Health Officer for implementing the process.

Dr. Novak moved to accept the revised 2018-2021 Washoe County Health District Strategic Plan. Dr. Hess seconded the motion which was approved five in favor and none against.

11. Election of District Board of Health Chair for 2019-2020

Chair Jung stated that the election of Chair and Vice Chair could be postponed until the absent Board Members could be present. Mr. Young opined the vote could be taken at this meeting.

Mr. Dahir moved that the Vice Chair, Dr. Novak, move into the Chair position. Dr. Hess seconded the motion which was approved five in favor and none against.

Mr. Dahir thanked Chair Jung for her service as Chair.

12. Election of District Board of Health Vice Chair for 2019-2020

Mr. Dahir inquired if there was a predetermined method to select the Vice Chair and Chair Jung informed there was not.

Dr. Novak moved to nominate Mr. Brown as Vice Chair of the District Board of Health, pending his acceptance. Chair Jung seconded the motion which was approved five in favor and none against.

13. Possible approval of the proposed 2019 Washoe County District Board of Health Meeting Calendar

Staff Representative: Kevin Dick

Mr. Dick informed the proposed 2019 DBOH Meeting calendar was included in the packet. He stated the meetings were scheduled on the fourth Thursday of the month at 1:00 p.m. as they have been, with the exception of November and December. Mr. Dick explained staff is proposing a similar approach to these meetings as was taken for 2018, in that the first Thursday in November, November 7th, would be the date for Strategic Planning Retreat. The November DBOH Meeting would be tentatively scheduled the third Thursday, November 21st, with the intention that it would be cancelled if there were no urgent business to be heard.

The December meeting would be scheduled for December 12th, the second Thursday of the month, due to the Christmas holiday.

Dr. Hess opined this schedule has worked well over the past few years.

Dr. Hess approval of the proposed 2019 Washoe County District Board of Health Meeting Calendar. Dr. Novak seconded the motion which was approved five in favor and none against.

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

Ms. Albee informed she had nothing to add to her report, but wanted to thank Dr. Hess for his years of service and for his interest in keeping the community's air clean.

Dr. Novak inquired the status of the relocation of the air monitoring station. Ms. Albee informed the right of entry agreement that was just approved within the consent agenda was the last item required to allow the process to begin. She stated the plan was currently to complete construction activities during spring break in April 2019.

Dr. Novak inquired if there was considerable construction that had to be done. Ms. Albee informed the most sizable project would be to run electrical service which could include an upgraded transformer. It had been recommended the electrical service be buried due to it being on a school ground; she informed that plan would be followed.

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

Mr. Kutz informed he had nothing to add to his report, but would be glad to answer any questions. He wanted to thank Dr. Hess for his years of service and for working with CCHS on STDs and syphilis in the community, as well as his partnership with Washoe County Medical Society.

Mr. Kutz wished those present a happy holiday.

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.

Mr. Westom informed he did not have any information to add to his report, but that he would be glad to answer any questions. He thanked Dr. Hess for his support and input in his recommendations for improvement. He expressed his appreciation for Dr. Hess' contributions.

Chair Jung thanked Mr. Westom for his fine leadership and staff.

Dr. Novak inquired if the recycling service in the community would continue through Waste Management due to the perception that the value of the service has declined, or would the service continue with either Waste Management or another entity. Mr. Westom informed that Mr. Franklin, Senior Environmental Specialist, is dedicated to

working on that issue. He informed he did not have an update on this issue for the Board at this time, but would provide updates as they were available.

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

Dr. Todd also thanked Dr. Hess, expressing his appreciation for being able to consult with him on various communicable disease issues. He wished him well as he moved into his retirement from the Board.

Dr. Todd informed that on November 19th there had been a case of Neisseria meningitidis and stated this is not a common occurrence; its local frequency is approximately once in two years. It is a serious disease, in this instance, a fatal case.

Dr. Todd informed that staff had been notified of this case at approximately 4:25 p.m. on Monday, November 19th. He stated staff had called REMSA at 4:40 p.m. to inform them of the situation because it was understood they had transported the case to the hospital and needed to be notified due to possible exposure. What they were not aware of at the time, Dr. Todd explained, was that Reno Fire had also responded.

Dr. Todd stated that staff received a call on Tuesday, November 20th, from Chief Dennis Nolan with Reno Fire indicating that Reno Fire had also responded to this call. Chief Nolan's call was immediately transferred to the Epidemiologist who had worked the case. It appeared two of the firefighters had helped with the individual's breathing problems. It was discussed whether the firefighters had used personal protective equipment (PPE); Chief Nolan was going to investigate whether or not they had.

Dr. Todd stated that, ultimately, all parties that needed to be informed had been and received prophylaxis if it was indicated.

Dr. Todd explained it was understood there needed to be a protocol developed for these rare situations. He stated there was a meeting held on December 11th that included the fire agencies, Infection Control from the hospitals and Epidemiology staff, and informed a flow chart and guidelines had been developed. He informed REMSA would now be asked whether fire had responded to allow them to be notified; the Medical Examiner's Office would also be contacted for responder information if they were involved.

Dr. Todd explained the information of a case may come initially from a hospital or from the Medical Examiner's office, whose information would flow into the Epidemiology program. Epidemiology would begin a case investigation to determine persons who may have had contact with the patient which may also include law enforcement. He stated the flow chart they developed is detailed and opined that it should guide any future required response.

Dr. Todd informed there are approximately 80 reportable diseases, but there are a much smaller number that are specifically mentioned in the Nevada Administrative Code that are required to be notified to a fire agency if there has been a potential for exposure. He explained this provides legal authority for Epidemiology to make notifications without breaching HIPPA regulations.

Chair Jung opined it is the responsibility of those that diagnose disease to begin the process of informing partners of this type of situation and the duty of all involved to

develop continuous improvement toward protecting the First Responders and their family's health. She stated that, as far as it is known, no untoward effects have occurred for any who came in contact with the case and a critical lesson was learned for continuous quality improvement.

Dr. Novak thanked Dr. Todd and Ms. Conti for bringing all of the related partners together to develop the response plan for any future situation of this type. He thanked them all for doing a great job.

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.

Mr. Dick informed the meeting Dr. Todd had referred to had occurred on the 12th, not the 11th, but that it was understandable the date be misquoted due to the activity of the week. He expressed thanks to the EMS and hospital partners for making themselves available to meet on such short notice to resolve this issue.

Regarding Public Health Accreditation, Mr. Dick informed a site visit team had been assigned for the Health District. A list of potential team members had been sent to the Health District for review to eliminate those with possible conflicts of interest. He informed the site visit team will be led by Ms. Kara Zoller(sp?) from Sherburne County Health and Human Services in Minnesota, and Ms. Cassandra Call of Placer County Public Health Division and Ms. Christine Filipovich of the Pennsylvania State Department of Public Health will complete the team. Dates for the visit have not been set, but WCHD documentation has been provided to the team and they have begun their review. Mr. Dick stated he would inform the Board of the site visit dates when they became available.

Mr. Dick expressed he is grateful for the new Government Affairs Liaison, Ms. Joelle Gutman, who will begin work with the Health District on January 7th. He informed Ms. Gutman will be providing the Legislative update to the Board at the January DBOH Meeting, as well as presenting a Legislative policy for the Board's review and possible approval to guide staff during the Legislative Session.

Mr. Dick highlighted the letter of thanks from Ms. Nikki Stone, recipient of this year's Washoe County District Board of Health Scholarship Endowment Fund Scholarship, included in their packet for their review. He informed of the contribution he recently made toward the District Board of Health Endowment Fund at UNR. He explained the process was quite easy with the ability to make donations on their website. He stated he would send the link for the website to the Board in the event they would like to contribute.

Mr. Dahir inquired if the Accreditation site visit team would want to meet with Board Members. Mr. Dick stated he was not aware if that would be an expectation, but he would provide that information to the Board.

15. *Board Comment

Chair Jung opened the Board comment period.

Dr. Novak commented that they would all miss Dr. Hess.

In order to be informed and prepared for possible effects locally, Chair Jung requested a report from staff as to the extent of funding from federal, state and local governments for this community's medically fragile citizens, especially children. She stated she would forward an article from Mother Jones to staff as a starting place, relating the article's information concerning people who are migrating to states that provide better care for their children.

Chair Jung extended her thanks to Dr. Hess for his expertise on the Board and for the information learned from him. She stated he and his family are a treasure to this community and that he would be missed, although she felt sure their paths would cross as public servants do not really retire.

Chair Jung closed the Board comment period.

16. *Public Comment

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

17. Adjournment

Chair Jung adjourned the meeting at 2:19 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.

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STAFF REPORT
BOARD MEETING DATE: January 24, 2019

TO: District Board of Health

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

SUBJECT: Retroactive approval of Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through September 30, 2019 in the total amount of \$19,800 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –NC State Retail HACCP and Validation and Verification Course IO-11545; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

The Washoe County Health District received the award letter from AFDO on December 4, 2018. A copy of the award letter is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

The Board has accepted several awards in FY18 from AFDO to fund special projects related to the Retail Standards Grant Program.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: NC State Retail HACCP and Validation and Verification Course

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

- The Washoe County Health District (WCHD) is responsible for conducting compliance inspections at over 3,600 food establishments in the Reno/Sparks area. Due to the growth of the food movement, many of these establishments are conducting specialized food processes that require HACCP plans and/or code waivers. The WCHD would like to enhance knowledge of these processes while also making efforts to bridge the gap between regulators and food industry by having NC State University teach their Retail

HACCP Validation and Verification course in Reno. This project would include two consecutive two-day courses and a half-day train the trainer session.

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

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

Award Amount: Total award is \$19,800 (\$18,000 direct/\$1,800 indirect)

Grant Period: January 1, 2019 – September 30, 2019

Funding Source: Food and Drug Administration (FDA)

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

CFDA Number: 93.103

Grant ID Number: G-MP-1810-06328

Match Amount and Type: None

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

FISCAL IMPACT

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

As this award was not anticipated in the FY19 budget, a budget amendment in the amount of \$18,000 is necessary to bring the Award into alignment with the direct program budget.

Should the BCC approve these budget amendments, the FY19 budget will be increased by \$18,000 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11545	-431100	Federal Revenue	\$18,000
		Total Revenue	\$18,000
2002-IO-11545	-710100	Professional Services	\$18,000
		Total Expenditures	\$18,000

Subject: Approval of Award – AFDO –NC State Retail HACCP and Validation and Verification Course

Date: January 24, 2019

Page 3 of 3

RECOMMENDATION

It is recommended that the District Board of Health retroactively approve the Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through September 30, 2019 in the total amount of \$19,800 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program – NC State Retail HACCP and Validation and Verification Course, IO-11545; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve the Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through September 30, 2019 in the total amount of \$19,800 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –NC State Retail HACCP and Validation and Verification Course, IO-11545; and if approved, authorize the District Health Officer to execute the Agreement."



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INSTRUCTIONS

Click on the Edit button to edit the form. Click the Save button to ensure your data will not be lost before navigating away from the form. When you have completed the form, click Submit.

Category 2 - Moderate Projects

Washoe County Health District
 R-MP-1810-06328 | \$19,800.00 | Grant Year: Year 6 (Sept/Oct 2018)
 NC State Retail HACCP and Validation and Verification Course

ORGANIZATION INFORMATION

Organization : Washoe County Health District
Primary Contact: Amber English
Jurisdictional Level: Local

AUTHORIZING OFFICIAL INFORMATION

The Authorizing Official is the person in your jurisdiction who is authorized to approve this grant contract if awarded.

Authorizing Official Title: District Health Officer
Authorizing Official First Name: Kevin
Authorizing Official Last Name: Dick
Authorizing Official Email: kdick@washoecounty.us
Authorizing Official Phone: 775-328-2461



PROJECT INFORMATION

Have you conducted a Self-Assessment of all nine Retail Program Standards?

Self-Assessment Conducted: Yes
Date of Most Recent Self-Assessment: 10/3/2016

INSTRUCTIONS

- Click [here](#) to download a list of definitions of **Standards - Elements** to guide you in making your selections.
- Select from the **Standards** list below.
 - You can select multiple values (Standards) by holding your Ctr key on a PC or Cmd key on a Mac.
 - Double click values or click the > arrow button to move your selections from the left to the right side.
- Review the **Element** selection boxes that subsequently appear, corresponding to each **Standard** you have selected. Select the **Elements** that apply.
 - You can select multiple values (Elements) by holding your Ctr key on a PC or Cmd key on a Mac.
 - Double click values or click the > arrow button to move your selections from the left to the right side.

Standards: Standard No. 2 - Trained Regulatory Staff, Standard No. 3 -
 Inspection Program Based on HACCP Principles, Standard No. 7
 - Industry and Community Relations, Standard No. 4 - Uniform
 Inspection Program

Standard 2 - Elements: Element 5A, Element 2B, Element 4A, Element 4B

Standard 3 - Elements: Element 5A, Element 6A

Standard 4 - Elements: Element 2.VII, Element 2.IX

Standard 7 - Elements: Element 1A, Element 1B

*Please note the **Project Title** has a limit of 255 characters. The system will automatically truncate text longer than this amount.*

Project Title: NC State Retail HACCP and Validation and Verification Course

Project Start Date must start on or after 01/01/2019.

Project Start Date: 1/1/2019

Project End Date must be completed by 12/31/2019.

Project End Date: 9/1/2018

Amount Requested: \$19,800.00

Project Summary:

The Washoe County Health District (WCHD) is responsible for conducting compliance inspections at over 3,600 food establishments in the Reno/Sparks area. The Reno area restaurant scene has experienced significant growth over last several years with food establishment permits up 12 percent since 2012. Due to the growth of the local food movement, more advanced educational techniques among culinary professionals, and specific flavor and texture preferences, many of these establishments are conducting specialized food processes that require HACCP plans and/or code waivers including fermentation, acidification, reduced oxygen packaging, cook-chill, and sous vide. Often times, inspectors fail to identify these processes, or are intimidated by terms such as "HACCP" and "waivers." As a result, the process may be either suspended leaving the establishment operator frustrated, or allowed to continue with no food safety controls leaving the public at risk.

The WCHD would like to enhance knowledge of these processes while also making efforts to bridge the gap between regulators and food industry by having NC State University teach their Retail HACCP Validation and Verification course in Reno. The project would include two consecutive two-day courses and a half-day train the trainer session. The first two-day session would include seats for 20 regulatory staff including WCHD staff and staff from neighboring Nevada jurisdictions (State of Nevada, Carson City, and Southern Nevada) and 3 seats available for food industry participants. The second two-day session would include 20 seats available for regulatory staff and 4 seats for food industry participants. The half-day train the trainer session will include five seats for the following participants: two WCHD regulatory staff, representatives from the Nevada Restaurant Association, the University of Nevada, and a local food establishment operator.

Objectives and Timelines:

Feb 25, 2019, Half-day Train the Trainer: the five trainers who attend this session and both days of the course will be granted access to training materials and be approved to deliver future courses in Washoe County.

Feb 26 and 28, 2019, Each Session Day One : classroom training on: review and background of HACCP plans and code waiver/variance requests as outlined in the most recent version of the FDA Food Code (consistent with WCHD regulations), discussion on processes that do not require a HACCP plan or waiver but may be confused with specialized processes, and application of concepts including critical control points, critical limits and prerequisite programs.

Feb 27 and 29, 2019, Each Session Day Two: hands on activities at stations where products will be prepared using the specialized processes listed above with exercises to reinforce day-one training.

All course materials and equipment will be provided by NCSU. Day one training room will be provided by the WCHD and day two room will be provided by the a local food establishment.

Project Members:

WCHD Project Coordinator: Amber English, Senior Environmental Health Specialist. Amber is responsible for the oversight and implementation of the Program Standards as well as activities related to food establishment inspection compliance, HACCP activities, enforcement, and training. Amber will be the main point of contact for NC State staff and will oversee the logistics of the course. Amber will also participate in the train the trainer session and will coordinate future WCHD courses with the remaining train the trainer participants.

Natalie Seymour, Program Coordinator NC State. Natalie Seymour is an Extension Associate at NC State University with a focus on prevention and control of foodborne illnesses at the retail and food service level. Natalie is a member of the teaching team and will also coordinate course logistics including providing materials and supplies.

Dr. Ben Chapman, Program Lead, NC State. Dr. Chapman is an associate professor and food safety extension specialist at NC State University focusing on consumer, retail and food service food safety issues. Dr. Chapman is a member of the course teaching team and will provide the food science perspective.

Veronica Byrant, NC Department of Health and Human Services. Veronica oversees enforcement of State rules, is responsible for training, assists with rule interpretations, and oversees the HACCP Plan review and verification. Veronica is a member of the teaching team and will provide the regulatory perspective.

Project Outcomes:

This project will help the WCHD achieve greater conformance with the following Program Standards:

Standard 2: Enhance staff knowledge and skills of specialized food processes and HACCP plan/waiver requests. The course will help new staff identify these processes and discuss options for compliance and corrective actions with food service operators which is a performance measure in the WCHD field training manual. Additionally, the course will improve staff's ability to complete the HACCP verification exercise during standardization. The course will provide an opportunity for staff to gain food safety continuing education credits and the train the trainer session will allow the WCHD to administer future courses.



Standard 3: Enhance WCHD's HACCP and Waiver Request policies and procedures.

Standard 4: Reinforce staff knowledge of special processes, HACCP plans/waiver requests and provide techniques that can be used to discuss these processes and options with facility operators. As a result, staff will demonstrate these competencies during Standard 4 field evaluations.

Standard 7 - Provide a forum for input, communication, and information exchange between regulators, industry and academia resulting in improved relationships and trust among industry partners.

Knowledge change will be measured through pre-class and post-class evaluations. Data will be collected and analyzed on the number of trainings, trained staff, and HACCP plans submitted before and after the course.

BUDGET INFORMATION**INSTRUCTIONS**

1. Click the plus sign  to open the **Budget Worksheet**.
2. Provide start and end dates for the budget--*these should align with the Project Start and End Dates provided on the request form above.*
3. Fill in cost item descriptions in the Item column.
4. Fill in cost item amounts in the Budgeted column.
5. Click Save to save the **Budget Worksheet**.
6. To edit the **Budget Worksheet**, click the edit icon  to open the form.
7. The portal forms do not auto-save. You must click the **Save** button to ensure your data will not be lost.

Budget Worksheet

Budget Period	Budget	Actual	Variance
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Budget Period	Budget	Actual	Variance
Year 6 Budget: 1/1/2019 to 9/30/2019	19,800	0	19,800
Total	19,800	0	19,800

Budget Snapshot

	Year 6 Budget		
	1/1/2019 to 9/30/2019		
	Budget	Actual	Variance
Personnel Costs			0
Custom: Registration for Session 1	8,625		8,625
Custom: Registration for Session 2	9,000		9,000
Custom: Train the Trainer Registration	375		375
Custom: Indirect Costs	1,800		1,800
Custom: 5			0
Custom: 6			0
Custom: 7			0
Custom: 8			0
Custom: 9			0
Custom: 10			0
Total	19,800	0	19,800

Budget Narrative (Maximum of 1,500 Characters):

NC State Retail HACCP Validation and Verification Course Budget:

Two consecutive, 2-day sessions:

Registration for Session 1 \$375/person @ 23 persons = \$8,625

Registration for Session 2 \$375/person @ 24 persons = \$9,000

Train the Trainer \$75/person @ 5 people = \$375

Indirect Costs (10%) \$1,800

Total \$19,800

VERIFICATIONS

You must create and save a **Budget Worksheet** before you can submit the form. After saving the Budget Worksheet:

1. Click the checkbox below to verify you completed the **Budget Worksheet**.
2. A pop-up box will appear.
3. Optional: the pop-up box has a Note field. Leaving a note here is optional.
4. Click the **Save** button to save your checkmark--*once checked, these cannot be unchecked.*

I confirm that I have completed the Budget Worksheet.

Pierce, Jennifer

From: English, Amber E.
Sent: Tuesday, December 4, 2018 4:20 PM
To: McNinch, Dave; Macaluso, Tony; Westom, Chad
Cc: Pierce, Jennifer
Subject: FW: AFDO-Managed Retail Program Standards Grant Program: CONGRATULATIONS

Amber English, REHS

Senior Environmental Health Specialist | Environmental Health Services Division | Washoe County Health District
aeenglish@washoecounty.us | (775) 328-2629 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512

WASHOE COUNTY
HEALTH DISTRICT



ENHANCING QUALITY OF LIFE

Public Health



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From: FDA & AFDO Retail Program Standards [<mailto:do-not-reply.grants07-us-east-1@fluxx.io>]
Sent: Monday, December 3, 2018 11:54 AM
To: English, Amber E.
Cc: daniel.lukash@fda.hhs.gov; gerald.berg@fda.hhs.gov
Subject: AFDO-Managed Retail Program Standards Grant Program: CONGRATULATIONS

Dear Amber English:

Congratulations! We are happy to inform you that we have approved your grant submission for the following project: NC State Retail HACCP and Validation and Verification Course, in the amount of \$19,800.00. Your project has been assigned the following tracking number: G-MP-1810-06328.

Please use your previously assigned username and password to log into the grant portal at <https://retailstandards.fluxx.io> for details of this award, including the official Grant Award letter.

Please refer to our homepage at <http://afdo.org/retailstandards> for complete grant program information. Additionally, ensure you are familiar with the Non-Allowable Costs section of the Grant Guidance. Any non-allowable costs will not be reimbursed, even if they are included in an approved grant application.

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

If you have any questions, or need additional information, please contact us at: 850-583-4593 or

retailstandards@afdo.org.

Sincerely,

Your AFDO Grants Management Team

AHSO	AH	_____
DHO	_____	AD
DA	_____	
Risk	_____	

STAFF REPORT
BOARD MEETING DATE: January 24, 2019

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 & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11552 and authorize the District Health Officer to execute the Notice of 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 Public & Behavioral Health on December 19, 2018 to support the HIV Prevention Program. The funding period is retroactive to January 1, 2019 and extends through December 31, 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 January 25, 2018, the Board approved a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health, retroactive to January 1 through December 31, 2018, for \$287,496 in support of the HIV Prevention Program.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: HIV Prevention Program

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

The Subaward provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising, lab/outpatient, and other expenses, including funding specifically for community outreach, planning meetings and program participation via the use of

Subject: Approve HIV Prevention Notice of Subaward

Date: January 24, 2019

Page 2 of 2

incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, behavioral reinforcers, etc.)

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

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

Award Amount: \$287,496.00

Grant Period: January 1, 2019 – December 31, 2019

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

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

CFDA Number: 93.940

Grant ID Number: 1 NU62PS924579-02 / HD#16929

Match Amount and Type: No match required.

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

FISCAL IMPACT

The District anticipated this award and included funding in the adopted FY19 budget. As such, there is no fiscal impact to the FY19 adopted budget should the Board approve the Notice of Subaward.

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11552 and authorize the District Health Officer to execute the Notice of 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 & Behavioral Health retroactive to January 1, 2019 through December 31, 2019 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11552 and authorize the District Health Officer to execute the Notice of Subaward."



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

Agency Ref. #: **HD 16929**
 Budget Account: 3215
 Category: 15
 GL: 8781
 Job Number: 9394019

NOTICE OF SUBAWARD

Program Name: HIV Prevention Program Disease Prevention and Investigation		Subrecipient's Name: Washoe County Health District Attn: Anna Heenan, Administrative Health Services Officer							
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: P. O. Box 11130 Reno, NV 89520-00207							
Subaward Period: January 1, 2019 through December 31, 2019		Subrecipient's: <table style="width: 100%; border: none;"> <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>073786998</td></tr> </table>		EIN:	88-60000138	Vendor #:	T40283400Q	Dun & Bradstreet:	073786998
EIN:	88-60000138								
Vendor #:	T40283400Q								
Dun & Bradstreet:	073786998								
Purpose of Award: To conduct HIV Prevention Services in Northern Nevada.									
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>									
Approved Budget Categories:		AWARD COMPUTATION:							
1. Personnel	\$202,816.00	Total Obligated by this Action:	\$ 287,496.00						
2. Travel	\$9,567.00	Cumulative Prior Awards this Budget Period:	\$ 0.00						
3. Operating	\$5,125.00	Total Federal Funds Awarded to Date:	\$ 287,496.00						
4. Supplies	\$6,600.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
5. Other	\$34,897.00	Amount Required this Action:	\$ 0.00						
TOTAL DIRECT COSTS	\$259,005.00	Amount Required Prior Awards:	\$ 0.00						
6. Indirect Costs	\$28,491.00	Total Match Amount Required:	\$ 0.00						
TOTAL APPROVED BUDGET	\$287,496.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
		Budget Period: January 1, 2019 through December 31, 2019							
		Project Period: January 1, 2019 through December 31, 2019							
FOR AGENCY USE ONLY									
Source of Funds: Centers for Disease Control and Prevention (CDC)		% Funds: 100%	CFDA: 93.940						
		FAIN: NU62PS924579	Federal Grant #: NU62PS924579-02						
Federal Grant Award Date by Federal Agency:									
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; Section G: DPBH Business Associate Addendum.									

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Kevin Dick District Health Officer	Signature	Date
Kyle Devine, MSW Bureau Chief		
for Julie Kotchevar, PhD. Administrator, Division of Public & Behavioral Health		

STATE OF NEVADA
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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.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

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6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:**

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

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

8. Certification that neither the 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.
 5. Any attempt to influence:
 - (a) The introduction or formulation of federal, state or local legislation;
 - (b) The enactment or modification of any pending federal, state or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

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

This provision does not prohibit a 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 District, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Strategy 1: Systematically collect, analyze, interpret, and disseminate HIV data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response

HIV prevention program monitoring and evaluation

A: During the reporting the Subgrantee will collect and input data into EvaluationWeb and PartnerServicesWeb. Data will be used to monitor HIV testing activities and key performance indicators. Data must be entered in the required CDC format and by CDC required deadlines.

B: The Subgrantee will meet with the State HIV Prevention Program (HPP) at least semi-annually or upon request to discuss performance measures and program progress.

Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV

HIV Testing

A: During the reporting period the Subgrantee will complete 2,000 HIV tests (of which no more than 500 maybe conventional testing) targeted to high-risk individuals and target populations identified in the Nevada Integrated HIV Prevention and Care Plan.

B: During the reporting period, the Subgrantee will conduct one (1) provider education presentations to educate hospital and medical staff on the benefits of routine HIV testing.

C: During the reporting period, the Subgrantee will conduct one (1) provider education presentations to educate hospital and medical staff on the requirement to test pregnant women who present themselves at hospitals but with no evidence of previous prenatal care.

D: The Subgrantee will utilize the social networks strategies to target high-risk networks for HIV testing.

HIV Partner Services

A: The Subgrantee will utilize STD and HIV Prevention data to identify HIV positive individuals, their contacts and disease clusters for Partner Services and other interventions.

B: All Disease Intervention Specialist will receive the CDC supported Passport to Partner Services training.

C: During the reporting period, the Subgrantee will provided data and technical assistance to medical and community providers upon request.

Data to Care

A: During the reporting period, the Subgrantee will work with HPP to provide missing or updated data to HIV Surveillance for review, entry into eHARS, and quality assurance.

B: Beginning January 1, 2018 through December 31, 2022, the Subgrantee will use the out of care list provided by the HIV Surveillance Program to contact HIV positive clients who appear to be not in medical care. Disease Intervention Specialists or other health district staff will contact clients to re-engage them in medical care or determine if the client is no longer residing in their jurisdiction.

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C. Beginning January 1, 2018 through December 31, 2022, the Subgrantee will track the number of clients they have contacted and how many have been re-engaged into medical care. This data will be included with all Centers for Disease Control and Prevention required reports.

Strategy 3: Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks

Rapidly respond to and intervene in HIV transmission clusters and outbreaks

A: During the reporting period, the Subgrantee will work with the HPP to develop and maintain a jurisdictional and CDC identified rural counties outbreak and detection response plan.

B: Partners of transmission cluster will be referred to HIV testing and provided retesting within 6 months.

C: In the event of an HIV outbreak the Subgrantee will work with the Nevada Division of Public and Behavioral Health to respond to outbreaks. Any travel expenses incurred will be grant reimbursable.

Strategy 4: Provide for comprehensive HIV- related prevention services for people living with diagnosed HIV infection

Provide linkage to, re-engagement in, and retention in HIV medical care services using Data-to-Care activities and other strategies

A: During the reporting period, the Subgrantee will perform data-to-care activities to identify HIV positive individuals who have not linked to care or have fallen out of care.

B: During the reporting period, the Subgrantee will identify newly diagnosed positive individuals and ensure they are linked into care and monitored until they attend their first appointment.

C: During the reporting period, the Subgrantee will work with the HPP to identify social determinants of health that are impacting a client's ability to successfully link and be retained into HIV care.

D. Beginning January 1, 2018 through December 31, 2022, the Subgrantee will use the out of care list provided by the HIV Surveillance Program to contact HIV positive clients who appear to be not in medical care. Disease Intervention Specialists or other health district staff will contact clients to re-engage them in medical care or determine if the client is no longer residing in their jurisdiction.

E. Beginning January 1, 2018 through December 31, 2022, the Subgrantee will track the number of clients they have contacted and how many have been re-engaged into medical care. This data will be included with all Centers for Disease Control and Prevention required reports.

Promote early ART initiation and support medication adherence

A: During the reporting period, the Subgrantee will educate primary care physicians on the importance of early ART initiation.

B: During the reporting period, the Subgrantee will continue to offer the ARTAS intervention and wrap around services to ensure clients access and retain in medical care.

Promote and monitor HIV viral suppression & Monitor HIV drug resistance

A: The Subgrantee must use client-centered counseling during HIV testing and condom distribution as Health Reduction and Health Education strategies.

Conduct risk reduction interventions for PLWH

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A: During the reporting period, the Subgrantee will ensure client-centered counseling is performed during the HIV testing process. Once identified as positive, the Subgrantee's DIS must provide health education to reduce high-risk behaviors and future transmissions.

Refer PLWH to other essential support services

A: During the reporting period, the Subgrantee will upon initial identification of newly diagnosed positive individuals will referred to care and support services, such as screenings and active referrals for healthcare benefits, behavioral health, and other medical and social services. Clients will continue to be monitored through the first medical appointment by local DIS.

Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection.

Periodic HIV testing and risk screening HIV Testing

A: During the reporting period, the Subgrantee will work with HPP and community partners to introduce legislation to require physicians to offer an HIV test annually as part of routine medical care for ages 13 – 64.

Increase awareness of and expand access to PrEP and medication adherence to PrEP/ Screening for PrEP eligibility

A: During the reporting period, the Subgrantee will provide community education for PrEP and PEP awareness through social media strategies.

Linkage to and support for PrEP

A: During the reporting period, the Subgrantee will assist clients in accessing PrEP and PEP services and navigating insurance, Medicaid, and patient assistance programs.

Risk reduction interventions for HIV-negative persons at risk for HIV infection

A: During the reporting period, the Subgrantee will offer Personalized Cognitive Counseling, RESPECT, Motivational Interviewing, and other intervention as identified to HIV-negative persons at risk for HIV infection.

Refer HIV-negative persons at risk for HIV infection to other essential support services

A: During the reporting period, the Subgrantee will work with HIV-negative persons to identify essential support services that the client needs to improve their health outcomes, such as: transportation, substance abuse treatment, mental health services, housing, etc.

Strategy 6: Conduct perinatal HIV prevention and surveillance activities.

Universal prenatal HIV testing

A: During the reporting period, the Subgrantee will re-educate providers on the Nevada Revised Statutes pertaining to HIV testing for pregnant women, i.e., to test pregnant women who present themselves at hospitals but with no evidence of previous prenatal care.

B: During the reporting period, the Subgrantee will utilize new online tools that assist medical providers with educating expecting mothers and provide the necessary mandatory reporting forms.

Perinatal HIV exposure reporting

A: During the reporting period, the Subgrantee will conduct Fetal Infant Mortality Review (FIMR) activities and address HIV related case review as appropriate.

B: During the reporting period, the Subgrantee will develop and implement standard operating procedures for identifying and conducting follow-up of perinatally HIV-exposed infants according to CDC guidance.

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Perinatal HIV service coordination (e.g., fetal and infant mortality review)

A: During the reporting period, the Subgrantee will review the FIMR and will discuss with clinic personal and local medical providers to ensure patients are receiving newest treatment protocols.

Strategy 7: Conduct community- level HIV prevention activities

Social marketing campaigns and social media strategies

A: Should the Subgrantee choose to develop a media campaign, the Subgrantee must use a CDC approved media campaign, such as the Act Against AIDS initiative.

Community mobilization

A: During the reporting period, the Subgrantee will involve the HIV Prevention Planning Groups (HPPG) and community partners to promote marketing and outreach plans that provide stigma and discrimination free messaging.

Condom distribution programs

A: During the reporting period, the Subgrantee will distribute condoms to high risk HIV negative and positive individuals; 52,254 by 12/31/18, 54,811 by 12/31/19, 57,611 by 12/31/20, 60,492 by 12/31/21, and 63,516 by 12/31/22.

Strategy 8: Develop partnerships to conduct integrated HIV prevention and care planning

Maintain HIV Planning Group

A: During the reporting period, the Subgrantee will manage, oversee, and provide logistical coordination of the Northern Nevada HIV Prevention Planning Council and meet at least quarterly throughout the year to discuss and monitor the progress of the State's HIV Prevention grant. The Subgrantee is also responsible for providing nutrition and hydration at all HPPG meetings.

Develop HIV prevention and care networks

A: During the reporting period, the Subgrantee will continue working with community partners, other local health authorities, and the University Nevada Reno- Center for Program Evaluation to identify new stakeholders and engage them in the Integrated HIV Prevention and Care Plan process to evaluate and monitor the Plan.

Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention

Ensure data security, confidentiality, and sharing

A: During the reporting period, the Subgrantee will ensure that all staff is trained and in compliance with the CDC's Data Security and Confidentiality Guidelines.

Strengthen laws, regulations, and policies

A: During the reporting period, the Subgrantee will work with the HPP and other advocacy groups to support legislation or policy changes that will benefit HIV prevention, care, and surveillance in Nevada.

Strengthen health information systems infrastructure

A: During the reporting period, the Subgrantee will maintain and/or enhance integrated information systems and workforces between HIV Prevention and Surveillance.

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B: During the reporting period, the Subgrantee will support CDC approved software and hardware equipment necessary to strengthen health information systems infrastructure, such as eHARS, SAS licenses, and the organization's EMR systems. The Subgrantee will ensure that all CDC provided software releases and upgrades are installed within required time frames.

Strategy 10: Conduct data- driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities

Monitor the Integrated HIV Prevention and Care Plan

A: During the reporting period, the Subgrantee will continue working with community partners, other local health authorities, and the University Nevada Reno- Center for Program Evaluation to evaluate and monitor the Integrated HIV Prevention and Care Plan.

Monitor HIV within the jurisdiction for program planning, resource allocation, and monitoring and evaluation purposes

A: During the reporting period, the Subgrantee will use epidemiological data to assist with monitoring HIV in the state. This data will be used in the community planning process to identify priority populations and resource allocation.

Strategy 11: Build capacity for conducting effective HIV program activities, epidemiological science, and geocoding

Assess capacity building and technical assistance needs

A: During the reporting period, the Subgrantee will participate in an annual statewide survey to assess capacity building and technical assistance needs.

B: During the reporting period, the Subgrantee will comply with the HPP's annual site visit, provide all supporting documentation, and provide programmatic feedback.

Develop and implement capacity building assistance plan, including technical assistance

A: During the reporting period, the Subgrantee will participate in all CDC identified trainings.

B: During the reporting period, the Subgrantee will adequately train new hires in current CDC prevention interventions.

C: During the reporting period, the Subgrantee will ensure the development and implementation of standard operating procedures are in place or in process.

Programmatic Reporting

A: During the reporting period, the Subgrantee will submit to the HPP narrative and statistical reports in a format established by the HPP and the CDC. By July 31 each year, the Subgrantee will report on the first six (6) months of the grant year. By January 31 each year, the Subgrantee will report on the entire twelve (12) months of the grant year.

B: During the reporting period, the Subgrantee will measure all performance indicators and objectives identified in the Evaluation and Monitoring Plan using the program template provided, monthly. The report is due by the fifteenth (15) of each month, reporting on the previous month.

C: During the reporting period, the Subgrantee will be responsible for HIV counseling, testing, Partner Services, and referral data collection and timely entry into respective databases.

*Important Notice: Any unspent funding may result in having the next year's grant reduced by that amount.

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

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 NU62PS924579-02 from 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 Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number NU62PS924579-02 from 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	\$202,816.00		
		In Kind	Public Health Nursing Supervisor (.30 FTE) - \$105,000 Annual Salary x .30 FTE
	\$68,800.00		Health Educator Coordinator (.80 FTE) - \$86,000 Annual Salary x .80 FTE = \$68,800.00
	\$19,500.00		Public Health Investigator/PHI (.30 FTE) - \$65,000 Annual Salary x .30 FTE = \$19,500.00
	\$10,800.00		Public Health Nurse/PHN (.15 FTE) - \$72,000 Annual Salary x .15 FTE = \$10,800.00
	\$2,600.00		Office Assistant II (.05 FTE) - \$52,000 Annual Salary x .05 FTE = \$2,600.00
	\$3,000.00		Office Support Specialist (.05 FTE) - \$60,000 Annual Salary x .05 FTE = \$3,000.00
	\$47,115.00		Fringe Benefits - \$104,700 Total Salary x .45 of salary = \$47,115.00
	\$29,400.00		Intermittent Hourly Pooled RN (\$28.98/hr. x 20 hrs. per wk x 50 wks per year + Medicare 1.45% = \$29,400)
	\$21,601.00		Intermittent Hourly Pooled Health Educator (\$28.39/hr. x 15 hrs. per wk x 50 wks per year + Medicare 1.45% = \$21,601)
2. Travel	\$9,567.00		
		\$2,919.18	In-State Travel
	\$800.00		Airfare: \$200 per r/trip x 2 trips x 2 staff = \$800.00
	\$432.00		Lodging: \$108/day x 1 night x 2 trips x 2 staff = \$432.00
	\$96.00		Ground Transportation: \$12/day x 2 days x 2 trips x 2 staff = \$96.00
	\$512.00		Per Diem: \$64/day x 2 days x 2 trips x 2 staff = \$512.00
	\$329.00		Mileage (local): \$.545 per mile x 604 miles
	\$750.00		Registrations for 5 staff @ \$150 each
		\$6,648.00	Out of State Travel

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		\$1,600.00	Airfare: \$400 per r/trip x 2 trips x 2 staff = \$1,600.00
		\$1,800.00	Lodging: \$150 per night x 3 nights x 2 trips x 2 staff = \$1,800.00
		\$1,056.00	Per Diem: \$66/day x 4 days x 2 trips x 2 staff = \$1,056.00
		\$192.00	Ground Transportation: \$12/day x 4 days x 2 trips x 2 staff = \$192.00
		\$2,000.00	Registration Fees: 2 conferences x \$500 ea. x 2 staff
3. Operating	\$5,125.00		
		\$300.00	Postage & Freight: \$25 per mo. x 12 mos. = \$300.00
		\$714.00	Copy Machine: \$59.50 per mo. x 12 mos. = \$714.00
		\$1,000	Printing: \$83.33per mo. x 12 mos. = \$1,000.00
		\$600.00	Licenses & Certifications = \$600.00
		\$756.00	Telephone: \$63 per mo. x 12 mos. = \$756.00
		\$720.00	Cell Phone: \$60 per mo. x 12 mos. = \$720.00
		\$100.00	Books and subscriptions = \$100.00
		\$863.00	People search engine for locating \$71.88 x 12 months
		\$72.00	Cleaning costs for lab coats: \$6/mo. x 12 mos = \$72.00
4. Supplies	\$6,600.00		
		\$1,000.00	Educational Materials = \$1,000.00
		\$5,000.00	Medical Supplies = \$5,000.00
		\$600.00	Office Supplies: \$50 x 12 months = \$600.00
5. Other	\$34,897.00		
		\$100.00	Professional Services: Expenses related to the development and printing of the annual addendum to the statewide HIV Prevention Jurisdictional Plan, marketing development and materials.
		\$6,000.00	Advertising: for targeted HIV testing efforts, including social network strategies: \$500/mo. x 12 mos.
		\$500.00	Program Incentives - for implementing the Social Network Strategy intervention and Partner Services participation: \$41.67/mo. x 12 mos.
		\$120.00	Transportation - including taxi vouchers and bus passes to facilitate client prevention and partner services participation - \$10/mo x 12 mos.
		\$100.00	Hydration at testing events
		\$1,000.00	Event Fees - to include rental expenses, event fees, security expenses at testing events
	\$25,577.00		Lab/Outpatient Services
		\$16,960.00	Rapid HIV Tests & Controls
		\$10,000.00	1,000 HIV tests @ \$10/test = \$10,000
		\$360.00	30 Controls x 12/mos. = \$360
		\$5,400.00	45 Qty Control tests/mo @ \$10/test x 12 mos. = \$5,400

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\$1,500.00	\$1,200.00	20 staff x 2 tests/staff x 3 proficiency tests/yr x \$10/test = \$1,200
	\$7,000.00	Blood Tests
	\$7,000.00	1,400 HIV blood tests @ \$5/test = \$7,000
	\$1,617.00	Confirmatory Tests
	\$840.00	20 estimated positive tests @ \$42/HIV AB differential test = \$840.00
	\$777.00	6 estimated tests @ \$129.58/HIV RNA test = \$777.48
	Northern Nevada HIV Prevention Planning Group	
	\$900.00	Prevention Planning Meetings \$7.50 x 20 attendees x 6 meetings per year = \$900.00
	\$500.00	Community Engagement Meetings \$250 per meeting x 2 meetings = \$500.00
	\$100.00	Supplies for PPG meetings \$16.66 per meeting x 6 meetings per year
	Total Direct Cost	\$259,005.00
6. Indirect Cost	\$28,491.00	Indirect Costs: 11% of Direct Costs (including Personnel) \$259,005 x 11% = \$28,491 \$259,005 x 11% = \$28,491
Total Approved Budget	\$287,496.00	

- 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.
- 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 \$287,496.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred and;
- 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.

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- Any work performed before or 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 and when feasible;
- Will be responsible for forwarding all documents or other required reports to the Centers for Disease Control and Prevention (CDC) or other entity, as required under this grant;
- 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 Division's HIV Prevention Program will conduct at least annually, one (1) programmatic and fiscal review of the subgrantee. The Division of Public and Behavioral Health has the option to conduct site visits more often should they be necessary.
- The 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 quarterly 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.

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Agency Ref. #: **HD 16929**
 Budget Account: 3215
 GL: 8781
 Draw #: _____

SECTION D

Request for Reimbursement

Program Name: HIV Prevention Program Disease Prevention and Investigation	Subgrantee Name: Washoe County Health District Attn: Anna Heenan
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: P. O. Box 11130 Reno, NV 89520-0027
Subgrant Period: January 1, 2019 through December 31, 2019	Subgrantee'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	\$202,816.00	\$0.00	\$0.00	\$0.00	\$202,816.00	0.0%
2. Travel	\$9,567.00	\$0.00	\$0.00	\$0.00	\$9,567.00	0.0%
3. Operating	\$5,125.00	\$0.00	\$0.00	\$0.00	\$5,125.00	0.0%
4. Supplies	\$6,600.00	\$0.00	\$0.00	\$0.00	\$6,600.00	0.0%
5. Other	\$34,897.00	\$0.00	\$0.00	\$0.00	\$34,897.00	0.0%
6. Indirect	\$28,491.00	\$0.00	\$0.00	\$0.00	\$28,491.00	0.0%
Total	\$287,496.00	\$0.00	\$0.00	\$0.00	\$287,496.00	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 _____

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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 1, 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 District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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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.

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

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.

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DA		
Risk		

STAFF REPORT
BOARD MEETING DATE: January 24, 2019

TO: District Board of Health

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

SUBJECT: Retroactive approval of Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through December 31, 2019 in the total amount of \$3,000 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –Managing Employee Health Workshop IO-11549; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

The Washoe County Health District received the award letter from AFDO on December 4, 2018. A copy of the award letter is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

The Board has accepted several awards in FY18 from AFDO to fund special projects related to the Retail Standards Grant Program.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Managing Employee Health Workshop

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

- Washoe County Health District (WCHD) conducted a risk factor study on the occurrence of foodborne illness risk factors in Washoe County food establishments, results of the study indicate a lack of written employee health policies, additionally poor personal hygiene was identified as being one of the foodborne illness risk factors needing attention. WCHD would like to include efforts to improve employee health policies into the ongoing interventions strategies designed to improve and control personal hygiene practices among food service workers. The WCHD would provide a joint training

opportunity for both industry and regulator staff for an 8 hour workshop focusing on the impact of employee health on the foodborne illness risk factors, information on specific disease transmission, asymptomatic food workers, and hands on activities including the development of an example written employee health policy.

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

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

Award Amount: Total award is \$3,000 (\$3,000 direct/\$0 indirect)

Grant Period: January 1, 2019 – December 31, 2019

Funding Source: Food and Drug Administration (FDA)

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

CFDA Number: 93.103

Grant ID Number: G-SP-1810-06287

Match Amount and Type: None

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

FISCAL IMPACT

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

As this award was not anticipated in the FY19 budget, a budget amendment in the amount of \$3,000 is necessary to bring the Award into alignment with the direct program budget.

Should the BCC approve these budget amendments, the FY19 budget will be increased by \$3,000 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11549	-431100	Federal Revenue	\$3,000
		Total Revenue	\$3,000
2002-IO-11549	-710100	Professional Services	\$3,000
		Total Expenditures	\$3,000

RECOMMENDATION

It is recommended that the District Board of Health retroactively approve the Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through December 31, 2019 in the total amount of \$3,000 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –Managing Employee Health Workshop IO-11549; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve the Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through December 31, 2019 in the total amount of \$3,000 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –Managing Employee Health Workshop IO-11549; and if approved, authorize the District Health Officer to execute the Agreement."

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



December 3, 2018

Grant Number: G-SP-1810-06287

Project Title: Managing Employee Health Workshop

Award Value: \$3,000.00

Project Period: January 1, 2019 to December 31, 2019

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

Dear Amber English:

We have approved your application for Managing Employee Health Workshop as part of the Retail Standards Grant Program, funded by the United States Food and Drug Administration (FDA). Approval is based on review of the application submitted by you on behalf of Washoe County Health District to the Association of Food and Drug Officials (AFDO).

