

## **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  
Marsha Berkbigler  
Tom Young

**Thursday, February 28, 2019  
1:00 p.m.**

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

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**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)**

February 28, 2019

**5. \*Recognitions**

**A. Years of Service**

- i. Jacqueline Chaidez, 15 years, Hired 2/3/2004 - CCHS
- ii. Brittany Dayton, 5 years, Hired 2/19/2014, EPHP
- iii. Latricia Lord, 5 years, Hired 2/24/2014 – EHS

**B. New Hires**

- i. Prenu Skaria, AmeriCorps VISTA Member, began a one-year assignment with WCHD on 1/22/2019 - CCHS

**C. Shining Star**

- i. Rebecca Gonzales
- ii. Latricia Lord
- iii. Lorena Solorio

**D. Air Pollution Control Hearing Board Service**

- i. Mr. Joseph Serpa, 2/1/1996 – 2/28/2019, Air Pollution Control Hearing Board Member

**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. January 24, 2019

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

- i. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$110,230 (no match required) for the period retroactive to January 1, 2019 through December 31, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Grant Program, IO# 11558 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- ii. Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$102,298 (no match required) for the period March 29, 2019 through March 28, 2020 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11559 and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

- iii. Approve a Grant Agreement and Notice of Grant Award from Nevada Clinical Services, Inc. retroactive to January 1, 2019 through June 20, 2019 in the total amount of \$162,855.00 (no match required) in support of the Community and Clinical Health Services Division's Tobacco Prevention Program IO# 11562; if approved, authorize the Termination of Grant Award between the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the Tobacco Prevention and Control Grant IO#11128 retroactive to December 31, 2018 and authorize the District Health Officer to execute both documents.

Staff Representative: Nancy Kerns Cummins

- C. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #1-18S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Brian and Lindsay Casci, owners of 630 Hill lane, Washoe County Nevada, Assessor's Parcel Number 038-084-05. - (For possible action)**

Staff Representative: James English

- D. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #1-19S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Robert Togliatti, owner of 19445 Togliatti Way, Reno Nevada, Assessor's Parcel Number 017-320-20. - (For possible action)**

Staff Representative: James English

- E. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #2-19S of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and**

Sanitation for Mark and Kathleen Olsen, owners of 5025 Pleasant View Drive, Sparks Nevada 89434, Assessor's Parcel Number 030-204-07. - **(For possible action)**  
Staff Representative: James English

F. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - **(For possible action)**

i. Desert Wind Homes LP – Case No. 1209, NOV No. 5694  
Staff Representative: Charlene Albee

G. Re-Appointment of Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2018 through December 20, 2021; and the re-appointment of Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term beginning January 26, 2019 through January 26, 2022. - **(For possible action)**

Staff Representative: Charlene Albee

H. Approve Addendum #1 to the Agreement dated October 16, 2018, between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno to extend the terms of the original agreement, including the incorporated attachments, to apply to educational experiences with all colleges or programs of the University and all division of the Health District. - **(For possible action)**

Staff Representative: Jennifer Pierce

I. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2019 – **(For possible action)**

Staff Representative: Anna Heenan

**7. \*Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments**

Staff Representative: - Andrea Esp

**8. \*Presentation: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

Staff Representative: Erin Dixon

**9. \*Regional Emergency Medical Services Advisory Board February Meeting Summary**

Staff Representative: Christina Conti

**10. Regional Emergency Medical Services Authority**

Presented by: JW Hodge

**A. Review and Acceptance of the REMSA Operations Report for January, 2019 – (For possible action)**

**B. \*Update of REMSA's Public Relations during January 2019**

**11. Possible Board approval of continued implementation of the Tasting Event permitting process using the procedures established under the pilot program until a larger examination of the overall temporary food permitting fee structure can be conducted and a specific fee can be designed and dedicated for this type of event. – (For possible action)**

Staff Representative: Nick Florey

**12. Presentation and possible acceptance of the 2018-2020 Community Health Improvement Plan Annual Report – (For possible action)**

Staff Representative: Rayona LaVoie

**13. Presentation and possible acceptance of the semi-annual progress report on the 2018-2021 Strategic Plan. - (For possible action)**

Staff Representative: Catrina Peters

**14. Approval of the Fiscal Year 2019-2020 Budget - (For possible action)**

Staff Representative: Kevin Dick

**15. Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session. – (For possible action)**

Staff Representative: Kevin Dick

**16. \*Staff Reports and Program Updates**

**A. Air Quality Management, Charlene Albee, Director**

Program Update, AQMD Monitoring Network, Wildfire Season 2018, Divisional Update, Monitoring and Planning and Permitting and Enforcement

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

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

**C. Environmental Health Services, Chad Westom, Director**

Environmental Health Services (EHS) Division Program Updates – Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Waste Management, and Inspections.

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

Program Updates for Communicable Disease, Outbreaks, Invasive Pneumococcal Disease, First Responder Fact Sheets, Outbreak Response Volunteer Training, Hospital Screening Question for Carbapenem-resistant Organisms, Seasonal Influenza Surveillance, Public Health Preparedness, Exercises, Medical Reserve Corps, Inter-Hospital Coordinating Council, CASPER, Emergency Medical Services, WebEOC Training, Mutual Aid Evacuation Annex (MAEA) Training, EMS Strategic Plan, Emergency Department (ED) Consortium

**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, Workforce Development, Open Burning, Land Development and Plan Reviews, Legislative Session, Other Events and Activities and Health District Media Contacts.

**17. \*Board Comment**

Limited to announcements or issues for future agendas.

**18. \*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.

**19. 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. 9<sup>th</sup> 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](http://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. 9<sup>th</sup> 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](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

## **RESOLUTION OF APPRECIATION**

**WHEREAS** the Washoe County District Health District is charged with enacting and maintaining various sets of regulations pertaining to programs serving the citizens of the Health District, and;

**WHEREAS** the Regulations Governing the Air Pollution Control Hearing Board is a complex document which requires great expertise in its interpretation, intent, and objectives to implement the Clean Air Act in the Health District, and;

**WHEREAS** the Air Pollution Control Hearing Board has been established to hear matters relative to complying with these high standards and is composed of responsible community members meeting the requirements to serve on the Board which have volunteered to provide their invaluable assistance in matters of appeals, variances, and recommendations to the District Board of Health, and;

**WHEREAS Joseph Serpa** has faithfully served on the Hearing Board and rendered unwavering assistance in support of the standards expressed for air quality in the Health District;

**THEREFORE** the Washoe County District Board of Health wishes to convey by the way of the **RESOLUTION OF APPRECIATION** its thanks to **Joseph Serpa** for his dedicated service as a member of the Air Pollution Control Hearing Board from February 1996 to February 2019.

Set forth this 28<sup>th</sup> day of February 2018

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

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John Novak, D.M.D., Chair  
Washoe County District Board of Health

## Washoe County District Board of Health Meeting Minutes

### Members

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

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

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

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### 1. \*Roll Call and Determination of Quorum

Chair Novak called the meeting to order at 1:03 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair  
Michael Brown, Vice Chair  
Oscar Delgado  
Kristopher Dahir  
Dr. Reka Danko  
Marsha Berkgigler  
Tom Young

Members absent: None

**Ms. Rogers verified a quorum was present.**

Staff present: Kevin Dick, District Health Officer  
Leslie Admirand, Deputy District Attorney  
Charlene Albee  
Steve Kutz  
Chad Westom  
Dr. Randall Todd  
Luke Franklin  
Brittany Dayton  
Joelle Gutman

### 2. \*Pledge of Allegiance

Mr. Kutz led the pledge to the flag.

### 3. \*Public Comment

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

#### **4. Approval of Agenda**

January 24, 2019

Mr. Dahir moved to approve the agenda for the January 24, 2019, District Board of Health regular meeting. Mr. Brown seconded the motion which was approved unanimously.

#### **5. Recognitions**

##### **A. District Board of Health Recognition**

###### **i. Past Board Chair, County Commissioner Kitty Jung**

Chair Novak recognized Commissioner Jung for her service on the District Board of Health, noting her tenure began in January of 2009. He stated the Health District has come a long way since then and wished to thank her for her dedicated service to the District Board of Health.

##### **B. District Board of Health Introductions**

###### **ii. Washoe County Appointee to the District Board of Health**

Chair Novak welcomed County Commissioner Marsha Berkbigler and informed she would be taking Commissioner Jung's place on the Board. He asked her to speak on her background.

Ms. Berkbigler informed that she has been on the County Commission for six years and is up for reelection in 2020. She stated that she grew up in Sparks, graduated from Sparks High School and has a Bachelor's degree in Business Management.

Ms. Berkbigler informed she had been a Lobbyist for many years and represented a large cross section of businesses and that she had represented all of the physicians in the State of Nevada for seven years as their Government Affairs representative at the state and federal level. She stated that she had once represented a pro bono client, The Nevadans for Non-Smoker's Rights, at a time when smoking was allowed everywhere, and was responsible for changing the laws to restrict where smoking was allowed.

Chair Novak thanked her and stated that many appreciate the results of her work.

###### **iii. Physician Member of the District Board of Health**

Chair Novak welcomed Dr. Reka Danko and asked her to introduce herself. Dr. Danko expressed she was honored to be a member of the DBOH. She informed she has lived in the area since the age of five when her family had moved from Budapest. She attended Kindergarten through medical school in Reno and completed her residency in internal medicine at Renown in 2011.

Dr. Danko stated she joined a Hospitalist practice at Northern Nevada Medical Center in Sparks and then held the Medical Director position at Northern Nevada HOPES for four years where she helped grow the Primary Care and Addiction Programs. She informed she subsequently became Addiction Medicine Board Certified in 2018. She stated she is now at Saint Mary's Hospital as a Hospitalist.

Chair Novak stated that the Board was very excited to have Dr. Danko as the Physician Member because her broad knowledge base is aligned with issues in the community.

Chair Novak explained that a Hospitalist is responsible for the treatment of other physician's patients while admitted to that facility.



### C. Retirements

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

Mr. Dick informed that Ms. Pomi was a Public Health Nurse II with CCHS and had worked at the Health District for over twenty-seven years, and related that Ms. Pomi and Mr. Kutz, Division Director for CCHS, had both been in the same nursing class. Although she was not able to be present, Mr. Dick thanked her for her service and congratulated her on her retirement. He read the inscription on the clock that would be presented to her in recognition of her service.

Mr. Dick noted that Ms. Pomi might not be gone from the Health District completely as she may participate in the intermittent hourly nursing program.

### D. Years of Service

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

Mr. Dick informed that Ms. Varganova is a bio-statistician with the Communicable Disease Epidemiology Program and congratulated her on five years of service with the Health District.

Ms. Varganova was not in attendance.

### E. New Hires

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

Mr. Dick stated that Ms. Gutman will be responsible for representing the Health District during the upcoming State Legislative Session, and will also work to support Health District policy interventions and governmental relations at the local and federal level.

Mr. Dick informed the Governmental Affairs Liaison is a new position for the Health District, and is one of the elements the Board adopted in the Strategic Plan for the Health District. He expressed he is delighted to have Ms. Gutman on board with the Legislative Session due to begin shortly, as it will allow for better capacity to deal with the myriad of public health issues that occur there.

Mr. Dick informed that Ms. Gutman has State Legislative Lobbying experience working with Ferrari Public Affairs and the McMullen Strategic Group during the 2015 and 2017 Legislative Sessions, that she served as the Domestic Violence Ombudsman for the Office of the Attorney General and most recently as the Rural Behavioral Health Coordinator for seven frontier counties and the Rural Behavioral Health Policy Board. He stated Ms. Gutman has a BA in Communications from the University of Arizona Tucson, and a Masters of Social Work degree from UNR.

Mr. Dick welcomed Ms. Gutman and stated he was very glad to have her on board.

### 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

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff.

Mr. Dick introduced nominees with three or more Shining Star recognitions; Ms. Gabor, Public Health Nurse Supervisor with CCHS, Ms. Gonzalez with CCHS, Ms. Kerns Cummins, Fiscal Compliance Office with AHS, Ms. Rogers with the ODHO, Ms. Schroeder with EHS, Mr. Sobrio, Public Health Nurse with the TB Clinic and Mr. White, Storekeeper with CCHS.

Mr. Dick introduced Ms. Chaidez with the WIC Program with twenty Shining Star recognitions.

Mr. Dick congratulated all employees recognized.

#### G. Special Recognition

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

Mr. Dick informed Ms. Karlicek has volunteered to organize the Adopt a Family Campaign for the past four years during the holiday season, stating that she does an incredible job working across the Health District to engage staff in supporting a number of families. He informed that in 2018, due to her efforts and the generosity of staff, the Health District was able to help five families with a total of twenty-four people; fifty staff members donated a total of \$2,375, fifty-seven items, and four boxes of food, and one hundred fifty-five presents were delivered. Ms. Karlicek estimates the number of volunteer hours at approximately 50.

Mr. Dick stated that, in addition to all she does for the Health District within her job duties, Ms. Karlicek takes on the task of helping as many families as possible. He thanked her for her efforts.

### 6. Consent Items

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

Ms. Berkbigler stated she would need to recuse herself from the approval of the December minutes because she hadn't attended the meeting. Chair Novak opined that she and Dr. Danko both may need to recuse themselves. Mr. Brown indicated he was also not at that meeting.

Ms. Admirand informed that the Board is approving the form of the minutes, not the content, so the Board Members that were not present at the meeting can participate in the vote.

#### A. Approval of Draft Minutes

##### i. December 13, 2018

#### B. Budget Amendments/Interlocal Agreements

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.

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.

Staff Representative: Kevin Dick

- E. Acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2019

Staff Representative: Anna Heenan

**Mr. Brown moved to accept the Consent Agenda as presented. Mr. Young seconded the motion which was approved unanimously.**

There was no public comment.

**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

Ms. Cakiroglu expressed her appreciation for the opportunity to present to the Board.