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

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

- **The grantee must complete the full scope of work and all tasks outlined in the approved grant application by December 31, 2019 unless a written exception is granted by the AFDO Programmatic Point of Contact for this grant award.**
- **Any changes to the scope, tasks, deliverables, or expenses of this project must be approved in advance and in writing by the AFDO Programmatic Point of Contact prior to work being modified or completed.**
- The grantee must abide by the grant guidance for the program, available as a PDF file on the Retail Standards Grant Program portal at <http://afdo.org/retailstandards>. This portal is also the site where you can find additional information/updates regarding this grant program, and where you can log in for project status and submission of required reports.
- Per United States Department of Health and Human Services Grants Policy, expenses for food or beverage are generally not allowed unless it is part of a per diem allowance provided in conjunction with allowable travel.
- A Final Project Report must be submitted through the online grants portal no more than 45 days after December 31, 2019. As part of the final report, the grantee must provide a full accounting of all expenditures made with funds from this grant award, accompanied by the documentation specified in the reporting section of the grant guidance.
- As a reminder, recipients of funding through this program are required to assure that project activities achieve greater conformance with the FDA Voluntary National Retail Food Retail Program Standards, available at: http://afdo.org/fda_vnrfrps.

The amount of \$3,000.00 represents the full amount of funds to which you are entitled. Grant awards are made with the understanding that Retail Standards Grant Program staff may require clarification of information within your application, as necessary, during the application, project, or reporting periods. These inquiries may be necessary to allow us to appropriately carry out our administrative responsibilities.

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

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

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

Sincerely,



Steven Mandernach
Executive Director
Association of Food and Drug Officials
155 W. Market St.
3rd Floor
York, PA 17401

AFDO Programmatic Point of Contact:

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

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

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

cc: Gerald Berg (gerald.berg@fda.hhs.gov)
Daniel Lukash (daniel.lukash@fda.hhs.gov)

*Sum
CWW
Adrian*

INSTRUCTIONS

Click on the Edit button to edit the form. Click the Save button to ensure your data will not be lost before navigating away from the form. When you have completed the form, click Submit.

Category 1 - Small Projects

Washoe County Health District
R-SP-1810-06287 | \$3,000.00 | Grant Year: Year 6 (Sept/Oct 2018)
Managing Employee Health Workshop

ORGANIZATION INFORMATION

Organization : Washoe County Health District
Primary Contact: Amber English
Secondary Contact: Amber English
Jurisdictional Level: Local

AUTHORIZING OFFICIAL INFORMATION

The Authorizing Official is the person in your jurisdiction who is authorized to approve this grant contract if awarded.

Authorizing Official Title: District Health Officer
Authorizing Official First Name: Kevin
Authorizing Official Last Name: Dick
Authorizing Official Email: kdick@washoecounty.us
Authorizing Official Phone: 775-328-2641



PROJECT INFORMATION

Have you conducted a Self-Assessment of all nine Retail Program Standards?
Self-Assessment Conducted: Yes
Date of Most Recent Self-Assessment: 10/3/2016
Please select a Small Project sub-category. Your Custom Project Related to Meeting One or More Standards (\$500 to \$3,000)

Please note the Project Title has a limit of 255 characters. The system will automatically truncate text longer than this amount.

Project Title: Managing Employee Health Workshop

Project Start Date must start on or after 01/01/2019.
Project Start Date: 1/1/2019

Project End Date must be completed by 12/31/2019.
Project End Date: 12/31/2019

▲ The Amount Requested value should be the same as the sub-category chosen above.

Amount Requested: \$3,000.00

Project Summary:

In 2017, the Washoe County Health District (WCHD) conducted a baseline risk factor study on the occurrence of foodborne illness risk factors in Washoe County food establishments. In addition to measuring the occurrence of foodborne illness risk factors, the study included capturing data on the presence of employee health policies at the establishments included in the data collection. Results of the study indicate a lack of written employee health policies especially for independently owned food establishments. Additionally, Poor Personal Hygiene was identified as being one of the foodborne illness risk factors needing priority attention.

The WCHD would like to include efforts to improve employee health policies into the ongoing interventions strategies designed to improve and control personal hygiene practices among food service workers.

Objective: The WCHD would like to provide a joint training opportunity for both industry and regulator staff with Janet Anderberg as a guest speaker for an 8 hour workshop. Workshop discussion will focus on the impact of employee health on the foodborne illness risk factors, information on specific disease transmission, asymptomatic food workers, and hands on activities including the development of an example written employee health policy.

Activities/Completion Timeline:

Design, print and send workshop invitations – Sept 30, 2019

Print workshop materials – Oct 31, 2019

Workshop – Nov 5, 2019

Project Members:

Lead Project Coordinator: Amber English, Senior Environmental Health Specialist. Amber has been the Senior EHS in the Food Safety Program since 2014 and is responsible for the oversight and implementation of the Program Standards as well as activities related to food establishment inspection compliance, HACCP activities, enforcement, and training. Amber has been employed with the WCHD for over 14 years, and has worked in several EHS programs, including the Food Safety Program for the last nine years.

Project Role: Main point of contact for guest speaker, oversee and implement arrangements for guest speaker, training room, printing and sending of invitations, and printing and organizing of workshop materials.

Communicate project objectives to management team.

Project Members: Mike Touhey, Environmental Health Specialist and Teresa Long, Environmental Health Specialist.

Mike and Teresa are currently assigned to the program standards subprogram and are responsible for conducting routine compliance inspections, and complaint investigations of permitted food establishments, and other permitted EHS facility types. Additionally, Mike and Teresa are responsible for policy and procedure development related to the Program Standards, and are members of the HACCP review team.

Project Roles: Assist the Lead Project Coordinator with above listed task related to the implementation of the workshop.

Project Outcomes:

The workshop will provide better understanding and awareness to both WCHD staff and the regulated industry on how proper employee health practices and policies contribute to the control of foodborne illness risk factors and ultimately prevent foodborne disease in food establishments. Additionally, the workshop will provide participants an opportunity to develop a written employee health policy in which industry can implement in their facilities and regulators can use as an educational tool when conducting inspections of food establishments.

Activities designed to improve the control of risk factors will help the WCHD achieve conformance with Standard 9-Program Assessment.

WCHD staff attending the workshop will obtain continuing education credits which will aid the WCHD in achieving conformance with Standard 2 - Trained Regulator Staff.



The opportunity to facilitate communication and information exchange among regulators and industry will help maintain WCHD efforts with achievement of Standard 7 - Industry and Community Relations.

Achievements of the above outcomes will be measured using two methods: 1) data analysis from subsequent risk factor studies on the percentage of establishments with employee health policies and percentage of compliance in

the poor personal hygiene foodborne illness risk factor category, and 2) the WCHD plans to measure knowledge change by administering a pre-workshop knowledge survey of participants followed by a post workshop knowledge survey.

BUDGET INFORMATION

INSTRUCTIONS

1. Click the plus sign  to open the **Budget Worksheet**.
2. Provide start and end dates for the budget--*these should align with the Project Start and End Dates provided on the request form above.*
3. Fill in cost item descriptions in the Item column.
4. For the custom projects as listed below, please create Budget Line Items required for your project. For example: *Personnel Costs, Contracts, Equipment* (single items over \$500), *Supplies, Travel*, etc.
5. Fill in cost item amounts in the Budgeted column.
6. Click Save to save the **Budget Worksheet**.
7. To edit the **Budget Worksheet**, click the edit icon  to open the form.
8. The portal forms do not auto-save. You must click the **Save** button to ensure your data will not be lost.

Budget Worksheet

Budget Period	Budget	Actual	Variance
Year 6 Budget: 1/1/2019 to 12/31/2019	3,000	0	3,000
Total	3,000	0	3,000

Budget Snapshot

	Year 6 Budget 1/1/2019 to 12/31/2019		
	Budget	Actual	Variance
Personnel Costs			0
Custom: Speaker Fee	1,500		1,500
Custom: Air Transportation	500		500
Custom: Lodging Accommodations	210		210
Custom: Per diem	192		192
Custom: Ground Transportation	40		40
Custom: Baggage Fee	50		50
Custom: Parking	111		111
Custom: Printing	397		397
Custom: 9			0
Custom: 10			0
Total	3,000	0	3,000

Budget Narrative (Maximum of 1,500 Characters):

Speaker Fee: \$1,500

Speaker Travel Reimbursement: Total: \$1,103

Air Transportation \$500

Accommodations 2 nights @ \$105/night = \$210

Per diem \$64 per day (3 days) = \$192

Ground Transport \$40

Baggage Fee \$50

Parking 3 days @ \$37 = \$111

Printing (Materials and Invitations) \$397

Total \$3,000

VERIFICATIONS

You must create and save a **Budget Worksheet** before you can submit the form. After saving the Budget Worksheet:

1. Click the checkbox below to verify you completed the **Budget Worksheet**.
2. A pop-up box will appear.
3. Optional: the pop-up box has a Note field. Leaving a note here is optional.
4. Click the **Save** button to save your checkmark--*once checked, these cannot be unchecked*.

I confirm that I have completed the Budget Worksheet.

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DHO		KD --
DA		
Risk		

STAFF REPORT
BOARD MEETING DATE: January 24, 2019

TO: District Board of Health

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

SUBJECT: Approve Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through June 30, 2019 in the total amount of \$3,000 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO 11548; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

The Washoe County Health District received the award letter from AFDO on December 4, 2018. A copy of the award letter is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

The Board has accepted several awards in FY18 from AFDO to fund special projects related to the Retail Standards Grant Program.

BACKGROUND/GRANT AWARD SUMMARY

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

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

- Attend the Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference. The conference generally focuses on identifying and addressing food safety issues pertinent to food manufacturing, distribution and retail sales and consumption

within the State of Nevada. Attendance at this conference will enhance the Health District’s conformance to Standard 2 (Trained Regulatory Staff) and Standard 7 (Industry and Community Relations).

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

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

Award Amount: Total award is \$3,000 (\$3,000 direct/\$0 indirect)

Grant Period: January 1, 2019 – June 30, 2019

Funding Source: Food and Drug Administration (FDA)

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

CFDA Number: 93.103

Grant ID Number: G-FPTF-1810-06320

Match Amount and Type: None

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

FISCAL IMPACT

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

As this award was not anticipated in the FY19 budget, a budget amendment in the amount of \$3,000 is necessary to bring the Award into alignment with the direct program budget.

Should the BCC approve these budget amendments, the FY19 budget will be increased by \$3,000 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11548	-431100	Federal Revenue	\$3,000
		Total Revenue	\$3,000
2002-IO-11548	-710509	Seminars and Meetings	\$3,000
		Total Expenditures	\$3,000

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

Date: January 24, 2019

Page 3 of 3

RECOMMENDATION

It is recommended that the District Board of Health approve Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through June 30, 2019 in the total amount of \$3,000 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO 11548; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through June 30, 2019 in the total amount of \$3,000 in support of the Environmental Health Services Division (EHS) Food Retail Program Standards Program – Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference Project, IO 11548; and if approved, authorize the District Health Officer to execute the Agreement."

(Handwritten initials in a circle)
DW
CW
Aheeman

INSTRUCTIONS

Click on the Edit button to edit the form. Click the Save button to ensure your data will not be lost before navigating away from the form. When you have completed the form, click Submit.

Category 4 - Food Protection Task Force (or Advisory Council)

Washoe County Health District
 R-FPTF-1810-06320 | \$3,000.00 | Grant Year: Year 6 (Sept/Oct 2018)
 Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference

ORGANIZATION INFORMATION

Organization : Washoe County Health District
Primary Contact: Amber English
Jurisdictional Level: Local

AUTHORIZING OFFICIAL INFORMATION

The Authorizing Official is the person in your jurisdiction who is authorized to approve this grant contract if awarded.

Authorizing Official Title: District Health Officer
Authorizing Official First Name: Kevin
Authorizing Official Last Name: Dick *Kevin Dick*
Authorizing Official Email: kdick@washoecounty.us
Authorizing Official Phone: 775-328-2461

PROJECT INFORMATION

Which Standard(s) will this project help you meet? Select all that apply. Standard No. 2 - Trained Regulatory Staff, Standard No. 7 - Industry and Community Relations

TASK FORCE INFORMATION

These funds are intended for travel and training to existing food protection Task Force meetings or other Task Force sponsored events. Task Forces also include food advisory councils or committees that have the same or similar missions of a Food Protection Task Force and include states, locals, industry, and consumers in their membership.

Name the Task Force meeting or other sponsored event you want to attend.

Please note the Task Force (or Advisory Council) Meeting Name or Event has a limit of 255 characters. The system will automatically truncate text longer than this amount.

Meeting Name or Event: Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference

Has your attendance / participation been authorized?

Participation is Authorized: Yes

Project Start Date must start on or after 01/01/2019.

Project Start Date: 1/1/2019

Project End Date must be completed by 12/31/2019.

Project End Date: 6/30/2019

Amount Requested: \$3,000.00

(Minimum: \$500 / Maximum: \$3,000)

Topic Summary:

The agenda for the 2019 Nevada Food Safety Task Force (NFSTF) and Nevada Environmental Health Association (NevEHA) conference is not yet available. However, the conference generally focuses on identifying and addressing food safety issues pertinent to food manufacturing, distribution and retail sales and consumption within the state of Nevada. The conference provides an interactive forum to enhance communication and strengthen partnerships among various stakeholders in Nevada including representatives from regulatory agencies, academia, the food industry and consumer groups.

Meeting Participants:

Since the 2019 NFSTF/NevEHA conference will be held locally in Reno, NV, the Washoe County Health District (WCHD) would like to send up to 24 staff to the conference as the only financial obligations is the registration fee. Specific attendees have not been determined; however attendance will largely be comprised of Environmental Health Specialist (20), who are responsible for conducting compliance inspections and complaint investigations of permitted food establishments, with remaining attendance by Senior Environmental Health Specialists responsible for the oversight of various Environmental Health programs, and EHS Supervisors.

Outcomes:

WCHD's attendance and participation at this conference will provide staff the opportunity to share knowledge and experiences in order to seek solutions to food safety issues in Nevada. Conference attendance will enhance the WCHD's conformance with the following standards:

Standard 2 - Trained Regulatory Staff: conference attendance will help staff obtain the 20 contact hours of continuing education as required by Step 5 of the Standard 2 requirements.

Standard 7 - Industry and Community Relations: conference attendance will help the WCHD maintain conformance with the industry and consumer interaction requirement of Standard 7 by providing a forum to present information on food safety to industry and consumer representatives.

BUDGET INFORMATION

INSTRUCTIONS

1. Click the plus sign (+) to open the **Budget Worksheet**.
2. Provide start and end dates for the budget--*these should align with the Project Start and End Dates provided on the request form above.*
3. Fill in cost item descriptions in the Item column.
4. Fill in cost item amounts in the Budgeted column.
5. Click Save to save the **Budget Worksheet**.

6. To edit the **Budget Worksheet**, click the edit icon  to open the form.
7. The portal forms do not auto-save. You must click the **Save** button to ensure your data will not be lost.

Budget Worksheet

Budget Period	Budget	Actual	Variance
Year 6 Budget: 1/1/2019 to 6/30/2019	3,000	0	3,000
Total	3,000	0	3,000

Budget Snapshot

Year 6 Budget 1/1/2019 to 6/30/2019			
	Budget	Actual	Variance
Airfare			0
Rental Car			0
Gas			0
Mileage			0
Hotel / Lodging			0
Federal Per Diem / Meals			0
Taxi / Shuttle			0
Other Transportation			0
Registration / Training Fees	3,000		3,000
Custom: 1			0
Custom: 2			0
Custom: 3			0
Total	3,000	0	3,000

Budget Narrative (Maximum of 1,500 Characters):

2019 NFSTF/NVEHA Annual Education Conference in Reno (24 staff members)

Conference Registration \$125 x 24 employees = \$3,000

VERIFICATIONS

You must create and save a **Budget Worksheet** before you can submit the form. After saving the Budget Worksheet:

1. Click the checkbox below to verify you completed the **Budget Worksheet**.
2. A pop-up box will appear.
3. Optional: the pop-up box has a Note field. Leaving a note here is optional.
4. Click the **Save** button to save your checkmark--*once checked, these cannot be unchecked.*

I confirm that I have completed the Budget Worksheet.

Pierce, Jennifer

From: English, Amber E.
Sent: Tuesday, December 4, 2018 4:19 PM
To: Macaluso, Tony; McNinch, Dave; Westom, Chad
Cc: Pierce, Jennifer
Subject: FW: AFDO-Managed Retail Program Standards Grant Program: CONGRATULATIONS

FYI

Amber English, REHS

Senior Environmental Health Specialist | Environmental Health Services Division | Washoe County Health District
aeenglish@washoecounty.us | (775) 328-2629 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512

WASHOE COUNTY
HEALTH DISTRICT

ENHANCING QUALITY OF LIFE



WashoeEats.com

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From: FDA & AFDO Retail Program Standards [<mailto:do-not-reply.grants07-us-east-1@fluxx.io>]
Sent: Monday, December 3, 2018 12:57 PM
To: English, Amber E.
Cc: daniel.lukash@fda.hhs.gov; gerald.berg@fda.hhs.gov
Subject: AFDO-Managed Retail Program Standards Grant Program: CONGRATULATIONS

Dear Amber English:

Congratulations! We are happy to inform you that we have approved your grant submission for the following project: Joint Nevada Food Safety Task Force and NevEHA Annual Educational Conference, in the amount of \$3,000.00. Your project has been assigned the following tracking number: G-FPTF-1810-06320.

Please use your previously assigned username and password to log into the grant portal at <https://retailstandards.fluxx.io> for details of this award, including the official Grant Award letter.

Please refer to our homepage at <http://afdo.org/retailstandards> for complete grant program information. Additionally, ensure you are familiar with the Non-Allowable Costs section of the Grant Guidance. Any non-allowable costs will not be reimbursed, even if they are included in an approved grant application.


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

If you have any questions, or need additional information, please contact us at: 850-583-4593 or

retailstandards@afdo.org.

Sincerely,

Your AFDO Grants Management Team

DD	AH
DHO	
DA	
Risk	

STAFF REPORT
BOARD MEETING DATE: January 24, 2019

TO: District Board of Health
FROM: Jennifer Pierce, Fiscal Compliance Officer
775-328-2418, jpierce@washoecounty.us
SUBJECT: Retroactive approval of Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through July 31, 2019 in the total amount of \$2,851 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –FDA Program Standards Self-Assessment and Verification Audit Workshop IO-11544; and if approved, authorize the District Health Officer to execute the Agreement.

SUMMARY

The Washoe County Health District received the award letter from AFDO on December 4, 2018. A copy of the award letter is attached. The funding is considered a subaward of United States Food and Drug Administration (FDA) grant funds, CFDA 93.103.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

The Board has accepted several awards in FY18 from AFDO to fund special projects related to the Retail Standards Grant Program.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: FDA Program Standards Self-Assessment and Verification Audit Workshop

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

- Attend the FDA Program Standards Self-Assessment and Audit Workshop to enhance staff knowledge of the Program Standards to include the requirements of each of the nine standards, learn various approaches to meeting the criteria within the standards, ability to

use the worksheets and forms to electronically compile and maintain the Food Safety Program’s self-assessment results, aid in the next self-assessment of the nine standards and be able to perform a verification audit for another jurisdiction.

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

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

Award Amount: Total award is \$2,851 (\$2,851 direct/\$0 indirect)

Grant Period: January 1, 2019 – July 31, 2019

Funding Source: Food and Drug Administration (FDA)

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

CFDA Number: 93.103

Grant ID Number: G-T-1810-06314

Match Amount and Type: None

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

FISCAL IMPACT

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

As this award was not anticipated in the FY19 budget, a budget amendment in the amount of \$2,851 is necessary to bring the Award into alignment with the direct program budget.

Should the BCC approve these budget amendments, the FY19 budget will be increased by \$2,851 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11544	-431100	Federal Revenue	\$2,851
		Total Revenue	\$2,851
2002-IO-11544	-711210	Travel	\$2,851
		Total Expenditures	\$2,851

RECOMMENDATION

It is recommended that the District Board of Health retroactively approve the Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through July 31, 2019 in the total amount of \$2,851 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –FDA Program Standards Self-Assessment and Verification Audit Workshop IO-11544; and if approved, authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve the Award from the Association of Food and Drug Officials (AFDO) for the period January 1, 2019 through July 31, 2019 in the total amount of \$2,851 in support of the Environmental Health Services Division (EHS) Food Retail Standards Program –FDA Program Standards Self-Assessment and Verification Audit Workshop IO-11544; and if approved, authorize the District Health Officer to execute the Agreement."

FW
Dwy
Individuals
not assigned
CWW
Adherence

INSTRUCTIONS

Click on the Edit button to edit the form. Click the Save button to ensure your data will not be lost before navigating away from the form. When you have completed the form, click Submit.

Category 3 - Training

Washoe County Health District
R-T-1810-06314 | \$2,851.00 | Grant Year: Year 6 (Sept/Oct 2018)
FDA Program Standards Self-Assessment and Verification Audit Workshop

ORGANIZATION INFORMATION

Organization : Washoe County Health District
Primary Contact: Amber English
Jurisdictional Level: Local

AUTHORIZING OFFICIAL INFORMATION

The Authorizing Official is the person in your jurisdiction who is authorized to approve this grant contract if awarded.

Authorizing Official Title: District Health Officer
Authorizing Official First Name: Kevin
Authorizing Official Last Name: Dick *Kevin Dick*
Authorizing Official Email: kdick@washoecounty.us
Authorizing Official Phone: 775-328-2461

PROJECT INFORMATION

Please note the Project Title has a limit of 255 characters. The system will automatically truncate text longer than this amount.

Project Title: FDA Program Standards Self-Assessment and Verification Audit Workshop

Project Start Date must start on or after 01/01/2019.

Project Start Date: 1/1/2019

Project End Date must be completed by 12/31/2019.

Project End Date: 7/31/2019

Amount Requested: \$2,851.00

For what type of training are you requesting funds? (Select all that apply.)

Type of Training: Program Standards Self-Assessment and Verification Audit
Workshop

Enter the name(s) of the course(s), conference(s), workshop(s), and/or seminar(s) you wish to attend with this Training grant funding:

Course Name: FDA Program Standards Self-Assessment and Verification Audit
Workshop

Enter the Course Number(s) or other identifying information for your trainings.

Course Number: N/A

Conformance with the Retail Program Standards:

The two staff scheduled to attend the FDA Program Standards Self-Assessment and Audit Workshop are assigned to the Washoe County Health District (WCHD) Program Standards Subprogram. Attendance at the workshop will enable staff to enhance their knowledge of the Program Standards. The knowledge and ideas obtained from the workshop will help the WCHD Food Safety Program develop and implement procedures and policies related to the Program Standards and aid in the self-assessment process.

Enter the Location(s) of Training(s) as described above.

Location(s) of Training(s): Denver, CO

Is attendance at the training required to maintain FDA Standardization?

Attendance Required: No

How many food safety professionals will receive direct training using these funds?

Receiving Direct Training: 2

Training Description:

The FDA National Retail Food Regulatory Program Standards Self-Assessment and Verification Audit Workshop will provide staff the opportunity to gain the following knowledge and skills: enhance understanding of the requirements of each of the nine standards, learn various approaches to meeting the criteria within the standards, ability to use the worksheets and forms to electronically compile and maintain the Food Safety Program's self-assessment results, aid in next self-assessment of the nine standards, and be able to perform a verification audit for another jurisdiction.

Training Participants:

Teresa Long, Environmental Health Specialist



Teresa has been employed with the WCHD since September 2000. Teresa is currently assigned to the program standards subprogram and is responsible for conducting routine compliance inspections, and complaint investigations of permitted food establishments, and other EHS permitted facilities. Teresa is also responsible for policy and procedure development related to the Program Standards, and is a member of the HACCP review team.

Mike Touhey, Environmental Health Specialist

Mike has been employed with the WCHD since February 2016. Mike is currently assigned to the program standards subprogram and is responsible for conducting routine compliance inspections, and complaint investigations of permitted food establishments, and other EHS permitted facilities. Mike is also responsible for policy and procedure development related to the Program Standards, and is a member of the HACCP review team.

BUDGET INFORMATION

INSTRUCTIONS

1. Click the plus sign  to open the **Budget Worksheet**.
2. Provide start and end dates for the budget--these should align with the *Project Start and End Dates* provided on the request form above.
3. Fill in cost item descriptions in the Item column.
4. Fill in cost item amounts in the Budgeted column.
5. Click Save to save the **Budget Worksheet**.
6. To edit the **Budget Worksheet**, click the edit icon  to open the form.
7. The portal forms do not auto-save. You must click the **Save** button to ensure your data will not be lost.

Budget Worksheet

Budget Period	Budget	Actual	Variance
Year 6 Budget: 1/1/2019 to 7/31/2019	2,851	0	2,851
Total	2,851	0	2,851

Budget Snapshot

	Year 6 Budget 1/1/2019 to 7/31/2019		
	Budget	Actual	Variance
Airfare	800		800
Rental Car	300		300
Gas	35		35
Mileage			0
Hotel / Lodging	1,080		1,080
Federal Per Diem / Meals	476		476
Taxi / Shuttle			0
Other Transportation			0
Registration / Training Fees			0
Custom: Parking	60		60
Custom: Baggage	100		100
Custom: 3			0
Total	2,851	0	2,851

Budget Narrative (Maximum of 1,500 Characters):

2 Staff to FDA Program Standards SA and Audit Workshop in Denver, CO, May 2019:

Airfare \$400 x 2 = \$800

Hotel \$540 (3 nights @ \$180) x 2 = \$1,080

Ground Transportation \$300 (rental car)

Gas \$35

Per diem \$476 (\$238 x 2 employees)

Parking \$60 (\$10/day x 2 employees)

Baggage \$100 (\$50 x 2 employees)

Total \$2,851

VERIFICATIONS

You must create and save a **Budget Worksheet** before you can submit the form. After saving the Budget Worksheet:

1. Click the checkbox below to verify you completed the **Budget Worksheet**.
2. A pop-up box will appear.
3. Optional: the pop-up box has a Note field. Leaving a note here is optional.
4. Click the **Save** button to save your checkmark--*once checked, these cannot be unchecked.*

I confirm that I have completed the Budget Worksheet.

Pierce, Jennifer

From: English, Amber E.
Sent: Tuesday, December 4, 2018 4:19 PM
To: Macaluso, Tony; McNinch, Dave; Westom, Chad
Cc: Pierce, Jennifer
Subject: FW: AFDO-Managed Retail Program Standards Grant Program: CONGRATULATIONS

FYI

Amber English, REHS

Senior Environmental Health Specialist | Environmental Health Services Division | Washoe County Health District
aeenglish@washoecounty.us | (775) 328-2629 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512

WASHOE COUNTY
HEALTH DISTRICT



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Public Health



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From: FDA & AFDO Retail Program Standards [<mailto:do-not-reply.grants07-us-east-1@fluxx.io>]
Sent: Monday, December 3, 2018 12:57 PM
To: English, Amber E.
Cc: daniel.lukash@fda.hhs.gov; gerald.berg@fda.hhs.gov
Subject: AFDO-Managed Retail Program Standards Grant Program: CONGRATULATIONS

Dear Amber English:

Congratulations! We are happy to inform you that we have approved your grant submission for the following project: FDA Program Standards Self-Assessment and Verification Audit Workshop, in the amount of \$2,851.00. Your project has been assigned the following tracking number: G-T-1810-06314.

Please use your previously assigned username and password to log into the grant portal at <https://retailstandards.fluxx.io> for details of this award, including the official Grant Award letter.

Please refer to our homepage at <http://afdo.org/retailstandards> for complete grant program information. Additionally, ensure you are familiar with the Non-Allowable Costs section of the Grant Guidance. Any non-allowable costs will not be reimbursed, even if they are included in an approved grant application.

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

If you have any questions, or need additional information, please contact us at: 850-583-4593 or

retailstandards@afdo.org.

Sincerely,

Your AFDO Grants Management Team

AHSO	AH	_____
DHO	KD	_____
DA		_____
Risk		_____

Staff Report

Board Meeting Date: January 24, 2019

TO: District Board of Health

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

SUBJECT: Approve an Intrastate Interlocal Contract between Public Agencies between the Department of Health and Human Services, Division of Welfare and Supportive Services and Washoe County Health District for the provision of an onsite Family Services Specialist (FSS) worker to assist Health District clients inquiring about welfare assistance programs.

SUMMARY

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

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 Community and Clinical Health Services Division (CCHS) has had onsite enrollment assistance workers in the past to assist clients with Medicaid and other State programs. The Division desires to provide clients with an onsite Division of Welfare and Supportive Services (DWSS) Family Services Specialist (FSS) worker to assist clients who inquire about welfare assistance and to process ongoing and new applications. The Health District will provide space for the FSS worker to conduct confidential interviews and to process eligibility.

This agreement addresses the Board of Health's strategic plan priority goal 1.3.1 to increase the percentage of population with health insurance in Washoe County.

FISCAL IMPACT

There is no fiscal impact related to this agreement. The CCHS Division planned for the additional staff; the recently approved FY19 budget augmentation for one-time funding included remodeling expenses for a space that can be utilized by the FSS worker.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve an Intrastate Interlocal Contract between Public Agencies between the Department of Health and Human Services, Division of Welfare and Supportive Services and Washoe County Health District for the provision of an onsite Family Services Specialist (FSS) worker to assist Health District clients inquiring about welfare assistance programs.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "approve an Intrastate Interlocal Contract between Public Agencies between the Department of Health and Human Services, Division of Welfare and Supportive Services and Washoe County Health District for the provision of an onsite Family Services Specialist (FSS) worker to assist Health District clients inquiring about welfare assistance programs."

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

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

Department of Health and Human Services
Division of Welfare and Supportive Services
1470 College Parkway
Carson City, NV 89706

and

Washoe County Health District
1001 E. Ninth Street, Building B
Reno, NV 89512

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

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the State of Nevada;

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

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. DEFINITIONS. "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. CONTRACT TERM. This Contract shall be effective upon approval and will remain in effect until 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 State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

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

ATTACHMENT A: SCOPE OF WORK

7. CONSIDERATION. Washoe County Health District agrees to provide the services set forth in paragraph (6) at no cost. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

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

9. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable 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 other party, 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 by each party for a minimum of 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.

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. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

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

excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

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

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

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

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

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

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

_____	_____	Chair, Washoe County Health District
John Novak, DMD	Date	Title
_____	_____	Administrator,
Steve H. Fisher	Date	Division of Welfare and Supportive Services
		Title

Approved as to form by:

On:

_____	_____
Deputy Attorney General for Attorney General	Date

ATTACHMENT A SCOPE OF WORK

Purpose:

To define the terms and conditions pertaining to the Nevada State Division of Welfare and Supportive Services (DWSS) utilizing space in the Washoe County Health District (WCHD) facility located at 1001 E. Ninth Street, Reno, NV 89512 to house a DWSS Family Services Specialist (FSS) worker.

- 1) The Division of Welfare and Supportive Services (DWSS) agrees to:
 - a) Provide an FSS worker to help clients inquiring about welfare assistance and to process ongoing and new applications.
 - b) Maintain full responsibility for the FSS worker, including but not limited to:
 - i) Supervision;
 - ii) Salary and benefits; and
 - iii) Scheduling

- 2) The Washoe County Health District (WCHD) agrees to:
 - a) Provide a stable work space suitable for the FSS worker to assist clients inquiring about assistance, conduct confidential interviews, and process eligibility for welfare clients.

- 3) Both Parties agree to:
 - a) Share data and information and maintain confidentiality of the data and information shared in accordance with applicable Federal and State laws.
 - b) Information obtained shall not be disclosed, except to individuals expressly authorized to review such information under Federal and State laws including applicants, recipients or individuals acting on behalf of such applicants or recipients. Nor records or any information acquired shall be disclosed except as expressly authorized under Federal and State laws and regulations.

- 4) Primary Points of Contact

DWSS: Steve Fisher 775-684-0504

WCHD: Steve Kutz 775-328-6159

Staff Report
Board Meeting Date: January 24, 2019

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,806.88, to attend the NALBOH Board Meeting and Joint NACCHO Meeting (ASTHO Washington Week Event) in Washington D.C., March 11-13, 2019.

SUMMARY

The District Board of Health must authorize travel and travel reimbursements for non-County employees.

District Health Strategic Priorities supported by this item:

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

PREVIOUS ACTION

No previous action has been taken relevant to this item.

BACKGROUND

The National Association of Local Boards of Health (NALBOH) Board Meeting will provide attendees with information, skills and resources focused on the six functions of public health governance. The meeting will also provide time for attendees to learn and share information on critical public health issues.

Dr. Novak is Treasurer of NALBOH and must depart on March 10th to arrive in time for the March 11th Board Meeting.

The National Association of County and City Health Officials (NACCHO) is part of the coalition meeting at the ASTHO Washington Week. This event will allow leaders in public health to convene to establish and strengthen state and federal relationships, meet with key HHS members and discover ways to influence improvement in public health.

The cost of this travel is estimated to be approximately \$1,806.88 and includes airfare, lodging, per diem, ground transportation and parking.

Subject: Dr. Novak – 2019 NALBOH/ASTHO Washington Week Travel

Date: January 24, 2019

Page 2 of 2

FISCAL IMPACT

Should the Board approve this authorization to travel and travel reimbursement, there will be no additional fiscal impact to the adopted FY19 budget as travel expenses were anticipated and projected in the budget of the Office of the District Health Officer (Cost Center 170202).

RECOMMENDATION

Staff recommends the District Board of Health approve the authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,806.88 to attend the NALBOH Board Meeting and Joint NACCHO Meeting (ASTHO Washington Week Event) in Washington D.C. from March 11-13, 2019.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Approve authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,806.88 to attend the NALBOH Board Meeting and Joint NACCHO Meeting (ASTHO Washington Week Event) in Washington D.C., March 11-13, 2019"

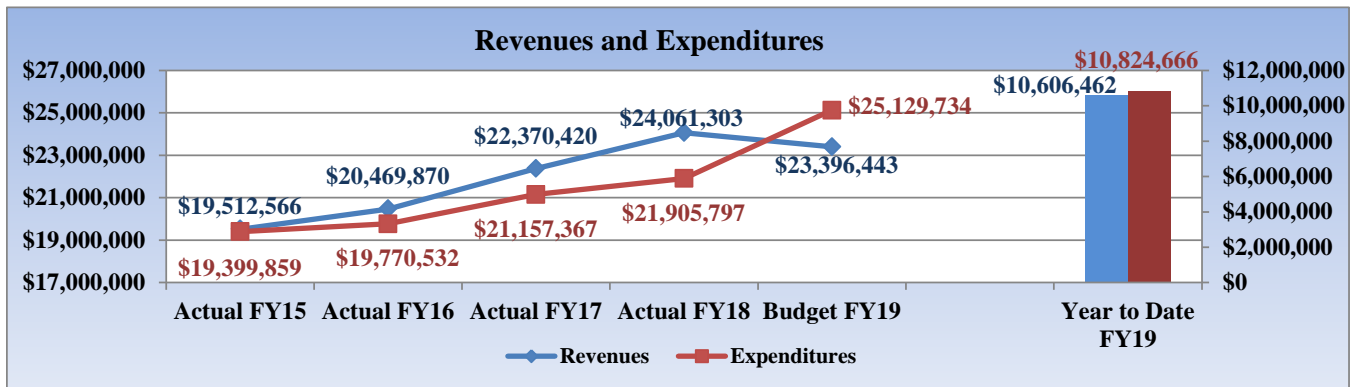
DD	NA
DHO	KD
DA	NA
Risk	NA

Staff Report
Board Meeting Date: January 24, 2019

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 December, Fiscal Year 2019

SUMMARY

The six months of fiscal year 2019, (FY19) ended with a cash balance of \$6,263,810. Total revenues of \$10,606,462 were 45.3% of budget and a decrease of \$634,129 over FY18. The expenditures totaled \$10,824,666 or 43.1% of budget and down \$340,594 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.

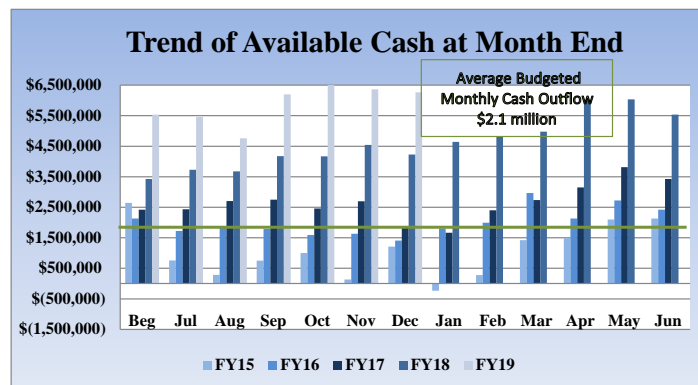
PREVIOUS ACTION

Fiscal Year 2019 Budget was adopted May 22, 2018.

BACKGROUND

Review of Cash

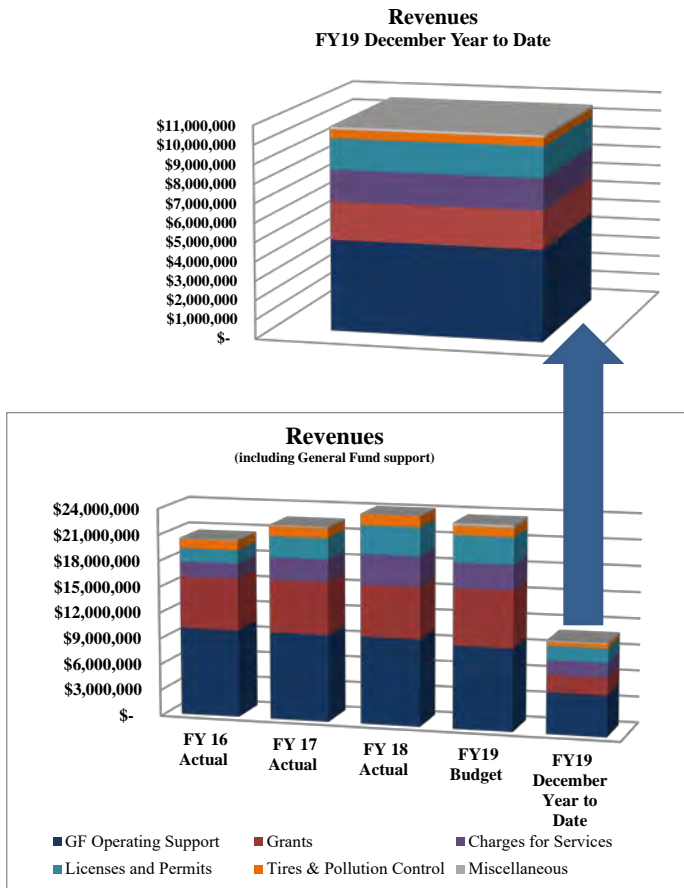
The available cash at the end of December, FY19, was \$6,263,810 which is enough to cover approximately 3.0 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.1 million; the cash restricted as to use is approximately \$1.0 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$4.2 million.



Note: January FY15 negative cash is due to no County General Fund support

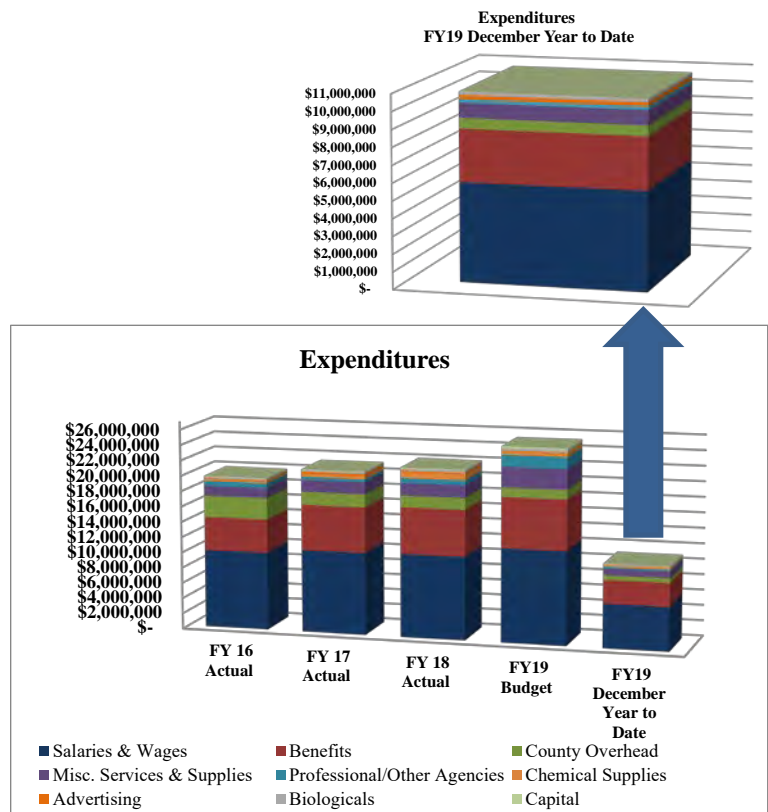


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$10,606,462 down \$634,129 or 5.6% compared to December FY18. The revenue categories up over FY18 were: licenses and permits of \$1,618,239 up \$132,538 or 8.9%; charges for services of \$1,652,588 up \$81,342 or 5.2%; and, miscellaneous revenues of \$125,704 were up \$104,006 due to the closing of the Environmental Health Hazardous Materials oversight checking account. Revenue categories down compared to FY18 were: Federal and State grants of \$1,997,927 down \$35,700 or 1.8%; tire and pollution control funding of \$453,575 down \$381,480 due to a lag in the distribution of DMV Air pollution funds; and, the County General Fund support of \$4,758,428 down \$534,835 due to the contingency transfer in FY18 for mosquito abatement chemicals.

The total year to date **expenditures** of \$10,824,666 decreased by \$340,594 or 3.1% compared to FY18. Salaries and benefits expenditures for the fiscal year were \$8,738,097 up \$226,312 or 2.7% over the prior year and 46.8% of budget. The total services and supplies of \$2,080,226 down \$558,448 or 21.2% compared to FY18 and 33.2% 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/other agency services, which totaled \$205,810 down \$24,445 over FY18; chemical supplies of \$230,977 down \$535,332 or 69.9%; the biologicals of \$160,602, were up \$10,178; and, County overhead charges of \$609,040 were down \$151,271 or 19.9%. There has been \$6,344 in capital expenditures.



Review of Revenues and Expenditures by Division

ODHO has spent \$575,031 up \$101,566 or 34.7% over FY18 that included increased funding to Truckee Meadows Healthy Communities for support of public health initiatives, installation of staff badge reader access into the facility, and furniture beyond its useful life requiring replacement.

AHS has spent \$547,907 down \$21,588 or 3.8% compared to FY18 mainly due to salary savings from a vacant position and a decline in utilities and County overhead charges.

AQM revenues were \$1,412,388 down \$228,727 or 13.9% with the largest year over year decrease due to a lag in receiving the DMV pollution control funds. The Division spent \$1,451,636 up \$76,499 or 5.6% over FY18 due to an employee retirement payout for accrued vacation and sick leave time and filling vacant positions.

CCHS revenues were \$1,433,128 down \$140,408 over FY18 due to a decline in grant reimbursements, Medicaid, and insurance reimbursements. The division spent \$3,691,448 or \$17,157 less than FY18 due to a reduction in the County overhead charges.

EHS revenues were \$2,221,823 up \$247,258 over FY18 mainly in food service permits and the deposit of Hazardous Material funds due to closing a bank account from a 1995 settlement agreement for a Tank Farm Litigation. EHS spent \$3,285,689 a decline of \$527,901 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 \$79,442 over FY18 mainly due to the purchase of computer equipment needed for field inspections.

EPHP revenues were \$780,694 up \$25,947 over last year due to increased grant funding and spent \$1,272,954 up \$47,986 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 December 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	December Year to Date	Adjusted Budget	December 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	1,641,115	3,086,133	1,412,388	45.8%	-13.9%
CCHS	3,520,945	3,506,968	3,872,898	4,179,750	1,573,536	4,321,392	1,433,128	33.2%	-8.9%
EHS	2,008,299	2,209,259	3,436,951	4,428,294	1,974,564	4,305,529	2,221,823	51.6%	12.5%
EPHP	1,555,508	2,141,334	2,027,242	1,854,862	754,747	2,166,533	780,694	36.0%	3.4%
GF support	10,000,192	10,076,856	10,002,381	10,051,691	5,293,263	9,516,856	4,758,428	50.0%	-10.1%
Total Revenues	\$19,512,566	\$20,469,870	\$22,370,420	\$24,061,303	\$11,240,590	\$23,396,443	\$10,606,462	45.3%	-5.6%
Expenditures (all uses of funds)									
ODHO	481,886	594,672	904,268	826,325	473,465	1,656,566	575,031	34.7%	21.5%
AHS	1,096,568	996,021	1,119,366	1,016,660	569,495	1,188,894	547,907	46.1%	-3.8%
AQM	2,587,196	2,670,636	2,856,957	2,936,261	1,375,138	3,670,794	1,451,636	39.5%	5.6%
CCHS	6,967,501	6,880,583	7,294,144	7,538,728	3,708,605	8,156,778	3,691,448	45.3%	-0.5%
EHS	5,954,567	5,939,960	6,366,220	7,030,470	3,813,590	7,470,035	3,285,689	44.0%	-13.8%
EPHP	2,312,142	2,688,659	2,616,411	2,557,352	1,224,968	2,986,667	1,272,954	42.6%	3.9%
Total Expenditures	\$19,399,859	\$19,770,532	\$21,157,367	\$21,905,797	\$11,165,261	\$25,129,734	\$10,824,666	43.1%	-3.1%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(481,886)	(579,672)	(853,040)	(822,960)	(470,100)	(1,656,566)	(575,031)		
AHS	(1,096,417)	(996,021)	(1,119,366)	(1,016,660)	(569,495)	(1,188,894)	(547,907)		
AQM	(159,725)	(150,184)	122,763	607,078	265,978	(584,661)	(39,248)		
CCHS	(3,446,556)	(3,373,615)	(3,421,246)	(3,358,978)	(2,135,069)	(3,835,386)	(2,258,320)		
EHS	(3,946,268)	(3,730,701)	(2,929,269)	(2,602,176)	(1,839,026)	(3,164,506)	(1,063,866)		
EPHP	(756,634)	(547,325)	(589,169)	(702,490)	(470,221)	(820,134)	(492,260)		
GF Operating	10,000,192	10,076,856	10,002,381	10,051,691	5,293,263	9,516,856	4,758,428		
Surplus (deficit)	\$ 112,707	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ 75,330	\$ (1,733,291)	\$ (218,205)		
Fund Balance (FB)	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402		\$ 4,603,111			
FB as a % of Expenditures	11.7%	15.0%	19.8%	28.9%		18.3%			

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 December, Fiscal Year 2019.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for December, Fiscal Year 2019.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 6 2019
 Accounts: GO-P-L P&L Accounts
 Business Area: *

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

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
422503 Environmental Permits	79,727-	40,787-	38,940-	51	79,990-	40,981-	39,010-	51
422504 Pool Permits	263,625-	63,548-	200,077-	24	245,334-	57,323-	188,012-	23
422505 RV Permits	31,139-	15,920-	15,219-	51	25,783-	19,301-	6,482-	75
422507 Food Service Permits	1,374,436-	748,741-	625,695-	54	1,263,372-	621,912-	641,460-	49
422508 Wat Well Const Perm	173,167-	73,140-	100,027-	42	146,747-	75,133-	71,113-	52
422509 Water Company Permits	34,456-	31,460-	2,996-	91	29,941-	47,940-	17,999-	160
422510 Air Pollution Permits	622,898-	312,124-	310,774-	50	766,406-	324,679-	441,727-	42
422511 ISDS Permits	255,177-	166,864-	88,313-	65	234,031-	147,598-	86,433-	63
422513 Special Event Permits	170,067-	104,316-	65,751-	61	208,827-	95,943-	112,884-	46
422514 Initial Applic Fee	85,526-	61,337-	24,189-	72	104,711-	54,392-	50,319-	52
* Licenses and Permits	3,090,218-	1,618,239-	1,471,979-	52	3,105,142-	1,485,702-	1,619,440-	48
431100 Federal Grants	5,576,189-	1,715,611-	3,860,578-	31	5,340,594-	1,827,107-	3,513,487-	34
431105 Fed. Grants-Indirect	488,253-	196,331-	291,923-	40	472,592-	172,546-	300,046-	37
432100 State Grants	433,984-	78,700-	355,284-	18	373,951-	30,487-	343,464-	8
432105 State Grants-Indirect	18,160-	7,285-	10,875-	40	17,396-	3,487-	13,909-	20
432310 Tire Fee NRS 444A.090	450,000-	268,472-	181,528-	60	450,000-	264,403-	185,597-	59
432311 Pol Ctr 445B.930	587,828-	185,403-	402,725-	31	587,828-	570,652-	17,176-	97
* Intergovernmental	7,554,414-	2,451,501-	5,102,913-	32	7,242,361-	2,868,681-	4,373,680-	40
460162 Services O Agencies	10,000-		10,000-		19,000-	15,605-	3,395-	82
460173 Reimbursements - Reno								
460500 Other Immunizations	60,000-	32,819-	27,181-	55	20,000-	33,826-	13,826-	169
460501 Medicaid Clinic Svcs	175,500-	75,273-	100,227-	43	85,500-	105,930-	20,430-	124
460503 Childhood Immunizations					200-		200-	
460508 Tuberculosis	6,000-	2,764-	3,236-	46	6,580-	3,876-	2,704-	59
460509 Water Quality	500-		500-		500-		500-	
460510 IT Overlay	60,672-		60,672-		48,435-	16,656-	31,779-	34
460511 Birth Death Certific	515,000-	258,464-	256,536-	50	515,000-	247,289-	267,711-	48
460512 Duplication Service		160-	160-					
460513 Other Health Service	97,571-	69,666-	27,905-	71	75,753-	62,619-	13,134-	83
460514 Food Service Certifi								
460515 Medicare Reimbursement	185,500-	95,769-	89,731-	52	66,000-	108,962-	42,962-	165
460516 Pgm Inc-3rd Prty Rec								
460517 Influenza Immunization								
460518 STD Fees	35,000-	16,738-	18,262-	48	25,000-	21,078-	3,922-	84
460519 Outpatient Services		21-	21		500-		500-	
460520 Eng Serv Health	203,040-	131,846-	71,194-	65	168,844-	146,240-	22,605-	87
460521 Plan Review - Pools	6,008-	15,966-	9,958-	266	1,179-	10,840-	9,661-	919
460523 Plan Review - Food S	87,098-	41,747-	45,351-	48	81,584-	51,203-	30,381-	63
460524 Family Planning	50,000-	41,701-	8,299-	83	40,000-	35,599-	4,401-	89
460525 Plan Review - Vector	102,964-	30,906-	72,058-	30	99,179-	48,879-	50,300-	49
460526 Plan Review-Air Quality	95,210-	44,869-	50,341-	47	122,695-	39,132-	83,563-	32
460527 NOE-AQM	273,074-	131,901-	141,173-	48	238,433-	177,376-	61,057-	74
460528 NESHAP-AQM	221,452-	118,785-	102,667-	54	225,847-	82,458-	143,389-	37

Period: 1 thru 6 2019 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
460529 Assessments-RQM	111,765-	61,542-	50,223-	55	106,866-	57,096-	49,770-	53
460530 Inspector Registr-AQ	4,175-		4,175-		6,750-	14	6,764-	0-
460531 Dust Plan-Air Quality	362,521-	346,425-	16,096-	96	334,771-	201,056-	133,715-	60
460532 Plan Rvw Hotel/Motel		5,177-	5,177			6,279-	6,279	
460534 Child Care Inspection	22,470-	12,273-	10,197-	55	21,169-	11,986-	9,183-	57
460535 Pub Accomod Inspectn	28,380-	24,936-	3,444-	88	46,666-	21,716-	24,950-	47
460570 Education Revenue								
460723 Other Fees	193,032-	92,838-	100,194-	48	197,528-	65,560-	131,968-	33
* Charges for Services	2,906,932-	1,652,589-	1,254,343-	57	2,553,979-	1,571,247-	982,732-	62
		3-	3			0-	0	
481150 Interest-Non Pooled		10-		100	5,000-		5,000-	
484000 Donations,Contributions	6,500-	2,994-	3,506-	46	16,050-	5,607-	10,443-	35
484050 Donation Fed Pgm Inc	14,804-	3,345-	11,459-	23	14,428-	5,381-	9,047-	37
484197 Non-Gov. Grants-Ind.	48,283-	10,927-	37,356-	23	46,084-	10,506-	35,578-	23
485100 Reimbursements	258,426-	108,426-	150,000-	42	203-		203	
485300 Other Misc Govt Rev	328,023-	125,705-	202,319-	38	81,562-	21,698-	59,864-	27
* Miscellaneous	13,879,587-	5,848,033-	8,031,554-	42	12,983,044-	5,947,327-	7,035,716-	46
** Revenue	10,664,138	5,068,026	5,596,111	48	10,324,398	4,977,344	5,347,055	48
701110 Base Salaries	302,251	170,569	131,689	56	230,388	136,670	93,718	59
701120 Part Time	560,678	236,306	324,365	42	419,740	240,523	179,217	57
701130 Pooled Positions	4,319	1,868	2,451	43	4,319	1,134	3,184	26
701140 Holiday Work								
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages	166,100	76,303	89,797	46	164,408	79,419	84,989	48
701200 Incentive Longevity	114,569	49,953	64,616	44	68,241	40,773	27,468	60
701300 Overtime	300	133	167	44	300	208	92	69
701403 Shift Differential	38,000	16,279	21,721	43	38,000	14,213	23,787	37
701406 Standby Pay	5,000	1,033	3,967	21	5,000	782	4,218	16
701408 Call Back								
701410 Detective Pay	168,046	66,916	168,046	91	100,893	3,813	100,893	5
701412 Salary Adjustment	73,642		6,726		73,676		69,863	
701413 Vac Payoff Sick Term					1,101		1,101	
701414 Vacation Denied-Payoff	10,400	10,817	417-	104	2,069	3,020	951-	146
701417 Comp Time					7,194		7,194	
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	12,107,441	5,698,204	6,409,238	47	11,439,728	5,497,900	5,941,829	48
705110 Group Insurance	1,676,674	769,405	907,269	46	1,648,117	773,722	874,396	47
705115 ER HSA Contribs	88,000	4,121	83,879	5	66,000	3,717	62,283	6
705190 OFEB Contribution	1,286,542	643,271	643,271	50	1,305,189	652,594	652,594	50
705199 Lab Cost Sav-Benef								
705210 Retirement	3,122,662	1,492,711	1,629,951	48	3,001,406	1,457,764	1,543,642	49
705215 Retirement Calculation								
705230 Medicare April 1986	151,817	78,551	73,266	52	148,683	75,616	73,068	51

Period: 1 thru 6 2019
 Accounts: GO-P-L P&L Accounts
 Business Area: *

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

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
705240 Insur Budgeted Incr	48,610		48,610		48,610		48,610	
705320 Workmens Comp	100,432	50,525	49,907	50	97,901	48,978	48,923	50
705330 Unemploy Comp	9,755	1,309	8,446	13	10,298	1,495	8,802	15
705360 Benefit Adjustment	83,604		83,604		28,461		28,461	
* Employee Benefits	6,568,096	3,039,893	3,528,202	46	6,354,665	3,013,886	3,340,779	47
710100 Professional Services	587,967	60,752	527,214	10	460,662	78,000	382,662	17
710105 Medical Services	10,721	5,018	5,703	47	9,121	2,083	7,038	23
710108 MD Consultants	58,936	24,684	34,252	42	58,936	20,173	38,763	34
710110 Contracted/Temp Svcs	117,473	16,353	101,120	14	53,610	36,940	16,670	69
710119 Subrecipient Payments								
710155 Lobbying Services	600		600					
710200 Service Contract	93,962	35,401	58,561	38	61,929	70,278	8,349-	113
710201 Laundry Services	650	820	170-	126	911	911-	911-	
710205 Repairs and Maintenance	9,645	8,455	1,190	88	13,645	8,970	4,675	66
710210 Software Maintenance	3,000	1,698	1,302	57	3,000	3,059	59-	102
710300 Operating Supplies	203,755	66,830	136,925	33	151,280	50,760	100,520	34
710302 Small Tools & Allow	1,435	48	1,387	3	1,435	36	1,399	2
710308 Animal Supplies	1,600	880	720	55	1,600	780	820	49
710312 Special Dept Expense								
710319 Chemical Supplies	392,700	230,977	161,723	59	767,535	480	480-	
710323 Asphalt	16,000		16,000			766,309	1,226	100
710325 Signs and Markers								
710334 Copy Machine Expense	24,141	9,008	15,133	37	26,066	9,276	16,790	36
710335 Copy Mach-Copies	7,751	3,631	4,120	47	4,044	3,316	728	82
710350 Office Supplies	58,646	26,415	32,231	45	36,698	16,771	19,927	46
710355 Books and Subscriptions	8,258	7,796	462	94	8,145	2,558	5,587	31
710360 Postage	17,811	7,052	10,759	40	19,260	7,682	11,577	40
710361 Express and Courier	100		100		100	13	87	13
710391 Fuel & Lube	125		125		125		125	
710400 Pmts to O Agencies	743,421	99,001	644,419	13	140,650	93,061	47,589	66
710412 Do Not Use								
710500 Other Expense	117,579	29,714	87,865	25	31,606	3,088	28,518	10
710502 Printing	30,809	12,368	18,440	40	29,343	4,183	25,160	14
710503 Licenses & Permits	8,345	7,242	1,103	87	8,345	3,023	5,322	36
710504 Registration		750	750-			1,400	1,400-	
710505 Rental Equipment	200		200		200	1,812	1,812-	
710506 Dept InsDeductible		150	150-			150	150-	
710507 Network and Data Lines	6,540	965	5,575	15	9,050	3,280	5,770	36
710508 Telephone Land Lines	36,542	17,001	19,541	47	35,611	17,567	18,044	49
710509 Seminars and Meetings	61,818	15,533	46,285	25	43,748	15,115	28,634	35
710512 Auto Expense	11,346	3,075	8,271	27	10,415	3,059	7,357	29
710514 Regulatory Assessments	20,000		20,000		20,000	9,923	10,077	50
710519 Cellular Phone	14,697	6,564	8,133	45	14,821	5,431	9,390	37

Period: 1 thru 6 2019
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
710529 Dues	21,555	12,623	8,932	59	32,129	30,403	1,726	95
710535 Credit Card Fees	52,457	31,325	21,132	60	51,157	27,818	23,339	54
710546 Advertising	151,745	22,611	129,134	15	173,119	35,445	137,674	20
710551 Cash Discounts Lost		48	48-			6	6-	
710563 Recruitment						771	771-	
710571 Safety Expense	56,279	14,345	41,934	25	57,891	17,709	40,182	31
710577 Uniforms & Special C	2,700	1,545	1,155	57	4,200	2,197	2,003	52
710585 Undesignated Budget	543,923		543,923		794,954		794,954	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 IT Lease-Office Space	75,813	38,303	37,510	51	76,607	38,303	38,303	50
710620 IT Lease-Equipment								
710703 Biologicals	356,681	160,602	196,079	45	282,612	150,424	132,189	53
710714 Referral Services	6,780	4,068	2,712	60	6,780	1,808	4,972	27
710721 Outpatient	94,259	52,164	42,095	55	124,693	41,922	82,771	34
710872 Food Purchases	3,244	1,458	1,786	45	2,744	669	2,075	24
711008 Combined Utilities	71,118	35,559	35,559	50	90,800	45,400	45,400	50
711010 Utilities								
711100 ESD Asset Management	50,274	25,052	25,223	50	40,091	21,168	18,923	53
711113 Equip Srv Replace	60,891	23,460	37,431	39	55,159	24,052	31,107	44
711114 Equip Srv O & M	61,103	30,540	30,562	50	64,486	39,015	25,472	61
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	31,839	16,689	15,150	52	27,852	16,000	11,853	57
711119 Prop & Liab Billings	82,007	41,004	41,003	50	82,007	41,004	41,004	50
711210 Travel	179,039	41,892	137,147	23	172,135	40,830	131,305	24
711213 Travel-Non Cnty Pers	32,500	1,706	30,794	5		1,944	1,944-	
711300 Cash Over Short		10	10-			0	0	
711399 ProCard in Process		609,040	609,040	50	1,520,621	760,311	760,310	50
711400 Overhead - General Fund	1,218,080							
711410 Overhead - Admin								
711504 Equipment nonCapital	146,989	85,441	61,547	58	83,270	55,279	27,991	66
711508 Computers nonCapital	220,130	72,343	147,787	33	20,000	1,944	18,056	10
711509 Comp Sftw nonCap	4,281	9,000	4,719-	210	2,631	4,770	2,139-	181
* Services and Supplies	6,201,074	2,029,011	4,172,063	33	5,797,533	2,638,673	3,158,860	46
781002 Build Imprv Capital	35,000		35,000					
781004 Equipment Capital	100,000		100,000					
781007 Vehicles Capital								
781009 Comp Sftw Capital	45,000	6,344	38,657	14	25,000	14,802	10,199	59
* Capital Outlay	180,000	6,344	173,657	4	125,000	14,802	110,199	12
** Expenses	25,056,611	10,773,451	14,283,160	43	23,716,926	11,165,261	12,551,666	47
621001 Transfer From General	9,516,856-	4,758,428-	4,758,428-	50	10,051,691-	5,293,263-	4,758,428-	53
* Transfers In	9,516,856-	4,758,428-	4,758,428-	50	10,051,691-	5,293,263-	4,758,428-	53
812230 To Reg Permits-230	73,123	51,215	21,908	70	100,271	100,271	100,271	

Period: 1 thru 6 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%
81430 To Reg Permits Capit								
* Transfers Out	73,123	51,215	21,908	70	100,271		100,271	
** Other Financing Src/Use	9,443,733-	4,707,213-	4,736,520-	50	9,951,420-	5,293,263-	4,658,157-	53
*** Total	1,733,291	218,205	1,515,087	13	782,463	75,330-	857,793	10-

DBOH AGENDA ITEM NO. 7



KEEP TRUCKEE MEADOWS
B E A U T I F U L

2018 Tire Fund: Litter Control, Education, Waste Management, and Recycling

WCHD Scope of Work

1. Provide year round dumpsters, equipment and passes to support solid waste cleanup
2. Document historical illegal dump sites and conduct annual Litter Survey to evaluate and refine cleanup efforts
3. Increase awareness about the Illegal Dumping Hotline and WCSO mobile app
4. Promote KTMB's Recycling Guide to increase public's awareness of local diversion outlets
5. Coordinate regional waste minimization efforts of Sustainability Partners in Northern Nevada (SPINN)
6. Work in partnership with the Environmental Health Services Division to review results and design a plan for future waste minimization activities based on the results of the current waste study being conducted by the WCHD



KEEP TRUCKEE MEADOWS
B E A U T I F U L

Lemmon Valley, November 2013



KEEP TRUCKEE MEADOWS
BEAUTIFUL

Lemmon Valley, Military Road, November 2018



Hidden Valley, 2006



KEEP TRUCKEE MEADOWS
BEAUTIFUL

Hidden Valley, November 2018



KEEP TRUCKEE MEADOWS
BEAUTIFUL

Damonte Ranch, 2011



KEEP TRUCKEE MEADOWS
BEAUTIFUL

Damonte Ranch, November 2018



KEEP TRUCKEE MEADOWS
BEAUTIFUL

Great Community Clean Up

In 2018, KTMB engaged **850 volunteers** who removed **48.54 tons** of solid waste and **150 tires** from public land.



KEEP TRUCKEE MEADOWS
BEAUTIFUL

Litter Survey 2018:

Litter Survey Routes	14 neighborhoods	6 open spaces	5 Highway spaces
Average Score	1.6	1.6	1.8

Score:
1.6

Litter Survey 2017:

Litter Survey Routes	16 neighborhoods	6 open spaces	5 Highway spaces
Average Score	1.5	2.2	1.4

Score: 2

1= no visible litter, 2=slightly littered, 3=littered, 4=extremely littered



KEEP TRUCKEE MEADOWS
BEAUTIFUL

Managing and monitoring Adopt-A-Spot litter removal

KTMB AAS groups conducted **57** cleanups, including more over **930** volunteers who removed **1,998** bags of trash and green waste. **18** new Adopters in 2018.

Adopt-A-Spot outreach efforts have included radio outreach, presentations to service organizations, and Neighborhood Advisory Boards



Available Adopt-An-Open-Space Sites

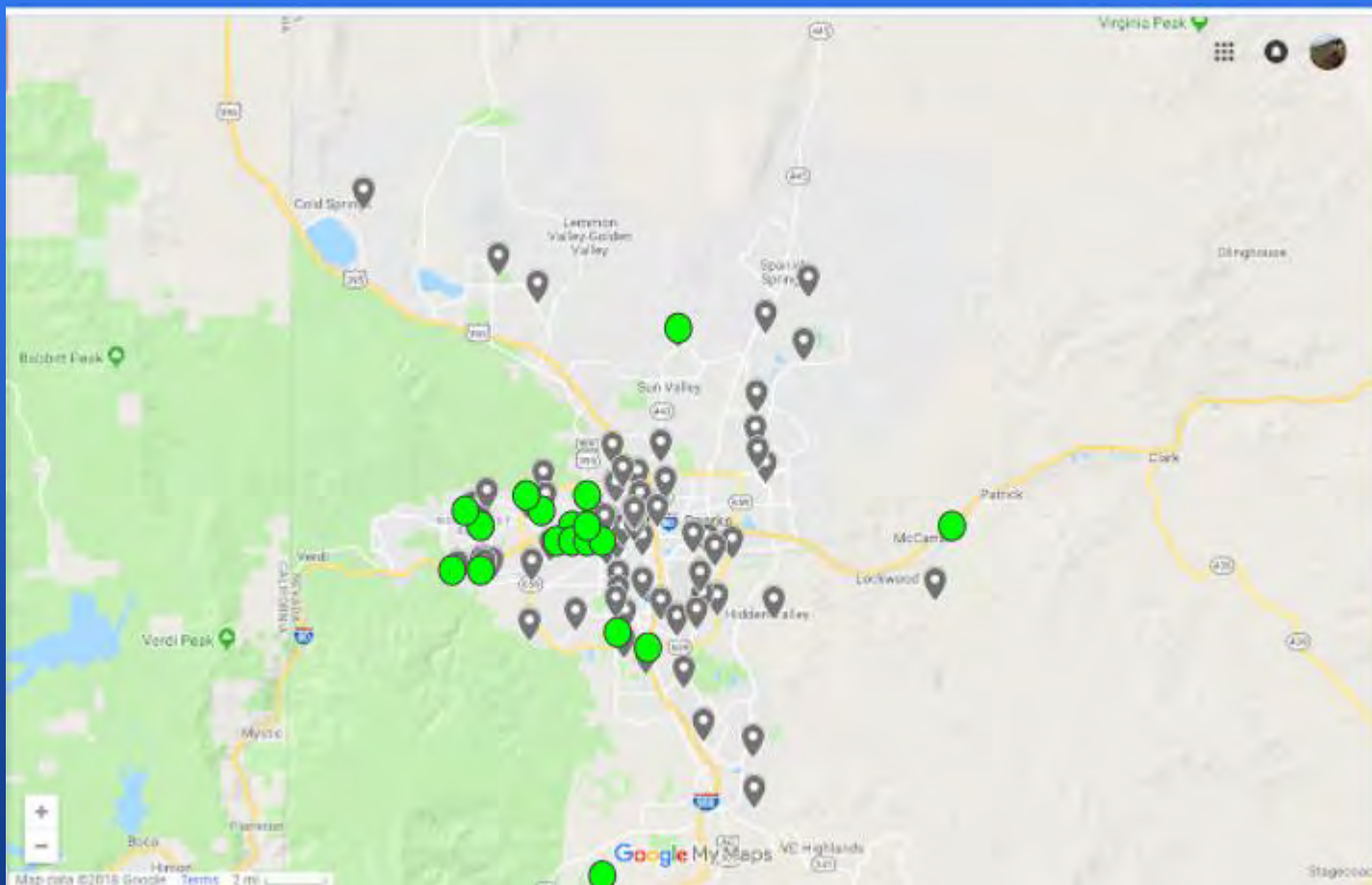
1. Jumbo Grade
2. Extension off of Partition Road in Lemmon Valley
3. Silver Knolls
4. Extension off of Chimney road in Sun Valley
5. Extension off of Estates Road in Golden Valley
6. Hungry Valley
7. Huffaker Mountain Trail
8. Lower Peavine Creek Reservoir
9. McQueen Neighborhood Trails
10. Red Rock Silver Knolls
11. Reggie Road Trail in Reno
12. Pah Rah Interpretive Trail
13. Callahan/Lower Galena Creek Trail



Adopt-A-Spot Map

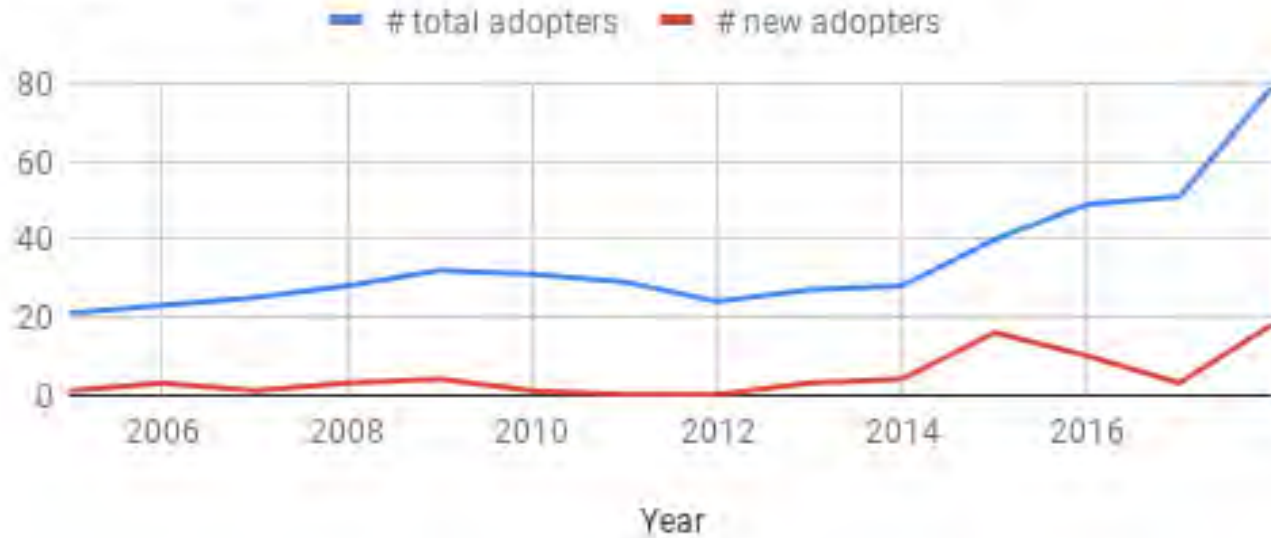
18 New
Adopters

79 Total



KEEP TRUCKEE MEADOWS
BEAUTIFUL

Adopt-a-Spot Growth since 2005



Christmas Tree Recycling

KTMB engaged **324** volunteers to divert **10,031** trees from the landfill.



KEEP TRUCKEE MEADOWS
BEAUTIFUL

KTMB Community Education: **Reduce- Reuse-Recycle**, Illegal Dumping Awareness and Reporting Abilities through presentations and outreach events

1. **16,129** total educated on Illegal Dumping awareness and reporting and/or Reduce, Reuse, Recycle
 - a. 21% increase from 2017
 - b. **1,000+** latinos educated on illegal dumping awareness, Illegal dumping reporting abilities, and/or Reduce, Reuse, Recycle



KEEP TRUCKEE MEADOWS
BEAUTIFUL

KTMB Recycling Guide: Awareness on alternatives to dumping and reporting abilities to deter dumping activity

1. **5,621** KTMB English and Spanish Recycling Guides handed out. **38%** increase from 2017
2. **Over 300** disposal call questions answered
3. KTMB recycling guide on website is popular page. Received over **7,000 views** in 2018.
4. KTMB Recycling Guide is being published weekly in the Reno News and Review which prints **30,000 copies** to **1,200 locations** and have **96,000 readers** every week.

KTMB KEEP TRUCKEE MEADOWS BEAUTIFUL

Businesses may be charged for recycling/disposal services. Some businesses will only take commercial customers. PLEASE CALL individual businesses for details.

ASBESTOS H2O Environmental 357-2237	FOOD WASTE Reno Pot Riders 348-2505	TELEVISIONS NewGU Computers 309-1126 Salvador Army 688-4559
CARBONBOARD - CORRUGATED Earth First Recycling 626-2286 Gospel Mission 323-7999	GAS CANISTER Western Metals Recycling 358-8880	TIRES Tires Plus 525-8281 Les Schwab Locations
CARPET Gone Green 525-1447	HOUSEHOLD HAZARDOUS WASTE H2O Environmental 351-2237	VEHICLES Schwartz Steel 331-2292 Habitat for Humanity Restore 303-8611
CELLPHONES Best Buy locations New BU Computers 329-1125	MERCURY H2O Environmental 351-2237	WOOD/LUMBER Earth First Recycling 626-2286
CONSTRUCTION MATERIALS Hudson Brothers 376-6182 Waste Management Landfill 342-0901	PAINT H2O Environmental 391-2237	WEEDS Goal Green 530-6324
DRUMS (OIL) Reno Clean & Oil Service 342-0351	PESTICIDES H2O Environmental 351-2237	YARD WASTE RT Donovan 425-3215

More Recycling Information

KTMB's recycling guide is generously funded by WASHOE COUNTY HEALTH DISTRICT (WASHOE COUNTY'S OFFICE OF PUBLIC HEALTH)

GET INVOLVED!

THURSDAY, JULY 12 | GREEN UP YOUR LIFE!
Join us and other environmentally progressive businesses to first test some ways you can reduce your footprint in your daily life. We'll provide you with the greenest as well as Patagonia Provisions Long Root Ale.
Purgatory Duffel Bags
100 South Carson Street
7:00pm

FRIDAY, JULY 13TH | KTMB SENSORY GARDEN ART TOWN EVENT!
Explore Keep Truckee Meadows Beautiful's Sensory Garden and make fingerprint nature art using Advant!
Meadow Park
5:30-7pm

FRIDAY, JULY 20TH | KTMB SENSORY GARDEN ART TOWN EVENT!
Bring your children and turn them into beautiful leaf beetles with KTMB Traps!
Meadow Park
5:30-7pm

WHY SINGLE USE IS HARMFUL TO THE ENVIRONMENT?
Plastic is made from petroleum, a non-renewable resource. Only certain types of plastic can be recycled and can only go through the recycling process 2-4 times before the quality of the material degrades and can no longer be made into something new.
REDUCE YOUR SINGLE USE PLASTIC

DO PLASTIC FREE FOR THE MONTH OF JULY!
There are several businesses in our area making plastic free incentives. Some examples:
• No Straw: Order a beverage for anyone who brings their own reusable cup.
• Straw & Bottle: Give discounts to anyone who brings their reusable shopping bags.
• Reuse & Donate: Donate Old House and Old Bridge Pulp. Reusable & Reuse Campaign.

ALTERNATIVES TO SINGLE USE PLASTIC

KTMB BEAUTIFUL

KEEP TRUCKEE MEADOWS BEAUTIFUL

de reciclaje

2018

KEEP TRUCKEE MEADOWS BEAUTIFUL

Recycling Guide

Fall-Winter 2018

dónde reciclar o cómo apropiadamente de objetos en el Truckee Meadows

tmb.org

KEEP TRUCKEE MEADOWS BEAUTIFUL

Recycling Guide

Recycling Guide Listing

RNR Reno News & Review

FREE-CYCLING

New FOOD Resolutions

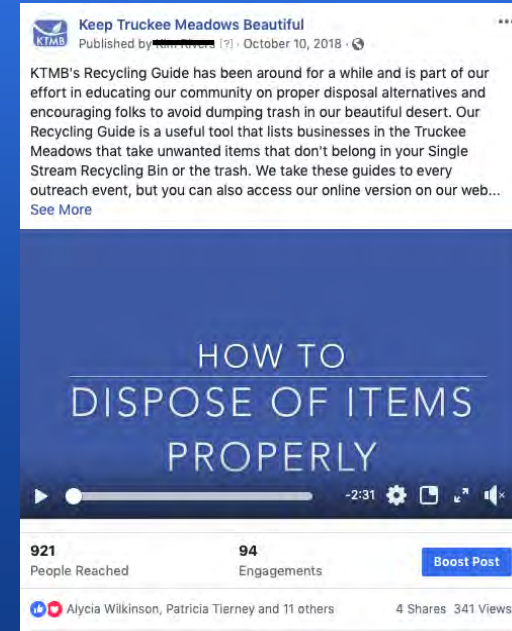


Find out where to recycle or properly dispose of common items in the Truckee Meadows

tmb.org

KTMB online education: Facebook, Twitter, Instagram

169,103 total impressions on KTMB social media platforms on Illegal Dumping awareness and reporting abilities, Recycling Guide, and 3Rs.



2019 Winners

Food Coop, Small Business

INTUIT, Medium-Large Business

City of Reno for Reno Resilience Plan, Sustainability
Milestone(s)

Alex Marsh, Youth Leadership

Truckee Meadows Parks Foundation, Educational
Programming

Kristina Britt, Educator

Christi Cakiroglu, Individual/Volunteer

Keep Truckee Meadows Beautiful, Nonprofit Organization
or Federal/State Agency

2019 event will draw attention to Plastic Pollution and will be exhibiting recycled plastic art from local artists



KEEP TRUCKEE MEADOWS
BEAUTIFUL



2019 Golden Pinecone Sustainability
Awards

The Renaissance | 2.20.19 | 5:30



- **13,036** total youth and adults educated in 2018
 - 32% increase from 2017
- **176,192** total online impressions across all KTMB social media platforms in 2018
 - \$176 CPI (cost per thousand impressions)
- **Recycling Guide in the weekly Reno News & Review in 2018**
 - \$38,000 value
- **153** total cleanups in 2018
 - 135 cleanups in 2017
- **5,367** total volunteers in 2018
 - 3,845 volunteers in 2017
- **16,370** total volunteer hours in 2018 valued at **\$357,673.58**
 - Independent Sector Nevada volunteer value=\$21.85/hour
 - 12,478 volunteer hours in 2017
- **15,955** total bags of solid and green waste collected in 2018
 - 64.04 tons of trash and green waste removed during KTMB's Great Community Cleanup in 2018
 - 67.75 tons of trash and green waste removed during KTMB's Great Community Cleanup in 2017

Washoe County Health District

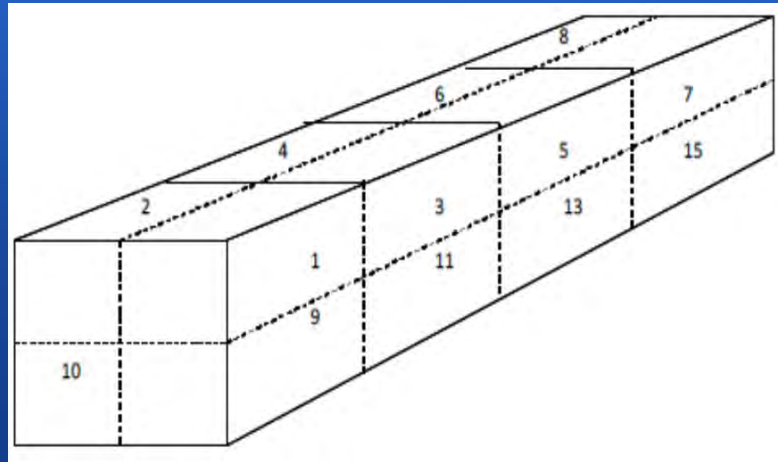
Two-Season Waste Composition
and Characterization Analysis

Methodology

- The intent of the solid waste composition and characteristics analysis is to identify, quantify and characterize MSW material types received for disposal at the Washoe County transfer stations.
- The waste generation categories specifically identified and sampled as part of this composition and characterization study include residential, commercial, self-hauled waste, and industrial and C&D materials.

Sample Cell Selection

- To randomly select samples, each load was divided into a 16-cell grid as depicted below. A randomizer tool was used to assign a primary and alternative cell for sampling. The sample was taken from the randomly assigned cell for each selected load.



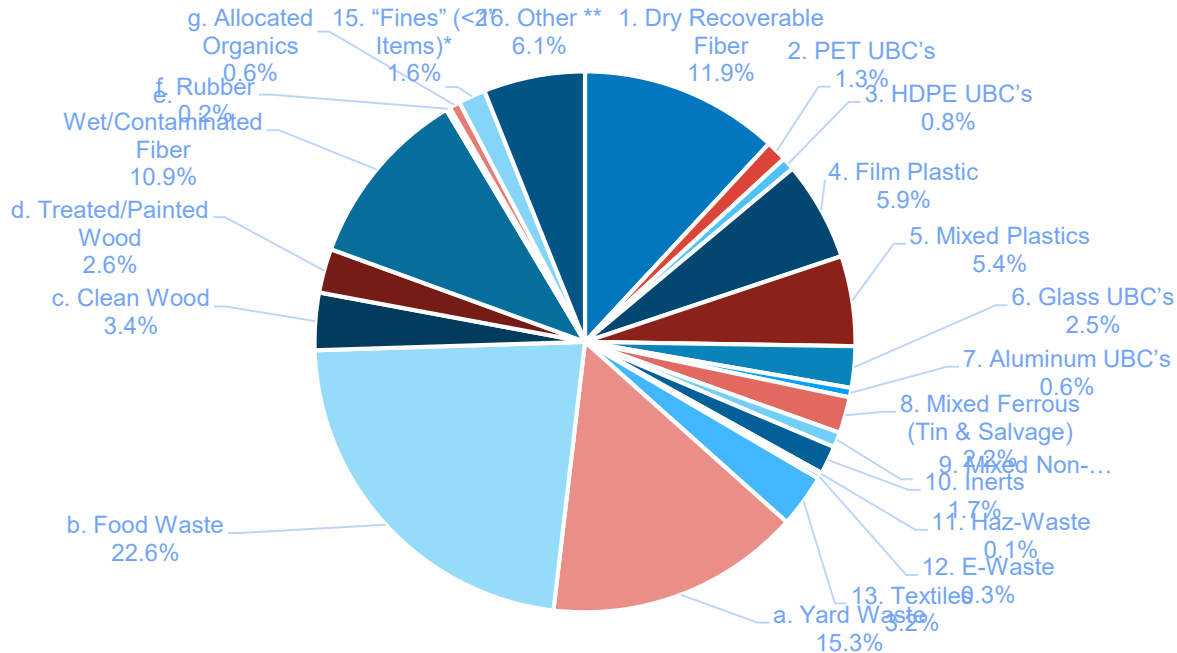


SVM crew sorting and categorizing a garbage sample.

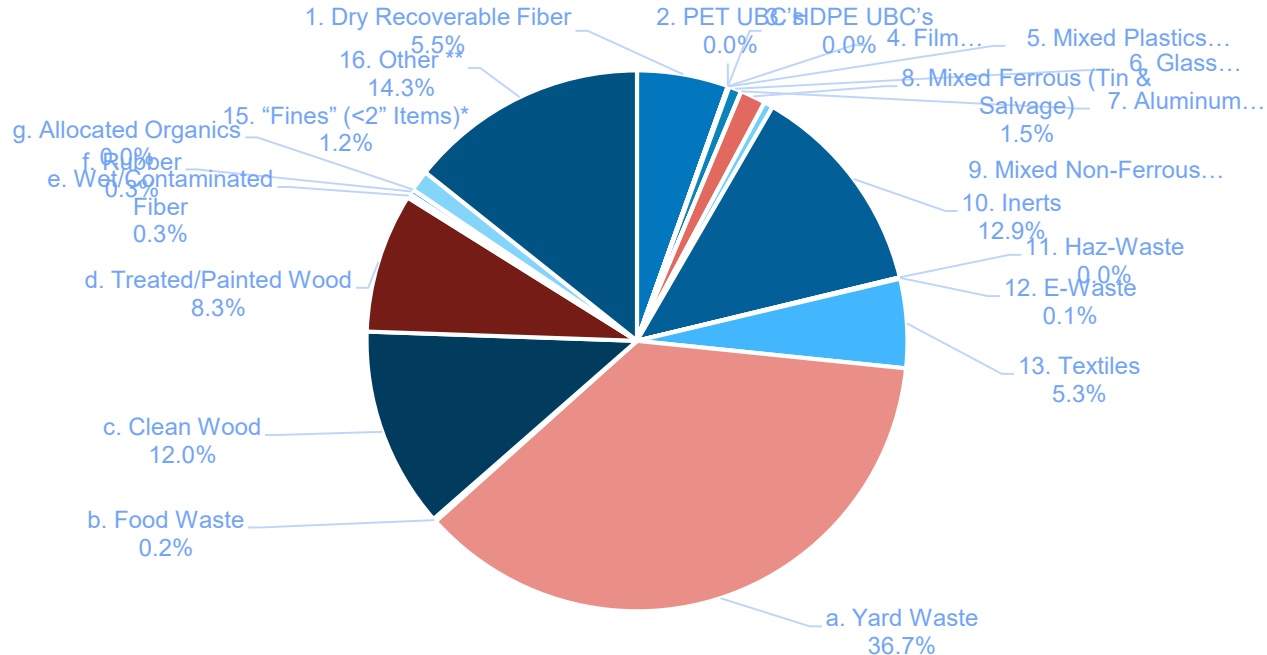


During the Fall study, leaves constituted a large volume of the samples from all sectors, including this residential garbage load.

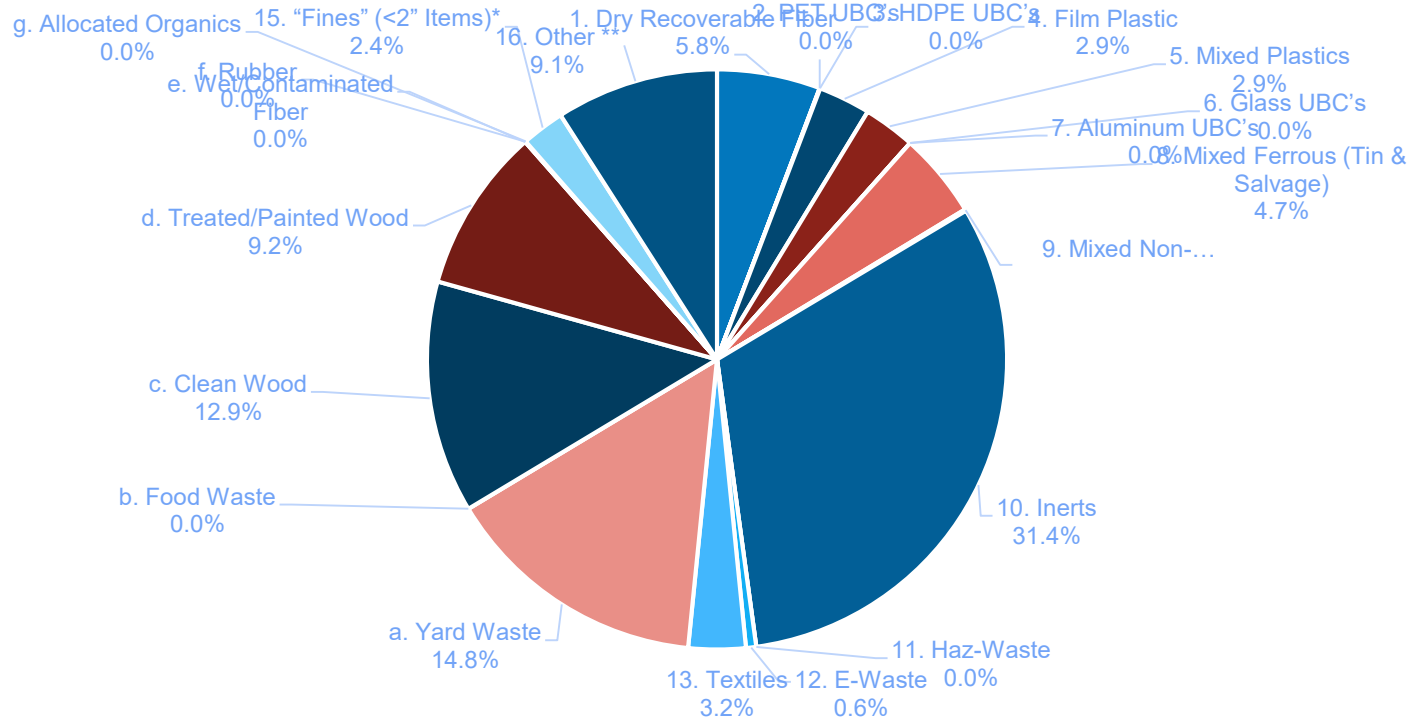
Incline, Stead & Sage Transfer Stations Residential & Commercial MSW Spring & Fall Data Results



Incline, Stead & Sage Transfer Stations Self-Haul MSW Spring & Fall Data Results



Telegraph Transfer Station Construction & Demolition Debris Spring & Fall Data Results



Study Highlights

The combined MSW samples from the Incline, Stead, and Sage (Reno) transfer stations revealed the following highlights:

- An extraordinary amount of organic materials (55%) generated from the seven organics sub-categories.
- A considerable amount (12%) of clean, dry, recoverable fiber (paper) that may be targeted for recycling collection programs and marketed on post-consumer recycling markets.
- Notable amounts of PET plastic, glass, aluminum, and mixed-ferrous metal are available for source-separation, recovery, and sale.

Self-Haul Findings

The combined **Self-Haul** samples from the Incline, Stead, and Sage (Reno) transfer stations revealed the following highlights:

- For the purposes of recycling and reuse, the Self-Haul material is rich in both inert and organic materials, at 13% and 58%, respectively.
- Inert materials may be processed and reused as aggregate, road base, erosion control, and other uses.
- Organic materials can be separated and composted, or used as feedstock in renewable energy processes.

C&D Findings

- The Telegraph Construction and Demolition Debris facility yielded high percentages of inert and organic materials, as expected:
- 31% Inert materials (Dirt, brick, rock, tile, concrete, etc.)
- 37% Organic materials, mostly yard waste and clean wood.

Recommendations

- The relatively low percentages of traditionally targeted post-consumer materials (paper, bottles and cans) indicates many waste generators are diverting recyclable materials by participating in local recycling collection and salvage opportunities.
- Even so, the County may initiate educational and promotional programs to improve upon the recovery and recycling of:
 - PET Plastic
 - Aluminum Beverage Containers
 - Container Glass
 - Mixed Ferrous Metals

Recommendations

- Organic materials are typically of low-value and present costly challenges for source-separation, collection, and processing.
- Washoe County waste could be delivered to the Fulcrum Bio-Energy renewable energy plant in Mustang for the production of jet fuel, when the facility is complete.
- The County can help to support and sustain the renewable energy operation by developing policies that:
 - Assure the availability of high-organic, low-moisture MSW for renewable energy processes.
 - Develop programs to encourage the separation and collection of high-moisture content food-waste for the creation of animal-feed and/or organic compost.