Ms. Cakiroglu informed her presentation would be covering two topics; the first is an update on the funding received by Keep Truckee Meadows Beautiful (KTMB) from the Washoe County Health District tire fund which is provided to the Health District from the Nevada Division of Environmental Protection to provide waste reduction, recycling and public outreach efforts.

She stated that KTMB is a private, non-profit organization and will be celebrating their thirtieth anniversary in 2019. KTMB is the only non-profit Keep America Beautiful affiliate in the State of Nevada and was founded by the Biggest Little City Committee in an effort to engage residents in improving the community through parks and clean-up efforts.

Ms. Cakiroglu explained that, as a private, non-profit organization, KTMB is unique from many other Keep America Beautiful affiliates nationwide that are tax-funded and part of their local Public Works Departments. She informed the Health District first began funding KTMB in 2003 as their partner in litter control to help offset the cost of dumpsters for clean-up activities, and thanked the Health District for those contributions.

Ms. Cakiroglu reviewed KTMB's scope of work, noting they've grown over the years to include many community-wide clean-ups including the Illegal Dumping Task Force which was founded in 2006 with a focus on prevention and includes many local and federal partners. She summarized by saying KTMB is a leading clean up, education and prevention organization, and that illegal dumping has been markedly reduced.

She informed that broad partnerships were formed in 2006 between KTMB and the cities of Reno and Sparks and Washoe County, Reno Sparks Indian Colony, Bureau of Land Management and the United States Forest Service. She noted the amount of trash to be removed after the initial clean-up has declined over the years and the number of volunteers has increased. She informed hypodermic needles are increasingly being found in clean-ups and thanked the Health District for providing sharps containers.

Ms. Cakiroglu informed the Litter Survey is done as part of KTMB's affiliation with Keep America Beautiful and is the largest evidence-based program for KTMB, noting its purpose is to rate how clean or dirty the community is. She stated the statistics prove this community is getting cleaner.

Ms. Cakiroglu explained that, with the funding received from the Health District, KTMB is working with their County, Sparks and Reno partners to make this survey even more accurate and useful for the local jurisdictions.

Without Health District funding, Ms. Cakiroglu expressed that the Adopt a Spot program would not be in operation, explaining their efforts to make it a self-funded program failed. She thanked the Health District for their support, noting that there were 1860 volunteer hours contributed last year and the program has grown.

She informed KTMB could use the Health District's help in identifying groups that might be interested in adopting thirty-four areas in their map that have yet to be claimed.

Ms. Cakiroglu informed that over 10,000 Christmas trees were collected for recycle last year and detailed locations provided for trees to be dropped off.

Ms. Cakiroglu informed that Health District support provided the ability to produce and publish their KTMB Recycling Guide in English and Spanish last year, increasing community education. She noted real estate companies have begun to include the Guide in welcome baskets for their clients.

Ms. Cakiroglu noted the Waste Characterization Study was part of the Health District Solid Waste Management Plan Update in 2016 and has just been completed. She stated this study is very closely aligned with the work of KTMB, and gave examples of companies that have greatly reduced their percentage of waste through recycling and composting. She

informed that Mr. Luke Franklin, Senior Environmental Health Specialist with the Washoe County Health District, was present to answer any questions associated with the study.

She explained that the study was done over a period of two years for a more complete analysis and explained the methodology of the study and the results. Results show that over fifty percent of the materials could have been composted and there was a significant amount of recyclables that could also have been diverted.

Ms. Cakiroglu stated a huge business opportunity exists in this area to divert, process and resell organic waste. She highlighted the need to do a better job of educating residents about recycling, encourage better and smarter recycling and create a cultural shift to promote owning less and to minimize packaging. She outlined potential steps to help businesses and individuals compost and encouraged the Board to take this information to their colleagues and jurisdictions to work to improve the ability to compost.

Mr. Young expressed his appreciation for KTMB's activities and stated he has participated in a number of them and provided incentives for volunteers. He opined that KTMB and the Health District can work to improve is the ability to compost, noting there is only one composting facility that he is aware of. He stated marketing campaigns to encourage the use of this or other facilities, to make it more convenient to compost and to promote the use of locally produced compost would be beneficial to the effort.

Mr. Dahir encouraged KTMB to review the contract with Waste Management. He opined the area is not prepared for citizens to recycle as well as it could be, informing there are other groups that would like to provide recycling services but cannot due to the existing Waste Management contract. He expressed it would be advantageous to review the conditions of a contract prior to renewal with Waste Management to allow more and better options for recycling, and that without better planning, little improvement can be realized on this important issue.

Mr. Brown remarked that other areas allow the wood products that would go into the area's landfills be delivered without charge to be chipped and used for soil stabilization. He expressed there is a need to work together to make it easier for the customer and a more efficient process, and that the Board needs to be involved to do what they can to make it happen.

Mr. Delgado informed he is a big supporter of KTMB and will sponsor and support them in any way possible, stating they do so much for the community's neighborhoods. He expressed that their projects bring communities together; what better way to meet your neighbor and show pride in your community than to participate in cleaning it up? He agreed with Mr. Dahir's comments and stressed the need to find ways to work with the contracted entities to improve options for recycling. He thanked Ms. Cakiroglu for her presentation and her efforts, and that he looked forward to continuing this conversation.

Chair Novak thanked Ms. Cakiroglu for her educational presentation and inquired what material can be taken to Fulcrum Bio-Energy. Ms. Cakiroglu informed the plant is still under construction with plans to be operational in 2020, and is being built in Storey County. She opined it beneficial to research what can be delivered there and how best to work with them.

## **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**

### **B. Review and Acceptance of the REMSA Operations Report for December, 2018**

Mr. Dow informed he was available to answer questions regarding the November and December Operations Reports.

**Mr. Brown moved to accept the REMSA Operations Reports for November and December, 2018. Ms. Berkbigler seconded the motion which was approved unanimously.**

**C. \*Update of REMSA's Public Relations during November 2018**

**D. \*Update of REMSA's Public Relations during December 2018**

Ms. Jobson introduced herself as Public Affairs Manager for REMSA and informed she would be providing an update regarding some current community and public relations activities.

She informed that REMSA has recently announced the achievements and addition of several new employees across the organization, including the appointment of the Clinical Communications Manager as a regional instructor for the International Academy of Emergency Dispatchers, as well as Mr. Barry Duplantis being hired as CFO and Deborah Kotrady as the new Clinical Education Nurse. REMSA's Education Department celebrated the graduation of sixteen paramedics in early January.

Ms. Jobson stated the Journal of Emergency Medical Services recently featured an article she submitted through REMSA with the Academy of International Mobile Healthcare Integration in regards to how enhancing a public and community relations program can build awareness of and an affinity for an EMS Agency.

KUNR's Anh Gray attended REMSA's Bleeding Control class last week and conducted in-depth interviews with their Education Coordinator and class participants about the importance of developing bleeding control skills.

Mr. Dahir inquired how REMSA is attracting new paramedics to assure there are enough to fill the community's needs. He noted that the Cities have encouraged some of them to join their fire departments.

Mr. Dow informed that nationally, for the past several years, there has been a decline of advanced EMTs and paramedics. He stated that, since December 2018, the eight fire departments in the area and REMSA have created a new paramedic program specifically for the fire service that aligns with their shift schedules, noting REMSA retains their paramedic program on the REMSA campus.

Mr. Dow opined it will be difficult over the next several years to maintain adequate numbers of trained paramedics, but feels they are poised to mitigate that issue with the three classes that are now available.

Mr. Dahir informed the City of Sparks works to promote first responders as hero status to stress the importance of those positions, as well as highlight the benefits and pay in order to draw new recruits and maintain existing staff. He stated this may be a valuable part of the strategy for the Health District, REMSA and fire departments to use.

**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.**

Staff Representative: Brittany Dayton

Ms. Dayton welcomed the two new Board Members and congratulated the new Chair and Vice Chair on their elections.

Ms. Dayton informed the District Board of Health has annually been provided a presentation on REMSA's Franchise Compliance Report for the previous fiscal year. She stated the Staff Report Compliance Check List and Compliance Report included in the Board's packets are an assessment of REMSA's adherence to the various requirements of the Amended and Restated Franchise for Ambulance Service.

Ms. Dayton reported that for Fiscal Year 2017-2018, staff found REMSA compliant with all auditable Franchise Articles and therefore recommends the Board approve the Compliance Report for FY2017-2018. She informed she would be happy to answer any questions.

**Mr. Dahir moved to approve the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/1/2017 through 6/30/2018. Ms. Berkbigler seconded the motion which was approved unanimously.**

Chair Novak thanked Ms. Dayton and acknowledged the great amount of work it takes to produce this report.

**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.**

Staff Representatives: Kevin Dick and Joelle Gutman

Mr. Dick informed this report is the beginning of activity for the Legislative season that occurs every two years, in which staff provide two reports, the 2019 Washoe County Health District Legislative Principals and the 2019 Washoe County Health District Legislative Priorities. He stated there is also a spreadsheet that shows the bills evaluated to date by the Health District, noting the bills staff support and intend to testify on are highlighted in green and those that are supported and will be tracked but no testimony is planned are marked in yellow. He stated there are a greater number of bills that the Health District's position is neutral but will be tracking.

Mr. Dick stated that, as the Board knows, there is great deal of activity in a short span of time during the Legislative Session and explained the Legislative Principals are intended to be the elements staff will consider in taking action on bills during the period of time between scheduled DBOH Meetings and will act as guiding principles in decision making for response to new bills and changes and amendments to bills to determine what the Health District's position should be.

Mr. Dick informed the Priorities report outlines the broad scope of priorities Health District staff have identified and are seeking Board approval for the coming Legislative Session. He highlighted the ongoing information that has been provided to the Board on the initiative to have the State increase their funding of public health by an additional five dollars per capita which would advance the State from fiftieth to forty-ninth in public health funding for the State. Mr. Dick stated it is widely known of the huge investment Health and Human Services makes in healthcare within the state and of the miniscule investment in public health from the State, and opined that as long as this situation exists, the amount spent on healthcare will increase versus controlling those costs by having an adequate public health investment from the State.

Mr. Dick stated the e-cigarette priority was initiated due to the huge increase in use of this product by youth and the initiative to increase regulation of e-cigarettes by licensing e-cigarette retailers in the same manner as cigarette retailers, expand on the work of Commissioner Berkbigler to include vaping in the Clean Indoor Air Act, and have e-cigarettes appropriately included for taxation by the State in the statute for other tobacco products. He explained taxation of e-cigarettes would provide another option for increasing public health funding. The last element Mr. Dick spoke of regarding e-cigarettes is one, where if there is an opportunity, the Health District would support increasing the legal age for purchase of tobacco products to twenty-one.

Regarding Behavioral Health, Mr. Dick informed the Health District priority is to support

the bill introduced by the Regional Behavioral Health Policy Board for the establishment of Crisis Stabilization Center and Services in Washoe County. He stated this bill would also provide for immediate care for persons who are experiencing a mental health crisis or substance abuse behavioral problem and would provide crisis care to stabilize the patient, de-escalate and provide them with continuing care at the lower appropriate level of care. He explained the current options are either for law enforcement to deliver the patient to the emergency room which involves extended wait times in which officers are delayed from other duties, or for the person to be booked and incarcerated, both of which result in the individual not getting the treatment they need. Mr. Dick informed the Crisis Stabilization Center approach has been very successful in other communities in providing for much better care for people in crisis and noted this initiative is in alignment with the Behavioral Health component of the Health District's Community Health Improvement Plan (CHIP) that was adopted by the DBOH.

Mr. Dick informed the Health District has identified BDRs and bills that address Housing and Homelessness issues and are also in alignment with elements of the CHIP. He explained a BDR initiated by the Task Force for Affordable Housing chaired by Senator Ratti is written to support the proposed pilot program that would provide ten million dollars of transferrable tax credits for affordable housing per fiscal year. Another BDR initiated by the Task Force regarding homelessness would provide Medicaid reimbursement for supportive services for the severely mentally ill. He informed Medicaid is not able to provide direct reimbursement for housing homeless, severely mentally ill people, but these wrap-around support services would be services that could help people maintain tenancy.

Mr. Dick informed this is the short list of key priorities that he is requesting the Board to approve, while understanding the bills listed within the spreadsheet are just the beginning of those being tracked that have a bearing on public health or the Health District.

Ms. Berkgigler inquired where patients would be taken to receive crisis stabilization care at this point. Mr. Dick informed there is not a solution at this point for additional inpatient beds, but the approach with the Crisis Stabilization Center is to provide short stay inpatient care or active outpatient programs that can accommodate their needs at lower costs than providing a bed for every patient. He explained the concept of the "living room treatment," where rather than a person be placed in an institution, they are provided more of a caring environment. He informed of a program in Maricopa County, Crisis Now, that has achieved huge savings with an estimate of 97 FTEs of law enforcement. He stated he has a meeting with Sheriff Balaam and some of his staff to discuss this and other issues, opining that the Sheriff's Office and Health District will be in alignment on a number of Legislative issues in the coming Session.

Mr. Delgado informed the CHAB Board will be presented with Well Care as the Community Triage Center operator and opined this may present an opportunity for a Crisis Stabilization model. He stated similar models operating in other areas are a great resource for gaining knowledge on what works and doesn't to build a program to meet our community's needs.

Mr. Dahir opined that all of the Boards that DBOH Members work with are of the same opinion and are all supporting this initiative, but was not confident that Carson City shares the same perspective. He stated his belief that housing is one of the most important aspects for the care of persons in crisis, and stressed its support important at the local as well as State level.

Mr. Dahir requested Mr. Dick to speak on their conversation regarding the importance of the five dollar per capita funding and of taxes that may soon be lost. Mr. Dick informed the



funding mentioned in that conversation was around the one dollar per smog certificate produced in the smog check program that Washoe and Clark Counties receive under the Air Pollution Control Fund in support of Air Quality Management Programs. He explained there are potential changes in methods of conducting smog checks pending implementation, and providing there is a Legislative change to the smog check program, the goal will be for the Health District to find an alternative funding source for Air Quality.