REMSA

**FRANCHISE COMPLIANCE
REPORT**

November 2018



**REMSA Accounts Receivable Summary
Fiscal 2018**

Year to Date: July 2018 through November 2019

Month	#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
October	3934	\$4,811,199.20	\$1,222.98	\$1,221.81	\$ 427.63
Totals	15936	\$19,470,754	\$1,221.81		
Allowed Average Bill for 7/1/18 - 12/31/18: \$1,218.08					

Year to Date: July 2018 through November 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%
Nov-18	5 Minutes 56 Seconds	92%	94%

Year to Date: July 2018 through November 2019

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 51 Seconds	91%	96%



Year to Date: July 2018 through November 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
Nov-18	P-1	5:17	6:13	8:14
	P-2	5:23	6:19	7:55

Year to Date: July 2018 through November 2019

Priority	Reno	Sparks	Washoe County
P-1	5:15	6:05	8:03
P2	5:23	6:16	7:58

**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 07/01/2018 THRU 11/30/2018**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	11/2/2018 10:04	11/2/2018 10:09	1C44	-00:00:52	0:04:33
Zone A	11/2/2018 21:09	11/2/2018 21:13	1C07	-00:00:27	0:04:19
Zone A	11/8/2018 17:10	11/8/2018 17:16	1C13	-00:05:26	0:06:06
Zone A	11/15/2018 17:09	11/15/2018 17:14	1C32	0:04:36	0:04:36
Zone A	11/23/2018 16:59	11/23/2018 17:02	1C16	0:03:44	0:03:44
Zone D	11/24/2018 12:00	11/24/2018 12:29	CF3-N851MB	0:30:36	0:30:36
Zone A	11/24/2018 13:31	11/24/2018 13:31	1C29	-00:00:05	0:00:37



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 November 2018

1. Overall Statics

- a) Total number of system responses: 6106
- b) Total number of responses in which no transports resulted: 1974
- c) Total number of System Transports (including transports to out of county): 4132

2. Call Classification

- a) Cardiopulmonary Arrests: 1.7%
- b) Medical: 59.4%
- c) Obstetrics (OB): 0.6%
- d) Psychiatric/Behavioral: 9.2%
- e) Transfers: 13.5%
- f) Trauma – MVA: 3.3%
- g) Trauma – Non MVA: 7.8%
- h) Unknown: 4.5%

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: 1868

Total number of above calls receiving QA Reviews: 549

Percentage of charts reviewed from the above transports: 29%



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

DISCIPLINE	TOTAL CLASSES	TOTAL STUDENTS	REMSA CLASSES	REMSA STUDENTS	SITE CLASSES	SITE STUDENTS
ACLS	8	50	4	25	4	25
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	0	0	0	0	0	0
ACLS R	9	48	3	34	6	14
ACLS S	2	4	0	0	2	4
AEMT	0	0	0	0		
BLS	62	585	12	109	50	476
BLS I	0	0	0	0	0	0
BLS R	40	185	24	92	16	93
BLS S	12	17	0	0	12	17
B-CON	0	0	0	0	0	0
CE	2	55	2	55	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	4	1	4		
EMS I	0	0	0	0		
EMT	0	0	0	0		
EMT R	0	0	0	0		
FF CPR	5	38	0	0	5	38
FF CPR FA	1	21	1	21	0	0
FF FA	1	1	1	1	0	0
HS BBP	1	4	1	4	0	0
HS CPR	20	114	2	16	18	98
HS CPR FA	41	229	3	24	38	205
HS CPR FA S	1	1	0	0	1	1
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	7	46	0	0	7	46
HS FA S	0	0	0	0	0	0



DISCIPLINE	TOTAL CLASSES	TOTAL STUDENTS	REMSA CLASSES	REMSA STUDENTS	SITE CLASSES	SITE STUDENTS
HS K-12 CPR AED	16	135	0	0	16	135
HS K-12 CPR, AED, FA	1	1	0	0	1	1
HS PFA	7	42	0	0	7	42
HS Primeros Auxilios, RCP y DEA	1	4	1	4	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	5	1	5	0	0
ITLS S	0	0	0	0	0	0
Kid Care	1	9	1	9	0	0
PALS	3	9	2	8	1	1
PALS I	2	6	2	6	0	0
PALS R	7	30	2	23	5	7
PALS S	5	12	1	1	4	11
PEARS	2	7	0	0	2	7
PHTLS	1	8	1	8	0	0
PHTLS R	0	0	0	0	0	0
PM	0	0	0	0		
PM R	7	45	7	45		
Classes w/CPR		CPR Students		REMSA CPR Classes		REMSA CPR Students
209		1382		45		276



COMMUNITY OUTREACH NOVEMBER 2018

Point of Impact		
11/1-30/2018	Eight (8) office installation appointments; Eight (8) cars and nine (9) seats inspected.	
11/17/18	POI Checkpoint at Renown's Car Seat Fitting Station in Reno. Twenty-four (24) cars and Thirty-one (31) seats inspected.	Twelve (12) Volunteers; Two (2) staff
Cribs for Kids/Community		
11/10/18	C4K Held a booth at Baby Fair and Diaper Derby @ the GSR. Also did a small presentation on Safe Sleep	400 participates stopped by the booth
11/12/18	Attended Vision Zero Meeting	
11/13/18	C4K participated in Child Death Review Executive Committee Meeting.	
11/15/18	Participated in the COAP Action Group Meeting, REMSA is a partner to help in the Opioid Crisis.	
11/16/18	C4K submitted an abstract for the National Cribs for Kids Conference in April 2019	
11/21/18	C4K did a mini training session for entering Cribs in our REDCap online database for cribs at the Women's and Children's Center of the Sierra.	
11/26/18	C4K held a Train- the-Trainer class in Dayton at the Healthy Communities Coalition Center	3 participants
11/26/18	As part of Vision Zero Task Force, went to Midtown and conducted surveys on Pedestrian Safety with other task force members.	
11/28/18	As part of Vision Zero Task Force, went to 4th Street and conducted surveys on Pedestrian Safety with other task force members.	
11/29-30/2018	C4K held a Train- the-Trainer class in Las Vegas at the Southern Nevada Health District	13 participates



REMSA

Reno, NV
Client 7299



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EMS System Report

November 1, 2018 to November 30, 2018

Your Score

96.41

Number of Your Patients in this Report

150

Number of Patients in this Report

7,032

Number of Transport Services in ALL EMS DB

149



REMSA
November 1, 2018 to November 30, 2018



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **11/01/2018** and **11/30/2018**.

The overall mean score for the standard questions was **96.41**; this is a difference of **3.38** points from the overall EMS database score of **93.03**.

The current score of **96.41** is a change of **3.11** points from last period's score of **93.30**. This was the **13th** highest overall score for all companies in the database.

You are ranked **4th** for comparably sized companies in the system.

89.68% of responses to standard questions had a rating of Very Good, the highest rating. **99.02%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

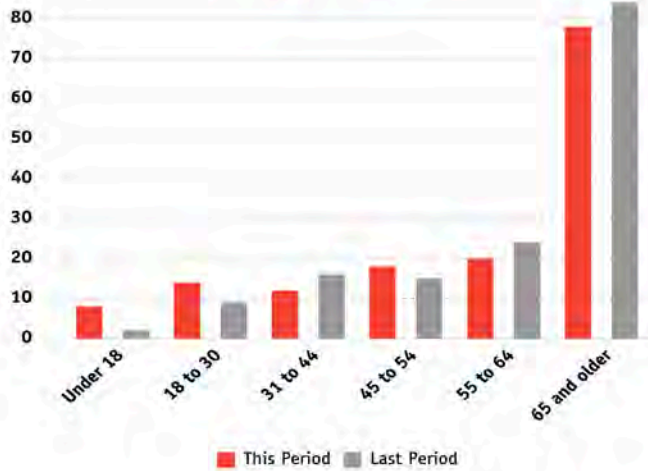


REMSA
November 1, 2018 to November 30, 2018

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	2	1	1	0	8	5	3	0
18 to 30	9	5	4	0	14	9	5	0
31 to 44	16	7	9	0	12	2	10	0
45 to 54	15	5	10	0	18	9	9	0
55 to 64	24	14	10	0	20	13	7	0
65 and older	84	40	44	0	78	28	50	0
Total	150	72	78	0	150	66	84	0

Age Ranges



Gender



REMSA
November 1, 2018 to November 30, 2018



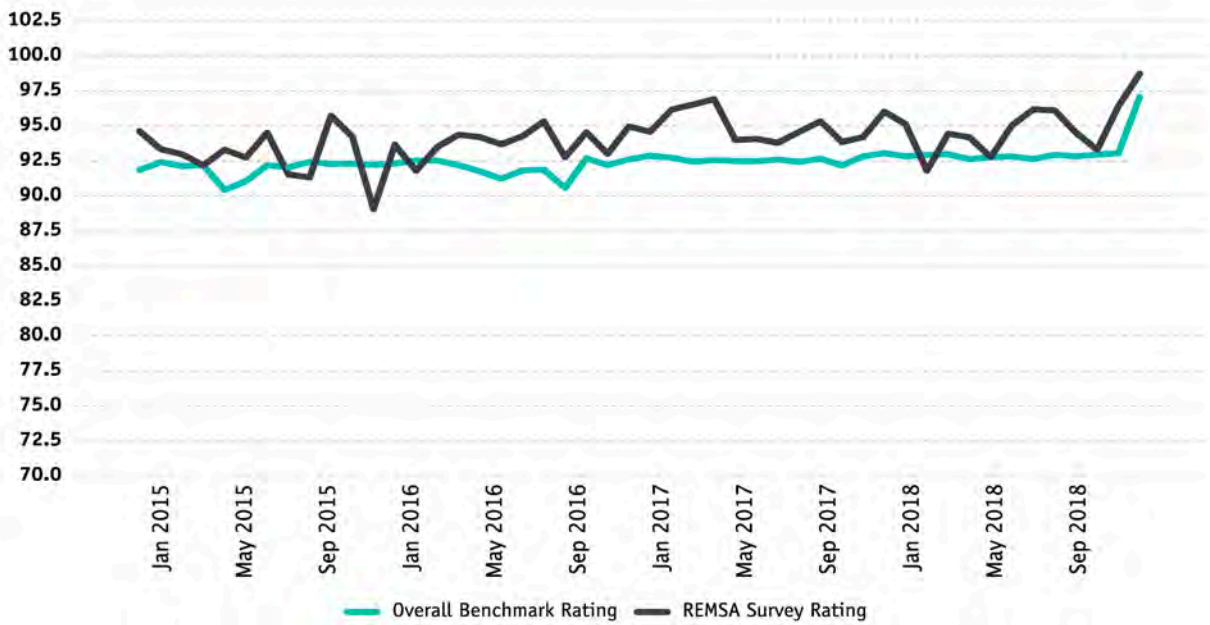
Monthly Breakdown

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.

	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018
Helpfulness of the person you called for ambulance service	93.13	97.56	93.55	90.95	92.53	99.42	96.67	96.25	96.79	95.59	95.74	96.95	96.62
Extent to which you were told what to do until the ambulance	94.59	95.65	93.77	90.52	92.97	99.39	96.59	96.05	98.61	94.15	96.59	96.88	93.38
Extent to which the ambulance arrived in a timely manner	92.87	95.84	95.36	92.30	95.11	93.55	90.28	95.58	95.87	96.06	95.54	93.39	95.60
Cleanliness of the ambulance	96.12	98.26	96.49	93.00	96.01	94.53	93.72	97.17	96.04	97.27	96.82	93.55	97.02
Skill of the person driving the ambulance	95.26	96.96	96.12	93.93	95.43	95.63	93.77	96.17	96.88	96.46	95.21	93.92	95.51
Care shown by the medics who arrived with the ambulance	95.49	95.45	95.78	92.94	95.59	94.37	92.91	94.51	96.95	95.84	94.64	94.11	97.72
Degree to which the medics took your problem seriously	95.21	95.93	95.61	91.99	93.97	94.85	92.30	94.60	96.97	97.73	94.02	94.07	97.91
Degree to which the medics listened to you and/or your family	94.75	96.11	95.60	92.11	94.80	95.44	92.65	95.04	95.93	96.41	93.51	93.99	97.56
Extent to which the medics kept you informed about your	93.81	94.98	94.69	91.33	94.04	94.26	92.27	93.56	95.27	94.93	94.30	92.18	95.09
Extent to which medics included you in the treatment decisions	91.47	96.68	93.34	89.66	93.44	92.69	91.80	93.54	94.35	95.76	93.65	91.56	95.20
Degree to which the medics relieved your pain or discomfort	92.90	91.13	91.12	89.07	90.92	90.45	91.24	92.12	94.76	93.03	92.55	89.49	94.09
Medics' concern for your privacy	93.45	95.85	94.40	92.26	95.53	94.51	93.74	96.00	97.04	97.50	95.33	92.77	97.04
Extent to which medics cared for you as a person	94.51	96.41	95.85	92.30	94.24	95.28	94.11	95.74	96.02	96.20	94.67	93.90	96.01
Professionalism of the staff in our ambulance service billing	87.50	97.22	96.88	94.44	100.00	94.57	88.46	98.08	94.79	95.72	94.79	97.00	95.83
Willingness of the staff in our billing office to address your	87.50	96.88	96.43	93.75	100.00	95.24	89.32	98.08	94.57	94.86	92.71	96.00	95.83
How well did our staff work together to care for you	95.98	97.79	96.46	93.02	95.22	94.78	93.73	95.52	97.24	96.44	95.90	94.67	96.79
Extent to which the services received were worth the fees	89.39	91.20	91.67	84.95	89.98	85.38	90.19	86.88	91.22	95.45	87.19	88.38	97.50
Overall rating of the care provided by our Emergency Medical	94.82	97.66	96.10	92.23	94.55	93.82	93.50	95.28	96.84	96.07	95.14	93.09	96.93
Likelihood of recommending this ambulance service to others	95.29	97.68	96.78	93.44	95.47	94.92	93.83	97.37	96.83	96.93	95.05	93.73	96.79
Your Master Score	94.19	96.02	95.12	91.82	94.44	94.18	92.78	95.04	96.18	96.11	94.52	93.30	96.41
Your Total Responses	150	150	150	150	150	150	153	151	150	150	150	150	150

REMSA
 November 1, 2018 to November 30, 2018

Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE NOVEMBER 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	09/18/18	"The medic was very kind and considerate."				
2	09/19/18	"They have always done good by me. Patient has MS and they visit him often. Patient told me his story."				
3	09/19/18	"Pt stated the medics calmed her down and kept her calm."				
4	09/19/18		"Less wait time for arrival."		Kitts 12.4.18 #6401	See follow up below
5	09/19/18	"Pt stated he is in the health care field and the medics displayed exemplary professionalism and care."				
6	09/09/18	"The patient's mother stated that the whole situation with her son was handled well and she was pleased with the services provided."				
7	09/20/18	"Pt stated that overall everything was done well."				
8	09/20/18	"Pt declined to comment other than to say that everything was done well."				
9	09/09/18	"Pt stated that the medics were very professional and explained everything very clearly."				
10	09/20/18	"Pt stated that her care was excellent."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
11	09/20/18	"Thoroughness in determining what the issue was that they were dealing with regarding her health problem."	"When the patient rose up from the wheelchair to enter the bathroom the medic grabbed her arm to steady her, but the grab was hard enough that she heard a crack. She thought the hold was a bit excessive."		Selmi 12.4.18 #6402	See follow up below
12	09/21/18	"Patient's mother stated that the very easy-going mannerisms and good teamwork were notable and she felt that they had been a team for a long while due to the way they worked together. This was a transport and not an emergent situation so the atmosphere was relaxed and reassuring."				
13	09/02/18	"Pt stated they made him very comfortable and relieved his nerves, and also kept him calm for the duration of the transport. They also answered all of his questions."				
14	09/21/18	"Pt stated that the ambulance arrived quickly and they got him to the hospital. He was in crisis and the medics did everything they could to expedite his arrival to the hospital and get him where he needed to be. He stated it was				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
		a complex puzzle and they put all of the pieces together for his care until they could get him to a doctor. He was extremely pleased with the service."				
15	9/22/2018	"They both were nice and courteous. Helpful too."				
16	9/22/2018	"Medics were very polite and helpful."				
17	9/22/2018					
18	9/22/2018	"Everything thing they do is top of the line, the way the talk to you gives you a sense of dignity. They sincerely care for me."				
19	9/22/2018	"They were all very compassionate to my incident. Took very good care of me."				
20	09/26/18		"Not be judgmental. Pt stated that one of the medics did not seem to take her situation seriously. She would like a call from REMSA concerning the medic's behavior and lack of professionalism."		Selmi 12.4.18 #6403	See follow up below
21	09/23/18	"No comment."	"No comment."			
22	09/23/18	"Pt's mother stated the medics made sure her son was comfortable during the ride and were	"No comment."			



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
		professional."				
23	09/23/18	"Pt stated that the ambulance arrival, assessment and delivery to the hospital were done quickly and efficiently."	"no comment."			
24	09/24/18	"Pt stated they quickly got him to the hospital."	"no comment."			
25	09/24/18	"The whole process was professional and caring. The medics even took care of her dog before they left and she is very grateful."	"No comment."			
26	09/24/18	"Pt stated they were able to calm her down and were professional in every aspect."				
27	09/24/18	"Pt stated the medics kept her up-to-date on her condition, and when she asked one of the medics to hold her hand to help calm her he complied. She is very grateful for the compassion."				
28	09/24/18	"Quick arrival and assessment, an IV was started to alleviate dehydration and the pt. stated that made such a difference in her wellbeing."	"No comment."			



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
29	09/24/18	"Pt's mother stated the medics were very good about giving her feedback regarding her daughter's situation yet not trying to sway her decision making."				
30	09/24/18	"Pt stated she could not have asked for better care, she felt the medics were completely invested in her wellbeing."				
31	09/25/18	"Courtesy and efficiency during the ambulance ride."	"no comment"			
32	09/25/18	"Pt said everything was done well."	"Pt stated she could see no room for improvement as the service was so excellent."			
33	09/26/18	"Pt stated she felt that the medics genuinely cared about her welfare."	"Better communication. Pt wasn't able to go to the nearest hospital and that was not relayed to her husband."		Selmi 12.4.18 #6404	See follow up below
34	09/26/18	"no comment"	"Pt stated, no comment."			
35	09/26/18	"Everything was done well from beginning to end during the transport. This was her first ambulance experience and the medics did a great job of keeping her calm"				
36	09/26/18	"REMSA has always done a good job and been professional."	"Pt stated he has no recommendations as the service is excellent."			



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
37	09/26/18	"Pt stated it was his first experience riding in an ambulance and the medics took the time to make him comfortable and reassure him. He was delivered safely and quickly to the hospital."				
38	09/26/18	"Pt stated the medics asked all of the appropriate questions, they made sure she was comfortable and were clear and concise when keeping her up to date."				
39	09/26/18	"Pt stated extra effort was put into her pain management and care due to the traumatic injuries sustained."				
40	09/26/18	"Pt stated that from the time he was picked up and until he was delivered to the hospital, he was completely taken care of, absolutely no complaints or recommendations for improvement."				
41	09/27/18	"no comment"				
42	09/28/18	"Pt declined to comment."				
43	09/27/18	"Pt's mother stated the medics were super, they were knowledgeable and professional."				
44	09/29/18	"Pt stated the medics calmed him down and talked at				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
		length with him."				
45	09/30/18	"Pt's mother stated the medics talked her son thru everything at his level, they didn't talk above his understanding and she appreciated their efforts."				
46	09/29/18	"Pt stated the care and service were ""top notch""."				
47	09/29/18	"Pt stated they respected her wishes regarding her treatment."				
48	10/01/18	"They were very kind to be and took care of me."				
49	10/01/18		"Nothing."			
50	10/01/18	"They did just fine. I am a big guy and they were able handled me."	"They didn't want to listen to me about where I wanted to go."		Selmi 12.4.18 #6405	See follow up below
51	10/02/18	"They were aware of my needs."				
52	10/02/18	"Too out of it to know."	"Check is in the mail."			
53	10/02/18			"4"		
54	10/02/18	"Everything overall. They take care of you"				
55	10/02/18	"They did their job pretty well"	"Maybe give the patient a little more time to sort out their finances"			
56	10/02/18	"Everything"				
57	10/03/18	"Talked to me about what they were going to do and were very nice about what they were doing"				
58	10/03/18	"Got here fast"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
59	10/03/18	"They were doing the best to take care of me. They kept alive"				
60	10/04/18	"It was good and satisfactory"		"Had a TIA"		
61	10/04/18	"They were very helpful. Perfect"				
62	10/03/18	"Got me there safely"				
63	10/04/18	"Took me seriously, helped me, and I felt better after they left"				
64	10/04/18	"Everything. I can't praise those people enough. They all do a super job. I've been transported probably 3 times and I give them all the credit in the world. I'm very satisfied with them"				
65	10/04/18	"You guys were great"	"Nothing"			
66	10/04/18	"They were there quickly, assessed where I was hurting, then put me on a board with a neck brace"				
67	10/04/18	"The whole trip was done well"				
68	10/4/2018	"Whatever they're supposed to do. Getting me to the vehicle, putting me on oxygen, getting me to the hospital!"				
69	10/4/2018	"They stick to their business"		"I didn't have any bruises or injection marks that would be inappropriate. I don't have much of a recollection"		
70	10/4/18	"They were courteous and caring"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
71	10/4/18	"My blood sugar dropped, so they brought me back to life."				
72	10/5/18	"They were so caring and gracious"		"Wonderful"		
73	10/5/18	"Everything. Helped me with my anxiety and my seizures"				
74	10/6/18	"Being able to come quickly and knowing exactly what to do"				
75	10/6/18	"Literally everything!"	"Pray there's not a next time. I don't know of anything! They did it all perfect every time"			
76	10/5/18	"Everything. They explained everything as they went along. Told me what to expect"				
77	10/6/18	"They were so efficient. Asked questions and were very thorough"				
78	10/6/18	"They were very speedy and concerned. They took me really seriously. They were very helpful with assuring me about my 3-month-old"				
79	10/06/18	"They did a good job taking care of me"				
80	10/06/18	"They delivered me to the hospital when I was out of it"		"They were good as far as I know!"		
81	10/05/18	"They were very friendly and very thoughtful about my kids; even explained everything to them"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
82	10/07/18	"Good treatment, compassion, and overall care"	"Stop following BS policies like taking me in an ambulance when I don't want one"	"I was very drunk" "They said they had to make me go due to the circumstances"	Selmi 12.4.18 #6406	See follow up below
83	10/07/18	"I had bad chest and stomach pains and they gave me something to take the edge off. The guy in the back with me was nice"	"Let them keep their opinions to themselves. Know for sure before you talk about something. I was confused by the question because I was in a lot of pain."	"I got into an argument with the driver at the hospital. He asked me when the last time was I was in the hospital, so I told him the last time I was admitted. He came back in after and said that I had lied to him."	Selmi 12.4.18 #6407	See follow up below
84	10/07/18	"Arrived promptly and questioned me about my injuries. Were overall good"	"Lower the price!"			
85	10/10/18	"They had a very good sense of humor and kept the patient and family calm. Quite expedient without a lot of screwing around. They had to get a special pump, and that was handled very quickly. Took a lot of really good care and got the information they needed. Doing their job well was important to them"	"Just more of the same!"			
86	10/07/18	"They were caring and considerate"				
87	10/05/18	"Everything"				
88	10/08/18	"Stabilization"	"Nothing to my knowledge"			
89	10/08/18	"Everything"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
90	10/08/18		"Everything was fine"			
91	10/08/18	"They got there at a great time and were very cordial to me. After they did a routine check, they gave me an injection to take my pain away"				
92	10/09/18	"They were quick"	"911 is poor. They keep on asking the questions over and over and won't listen to what you're saying"	"I was unconscious"	Barton 12.4.18 #6408	See follow up below
93	10/09/18	"Everything"				
94	10/09/18	"They were trying to help me learn how to breathe again to keep me alive"		"A great crew"		
95	10/09/18	"They took really good care of me."				
96	10/10/18	"I am dying and the medics have taken very good care of me each time I have used RESMA."				
97	10/14/18	"They have great service."				
98	10/10/18	"The ladies were awesome!"				
99	10/13/18	"Pt stated she was in a lot of pain due to her broken hip and the medics seemed genuinely concerned for her welfare and to ease the pain as much as possible."				
100	10/13/18	"Pt stated the ambulance service got him to the hospital in a reasonable time frame."	"Pt stated he is a tall man and the gurney is not long enough and was very uncomfortable. He believes you need			



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
			to get different beds for the ambulance."			
101	10/13/2018	"Pt stated the medics were kind and the teamwork were very good."				
102	10/13/2018	"Pt stated, ""No comment"	"Pt stated, "No comment"			
103	10/13/18	"Pt stated from the time she made the call for the ambulance until she arrived at the hospital it was all about teamwork."				
104	10/13/18	"Everything was fine."				
105	10/13/18	"Everything was done well."				
106	10/14/18	"They were all very nice people."				
107	10/18/18	"They were concerned about my son."	"no, nothing I can think of"			
108	10/18/18	"Medic Ben was amazing! I really appreciate all the help I get that day!"				
109	10/18/2018			"phone call was disconnected. Very bad connection."		
110	10/19/18	"folded my glasses and put them in my purse. Everything I had with me was passed on to me at the hospital. I am grateful."				
111	10/19/18	"They were very concerned and professional. They gave him a lot of comfort and talked to him a lot."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
112	10/20/18	"They got me there safely. Always professional and kind."				
113	10/20/18	"The service is good."				
114	10/20/18	"They were very helpful with taking care of me. They were kind enough to reach and get my pen for me."				
115	10/21/18	"I slept most of the ride,"				
116	10/22/18	"Everything was fine."				
117	10/22/18	"Pt stated the medics were very professional and proficient in their job. He also said they were very kind to his wife."				
118	10/23/18	"Pt stated the paramedic, Michael, was very attentive and professional."				
119	10/23/18	"Pt stated that the medics have always taken good care of her and they are the reason she is still here."				
120	10/23/18	"Pt stated the medics did exactly what they were supposed to do in regards to finding out what medications he was on and communicating with him regarding his situation."				
121	10/23/18	"Pt stated the medics were professional and clearly knew what they were doing."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
122	10/23/18	"Very satisfactory."				
123	10/23/18	"Very kind and gentle. We are very happy with the service."				
124	10/23/18	"You're doing just fine."				
125	10/23/18	"They recused me! Great ride home! Very nice people."				
126	10/24/18	"Woman medic was sympathetic the male medic was firm and angry because"	"Give non-emergency phone numbers to patients who don't know not to call ambulances."		Selmi 12.4.18 #6409	See follow up below
127	10/24/18	"The ride went just fine."				
128	10/24/18	"They did their job very well!"				
129	10/24/18	"Overall very good care."	"I feel that everyone can listen a little better to the needs of others."		Selmi 12.4.18 #6410	See follow up below
130	10/24/18	"The staff was very great!"	"If a patient is in need of a transport, my opinion is that the patient should not be charged for that service."			
131	10/24/18	"Perfect experience!"				
132	10/24/18	"They were really good with my son. They rocked it! They made us all feel good, my entire family!"				
133	11/14/18	"Timely and efficient"				
134	11/14/18	"They were swift, courteous, and well trained"	"Do the same"			
FOLLOW UP						
4	Based on the CAD record we were OS within 4 minutes. It was at NV Energy at 6100 Neil Road, so I am unsure if there were access issues getting to the patients.					



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after Follow Up
11	12/5/18 0903,	I spoke to the pt., about her complaint. PT was very nice, she told me the person in charged most likely just reacted to her being unsteady when she was trying to get out of the wheelchair to go to the bathroom. He grabbed her left forearm and she had a shooting pain in the center of her neck. PT was surprised I called to follow up, she had no injuries to her left arm afterwards. PT told me it was just not her day; a nurse then ran the wheelchair into a door which did not help her. I apologized to PT and told her I would talk to the crew and will have them complete a report. PT thanked me for calling.				
20	12/5/18 0938,	unable to contact pt., voice mail not set up. I contacted the billing office and they have the same phone number.				
33	12/5/18 1012,	I contacted the pt. about what happened with the transport. PT told me she was too busy to talk with me as she was watching TV about President Bush's funeral services, I did not even get a chance to ask for her husband. Chart had destination reason-Diversion and in the narrative-pt. was diverted from RSMRMC for neurology. I contacted the paramedic, RRMCSM did divert them and she confirmed this. Paramedic also said RRMCSM was supposed to tell the husband she was transport to RRMC as the pt. did not have a cell phone.				
50	12/5/18 1345	I spoke to the pt., he was very nice and told me this was not a complaint. PT had told the crew he wanted to go to RRMCSM because it is too long to wait at RRMC. PT was happy with the service with REMSA.				
82	12/5/18 1235,	I spoke to the pt., he was very nice but was unhappy he was transported by ambulance. I explained to the PT he was placed on a legal hold by RPD per the chart and he consented to being transported to RRMC. He told me if he had not been so drunk he would have gone with RPD, he was more upset at RPD that they would not take him. I apologized to PT and he was fine with the crew during transport. Pt signed the consent for treatment and transport.				
83	12/5/18 1320,	I spoke to the pt., she was very nice and told me the same thing as the complaint below. I asked if it could have been the hospital staff asking her the questions and she told me no it was the male driver. I told her it was a woman driving and she said it was the male. PT also told me the male in the back was very nice to her. I apologized to PT, she thanked me for calling her. Chart attached, pt. was not given anything for her pain per the chart.				
92		I have listened to the call recording and the dispatcher does not ask questions over and over. Dispatcher followed protocol without any type of deviation. Dispatcher does ask clarifying questions to obtain the correct information when clear answer was not provided by the caller. Example is "Does he has a history of epilepsy?" Answer provided, "Well that is a part of cerebral palsy." A clarifying question was asked, "Has he ever been diagnosed with a seizure disorder?" This is the question in the protocol. Dispatcher did listen to all information provided and entered all information correctly into the CAD timely.				
126	12/5/18 1425,	I spoke to the pt., she was very nice and sweet but when I asked about the transport on 10/24 with two male crew members she told me there was one woman on that day. PT has been seen by REMSA 16 times this year and 4 times with one crew member being a woman. I went through the charts with her and she could not remember, she said she did not want to complain. I told her I would like to find out who the crew was but she just could not remember the month or what had happened to her that day. I apologized to PT about the incident and told her to call the REMSA supervisor if she has any more problems. PT laughed and thanked me for calling her.				
129	12/5/18 1630,	I contacted PT, she told me the complaint was not really a complaint but a suggestion. It was the transport on her 3yr old niece on 12/1/18 who had a temp of 104, the crew asked PT if she wanted her transported to the hospital. She was very concerned about the temp and she did not understand why the paramedic would ask that. I apologized to PT and told her I would talk to the crew and we would be doing a report on this, she thanked me for talking with the crew. I will have the crew complete an occurrence report ASAP.				



November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Public and Community Relation Highlights

Home for the Holidays Medical Transport program

In celebration of the Thanksgiving holiday, REMSA offered to provide medical transport to two community members so that they could be with friends and family for the holiday. While we did not have any applicants, the program received media coverage from KTVN and KOLO. Adam Heinz and Alexia Jobson gave interviews, respectively.



Holiday decor safety

Adam Heinz provided an interview to KTVN about personal safety during home holiday decor installation.



November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Public and Community Relation Highlights

Mission Lifeline: EMS STEMI Gold

REMSA received recognition from the American Heart Association for achieving Mission Lifeline: STEMI Gold status. Jason Hatfield, Clinical Development Coordinator manages the efforts to implement quality improvement measure for the treatment of patients who experience severe heart attacks. The Mission: Lifeline initiative provides tools, training and other resources to support heart attack care following protocols from the most recent evidence-based treatment guidelines.



Cub Scouts Donates Popcorn to Crews

REMSA was the lucky recipient of a donation of more than \$720 worth of popcorn from the Boy Scouts of America Cub Scout Pack 443. What a fun tasty treat!



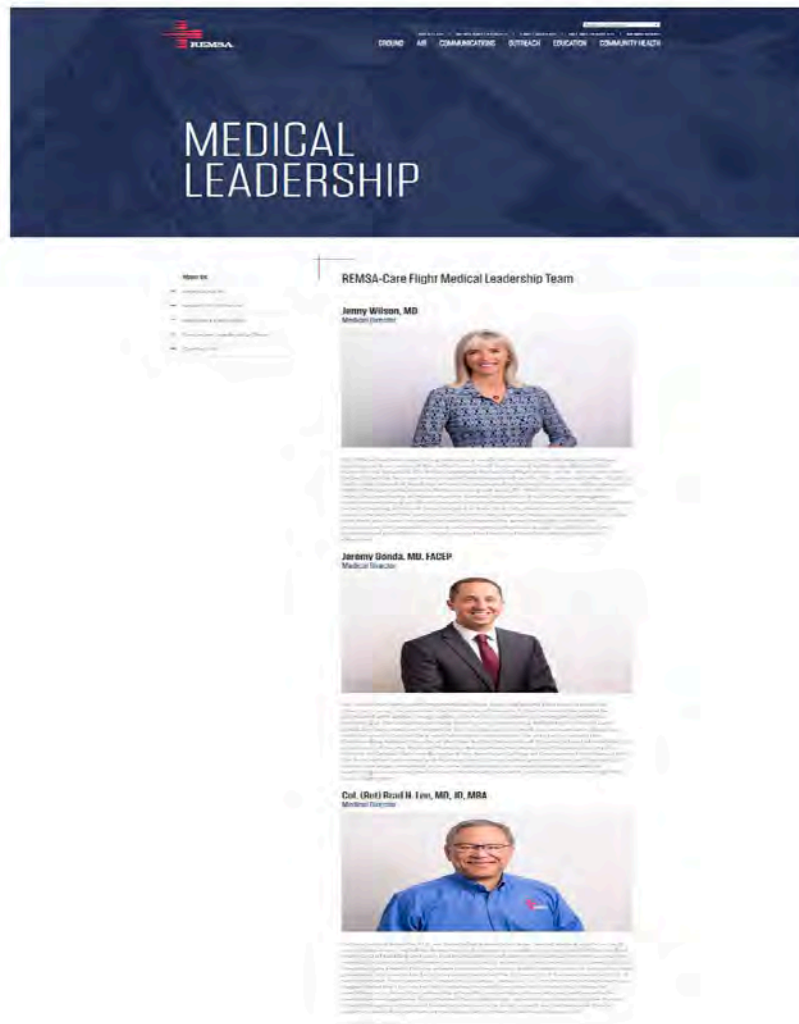


November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Digital Highlights

REMSA launched a new Medical Leadership page on its website. This page is accessible via the About Us main navigation and sets apart REMSA's Medical Leadership team. It features short bios and pictures.



November 2018 Public Relations + Digital Media Highlights Report

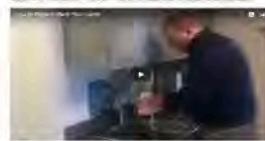
District Board of Health

Digital Highlights

Adam Heinz participated in a digital media video promoting proper handwashing techniques. It's featured on Social media, You Tube and the website.



Celebrate the Holidays with Proper Handwashing



Handwashing is the most effective way to prevent the spread of germs. It's a simple, low-cost way to protect yourself and others. Make sure you're washing your hands properly, especially before and after handling food, and before and after visiting a public place.

Social Media Highlights

Website referral sessions from social media have increased 6,000% year over year thanks to increased presence on multiple social platforms including Facebook, LinkedIn, Yelp, YouTube and Instagram.



Sessions via Social Referral: **5,993.33%**

914 vs 15

Facebook

Likes to-date: 2,813 +13 likes since Oct. 2018

Followers to-date: 2,797 +17 followers since Oct. 2018

November posts: 26

November 2018 Public Relations + Digital Media Highlights Report

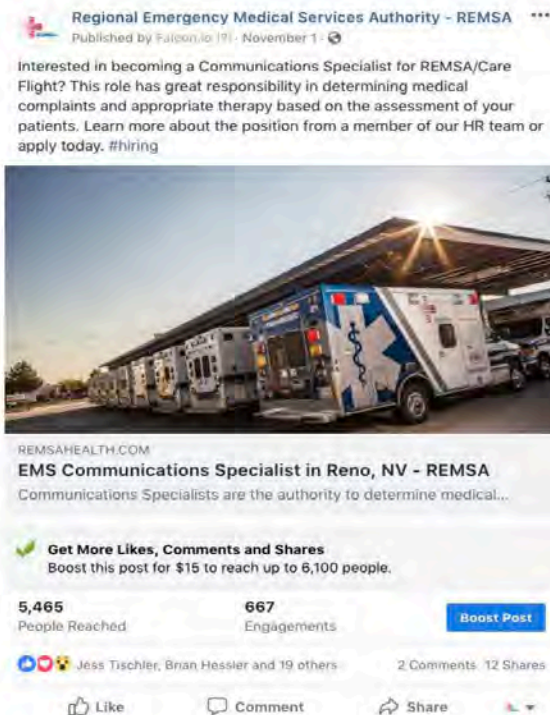
District Board of Health

Social Media Highlights

November post comments: 79
 November post shares: 101
 November post reactions: 1.01k

Top 3 Posts By Reach

1. 5,465 people reached, 66 reactions, comments & shares
 Facebook engagement: 667 - Engagement is defined as post clicks, likes, shares and comments.

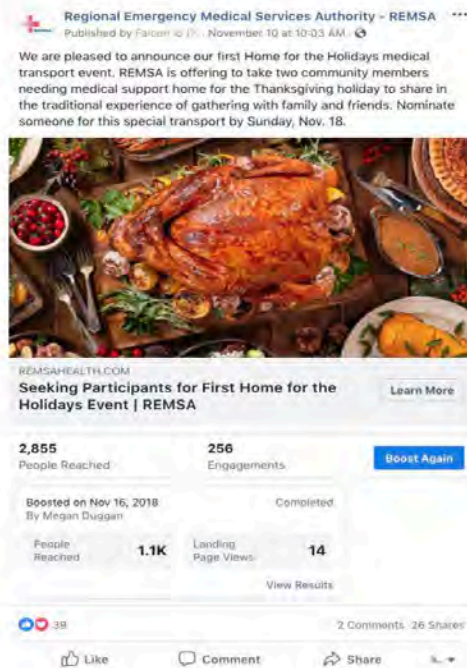


November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

- 2. 2,855 people reached, 95 reactions, comments & shares
Facebook engagement: 256 - Engagement is defined as post clicks, likes, shares and comments.



Regional Emergency Medical Services Authority - REMSA
Published by Facebook on November 10 at 10:03 AM

We are pleased to announce our first Home for the Holidays medical transport event. REMSA is offering to take two community members needing medical support home for the Thanksgiving holiday to share in the traditional experience of gathering with family and friends. Nominate someone for this special transport by Sunday, Nov. 18.

REMSAHEALTH.COM
Seeking Participants for First Home for the Holidays Event | REMSA [Learn More](#)

2,855 People Reached	256 Engagements	Boost Again
--------------------------------	---------------------------	-----------------------------

Boosted on Nov 16, 2018
By Megan Duggan

Completed	
People Reached	1.1K
Landing Page Views	14

[View Results](#)

38 Reactions 2 Comments 26 Shares

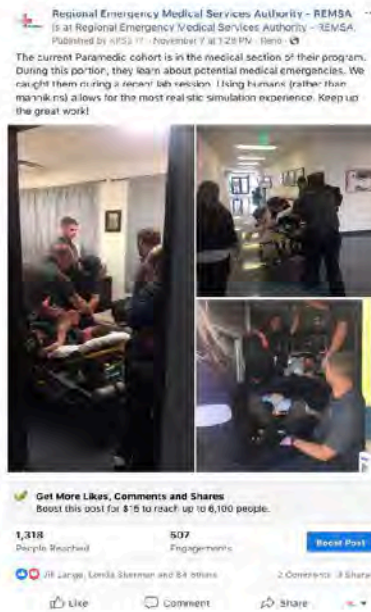
Like Comment Share

November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

- 3. 1,318 people reached, 88 reactions, comments & shares
Facebook engagement: 507 - Engagement is defined as post clicks, likes, shares and comments.



LinkedIn

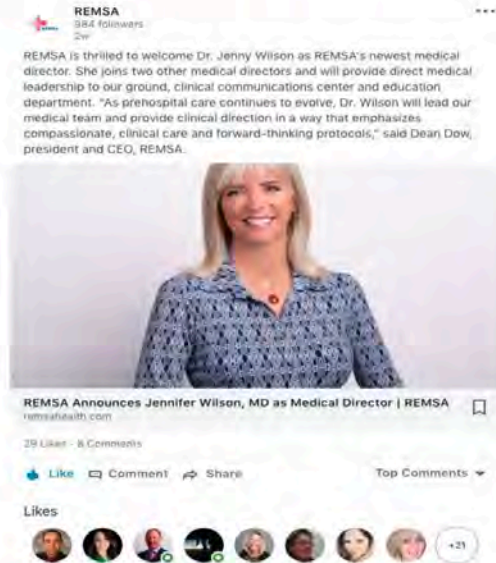
Followers to-date: 984 +7 followers since Oct. 2018
 November Posts: 6
 November Impressions: 1,971
 November Clicks: 80

November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

Top Post By Impressions



REMSA
384 followers
2w

REMSA is thrilled to welcome Dr. Jenny Wilson as REMSA's newest medical director. She joins two other medical directors and will provide direct medical leadership to our ground, clinical communications center and education department. "As prehospital care continues to evolve, Dr. Wilson will lead our medical team and provide clinical direction in a way that emphasizes compassionate, clinical care and forward-thinking protocols," said Dean Dow, president and CEO, REMSA.

REMSA Announces Jennifer Wilson, MD as Medical Director | REMSA
remsahealth.com

39 Likes · 8 Comments

Like Comment Share Top Comments

Likes

Visitor Demographics by Location

Follower Demographics

Top locations

Reno, Nevada Area
Sacramento, California Area
Las Vegas, Nevada Area
Greater New York City Area
Mexico City Area, Mexico
San Francisco Bay Area
Greater Los Angeles Area
Dallas/Fort Worth Area
Houston, Texas Area
Austin, Texas Area

Data for: Location





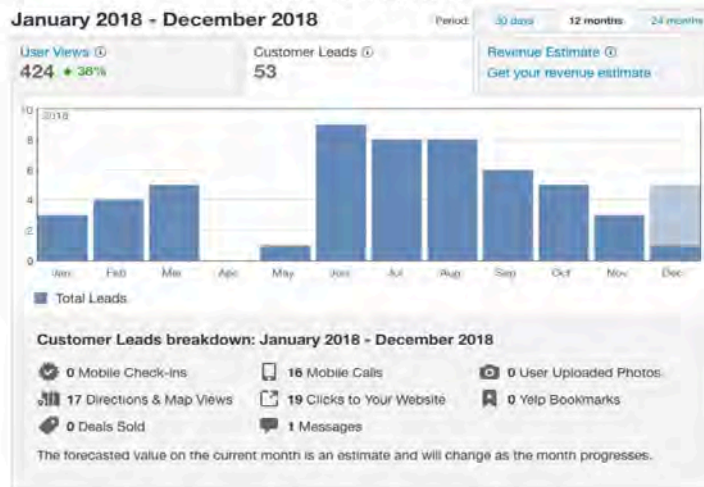
November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

Yelp

The information on Yelp pages is used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps. We have had 53 leads come from Yelp between January 2018 – December 3, 2018.



Google Analytics

Google My Business

REMSA's Google My Business Insights

November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Google Analytics

Customer actions

The most common actions that customers take on your listing



1 quarter

Total actions 328



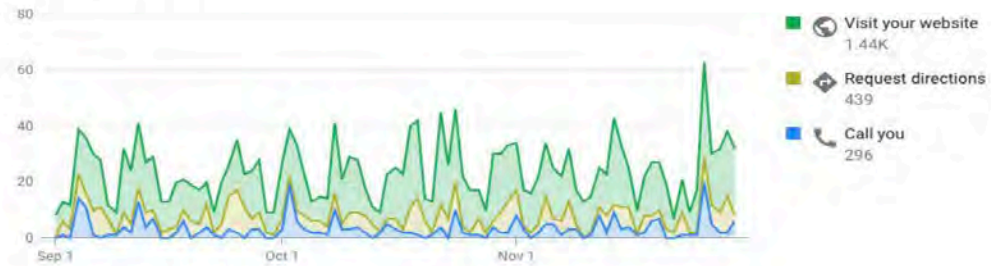
Customer actions

The most common actions that customers take on your listing



1 quarter

Total actions 2.17K





November 2018 Public Relations + Digital Media Highlights Report

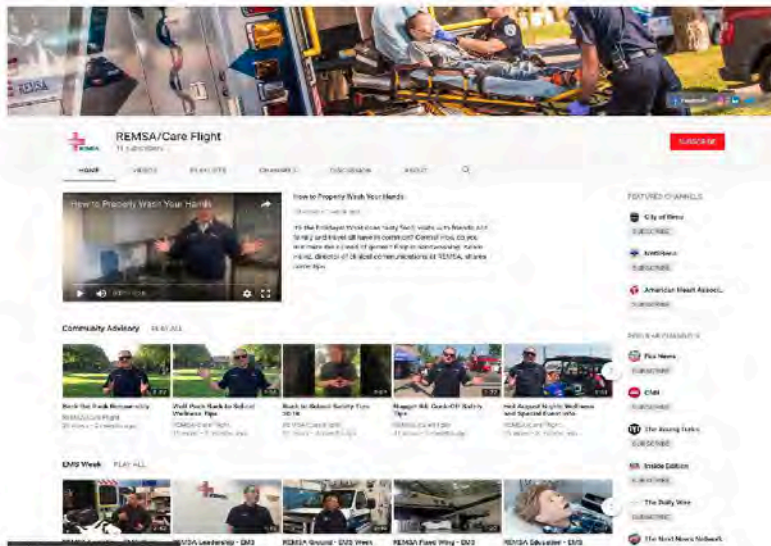
District Board of Health

Google Analytics

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



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.





November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Google Analytics

Overview of Site Data in October (Year Over Year Comparison)

- Sessions: 37% increase year over year
- Users: 312% increase year over year
- Pageviews: 28% increase year over year
- Pages / Session: 6% decrease year over year
- Avg. Session Duration: 40% decrease year over year
- Bounce Rate: 6% 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 REMSA website. 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 is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong 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 November increased by 43% and referral sessions decreased by 65%. In March 2018, we removed internal IP traffic (visits from within your network) from analytics. This results in a more accurate understanding of how the community is using remsahealth.com. The decrease in referral sessions can be attributed to removing internal IP traffic from analytics but we will continue to monitor this closely. The bounce rate, which determines how many people visited the website without any interactions, decreased by 6% (a good thing!). Organic search sessions increased by 445%.

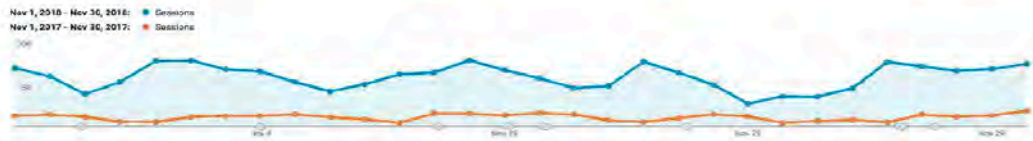


November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Google Analytics

Organic Traffic



Direct Traffic



Referral Traffic



Top 3 Referral Sites:

1. REMSA Enrollware
2. ADP Workforce
3. Truckee Fire Protection District
 - a. <https://www.truckeefire.org/employment/> - has REMSA Paramedic Program link on landing page
4. American Heart Association Instructor Network
 - a. ahainstructornetwork.americanheart.org

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: 129 (+10 from Oct. 2018) website visitors clicked the external link to fill out the Flight Plan Membership form
 - Silver Saver Membership: 72 (+12 from Oct. 2018) website visitors clicked the external link to fill out the Silver Saver Membership form



November 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Google Analytics

- Sierra Saver Membership: 15 (-9 from Oct. 2018) website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 246 (11+ clicks in Oct. 2018)
- Top 5 phone numbers that visitors clicked on:
 - 775-858-1000 - Nurse Health Line - 122 clicks
 - 775-858-5700 - Main Phone Number - 80 clicks
 - 775-353-0783 - EMT Education - 14 clicks
 - 775-858-0739 - Private Insurance - 12 clicks
 - 775-858-5745 - Membership Questions - 8 clicks



**REMSA 2017-2018 PENALTY FUND REONCILATION
AS OF OCTOBER 31, 2018**

REMSA 2018-19 PENALTY FUND RECONCILIATION AS OCTOBER 31, 2018

2018-19 Penalty Fund dollars accrued by month

Month	Amount
July 2018	\$7,899.78
August 2018	9,263.79
September 2018	6,652.17
October 2018	5,948.07
November 2018	
December 2018	
January 2019	
February 2019	
March 2019	
April 2019	
May 2019	
June 2019	
Total accrued	\$29,763.81

2018-19 Penalty Fund dollars encumbered by month

Program	Amount	Description	Submitted

**Total encumbered as of
10/31/2018** **\$0.00**

**Penalty Fund Balance at
10/31/2018** **\$29,763.81**



REMSA INQUIRIES

NOVEMBER 2018

No inquiries for November 2018



REMSA

**FRANCHISE COMPLIANCE
REPORT**

December 2018



**REMSA Accounts Receivable Summary
Fiscal 2018**

Month	#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
October	3934	\$4,811,199.20	\$1,222.98	\$1,221.81	\$ 427.63
November	4104	\$4,999,093.60	\$1,218.10	\$1,221.05	\$ 427.37
Totals	20040	\$24,469,847	\$1,221.05		
Allowed Average Bill for 7/1/18 - 12/31/18: \$1,218.08					

Year to Date: July 2018 through December 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%
Nov-18	5 Minutes 56 Seconds	92%	94%
Dec-18	6 Minutes 04 Seconds	91%	90%

Year to Date: July 2018 through December 2019

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 51 Seconds	91%	95%



Year to Date: July 2018 through December 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
Nov-18	P-1	5:17	6:13	8:14
	P-2	5:23	6:19	7:55
Dec-18	P-1	5:24	6:09	8:17
	P-2	5:40	6:25	8:15

Year to Date: July 2018 through December 2019

Priority	Reno	Sparks	Washoe County
P-1	5:16	6:06	8:05
P2	5:25	6:18	8:04



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 07/01/2018 THRU 12/31/2018**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	12/16/2018 3:31	12/16/2018 3:32	1C13	-00:00:25	0:00:58
Zone A	12/23/2018 11:02	12/23/2018 11:05	1X09	0:19:31	0:02:55
Zone A	12/26/2018 12:13	12/26/2018 12:14	1C10	-00:00:33	0:01:02
Zone A	12/27/2018 12:58	12/27/2018 12:58	1C13	-00:00:13	0:00:44
Zone A	12/29/2018 16:33	12/29/2018 16:33	1E39	0:19:42	0:00:02
Zone A	12/30/2018 14:06	12/30/2018 14:14	1C38	0:09:18	0:08:26
Zone E	12/30/2018 19:31	12/30/2018 19:46	1C35	0:14:55	0:14:55
Zone A	12/31/2018 9:16	12/31/2018 9:18	1C29	-00:00:40	0:01:28
Zone A	12/31/2018 14:12	12/31/2018 14:12	1C04	-00:00:04	0:00:14
Zone A	12/31/2018 21:52	12/31/2018 21:52	1C06	-00:00:18	0:00:18

UPGRADE REQUESTED						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
AR02_S_of_River	Zone A	12/20/2018 13:48	12/20/2018 14:00	1C13	0:16:28	0:11:31



EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
12/4/2018	Exemption Approved	Weather	Zone A	0:20:50	0:11:51
12/5/2018	Exemption Approved	Weather	Zone A	0:10:49	0:01:50
12/5/2018	Exemption Approved	Weather	Zone A	0:11:24	0:02:25
12/5/2018	Exemption Approved	Weather	Zone A	0:15:03	0:06:04
12/5/2018	Exemption Approved	Weather	Zone A	0:15:12	0:06:13
12/5/2018	Exemption Approved	Weather	Zone A	0:09:15	0:00:16
12/5/2018	Exemption Approved	Weather	Zone A	0:12:44	0:03:45
12/5/2018	Exemption Approved	Weather	Zone A	0:09:34	0:00:35
12/24/2018	Exemption Approved	Weather	Zone B	0:17:08	0:01:09



GROUND AMBULANCE OPERATIONS REPORT December 2018

1. Overall Statics

- a) Total number of system responses: 6560
- b) Total number of responses in which no transports resulted: 2372
- c) Total number of System Transports (including transports to out of county): 4188

2. Call Classification

- a) Cardiopulmonary Arrests: 1.6%
- b) Medical: 58.0%
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 9.1%
- e) Transfers: 12.2%
- f) Trauma – MVA: 8.5%
- g) Trauma – Non MVA: 6.2%
- h) Unknown: 3.9%

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: 565

Total number of above calls receiving QA Reviews: 1887

Percentage of charts reviewed from the above transports: 29%



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

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	3	19	2	18	1	1
ACLS EP	15	46	0	0	15	46
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	0	0	0	0	0	0
ACLS R	5	41	5	41	0	0
ACLS S	5	6	1	1	4	5
AEMT	0	0	0	0		
BLS	61	272	12	75	49	197
BLS I	1	20	1	20	0	0
BLS R	39	136	19	80	20	56
BLS S	7	15	0	0	7	15
B-CON	0	0	0	0	0	0
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	2	9	2	9		
EMS I	0	0	0	0		
EMT	0	0	0	0		
EMT R	0	0	0	0		
FF CPR	2	17	0	0	2	17
FF CPR FA	35	270	0	0	35	270
FF FA	0	0	0	0	0	0
HS BBP	1	4	1	4	0	0
HS CPR	8	31	2	12	6	29
HS CPR FA	6	37	6	37	0	0
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	5	19	0	0	5	19
HS PFA S	0	0	0	0	0	0



Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
HS CPR S	0	0	0	0	0	0
HS FA	0	0	0	0	0	0
HS FA S	0	0	0	0	0	0
HS K-12 CPR AED	12	116	0	0	12	116
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	4	1	4	0	0
ITLS S	0	0	0	0	0	0
Kid Care	1	9	1	9	0	0
PALS	5	33	3	27	2	6
PALS I	0	0	0	0	0	0
PALS R	7	29	3	23	4	6
PALS S	1	2	0	0	1	2
PEARS	3	26	0	0	3	26
PHTLS	1	0	1	0	0	0
PHTLS R	2	14	2	14	0	0
PM	1	7	1	7		
PM R	0	0	0	0		



Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
Classes w/CPR		CPR Students		REMSA CPR Classes		REMSA CPR Students
177		942		35		233

COMMUNITY OUTREACH DECEMBER 2018

Point of Impact		
12/1-31/2018	Seventeen (17) office installation appointments; Eighteen (18) cars and twenty (20) seats inspected.	
12/18/18	Recorded a video to promote car seat safety and warn about too much clothing during the winter.	
Cribs for Kids/Community		
12/07/18	C4K participated in Child Death Committee Meeting.	
12/13/18	Meet with Christina Turner to review the 2018-2019 grant year.	
12/13/18	Attended the Northern Nevada Meeting Vision Zero Task Force on Pedestrian Safety.	
12/20/18	C4K held a Train- the-Trainer class in Pahrump Nevada at Nye Communities Coalition.	9 participates



REMSA

Reno, NV
Client 7299



1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

December 1, 2018 to December 31, 2018

Your Score

95.50

Number of Your Patients in this Report

150

Number of Patients in this Report

6,493

Number of Transport Services in ALL EMS DB

150



REMSA
December 1, 2018 to December 31, 2018



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **12/01/2018** and **12/31/2018**.

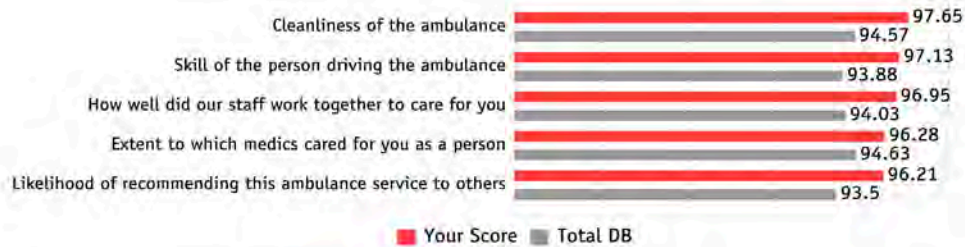
The overall mean score for the standard questions was **95.50**; this is a difference of **2.48** points from the overall EMS database score of **93.02**.

The current score of **95.50** is a change of **-0.91** points from last period's score of **96.41**. This was the **28th** highest overall score for all companies in the database.

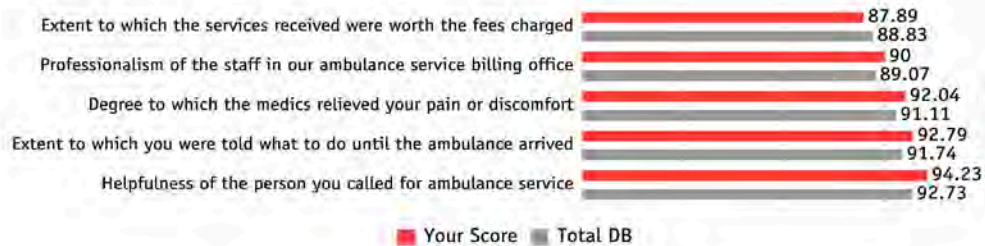
You are ranked **5th** for comparably sized companies in the system.

88.65% of responses to standard questions had a rating of Very Good, the highest rating. **98.59%** of all responses were positive.

5 Highest Scores



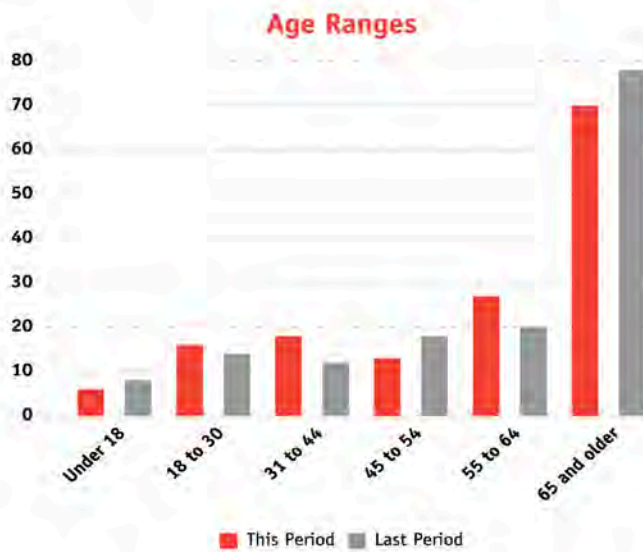
5 Lowest Scores



REMSA
December 1, 2018 to December 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	8	5	3	0	6	3	3	0
18 to 30	14	9	5	0	16	6	10	0
31 to 44	12	2	10	0	18	9	9	0
45 to 54	18	9	9	0	13	8	5	0
55 to 64	20	13	7	0	27	14	13	0
65 and older	78	28	50	0	70	32	38	0
Total	150	66	84	0	150	72	78	0





Monthly Breakdown

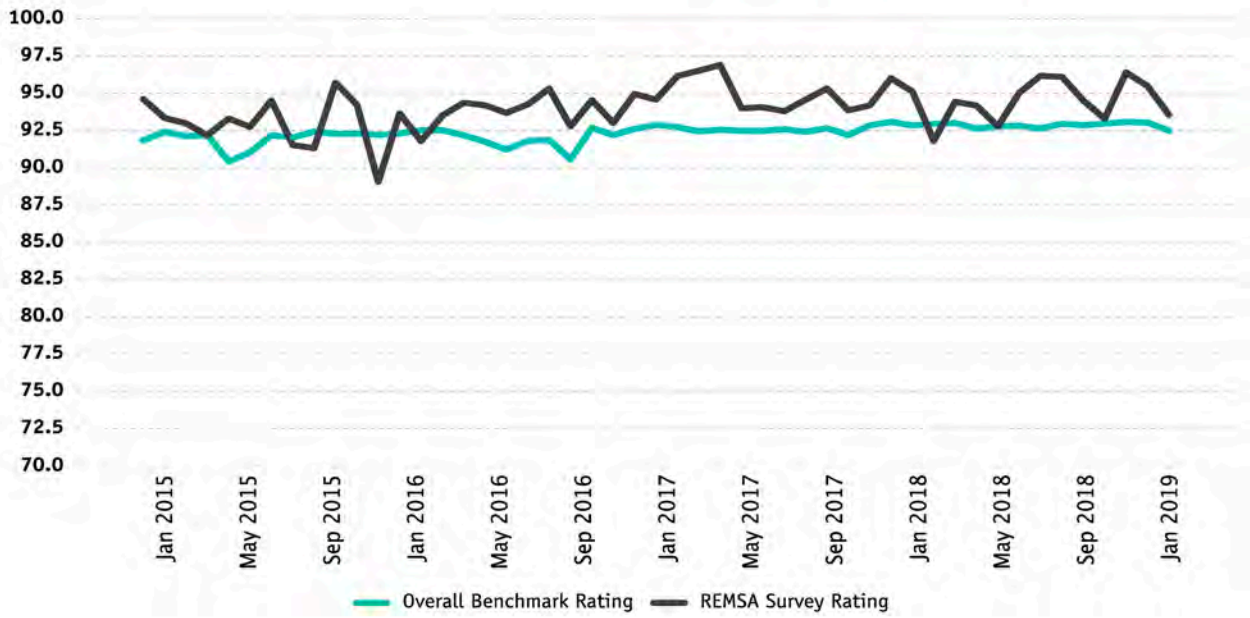
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018
Helpfulness of the person you called for ambulance service	97.56	93.55	90.95	92.53	99.42	96.67	96.25	96.79	95.59	95.74	96.95	96.62	94.23
Extent to which you were told what to do until the ambulance	95.65	93.77	90.52	92.97	99.39	96.59	96.05	98.61	94.15	96.59	96.88	93.38	92.79
Extent to which the ambulance arrived in a timely manner	95.84	95.36	92.30	95.11	93.55	90.28	95.58	95.87	96.06	95.54	93.39	95.60	95.57
Cleanliness of the ambulance	98.26	96.49	93.00	96.01	94.53	93.72	97.17	96.04	97.27	96.82	93.55	97.02	97.65
Skill of the person driving the ambulance	96.96	96.12	93.93	95.43	95.63	93.77	96.17	96.88	96.46	95.21	93.92	95.51	97.13
Care shown by the medics who arrived with the ambulance	95.45	95.78	92.94	95.59	94.37	92.91	94.51	96.95	95.84	94.64	94.11	97.72	95.99
Degree to which the medics took your problem seriously	95.93	95.61	91.99	93.97	94.85	92.30	94.60	96.97	97.73	94.02	94.07	97.91	95.15
Degree to which the medics listened to you and/or your family	96.11	95.60	92.11	94.80	95.44	92.65	95.04	95.93	96.41	93.51	93.99	97.56	95.64
Extent to which the medics kept you informed about your	94.98	94.69	91.33	94.04	94.26	92.27	93.56	95.27	94.93	94.30	92.18	95.09	95.09
Extent to which medics included you in the treatment decisions	96.68	93.34	89.66	93.44	92.69	91.80	93.54	94.35	95.76	93.65	91.56	95.20	95.06
Degree to which the medics relieved your pain or discomfort	91.13	91.12	89.07	90.92	90.45	91.24	92.12	94.76	93.03	92.55	89.49	94.09	92.04
Medics' concern for your privacy	95.85	94.40	92.26	95.53	94.51	93.74	96.00	97.04	97.50	95.33	92.77	97.04	96.21
Extent to which medics cared for you as a person	96.41	95.85	92.30	94.24	95.28	94.11	95.74	96.02	96.20	94.67	93.90	96.01	96.28
Professionalism of the staff in our ambulance service billing	97.22	96.88	94.44	100.00	94.57	88.46	98.08	94.79	95.72	94.79	97.00	95.83	90.00
Willingness of the staff in our billing office to address your	96.88	96.43	93.75	100.00	95.24	89.32	98.08	94.57	94.86	92.71	96.00	95.83	95.00
How well did our staff work together to care for you	97.79	96.46	93.02	95.22	94.78	93.73	95.52	97.24	96.44	95.90	94.67	96.79	96.95
Extent to which the services received were worth the fees	91.20	91.67	84.95	89.98	85.38	90.19	86.88	91.22	95.45	87.19	88.38	97.50	87.89
Overall rating of the care provided by our Emergency Medical	97.66	96.10	92.23	94.55	93.82	93.50	95.28	96.84	96.07	95.14	93.09	96.93	95.33
Likelihood of recommending this ambulance service to others	97.68	96.78	93.44	95.47	94.92	93.83	97.37	96.83	96.93	95.05	93.73	96.79	96.21
Your Master Score	96.02	95.12	91.82	94.44	94.18	92.78	95.04	96.18	96.11	94.52	93.30	96.41	95.50
Your Total Responses	150	150	150	150	150	153	151	150	150	150	150	150	150

REMSA
December 1, 2018 to December 31, 2018



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE DECEMBER 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	10/24/2018	"Woman medic was sympathetic the male medic was firm and angry because"	"Give non emergency phone numbers to patients who don't know not to call ambulances."		12.5.18 #6409	See follow up below
2	10/24/2018	"The ride went just fine."				
3	10/24/2018	"They did their job very well!"				
4	10/24/2018	"Overall very good care."	"I feel that everyone can listen a little better to the needs of others."		12.4.18 #6410	See follow up below
5	10/24/2018	"The staff was very great!"	"If a patient is in need of a transport, my opinion is that the patient should not be charged for that service."			
6	10/24/2018	"Perfect experience!"				
7	10/24/2018	"They were really good with my son. They rocked it! They made us all feel good, my entire family!"				
8	10/25/2018	"They were all great! I am happy!"				
9	10/26/2018	"Very professional!"				
10	10/27/2018	"Medics were very polite and very patient with my situation."	"Have something for pain for those who are a hard needle stick."			
11	10/27/2018	"Pt stated they really seemed to care for his welfare and that he wasn't just another patient that needed to go to the hospital."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
12	10/27/2018	"Pt stated the medics were wonderful and took good care of her during her time of need."	""Oh heck no, no improvements needed!""			
13	10/27/2018	"Medics were very professional, took good care and got the job done."				
14	10/27/2018	"The medics were kind, caring and prompt."				
15	10/26/2018	"Pt stated it was a combination the staff's professionalism and the fact that they didn't lose his wife on the way to the hospital, she was following behind the ambulance."	"Be careful with IV placement, it had to be reset at the hospital."			
16	10/26/2018	"Pt stated the medics did a good job all of the way around."				
17	10/26/2018	""Everything was done well.""				
18	10/27/2018	"Pt stated she felt the medics treated her like family. She was very impressed with her care."				
19	10/26/2018	"Pt stated the service was excellent and wonderful. She has not recommendations for improvement."				
20	10/28/2018	"Everything!"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
21	10/28/2018	"They were so awesome! They showed up quicker then what I expected they would."				
22	10/26/2018	"I have a lot of kids and medics were very nice to every one of them. I was impressed."				
23	10/26/2018	"I was in labor and the medics were on top of everything!"				
24	10/26/2018		"Ring was stolen silver ring with a skull on my left finger ring never seen it since. Send me back my ring I feel raped."		12.19.18 #6451	See follow up below
25	10/26/2018	"I had two children with me and they were very kind and caring to my kids. They were excellent!!! THANK YOU SO MUCH!!!! They listened so well."	"I feel like there should be dispatch line was not ringing rerouting boarder of Sparks Reno secondary dispatch."			
26	11/01/2018	"They were great!"	"Medics leave a mess behind, they need to take care of their medical trash. I have dogs and the dogs could choke on their trash. I have to clean up before I can even leave to go to the ER."		1.4.19 #6530 Selmi	See follow up below
27	11/01/2018	"Medics were right there gentle and taking care of business!"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
28	11/01/2018	"Everything was really good."	"From my stand point, I don't think you can improve the experience that I had with REMSA"			
29	11/02/2018	"They handled me very professionally and with care, I appreciate it a lot."				
30	11/02/2018		"Address how the ambulance rides. The roughness caused more pain than what it was worth."	"comfort of the ride was terrible. It made my pain worse. Comfort of the ride needs to be addressed."		
31	11/02/2018	"Very personable talked with me and kept me informed."	"They didn't ask me to buckle my set belt. So, I would say to have medics be on the lookout of everyone's wellbeing when it comes to using seat belts"			
32	11/03/2018		"Lower the prices."			
33	11/04/2018		"Make the ride more comfortable and lower the prices too. Don't lie to patients about how insurance will pay or force them into riding your ambulance service."	"Medics told me that I couldn't decline the ambulance ride. I wanted my wife to take me but they forced me into the ambulance. That is not right. You cannot trick people into going on the ambulance even if you tell them insurance will pay for it."	1.4.19 #6531 Selmi	See follow up below
34	11/05/2018	"They were all very kind to me and kept me amused while driving to the		"Ambulance got there as I was speaking to dispatch."		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
		hospital."				
35	11/05/2018		"arrive in a more timely manner, it took 30 minutes!"			
36	11/05/2018	"Thank you! They were so good and did so much for me!"				
37	11/05/2018	"I was impressed all the way around."				
38	11/05/2018		"The dispatch needs to be more helpful and friendly. They need to speak with compassionate with sincerity."		1.4.19 #6532 Barton	See follow up below
39	11/06/2018		"More training on needle sticks. I was poked three times."			
40	11/06/2018		"Nothing, everything was great!"			
41	11/06/2018	"Medics made me laugh great about myself. They made me laugh too."				
42	11/07/2018	"Professionalism and the overall care were excellent."	"No recommendations"			
43	11/07/2018	"Pt stated the medics were very friendly and made her feel comfortable and at ease during her transport."				
44	11/08/2018	"Expediently transporting me to the hospital."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
45	11/08/2018	"Pt stated the medics were very caring and took care of her severe pain."				
46	11/08/2018	"First time in an ambulance and it was great."				
47	11/08/2018	"I received excellent care, I am very happy!!"				
48	11/09/2018	"They calmed my fears. They were very professional."				
49	11/09/2018	"They were excellent."				
50	11/10/2018	"Everything was very good from what I recall."				
51	11/10/2018	"Medics are always considerate, I am grateful for how helpful they are."				
52	11/10/2018	"The ability to handle the situation and make sure I was taken care of"				
53	11/11/2018	"They arrived quickly and were very professional"		"My eyes were closed the whole time" "I have a question about the bill"	1.4.19 #6533 Davis-Shelby	See follow up below
54	11/11/2018	"Everything they did was done very well"		"Kept my wife informed very well"		
55	11/11/2018	"They got me into the ambulance quickly and dealt with my pain as best as possible"				
56	11/11/2018	"They were very kind"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
57	11/12/2018	"Took me down 9 flights of stairs"	"They forgot a couple of things, so have everything prepared beforehand"			
58	11/12/2018	"Everything"				
59	11/12/2018	"They showed up in a fairly quick manner. They took my vital signs and got me in the ambulance as quickly as they could and shipped me off"	"Charge me less"	"We got there in one piece" "I think the fees were a little excessive. I don't think I should be charged mileage within a certain mileage, just like a tow truck driver! There should be a flat fee"		
60	11/12/2018	"They were there in a very rapid time but they also were concerned even though I told them I was ok. They kept checking my vitals and explained why it was best that I go to the hospital"		"It took them a while to convince me to go to the hospital. Just took vitals and put a neck brace on. Nothing they could do for pain and discomfort"		
61	11/12/2018	"Everything! They gave me oxygen and put an IV in and also checked my blood pressure. They informed the hospital of everything"		"I don't pay for it. They found out that BP was 60/50. They were very glad that I didn't drive because they didn't think I'd make it"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
62	11/12/2018	"They had to lift me and put me on the gurney and they got my blood pressure up with an IV which wasn't an easy thing because my veins were collapsed. Very professional"		"I didn't know much of what was going on" "Kept my son and daughter in law informed. They got my blood pressure up with an IV"		
63	11/13/2018	"They were very helpful and super sweet and very understanding. Thank goodness for them! That was my first time in an ambulance"		"I don't remember much but they were great"		
64	11/13/2018	"Fast response, asked pertinent questions, were in and out pretty damn fast"	"The only gripe that I have is that they missed my house the second time. I was on the phone with the operator and they said they were out front, but they weren't at the right spot. They had missed the house, so I had to run out to them and get their attention. Need a better GPS or know how to use it"	"The second call, I had to go out to flag them down" "They asked pertinent questions and were pretty on top of stuff"		
65	11/13/2018	"Everything from beginning to end"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
66	11/13/2018	"Every time I call them, they're fantastic. If they're the ones that saved my life, I'd like to thank them"		"I don't remember anything after the call was made. I think I blacked out" "I don't know who did it, but somebody saved my life. I had a stroke this day. Every time I've called, they've been fantastic to me and really helped me. I passed out after the call"		
67	11/15/2018	"Nice and friendly"		"I was in a lot of pain and dizzy" "They were quite nice. Acted professional. I don't think they got any orders to give me anything"		
68	11/15/2018	"Overall professionalism and how they handled the situation. Treated me perfect and did a great job"				
69	11/15/2018	"All of your services"				
70	11/15/2018	"Took very good care of me and they gave me all the help that I needed"				
71	11/15/2018	"Everything! They came into the room and took me out on the gurney and put me in the ambulance and took good care of me! It was a good experience"		"They did an excellent job"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
72	11/15/2018	"They took me in from another hospital and took good care of me"				
73	11/15/2018	"Everybody was very professional, concerned, and I just felt they worked as a team. They helped my husband not feel so frightened"	"I could hear a little bit of music during the ambulance ride, but I understand that other ambulances have better sound system, so maybe that!"			
74	11/15/2018	"Everything was done well"	"Serve food"	"They went above and beyond the call of duty"		
75	11/16/2018	"There was more than sufficient staff to accommodate any eventuality. They were friendly and seemed knowledgeable"	"It seemed to me that once we got into the ambulance, it took quite a long time to get going. The hospital that they were taking me to was less than a mile from my house. I think we sat outside for 10-15 minutes and I'm not quite sure why"		1.4.19 #6534 Selmi	See follow up below
76	11/16/2018	"I thought they handled it well and talked me through it"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
77	11/16/2018	"They got me to the hospital and didn't hurt me in any way. They did a reasonably comfortable job on the IV"	"I think sometimes when you live alone and are older, they're a little quick to assess that things aren't as serious as are"	"It seemed like forever, but I don't think it really was" "I think that because it was nausea and vomiting and a massive headache, they basically said they would take me, but that it was probably just a virus and there wouldn't be much they could do. I wound up spending 7 days total in the hospital. Didn't have anything I could take on the truck" "I sent a letter a year ago last August and never got a response. That time, they only took me to the hospital because my son made them. I had sepsis that time"	1.4.19 #6535 Selmi	See follow up below
78	11/16/2018	"They managed to get into the house when the neighbor across the street refused to let them in the garage. They didn't understand the directions from my healthcare place. They had to go around and around the house until they decided they would go in"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
		the dog door."				
79	11/17/2018	"They came in and examined my husband and ascertained it wasn't a heart attack. They did their jobs"		"Got him to the hospital as fast as possible. They said they thought it wasn't a heart attack which was what we were really concerned about. The driver even tried to help me get up in the ambulance"		
80	11/17/2018	"Everything"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
81	11/17/2018	"Really nothing. I explained to her that she couldn't do the blood pressure on the right side because I had lymph nodes removed. To me, she wasn't that experienced"	"It just didn't seem like that medic had any concern for anything"	I didn't like the female. She was very rude. She showed no compassion and asked why I was going to the hospital because she thought nothing was wrong with me. I told her I'd been fighting breast cancer and had a lot of pain in my arm. The gentleman was very very nice "I've always liked REMSA. I've never had problems with them before. I think I used them about 4 times in 2013"	1.4.19 #6536 Selmi	See follow up below
82	11/16/2018	"Kept me propped up"		"Was passed out until they got there"		
83	11/17/2018	"Just got me hooked up to whatever I needed and asked questions. They worked with me"				
84	11/17/2018	"They checked everything out"		"When I use my button, it takes a long time for them to come compared to when I call 911 on the phone" "They've picked me up 5 or 6 times and I've never had any problems with them"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
85	11/16/2018	"Their treatment and including me in the decisions"	"More respectful because every time they come out they decide to yell at me because I've called too many times"		1.4.19 #6537 Selmi	See follow up below
86	11/16/2018	"They made sure I knew what they were doing"		"They did everything they could do"		
87	11/16/2018	"They were prompt, made sure I was warm, talked to me and made me feel better about what was going on. Really nice guys"		"They were very nice. They didn't know what was wrong for sure; we suspected my wrist was broken. They said they couldn't do anything for pain. They were amazing"	1.4.19 #6538 Selmi	See follow up below
88	11/17/2018	"Their concern for me"	"Nothing"			
89	11/17/2018	"They showed up quickly, listened to what I had to say, and did everything they could to treat the pain on the way to the hospital. They were great!"	"Take over banner Churchill!"	"They were great"		
90	11/17/2018	"It was really good"				
91	11/17/2018	"They were very professional and very friendly. They made you feel comfortable"	"Eliminate the billing"	"I was out for some of this"		
92	11/17/2018	"Everything! It was so good. Everyone was professional and did a great job"				
93	11/18/2018	"Kept me comfortable and made sure nothing alarming happened"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
94	11/18/2018	"Everything I'm sure"		"I was out of it"		
95	11/18/2018	"Transporting me"		"Was no pain"		
96	11/18/2018			"I don't know when they were called" "They didn't really do anything for pain"	1.4.19 #6539 Selmi	See follow up below
97	11/18/2018	"Took my vitals and everything and had me ready to go when I got to the hospital"				
98	11/18/2018	"Everything they did for me"				
99	11/18/2018	"Assessed him well"				
100	11/19/2018	"They checked my blood pressure because I was dizzy and lightheaded. They were perfect"				
101	11/19/2018	"They kept me comfortable. I was afraid and they made me feel like they had my best care at hand"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
102	11/19/2018		"I was stabbed four times in my arm and once in my shoulder. I was told I would snap right out of it if it was epilepsy. I was later diagnosed with epilepsy. I will take legal action if this is not resolved. He made a call that he shouldn't have and laughed at me"	"There should be more compassion and professionalism. Being treated that way was the hardest thing I've had to do. The kid in the front was really mad at the one in the back. I asked for the address of a supervisor and they wouldn't give it to me. I have pictures of the bruises on my arm from them." "I had a very negative experience and someone called me about it. I was told they wouldn't give me names of their supervisor and that they wouldn't do anything about what happened to me. They told me it didn't happen the way I said it. I was laughed at while going through seizures."	#6295 assigned to T.Kerfoot 12/24/18	See follow up below
103	11/19/2018	"Everything. They helped my son and explained everything to me. I felt comfortable"				
104	11/19/2018	"Everything"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
105	11/19/2018	"Everything! I have no complaints"		"They were wonderful! They locked up the house and worked on me right away in the ambulance. They would do anything for you"		
106	11/20/2018	"Everything. I felt like I was in charge"		"What I saw was spotless" "All of them were excellent"		
107	11/20/2018	"They did their jobs. They came and took vitals and transported us"	"When there's an accident with kids involved, the paramedics should try to comfort the kids and make the best of the situation"	"I have different opinions about each of the medics. One guy was training some girl. I wasn't thrilled with her demeanor. But they were good and did their job"		
108	11/21/2018	"Everything. The whole process"				
109	11/22/2018	"Pt stated the medics reduced her acute stress level and patiently answered her questions."				
110	11/22/2018	"Pt stated the ambulance was prompt and the medics asked thorough questions during the assessment."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
111	11/22/2018		"Train the medics better. Pt was very upset. He thought he was having a heart attack and he wanted the ambulance to run the sirens and run the red lights to expedite his arrival to the hospital. He would like a call from a supervisor regarding this matter."		1.4.19 #6540 Selmi	See follow up below
112	11/22/2018	"The paramedics were very kind."				
113	11/22/2018	"Professionalism and attentiveness."				
114	11/23/2018	"No comment"	"No comment"			
115	11/23/2018	"Pt stated the ambulance arrived in a matter of minutes."				
116	11/22/2018	"Pt stated the medics saved his life."				
117	11/22/2018	"Pt stated the medics were caring and went out of their way not to scare her. She also said they were kind, compassionate and there was good teamwork with no friction that she could see. Pt is very pleased with the service and her care."				
118	11/24/2018	"Pt stated the medics did their job well during her transport."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
119	11/24/2018	"Pt stated the medics asked appropriate questions to understand what was going on."				
120	11/24/2018	"Pt stated the medics got him loaded up and away he went to the hospital in a timely manner."				
121	11/24/2018	"Pt stated it was a transport and they got her where she needed to be at the next facility."				
122	11/23/2018	"Pt stated that they took care of him during his ride to the hospital."				
123	11/24/2018	"Pt requested that the ambulance not have sirens and lights running when they arrived and her request was respected and granted. She also stated that they were very attentive to her care and needs."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
124	11/24/2018	"The staff was friendly"	"Pt stated the arrival time of the ambulance was over an hour for his transport. He also said he got a bill for over \$800 for a ride that was less than a mile from the VA to the next medical facility and thought that was an outrageous amount. He has not contacted REMSA yet regarding the bill."		1.4.19 #6541 Kitts	See follow up below
125	11/24/2018	"Pt stated the medics helped keep her calm and focused to deal with her excruciating pain."				
126	11/24/2018	"Pt stated the medics were efficient, trustworthy and their timeliness was on-the-dote. She feels the medics deserve a raise for all of their hard work."				
127	11/24/2018	"Pt stated the ambulance was on time."				
128	11/24/2018	"Pt stated the medics and staff were very hospitable towards her."				
129	11/24/2018	""Everything was done well.""				
130	11/23/2018	"Pt stated she was very pleased with the service."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
131	11/23/2018	"Pt stated the ambulance made her comfortable and did their job well of getting her where she needed to be."	"Better shocks for the ambulance."			
132	11/23/2018	"Pt stated that as a whole everything was done well."				
RESULTS AFTER FOLLOW UP						
1	12/5/18 1425,	I spoke to the pt, she was very nice and sweet but when I asked about the transport on 10/24 with two male crew members, she told me there was one woman on that day. PT has been seen by REMSA 16 times this year and 4 times with one crew member being a woman. I went through the charts with her and she could not remember, she said she did not want to complain. I told her I would like to find out who the crew was but she just could not remember the month or what had happened to her that day. I apologized to PT about the incident and told her to call the REMSA supervisor if she has any more problems. PT laughed and thanked me for calling her				
4	12/5/18 1630,	contacted PT, she told me the complaint was not really a complaint but a suggestion. It was the transport on her 3yr old niece on 12/1/18 who had a temp of 104, the crew asked caller if she wanted her transported to the hospital. She was very concerned about the temp and she did not understand why the paramedic would ask that. I apologized to caller and told her I would talk to the crew and we would be doing a report on this, she thanked me for talking with the crew. I will have the crew complete an occurrence report ASAP				
24	I spoke with the patient about his missing ring. The transport was from September 21, 2018. I looked in our lost and found and pulled his chart and was unable to find a ring matching his description. I called Renown's lost and found department and spoke with Pauline. She looked through her items and was also unable to find his ring. I called PT back and explained that his ring was not found in ours or Renown's lost and found. I encouraged him to contact us sooner if something like this ever happened again.					
26	1/5/19 1013, left a message for pt. 1.8.19 I attempted to leave a message with caller, I received a continuous busy signal every time I called. 1.9.19 No response from caller. I will discuss his concerns with the crew.					
33	1/5/19 1020, I spoke to the pt, he was very nice but concerned about the bill. PT was at the VA ER in a bed and they wanted him transported to RRMCC for a possible stroke, the staff did not tell him they requested REMSA to transport him. PT was brought into the VA by his wife and wanted her to take him over to RRMCC. I apologized to PT, he told me it was not the paramedic's fault and the VA should have told him. I will have billing manager look into VA paying for this transport. I will have the crew complete an occurrence report					



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
38				I have reviewed the call recording. The dispatcher followed protocol without any deviations. Dispatcher also provided reassurance to the caller many times throughout the call that help was on the way. All Post-dispatch instructions were given to the caller to provide patient care prior to responders arriving on scene per protocol. Dispatcher above and beyond offered suggestions to caller to help with the patients positioning to aide in her comfort while waiting. Customer service- dispatcher was professional and displayed compassion throughout the call to the caller in several ways.		
53				I called based on the EMS survey - She could not recall her question and I went through the billing with her, verified demos and she could still not recall her question. She did have kudos for the crew and thanks us for being so professional		
75				1/5/19, need phone number for pt billing office closed. Message left for patient, requested call back, 1200 1-7. Second message left 1-8. Pt. called back on 1/8 and we discussed his concern. I mentioned to him that our total scene time was 12 minutes and he said it felt like it was longer just because of his anxiety over his condition. He said the crew did a great job and that he was grateful for their help. I inquired about his recovery and he said it's going well.		
77				1/5/19 0839, I spoke to the pt , she was very nice but concerned the medic's told her it was just a "virus". PT told me she spent 7 days in the hospital with many tests and it was a virus but she felt the medic's did not take her seriously. She said this same this happened last year and the medic's told her it again it was a "virus". I apologized to the PT and told her I was writing up a report on her complaint. PT thanked me for looking into to this matter and calling her back. Chart had IV with Promethazine given. I will have the paramedic complete an occurrence report ASAP.		
81				1/5/19 0902, left message for the pt. I called and left a message with patient, requested a call back, 1/8.		
85				1/5/19 0910, I called the pt, he answered and I told him who I was and why I was calling. His complaint was that REMSA does not treat him with respect, he hung up on me. No further.		
87				1/5/19, I do not have a phone number for pt , billing office closed. 1/8/19 1010 Spoke with patient today who states the crew was "fabulous", but she said she told them the pain she had in her wrist was "excruciating" and "the worst pain she ever had". Pt. states she was diagnosed with a fractured wrist at the ER. I have not received requested occurrence reports from the crews, I'll contact the paramedic today and update.		
96				1/5/19 0924, I spoke to the pt, she told me someone called her and asked several questions but she did not complain about the paramedics. I thanked her for talking to me. PT was transported from RRMCSM to RRM Roseville Tower for IR treatment for abdominal pain. No further.		
102				I left Barbara a message on her voicemail to call me. 1/11/19 1306		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow Up
111	12/19/18			PT left a message. 12/22/18 1240, I talked to PT, he had several complaints, he told me the paramedics did nothing for him. He was not given O2, no IV or medications and they took him to SMRMC (he did not request VA) where he went to the cath lab with a heart attack. PT was very upset because he was a medic in the military years ago and knows everyone should be put on O2 for a heart attack, was also upset at the crew for not going lights and sirens to the hospital. Told me the VA should pay for this and not him. I tried to tell him what the chart information had in it, he did not get O2 as his sat was 97-100% on room air and we do not put pts on O2 anymore for that high of sats. Pt received IV with fluids, Morphine, Ondansetron, 12 lead. Chart also had-pt remains anxious and agitated that transport was not expedient. Pt is advised that due to his safety, the safety of the crew members and all other citizens on the road EMS must obey all traffic laws and ensure pt is transported to the ER safely. I apologized several times to PT but he told me the medics are lying and he did not get anything and they still should have driven with lights and sirens. I am waiting for a occurrence report from Paramedic. I also emailed billing office manager on 12/22 about the VA paying, she emailed me back on 12/26, VA was billed. No further,		
124				Promised pick-up time scheduled for 11:00. Unit assigned from Renown Medical Center at 10:59 arrived at 11:10		



ONE TEAM REMSA AND CARE FLIGHT

Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, [special events coverage](#), search and rescue, tactical medical support, and [public education](#).

REMSA provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA maintains its operational and clinical standards as one of the most recognized high-performance EMS systems in the country. REMSA responds to approximately 70,000 requests for service per year.



REMSA'S DECEMBER 2018 PUBLIC RELATIONS CONTENT

- Public and Community Relations
- Employee Relations
- Digital Highlights
- Educational Highlights
- Google Analytics
- Social Media Highlights



PUBLIC AND COMMUNITY RELATIONS

Winter Safety Tips from REMSA

Adam Heinz provided an interview to KTVN and Fox Reno about winter safety including driving, preparing for winter weather, how to safely bundle-up children for travel in car seats during cold weather and how to be safe during the area's Santa Pub Crawl.





PUBLIC AND COMMUNITY RELATIONS

Cookies and Cocoa With Santa at REMSA for Children with Cerebral Palsy

In December, REMSA partnered with the Cerebral Palsy Parent Network to host an exclusive Cookies and Cocoa with Santa event for children with Cerebral Palsy. The primary purpose was to provide medically fragile participants with an exclusive and thoughtful holiday party experience. Our hope is that through events like this, REMSA will continue to dialogue with special needs populations with the goal of always providing appropriate, compassionate and respectful care. Jaimie Shirley, Paramedic, Tyler Schenck, AEMT and Sara Patrick, AEMT were on hand to ensure medical safety for the participants. The children and families enjoyed pizza, a hot chocolate bar, games, prizes and visits with Santa. The event received news coverage on This is Reno, KRNV, KTVN, KOLO and Fox Reno.



PUBLIC AND COMMUNITY RELATIONS

Cookies and Cocoa With Santa at REMSA for Children with Cerebral Palsy





PUBLIC AND COMMUNITY RELATIONS

REMSA VISITS WITH HIGH SCHOOL STUDENTS

REMSA recently gave a tour of one of our ambulances and supervisor trucks to a group of high school students. Field providers talked about the organization and the different career pathways available to them. EMS Supervisor Andrew M. and AEMT Julie P. for shared their professional experiences with the students.





EMPLOYEE EVENT HIGHLIGHTS

It can be difficult for field providers, dispatchers and logistics technicians to be away from friends and family when their shifts coincide with holiday celebrations. REMSA appreciates the commitment and dedication of its providers to be on-shift and taking care of the community while others are being merry and jolly. REMSA hosted a Frost Fest winter fun event for families, as well as Christmas Day dinner and New Year's Eve dinner.





EMPLOYEE EVENT HIGHLIGHTS





DIGITAL HIGHLIGHTS

Francisco Ceballos participated in a digital media video reviewing car seat safety for children in the winter. It's featured on social media, YouTube and the website.



Puffy Coats and Car Seats – What You Need to Know



REMSA is committed to providing the highest quality of care to our patients. We are proud to be a part of the community and to provide the best possible care to our patients. We are committed to providing the highest quality of care to our patients. We are proud to be a part of the community and to provide the best possible care to our patients.



DIGITAL HIGHLIGHTS

Paul Burton participated in a digital media video reviewing road rules regarding emergency vehicles (red light, pull right). It's featured on social media, YouTube and the website.



Red Light – Pull Right: A reminder about moving to the right for Emergency Vehicles





SOCIAL MEDIA HIGHLIGHTS

Website referral sessions from social media decreased by 29% year over year. Facebook, LinkedIn, Instagram and Yelp drove social sessions to the site, however Facebook traffic was down by 40%. We've recently been posting engaging content about REMSA employees that don't have a link back to the website. Moving forward, we will continue to post employee recognition updates as well as posts with links back to the website.





SOCIAL MEDIA HIGHLIGHTS



Likes to-date: 2,839 +26 likes since Nov. 2018

Followers to-date: 2,824 +27 followers since Nov.. 2018

December posts: 26

December posts comments: 94

December post shares: 105

December posts reactions: 1.66K



SOCIAL MEDIA HIGHLIGHTS



Regional Emergency Medical Services Authority - REMSA ...
 is at Regional Emergency Medical Services Authority - REMSA.
 Published by KPS3 (Y) / December 10, 2018 at 9:51 AM · Reno · 🌐

Red light, pull to the right! Here is a quick reminder from Paul Burton, our director of ground operations, about moving to the right for emergency vehicles. If you see our lights flashing, it's because we're caring for a patient where every second counts. Our paramedics are doing everything they can to help the patient; you can too. Just remember: Red light, pull right!

Top 3 Posts By Reach

1. 4,714 people reached, 2,646 video views, 251 reactions, comments & shares
 Facebook engagement: 1,091 -
 Engagement is defined as post clicks, likes, shares and comments.



👍 **Get More Likes, Comments and Shares**
 When you boost this post, you'll show it to more people.

4,714 People Reached **1,091** Engagements [Boost Post](#)

🗨️ 53 2 Comments 48 Shares

👍 Like 💬 Comment ➦ Share ⋮



SOCIAL MEDIA HIGHLIGHTS



2. 2,196 people reached, 204 reactions, comments & shares.

Facebook engagement: 949 - Engagement is defined as post clicks, likes, shares and comments.

Regional Emergency Medical Services Authority - REMSA is with Nancy Lowden.
Published by KPS3 (1) - December 7, 2018 at 4:45 PM

REMSA and Care Flight donated more than 2,500lbs of food today for the KTVN Share Your Christmas Drive-By Food Drive!



Get More Likes, Comments and Shares
Boost this post for \$15 to reach up to 8,400 people.

2,196 People Reached	949 Engagements	Boost Post
--------------------------------	---------------------------	----------------------------

Jason Grey, Megan Duggan and 86 others 2 Comments 4 Shares

Like Comment Share



SOCIAL MEDIA HIGHLIGHTS



3. 1,779 people reached, 118 reactions, comments & shares
 Facebook engagement: 520
 - Engagement is defined as post clicks, likes, shares and comments.

Regional Emergency Medical Services Authority - REMSA ***
 Published by FalconJob 🌐 · December 9, 2018 at 9:30 AM · 🌐

Thinking about enrolling in a Paramedic Program? Consider REMSA's high-quality education program! We've got something no other program can offer, and that's Rob H., our outstanding education coordinator. We recently surveyed our paramedic students about which resources are the strongest contributions to their learning. One VERY common theme was Rob (the guy in the middle)!

Here are some comments from our past students:
 Rob is very effective at relating and teaching informati... See More



🟢 **Get More Likes, Comments and Shares**
 Boost this post for \$15 to reach up to 8,400 people.