Mr. Dick informed a possible option to replace the current funding structure for AQM would be a separate air pollution fee to be assessed at the same time as the annual registration renewal fee.

Mr. Young noted he was unaware that e-cigarettes are not taxed. Mr. Dick informed that they are taxed at only a standard sales tax rate at this point.

Chair Novak inquired if action to accept the report was required. Ms. Admirand informed the District Health Officer is requesting the Board to approve the District Board of Health Legislative Priorities and Legislative Principles.

**Ms. Berkbigler moved to approve the District Board of Health Legislative Priorities and Legislative Principals. Mr. Brown seconded the motion which was approved unanimously.**

Chair Novak thanked Ms. Gutman and stated the Board appreciates her work.

## **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

Ms. Albee informed Mr. Joseph Serpa, who has filled the required Contractor Member position on the Air Pollution Control Hearing Board, provided notification last week that he would not seek reappointment. She stated that the Builders Association of Northern Nevada and Associated General Contractors have been notified and that AQM will be actively be recruiting for that position. She informed the recruitment is open through February 1<sup>st</sup> and they hope to present a list of nominees to the DBOH at the February meeting for appointment of the new member.

Ms. Albee informed she would be travelling to Washington D.C. during the week of January 28<sup>th</sup> to attend the National Association of Clean Air Agency (NACAA) Executive Board Meeting on the 29<sup>th</sup> and 30<sup>th</sup>, and will then meet with Senator Cortez Masto's staff on the 31<sup>st</sup> to provide updates and hopefully gain support on the national level from them regarding challenges faced in the area of air pollution control.

Ms. Albee explained Senate Bill 1857 would delay implementation of Step 2 emission standards for wood stoves for three years and would have a significant impact on the ability to attain the Ambient Air Quality Standards. It has passed Environmental and Public Works and is pending further review when the new Session opens.

Mr. Dahir stated he toured a new affordable housing project in Reno and informed the builder had incorporated high efficiency equipment. He opined the upcoming ribbon cutting ceremony would be an opportunity for the Board to be present and show the community the Health District's acknowledgement and appreciation for them doing the right thing. He stated that if a certificate of acknowledgement and appreciation were given to contractors using best practices, it would carry greater significance if it were presented in person by members of the Board.

Ms. Albee agreed and informed these practices are becoming more prevalent in the

community, as noted in her report regarding the Northern Nevada Medical Center's implementation of voluntary conditions submitted by AQM to reduce negative impact on air quality.

Chair Novak inquired of the possibility of Air Quality Management enhancing local regulations to a more stringent level to protect air quality standards due to the unique geographical conditions in this area. Ms. Albee informed the New Source Performance Standards have been adopted by AQM which includes the adoption of the emissions standards that state these will apply unless EPA adopts a more restrictive standard. Because of this, Ms. Albee stated that standards will remain as they are locally even if federal standards are reduced. She noted that this situation could potentially bring about legal challenge.

Ms. Albee explained the wood stove industry has calculated a .01 billion dollar financial benefit for the three year extension of the regulations while EPA's analysis shows a .27 billion dollar health impact. While the regulations would be extended only three years, the emissions from the stoves manufactured and sold during that time would impact air quality for their span of use over approximately twenty years.

Ms. Albee informed the District Health Officer sent a letter to the Senatorial staff on behalf of Air Quality Management and NACCA also sent a letter to all Senators in the United States, bringing these issues to their attention.

Chair Novak thanked Ms. Albee for her work at the national level.

**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

Mr. Kutz informed WIC will be attending two events for federal workers affected by the government shut down; the events will be held at the Reno Town Mall and Reno Airport over the next few weeks.

**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.

Mr. Westom stated he had nothing to add to his report, but would be happy to answer any questions the Board might have.

**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

Dr. Todd wished to update the Board concerning the pediatric disaster response training section of his report. He informed the EPHP EMS Coordinator had a group from Texas A&M Engineering Extension Service visit to provide training on pediatric disaster response. He stated the training had received news coverage and presented the video of

that report that included comments by Vice Chair Brown. Mr. Ulibarri, Public Information Officer for the Health District, had informed Dr. Todd the video had 60,700 viewers and a monetary value of \$15,950. Dr. Todd stated the Health District would not have it within their budget to purchase that kind of coverage, and opined it beneficial when these kinds of events become newsworthy.

Mr. Dahir inquired the status of the flu season. Dr. Todd informed that, thus far, this flu season has been quite a bit milder than last flu season with one flu related death reported to date. For the week ending January 5<sup>th</sup>, the twelve participating sentinel healthcare providers reported a total of 186 patients with influenza like illness (ILI). The percentage of patients seen with ILI was 2.8%, 186 out of 6,720 patient visits, which is above the regional baseline of 2.3%. Dr. Todd noted that, to appreciate the mildness of this season, one would have to compare it to last year.

Mr. Dahir inquired if this milder season may have to do with the Health District's efforts to improve the number of flu shots administered to residents. Dr. Todd informed that Nevada still has one of the lowest rates for flu shots in the nation and opined the cause for the milder season is the dominant strain of influenza this year is the H1N1 virus. He noted the flu vaccine available this year is more effective on the H1N1 virus as compared to the H3N2 virus that was the more dominant strain in the previous two years.

Dr. Todd stressed it is still not too late to get a flu shot, but to realize that it takes a week or two to become fully effective.

Chair Novak thanked all involved for providing the pediatric training, noting his whole professional career was spent providing dental treatment to children. He expressed his thankfulness of the recognition that children are not small adults and cannot effectively be treated as such.

#### **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.

Mr. Dick informed the dates for the Accreditation Site Visit will be June 25<sup>th</sup> and 26<sup>th</sup>. He stated the Team will potentially want to meet with some of the Board Members on the second morning of their visit, and that he will be coordinating with Chair Novak on arrangements for these meetings while avoiding a quorum.

Mr. Dick informed of a meeting organized by Mr. Westom with the Builders Association of Northern Nevada (BANN) that was also attended by Ms. Albee and himself on January 17<sup>th</sup>. The topic of this meeting was around the status of processes in water project plan review since the implementation of the interlocal agreement with TMWA. Mr. Dick informed they'd established the transition date from projects that were already in the pipeline that had come to the Health District, and as of November 1, 2018, the Health District is continuing to work on every new water project with TMWA reviewing those projects for approval as per the interlocal agreement.

Mr. Dick stated BANN provided feedback and plans have been routed to the Health District for reviewed that should not have been. He informed a separate meeting occurred on January 23<sup>rd</sup> with the Division of Environmental Protection and TMWA to discuss this issue further for resolution and clarify procedures. He opined this process will require follow up with the jurisdictions to make sure plans are routed appropriately.

Regarding the Substance Abuse Task Force whose development was led by the County Manager and includes the participation of Reno and Sparks City Managers, other

agencies in those jurisdictions and other external agencies in the community, Mr. Dick informed the Health District has joined a Community Coalition Accelerator simulcast event offered by an organization that works with communities across the country on comprehensive strategic plans around opioid abuse. The date of the event will be April 5<sup>th</sup> and will be held at the REOC. It will be a day long webinar that will include ten community groups from across the nation, working around a number of topic areas to develop better plans of methodology for agencies to improve interaction to better address related issues. He opined it will be a good opportunity to learn strategies to address other issues as they arise.

## **15. \*Board Comment**

### **Chair Novak opened the Board comment period.**

Mr. Brown requested an update for a future DBOH Meeting around public burning within Washoe County. He informed that the fire service agencies encourage homeowners to take care of the green waste on their property, noting that, several years ago, there had been programs for residential burning through permitting processes with local jurisdictions. He acknowledged that Air Quality Management has a large role in this process with air quality control, and noted that some of those programs have ceased to operate in the effort to meet attainment of the Ozone standards. He opined attainment is extremely important, but that he believes there are times residents should be allowed to remove the “flashy fuels” they can remove safely on their own, as well as to allow agricultural burns.

Mr. Brown acknowledged the upcoming meetings around this topic and noted his appreciation of this activity, but requested a report back to the Board due to the fire events in California and others in the western United States underscoring the importance of these fuels being removed. He stated his hope is that there will be methods agreed upon to eliminate this type of fire hazard and provide a user-friendly option for residents.

Ms. Berkgigler expressed she was happy to be a member of this Board.

Mr. Dahir informed on the Parent Project in the City of Sparks that involves trained police members that work with parents of difficult children. He explained this program helps teach the parent to effectively parent these children and opined it is a model that would be beneficial for the Health District and DBOH to consider supporting. He stressed his belief that the best healthcare is prevention, in this case, when parents know how to care for their children vs. having outside agencies take on that role. He informed that one of the Sparks Officers who is retiring plans to work in this project on a more extensive basis.

Chair Novak informed the Parent Project is a national project and is extremely worthwhile, noting Officer Gallup has offered to present to the Board on this topic.

Mr. Dahir informed that statistically, the positive results are proven in this program. Chair Novak stated it programs like this will work to reduce the jail budget, as well.

Dr. Danko expressed her appreciation for the opportunity to be part of the District Board of Health.

Chair Novak reminded the Board of the trainings he wants to initiate for Members to be held twice per year that he had mentioned at the Strategic Planning Retreat.

Chair Novak encouraged those present to access the Health District website, noting it is an extremely well done site that can be accessed at the following address: <https://www.washoecounty.us/health/index.php>

### **Chair Novak closed the Board comment period.**

## 16. \*Public Comment

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

## 17. Adjournment

Chair Novak adjourned the meeting at 2:39 p.m.

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**Possible Changes to Agenda Order and Timing:** Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

**Special Accommodations:** The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9<sup>th</sup> 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](http://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. 9<sup>th</sup> 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](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

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

**Staff Report**  
**Board Meeting Date:** February 28, 2019

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$110,230 (no match required) for the period retroactive to January 1, 2019 through December 31, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Grant Program, IO# 11558 and authorize the District Health Officer to execute the Notice of Subaward.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000; over \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada on February 5, 2019 to support the Tuberculosis Prevention and Control Grant 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.

**District Health Strategic Objective supported by this item:**

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

**PREVIOUS ACTION**

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

**GRANT AWARD SUMMARY**

**Project/Program Name:** Tuberculosis Prevention and Control Grant Program

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

The Subgrant provides funding for personnel, travel and training, lab/outpatient testing, operating expenses including housing and funding specifically for program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, etc.) and indirect expenditures.

**Benefit to Washoe County Residents:** This Award supports the prevention and control of tuberculosis as stated in the Nevada Administrative Code (NAC).

**On-Going Program Support:** The Health District anticipates receiving continuous funding to support the Tuberculosis Prevention and Control Program.

**Award Amount:** \$110,230.00 (\$96,270.00 direct; \$13,960.00 indirect)  
**Grant Period:** January 1, 2019 through 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:** 93.116  
**Grant ID Number:** HD# 16936 / Federal Grant #5 NU52PS004681-05  
**Match Amount and Type:** No match required  
**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Notice of Subaward. The FY19 budget in Internal Order# 10016 was adopted with sufficient expenditure authority.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$110,230 (no match required) for the period retroactive to January 1, 2019 through December 31, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Grant Program, IO# 11558 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 Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$110,230 (no match required) for the period retroactive to January 1, 2019 through December 31, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Grant Program, IO# 11558 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 16936**  
 Budget Account: 3219  
 Category: 14  
 GL: 8516  
 Job Number: 9311619

### NOTICE OF SUBAWARD

<b>Program Name:</b> Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> PO BOX 11130 Reno, NV 89520
<b>Subaward Period:</b> January 1, 2019 through December 31, 2019	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

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

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

<b>Approved Budget Categories:</b>	
1. Personnel	<b>\$86,762.00</b>
2. Travel	<b>\$3,510.00</b>
3. Operating	<b>\$5,998.00</b>
4. Equipment	
5. Contractual/Consultant	
6. Training	
7. Other	
<b>TOTAL DIRECT COSTS</b>	<b>\$96,270.00</b>
8. Indirect Costs (14.5%)	<b>\$13,960.00</b>
<b>TOTAL APPROVED BUDGET</b>	<b>\$110,230.00</b>

<b>AWARD COMPUTATION:</b>	
Total Obligated by this Action:	\$ 110,230.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 110,230.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>Budget Period:</b> January 1, 2019, through December 31, 2019	
<b>Project Period:</b> January 1, 2019, through December 31, 2019	
<b>FOR AGENCY USE ONLY</b>	

<b>Source of Funds:</b>	% Funds:	CFDA:	FAIN:	Federal Grant #:
Centers for Disease Control and Prevention	100%	93.116	U52PS004681-05	5 NU52PS004681-05

**Federal Grant Award Date by Federal Agency:** December 12, 2018

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

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

**Incorporated Documents:**

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



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Section F:	Current/Former State Employee Disclaimer;
Section G:	DPBH Business Associate Addendum

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

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**SECTION A**

**GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Division of Public and Behavioral Health (hereafter referred to as "Division") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Division or Recipient from its obligations under this Agreement.
  - The Division may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Division and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Division. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Division, become the property of the Division, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Division may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Division may declare the Recipient ineligible for any further participation in the Division's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Division may withhold funding.