1,779 People Reached	520 Engagements	Boost Post
--------------------------------	---------------------------	----------------------------

👍👍 Megan Duggan, Allison Sack and 72 others · 💬 6 Comments · 🔗 5 Shares

👍 Like 💬 Comment 🔗 Share ⋮



SOCIAL MEDIA HIGHLIGHTS



LinkedIn

Followers to-date:

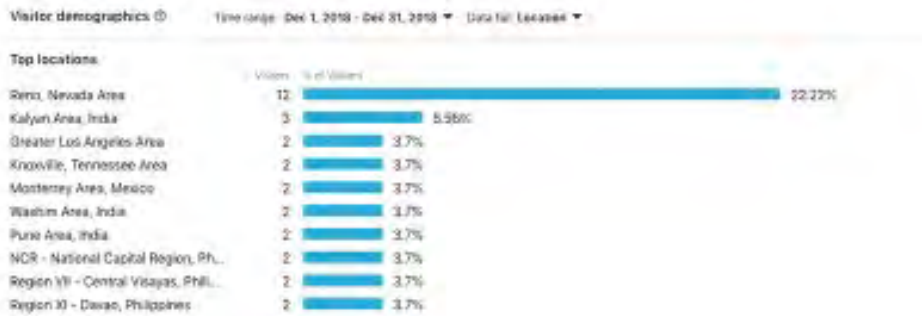
986 +2 followers since Nov. 2018



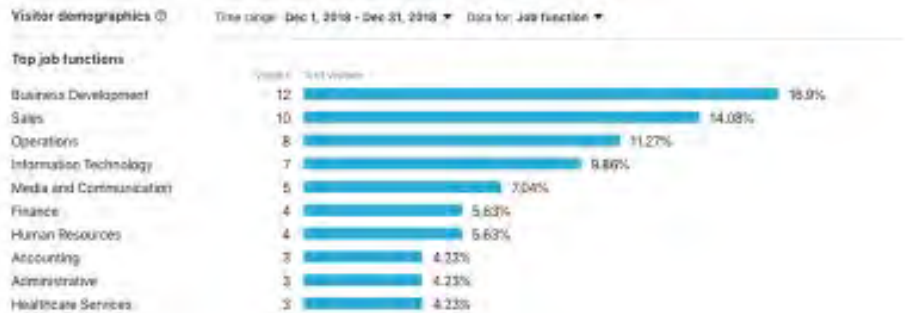
SOCIAL MEDIA HIGHLIGHTS



Visitor Demographics by Location



Visitor Demographics by Job Function

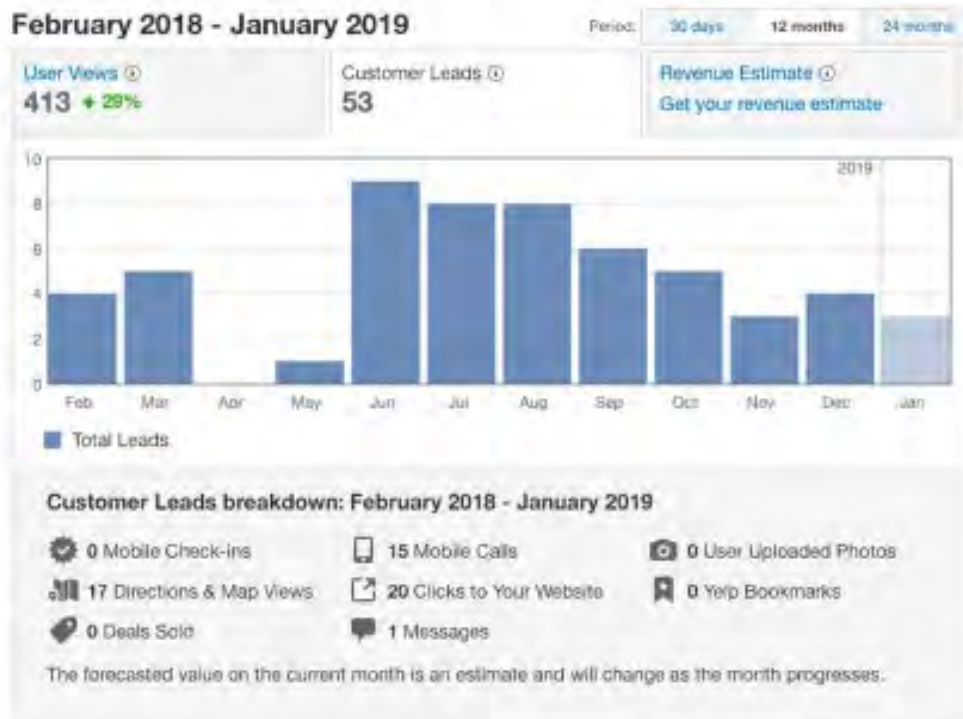




SOCIAL MEDIA HIGHLIGHTS



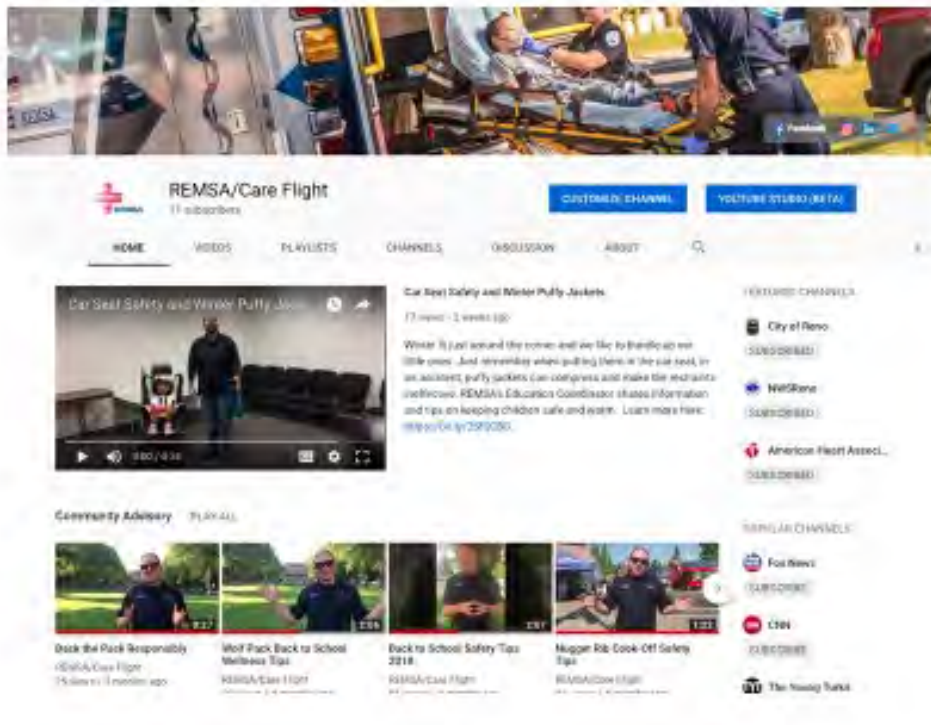
The information on Yelp pages is used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps. We have had 53 leads come from Yelp between February 2018 - January 4, 2018.





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 My Business

REMSA's Google My Business Insights

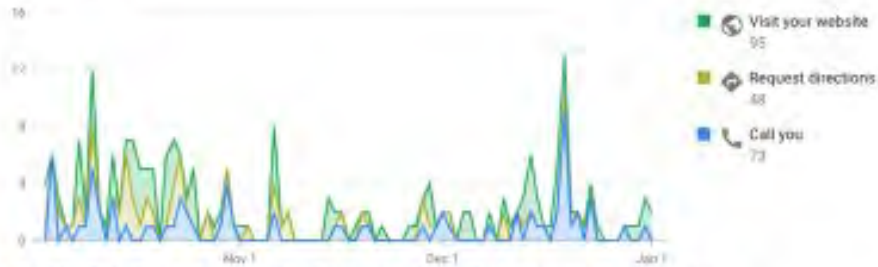
Customer actions

The most common actions that customers take on your listing



1 quarter

Total actions 216



REMSA Education's Google My Business Insights

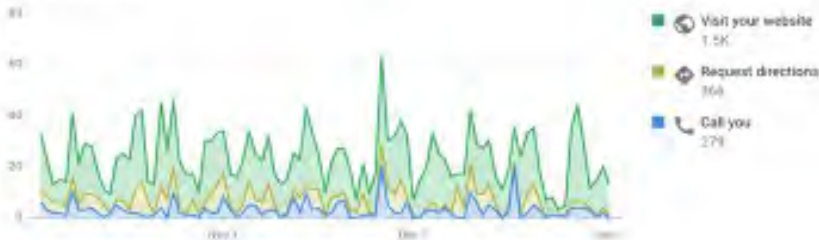
Customer actions

The most common actions that customers take on your listing



1 quarter

Total actions 2.14K





Google
Analytics

REMSA Website 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.



Overview of Site Data in December (Year Over Year Comparison)

- Sessions: 14% decrease year over year
- Users: 49% increase year over year
- Pageviews: 20% decrease year over year
- Pages / Session: 7% decrease year over year
- Avg. Session Duration: 28% decrease year over year
- Bounce Rate: 4% decrease year over year (a good thing!)



In December 2017, we were running a Google Ad paid campaign to recruit dispatchers for REMSA but did not run a campaign in 2018. This is a contributing factor of why site sessions have decreased year over year. We will continue to work on creating engaging content for the blog which will support increasing average session duration on site and organic traffic. We will also direct more people from social media to REMSA's site to increase site sessions.

There are various ways people come to the REMSA website. 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 is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong 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 December increased by 12% and referral sessions decreased by 68%. In March 2018, we removed internal IP traffic (visits from within your network) from analytics. This results in a more accurate understanding of how the community is using remsahealth.com. The decrease in referral sessions can be attributed to removing internal IP traffic from analytics but we will continue to monitor this closely. The bounce rate, which determines how many people visited the website without any interactions, decreased by 4% (a good thing!). Organic search sessions increased by 71%.



Google My Business

Organic Traffic

Dec 1, 2018 - Dec 31, 2018: Sessions
 Dec 1, 2017 - Dec 31, 2017: Sessions



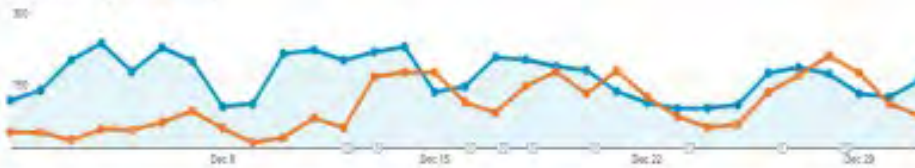
Direct Traffic

Dec 1, 2018 - Dec 31, 2018: Sessions
 Dec 1, 2017 - Dec 31, 2017: Sessions



Referral Traffic

Dec 1, 2018 - Dec 31, 2018: Sessions
 Dec 1, 2017 - Dec 31, 2017: Sessions





Google My Business

Top 3 Referral Sites:

1. REMSA Enrollware
2. ADP Workforce
3. Sierra Buttes Trail Stewardship
 - a <https://sierratrails.org/join-the-tribe/> - Care Flight membership discount
4. Truckee Fire Protection District
 - a <https://www.truckeefire.org/employment/> - has REMSA Paramedic Program link on landing page

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: 154 (+25 from Nov. 2018) website visitors clicked the external link to fill out the Flight Plan Membership form
 - Silver Saver Membership: 92 (+20 from Nov. 2018) website visitors clicked the external link to fill out the Silver Saver Membership form
 - Sierra Saver Membership: 17 (+2 from Nov. 2018) website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 225 (-21 clicks from Nov. 2018)
- Top 5 phone numbers that visitors clicked on:
 - 775-858-1000 - Nurse Health Line - 128 clicks
 - 775-858-5700 - Main Phone Number - 73 clicks
 - 775-858-5745 - Membership Questions - 9 clicks
 - 775-353-0783 - Sean Saulnier - EMT Courses - 7 clicks
 - 775-353-0739 - Private Insurance - 4 clicks



**REMSA 2017-2018 PENALTY FUND REONCILATION
AS OF NOVEMBER 30, 2018**

REMSA 2018-19 Penalty Fund Reconciliation as of November 30, 2018

2018-19 Penalty Fund Dollars Accrued by Month

Month	Amount
July 2018	\$7,899.78
August 2018	9,263.79
September 2018	6,652.17
October 2018	5,948.07
November 2018	7,298.64
December 2018	
January 2019	
February 2019	
March 2019	
April 2019	
May 2019	
June 2019	
Total Penalty Fund Dollars Accrued	\$37,062.45

2018-19 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted

Total encumbered as of 11/30/2018 \$0.00

Penalty Fund Balance at 11/30/2018 \$37,062.45



**REMSA INQUIRIES
DECEMBER 2018**

No inquiries for December 2018

DD	RT	___
DHO	___	___
DA	___	___
Risk	___	___

STAFF REPORT
BOARD MEETING DATE: January 24, 2019

TO: District Board of Health
FROM: Brittany Dayton, EMS Coordinator
775-326-6043, bdayton@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
SUBJECT: Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2017 through 6/30/2018.

SUMMARY

On an annual basis the District Board of Health (DBOH) is given a staff presentation and recommendation for possible action on the REMSA Franchise Compliance Report for the previous Fiscal Year (FY). This report is an assessment of REMSA’s adherence to the various requirements outlined in the Amended and Restated Franchise Agreement for Ambulance Service (Franchise).

Attached to the staff report are the FY 17/18 Compliance Checklist and Compliance Report. REMSA was found compliant with all auditable Franchise articles.

PREVIOUS ACTION

Since the establishment of the REMSA Franchise in 1986, the DBOH has been presented with a REMSA Franchise Compliance Report that reviews compliance of REMSA under the terms of the Franchise and any associated recommendations.

On January 25, 2018 the DBOH was presented with the REMSA Franchise Compliance Report for FY 16/17 and found REMSA in compliance with the terms of the Franchise.

BACKGROUND

The REMSA Franchise Compliance Report is based on documentation and analysis of data from REMSA personnel, the District Health Officer, the Nevada Division of Public and Behavioral Health (DPBH) and the Washoe County EMS Oversight Program staff. Documentation is available to the DBOH upon request.

Subject: REMSA Franchise Compliance Report

Date: January 24, 2019

Page 2 of 2

All articles of the Franchise were reviewed as part of the annual REMSA Franchise Compliance Report; however some are not auditable in terms of compliance. EMS Oversight Program staff used the Franchise (approved by the DBOH in May 2014, effective July 1, 2014) and Compliance Checklist (approved by the DBOH on May 26, 2016) to determine compliance.

Staff met with REMSA personnel multiple times throughout the review period and had a final meeting on December 31, 2018 to review the findings of the FY 17/18 REMSA Compliance Report.

EMS Oversight Program staff found REMSA to be in compliance with the terms of the Franchise and the required documentation of the Compliance Checklist.

FISCAL IMPACT

There is no additional fiscal impact to the budget should the Board approve the FY 17/18 REMSA Franchise Compliance Report.

RECOMMENDATION

Staff recommends the DBOH find REMSA in compliance with the terms of the Franchise agreement for FY 17/18.

POSSIBLE MOTION

Should the DBOH agree with staff's recommendation, a possible motion would be:

“Move to approve the REMSA Franchise Compliance Report as presented and find REMSA in compliance with the Franchise agreement for the period of 7/1/2017 through 6/30/2018.”

REMSA Franchise Compliance Report
Fiscal Year 2017-2018

ARTICLE 1 - DEFINITIONS

1.1. Definitions

→ *Definitions are stated in the Franchise, but are not part of compliance determination.*

ARTICLE 2 - GRANTING OF EXCLUSIVE FRANCHISE

2.1. Exclusive Market Rights

→ **REMSA met the requirement.**

2.1 a) As demonstrated by exclusive market rights, the signed Franchise agreement is included as part of the compliance report.

2.1 b) The Regional Emergency Medical Services Authority (REMSA) provided ten mutual aid agreements with regional partners. These agreements are used if REMSA needs to request additional resources during day-to-day operations, or during a time of disaster.

2.2. Franchise Service Area

→ **REMSA met the requirement.**

2.2 a) The Franchise agreement specifies REMSA's service area includes Washoe County with the exception of the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District. The REMSA response map indicates the Franchise service area and associated response time requirements.

2.3. Level of Care

→ **REMSA met the requirement.**

2.3 a) According to the Franchise agreement, all ambulances responding to emergency 911 calls and Intermediate Life Support (ILS) transfers and transports must be staffed in accordance with NAC 450B regulations. REMSA supplied a copy of their State of Nevada permit for Advanced Life Support (ALS) and community paramedicine services which expires on June 30, 2019.

2.3 b) In April 2017, October 2017 and June 2018 REMSA provided staffing graphs that depict the number of ambulances responding to 911 calls per day and per hour of the day.

2.4. Term

→ *The Franchise term is stated in the Franchise, but is not part of compliance determination until 2024.*

2.5. Periodic Review

→ *Requirement of periodic review is stated in the Franchise, but is not part of compliance determination until 2024.*

2.6. Oversight Fee

→ **REMSA met the requirement.**

2.6 a) The Franchise agreement stipulates REMSA pays an oversight fee of 12.5% of the total costs per year for the Washoe County Health District (WCHD) EMS Oversight Program. The FY 17/18 Compliance Report includes the WCHD letters and invoices issued to REMSA and copies of the checks cashed on a quarterly basis. Table 1 below demonstrates the quarterly amounts paid by REMSA.

Table 1: Quarterly Oversight Fee

Quarterly Reimbursement Billing	Oversight Fee Paid
July 2017 – September 2017	\$13,531.33
October 2017 – December 2017	\$13,966.52
January 2018 – March 2018	\$15,052.32
April 2018 – June 2018	\$15,268.15

2.7. Supply Exchange and Reimbursement

→ **REMSA met the requirement.**

2.7 a) REMSA developed Medical Resupply Agreements with the three regional fire agencies within the Franchise service area. Reno Fire Department and Sparks Fire Department signed the agreement in March 2014 and Truckee Meadows Fire Protection District revised and signed their agreement in October 2015. REMSA provided copies of the signed agreements with each agency.

2.7 b) The EMS Coordinator requested written confirmation from the three fire agencies that REMSA reimbursed based on their supply/exchange reimbursement agreements. All jurisdictions confirmed reimbursement for FY 17/18 by October 23, 2018.

2.8. No Obligation for Subsidy

→ **REMSA met the requirement.**

2.8 a) In the audited REMSA Consolidated Financial Statements prepared by Cupit, Milligan, Ogden & Williams the major payer sources are detailed in Note 9. The major payer sources included commercial insurance carriers, Medicare/Medicaid, and health care facility contracts. REMSA's revenue for the fiscal year exceeded expenses by \$1,811,671.

2.8 b) REMSA originally filed Articles of Incorporation with the Office of the Secretary of State of the State of Nevada in 1981. Since then, REMSA submitted certificates of amendment in 1986, 1987, 1994, 1996 and 2008. A copy of the 2008 Articles of Incorporation are on file at the WCHD. Additionally, a copy of REMSA's business information is available on the Secretary of State's website.

2.8 c) REMSA did not receive any grant funding for Franchise ground ambulance services for the fiscal year.

ARTICLE 3 - GOVERNING BODY

3.1. REMSA Board of Directors

→ **REMSA met the requirement.**

3.1 a) REMSA provided the following list of Board Members for FY 17/18:

James Begbie, Chairman (July 2017- May 2018)

Timothy Nelson, Chairman (June 2018)

Erik Olson

Tiffany Coury

Helen Lidholm

Louis Test

Krys Bart (July 2017-May 2018)

Shirley Folkins-Robert (June 2018)

Kevin Dick, Ex Officio

3.1 b) REMSA's legal counsel, Michael Pagni, Esq. of McDonald, Carano and Wilson LLP, verified in a letter to the District Health Officer (DHO) dated December 14, 2018 that, "all contractual relationships involving a member of the REMSA Board entered between July 1, 2017 through June 30, 2018 were approved by a majority of the disinterested members of the REMSA Board."

3.2. Board Member Separation

→ **REMSA met the requirement.**

3.2 a) To demonstrate Board separation, REMSA provided signed copies of the "Board Member Conflict of Interest Acknowledgement" form. Members of the Board mentioned in section 3.1a signed the form acknowledging that they have received a copy of the policy, read and understand the policy and will comply with the policy. In addition, members confirmed that they are not an employee of either REMSA or its contractor.

3.3. Meetings

→ **REMSA met the requirement.**

3.3 a) REMSA provided a list of board meetings held in the fiscal year, which met the required minimum of six meetings indicated in the Franchise agreement. The REMSA Board meetings are typically scheduled on the third Friday of each month, excluding holidays.

3.3 b) As confirmation of the information above, the DHO also submitted a letter that included the REMSA board meetings for the fiscal year. The DHO attested that the REMSA Board met on nine occasions.

ARTICLE 4 - AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY

4.1 Market Survey and Competitive Bidding

→ *A market survey or competitive bid is stated in the Franchise, but is not part of compliance determination until 2021.*

ARTICLE 5 – COMMUNICATIONS

5.1. Radios

→ **REMSA met the requirement.**

5.1 a) REMSA provided a copy of the letter of agreement signed on January 23, 2015 between Washoe County and REMSA. This letter provides REMSA with sponsorship from Washoe County to participate in the Washoe County Regional 800 MHz Communications System (WCRCS).

5.1 b) In 2015, a Nevada Dispatch Interoperable Project (NDIP) switch was installed in REMSA's radio room and was programmed by the Washoe County radio shop. This switch remains operable and is maintained by REMSA.

During the FY 17/18, REMSA maintained a constant connection linking REMSA's primary dispatch channel, Med 9, to the 800 MHz system on REMSA1. Linking these channels allows for broadcasts to be simulcast on both UHF and 800 MHz systems. Daily, first response fire partners monitor and communicate with REMSA, using REMSA1 on the 800 MHz system. In addition, REMSA passively monitors state channel REMSA2.

Carson Nevada Highway Patrol performs a daily system radio check on the Nevada connection NVCRD61X that allows for each dispatch center the possibility to connect channels, on both UHF and 800 MHz systems. All supervisor units are outfitted with 800 MHz radios and programmed with fire main channels, and PSFire / PSLE / PSEVENT channels to allow direct communication during coordinated events.

Additionally, REMSA provided a list of 800 MHz Joint Operating Committee (JOC) and User Committee meetings.

800 MHz Joint Operating Committee:

- October 20, 2017
- January 19, 2018
- February 23, 2018
- March 2, 2018
- April 20, 2018

800 MHz User Committee Meetings:

- July, 20, 2017
- September 21, 2017
- November 16, 2017
- January 18, 2018
- March 15, 2018
- April 12, 2018
- June 21, 2018

REMSA is not a part of the JOC, rather a sponsored user of the system; however, REMSA provided a list of meetings that personnel attended or reviewed material/minutes. REMSA does not have a vote in the meetings since they are a sponsored agency (by Washoe County). REMSA's attendance is observation only. REMSA leadership is interested in the new system, infrastructure, and vendor used moving forward and will engage that stakeholder group once formed and the new system is proposed (projected September/October 2018).

REMSA also participated in the WCHD HD SUP 800 MHz radio checks on a regular basis.

5.2. Dispatch

→REMSA met the requirement.

5.2 a) As required in the Franchise agreement, REMSA must maintain a secondary emergency communication system and conduct an annual drill on the backup system. During FY 17/18, REMSA conducted two orientations and had one drill planned for May 22, 2018.

5.2 b) REMSA completed the orientations in February and March. REMSA planned a full-scale drill of the back-up communications center on May 22, 2018. However, REMSA experienced two real-world communication infrastructure system failures on May 16, 2018 and May 28, 2018. During these incidents, REMSA stood up dispatch operations at their back-up center. EMS Oversight Program staff determined the real-world incident fulfilled the annual drill requirement.

5.2 c) During the May incidents all back-up systems worked as anticipated; staff transferred calls and performed outbound calls. On May 29, 2018 REMSA held an internal after action review and developed assignments and discussed the areas for improvement. REMSA also met with EMS Oversight staff several times to review the incidents and calls for service during the system interruptions.

5.2 d) The EMS Oversight Program began coordinating meetings with regional partners concerning Computer-Aided Dispatch (CAD)-to-CAD at the start of 2016, but those efforts transitioned to the City of Reno (Reno) during fiscal year 16/17. Throughout the last two fiscal years Reno's Assistant Director of Information Technology (DoIT) provided updates to the EMS Advisory Board on the process with the CAD-to-CAD interface. Those updates were also provided quarterly to the District Board of Health (DBOH). The last fiscal year update (April 2018) stated the CAD-to-CAD vendor revealed some issues that will require a new CAD version for REMSA. Additionally, a new CAD build was needed for Reno. The new build requires a "cold start" on the training system. There is no date for the build or deployment.

The last update from Reno's DoIT (October 2018) stated that Reno and REMSA had a demo of the functionality on September 20. During that demo they found that the functionality that was requested by the agencies had not been correctly configured, so they halted the demo and asked for a review of the requirements, which was done on the September 24. Since that time, Reno and REMSA have been in email correspondence

with TriTech and Tiburon to ensure that their requirements are correctly noted. Tiburon and TriTech are going to go back and see what code they can partly leverage to create the functionality that was requested.

5.2 e/f) During the fiscal year, several meetings were held to discuss the implementation process of CAD-to-CAD and Automatic Vehicle Location (AVL). These planning meetings were designed to ensure agreements and contracts are moving forward for the Reno Communications Center servers and REMSA. In the previous and current fiscal years, Reno and REMSA established weekly telephone meetings to discuss standard word, processes and project concepts.

5.2 g) REMSA provided the following documentation related to CAD-to-CAD:

1. Proposal Sales/Scope of Work Document
2. REMSA's signed and paid agreement with TriTech
3. CAD-to-CAD Developer's Guide

5.2 h) As stated above, AVL will be included in the CAD-to-CAD project and is outlined in the CAD-to-CAD Developer's Guide. REMSA has utilized AVL for several years as part of its current CAD system and is an active participant in the CAD-to-CAD project with Reno and intends to allow for sharing of information, including AVL.

5.3. Change of Priority

→ **REMSA met the requirement.**

5.3 a) During the FY 17/18 REMSA upgraded 80 calls and downgraded 7. REMSA began including change of priority information in their monthly Operations Reports to the DBOH in January 2015.

ARTICLE 6 - DATA AND RECORDS MANAGEMENT

6.1. Data and Records

→ **REMSA met the requirement.**

6.1 a/b) Same as 5.2 d, e, f, and g.

6.1 c) In accordance with Article 6.1 of the Franchise agreement, REMSA provided additional response data and records to support the WCHD's oversight role. During FY 17/18, the EMS Oversight Program conducted one investigation related to a possible delay in response.

6.1 d) Due to the recent Franchise map revision, there were no time study reports for this fiscal year.

6.1 e) During FY 17/18 the DHO/EMS Oversight Program made one request for data and/or records from REMSA related to toothaches and dental pain calls. REMSA provided 6 years of call data related to tooth pain and other dental emergencies.

ARTICLE 7 - RESPONSE COMPLIANCE AND PENALTIES

7.1. Response Zones

→ **REMSA met the requirement.**

7.1 a) The Franchise response map was recreated through a nearly yearlong data-driven process with regional contributions. The map went into effect on July 1, 2016. Shortly after implementation there was a question concerning the northern boundary of the Franchise; staff presented to the DBOH on July 28, 2016, who determined the Franchise northern boundary would follow along the rural fire boundary. The Franchise response map is divided into five (5) response zones with varying response requirements. Table 2 exhibits the response times required for priority 1 calls in each of the zones (A-E).

Table 2: Priority 1 Response Time Requirements, by Zone

	ZONE A	ZONE B	ZONE C	ZONE D	ZONE E
Priority 1	8:59	15:59	20:59	30:59	Wilderness/ Frontier

7.1 b) No changes went into effect during the fiscal year for the REMSA Franchise response map.

7.1 c/d) EMS Oversight Program staff used the Franchise response requirements for all life-threatening calls (priority 1) to determine compliance for the fiscal year on a monthly basis. The Franchise **agreement states that REMSA shall ensure that 90% of life-threatening calls (priority 1)** have a response time as indicated by the respective zone.

Table 3 below specifies REMSA's percentage of response compliance for Zone A and Zones B, C, and D. Please note that the Franchise compliance calculations collectively analyze responses to life-threatening (priority 1) calls in Zones B, C, and D.

Table 3: Percentage of Compliant P1 Response, by Month

Month	Zone A	Zones B,C and D
July 2017	93%	91%
August 2017	93%	93%
September 2017	92%	97%
October 2017	92%	92%
November 2017	92%	96%
December 2017	92%	93%
January 2018	93%	95%
February 2018	92%	96%
March 2018	91%	93%
April 2018	93%	96%
May 2018	91%	92%
June 2018	91%	93%
YTD	92%	94%

7.1 e) Zone E, the wilderness/frontier regions of REMSA’s Franchise area, is the only zone that does not have a specified response time requirement. For FY 17/18, REMSA had a total 676 calls for service in Zone E; however 225 of those calls were cancelled en route.

There were 277 priority 1 calls, but 79 of those calls were cancelled en route. For priority 1 calls in Zone E, REMSA had an average response time of 22 minutes and 33 seconds.

7.2. Response Determinants

→ **REMSA met the requirement.**

7.2 a/b) REMSA’s Medical Director and the Medical Directors for Fire agencies met on June 15, 2018 and June 27, 2018 and jointly reviewed the EMD determinants and set priorities for the system. REMSA also provided a packet of information regarding the EMD review, which included information on the Medical Priority Dispatch System (MPDS) and expected changes/improvements with the system.

7.3. Zone Map

→ **REMSA met the requirement.**

7.3 a/b) Same as 7.1b.

7.3 c) The Franchise response map is located in the offices of the EMS Oversight Program Manager and EMS Coordinator. An online version of the response map is also located on Washoe County’s GIS Regional Mapping System as a map layer.

7.4. Response Time Reporting

→ **REMSA met the requirement.**

7.4 a) REMSA provided EMS Oversight Program staff with log-ins to the FirstWatch Online Compliance Utility (OCU) in July 2014. With this access, EMS Oversight Program staff independently pulls the call/response data from the FirstWatch database on a monthly basis.

7.4 b) During the fiscal year, REMSA had a total of 69,688 calls (priorities 1-3 and 9) for service in their FirstWatch database. Table 4 below shows the number of life-threatening calls (priority 1) for service per zone.

Table 4: Number of Priority 1 Calls for Service, by Zone

Zone	Number of P1 Calls
A	28,314
B	723
C	391
D	23
E	277

7.4 c) In an effort to review compliance on a monthly basis, the EMS Coordinator calculates the percentage of compliant responses and the 90th percentile response time for each month. This information is reported in the Epidemiology and Public Health Preparedness (EPHP) Division staff report provided to the DBOH at each meeting.

7.5 Penalties

→ **REMSA met the requirement.**

7.5 a) On October 25, 2018 REMSA submitted a penalty fund reconciliation packet to the DHO. The DHO approved penalty fund amount was based on an estimate of \$86,000. The actual penalty dollars for the FY 17/18 totaled \$91,605.84. REMSA encumbered \$86,000 at the end of the fiscal year and requested permission to apply the remaining balance (\$5,605.84) toward bleeding control kits.

7.5 b) The WCHD issued a letter on June 20, 2017 notifying REMSA that the annual review of the Consumer Price Index (CPI) had been completed. For fiscal year 2017-2018, REMSA's maximum average ground bill was \$1,161.23, an increase of 2.81% from the previous year. On January 1, 2018 REMSA implemented their 3% increase beyond CPI approved by DBOH in December 2017, which adjusted the average ground bill maximum to \$1,196.07.

The CPI letter also set the penalty amount for late responses to life-threatening calls (priority 1) at \$19.24 per minute, a \$0.53 increase from the previous year.

7.5 c) According to the Franchise agreement, penalties are assessed only on a call resulting in a patient transport, up to a maximum of \$150.00 per call. Table 5 depicts the number of

priority 1 calls that incurred penalties, as well as the total amount added to the penalty fund each month.

Table 5: Penalty Fund, by Month

Month	Number of Calls	Penalty Amount
July	181	\$6,510.60
August	181	\$6,275.80
September	209	\$9,269.04
October	181	\$7,060.72
November	182	\$6,271.88
December	220	\$8,733.88
January	180	\$7,279.84
February	184	\$8,018.44
March	228	\$8,407.16
April	152	\$5,633.04
May	211	\$8,711.08
June	223	\$9,434.36
Total	2,332	\$91,605.84

7.5 d/e) Cupit, Milligan, Ogden & Williams completed an independent accountant’s report entitled “Agreed-Upon Procedures Related to Priority 1 Penalty Fund” as part of REMSA’s annual audit. This report reviewed and identified the agreed-upon procedures between REMSA and the WCHD as well as the penalty fund expenditures. The report concluded that there is no carry-over to fiscal year 2018-2019 for the penalty fund account since all monies were encumbered.

7.6. Exemptions

→ **REMSA met the requirement.**

7.6 a) During FY 17/18 REMSA had 63 approved exemptions, with the majority of exemptions being blanket weather-related exemptions. EMS Oversight Program staff continue to have monthly meetings with REMSA personnel to review and discuss all calls that received an exempt status through REMSA’s internal process. Table 6 indicates the types of exemptions and number of calls approved for each category.

Table 6: Exemptions, by Type

Exemption Type	Number of Exemptions
Incorrect address	1
MCI	2
Other	2
Overload	13
Status 99	4
Weather	41

7.6 b) REMSA submitted a document that explains their internal process for reviewing and requesting late run exemptions. Below is the description:

Late Run Exemption Process

Response Performance is measured through First Watch and their Online Compliance Utility (OCU). Late responses are identified by the Communications Supervisor using the OCU. The Communications Supervisor will investigate the response and identify a reason for the delay. Calls that are not identified as a correction or exemption are marked "Late After Review" and calculated as a late response to be calculated into the fractal compliance.

Corrections and exemptions identified by the Communications Supervisor will be marked as "Manager Review" with details explaining the delayed reason. The call is then processed in the OCU by the Communication Manager or Senior Systems Analyst for validity of the correction or exemption reason with additional information as needed. The Communication Manager or Senior Systems Analyst will update a status correction and exemptions as Correction Requested or Exemption Requested.

Correction and exemption requests are processed by the Authority through the OCU. Each response is reviewed and either approved for exemption, denied for exemption or request for further information. Approved and denied exemptions are identified in the OCU and calculated into the fractal compliance.

7.6 c) There were no disputes this fiscal year.

7.6 d) On May 26, 2016 the DHO issued a letter that detailed the exemption guidelines for REMSA and what is considered an allowable exemption. The letter identifies eight types of possible exemptions. According to the letter, REMSA can internally review two types of exemptions with the WCHD, while all others exemptions require REMSA to submit documentation to the WCHD for review and possible approval.

7.6 e) Same as 7.6a.

7.7 Penalty Fund

→**REMSA met the requirement.**

7.7 a) The CFO of REMSA wrote a letter to the DHO confirming that the penalty funds are recorded monthly in a separate restricted account.

7.7 b) As indicated in 7.5c Table 5, REMSA incurred \$91,605.84 in penalties for the fiscal year.

7.7 c) REMSA supplied the FY 17/18 penalty fund reconciliation documents along with copies of invoices, purchase orders and checks used for purchases with penalty fund monies.

7.7 d) In the Agreed-Upon Procedures Related to the Penalty Fund issued by the external auditor, the report reconciled total penalties of \$91,605.84 and confirmed the ending balance of the fund on June 30, 2018 was zero since all funds were encumbered.

7.8. Health Officer Approval

→ **REMSA met the requirement.**

7.8 a) In a letter received January 23, 2018, REMSA estimated that the penalty fund would reach approximately \$86,000 for the year. REMSA's President/CEO requested using the penalty fund dollars for programs supporting the health and safety of our community. This included the following:

- Child Safety
- Community AEDs
- Washoe County Health District BLS/CPR Recertification
- Bleeding Control Awareness
- PulsePoint Phone Application

7.8 b) The DHO responded to the penalty fund expenditure request in a letter dated March 6, 2018 and approved all requests. During the compliance review, EMS Oversight Program staff reminded REMSA to get authorization when the penalty fund exceeds the original approved amount.

ARTICLE 8 - PATIENT BILLING

8.1. Average Patient Bill

→ **REMSA met the requirement.**

8.1 a) As stated in Article 7.5, the WCHD issued a letter on June 20, 2017 notifying REMSA that the annual review of the CPI had been completed. For fiscal year 2017-2018, REMSA's maximum average ground bill was \$1,161.23, an increase of 2.81% from the previous year. On January 1, 2018 REMSA implemented their 3% increase beyond CPI approved by DBOH in December 2017, which adjusted the average ground bill maximum to \$1,196.07.

8.1 b) On January 1, 2018 REMSA increased the emergency base rate from \$1,161.23 to \$1,196.07. On December 14, 2018 the WCHD received a letter for REMSA concerning a change to their schedule of rates and their increase beyond CPI of 3% for the next four years. The average allowable bill will be adjusted every January through 2021.

8.1 c) REMSA submitted the following explanation for their average bill calculations:

After a billing month has concluded, the total gross sales dollar amount billed for the month is divided by the number of patients transported in the same month. The sum of this calculation is then compared to the Average Bill approved by the DBOH. If necessary, the average bill is then adjusted for the new month to insure the Average Bill remains consistent. Table 7 depicts a summary of the average bill calculations that were reported to the DBOH on a monthly basis.

Table 7: Average Bill Calculations Reported, by Month

Month	# Patients	Avg. Bill
July 2017	3986	\$1,136.50
Aug.	4101	\$1,138.61
Sept.	4059	\$1,141.11
Oct.	3812	\$1,140.28
Nov.	4026	\$1,137.78
Dec.	4428	\$1,160.76
Jan. 2018	4239	\$1,167.48
Feb.	3844	\$1,192.16
Mar.	4157	\$1,191.68
Apr.	3718	\$1,188.67
May	4059	\$1,187.04
June	4055	\$1,180.89

8.2. Increase beyond CPI

→ *Only applicable if REMSA requested an increase beyond the annual CPI adjustment.* REMSA requested a three percent increase to the average allowable bill for four years at the December 2017 DBOH meeting. The request was unanimously approved.

8.3. Overage in Bill Amount

→ *Only applicable if REMSA has an overage in the allowable bill amount.*

8.4. Third Party Reimbursement

→ **REMSA met the requirement.**

8.4 a) According to the Franchise agreement, REMSA shall utilize its best efforts to maximize third party reimbursements and minimize patients' out-of-pocket expenses. This is accomplished through billing insurance and governmental reimbursement and maintaining a voluntary prepaid ambulance membership program.

8.5. Prepaid Subscription Program

→ **REMSA met the requirement.**

8.5 a/b) The Silver Saver program is designed to cover the co-insurance or deductible costs for ambulance service for individual households. The annual membership costs \$69 and there were 2,299 members enrolled as of June 30, 2018.

8.6. Billing

→ **REMSA met the requirement.**

8.6 a) The Franchise agreement states REMSA is responsible for all billing services, or may allow a contractor to do so. REMSA elects to conduct its own billing of patients and third-party billers. The billing department is under the purview of REMSA's Chief Operating Officer. The billing department is structured with a VP of Business Services, a Billing Services Supervisor and Billers and Coders.

8.7. Accounting Practices

→ **REMSA met the requirement.**

8.7 a) The external auditor used for REMSA's annual audit, Cupit, Milligan, Ogden & Williams, does adhere to GAAP and GAAS standards. According to the Nevada State Board of Accountancy website the agency license is current through December 31, 2018.

8.8. Audit

→ **REMSA met the requirement.**

8.8 a) The Consolidated Financial Statements prepared by the external auditor were submitted on November 28, 2018. The fifteen page document includes the independent auditor's report and the financial statements for FY 17/18.

8.8 b) The Form 990 is an annual reporting return that REMSA must file with the IRS. It provides information on the filing organization's mission, programs, and finances. REMSA's Form 990 for FY 16/17 was submitted on November 28, 2018.

8.8 c) The Agreed-Upon Procedures Related to Franchise Average Bill prepared by the external auditor were submitted on November 28, 2018. The five page document includes the independent auditor's report and Schedule A, B and C for FY 17/18.

ARTICLE 9 - PERSONNEL AND EQUIPMENT

9.1. Dispatch Personnel Training

→ **REMSA met the requirement.**

9.1 a/b) REMSA submitted a list of personnel that work in the communications center. A total of twenty-four employees were included and had current EMD certifications for FY 17/18, which was confirmed by a verification report submitted by the International Academies of Emergency Dispatch. Additionally, six REMSA communications personnel were hired during the fiscal year and received EMD training within six months.

9.2. Dispatch Accreditation

→ **REMSA met the requirement.**

9.2 a) REMSA submitted a copy of their ACE accreditation certification, which is issued through May 3, 2019.

9.2 b) EMS Oversight Program staff obtained the standards of accreditation and the ACE application from the IAED website. EMS Oversight Program staff also located a list of ACE accredited dispatch centers, which listed REMSA as one of three dispatch centers in Nevada that have received this designation.

9.3. Personnel Licensing and Certification

→ **REMSA met the requirement.**

9.3 a) REMSA submitted lists of their certified personnel to include Paramedics, AEMTs and EMTs. Table 8 demonstrates the number of staff per each certified position.

Table 8: REMSA Certified Personnel

Certified Position	Number of Staff
Paramedics	133
Advanced EMTs	78
EMT-Basic	9

9.3 b) The Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH) Office of Emergency Medical Systems confirmed in a letter/email received by the WCHD on November 29, 2018 that REMSA was in compliance in regards to NRS 450B and NAC 450B requirements pertaining to permits, inspections, staffing, equipment, operations and protocols for FY 17/18.

9.4. ICS Training

→REMSA met the requirement.

9.4 a) REMSA submitted documentation that 188 personnel have been trained in the Washoe County Multi-Casualty Incident Plan (MCIP) as of October 17, 2018.

9.4 b) REMSA submitted documentation that 186 personnel have been trained in Incident Command System (ICS) 100 as of October 17, 2018.

9.4 c) REMSA submitted documentation that 183 personnel have been trained in ICS 200 as of October 17, 2018.

9.4 d) REMSA submitted documentation that 11 personnel have been trained in ICS 300 as of October 17, 2018.

9.4 e) REMSA submitted documentation that 4 personnel have been trained in ICS 400 as of October 17, 2018.

9.4 f) REMSA submitted documentation that 183 personnel have been trained in ICS 700 as of October 17, 2018.

9.4 g) REMSA provided a list of operational field management personnel that included an EMS director, 2 managers, 8 full-time supervisors, 1 administrative supervisors and 4 part-time supervisors.

9.4 h) REMSA provided a list of 4 REOC qualified personnel based on their REMSA position and ICS courses completed.

9.5. Ambulance Markings

→REMSA met the requirement.

9.5 a) The Franchise agreement states that all ambulance units shall be marked with REMSA emblems rather than the individual identity of any ambulance service contractor. EMS Oversight Program staff completed quarterly spot checks to ensure that units had the REMSA logo. The spot checks found REMSA in compliance and occurred on the following dates:

- July 12, 2017
- October 20, 2017
- January 25, 2018
- April 16, 2018

9.6. Ambulance Permits and Equipment

→**REMSA met the requirement.**

9.6 a/b) REMSA provided EMS Oversight Program staff a detailed inventory list of all organizational capital equipment, such as monitors, power cots, stair chairs, etc. REMSA also submitted a list of vehicles to include model, type and VIN numbers.

9.6 c) Same as 9.3b.

9.7. Field Supervisor Staffing

→**REMSA met the requirement.**

9.7 a/b) REMSA submitted a week of supervisor shift schedules as a sample to demonstrate that a field supervisor is on each shift. In the shift schedule provided, there are two to three supervisors on shift per 24-hours, depending on day and time of the week. REMSA also provided the job description for EMS supervisor that was last revised in January 2016.

9.8. Medical Director

→**REMSA met the requirement.**

9.8 a/b) The Nevada Department of Health and Human Services, DPBH Office of Emergency Medical Systems Program confirmed in a letter/email received by the WCHD on November 29, 2018 that REMSA was in compliance in regards to their Medical Director appointment. According to State EMS, Dr. Bradford Lee, meets the requirements as a Medical Director for a permitted service in Nevada in accordance with NAC 450B and NRS 450B. The WCHD also has a copy of Dr. Lee's CV on file.

ARTICLE 10 - QUALITY ASSURANCE

10.1. Personnel

→**REMSA met the requirement.**

10.1 a) REMSA provided written documentation of the individuals designated to conduct the oversight and maintenance of the continuous quality improvement (CQI) program for ground ALS services. The members of the CQI department include the Medical Director, Care Flight Medical Director, Director of Clinical/Quality/Communications, Manager of Clinical Quality Services and five Clinical Coordinators.

10.2. Review

→ **REMSA met the requirement.**

10.2 a) In the monthly Operation Reports presented to the DBOH, REMSA includes the Medical Director's Report. This report includes a breakdown of the patient charts

reviewed during the previous month. All monthly reviews during FY 17/18 met or exceeded the requirement of 5% of ALS calls.

10.2 b) With the following types of calls, REMSA CQI department personnel conduct manual reviews of all patient care reports (PCRs) for accurate and complete documentation as well as appropriate use of protocols:

- 100% of cardiopulmonary arrests (adult and pediatric)
- 100% of advanced airways (outside cardiac arrests-adult and pediatric)
- 100% of Deliveries and Neonatal Resuscitation
- 100% of Pediatric patients receiving the following medications
 - Versed
 - Epinephrine
 - Narcan
- 100% of Pediatric patients with a GCS of ≤ 14
- 100% of STEMI Alert or STEMI rhythms
- 100% Adult Patients who receive critical medications outside cardiac arrest resuscitation.
- 100% Advanced Airway Success Rates for nasal/oral-endotracheal intubation and King Airway placement (first and second attempt) for adult and pediatric patients
- 100% of Patients who receive Ketamine, Versed, Epinephrine, Atropine, Lidocaine, Amiodarone, Adenosine, Vasopressin, Heparine, Dopamine, Racemic Epi, Magnesium, Sodium Bicarb
- 100% of all patients seen in Tonopah
- 100% of electronic charts used for special event documentation

All PCRs that are reviewed are returned to the provider via Zoll Reroute System with an accompanying email for the Clinical Development/CQI Coordinator for any negative findings. The provider will have the opportunity to review the comments and the PCR and reply if desired. The Clinical Development/CQI Coordinator will monitor via Zoll Reroute system report the opening of messages by providers. If not checked in 30 days the message is rerouted to the provider's direct supervisor.