**Grant Assurances**

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
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***  
***[contractunit@health.nv.gov](mailto:contractunit@health.nv.gov)***

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 for Washoe County Health District  
January 1, 2019 through December 31, 2019

**Goal 1: Improved TB Case Detection**

<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation measure</i>	<i>Evaluation Tool</i>
<b>1.1: Through December 31, 2019, Washoe County Health District (WCHD) will identify, track and report all individuals with suspected or confirmed active tuberculosis (TB) disease and latent tuberculosis infection (LTBI) in children less than 5 years of age.</b>	1.1.1 Report 100% of all confirmed TB disease cases and LTBI cases in children less than 5 years of age through electronic Report of Verified Case of Tuberculosis (RVCT) in National Electronic Disease Surveillance Based System (NBS) within 30 days of report to Local Health Authority (LHA).	<ul style="list-style-type: none"> <li>• RVCT in NBS</li> </ul>	Jan 1, 2019 - Dec 31, 2019	TB active or suspected cases and LTBI < 5 years of age in Washoe County	# of days from report to WCHD to submit date	NBS reports
	1.1.2 Conduct testing and evaluation for 100% of reported pediatric LTBI cases and potential source (reverse) contacts in children less than 2 years of age with LTBI, as recommended by the Centers for Disease Control and Prevention (CDC).	<ul style="list-style-type: none"> <li>• LTBI reports in NBS</li> <li>• Contact Investigation reports</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Washoe County children < 2 years of age with LTBI and associated contacts	# of cases LTBI in children < 2 # of source contacts identified # of source contacts evaluated	NBS reports Program data
	1.1.3 Through Electronic Disease Notification (EDN) follow-up worksheets and active TB case contact investigation information, perform targeted testing and evaluation on individuals with high-risk of TB disease or TB infection.	<ul style="list-style-type: none"> <li>• EDN Follow-up Worksheet</li> <li>• Contact Investigation reports</li> <li>• Aggregate Reports for Program Evaluation (ARPE)</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Individuals at high-risk of TB disease or TB infection	# of high-risk individuals identified # of high-risk individuals evaluated &/or tested	National TB Indicators Project (NTIP): <ul style="list-style-type: none"> <li>• Contact Investigations Indicators</li> <li>• Immigrant and Refugee Indicators</li> </ul>

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<b>1.2: Through December 31, 2019, WCHD will ensure at least 90% of all confirmed TB cases and TB labs are reported to WCHD within the mandated 24 hours, as per NRS 441A statutes.</b>	1.2.1 Evaluate timeliness of active TB disease reporting by healthcare facilities, healthcare providers, correctional facilities, and laboratories.	<ul style="list-style-type: none"> <li>Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Healthcare providers, healthcare facilities, correctional facilities, and laboratories	# of days from positive culture results to report to WCHD	NBS reports Medical records
<b>1.3: By December 31, 2019, WCHD will develop and implement a TB Outbreak Response Plan.</b>	1.3.1 Develop, implement and review with the DPBH TB Program a TB outbreak and large-scale contact investigations instructional manual outlining special circumstances, large scale investigations, and suspected outbreaks based on NAC and NRS regulations and CDC guidelines.	<ul style="list-style-type: none"> <li>Outbreak Response and Special Circumstances Manual</li> </ul>	Jan 1, 2019 - Dec 31, 2019	WCHD staff	# of SOP manuals developed (progress toward development)	NRS 441A statutes <i>CDC, Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis, MMWR 2005 December</i>

**Goal 2: Improved TB Case Management and Treatment**

<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation measure</i>	<i>Evaluation Tool</i>
<b>2.1: Through December 31, 2019, WCHD will maintain a 95% rate for Completion of Treatment within 12 months for patients with TB disease diagnosis.</b>	2.1.1 Establish partnerships with outside agencies and community providers to communicate case management and treatment status.	<ul style="list-style-type: none"> <li>Medical records</li> <li>RVCT in NBS</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Individuals being treated for TB	# of TB disease cases treated by WCHD or outside providers # of TB disease cases treated by WCHD or outside providers completing treatment within 12 months	NTIP: Completion of Treatment Indicators NBS reports

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	2.1.2 Utilize DOT (Directly Observed Therapy) and VDOT (Virtual DOT) to assist with TB case treatment adherence.	<ul style="list-style-type: none"> <li>• Medical record</li> <li>• RVCT in NBS</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Individuals being treated for TB	# of TB disease cases treated by WCHD # of TB disease cases treated by WCHD completing treatment within 12 months	NTIP: Completion of Treatment Indicators  NBS reports
	2.1.3 Utilize and provide incentives and enablers to assist with evaluation, testing, and treatment completion of TB disease.	<ul style="list-style-type: none"> <li>• Medical records</li> <li>• Incentives and enablers fiscal records</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Individuals who need incentives to complete treatment	# of incentive and enablers provided to patients # of TB disease cases treated by WCHD	NTIP: Completion of Treatment Indicators
<b>2.2: Through December 31, 2019, WCHD will maintain a 73% case rate for positive sputum culture cases to demonstrate culture conversion within 60 days.</b>	2.2.1 Assess adequacy and appropriateness of therapy for each patient by reviewing initial regimen, susceptibility results, adherence, and response to therapy.	<ul style="list-style-type: none"> <li>• Medical records</li> <li>• RVCT in NBS</li> <li>• Correspondence with laboratory</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Patients with positive sputum culture	# of positive sputum culture cases # of positive sputum culture cases with culture conversion within 60 days	NTIP: Drug-Susceptibility Results  NTIP: Sputum Culture Conversion  NBS reports
<b>2.3: Through December 31, 2019, WCHD will report 100% of Multidrug-Resistant (MDR), molecular drug susceptibility (MDS) laboratory results, and complex TB cases to the TB Program.</b>	2.3.1 Obtain consultation for the treatment of MDR, molecular drug susceptibility or complex laboratory cases from the Centers of Excellence (COEs), if necessary.	<ul style="list-style-type: none"> <li>• Curry TB Center of Excellence Warmline Reports</li> <li>• Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	TB disease cases in Washoe County	# of MDR or complex cases # COE consultations # of MDS lab results	NTIP: Drug Susceptibility Results NTIP: Completion of Treatment
<b>2.4: Through December 31, 2019, WCHD will collaborate with the HIV/AIDS programs to ensure 100% of TB cases are tested for HIV and referred for HIV services.</b>	2.4.1 The HIV status will be identified at time of TB diagnosis and results entered in RVCT in NBS in 100% of cases.	<ul style="list-style-type: none"> <li>• RVCT in NBS</li> </ul>	Jan 1, 2019 - Dec 31, 2019	TB disease cases in Washoe County	# of TB disease cases # of TB disease cases with known HIV status	NTIP: Known HIV Status
	2.4.2 Establish a relationship with the state HIV Prevention and Surveillance programs to ensure rapid linkage to care and support services.	<ul style="list-style-type: none"> <li>• Lab results</li> </ul>	Jan 1, 2019 - Dec 31, 2019	TB cases with HIV coinfection	# of TB/HIV disease cases # of TB/HIV disease cases referred for HIV services	NTIP: Known HIV Status

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<b>2.5: Through December 31, 2019, WCHD will respond to 100% of individuals detained or traveling in Nevada from states who border Mexico within 48 hours.</b>	2.5.1 Utilize and promote effective binational referral mechanisms for patients who may cross along the U.S. - Mexico border.	<ul style="list-style-type: none"> <li>• Interjurisdictional Notification (IJN)</li> <li>• Records of correspondence</li> </ul>	Jan 1, 2019 - Dec 31, 2019	TB disease and LTBI cases in Washoe County	# of IJN requests by border US -Mexico states  Dates IJN received and IJN returned	Internal records
<b>2.6: Through December 31, 2019, WCHD will maintain 100% compliance with all international and binational TB quarantine efforts.</b>	2.6.1 Partner with the Division of Global Migration and Quarantine (DGMQ) to support all international TB migration and quarantine efforts and provide reports as requested by DGMQ.	<ul style="list-style-type: none"> <li>• DGMQ reports</li> <li>• Records of correspondence</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Washoe County population, international visitors	# of DGMQ requests  # of DGMQ reports provided/created	Internal records  DPBH TB Program's DGMQ records
	2.6.2 Communicate with DPBH TB Program within 5 days of notification from DGMQ and provide a follow-up report to the DPBH TB program.	<ul style="list-style-type: none"> <li>• DGMQ reports</li> <li>• Records of correspondence</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Washoe County population, international visitors	Date of DGMQ notification  Date DPBH TB Program contacted	Internal records  DPBH TB Program's DGMQ records
<b>2.7: Through December 31, 2019, WCHD will conduct Cohort Review of reported TB disease cases and LTBI in children less than 5 years of age.</b>	2.7.1 Complete and report the 2018 Cohort Review Process of 2017 cases.	<ul style="list-style-type: none"> <li>• 2018 Cohort Review Process report</li> </ul>	Due by July 31, 2019  Annually	TB disease cases and associated contacts	# of Cohort reviews in 2019 (for 2018 cases)	CDC's <i>Understanding the TB Cohort Review Process: Instruction Guide</i>  DPBH TB/LTBI Cohort Review Policy (2016)

Goal 3: Improve Surveillance of TB Cases and Case Reporting						
Objective	Activity	Outputs	Timeline	Target population	Evaluation Measure	Evaluation Tool
<b>3.1: By December 31, 2019, WCHD will have a 100% completeness rating of the RVCTs.</b>	3.1.1 Assure quality and completeness of TB disease case and data reporting on the RVCT.	<ul style="list-style-type: none"> <li>• DPBH TB MUNK (Missing and Unknown) Follow up reports</li> <li>• RVCTs in NBS</li> </ul>	Quarterly by 4/30/19 7/30/19 10/30/19 1/30/20	TB disease cases	# of MUNK report items requiring data entry	MUNK reports from DPBH TB  NBS reports  NTIP: RVCT Data Reporting



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<b>3.2: Through December 31, 2019, WCHD will maintain 100% success rate in submitting and linking one isolate for genotyping from each culture positive TB case.</b>	3.2.1 Collaborate with Nevada State Public Health Laboratory (NSPHL) to ensure genotyping of at least one isolate from each person with culture positive TB.	<ul style="list-style-type: none"> <li>RVCTs in NBS</li> <li>TB GIMS genotype ID (TB Genotyping Information Management System)</li> </ul>	Jan 1, 2019 - Dec 31, 2019	TB disease cases in Washoe County	# of culture, positive TB cases # of culture positive with TB GIMS genotype created	TB GIMS reports NBS reports NTIP: Universal Genotyping
	3.2.2 Ensure that genotyping results are linked to surveillance data/RVCT within 8 weeks of TB GIMS reported genotype results.	<ul style="list-style-type: none"> <li>RVCT in NBS</li> <li>TB GIMS genotype ID created</li> </ul>	Jan 1, 2019 - Dec 31, 2019	TB disease cases in Washoe County	# of culture, positive TB cases with RVCT linked to genotype ID	TB GIMS reports NBS reports NTIP: Universal Genotyping
<b>3.3: By December 31, 2019, WCHD will develop an internal SOP for analyzing genotype clusters, including quarterly review of genotype information in their jurisdiction, and provide notifications as necessary.</b>	3.3.1 Create internal SOP for reviewing, analyzing, and interpreting genotype information and cluster identification, and apply to quarterly genotype review in TB GIMS.	<ul style="list-style-type: none"> <li>SOP Genotyping Review and Analysis</li> <li>TB genotype cluster report</li> </ul>	By Dec 31, 2019	TB disease cases in Washoe County	# of SOP developed (progress toward development)	CDC <i>Guide to Application of Genotyping to Tuberculosis Prevention and Control</i> , at <a href="http://www.cdc.gov/tb">www.cdc.gov/tb</a>
<b>3.3: By December 31, 2019, WCHD will develop an internal SOP for analyzing genotype clusters, including quarterly review of genotype information within their jurisdiction and provide notifications as necessary.</b>	3.3.2 Develop a reporting mechanism to notify the TB Program with a written cluster report.	<ul style="list-style-type: none"> <li>SOP Genotyping Review and Analysis</li> <li>TB genotype cluster report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Washoe County population	# of TB genotype clusters identified and reported	TB GIMS reports Internal reports

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<p><b>3.4: By December 31, 2019, WCHD will develop an internal SOP and training on all surveillance activities and processes to conduct annual training with 100% of WCHD TB staff, based on Nevada regulations and CDC guidelines.</b></p>	<p>3.4.1 Develop and implement an annual surveillance training to ensure complete, accurate and timely recording of data entry.</p>	<ul style="list-style-type: none"> <li>• SOP Surveillance training</li> <li>• Surveillance training logs</li> </ul>	<p>By Dec 31, 2019</p>	<p>WCHD TB Program Staff</p>	<p># of TB Program staff  # of TB Program staff that received annual training  # of SOP</p>	<p>Internal reports  Training Logs</p>
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<b>Goal 4: Improve Contact Investigations</b>						
Objective	Activity	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
<p><b>4.1: By December 31, 2019, WCHD will increase the rate from 83.7% to 93% of TB patients with sputum smear-positive results who have evaluated / examined contacts.</b></p>	<p>4.1.1 Initiate index/source case interview and contact investigations within 14 days of report of TB/suspect TB disease case.</p>	<ul style="list-style-type: none"> <li>• Contact Investigation reports</li> </ul>	<p>Jan 1, 2019 - Dec 31, 2019</p>	<p>TB disease cases  Contacts</p>	<p># of sputum smear-positive cases # of sputum smear-positive cases with contacts elicited # days from report of case to contact elicitation</p>	<p>Internal reports  NTIP: Contact Investigation Indicators</p>
	<p>4.1.2 Identify contacts exposed to <i>M. tuberculosis</i> and ensure they are evaluated for TB/LTBI and facilitate interjurisdictional notification (IJN) if the contact resides outside Washoe County.</p>	<ul style="list-style-type: none"> <li>• Contact Investigation reports</li> <li>• IJNs</li> </ul>	<p>Jan 1, 2019 - Dec 31, 2019</p>	<p>Contacts to TB disease, within and outside Washoe County</p>	<p># of sputum smear-positive cases # of sputum smear-positive cases with contacts evaluated</p>	<p>Internal reports  NTIP: Contact Investigation Indicators</p>
	<p>4.1.3 Assess reasons for cases with no contacts identified or a low number (&lt; 3) of contacts identified.</p>	<ul style="list-style-type: none"> <li>• Contact Investigation reports</li> <li>• Strategic action plan, if necessary</li> </ul>	<p>Jan 1, 2019 - Dec 31, 2019</p>	<p>TB disease cases  TB disease contacts WCHD TB Program staff</p>	<p># of sputum smear-positive cases # of sputum smear-positive cases with &lt; 3 contacts elicited</p>	<p>Internal reports</p>

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	4.1.4 Provide annual staff training (through TB COEs or similar) to improve strategies in case interviewing, contact elicitation, complications in contact investigations, and large-scale contact investigations.	<ul style="list-style-type: none"> <li>• Training Activity</li> <li>• Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	WCHD TB Program staff	# of TB Program staff  # of TB Program staff that received annual training	Training logs  Staff evaluations
<b>4.2: By December 31, 2019, WCHD will maintain at least 91% initiation to LTBI treatment and 81% completion of LTBI treatment</b>	4.2.1 Provide education and supportive services, including incentives and enablers, to contacts of TB disease cases diagnosed with LTBI to facilitate initiation of LTBI treatment and completion of LTBI treatment.	<ul style="list-style-type: none"> <li>• Contact Investigation reports</li> <li>• Incentives and enablers fiscal records</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Contacts to TB disease cases diagnosed with LTBI in Washoe County	# of contacts diagnosed with LTBI # of contacts initiating LTBI treatment # contacts completing LTBI treatment	Internal reports  NTIP: Contact Investigation Indicators
<b>4.3: Through December 31, 2019, WCHD will collect data and submit reports from 100% of contact investigations.</b>	4.3.1 Collect data and create reports on contacts from each index TB disease case and source case in LTBI in children less than 2 years of age case; reports are to be submitted to DPBH TB Program quarterly.	<ul style="list-style-type: none"> <li>• Contact Investigation reports</li> </ul>	Quarterly, by 4/15/19 7/15/19 10/15/19 1/15/20	TB disease contacts  TB source case contacts  LTBI in children less than 2 years of age	# of Contact Investigation reports sent to DPBH program	Internal reports
	4.3.2 Submit data from contact investigations in the Aggregate Reports for Program Evaluation (ARPE) format, for preliminary 2018 report and final 2017 report, to DPBH TB Program annually.	<ul style="list-style-type: none"> <li>• ARPE reports</li> </ul>	On or before 7/31/19	Contacts to TB disease cases	# of ARPEs sent by 7/31/19	Internal reports  NTIP: ARPEs Data Reporting

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<b>Goal 5: Increase the Evaluation of Immigrants and Refugees with TB Disease or TB Infection (LTBI)</b>						
<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
<b>5.1: Through December 31, 2019, WCHD will maintain at least 84% of immigrant and refugee receive an examination within 30 days and 76% of immigrant and refugee complete the examination.</b>	5.1.1 Through the EDN, ensure all immigrants and refugees classified as A, B1, or B2 are located and examined within 30 days and complete exams within 90 days.	<ul style="list-style-type: none"> <li>• EDN Follow-up Worksheets</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Immigrants and refugees  Classification as A, B1, B2 assigned to Washoe County	# of A, B1, B2 notifications # of A, B1, B2 notifications with initial exam within 30 days # of A, B1, B2 notifications with completed exams within 90 days	NTIP: Immigrant and Refugee Indicators
	5.1.2 Through EDN, conduct surveillance notifications weekly and provide follow-up worksheets within 30 days of the clinical follow-up.	<ul style="list-style-type: none"> <li>• EDN Follow-up Worksheets</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Immigrants and refugees classified as A, B1, B2 assigned to Washoe County	# of A, B1, B2 notifications # of A, B1, B2 notifications with initial exams within 30 days # of A, B1, B2 notifications with complete exams within 90 days	NTIP: Immigrant and Refugee Indicators
	5.1.3 Develop an internal SOP outlining the policy on referrals within your agency and / or the community regarding immigrants and refugees.	<ul style="list-style-type: none"> <li>• SOP for service referrals</li> <li>• Medical records</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Immigrants and refugees classified as A, B1, B2, and Non-U.S.-born individuals in Washoe County	# of service referrals provided to immigrants, refugees, and non-U.S.-born	Internal reports
<b>5.2: Through December 31, 2019, WCHD will increase initiation of immigrant and refugee LTBI treatment from 85% to 93% and LTBI treatment completion from 82% to 83%.</b>	5.2.1 Provide education and supportive services, including incentive and enablers, to Class A, B1, B2 immigrants and refugees diagnosed with LTBI to facilitate initiation of LTBI treatment and completion of LTBI treatment.	<ul style="list-style-type: none"> <li>• EDN Follow-up Worksheets</li> <li>• Incentives and enablers fiscal records</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Immigrants and refugees classified as A, B1, B2 assigned to Washoe County	# of immigrants and refugees diagnosed with LTBI # of immigrants and refugees initiating LTBI treatment # of immigrants and refugees completing LTBI treatment	NTIP: Immigrant and Refugee Indicators

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<b>5.3: Through December 31, 2019, WCHD will develop interventions to identify foreign-born and locally determined high-risk populations.</b>	5.3.1 Develop and strengthen partnerships with local immigrant/refugee agencies by communicating at least bi-annually to discuss current challenges and implement new interventions.	<ul style="list-style-type: none"> <li>Records of correspondence</li> </ul>	Jan 1, 2019 - Dec 3 2019	Community agencies serving immigrants and refugees in Washoe County	# of meetings # immigrant and refugees evaluated and treated	Internal reports
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**Goal 6: Increase the Number of Healthcare Providers in Nevada who are Educated on Targeted Screening and Treatment for TB infection (LTBI)**

<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
<b>6.1: By December 31, 2019, WCHD will assess the educational needs of healthcare providers in their jurisdiction.</b>	6.1.1 Analyze the demographic data from healthcare providers and facilities from LTBI/TB cases to develop outreach activities and educate the providers and facilities.	<ul style="list-style-type: none"> <li>Provider needs assessment</li> </ul>	Quarterly	Healthcare providers in Washoe County	Demographics of healthcare providers types & facilities providing most TB/LTBI reporting Technical assistance data	Internal reports  NBS reports
<b>6.2: Through December 31, 2019, WCHD will continue to conduct educational outreach activities to healthcare providers, staff, and students within high-risk populations through epidemiologic surveillance.</b>	6.2.1 Educate all healthcare providers and staff on the reporting requirements for LTBI in children less than 5 years of age and TB disease/suspected disease.	<ul style="list-style-type: none"> <li>Outreach activity</li> <li>Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Healthcare providers in Washoe County	# of Outreach activities provided	Internal reports
	6.2.2 Educate healthcare providers and staff to identify TB risk factors to increase their targeted screening population.	<ul style="list-style-type: none"> <li>Outreach activity</li> <li>Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Healthcare providers in Washoe County	# of Outreach activities provided per quarter	Provider needs assessment & follow-up
	6.2.3 Educate healthcare providers and staff on the treatment for TB infection.	<ul style="list-style-type: none"> <li>Outreach activity</li> <li>Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Healthcare providers in Washoe County	# of Outreach activities provided per quarter	Provider needs assessment & follow-up

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	6.2.4 Educate staff serving high-risk populations and other public groups on recognition the TB symptoms and referral processes to include telephone technical assistance.	<ul style="list-style-type: none"> <li>• Outreach activity</li> <li>• Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	Staff serving high-risk populations	# of Outreach activities provided per quarter	Follow-up assessments
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<b>Goal 7: Strengthen Human Resource Development (HRD)</b>						
<i>Objective</i>	<i>Activity</i>	<i>Outcome</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
<b>7.1 Through December 31, 2019, WCHD will assess 100% of staff for their knowledge of TB disease and surveillance processes and provide HRD activities.</b>	7.1.1 Review past evaluation forms to identify HRD strengths and weaknesses to develop current in-service activities.	<ul style="list-style-type: none"> <li>• Training activity(s)</li> <li>• Certificates of training</li> <li>• Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	WCHD TB staff	# of training needs identified # of trainings developed	Past HRD activity Evaluation forms  Staff surveys
	7.1.2 Conduct staff training on all internal SOPs for TB disease control interventions and service referrals.	<ul style="list-style-type: none"> <li>• Training activities</li> <li>• Certificates of training</li> <li>• Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	WCHD TB staff	# of trainings conducted # of staff attending trainings/# of certificates	Internal reports Staff surveys Staff evaluations
	7.1.3 Provide internal staff with training opportunities and activities through communication with local, state, regional, and national organizations.	<ul style="list-style-type: none"> <li>• Certificates of training</li> <li>• Annual TB Program Report</li> </ul>	Jan 1, 2019 - Dec 31, 2019	WCHD TB staff	# of training opportunities communicated # of staff attending trainings	Internal reports Staff surveys Staff evaluations
	7.1.4 Participate in four (4) DPBH Technical Assistance TB Program calls to assure communication and HRD needs are conveyed.	<ul style="list-style-type: none"> <li>• Attendance record</li> </ul>	Quarterly	WCHD TB staff	# training needs identified  # of trainings developed	Internal reports Staff surveys Staff evaluations

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<p><b>7.2: By December 31, 2019, WCHD will ensure 100% of HIV, Hep, STD and PB program staff will conduct the annual Security and Confidentiality training, as developed by the State.</b></p>	<p>7.2 Ensure the Data Security and Confidentiality Guidelines for HIV/AIDS, Viral Hepatitis, STD, and TB Programs are completed through the DPBH Security and Confidentiality training.</p>	<ul style="list-style-type: none"> <li>• Certificates of Completion - Security and Confidentiality Training</li> </ul>	<p>By 12/31/19</p>	<p>WCHD TB staff</p>	<p># TB staff # TB staff training Security and Confidentiality training certificates</p>	<p>Training logs  Security and Confidentiality Training access</p>
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**Deliverables:**

- 1) Compile/complete reports outlined throughout the Scope of Work's objectives and activities.
- 2) Participate in the following DPBH TB Program Technical Assistance Calls to local program throughout the project period. **Participation in a minimum of four (4) calls is required.** Specific conference call number and passcode will be provided within one (1) week prior to the scheduled call.

DPBH TB Program Technical Assistance Calls to WCHD TB Program at 1:00 PM on the following dates (subject to change if extenuating circumstances):

- April 18, 2019
- July 18, 2019
- October 17, 2019
- December 12, 2019

DPBH TB Program Statewide Semi-annual Calls at 9:00 AM on the following dates (subject to change if extenuating circumstances):

- February 7, 2019
- July 25, 2019

**Reporting Schedule**

Awardee shall provide to the DPBH TB Program quarterly and annual reports electronically to the DPBH TB Program Manager. Reports must include summary of data collection and progress on performance measures that align with the approved activities and objectives. Templates for quarterly and annual reports will be provided by the DPBH TB Program.

- Annual TB Program Report by July 31, 2019
- ARPE Report by July 31, 2019
- Quarterly Reports (Contact Investigation Reports, MUNK Follow-up Response Reports [as needed], EDN Follow-up Response Reports [as needed])
  - o Q1 Reports (January 1, 2019 – March 31, 2019): Contact Investigation Log Report due April 15, 2019; Follow-up Response Reports due: April 30, 2019
  - o Q2 Report (April 1, 2019 – June 30, 2019): Contact Investigation Log Report due July 15, 2019; Follow-up Response Reports due: July 30, 2019
  - o Q3 Report (July 1, 2019 – September 30, 2019): Contact Investigation Log Report due October 15, 2019; Follow-up Response Reports due: October 30, 2019
  - o Q4 Report (October 1, 2019 – December 31, 2019): Contact Investigation Log Report due January 15, 2020; Follow-up Response Reports due: January 31, 2020

**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 5NU52PS004681 from the Tuberculosis Prevention and Laboratory Grant funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 5NU52PS004681 from the Tuberculosis Prevention and Laboratory Grant funded by the Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

<b>Category</b>	<b>Total cost</b>	<b>Detailed cost</b>	<b>Details of expected expenses</b>
1. Personnel	\$ 86,762.00		
		\$ 54,193	TB Program Coordinator @ 60% of \$90,321 (0.60 x 90,321)
		\$ 22,777	TB Coord. Fringe benefits @ 42.03% of \$54,193 (0.4203 x 54193)
		\$ 9,652	Public Health Nurse, Intermittent, @ \$29.70 per hour x 325 hours (29.5 x 325)
		\$ 140	Public Health Nurse Medicare @ 1.45% of \$9653 (.0145 x 9653)
2. Travel	\$ 3,510.00		
		\$	TB Center of Excellence Training, or equivalent: Out of State
		\$ 1,200	Airfare RT @ \$600/trip x 2 staff (600 x 2)
		\$ 690	Per diem @ \$69.00/ day x 5 days x 2 staff (69 x 5 x 2)
		\$ 140	Airport parking @ \$14/day x 5 days x 2 staff (14 x 5 x 2)
		\$ 200	Ground Transportation @ \$100/trip x 2 staff (100 x 2)
		\$ 1,280	Lodging @ \$160/night x 4 nights x 2 staff (160 x 4 x 2)
3. Operating	\$ 5,998.00		
		\$ 1,800	Patient housing support (1) @ \$300/week x 6 weeks (\$300 x 6 x 1)
		1,000	Incentives and Enablers @ \$10/each x 100 (10 x 100)
		3,198	IGRA testing: QFT @ \$49/test x 50 tests, TSPOT @ \$44/test x 17 (45 x 50 = 2450) + (44 x 17 = 748)
4. Equipment	\$ 0.00		
		\$	
5. Contractual Consultant	\$ 0.00		
		\$	
6. Other	\$ 0.00		
		\$	
<b>Total Direct Cost</b>	<b>\$ 96,270.00</b>		
7. Indirect Cost	\$ 13,960.00	14.5% of total Direct costs (0.145 x 96,271)	
<b>Total Approved Budget</b>	<b>\$ 110,230.00</b>		

- 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.**



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- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

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

- Total reimbursement through this subaward will not exceed \$110,230.00;
- Reimbursement requests should follow an expenditure distribution as follows, unless prior arrangements have been made with the Division:
  - 25% of subaward expensed by March 31, 2019;
  - 50% of subaward expensed by June 30, 2019;
  - 75% of subaward expensed by September 30, 2019;
  - 100% of subaward expensed by December 31, 2019;
  - Full reimbursement is contingent on funding the CDC provides to Nevada, which may not be fully realized until the third quarter of 2019;
- Reimbursement will be requested monthly for expenses incurred in the implementation of the Scope of Work, no later than the 15<sup>th</sup> of the month;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, invoices, receipts, and agendas;
- Additional expenditure detail will be provided upon request from the Division;

Additionally, the Subrecipient agrees to provide:

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

**The Division agrees:**

- Responsibilities of the Nevada Tuberculosis Prevention and Control Program:
  - Provide technical assistance, upon request from the Subrecipient;
  - Provide assistance for the implementation of program activities;
  - Coordinate with other state, federal, and international agencies;
  - Collect and interpret required data;
  - Conduct program evaluation and disseminate findings to the Subrecipient;
  - Forward any opportunities for education related to TB disease or latent TB infection (LTBI);
  - Forwarding any changes in the recommendations in the testing or care of TB cases or LTBI;
  - Forward reports to appropriate facility, e.g. CDC, interstate agencies, Division of Global Migration and Quarantine, etc.;
  - Serve as the authority responsible for ensuring necessary reports and documents are submitted to the proper state agency and to the CDC, per reporting deadlines.