CQI Sessions

October 2017 - Ketamine, Neonatal Resuscitation, Annual Clinical Skill Review, ECG / 12 Lead Review

February 2018 - Active Shooter Training, TECC

Cadaver Labs

10/2/17

4/25/18

Airway Training

Every Quarter

ARTICLE 11 - COMMUNITY RELATIONS AND PUBLIC EDUCATION

11.1. CPR Courses

→ **REMSA met the requirement.**

11.1 a) In the monthly Operation Report presented to the DBOH, REMSA provided a list of the CPR courses that were offered throughout the previous month. In January 2015, REMSA reformatted the style of this report to differentiate between the courses that are REMSA classes and site classes.

11.2. Community Health Education

→ **REMSA met the requirement.**

11.2 a) In the monthly Operation Report presented to the DBOH, REMSA included the public relations report that outlines the multimedia activities completed during the previous month.

11.3. Clinical Skills

→ **REMSA met the requirement.**

11.3a) According to the Education Manager, REMSA did not have the need to utilize hospital partners during the fiscal year for the remediation of employees in clinical skills. REMSA maintains a close and valuable relationship with the clinical departments of all participating hospitals and utilize them for continuing education of REMSA employees. REMSA had numerous continuing education courses, some of the topics have been:

- Donor Network for Organ Donation
- Critical Care Case Review
- Use of Bubble CPAP
- Ultrasound in EMS
- Stump the Cardiologist
- Treatment of Acute Stroke

11.4. Fire EMS Training

→ **REMSA met the requirement.**

11.4 a) REMSA provides CEU opportunities that are available to all first responders. In each quarter of the fiscal year REMSA also offered specialty training on diverse topics to regional EMS agencies. Through the Franchise agreement the EMS Advisory Board has the ability to make recommendations for Fire EMS trainings to the DBOH. EMS Oversight Program staff periodically observe the trainings.

ARTICLE 12 – REPORTING

12.1. Monthly Reports

→ **REMSA met the requirement.**

12.1 a) During the fiscal year REMSA submitted twelve Operations Reports to the DBOH. These reports typically include documentation about response compliance, average response times, average bill, community CPR class, patient feedback and multimedia campaign activities.

12.2. Annual Reports

→ **REMSA met the requirement.**

12.2 a) The WCHD received all compliance documentation on or before December 27, 2018.

12.2 b) During the fiscal year EMS Oversight Program staff conducted monthly compliance calculations based on data pulled from the FirstWatch OCU, held exemption meetings, observed the Fire EMS trainings and held compliance meetings throughout the fiscal year.

ARTICLE 13 - FAILURE TO COMPLY/REMEDIES

13.1. Failure to Comply with Agreement

→ *Failure to comply is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.2. Notice of Noncompliance

→ *Notice of noncompliance is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.3. Failure to Correct/ Rescission of Agreement

→ *Failure to correct/rescission is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

13.4. Alternate to Rescinding Agreement

→ *Alternate to rescinding is stated in the Franchise, but is not part of compliance determination, unless REMSA does not comply with the terms of the Franchise.*

ARTICLE 14 - DISPUTE RESOLUTION

14.1 Agreement to Mediate Disputes

→ *Agreement to mediate disputes is stated in the Franchise, but is not part of compliance determination, unless a dispute occurs.*

ARTICLE 15 - FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS

15.1. Financial Assurance/Continuity of Operations

→ **REMSA met the requirement.**

15.1 a) The Consolidated Financial Statements prepared by the auditor indicate REMSA's net assets of \$26,233,687. Additionally, according to a letter written by the REMSA CFO, REMSA has a reserve amount of \$3 million in the equity statements as a Board designated reserve.

ARTICLE 16 - INSURANCE AND INDEMNIFICATION

16.1. Insurance

→REMSA met the requirement.

16.1 a/b) REMSA provided a copy of their certificate of liability insurance that included general liability, automobile, workers compensation and employer's insurance policies. Additionally, "Washoe County" is listed as the certificate holder.

16.2. Indemnification

→REMSA met the requirement.

16.2 a) The Franchise agreement includes an indemnification statement that the parties of the Franchise agree to hold harmless, indemnify and defend the other party. This statement became binding when the parties signed the Franchise agreement. Therefore, a signed copy of the Franchise agreement is included as part of the compliance report documentation.

16.3. Limitation of Liability

→REMSA met the requirement.

16.3 a/b) The Franchise agreement states the WCHD will not waive and intends to assert any available remedy and liability limitation set forth in NRS Chapter 41 and applicable case law. Therefore the compliance documentation collected for the fiscal year includes a copy of NRS Chapter 41 and the signed Franchise.

ARTICLE 17 – MISCELLANEOUS

17.1. REMSA Contracts with Other Entities

→REMSA met the requirement.

17.1 a) REMSA submitted ten mutual aid agreements that are REMSA's current agreements with other political entities or Fire/EMS agencies.

17.2. Governing Law; Jurisdiction

→ *Governing law; jurisdictions are stated in the Franchise, but are not part of compliance determination.*

17.3. Assignment

→ *Assignment is stated in the Franchise, but is not part of compliance determination.*

17.4. Severability

→ *Severability is stated in the Franchise, but is not part of compliance determination.*

17.5. Entire Agreement/Modification

→ *Entire agreement/modification is stated in the Franchise, but is not part of compliance determination.*

17.6. Benefits

→ *Benefits are stated in the Franchise, but are not part of compliance determination.*

17.7. Notice

→ *Notice is stated in the Franchise, but is not part of compliance determination.*

REMSA Franchise Compliance Checklist

Franchise Article	Title	Compliance Documentation	Responsible Party	Date Received	Reviewer's Notes
1	Definitions	1.1 Definitions - Definitions are stated in the franchise, but are not part of compliance determination			
2	Granting of Exclusive Franchise	2.1 Exclusive Market Rights a) <input checked="" type="checkbox"/> The franchise agreement signed by DBOH and REMSA in May 2014, which gives REMSA the exclusive market rights within the franchise service area	WCHD	5/2014	
		b) <input checked="" type="checkbox"/> All disaster agreements and/or mutual aid agreements	REMSA	10/17/18	
		2.2 Franchise Service Area a) <input checked="" type="checkbox"/> Map of the REMSA franchise area	WCHD	7/1/16 & 8/12/16	
		2.3 Level of Care a) <input checked="" type="checkbox"/> A copy of state certification for ALS services	REMSA	10/17/18	
		b) <input checked="" type="checkbox"/> Documentation that demonstrates the staffing model for 9-1-1 units and interfacility transfer units	REMSA	6/21/18	
		2.4 Term - The franchise term is stated in the franchise, but is not part of compliance determination until 2024			
2.5 Periodic Review - Requirement of periodic review is stated in the franchise, but is not part of compliance determination until 2024					
		2.6 Oversight Fee a) <input checked="" type="checkbox"/> Copies of quarterly invoices paid to the EMS Program	WCHD	8/2/18	

2	Granting of Exclusive Franchise <i>(continued)</i>	<p>2.7 Supply Exchange and Reimbursement</p> <p>a) <input checked="" type="checkbox"/> The current signed supply exchange/reimbursement agreements with each fire agency</p> <p>b) <input checked="" type="checkbox"/> Confirmation that jurisdictions were reimbursed</p> <p>2.8 No Obligation for Subsidy</p> <p>a) <input checked="" type="checkbox"/> A statement from the external auditor that REMSA does not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County</p> <p>b) <input checked="" type="checkbox"/> 501C3 articles of incorporation</p> <p>c) <input checked="" type="checkbox"/> Disclosure of grant funding for franchise ground ambulance services, if any</p>	REMSA WCHD REMSA REMSA REMSA	On file 10/23/18 11/28/18 On file 11/28/18	
3	Governing Body	<p>3.1 Board of Directors</p> <p>a) <input checked="" type="checkbox"/> List of Board members</p> <p>b) <input checked="" type="checkbox"/> Legal confirmation that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members</p> <p>3.2 Board Member Separation</p> <p>a) <input checked="" type="checkbox"/> A signed statement by each Board member that declares any contracts/conflicts of interest, and states the Board member is not an employee of REMSA or the contractor</p> <p>3.3 Meetings</p> <p>a) <input checked="" type="checkbox"/> List of six Board meetings held during the fiscal year</p> <p>b) <input checked="" type="checkbox"/> Statement from the DHO that REMSA held six Board meetings with a quorum of its members</p>	REMSA REMSA REMSA REMSA WCHD	11/14/18 12/18/18 12/27/18 10/26/18 11/26/18	
4	Contract, Competitive Bidding and Market Survey	<p>4.1 Market Survey and Competitive Bidding</p> <p>- A market survey or competitive bid is stated in the franchise, but is not part of compliance determination until 2021</p>			

5	Communications	5.1 Radio			
		a) <input checked="" type="checkbox"/> Current 800 MHz MOU	REMSA	On file	
		b) <input checked="" type="checkbox"/> A checklist and timeline that demonstrates outcomes/progress made concerning compatible communications with the Washoe County Regional Communications System (WCRCS)	REMSA	12/19/18	
		5.2 Dispatch			
		a) <input checked="" type="checkbox"/> Documentation of at least one check/drill conducted on the backup system during the year	REMSA	11/19/18	
		b) <input checked="" type="checkbox"/> Documentation of one operational drill on the backup system, including dates and names of the individuals who participated	REMSA	11/19/18	
		c) <input checked="" type="checkbox"/> A brief summary of the drill and an AAR-IP	REMSA	11/20/18	
		d) <input checked="" type="checkbox"/> Documentation of CAD to CAD meetings	WCHD	10/22/18	
		e) <input checked="" type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress toward the establishment of the CAD to CAD interface	REMSA	11/19/18	
		f) <input checked="" type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA's progress towards AVL connections between agencies	REMSA	11/19/18	
g) <input checked="" type="checkbox"/> Documentation of completed efforts that demonstrates REMSA's progress toward the establishment of the CAD to CAD interface	REMSA	11/19/18			
h) <input checked="" type="checkbox"/> Documentation of completed efforts that demonstrates REMSA's progress toward AVL connections between agencies (including current capabilities)	REMSA	11/19/18			
5.3 Change of Priority					
a) <input checked="" type="checkbox"/> Number of calls that were upgraded and downgraded	REMSA	11/14/18			

		and why this action occurred (<i>included in monthly report</i>)			
6	Data and Records Management	<p>6.1 Data and Records</p> <p>a) <input checked="" type="checkbox"/> A timeline of meetings/discussions that demonstrate REMSA’s progress toward the establishment of the CAD to CAD interface</p> <p>b) <input checked="" type="checkbox"/> A checklist of completed efforts that demonstrates REMSA’s progress toward the establishment of the CAD to CAD interface</p> <p>c) <input checked="" type="checkbox"/> List of investigations made by the DHO, or designee during the fiscal year</p> <p>d) <input checked="" type="checkbox"/> Response time compliance report/study zone reports</p> <p>e) <input checked="" type="checkbox"/> List of DHO requests for data/records during the fiscal year (identifies outcomes of requests- i.e., data provided or reasonable justification why request was not adhered to)</p>	From 5.2	11/19/18	
			From 5.2	11/19/18	
			WCHD	-----	
			REMSA	-----	
			WCHD	10/22/18	
7	Response Compliance and Penalties	<p>7.1 Response Zones</p> <p>a) <input checked="" type="checkbox"/> REMSA Franchise map (Zones A – E)</p> <p>b) <input checked="" type="checkbox"/> Date(s) of meeting(s) of the annual map review</p> <p>c) <input checked="" type="checkbox"/> Zone A report – 90% of all P1 calls have a response time of 8:59 or less</p> <p>d) <input checked="" type="checkbox"/> Zones B, C and D report – 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59</p> <p>e) <input checked="" type="checkbox"/> Zone E report – total number of calls</p> <p>7.2 Response Determinants</p> <p>a) <input checked="" type="checkbox"/> Meeting date(s) of the EMD determinants jointly reviewed by the REMSA MD and fire agency MDs</p> <p>b) <input checked="" type="checkbox"/> A summary of all pertinent outcomes/decisions -</p>	From 2.2	8/12/16	
			WCHD	10/6/17	
			WCHD	7/30/18	
			WCHD	7/30/18	
			WCHD	7/30/18	
			REMSA	11/19/18	
			REMSA	11/19/18	

7	Response Compliance and Penalties (continued)	including updates/changes to determinants, if any			
		7.3 Zone Map			
		a) <input checked="" type="checkbox"/> Date(s) of meeting(s) of the annual map review	From 7.1b	10/6/17	
		b) <input checked="" type="checkbox"/> List of changes to the map, if applicable	WCHD	-----	
		c) <input checked="" type="checkbox"/> List of locations of the REMSA franchise map	WCHD	8/1/18	
		7.4 Response Time Reporting			
		a) <input checked="" type="checkbox"/> Monthly call/response data with address and zone information (<i>collected from the OCU</i>)	WCHD	8/1/18	
		b) <input checked="" type="checkbox"/> Total number of responses in the fiscal year (<i>collected from the OCU</i>)	WCHD	8/1/18	
		c) <input checked="" type="checkbox"/> EMS staff monthly review documentation	WCHD	8/1/18	
		7.5 Penalties			
		a) <input checked="" type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for the fiscal year	REMSA	10/25/18	
		b) <input checked="" type="checkbox"/> CPI calculation	WCHD	6/20/17	
		c) <input checked="" type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month	REMSA	10/25/18 & 11/14/18	
		d) <input checked="" type="checkbox"/> Priority 1 penalty fund analysis for the fiscal year (<i>submitted by independent accounting firm</i>)	REMSA	11/28/18	
e) <input checked="" type="checkbox"/> Agreed-upon procedures related to Priority 1 Penalty Fund (<i>submitted by independent accounting firm</i>)	REMSA	11/28/18			
7.6 Exemptions					
a) <input checked="" type="checkbox"/> Exemption reports (<i>collected from the OCU</i>)	REMSA /WCHD	7/30/18			
b) <input checked="" type="checkbox"/> Description of REMSA's internal exemption approval	REMSA	11/15/18			

7	Response Compliance and Penalties <i>(continued)</i>	process			
		c) <input checked="" type="checkbox"/> Any exemption disputes between REMSA and its contractor reviewed by the DHO, if any	WCHD	-----	
		d) <input checked="" type="checkbox"/> Letter detailing approved exemptions by the DHO	WCHD	On file	
		e) <input checked="" type="checkbox"/> Exemption request(s) and any approvals by the DHO, or designee, during the fiscal year, if applicable	REMSA	7/30/18	
		7.7 Penalty Fund			
		a) <input checked="" type="checkbox"/> Letter from REMSA confirming penalty funds are recorded monthly in a separate restricted account	REMSA	11/28/18	
		b) <input checked="" type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month	From 7.5c	10/25/18	
		c) <input checked="" type="checkbox"/> Documentation of penalty fund usage to include dates received, services rendered, purpose, recipients, etc. <i>(included in the monthly Operations Report, as appropriate)</i>	From 7.5a	10/25/18	
		d) <input checked="" type="checkbox"/> Documentation from the external auditor that the penalty fund is in a separate restricted account	REMSA	11/28/18	
		7.8 Health Officer Approval			
a) <input checked="" type="checkbox"/> Letter to the DHO requesting use of penalty fund dollars	REMSA	1/23/18			
b) <input checked="" type="checkbox"/> Letter of approval from the DHO	WCHD	3/6/18			

8	Patient Billing	8.1 Average Patient Bill a) <input checked="" type="checkbox"/> CPI calculation	From 7.5	5/25/16	
		b) <input checked="" type="checkbox"/> Letter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year	REMSA	12/4/18	
		c) <input checked="" type="checkbox"/> Explanation of the average bill calculations that are reported monthly to DBOH	REMSA	11/14/18	
		8.2 Increase Beyond CPI <input checked="" type="checkbox"/> Only applicable if REMSA requests an increase beyond the annual CPI adjustment	REMSA & WCHD	1/1/18	
		8.3 Overage in Bill Amount - Only applicable if REMSA exceeds the maximum average patient bill			
		8.4 Third Party Reimbursement a) <input checked="" type="checkbox"/> Explanation of billing policies/procedures related to billing third parties and mitigating out of pocket expenses	REMSA	12/4/18	
		8.5 Prepaid Subscription Program a) <input checked="" type="checkbox"/> Silver Saver brochure b) <input checked="" type="checkbox"/> Number of enrolled members as of June 30	REMSA REMSA	11/14/18 11/14/18	
8.6 Billing a) <input checked="" type="checkbox"/> REMSA organizational chart showing placement of billing department	REMSA	12/4/18			
8.7 Accounting Practices a) <input checked="" type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS	WCHD	11/30/18			

8	Patient Billing <i>(Continued)</i>	8.8 Audit a) <input checked="" type="checkbox"/> Current fiscal year financial audit from independent auditor b) <input checked="" type="checkbox"/> Form 990 from the previous fiscal year c) <input checked="" type="checkbox"/> Agreed-upon procedures on the average bill <i>(submitted by an independent auditing firm)</i>	REMSA	11/28/18	
9	Personnel and Equipment	9.1 Dispatch Personnel Training a) <input checked="" type="checkbox"/> List of dispatch personnel that dispatch 911 and routine transfer calls that includes EMD certification, EMT/Paramedic certification number and expiration date b) <input checked="" type="checkbox"/> List of new dispatch personnel that dispatch 911 and routine transfer calls and training completed within their first 6-months of employment 9.2 Dispatch Accreditation a) <input checked="" type="checkbox"/> A copy of the certification of the National Academy of Emergency Medical Dispatchers accreditation of the Accredited Center of Excellence (ACE) b) <input checked="" type="checkbox"/> List of ACE standards/requirements 9.3 Personnel Licensing and Certification a) <input checked="" type="checkbox"/> Lists of attendants, EMTs, Paramedics, and EMD certified personnel that includes certification number and expiration date b) <input checked="" type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B 9.4 ICS Training a) <input checked="" type="checkbox"/> List of individuals who completed MCIP training	REMSA	8/22/18	updated every 3 years

9	Personnel and Equipment (continued)	b) <input checked="" type="checkbox"/> List of individuals trained in ICS 100 (<i>certificates of completion on file at REMSA</i>)	REMSA	10/17/18	
		c) <input checked="" type="checkbox"/> List of individuals trained in ICS 200 (<i>certificates of completion on file at REMSA</i>)	REMSA	10/17/18	
		d) <input checked="" type="checkbox"/> List of individuals trained in ICS 300 (<i>certificates of completion on file at REMSA</i>)	REMSA	10/17/18	
		e) <input checked="" type="checkbox"/> List of individuals trained in ICS 400 (<i>certificates of completion on file at REMSA</i>)	REMSA	10/17/18	
		f) <input checked="" type="checkbox"/> List of individuals trained in ICS 700 (<i>certificates of completion on file at REMSA</i>)	REMSA	10/17/18	
		g) <input checked="" type="checkbox"/> List of field operational management personnel (both part-time and full-time)	REMSA	10/17/18	
		h) <input checked="" type="checkbox"/> List of REMSA REOC representatives	REMSA	10/17/18	
		9.5 Ambulance Markings			
		a) <input checked="" type="checkbox"/> Dates of quarterly EMS program “spot checks”	WCHD	8/1/18	
		9.6 Ambulance Permits and Equipment			
		a) <input checked="" type="checkbox"/> List of all REMSA ambulances	REMSA	10/17/18	
		b) <input checked="" type="checkbox"/> List of all ambulance capital equipment: monitors, power cots, stair chairs, etc.	REMSA	11/28/18	
		c) <input checked="" type="checkbox"/> Letter from State EMS office confirming adherence to Chapter 450B (NAC/NRS)	From 9.3	11/29/18	
9.7 Field Supervisor Staffing					
a) <input checked="" type="checkbox"/> Example of a week’s supervisor shift schedule	REMSA	10/17/18			
b) <input checked="" type="checkbox"/> Supervisor job description	REMSA	On file	Resubmitted when updated		

9	Personnel and Equipment <i>(continued)</i>	9.8 Medical Director	WCHD	11/29/18	
		a) <input checked="" type="checkbox"/> Medical Director's CV (from State EMS)			
		b) <input checked="" type="checkbox"/> Documentation that MD meets NAC 450B. 505 state requirements (coordination with State EMS)	WCHD	11/29/18	
10	Quality Assurance	10.1 Personnel	REMSA	11/14/18	
		a) <input checked="" type="checkbox"/> Written identification of the individual(s) responsible for the internal coordination of medical quality assurance issues			
		10.2 Review	12.1a	7/30/18	
		a) <input checked="" type="checkbox"/> Quality assurance reviews of ambulance runs for at least 5% of the previous month's ALS calls <i>(included in the monthly Operations Report)</i>			
		b) <input checked="" type="checkbox"/> Summary of the quality assurance review activities conducted throughout the fiscal year	REMSA	11/21/18	
11	Community Relations and Public Education	11.1 CPR Courses	12.1a	7/30/18	
		a) <input checked="" type="checkbox"/> List of all CPR public courses offered during the fiscal year – separated into REMSA employee conducted training and REMSA affiliated trainings <i>(included in the monthly Operations Report)</i>			
		11.2 Community Health Education	12.1a	7/30/18	
		a) <input checked="" type="checkbox"/> Multimedia campaign(s) about a current need within the community <i>(included in the monthly Operations Report)</i>			
		11.3 Clinical Skills	REMSA	11/14/18	
		a) <input checked="" type="checkbox"/> List of clinical skill experience(s) offered for specific prehospital care personnel through participating hospitals and the number of attendees, if necessary			

11	Community Relations and Public Edu. <i>(continued)</i>	11.4 Fire EMS Training a) <input checked="" type="checkbox"/> List of quarterly Fire EMS trainings and dates	REMSA	11/1/18	
12	Reporting	12.1 Monthly Reports a) <input checked="" type="checkbox"/> Monthly Operations Reports presented to the DBOH 12.2 Annual Reports a) <input checked="" type="checkbox"/> All documentation for the Compliance Report should be submitted to the WCHD no later than December 31 b) <input checked="" type="checkbox"/> Documentation of compliance monitoring	REMSA	7/30/18	
			REMSA	12/27/18	
			WCHD	7/30/18	
13	Failure to Comply/ Remedies	13.1 Failure to Comply with Agreement - Failure to comply is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise 13.2 Notice of Noncompliance - Notice of noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise 13.3 Failure to Correct/Rescission of Agreement - Failure to correct/rescission is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise 13.4 Alternate to Rescinding Agreement - Alternate to rescinding is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise			
14	Dispute Resolution	14.1 Agreement to Mediate Disputes - Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs			

15	Financial Assurance/ Continuity of Operations	15.1 Financial Assurance/Continuity of Operations a) <input checked="" type="checkbox"/> Documentation of the performance security in the amount of 3 million dollars - demonstrating that it is a reserve amount in the equity statement of the REMSA financials (<i>included in the financial audit</i>)	REMSA	11/28/18	
16	Insurance and Indemnification	16.1 Insurance a) <input checked="" type="checkbox"/> REMSA’s insurance certificates for general liability insurance, automobile liability, workers compensation and employer’s liability b) <input checked="" type="checkbox"/> Documentation that the WCHD is listed as an additional insured 16.2 Indemnification a) <input checked="" type="checkbox"/> Signed franchise agreement 16.3 Limitation of Liability a) <input checked="" type="checkbox"/> NRS Chapter 41 b) <input checked="" type="checkbox"/> Signed franchise agreement	REMSA	10/17/18	
			REMSA	10/17/18	
			WCHD	On file	
			WCHD	On file	
			WCHD	On file	
17	Miscellaneous	17.1 REMSA Contract with Other Entities a) <input checked="" type="checkbox"/> All current contracts, service agreements, MAAs and MOUs with other political entities	REMSA	10/17/18	

17	Miscellaneous (continued)	<p>17.2 Governing Law; Jurisdictions</p> <ul style="list-style-type: none"> - Governing law; jurisdictions are stated in the franchise, but are not part of compliance determination <p>17.3 Assignment</p> <ul style="list-style-type: none"> - Assignment is stated in the franchise, but is not part of compliance determination <p>17.4 Severability</p> <ul style="list-style-type: none"> - Severability is stated in the franchise, but is not part of compliance determination <p>17.5 Entire Agreement/Modification</p> <ul style="list-style-type: none"> - Entire agreement/modification is stated in the franchise, but is not part of compliance determination <p>17.6 Benefits</p> <ul style="list-style-type: none"> - Benefits are stated in the franchise, but are not part of compliance determination <p>17.7 Notice</p> <ul style="list-style-type: none"> - Notice is stated in the franchise, but is not part of compliance determination 			
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The Reviewer’s Notes column shall be used to indicate REMSA’s compliance with each checklist item. Compliance will be indicated as follows:

- Full Compliance - Documentation was provided and fulfilled the checklist requirement(s).
- Substantial Compliance - Documentation was provided, but did not entirely fulfill the checklist requirement(s).
- Non- Compliance - No documentation was provided, or documentation provided did not fulfill the checklist requirement(s).

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

Staff Report
Board Meeting Date: January 24, 2019

TO: District Board of Health

FROM: Joelle Gutman, Government Affairs Liaison
775-326-6044, jgutman@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Update regarding 2019 Legislative session, and consideration and possible approval of District Board of Health Legislative Principles and Legislative Priorities.

SUMMARY

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

PREVIOUS ACTION

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

BACKGROUND

Staff will monitor and provide comment on BDRs, bills, and/or legislative action during the 2019 legislative session. DBOH will be briefed on these comments and activities during monthly 2019 meetings. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District's legislative actions. The attached Legislative Principles and Priorities have been drafted to provide a guiding framework for the district's legislative activities.

FISCAL IMPACT

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted (FY19) budget

RECOMMENDATION

Staff recommends the Board approve the draft Washoe County Health District 2019 Legislative Principles and Priorities, and accept the January 2019 update, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2019 Legislative Session bill drafts and bills that impact and affect the Health District and/or public health.

Subject: 2019 Legislative Session

Date: January 16, 2019

Page 2 of 2

POSSIBLE MOTION

A possible motion would be: Approve the draft Washoe County Health District 2019 Legislative Principles and Priorities, accept the January 2019 Nevada Legislative session update, and *[provide input/and/or direction as DBOH may feel appropriate]*

Washoe County Health District 2019 Legislative Principles

Partners Providing Service to Our Shared Constituents

All Governments in Nevada (State, County, Cities, Health Districts, School Districts, and Special Districts) are partners in providing consistent and reliable services to our shared constituents, and therefore all levels of government must be viable in order for our citizens to enjoy an outstanding quality of life. The great state of Nevada requires strong, trustworthy and mutually respectful governments at every level.

The District Board of Health recognizes that local governments in the region have numerous areas of mutual interest and when possible, a cooperative and integrated approach to legislative relations best serves the interests of residents and government entities alike.

Prevent, Promote, and Protect

The District Board of Health recognizes that public health is an essential health and safety function of government. Our mission is to protect and enhance the wellbeing and quality of life for all in Washoe County. The District Board of Health does not support actions at the State level that will negatively impact the health of Washoe County residents or visitors. The District Board of Health supports the enhancement of public health in a manner that ensures that resources are spent where they can be most impactful while adhering to the monetary constraints of State and local governments. The District's financial model must align with the needs of the community.

Focus on Outcomes

The Washoe County Health District is tasked with providing efficient, and effective services that demonstrate measurable results for residents and visitors to Washoe County. The Health District must protect and positively impact the health of all in the community. The District Board of Health requires flexibility and discretion in their decision-making process to allow for the opportunity to achieve optimal outcomes.

Local Flexibility

Legislation should foster local flexibility and assist local boards of health in addressing problems in ways that best serve their community. Local health boards require discretion to deliver state programs and services, particularly in scenarios when funding streams are reduced or diverted.

The District Board of Health opposes legislative and budgetary actions that reduce local control and adversely impact the Board's ability to execute its mission and vision.

Unfunded Mandates

The District Board of Health believes the Nevada State Legislature should not impose mandated functions, activities, or regulations on local governments without providing financial resources or means to meet the costs of carrying out those mandates if such mandates unreasonably impose upon the resource constraints of local governments.

Long Term, Sustainable Solutions

All governments need to be working together toward long-term solutions for service provision and equitable, stable funding for those services. Currently, Nevada ranks 50th in the Nation for state funding per capita for public health, and it is imperative that the State increase its investment in public health and local health authorities in order to improve the health and longevity of Nevadans.

Washoe County Health District 2019 Legislative Priorities

Public Health Funding

- Establish a Public Health Improvement Fund to be administered by Department of Public and Behavioral Health
- Appropriate \$5 per capita to the Fund to build public health infrastructure and capacity that supports foundational public health services in Nevada
- Allocate funds based on population to public health authorities established under NRS 439
- Utilize funds to conduct Community Health Needs Assessments and to address priorities that are identified from the Assessments

E-Cigarettes

- License e-cigarette retailers
- Prohibit e-cigarette vaping wherever smoking is prohibited
- Include E-cigarette and other vaping products as “other tobacco products” for purposes of taxation
- Utilize E-cigarette and other vaping products “other tobacco products” tax proceeds to fund the Public Health Improvement Fund and tobacco prevention
- Establish the age for purchase of tobacco products as 21

Behavioral Health

- Establish Crisis Stabilization Center and Services as proposed by the Washoe Behavioral Health Policy Board
- DHHS to provide funding for:
 - An 8-bed center to provide crisis stabilization 24 hours per day, 7 days per week
 - Services that de-escalate or stabilize a person in a behavioral health crisis with acute symptoms of mental illness or abuse of alcohol or drugs
 - Comprehensive services to intervene effectively to address the behavioral health crisis and the underlying issues that lead to repeated crises
 - Possible avoidance of admission to a hospital emergency department, an inpatient mental health facility or hospital, or incarceration in the jail
 - Transition to a continuum of continuing care

Housing

- Create a four-year pilot program that authorizes up to \$10 million of transferrable tax credits per fiscal year for affordable housing

Homelessness

- Direct the Department of Health and Human Services to expand the Home and Community-Based Services benefit under the State Plan for Medicaid to include supportive housing services that facilitate housing as healthcare and help severely mentally ill individuals retain tenancy
- Expand the 1915(i) State Plan Option

2019 Legislative Summary

BDR	AB/SB	Bill#	Text	Sponsor	Status	Summary	Division	Track/ Monitor	Testify	Support/ Oppose	Evaluation
360	AB	1	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Natural Resources, Agriculture, and Mining	from printer	Revises provisions governing the adoption of certain regulations by the State Environmental Commission or a local air pollution control board	AQM	Monitor	Yes	Support	WCHD supports the language in AB1 removing the requirement to publish proposed actions in the local newspaper once a week for three weeks prior to the public hearing. Publishing in the newspaper has become an antiquated requirement when considering the effectiveness of modern electronic communications. Electronically posting
431	AB	3	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Judiciary	from printer	Authorizes the Department of Taxation to issue additional licenses for retail marijuana stores and certificates for medical marijuana	AQM	Track	No	Neutral	Current statute limits the number of marijuana dispensaries by County. This bill would allow for incorporated cities in counties with greater than 100,000 people (Clark & Washoe) to request additional licenses for medical and recreational dispensaries. AQM does not permit dispensaries, only the cultivation and production of marijuana so this bill will have
459	AB	4	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Government Affairs	from printer	Authorizes cities to create a district for a city fire department	ODHO, EPHP	Track	No	Neutral	This bill will allow City of Reno or City of Sparks to create a Fire District. This will allow transport options and an additional tax. If enacted and Reno or Sparks establish Fire Protection Districts the interlocal agreement for Regional EMS Oversight might no longer be legally effective or may require amendment.
417	AB	19	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Judiciary	from printer	Revises provisions related to certain temporary and extended orders for protection	ODHO, EPHP	Track	No	Support	Establishes priority for service or process of temporary or extended orders for protection, extends the time period that these orders are effective, and increases the penalties for violation of these orders. The bill prohibits the introduction of testimony as to the reputation or an opinion related to the past sexual conduct of a petitioner for an order for protection.
413	AB	38	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Health and Human Services	from printer	Requires certain persons to report actual and suspected drug overdoses	EPHP	Track	No	Neutral	This requires anyone who suspects an overdose or the Coroner/Medical Examiners Office to upload specific information into a software system. (currently named OD Maps)
401	AB	40	.state.nv.us/App/NELIS/REL/80th2019/Bill/5940/Overview	Assembly Committee on Legislative Operations and Elections	from printer	Revises provisions relating to public office (Applies gift	ODHO	Track	No	Neutral	Extends gifting and financial disclosure requirements of the Legislative Branch Lobbying Act to public officials.
419	AB	42	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Education	from printer	Requires the State Board of Education to create a subcommittee to study the manner in which to include certain instruction relating to substance	ODHO	Monitor	Yes	Support	Requires State Board of Ed. To create subcommittee to study manner in which to include substance abuse in health classes taught in middle, junior high, and high schools and report findings to State Board. State Board to report to Leg. Comm. on Ed.

348	AB	45	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Judiciary	from printer	Creates the Nevada Threat Analysis Center and the Nevada Threat Analysis Center Advisory Committee in the Investigation Division of	ODHO, EPHP	Track	No	Support	Creates the Nevada Threat Analysis Center in the Investigation Division of the Department of Public Safety to collect information regarding potential threats to public safety; and analyze and provide this information governmental agencies or a private entity as the Center determines is necessary to detect, prevent, investigate or respond to criminal activity or acts of
501	AB	47	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Health and Human Services	from printer	Makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services to establish a pilot program	ODHO, EPHP, CCHS	Monitor	Yes	Support	This bill establishes a pilot behavioral health crises response program. This bill is for certain counties: (although not stated in the bill) Elko, Eureka, Humboldt, Lander, Lincoln, Pershing and White Pine Counties (rural behavioral health policy board) The bill funds CIT training for first responders, one mental health professional, and 4 case managers to cover the entire
485	AB	48	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Government Affairs	from printer	Revises provisions relating to the requirements to levy taxes to support certain fire districts	ODHO, EPHP	Track	No	Neutral	This is changing law regarding fire protection districts and their ability to levy a tax
420	AB	49	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Health and Human Services	from printer	Revises provisions relating to the monitoring of prescriptions for controlled substances	ODHO, EPHP, CCHS	Track	No	Support	In review of this bill, it does not appear that it has a direct impact on the Health District. It is making changes to NRS 441A which does deal with the reporting of communicable disease. Communicable disease is reportable to local health authorities. However, the changes to NRS 441A in this bill have to do with the reporting of drug overdoses. These are
205	AB	54	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Natural Resources	from printer	Revises provisions governing the annual reporting requirements of the Tahoe Regional Planning Agency.	ODHO, AQM,	Track	No	Support	The bill removes outdated provisions of NRS related to energy efficiency. This bill may be amended to include other energy efficiency measures in which case the Health District may want to testify on in support of efforts to address climate change and reduce health impact from climate change and air pollution.
400	AB	57	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Education	from printer	Revises provisions relating to the board of trustees of certain school districts	ODHO	Track	No	Neutral	The bill changes the way in which school district board of trustees for Clark and Washoe County School Districts are selected from all elected by districts to three elected at large, one appointed by the Governor, one by the Board of County Commissioners, and two appointed by the governing bodies of the two most populous incorporated cities in each county.
226	AB	63	.state.nv.us/App/NELIS/REL/80th2019/Bill/5988/Overview	Assembly Committee on Growth and Infrastructure	from printer	Revises provisions governing vehicles.	AQM	Track	No	Support	No fiscal impact as funds will continue to be distributed through the process established in NRS 445B.830
486	AB	66	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Health and Human Services	from printer	Provides for the establishment of crisis stabilization centers in certain counties	ODHO	Monitor	Yes	Support	This bill is from the Washoe Regional Behavioral Health Policy Board. It requires NDPBH to establish a center to provide crisis stabilization services in Counties with a population of 100,000 or more. Provides this may be done through contract with provider. Crisis stabilization services defined as (1) de-escalate or stabilize a behavioral crisis or

421	AB	70	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Government Affairs	from printer	Revises provisions governing the Open Meeting Law	ODHO				
349	AB	71	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Government Affairs	from printer	Makes various changes concerning expenditures related to disasters and emergencies	ODHO, EPHP	Track	No	Neutral	This is bill has two aspects for emergency funds and the mechanism to distribute/receive those funds. The first is tribal gov't and second is borrowing from State general fund if emergency fund isn't sufficient
461	AB	73	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Taxation	from printer	Provides for additional sources of funding for services and affordable housing for persons who are homeless or indigent	ODHO	Track	No	Support	The bill provides for a funding mechanism for services for affordable housing for individuals who are homeless or indigent through taxes on certain transfers of real property in Counties with a population over 700,000 and through an annual surcharge on sewer service in incorporated cities not to exceed \$25. The property transfer tax is imposed, the sewer
466	AB	75	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Government Affairs	from printer	Revises provisions governing public employees' retirement	ODHO, AHS	Track	No	Neutral	Establishes a hybrid retirement system which is part traditional PERS and part defined contribution plan effective for employees hired July 1 2020 or later, and available to other employees to opt into.
470	AB	76	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Health and Human Services	from printer	Revises provisions relating to regional behavioral health policy boards	ODHO	Track	No	Support	This is the Southern Nevada Regional Behavioral Health Policy Board's bill. This bill does the following: 1) Adds Lincoln County to the SNBHPB. 2) Grants some leeway for certain board appointments (psychiatrist/psychologist, private/public insurer, and Health Officer) if the exact profession/role cannot be met (for the rural boards). 3) Gives
443	AB	85	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Assembly Committee on Health and Human Services	from printer	Revises provisions governing mental health	ODHO, CCHS	Monitor	Yes	Support	Revises chapter 435A regarding involuntary holds (regard 2000). It replaces "person with mental illness" to "person in a mental health crisis" and defines mental health crisis, defines the criteria needed for an individual to be placed on a legal hold (section 4), requires all mental health facilities to report applications for legal 200, changes the amount of time from 48
406	SB	7	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Judiciary	from printer	Revises provisions relating to the prohibition against soliciting a child for prostitution	ODHO, CCHS	Track	No	Neutral	This bill is likely to pass but we can provide support if needed. The younger a person is when they are being sex trafficked, the more likely they are to acquire an STD and have unwanted pregnancies. This bill addresses the customer aspect of sex trafficking and holds the customer more accountable for their actions.
422	SB	9	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Judiciary	from printer	Revises provisions governing the time for commencing a criminal prosecution for crimes associated with murder, sexual assault and sex	CCHS	Track	No	Neutral	Extending the statute of limitations on sexual assaults would allow more perpetrators to be tested for HIV and STDs per current NRS and provide that info to victims. The statute of limitations on sexual assault and sex trafficking has a hindrance on the ability to investigate and prosecute those crimes. This may also have an impact on the perpetrator being

483	SB	13	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Government Affairs	from printer	Authorizes the board of county commissioners of a county to form a nonprofit corporation to aid the county in providing certain	ODHO	Track	No	Neutral	Authorizes the board of county commissioners to form a nonprofit corporation to aid the county in providing certain services during an emergency or time of need; and providing other matters properly relating thereto.
351	SB	15	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Government Affairs	from printer	Provides for the establishment of incident management assistance teams	EPHP	Track	No	Support	This bill is changing titles of the State assistance that could deploy in an emergency but expands it to allow for screened volunteers.
442	SB	25	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Government Affairs	from printer	Revises provisions governing the administration of the surcharge imposed on telephone users	ODHO, EPHP	Track	No	Neutral	Allows telephone surcharge funds to be used to pay for personnel and training for maintaining, updating and operating the equipment, hardware and software necessary for portable event recording devices and vehicular event recording devices and for management of events recorded on these devices.
233	SB	27	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Government Affairs	from printer	Revises provisions governing the Public Employees' Deferred Compensation Program	ODHO, AHS	Track	No	Neutral	No Fiscal Impact
357	SB	35	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/5924/Overview	Senate Committee on Government Affairs	from printer	Creates the Nevada Resilience Advisory Committee	ODHO, EPHP	Track	No	Support	The bill creates a Nevada Resilience Commission - the purpose is to streamline emergency preparedness planning in the state and focus on resilience rather than simply response. Public Health is an area to be represented on the committee. So there is potential that a representative from the Health District might be appointed to the commission in which case
250	SB	37	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Commerce and Labor	from printer	Revises provisions relating to the regulation of marriage and family therapists and clinical professional counselors	ODHO	Monitor	Yes	Support	This bill provides clean up language for the scope of practice for MFTs and CPCs, evens out board representation between MFTs and CPCs equally and allows for increases to license renewal fees.
201	SB	49	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Judiciary	from printer	Requires the Director of the Department of Corrections to establish a program of treatment for offenders with substance use disorders	ODHO	Track	No	Support	Updates requirement for Dept of Corrections to establish therapeutic communities to provide treatment to offenders, to replace with the Director in conjunction with NDPBH, and with approval of the Board, to establish treatment for offenders with substance use disorders that are evidence based. The requirement of segregation of offenders with
359	SB	56	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Natural Resources	from printer	Revises provisions relating to natural resources.	AQM	Track	No	Neutral	Bill Evaluation - Bill provides for a language change from "controlled burns" to "prescribed fires". As presented, the bill maintains existing language regarding prescribed fires commenced in compliance with laws relating to air pollution deemed in the best interest of the public and does not constitute a public or private nuisance. AQM issues Smoke

415	SB	57	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Education	from printer	Revises provisions relating to school property	ODHO, EHS, AQM	Track	No	Neutral	Bill requires all building plans for schools (both private and public) to be kept as confidential for safety and security reasons. Air Quality Management and Environmental Health Services Divisions receive plans of Washoe County Schools and would need to modify the document handling and storage of WCSD records. This would not result in any additional
465	SB	58	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Government Affairs	from printer	Revises provisions relating to relations between local governments and certain public employees	ODHO	Track	No	Neutral	Bill would allow local governments to choose not to collectively bargain with employee organizations and instead prescribe certain terms and conditions that would otherwise be subject to mandatory bargaining. It is unlikely that this bill will move given the legislative composition. If enacted it could harm employee morale.
424	SB	62	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Revenue and Economic Development	from printer	Revises provisions relating to manufacturers and wholesale dealers of tobacco products	CCHS	Track	No	Neutral	This bill addresses wholesale tobacco dealers at the State level. No direct impact to the program.
474	SB	63	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Commerce and Labor	from printer	Revises provisions that relate to certain health care professions and which govern new construction by or on behalf of health facilities	ODHO, AHS	Monitor	Yes	Support	The bill would require licensing entities to provide an applicant a provisional license with 30 days of receiving the completed application unless the licensing entity determines that a requirement for the applicant has not been met.
356	SB	66	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Government Affairs	from printer	Revises provisions relating to emergency management	ODHO, EPHP	Monitor	Yes	Neutral	This bill creates a State Disaster Identification Team that would be deployed to do victim tracking, reunification and family notification. It would also establish a registry of individuals from the event. It was put forth in response to the issues identified in Clark County during 1 October. The Health District position will depend on how the bill moves
355	SB	67	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Government Affairs	from printer	Revises provisions governing local emergency management	ODHO, EPHP	Track	No	Neutral	This is a bill to create a Tribal Council within the Division of Emergency Management, with staff support, to coordinate mitigation, preparedness, response and recovery efforts on tribal land. It provides for interlocal agreements between 2 or more counties to establish an organization for emergency management. There is the potential that the Tribal Council
352	SB	68	.state.nv.us/App/NELIS/REL/80th2019/Bill/5999/Overview	Senate Committee on Government Affairs	from printer	Provides for the expedited granting of certain provisional registrations to volunteer providers of health or veterinary services during an	EPHP	Monitor	Yes	Support	The bill provides for provisional registration of volunteer health practitioners who provide health or veterinary services while an emergency declaration is in effect. This is in response to the need identified following the October 1 attack in Las Vegas.
332	SB	79	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Education	from printer	Requires the adoption of certain policies regarding chronic absenteeism for pupils enrolled in public schools in this State	ODHO	Track	No	Support	The bill requires Dept. of Ed. to prescribe policy for all school districts and public schools to manage chronic absenteeism and for school districts and charter schools to adopt the policy or expand upon it. The bill requires the advisory board on school absenteeism in each county to be trained in accordance with the policy and to evaluate the

502	SB	80	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Education	from printer	Revises provisions relating to providing a safe and respectful learning environment	ODHO	Track	No	Neutral	The bill seems well intentioned in seeking to have law enforcement inform schools of children that have experienced a traumatic event to reduce negative impacts and enable appropriate interventions. However, there are a number of potential issues and concerns as Ms. Edwards has noted in her comments.
190	SB	81	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Revenue and Economic Development	from printer	Revises various provisions relating to tobacco products	CCHS	Track	No	Neutral	This bill addresses primarily wholesale tobacco dealers at the State level. No direct impact to the program.
338	SB	84	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Finance	from printer	Establishes a program to award grants to support prekindergarten programs	ODHO, CCHS	Track	No	Support	The bill appears to bolster the status and requirements for teachers providing pre-K.
331	SB	89	https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/	Senate Committee on Education	from printer	Makes various changes relating to education	ODHO	Monitor	Yes	Support	This is a massive bill that seeks to provide aggregated information on performance of different categories of students with socio-economic or racial inequities in annual reports of accountability, regarding transiency, truancy, disciplinary actions, bullying and cyberbullying. Plans to improve student achievement are required to include methods for evaluating
448						Making various changes relating to the health of children.	CCHS	Monitor	Yes	Support	This bill is far reaching, including asthma meds in schools, lead, diapers for WIC, & nutrition in Child Care
529						Revises provisions relating to certain expenditures of money for public health.	ODHO	Monitor	Yes	Support if Amended	The bill establishes an Account for Public Health Improvement to be distributed to Health Districts and the Division proportionally by population. The bill requires an assessment of public health needs and for the funds to be used to address those needs based on priorities identified. The bill results from presentations by the State Health Authorities to,

**Air Quality Management
Division Director Staff Report
Board Meeting Date: January 24, 2019**

DATE: January 11, 2019

TO: District Board of Health

FROM: Charlene Albee, Director
775-784-7211, calbee@washoecounty.us

SUBJECT: Program Update, Ozone Advance Goals, Divisional Update, Monitoring and Planning and Permitting and Enforcement

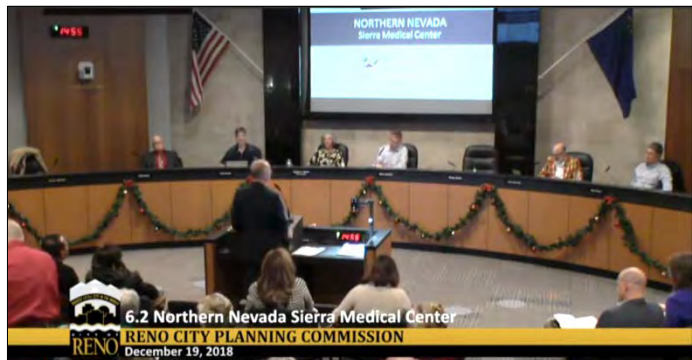
1. Program Update

a. Northern Nevada Sierra Medical Center Supports Ozone Advance Goals

As previously reported, planning staff have been promoting the incorporation of Ozone Advance goals and initiatives into the planning processes since the spring of 2016 when resolutions were adopted by each jurisdiction. On December 19, 2018, the Reno Planning Commission became the first to incorporate Ozone Advance goals into a project of regional significance.