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**Both parties agree:**

- Site visit monitoring and/or audits will occur as needed, but at least one (1) time per year, and will be conducted by the State Tuberculosis Prevention and Control Program and/or the CDC with related staff of the Subrecipient TB Program to evaluate progress and compliance with the activities outlined in the Scope of Work.
- Based on submitted quarterly reports, financial reporting, and site visit findings, the Division may reduce the amount of the subgrant award through amendment, and/or reallocate funding between categories if it appears the activities listed in the scope of work will not be completed as scheduled in Section B, and/or completed at a lesser cost than originally budgeted.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.
- Deliverables:
  - 1) Compile/complete reports outlined throughout the Scope of Work's objectives and activities.
  - 2) Participate in the following DPBH TB Program Technical Assistance calls throughout the project period. Participation in a minimum of four (4) calls is required. Specific conference call number and passcode will be provided within one (1) week prior to the scheduled call.
    - DPBH TB Program Technical Assistance Calls to WCHD TB at 1:00 PM on the following dates (subject to change if extenuating circumstances):
      - April 18, 2019
      - July 18, 2019
      - October 17, 2019
      - December 12, 2019
    - DPBH TB Program Statewide Semi-annual Calls at 9:00 AM on the following dates (subject to change if extenuating circumstances):
      - February 7, 2019
      - July 25, 2019
- Reporting Schedule:
  - Awardee shall provide to the DPBH TB Program quarterly and annual reports electronically to the DPBH TB Program Manager. Reports must include summary of data collection and progress on performance measures that align with the approved activities and objectives. Templates for quarterly and annual reports will be provided by the DPBH TB Program.
    - Annual reports:
      - Annual TB Program Report by July 31, 2019
      - ARPE Report by July 31, 2019
    - Quarterly Reports (Contact Investigation Log Reports, MUNK Follow-up Response Reports [as needed], EDN Follow-up Response Reports [as needed]):
      - Q1 Reports (January 1, 2019 – March 31, 2019):
        - Contact Investigation Log Report due April 15, 2019
        - Follow-up Response Reports due: April 30, 2019
      - Q2 Report (April 1, 2019 – June 30, 2019):
        - Contact Investigation Log Report due July 15, 2019
        - Follow-up Response Reports due: July 30, 2019

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Q3 Report (July 1, 2019 – September 30, 2019):

- Contact Investigation Log Report due October 15, 2019
- Follow-up Response Reports due: October 30, 2019

Q4 Report (October 1, 2019 – December 31, 2019):

- Contact Investigation Log Report due January 15, 2020
- Follow-up Response Reports due: January 31, 2020

o DPBH TB Program shall provide quarterly reports electronically to subrecipient:

Q1 MUNK and EDN Reports:

- March 31, 2019
- June 30, 2019
- September 30, 2019
- December 31, 2019

### **Financial Reporting Requirements**

- A Request for Reimbursement is due monthly, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> 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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SECTION D**

Agency Ref. #: **HD 16936**  
 Budget Account: 3219  
 GL: 8516  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	<b>Subrecipient Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> PO Box 11130 Reno, NV 89520
<b>Subaward Period:</b> January 1, 2019, through December 31, 2019	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$86,762.00	\$0.00	\$0.00	\$0.00	\$86,762.00	0.0%
2. Travel	\$3,510.00	\$0.00	\$0.00	\$0.00	\$3,510.00	0.0%
3. Operating	\$5,998.00	\$0.00	\$0.00	\$0.00	\$5,998.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$13,960.00	\$0.00	\$0.00	\$0.00	\$13,960.00	0.0%
<b>Total</b>	<b>\$110,230.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$110,230.00</b>	<b>0.0%</b>

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](mailto:contractunit@health.nv.gov). Mail hard copies to the following address:

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

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO
3. When does your organization's fiscal year end? \_\_\_\_\_
4. What is the official name of your organization? \_\_\_\_\_
5. How often is your organization audited? \_\_\_\_\_
6. When was your last audit performed? \_\_\_\_\_
7. What time-period did your last audit cover? \_\_\_\_\_
8. Which accounting firm conducted your last audit? \_\_\_\_\_

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

**STATE OF NEVADA  
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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.**

STATE OF NEVADA  
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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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.

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
  - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
  - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

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

**Staff Report**  
**Board Meeting Date:** February 28, 2019

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$102,298 (no match required) for the period March 29, 2019 through March 28, 2020 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11559 and authorize the District Health Officer to execute the Notice of Subaward.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000; over \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada on February 4, 2019 to support the Tobacco Prevention and Control Grant Program. The funding period is effective March 29, 2019 and extends through March 28, 2020. A copy of the Notice of Subaward is attached.

**District Health Strategic Objective supported by this item:**

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

**PREVIOUS ACTION**

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

**GRANT AWARD SUMMARY**

**Project/Program Name:** Tobacco Prevention and Control Grant Program

**Scope of the Project:** The Subgrant scope of work includes the following strategies: educate stakeholders and the general public on policies supporting clean indoor air; increase referrals and promote the Quitline; develop and maintain partnerships to improve tobacco control program activities.

The Subgrant provides funding for personnel and indirect expenditures.

**Benefit to Washoe County Residents:** This Award supports tobacco education and prevention activities.

**On-Going Program Support:** The Health District anticipates receiving continuous funding to support the Tobacco Prevention and Control Program.

**Award Amount:** \$102,298.00 (\$97,085.00 direct; \$5,213.00 indirect)  
**Grant Period:** March 29, 2019– March 28, 2020  
**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:** 93.305  
**Grant ID Number:** HD# 17043 / Federal Grant # TBD  
**Match Amount and Type:** No match required  
**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Notice of Subaward. As the FY19 budget in Internal Order# 11238 was adopted with a total of \$107,623 in expenditure authority, no budget amendment is necessary.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subaward from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$102,298 (no match required) for the period March 29, 2019 through March 28, 2020 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11559 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 Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$102,298 (no match required) for the period March 29, 2019 through March 28, 2020 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11559 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 17043**  
 Budget Account: 3220  
 Category: 10  
 GL: 8516  
 Job Number: 9330519

### NOTICE OF SUBAWARD

<b>Program Name: Tobacco Control Program</b> Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Subaward Period:</b> March 29, 2019 through March 28, 2020	<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** To provide tobacco education and prevention activities and services in Washoe County.

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

<b>Approved Budget Categories:</b>	
1. Personnel	<b>\$97,085.00</b>
2. Travel	<b>\$0.00</b>
3. Operating	<b>\$0.00</b>
4. Equipment	<b>\$0.00</b>
5. Contractual/Consultant	<b>\$0.00</b>
6. Training	<b>\$0.00</b>
7. Other	<b>\$0.00</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$97,085.00</b>
8. Indirect Costs	<b>\$5,213.00</b>
<b>TOTAL APPROVED BUDGET</b>	<b>\$102,298.00</b>

<b>FEDERAL AWARD COMPUTATION:</b>	
Total Obligated by this Action:	\$ 102,298.00
Cumulative Prior Awards this Budget Period:	\$ 452,345.00
Total Federal Funds Awarded to Date:	\$ 554,643.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>Budget Period:</b> March 29, 2019 through March 28, 2020	
<b>Project Period:</b> March 29, 2015 through March 28, 2020	

**FOR AGENCY USE ONLY**

<b>Source of Funds:</b> Centers of Disease Control and Prevention (CDC) Tobacco Control Program	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.305	<b>FAIN:</b>	<b>Federal Grant #:</b>
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**Federal Grant Award Date by Federal Agency:**

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

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

**Incorporated Documents:**

Section A: Grant Conditions and Assurances;  
 Section B: Description of Services, Scope of Work and Deliverables;  
 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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Section H:	Annual Work Plan;
Section I:	Quarterly Program Activity Tracking and Evaluation; and
Section J:	Staff Certification

Kevin Dick District Health Officer, WCHD	Signature	Date
Candice McDaniel, MS Health Bureau Chief		
for Julie Kotchevar, PhD. Administrator, Division of Public & Behavioral Health		



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**SECTION A**

**GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Division of Public and Behavioral Health (hereafter referred to as "Division") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Division or Recipient from its obligations under this Agreement.
  - The Division may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Division and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Division. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Division, become the property of the Division, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Division may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Division may declare the Recipient ineligible for any further participation in the Division's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Division may withhold funding.

**Grant Assurances**

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
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  
[contractunit@health.nv.gov](mailto:contractunit@health.nv.gov)***

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

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the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

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

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

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

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**SECTION B**

**Description of Services, Scope of Work and Deliverables**

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

**Scope of Work for WCHD**

Chronic Disease Prevention and Health Promotion Section  
Tobacco Control Program (TCP)  
WCHD Scope of Work for March 29, 2019 - March 28, 2020  
Date: 1/18/19 Version: 1.0

**Goal 1 is not addressed by this subrecipient**

<b>Goal 2: Eliminating nonsmokers' exposure to secondhand smoke</b>						
<b>Strategy 1: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to reduce exposure to secondhand smoke</b>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
<b>2.1 By March 28, 2020, educate community stakeholders and the general public about the benefits of strengthening or adding one (1) or more smoke-free and/or vape-free policies supporting clean indoor air at the local or state level.</b>	2.1.1 Identify at least three (3) Washoe County locations currently exempt from the Nevada Clean Indoor Air Act (NCIAA) and provide technical assistance and model clean air policy language for stakeholders.	Clean Indoor Air Policy	3/29/2019-3/28/2020	General Population  Community Stakeholders	# of NCIAA exempt locations identified  # of TA provided per location  # of clean indoor air policies adopted  # of estimated people protected per location	Quarterly progress reports

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	2.1.2 Educate community stakeholders and the general public with factual information about the benefits of developing one (1) new tobacco-free policy in Washoe County to enhance the NCIAA and explore additional requirements to include in the NCIAA to support these efforts.	Tobacco-free policy	3/29/2019-3/28/2020	General Population  Community Stakeholders	# community stakeholders educated  # and/or estimated reach of general population  # of new tobacco-free policies developed  # of tobacco-free policy enhancements developed  # and list of additional requirements identified	Quarterly progress reports
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**Goal 3: Promote quitting [smoking] among youth and young adults**

**Strategy 1: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation**

<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
<b>3.1 By March 28, 2020, increase the number of referrals in Washoe County to the Nevada Tobacco Quitline (NTQ)</b>	3.1.1 Identify and work with health care providers/clinics to identify a tobacco referral health system change that can occur within a clinical setting (electronic health records, discharge procedures, emergency room admittance, prompt etc.).	List of Recommended health system enhancements	3/29/2019-12/31/2019	Health care providers for tobacco users	# of health care providers/clinics identified  # and list of recommended enhancements for the clinical setting(s)	Quarterly progress reports

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<b>by 20% from the previous funding period.</b>	3.1.2 Implement at least one (1) identified health systems change within at least one (1) partner clinic/health care setting that connects with the NTQ.	Documented and/or screen shot of systems change implemented	3/29/2019-12/31/2019		# of documented health system(s) changes implemented  # of referrals from partner system to NTQ	
	3.1.3 Develop a list of priority community organizations or assess organizations that would be appropriate sources of NTQ referrals.	List of priority organizations	3/29/2019-9/30/2019	Organization staff and management	# of identified priority organizations	Quarterly progress reports
	3.1.4 Establish and implement a community-clinical linkage with at least one (1) community organization to increase referrals to NTQ (e.g., modified intake forms, fax/web referrals, or reminder on form).	Documentation of referral mechanism	10/1/2019-12/31/2019	Community providers for tobacco users	# of documented community-clinical linkages  # of linkages implemented  # of referrals from referring entity to NTQ	Quarterly progress reports
	3.1.5 Develop a system with the referring entity to collect and share data with TCP for evaluation.	Shared data documentation	1/1/19-3/28/20	Community organization staff, management, and IT personnel	# of data sharing systems  # of referrals to NTQ	Quarterly progress reports  Monthly Quitline Reports  Report data from referring entity.

<b>Section 4: Mass Reach Communications</b>						
<b>Strategy 1: Implement evidence-based, mass-reach health communication interventions to increase cessation and/or promote the quitline</b>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>

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<b>4.1 By March 28, 2020, promote anti-tobacco media messaging and the Nevada Tobacco Quitline in Washoe County with a reach of least 7,000.</b>	4.1.1 Develop a monthly Facebook/Social Media post guided by the 2019 Communication Plan with the latest information on tobacco prevention, tobacco control, and other resources to promote the NTQ.	Social media messages	3/29/2019-3/28/2020	Washoe tobacco users  Health care providers  Service providers	# of social media messages  # of persons reached via social media messages (media metrics for Facebook, twitter, YouTube).	Quarterly Progress Reports
	4.1.2 Coordinate maintenance and updates of the tobacco information associated with the GetHealthyWashoe.com website and track and monitor reach.	List of website updates	3/29/2019-3/28/2020	Washoe tobacco users  General Population  Others based on leveraged grant efforts	# of maintenance checks of and/or updates to tobacco information on GetHealthyWashoe.com  # reached through "GetHealthyWashoe" Tobacco Page.	Communications and Media Reporting Table (part of the Quarterly Progress Reports)
	4.1.3 Support maintenance of the TIPS campaign and other leveraged media efforts by submitting at least two (2) reports. Track and report supporting activities.	Communications and Media TIPS Report(s)	3/29/2019-3/28/2020	Washoe tobacco users  General Population	# reached using traditional media  # of speaking engagements  # reached using social media  # of media reports submitted	

**Section 5 is not addressed by this subrecipient**

<b>Section 6: Infrastructure, Administration, and Management</b>						
<b>Strategy 1: Develop and maintain responsive planning [for the Long-Term Strategic Plan].</b>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
<b>6.1 By March 28, 2020, continue to participate in and contribute to</b>	<b>6.1.1</b> Continue to participate in the annual (1) strategic planning via NTPC to explore areas to align the	Documented Strategic Plan feedback	10/1/2019-12/31/19	General Population	# of meetings attended	State program records Strategic Plan

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<b>strategic plan implementation through participation in a minimum of four (4) workgroups or strategic planning meetings.</b>	State Plan with NTPC priorities and help implement goals and objectives of the long-term strategic plan.			NTPC Stakeholders	# of identified goals and priorities aligned with NTPC priorities and the State Plan	
	6.1.2 Assist with implementation of the Strategic Plan via participation in three (3) NTPC-related workgroups.	Documented participation in NTPC Workgroups	7/1/2019-9/30/2019		# of workgroups attended  # of activities implemented to support the strategic plan	
<b>Strategy 2*: Provide ongoing training and technical assistance</b> <i>*strategy 2 provided by Nevada TCP for subrecipient</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Complete</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
<b>6.2 Through March 28, 2020, participate as one (1) of seven (7) partners in a technical assistance project to improve tobacco control program activities in Nevada.</b>	6.2.1 Participate on technical assistance (TA) calls with CDPHP/TCP monthly (12 total) and provide regular program updates. Also attend the <u>required</u> * annual partner meeting which may substitute for one (1) TA call.	TA agendas  TA notes & action items	First Tuesday of each month unless a group call is scheduled: 06/14/2019 09/13/2019 12/13/2019 03/13/2020	Funded tobacco control partners in Nevada	# of TA agendas/calls  # of partner meetings attended	State program records Quarterly Progress Reports <i>*Note: primary funding source for annual meeting will be FHN</i>
	6.2.2 Provide progress reports quarterly, for a total of four (4) reports, documenting any barriers or challenges.	Quarterly Progress Reports	Quarterly Reports Due: 07/15/2019 10/15/2019 01/15/2020 04/15/2020	CDPHP	# of progress reports submitted  # of progress reports submitted in a timely manner	State program records
	6.2.3 Develop and disseminate at least one (1) two-page tobacco control program success story.	Success story	1/1/2020-3/28/2020	Local population and stakeholders  CDC	# of success stories  # and type of dissemination channels used  # of people reached (media metrics)	Quarterly progress reports



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<b>Strategy 3: Develop and maintain networked partnerships including state, local, and chronic disease coordination</b>						
<b>6.3 By March 28, 2020, partner with other agencies to organize and promote at least one (1) education initiative addressing tobacco issues in Nevada.</b>	6.3.1 Participate in promotion planning with partnering organizations including NTPC, Nevada Public Health Association (NPHA), Northern Nevada Action Committee (NNAC), and other local, state, and national groups driving tobacco policy.	Planning meeting agenda(s) and notes	3/29/2019-3/28/2020	Partners	# of planning meetings attended  # of tobacco policies educated on/about	Quarterly progress reports
	6.3.2 Present information about a local or statewide tobacco policy/initiative to at least two (2) partnering organizations.	Presentation slides and notes	3/29/2019-3/28/2020		# of presentations  # and list of organizations presented to	Quarterly progress reports
	6.3.3 Participate in meetings by phone and/or in-person meetings in State level efforts to implement and share merchant training/materials and/or tobacco retailer licensing materials to prepare for Tobacco 21.	Meeting Agenda(s) and Notes	3/29/2019-7/31/2019	SAPTA  Tobacco retailers	# of calls/meetings  # of materials provided for merchant training (including tobacco retail licensing and/or Tobacco 21)	Merchant training notes Quarterly progress reports

**Deliverables:**

- 1) Compile/complete reports outlined throughout the Scope of Work’s objectives and activities by target deadlines, including but not limited to:
  - 6.2.2- Progress Reports on quarterly basis documenting any barriers, successes, progress, and TA Requests.
- 2) Technical Assistance Calls
  - TA calls will be held every first Tuesday of each month unless group call is held. **Participation on all calls is required.** Calls can be rescheduled with the Tobacco Control Program Coordinator. Specific conference call number and passcode will be provided on the agenda, 24-48 hours in advance.
  - Group Calls will be scheduled for June 14, September 14, December 14, and March 13. The Annual Partner Meeting in Southern Nevada in 2020 may substitute for one call.
- 3) Reporting Schedule:
 

Awardee shall provide to the Chronic Disease Prevention & Health Promotion (CDPHP) Section an annual Work Plan within 30 days of receiving Notice of Subaward and scope of work. Submit quarterly and annual reports electronically to the CDPHP Tobacco Control Program Coordinator or Section designee. Reports must include Communications and Media reporting that align with the approved activities and objectives.

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Quarterly Reports

- Q1 Report (March 29, 2019-June 29, 2019) due July 15, 2019
- Q2 Report (July 1, 2019- September 30, 2019) due October 15, 2019
- Q3 Report (October 1, 2019-December 31, 2019) due January 15, 2020
- Q4 Report (January 1, 2020- March 28, 2020) due April 15, 2020

**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 \_\_\_\_\_ from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

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

Subrecipient agrees to adhere to the following budget:

<b>Category</b>	<b>Total cost</b>	<b>Detailed cost</b>	<b>Details of expected expenses</b>
1. Personnel	\$ 97,085.00		
		\$ 55,662.00	Health Educator Coordinator: 0.45 FTE x 12 months Annual Salary: \$85,240 Fringe: \$38,453
		\$ 41,423.00	Health Educator II: 0.35 FTE x 12 months Annual Salary: \$80,073 Fringe: \$38,278
2. Travel	\$ 0.00		
		\$	
3. Operating	\$ 0.00		
		\$	
4. Equipment	\$ 0.00		
		\$	
5. Contractual Consultant	\$ 0.00		
		\$	
6. Training	\$ 0.00		
		\$	
7. Other	\$ 0.00		
		\$	
<b>Total Direct Cost</b>	\$ 97,085.00		
8. Indirect Cost	\$ 5,213.00	Indirect Cost rate applied 5.37% of total direct costs.	
<b>Total Approved Budget</b>	\$ 102,298.00		

- 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).

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**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.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 15 days of the end of the previous month and no later than 15 days from the end of the subaward period which is **March 28, 2020**;
- Total reimbursement through this subaward will not exceed \$102,298.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Invoices may not be approved for payment until the program coordinator receives the appropriately timed progress reports;
- The Division reserves the right to conduct a site visit regarding this subaward and deliverables. If deliverables are not met for this subaward period, then the Division is not obligated to issue continuation funding; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Division within 15 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 15-day closing period, the Division may not be able to provide reimbursement.
- If a credit is owed to the Division after the 15-day closing period, the funds must be returned to the Division within 30 days of identification.

**The Division agrees:**

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

- A site visit may be conducted during the subaward period.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15<sup>th</sup> 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.

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- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

**CDPHP and Nevada Wellness Attribution Requirements:**

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

***Funding Attribution***

Identify the source of funding on all printed documents purchased or produced within the scope of this 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 \_\_\_\_\_ from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC.”

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

***Nevada Wellness Logo***

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

**Usage Guidelines**

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

- **PMS Colors:**



- **CMYK Colors:**

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C:75, M:0, Y:75, K:0

C:83, M:40, Y:0, K:0

C:40, M:0, Y:100, K:0

C:0, M:20, Y:85, K:0

○ **RGB Colors:**

**RGB Colors**

Green: R: 43 G: 182 B: 115

Blue: R: 2 G: 130 B: 198

Lime Green: R: 166 G: 206 B: 57

Yellow: R: 255 G: 200 B: 67

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SECTION D**

Agency Ref. #: **HD 17043**  
 Budget Account: 3220  
 GL: 8516  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Tobacco Control Program Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	<b>Subrecipient Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Subaward Period:</b> March 29, 2019 through March 28, 2020	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$97,085.00	\$0.00	\$0.00	\$0.00	\$97,085.00	0.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$5,213.00	\$0.00	\$0.00	\$0.00	\$5,213.00	0.0%
<b>Total</b>	<b>\$102,298.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$102,298.00</b>	<b>0.0%</b>

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](mailto:contractunit@health.nv.gov). Mail hard copies to the following address:

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

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO
3. When does your organization's fiscal year end? \_\_\_\_\_
4. What is the official name of your organization? \_\_\_\_\_
5. How often is your organization audited? \_\_\_\_\_
6. When was your last audit performed? \_\_\_\_\_
7. What time-period did your last audit cover? \_\_\_\_\_
8. Which accounting firm conducted your last audit? \_\_\_\_\_

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



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**SECTION F**

**Notification of Utilization of Current or Former State Employee**

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

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

YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

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

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

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

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SECTION G

**Business Associate Addendum**

BETWEEN

**Nevada Division of Public and Behavioral Health**

---

Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

---

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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

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

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

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

1. **Permitted Uses and Disclosures:**

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

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

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

**2. Prohibited Uses and Disclosures:**

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

**IV. OBLIGATIONS OF COVERED ENTITY**

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

**V. TERM AND TERMINATION**

**1. Effect of Termination:**

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

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

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
  - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
  - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

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

**Annual Workplan Template**

CDPHP Tobacco Control Program Subrecipient/Contractor Annual Workplan from March 29, 2019 to March 28, 2020

Date: \_\_\_\_\_ Version: 1.0

<i>Goal 2:</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Comple tion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

<i>Goal 3:</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Comple tion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

- Subrecipient agrees to provide a work plan for State Fiscal Year 2020 outlining continuing activities and/or new activities to be conducted during the grant year, output related to the activity, timeline and responsible persons for the activity.
- Subrecipient agrees to provide their completed work plan no later than 30 days after the execution of this grant to the Tobacco Control Program.

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



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

Quarterly Program Activity Tracking and Evaluation Template

**ES Worksheet 4. CDPHP Tobacco Control Program Quarterly Program Activity Tracking/Evaluation**  
**Washoe County Health District (WCHD) Core Progress Report**

Action Plan Period: 03/29/19 - 03/28/20

Data Collection Date: MM/DD/YY

Funding Amount:	\$
Reimbursement to date:	\$

Goal 2: Eliminating nonsmokers' exposure to second smoke				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
2.1	2.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	2.1.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
<b>Progress:</b>				
<b>Successes:</b>				
<b>Barriers:</b>				
<b>TA Requests:</b>				

Goal 3: Promoting quitting among youth and young adults				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
3.1	3.1.1		MM/DD/YY MM/DD/YY MM/DD/YY	

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

Goal 3: Promoting quitting among youth and young adults				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
			MM/DD/YY	
	3.1.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	3.1.3		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	3.1.4		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	3.1.5		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
<b>Progress:</b>				
<b>Successes:</b>				
<b>Barriers:</b>				
<b>TA Requests:</b>				

Section 4: Mass Reach Communications				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
4.1	4.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	4.1.2		MM/DD/YY MM/DD/YY MM/DD/YY	

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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<b>Section 4: Mass Reach Communications</b>				
<b>Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Quarterly Program Progress</b> (Outputs, When, How, Who, Barriers)	<b>Evaluation</b> (for evaluator use only)
			MM/DD/YY	
	4.1.3		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
<b>Progress:</b>				
<b>Successes:</b>				
<b>Barriers:</b>				
<b>TA Requests:</b>				

<i>Communications and Media Reporting</i>					
<b>Media Type</b> (TV, Radio, Facebook, Blog, Twitter, YouTube, Buttons)	<b>Earned/ Paid</b>	<b>Target Population</b>	<b>Quitline Promo</b> (Y/N)	<b>Reach</b> (if available)	<b>Dates Run</b>
Example: TV	Earned	Low SES	Y	14,782	9/1/16-10/31/16
(add rows as needed)					
<b>TIPS Leverage</b> (TV, Radio, Facebook, Blog, Twitter, YouTube, Buttons)	<b>Earned/ Paid</b>	<b>Target Population</b>	<b>Quitline Promo</b> (Y/N)	<b>Reach</b> (if available)	<b>Dates Run</b>
<b>Speaking Engagement Types</b> (Presentation, Webinar, Expert Witness)	<b>Location</b>	<b>Target Population</b>	<b>Quitline Promo</b> (Y/N)	<b># Stakeholders</b> (or estimate)	<b>Date</b>

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

Section 6: Infrastructure, Administration and Management				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
6.1	6.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	6.1.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
6.2	6.2.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	6.2.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	6.2.3		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
6.3	6.3.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	6.3.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	6.3.3		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
<b>Progress:</b>				
<b>Successes:</b>				

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

Section 6: Infrastructure, Administration and Management				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
<b>Barriers:</b>				
<b>TA Requests:</b>				

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

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

**Staff Certification**

**WASHOE COUNTY HEALTH DISTRICT  
STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES  
For the Period March 29, 2019 through March 28, 2020**

Employee Name	Title	% time (level of effort) spent on duties related to HD 17043	% time (level of effort) spent on	% time (level of effort) spent on	% time (level of effort) spent on	Total must equal 100%	I certify that the % of time (level of effort) I have stated is true and correct Employee Signature	Date Certified
	Health Educator Coordinator	45%				0.00%		
	Health Educator II	35%				0.00%		
						0.00%		

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

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Authorized Official Name

Title


Signature

Date

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

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

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

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

**Staff Report**  
**Board Meeting Date:** February 28, 2019

**TO:** District Board of Health

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

**SUBJECT:** Approve a Grant Agreement and Notice of Grant Award from Nevada Clinical Services, Inc. retroactive to January 1, 2019 through June 20, 2019 in the total amount of \$162,855.00 (no match required) in support of the Community and Clinical Health Services Division’s Tobacco Prevention Program IO# 11562; if approved, authorize the Termination of Grant Award between the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the Tobacco Prevention and Control Grant IO#11128 retroactive to December 31, 2018 and authorize the District Health Officer to execute both documents.