At full buildout, the Northern Nevada Sierra Medical Center (NNSMC) will employ 1,200 people and generate thousands of vehicle trips each day. The AQMD submitted comments encouraging voluntary conditions such as Employee Trip Reduction (ETR) programs, active transportation choices, Electric Vehicle (EV) charging stations, energy efficient buildings, cool islands, cool corridors, and clean diesel construction equipment.

Here's a link to a recording of the December 19, 2018 Reno Planning Commission meeting (www.youtube.com/watch?v=kRYOk0DcLy4).



Below are several key highlights:

1. At the 1:39:55 mark through 1:42:00, Commissioner Marshall comments on the number of vehicle trips that this project will generate and the absence of an ETR program in the Planned Unit Development (PUD) handbook to reduce the those trips.
2. At the 2:08:20 mark through 2:12:30, Commissioner Marshall discusses ETR and sustainability elements with the CEO of NNSMC. The CEO is supportive of all of the Ozone Advance type strategies highlighted in the AQMD comment letter, including installation of 26 EV charging stations.
3. At the 2:19:20 mark through 2:23:00, Commissioner Marshall makes the motion to approve the Master Plan and PUD Zoning Map Amendments, including the CEO's commitment to our Ozone Advance type comments.

In a move even more significant than the first incorporation of Ozone Advance goals into a special use permit, at the 2:22:20 mark, Commissioner Gower recommends that these ETR and energy efficiency conditions serve as a model for future projects.

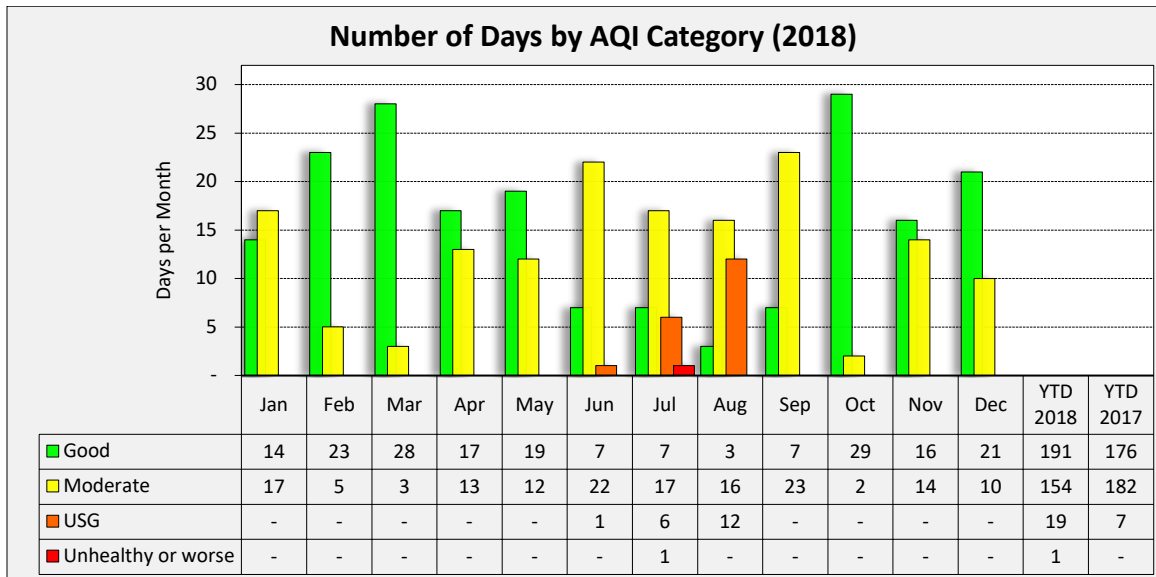
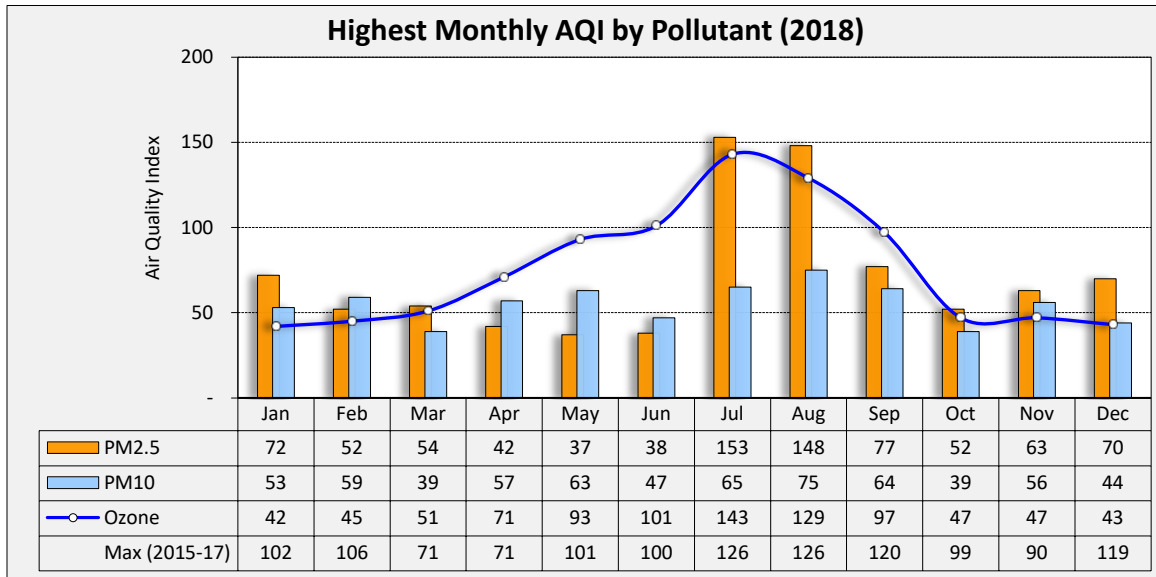
Kudos to the Reno Planning Commission for incorporating Ozone Advance (aka, Healthy Community) goals into the proposed hospital/medical office project and recognizing the opportunity to improve future projects. The public health, environmental, and economic benefits from these "better than business as usual" strategies will continue for generations.



Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit OurCleanAir.com.

3. Program Reports

a. Monitoring and Planning

December Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of December.

New Particulate Matter Monitoring: On January 1, 2019, a new fine particulate matter (PM_{2.5}) analyzer began collecting data at the Toll site on Geiger Grade Road. The new analyzer complements the existing PM₁₀ analyzer. Wildfire smoke and residential wood combustion (i.e., woodstoves and fireplaces) are common sources of PM_{2.5}. Near-time pollution data from Toll and the other monitoring stations can be accessed from AirNow.gov.

Ozone Advance Goal 4 (Increase efficiency of buildings): On December 12, 2018, the Reno City Council moved forward with a new ordinance requiring energy benchmarking (aka recordkeeping) of large buildings. The purpose of this ordinance is to establish a program that encourages large commercial, institutional, and multifamily buildings to invest in energy efficiency to improve building performance, which will result in lower carbon emissions from the commercial building sector. A benchmarking and transparency ordinance is a proven, local government intervention that results in decreased energy use and reduced carbon emissions. It will also assist the city with targeting sectors most in need of technical assistance, incentives, and training. The ordinance will only apply to the largest buildings in the Reno.

Annual benchmarking and disclosure of building performance will increase market value for energy efficiency. The ordinance will also allow the City to monitor and report changes in energy and water use toward carbon emissions reduction targets, and identify and create programs and resources that support the commercial building sector in meeting the requirements of the ordinance and improving building performance.

Progress		Performance Goals	
Year Ending (2018/19)	% Change	Target	National Average
ENERGY STAR Score	71	80	78
Energy	-17.2%	82.7	88.7
Greenhouse Gas	-12.2%	10.8	10.1
Water	-1.8%	1.1	1.0

Question: This ordinance will support which of the following?

- a) Reno's Sustainability Program
- b) Reno's Master Plan
- c) The Health District's Ozone Advance Program
- d) A Healthy Community
- e) All of the above

(The correct answer is e – Everything is connected. Supporting one program supports them all.)

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Staff reviewed thirty-four (34) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-four (44) stationary source inspections, nineteen (19) gasoline stations and one (1) initial compliance inspection in December. Staff was also assigned fifteen (15) new asbestos abatement projects, overseeing the removal of more than 90,000 square feet of asbestos containing materials, which includes over 78,000 square feet of floor tile from the old Oddie Boulevard Kmart. Staff received five (5) new building demolition projects to monitor. Further, there were nineteen (19) new construction/dust projects to monitor, totaling 432 new acres of land being worked for various projects. Staff conducted thirty-eight (38) 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 eleven (11) complaints.

Type of Permit	2018		2017	
	December	YTD	December	Annual Total
Renewal of Existing Air Permits	82	1064	84	1055
New Authorities to Construct	3	50	5	60
Dust Control Permits	19 (432 acres)	279 (3129 acres)	10 (115 acres)	173 (2653 acres)
Wood Stove (WS) Certificates	27	403	31	474
WS Dealers Affidavit of Sale	13 (10 replacements)	84 (55 replacements)	7 (5 replacements)	54 (40 replacements)
WS Notice of Exemptions	561 (4 stoves removed)	8334 (87 stoves removed)	832 (8 stoves removed)	9722 (88 stoves removed)
Asbestos Assessments	68	1129	68	1029
Asbestos Demo and Removal (NESHAP)	15	309	12	241

COMPLAINTS	2018		2017	
	December	YTD	December	Annual Total
Asbestos	1	16	0	13
Burning	1	11	1	10
Construction Dust	2	58	3	42
Dust Control Permit	0	2	0	2
General Dust	0	56	1	54
Diesel Idling	2	2	0	0
Odor	4	17	0	15
Spray Painting	0	6	0	11
Permit to Operate	0	4	1	3
Woodstove	1	6	1	7
TOTAL	11	178	7	157
NOV's	December	YTD	December	Annual Total
Warnings	2	16	0	10
Citations	0	13	0	7
TOTAL	2	29	0	17

*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK	—
DHO		

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: January 24, 2019**

DATE: January 11, 2019
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – 2018 Year in Review; 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

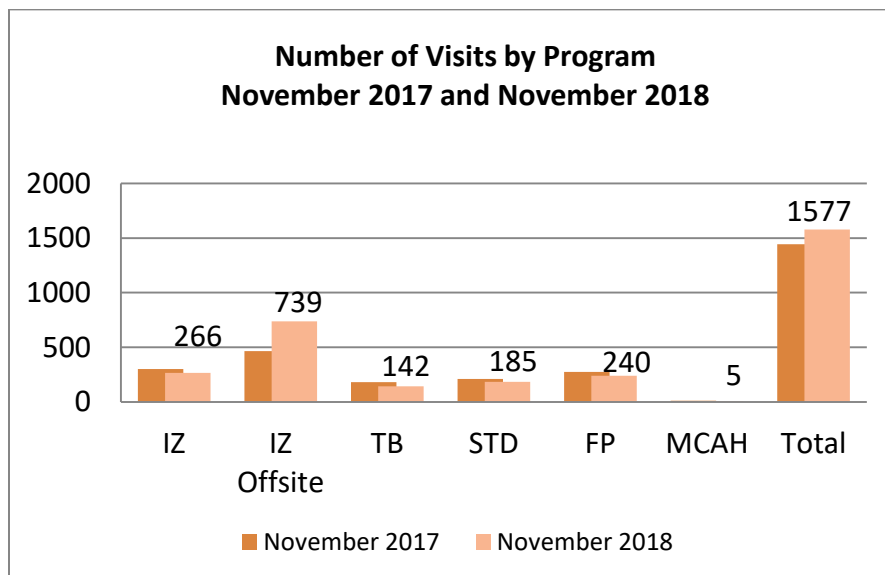
1. Divisional Update –

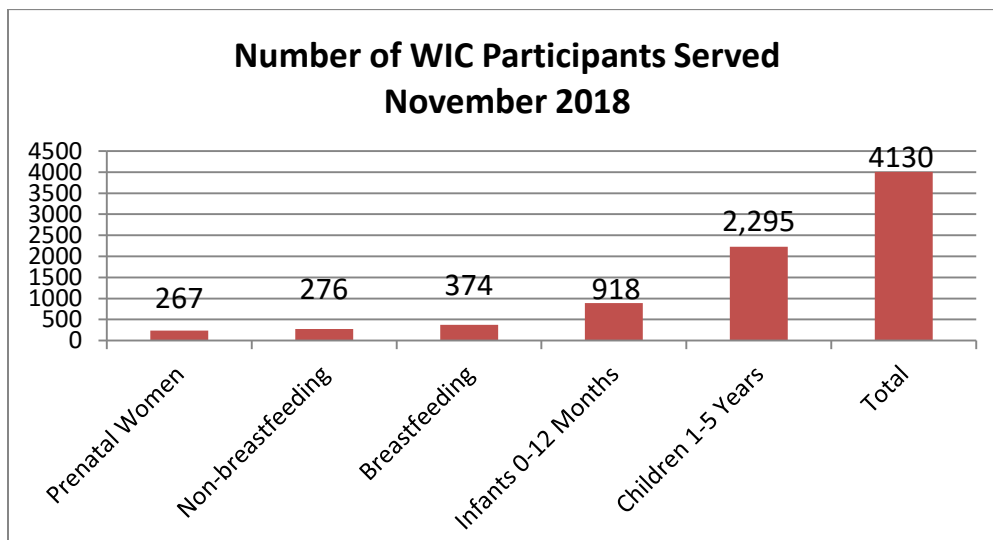
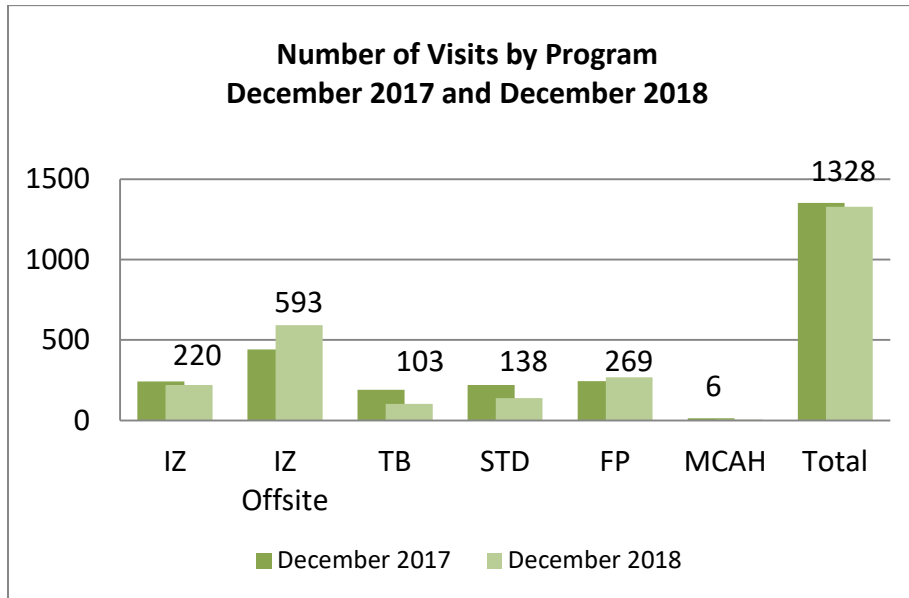
- a. **2018 Year in Review** – CCHS continued its growth and development, and experienced a few growing pains over the past year as well. We continue to work to improve our service to all, as well as improving the work environment as able for our staff, knowing that staff morale is incredibly important. 2018 highlights include:
- i. **Sustainability** – The Division continued to add new third-party payers, and improve revenue and reimbursement for FY18. CCHS revenue exceeded the FY17 total of \$425,000, totaling \$617,292, a 45% increase. Improved cost recovery helps with the sustainability of our valuable services to the community.
 - ii. **Clinic Services** - CCHS provided clinic services to over 16,000 clients in the STD/HIV, TB, Immunization, Family Planning, Women Infants Children (WIC) and Maternal Child programs. This generated over 25,000 visits for this past year.
 - iii. **Family Planning** – in a partnership with the Washoe County Sheriff’s Office, the program implemented a program for female inmates to provide reproductive health counseling, birth control methods, and referrals for female inmates. The Title X award for the current FY was reduced by 13.2%. The program and management have worked to minimize impact to its clients and the community to ensure adequate access to critically important family planning methods including highly effective methods such as Long Acting Reversible Contraceptives. To this end, the program applied for and was awarded funding from the Nevada State Division of Public and Behavioral Health.

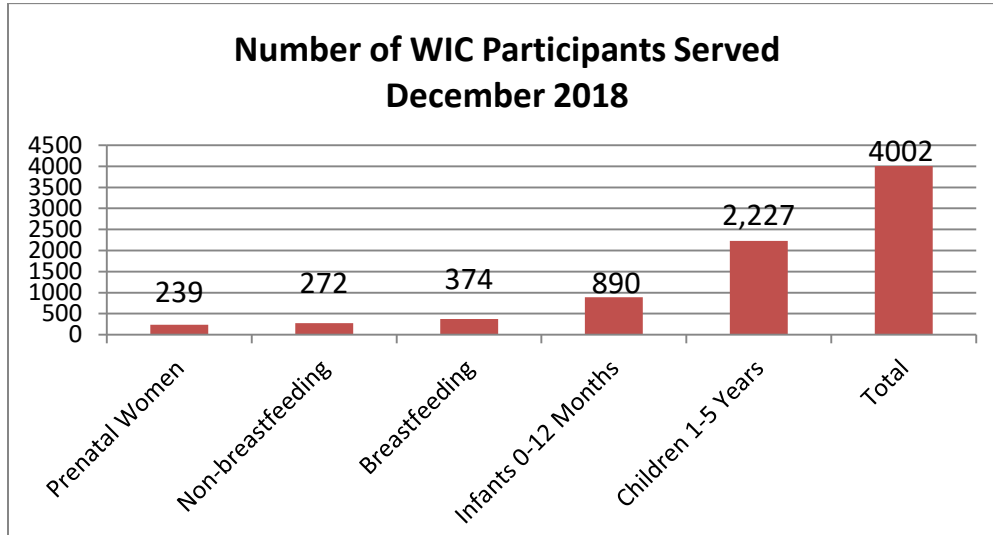
- iv. **Sexually Transmitted Diseases** – STD rates in Washoe County continue to follow the national trend of significant increases. Through the third quarter of 2018 Chlamydia had increased by 20%, Gonorrhea by 48%, and Syphilis by 230%, over the past two years. In response to this, CCHS shifted staff and management resources to this program to improve prevention and control of STDs, and an attempt to better balance workload.
- v. **Healthy Parks** – The Chronic Disease Prevention Program collaborated with the City of Reno Parks and Recreation to organize a Family Field Day event at Yori Park to increase park utilization through the promotion of physical activity and consumption of nutritious foods. All three local Parks and Recreation jurisdictions voted to ban smoking in all park spaces.



b. **Data/Metrics**







Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Keyla Solorio, Intermittent Hourly Community Health Aide (CHA), joined the Sexual Health team on January 7, 2019. The Sexual Health clinic initiated a new clinic model on January 7, 2019. This integrated care model utilizes a team approach, with an APRN, RN, and a CHA. A goal of the new model is to provide clients with a more holistic visit as clients are cared for by the entire team. This new model also provides for an increase in the number of appointments per day as appointment times are reduced to 20 minutes.
- b. **Immunizations** – Nine School Located Vaccination Clinics (SLVCs) were held in November and eight in December, in partnership with Immunize Nevada and the Washoe County School District. Additionally, outreach clinics were held at the Mariposa Academy, Northern Nevada Muslim Community Center and the Record Street shelter. A total of 739 clients were served at outreach clinics in November and 593 in December.

Julie Pomi, RN, Public Health Nurse, retired on January 9, 2019 with over 27 years of service.

- c. **Tuberculosis Prevention and Control Program** – One new active TB case was received in November. A total of 9 active cases of TB were reported in calendar year 2018, down from 17 cases in 2017. In addition to investigating active TB cases, staff routinely perform immigrant evaluations, provide latent TB treatment, and consult with local healthcare providers on latent TB infection management. Currently there are four clients being monitored with direct observation therapy (DOT).

- d. **Family Planning/Teen Health Mall** – Staff submitted the Title X grant application on January 9, 2019. The project period for this funding opportunity begins on April 1, 2019. On January 16, 2019, staff will receive human trafficking education from Awaken, a local non-profit agency.

The Family Planning program added the vaginal ring as a birth control option. The vaginal ring has a failure rate of less than 2%. Staff received Fertility Awareness-Based Methods (FABMs) training in December and can provide education on the Standard Days Method®, TwoDay Method®, and Dot™.

- e. **Chronic Disease Prevention Program (CDPP)** – The Wolf Pack Coaches Challenge is in its third year, and is scheduled to run from February 25, 2019 – March 22, 2019. Recruitment has begun and partnerships with Nevada Athletics and the school district remain strong.

W.O.W! (We Order Well!) welcomes two new restaurants to the program for offering smaller portioned items to their menus, Crawfish Asian Cuisine and Viet Pho.

- f. **Maternal, Child and Adolescent Health (MCAH)** – FIMR nursing staff participated in a Western Region Quality Improvement training on January 9, 2019. In the second quarter of FY 2019, staff presented 11 cases at two separate Case Review Team meetings.

- g. **Women, Infants and Children (WIC)** – The Moana WIC clinic received a full refresh with new paint and family friendly wall décor. This completes a slow, multi-year project that updated some workstations, client screening rooms and overall appeal of the clinic.

The federal shutdown has not yet impacted WIC services. Funding has been secured at the federal level to continue operations through the end of February. Staff have been trained on how to provide services to federal employees who may now qualify due to their furlough status.

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: January 24, 2019**

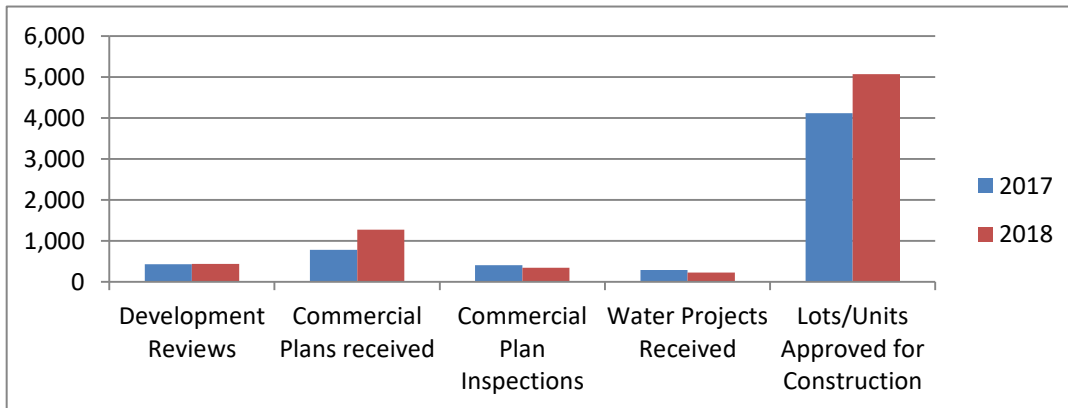
DATE: January 11, 2019
TO: District Board of Health
FROM: Chad Warren Westom, Division Director
 775-328-2644; cwestom@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division Program Updates – Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Vector-Borne Disease and Waste Management and Inspections.

Program Updates

Community Development

- 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	NOV 2018	DEC 2018	YTD* 2018	2017 TTL.
Development Reviews	44	49	44	41	47	44	25	27	26	36	23	30	436	426
Commercial Plans Received	76	78	87	91	141	127	87	114	103	133	120	114	1,272	780
Commercial Plan Inspections	23	16	26	23	25	23	26	34	33	28	40	42	339	407
Water Projects Received	27	26	24	20	23	14	10	25	27	9	12	7	224	287
Lots/Units Approved for Construction	975	970	582	445	403	72	313	1,056	235	16	0	0	5,067	4,117



Epidemiology

- Staff assisted the Communicable Diseases (CD) Program staff with three outbreak investigations in December 2018. One of the investigations was suspected norovirus in a local school. Staff from EHS collected and submitted two specimens to the Nevada State Public Health Lab (NSPHL), both of which were negative for norovirus and enteric pathogens. EHS also collected two specimens to assist the CD program and Virginia State Health Officials for a suspected norovirus outbreak in Honor Flight members who traveled to Virginia for an annual event. One of the specimens submitted to NSPHL tested positive for norovirus, which aided the CD Program and Virginia Officials with their investigation. In mid-December, EHS staff assisted CD staff with response to the City of Reno Community Assistance Center Homeless Shelters on Record Street on numerous reports of Influenza-Like Illness (ILI). EHS worked with Volunteers of America members running the shelters to setup intake procedure for monitoring and isolating individuals with flu-like symptoms. Illness reports following the response were minimal.

Food

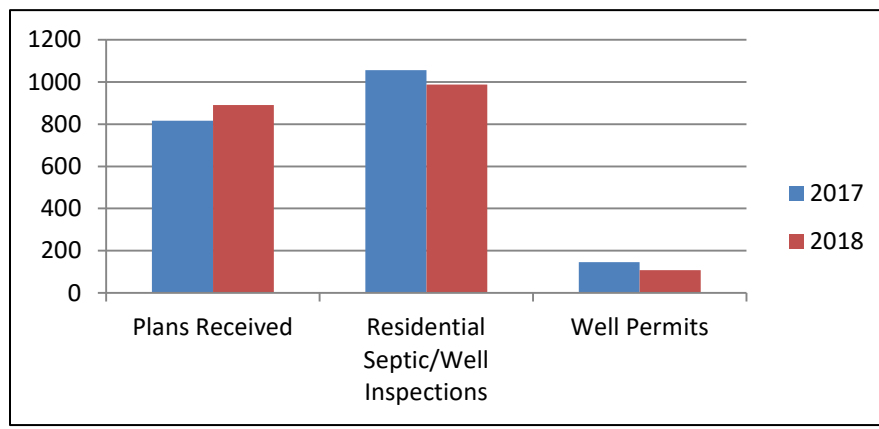
- The Food Safety Program was awarded four Retail Food Program Standards grants funded by the US Food and Drug Administration (FDA) administered by the Association of Food and Drug Officials (AFDO). The grants will provide funding for the following projects:
 - North Carolina State University to visit Reno and provide their Retail HACCP Validation and Verification course to regulator staff from the WCHD, State of Nevada, Carson City, and Southern Nevada Health District as well as food service industry representatives;
 - Public workshop for food service industry and regulatory staff on Managing Employee Health with guest speaker Janet Anderberg; and
 - Travel for two staff to attend the FDA National Retail Food Regulatory Standards Self-Assessment and Verification Audit Workshop.
- Staff completed 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 many of the least compliant Risk Level III food establishments in calendar year 2018.

Land Development

- 2018 closed out with 828 permits processed versus 832 for 2017. The greatest activity occurred in the last quarter. Feedback from industry was that as construction slowed, either due to weather issues or previous projects being completed, the capacity was filled with new project submittals.
- Well plans continued their downward trend and ended with 108 versus 157 in 2017. The main cause for the decline is likely the decrease in need for well deepening. Since the record winter two years ago, many wells struggling with declining water tables have recovered.

- Meetings were held to discuss an update to regulations. Specific needs were identified as well as some prioritization. The group also gathered some resources and began comparing differences between jurisdictions. The priority given to the team was to come up with a solution to confirm, via regulations, a minimum of one acre per dwelling unit. A draft of the language change to accomplish this was sent forward for review.

Land Development	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	SEP 2018	OCT 2018	NOV 2018	DEC 2018	YTD 2018	2017 TOTAL
Plans Received (Residential/Septic)	75	52	68	74	67	61	113	86	60	99	56	79	890	816
Residential Septic/Well Inspections	65	57	69	105	96	99	73	95	60	120	77	71	987	1,056
Well Permits	7	7	4	9	7	14	19	5	4	13	12	7	108	146



Safe Drinking Water

- All sanitary surveys were completed by the first week of November. By the end of December, all letters had been issued with the exception of the TMWA survey. Projected completion date for the TMWA letter is by end of January.
- The group issued Treatment Technique violations for the State for water systems that have deficiencies over 120 days old as part of the ongoing standardization of the NDEP's enforcement procedures. There were only a few issued as the team has dramatically reduced the backlog of outstanding deficiencies over the year. This was accomplished through outreach to individual water systems to determine if deficiencies had been corrected but WCHD not notified, and getting those that were not corrected onto a corrective action plan with set deadlines for compliance.
- The team is looking forward to continuing to build on the improvements made over 2018. Strong strides were made in consistency, enforcement procedures, and cleanup of old files and deficiencies. Water systems are responding to this improved approach by engaging with WCHD more openly and correcting deficiencies in a timely manner.

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	NOV 2018	DEC 2018	YTD 2018	2017 TOTAL
Mosquito	0	0	3	20	20	16	37	31	7	8	0	0	142	289
Mosquito Fish Req (Gambusia)	0	0	0	5	23	33	7	2	0	0	0	0	70	124

Hantavirus	7	0	6	9	11	11	13	9	6	9	3	1	85	126
Plague	0	0	0	0	4	4	5	1	0	0	0	0	14	17
Rabies	3	4	1	4	2	15	9	10	4	1	0	0	53	104
Planning Calls	8	14	9	15	16	4	4	2	1	6	3	2	84	163
Lyme Disease/Ticks	1	0	1	4	16	7	15	1	2	0	0	0	47	26
Media	0	0	2	2	2	2	9	3	1	1	0	0	22	47
Outreach / Education / Misc.	9	11	13	28	23	21	27	21	14	15	10	5	197	442
Cockroach / Bedbug	3	7	9	9	15	15	23	31	11	15	8	4	150	227
West Nile Virus	0	0	0	0	0	0	7	4	5	0	1	0	17	55
Zika	0	0	0	0	0	0	2	0	0	0	0	0	2	12
TOTAL	31	36	44	96	132	128	158	115	51	55	25	12	883	1,632

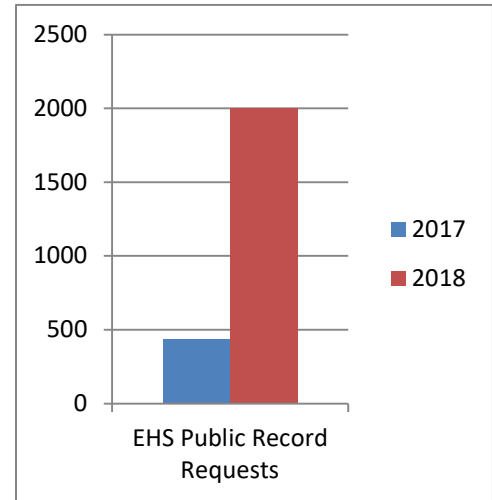
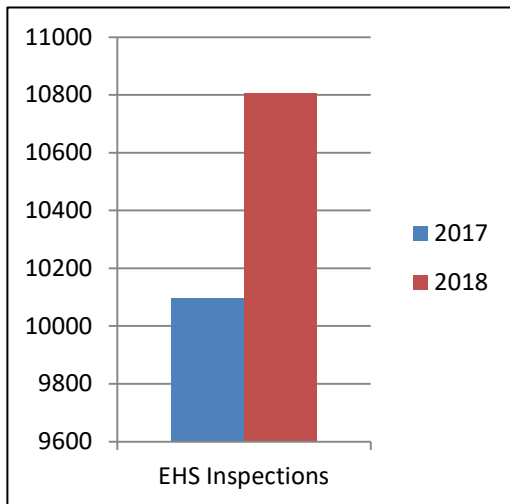
Waste Management

- All Waste Management permits were inspected for the prior calendar year. Adjustments have been made to the permitted list of facilities and the list was sent out prior to the beginning of the year.

EHS 2018 Inspections

	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	SEP 2018	OCT 2018	NOV 2018	DEC 2018	YTD 2018	2017 TOTAL
Child Care	11	11	4	6	15	6	15	8	13	21	5	1	116	115
Complaints	70	57	53	68	52	66	92	82	76	79	27	34	756	883
Food	650	724	709	625	471	602	354	481	458	353	234	149	5,810	4,997
General*	120	100	71	116	476	212	495	307	176	91	46	44	2,254	2,032
Temporary Foods/Special Events	17	19	25	59	105	210	153	545	326	139	27	5	1,630	1,686
Temporary IBD Events	2	0	1	85	0	0	0	3	8	0	0	0	99	96
Waste Management	6	29	14	16	5	13	7	8	11	8	9	15	141	286
TOTAL	876	940	877	975	1,124	1,109	1,116	1,433	1,068	691	348	248	10,806	10,095
EHS Public Record Requests	138	124	164	149	234	115	131	167	226	211	201	141	2,001	437

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.



**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: January 24, 2019**

DATE: January 14, 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, Annual Communicable Disease Summary, Seasonal Influenza Surveillance, Public Health Preparedness, Statewide Planning, Community-based Exercise, Medical Reserve Corps, Inter-Hospital Coordinating Council, Points of Dispensing, CASPER, Emergency Medical Services, Earthquake Tabletop Exercise, New Non-acute Care Member of the MAEA, Pediatric Disaster Response Training, Continuation of EMS Strategic Planning, Update to EMS Protocols, Proposed Revisions to the MAEA, REMSA Compliance

Communicable Disease (CD)

Outbreaks – Since the last District Board of Health meeting in December, the Communicable Disease Program has opened eight outbreak investigations. Of these, five were influenza and acute respiratory diseases in daycares and shelter. Two were norovirus outbreaks in a preschool and event attendees. One was rash illness outbreak associated with a public elementary school, likely the fifth disease. As of January 9, 2019, one outbreak is still open.

2017 Annual Communicable Disease Summary - The annual summary for major reportable diseases in 2017 was published online in December 2018. Highlights of findings were published in the issue of Epi-News in December of 2018 for local medical providers and community partners.

Seasonal Influenza Surveillance – For the week ending January 5, 2018 (CDC Week 1) 12 participating sentinel providers reported a total of 186 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 2.8% (186/6,720) which is above the regional baseline of 2.3%. By age group, ILI activity was highest among 0-4 years (16.4%) and lowest among 25-49 years (1.1%). During the previous week (CDC Week 52), the percentage of visits to U.S. sentinel providers due to ILI was 4.1%. This percentage is above the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 1.7% to 6.1%.

Seven death certificates were received for week 1 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 1 was 100. This

reflects a P&I ratio of 7.0%. The total P&I deaths registered to date in Washoe County for the 2018-2019 influenza surveillance season is 69. This reflects an overall P&I ratio of 5.2% (69/1324).

Public Health Preparedness (PHP)

Statewide Planning - On December 18, the PHP team participated in a Statewide Strategic Planning meeting. The meeting attendees included all Public Health departments and other PHEP/HPP sub-grantees. The purpose of the meeting is to ensure a statewide approach to achieving the grant guidance for public health and healthcare emergency preparedness.

Community-based Exercise - On January 8 the HPP Program facilitated a community-based exercise for seventeen dialysis, home health and hospice agencies. The purpose of the exercise was to test their ability to submit data to the county per protocol.

Medical Reserve Corps - The Medical Reserve Corps Program Coordinator along with the Washoe County Emergency Management Office Coordinator is undertaking a joint “Volunteer and Donations Management Plan” project. In recent local disasters e.g. floods and wildfires our community has responded by donating essential items. The problem is there currently is no County wide unified approach or plans to coordinate the donations. The initial Volunteer and Donations Management Plan “Stakeholder Engagement: Project Kickoff Meeting” is scheduled for January 23, 2019. The consultant agency that will assist in managing this project is Ecological & Environment, INC.

Inter-Hospital Coordinating Council (IHCC) – IHCC approved the Washoe County Health District Suggested Guidelines for Visitation During Communicable Disease Scenarios. The purpose of the guidelines is to assist health care providers in preventing the transmission of harmful microorganisms among individuals and to protect staff and others from healthcare-associated infections.

On January 11, 2010 IHCC held its first meeting of the year and approved its new Response Guide. This guide describes the roles and responsibilities of the IHCC in responding to a health care emergency primarily within Washoe County. It is based on the development of regional healthcare response plans with regional coordination through the Medical Services Unit (MSU). It provides the structure for multi-facility responses within the region and coordinates response to events that exceed the capabilities of individual healthcare entities.

Points of Dispensing (POD) - On January 29, 2019 the PHP program and CCHS will partner to provide free flu vaccinations to the community at Project Homeless Connect. This will be managed as a POD event and will provide partners the opportunity to manage POD operations during a real event.

Community Assessment for Public Health Emergency Response (CASPER) – The PHP team and the EMS Oversight Program Statistician have been meeting since June 2018 to plan for conducting a Community Assessment for Public Health Preparedness (CASPER). The EMS Statistician has been participating on statewide calls with the other health authorities since June. WCHD will be the fourth and final health authority in the state to conduct a CASPER. WCHD’s CASPER will take place in mid-March.

Emergency Medical Services (EMS)

Earthquake Tabletop Exercise - The EMS Coordinator and REMSA Emergency Manager facilitated a tabletop exercise at Hearststone of Northern Nevada on December 6. The scenario tested the staff's ability to respond to a major earthquake along the Walker Lane faults. More than 12 facility staff members attended to discuss their internal response plans. Through discussion, the group also identified some areas for improvement in their preparedness efforts.

New Non-acute Care Member of the MAEA - On December 10th Sierra Ridge Health and Wellness Suites became the tenth non-acute care member of the Mutual Aid Evacuation Annex (MAEA). EMS and PHP staff continue to meet with Washoe County skilled nursing, long-term care, memory care and mental health facilities to discuss their disaster plans and introduce their leadership to the MAEA.

Pediatric Disaster Response Training - The EMS Coordinator coordinated a Texas A&M Engineering Extension Service (TEEX) Pediatric Disaster Response Training on December 12th and 13th. The training was provided to 35 first responders, healthcare employees, emergency managers and public health personnel to help prepare our community to respond to pediatric disasters.

Continuation of EMS Strategic Planning – The EMS Oversight Program continues to facilitate the update of the EMS Strategic plan. At the December 20th meeting the group finalized a new goal on recurrent callers and made edits to several existing goals. The subcommittee will continue to meet on a monthly basis until all proposed revisions are complete.

Update to EMS Protocols - The EMS Protocols Task Force has continued updating the Washoe County EMS protocols. On December 20th, the Task Force met to review proposed changes. Several revisions were made to the protocols, to include the addition of a new medication. Fire/EMS personnel reviewed the updates with their Medical Directors and the revised protocols went into effect on January 9, 2019. The Task Force meets quarterly.

Proposed Revisions to the MAEA - On January 3rd healthcare partners met to review the current proposed revisions to the Mutual Aid Evacuation Annex (MAEA). The partners accepted all changes and provided some additional suggests for improvement. Most revisions focus on communications and enhancing evacuation processes. The revisions will be presented to the DBOH by June 2019 for possible approval.

**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%
November 2018	92%	96%	95%	100%	96%	92%
December 2018	91%	88%	95%	100%	90%	91%
YTD	91%	94%	96%	100%	95%	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*
November 2018	8:36	13:33	17:54	N/A*
December 2018	8:53	16:20	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: January 24, 2019**

DATE: January 24, 2019
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, Quality Improvement, Strategic Plan, Community Health Improvement Plan, Land Development and Plan Reviews, Substance Abuse Task Force, Legislative Session, New CCHS Fees, Other Events and Activities and Health District Media Contacts.

Public Health Accreditation (PHAB)

We have received notification that our site review is proposed for June 25th and 26th and the PHAB Site Review Team members have been selected. Our PHAB Team has been revived and will be working on preparations for the site visit.

Quality Improvement

The Quality Improvement Survey was deployed January 9th and will conclude on January 22nd. The survey results will be compiled and the QI team will utilize them to further shape QI training opportunities and increase QI utilization. EHS is currently working on a large data management QI project in addition to several small QI projects.

Strategic Plan

Updates are currently being entered into the online tracking system in preparation for the development of the semi-annual Strategic Plan Report that will be shared at the February 2019 DBOH Meeting.

Community Health Improvement Plan

Due to the holiday break, activity was limited over the month of December for the Behavioral Health and Housing/Homeless Committees. The CHIP Behavioral Health Committee will meet on January 18th to provide updates on progress and share a Legislative update. The Nutrition and Physical Activity Committee has continued to make progress in the development of implementation plans for Worksites and Youth audiences. The 2018 CHIP annual progress report will be shared in February and will cover the progress made in the first 6 months of CHIP implementation.

Land Development and Plan Reviews

The Interlocal Agreement between NDEP, TMWA, and the Health District for water projects is now being implemented. The Health District has become aware of concerns that may be related to the change in process and coordination and communications between jurisdictions conducting civil plan reviews for building permits and TMWA's review of water projects. TMWA and the Health District are meeting with the Builders Association of Northern Nevada (BANN) on January 17. A follow-up meeting with TMWA, City of Reno, and the Health District is scheduled for February 1.

Substance Abuse Task Force

The Task Force met on January 7. A presentation on the Capacity data base was presented by Transforming Youth Recovery, and Dr. Woodard, DHHS Senior Advisor on Behavioral Health, provided a presentation on Nevada's Approach to Addressing the Opioid Crisis. The Task Force has decided to participate as one of ten sites nationally for a Community Coalition Accelerator to begin development of a comprehensive strategy to address the opioid crisis. The Health District has provided funding for the event which will be held at the Regional Emergency Operations Center on April 5. We are creating a planning committee to prepare for the Accelerator event.

Legislative Session

Joelle Gutman, Government Affairs Liaison, joined the Health District on January 7. The Washoe County Health District participated in a number of conference calls during the past month with Southern Nevada Health District, Carson City Health and Human Services, the Nevada Public Health Association, and other partners to coordinate and prepare for the upcoming legislative session. Health District staff are reviewing numerous bills to assess relevance for the Health District and to provide comment for legislative tracking and engagement.

New CCHS Fees

An additional antibiotic has been approved as an alternate treatment for Cystitis (Amoxicillin Pot Clavulanate 875/125mg). Augmentin 875 is a safer treatment choice for our clients. Ciprofloxacin has serious adverse reactions including tendinitis and tendon rupture. The cost is \$4.94 for 20 pills. The fee with indirect will be \$5.86.

Other Events and Activities

- 12/14/18 Workforce Survey Meeting with Nevada Public Health Training Center, UNR
- 12/14/18 Food Policy Council Leadership Meeting
- 12/17/18 Orientation Meeting – Dr. Reka Danko
- 12/17/18 9th Street Master Plan Steering Committee Workshop
- 12/18/18 County Health Rankings Conference Call
- 12/21/18 NPHA Advocacy Call
- 12/21/18-1/2/19 Kevin Dick – Leave
- 1/3/19 NV Health Authority Conference Call

Date: January 24, 2019

Subject: ODHO District Health Officer Report

Page: 3 of 3

1/4/19	Monthly Meeting with Dave Solaro
1/7/19	Washoe Behavioral Health Policy Board Meeting
1/7/19	Substance Abuse Task Force Meeting
1/8/19	Health District General Staff Meeting
1/9/19	Department Heads Meeting
1/10/19	AQM – DHO/DD/Board Member Meeting
1/14/19	Agenda Review Meeting w/ Dr. Novak and Chief Brown
1/14/19	EPHP – DHO/DD/Board Member Meeting
1/15/19	5210 Advisory Board Meeting
1/15/19	Academic Health Department Meeting with UNR and NDPBH
1/16/19	Advancing Rural Board of Health Capacity Meeting
1/17/19	BANN Meeting
1/17/19	9 th Street Master Plan Steering Committee Workshop
1/18/19	NPHA Advocacy Call
1/22/19	Board of County Commissioners Strategic Planning Meeting
1/23/19	Introduction to the Health District Orientation for New Staff

Health District Media Contacts: December 2018

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
12/31/2018	Edible Reno-Tahoe Magazine	Annie Flanzraich	AYCE Sushi Restaurants - Ulibarri
12/18/2018	KRNV CH4 - NBC Reno	Miles Buergin	Influenza - Chalkley
12/18/2018	KTVN CH2 - CBS Reno	Brandon Fuhs	Influenza - Chalkley
12/17/2018	KRNV CH4 - NBC Reno	Samantha Smerchniak	Tobacco and e-cigarettes - Goatley-Seals
12/12/2018	Reno Gazette-Journal	Benjamin Spillman	EPA delay of Residential Wood Heater Emission Standards - Wolf
12/12/2018	KUNR 88.7FM - NPR Reno	Anh Gray	Pediatric Disaster Training - Dayton/Ulibarri
12/12/2018	KRNV CH4 - NBC Reno	Samantha Smerchniak	Pediatric Disaster Training - Dayton/Ulibarri
12/12/2018	KOLO CH8 - ABC Reno	Terri Russell	Pediatric Disaster Training - Dayton/Ulibarri
12/12/2018	KKOH 780AM - CNN Reno	Daniela Sonnino	Pediatric Disaster Training - Dayton/Ulibarri
12/6/2018	Science Magazine	Jason Plautz	Cannabis - Wolf
12/5/2018	KOLO CH8 - ABC Reno	Terri Russell	Swan Lake Algae - Ulibarri
11/30/2018	KRNV CH4 - NBC Reno	Shelby Sheehan	Influenza & Acute Flaccid Myelitis - Todd*

* Submitted after October/November 2018 Report

Press Releases/Media Advisories/Editorials/Talking Points

12/17/2018	First death of 2018/19 flu season	Ulibarri
12/11/2018	Washoe County Pediatric Disaster Training	Ulibarri
12/7/2018	New Physical Guidelines for Americans - 5210, Go!	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	80 (CCHS 17 EHS 11 ODHO 8 AQM 44)
Twitter	AQMD/CCHS	67 (AQM 62 CCHS 5)