**SUMMARY**

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

**District Board of Health Strategic Priority:**

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

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND**

Nevada Clinical Services, Inc. (NCS) is a nonprofit corporation supported by sixteen private Nevada hospitals, which furnishes charity care to indigent Nevadans across the State. NCS expressed an interest in providing grant oversight of programs funded through the Master Settlement Agreement that provide improved access to health care and improved health outcomes for Nevadans.

As part of the agreement, the Nevada Department of Health and Human Services (DHHS) contracted with NCS to provide grant contracts and reimbursement for tobacco and control efforts. DHHS continues to oversee the day-to-day provisions of services and grants management. For the reimbursement to providers, including Washoe County Health District, NCS will contribute up to 30% of the funds from NCS dollars and the State will reimburse NCS the remaining 70%. The “savings” will then be redirected into additional tobacco prevention and control activities.

NCS already has contracts in place for two other tobacco prevention and control programs, Southern Nevada Health District and Nevada Statewide Coalition Partnership. Both of these agencies also received an additional contract with the State with the “savings” from their NCS award. Washoe County Health District’s “savings” is anticipated to be \$30,000.

### **FISCAL IMPACT**

Should the Board approve this Grant Agreement, the FY19 adopted budget has sufficient expenditure authority; no budget amendment is necessary.

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve a Grant Agreement and Notice of Grant Award from Nevada Clinical Services, Inc. retroactive to January 1, 2019 through June 20, 2019 in the total amount of \$162,855.00 (no match required) in support of the Community and Clinical Health Services Division’s Tobacco Prevention Program IO# 11562; if approved, authorize the Termination of Grant Award between the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the Tobacco Prevention and Control Grant IO#11128 retroactive to December 31, 2018 and authorize the District Health Officer to execute both documents.

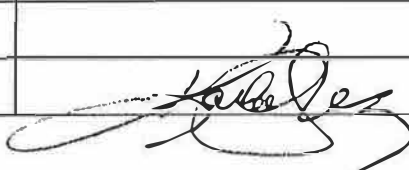
### **POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve a Grant Agreement and Notice of Grant Award from Nevada Clinical Services, Inc. retroactive to January 1, 2019 through June 20, 2019 in the total amount of \$162,855.00 (no match required) in support of the Community and Clinical Health Services Division’s Tobacco Prevention Program IO# 11562; if approved, authorize the Termination of Grant Award between the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the Tobacco Prevention and Control Grant IO#11128 retroactive to December 31, 2018 and authorize the District Health Officer to execute both documents.”



**NEVADA CLINICAL SERVICES, INC. (hereinafter referred to as "NCS")**  
 3186 South Maryland Parkway  
 Las Vegas, NV 89119  
 EIN #45-2211040

**GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

<b>Grantee Name:</b> Washoe County Health District (WCHD)	<b>Grantee Address:</b> 1001 E. 9 <sup>th</sup> Street, Reno NV 89512														
<b>Program Name:</b> Tobacco Prevention and Control															
<b>Grant Period:</b> January 1, 2019 – June 30, 2019	<b>Grantee's:</b> EIN: 88-6000138 NCS Contract #: 162712 Dun & Bradstreet: 073-786-998														
<b>Purpose of Award:</b> To eliminate exposure to secondhand smoke, prevent initiation of tobacco use among youth and young adults, and identify and eliminate tobacco-related disparities.															
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county of counties: Washoe															
<b>Approved Budget Categories:</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ 35,408</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ 400</td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$ 800</td></tr> <tr><td>4. Contractual/Consultant</td><td style="text-align: right;">\$ 83,042</td></tr> <tr><td>5. Other</td><td style="text-align: right;">\$ 31,142</td></tr> <tr><td>6. Indirect</td><td style="text-align: right;">\$ 12,063</td></tr> <tr><td style="text-align: right;">Total Cost:</td><td style="text-align: right;">\$ 162,855</td></tr> </table>	1. Personnel	\$ 35,408	2. Travel	\$ 400	3. Supplies	\$ 800	4. Contractual/Consultant	\$ 83,042	5. Other	\$ 31,142	6. Indirect	\$ 12,063	Total Cost:	\$ 162,855	<b>Disbursement of funds will be as follows:</b>  Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this grant</i> . Total reimbursement will not exceed <b>\$162,855 during the Grant Period</b> . NCS has designated Nevada Department of Health and Human Services, Division of Public and Behavioral Health ("Manager") to provide professional services to assist NCS in administering and managing this Grant.
1. Personnel	\$ 35,408														
2. Travel	\$ 400														
3. Supplies	\$ 800														
4. Contractual/Consultant	\$ 83,042														
5. Other	\$ 31,142														
6. Indirect	\$ 12,063														
Total Cost:	\$ 162,855														
<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> <li>1. Expenditures must comply with applicable law;</li> <li>2. The recipient of these funds agrees to stipulations listed in the incorporated documents; and</li> <li>3. NCS shall have the right to assign its rights and obligations hereunder to the Nevada Department of Health and Human Services, Division of Public and Behavioral Health ("DPBH") upon seven (7) days written notice to Grantee. Any such assignment shall release NCS from any and all future obligations to Grantee. Upon NCS' assignment of this Grant Agreement and Notice of Grant Award to DPBH, NCS and Grantee agree that the amendments reflected in Section I shall become effective immediately.</li> </ol>															
<b>Incorporated Documents:</b> Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; Section F: NCS Business Associate Addendum Section G: Quarterly Program Activity Tracking and Evaluation Template Section H: Staff Certification Section I: Assignment															
Name & Title	Signature	Date													
Kevin Dick District Health Officer, WCHD															
Karla Perez Treasurer, NCS		1/15/19													

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

**SECTION A**

**Assurances**

As a condition of receiving grant funds from NCS, the Grantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Grantee expenditures do not comply with this condition, that portion not in compliance must be refunded to NCS.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by NCS, may result in denial of reimbursement.
3. Approval of the grant budget by NCS constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from NCS is not allowed under the terms of this grant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of grants are required to maintain grant accounting records, identifiable by NCS Grant number. Such records shall be maintained in accordance with the following:
  - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from NCS, either directly or through its Manager. Records may be destroyed by Grantee five (5) calendar years after final financial and narrative reports have been submitted to NCS, through Manager.
  - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual grants.

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this grant award. NCS reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.C. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant NCS policies.
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the grant includes functions or activities that involve the use or disclosure of protected health information (PHI) then the Grantee agrees to enter into a Business Associate Agreement with NCS as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. No funding associated with this grant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. Any federal, state, county or local agency, legislature, commission, council or board;
  - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

10. NCS grants are subject to inspection and audit by representatives of NCS, including any representative of Manager or Manager's designee, to:
- a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. Ascertain whether policies, plans and procedures are being followed;
  - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. Determine reliability of financial aspects of the conduct of the project.
11. Any audit of Grantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of grant funds. It is the policy of NCS that each grantee required under federal regulations, as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, to have an audit prepared by an Independent auditor must provide a copy of the final audit report to NCS, through Manager. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO MANAGER AT THE FOLLOWING ADDRESS:**

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 Manager within nine (9) months of the close of the Grantee's fiscal year. To acknowledge this requirement, Section E of this Grant Agreement and Notice of Grant Award must be completed.

THIS SPACE INTENTIONALLY LEFT BLANK

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

**SECTION B**

**Description of Services, Scope of Work and Deliverables**

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

**Scope of Work for Washoe County Health District (WCHD)  
2019 Scope of Work**

<b>Component 1: Tobacco Prevention and Control</b>					
<b>Goal 1: Preventing initiation among youth and young adults</b>					
<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/Complete</b>	<b>Evaluation Measure (indicator)</b>	<b>Responsible Persons</b>
1.1 By June 30, 2019, increase the number of higher education campuses working towards a tobacco-free (TF) campus by <u>one (1)</u> .  Target Audience: Students and faculty of Truckee Meadows Community College (TMCC), Sierra Nevada College (SNC), trade schools, and other institutes of higher education in Washoe County.	1.1.1 Provide leadership and technical assistance (TA) to TMCC as they implement their adopted resolution and work towards a tobacco-free policy at their main and satellite campuses.	TA Meetings notes/agendas  TMCC's TF Resolution	January 2019 – June 2019	% of overall compliance with resolution (environmental scans)  # of instances of TA	Health Educator  Public Service Intern/Student Intern
	1.1.2 Organize and participate in at least five (5) educational activities/events at TMCC focusing on tobacco-free campuses.	Educational materials	March 2019 – June 2019	# of educational activities/events  # of attendees	
	1.1.3 Continue to offer and provide TA to SNC administration to encourage and educate about tobacco-free policies.	TA log	Ongoing	# of incidences of TA	
	1.1.4 Organize and participate in at least one (1) educational activity or event at SNC focusing on tobacco-free campuses. (Completed)		Completed		
	1.1.5 Support outreach messages with TMCC regarding tobacco-free campuses, cessation, and alternatives to tobacco use.	Outreach/Educational materials	January 2019 – June 2019	# of outreach messages  # reached	

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

	1.1.6 Educate at least two (2) institutes of higher education or trade schools about the benefits tobacco-free campus policy.	Presentations/Meeting Summaries	January 2019 – June 2019	# of campuses receiving education  # of campuses pursuing a TF policy	
1.2 By June 30, 2019, provide at least 85% (or 370) of tobacco retailers in Washoe County with information on Nevada’s online tobacco merchant training intended to prevent sales of tobacco to minors.  Target Audience: Tobacco retailers in Washoe County	1.2.1 Participate in the tobacco merchant calls to collaborate with statewide partners on education/promotion of the Nevada tobacco merchant training and outreach campaign.	Tobacco merchant workgroup meeting notes	January 2019 – June 2019	# of meetings/calls attended	Health Educator Coordinator  Health Educator  Public Service Intern/Student Intern
	1.2.2 Disseminate information and promote the online merchant training to tobacco retail outlets in Washoe County through a mail campaign.	Campaign materials  Tobacco merchant training campaign	January 2019 – June 2019	# of tobacco retailers sent information	
1.3 By June 30, 2019, provide resources to at least two (2) youth agencies on tobacco prevention and control.	1.3.1 Serve as a resource to at least one (1) school to collect confiscated e-cigarettes.	E-cigarette collection	January 2019 – June 2019	# of schools assisted with confiscated e-cigarettes	Health Educator Coordinator  Health Educator
	1.3.2 Provide information and resources to at least one (1) youth agency during a meeting/presentation related to youth cessation and/or youth initiation prevention. (Completed)		Completed		Public Service Intern/Student Intern

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

<b>Component 1: Tobacco Prevention and Control</b>					
<b>Goal 2: Eliminating nonsmokers' exposure to secondhand smoke</b>					
<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/Complete</b>	<b>Evaluation Measure (indicator)</b>	<b>Responsible Persons</b>
<p>2.1 By June 30, 2019, support smoke-free (SF) jurisdictions in Washoe County by increasing the number of policies (including voluntary policies), working towards a goal of a SF jurisdiction in Washoe County by at least one (1).</p> <p>Target Audience: Washoe County residents, businesses, and decision-makers.</p>	2.1.1 Assist at least one (1) Multi-Unit Housing (MUH) properties in developing indoor SF policies. Signage will be provided as needed.	SF MUH policies	January 2019 – June 2019	# of policies/ signage  # of SF MUH properties and units assisted	Health Educator
	2.1.2 Encourage organizations to adopt SF meetings policies by meeting with at least four (4) event planners, organizers, or decision makers and/or human resources department (HR) directors regarding SF meetings/events policies.	Meeting summaries  SF meetings policy	January 2019 – June 2019	# of event planners/organizers /decision-makers and HR directors informed  # of informational materials distributed	WCHD staff  Nevada Cancer Coalition (NCC)
	2.1.3 Provide education, information and resources on SF meetings/events to at least three (3) organizations/ boards that represent or provide funding for public health activities.	List of organizations/boards  Presentation materials	January 2019 – June 2019	# of organizations/ boards on list  # of organizations/ boards educated	
	2.1.4 Support the Nevada Tobacco Prevention (NTPC) in expanding tobacco-free workplaces by contributing to efforts related to SF Workplace Community Assessments.	Community Assessment Reports	January 2019 – June 2019	# of assessment reports	Health Educator Coordinator  Health Educator

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

<p>2.1.5 Promote efforts that work towards a smoke-free jurisdiction (e.g., smoke-free meetings, smoke-free living, smoke free workplaces, and smoke-free family-friendly outdoor locations and events) through a media and communication campaign (WCHD) and use at least two (2) platforms (i.e. print, blogs, social media, online advertising etc.) to communication about smoke free meetings/events (NCC)</p>	<p>SF Campaign  Promotional Materials</p>	<p>January 2019 – June 2019</p>	<p># and types of campaign platforms  # reached</p>	<p>Health Educator  Nevada Cancer Coalition (NCC)</p>
<p>2.1.5 Provide TA to at least two (2) businesses/ organizations adopting or enhancing SF policies (may include outdoor locations like parks and open spaces).</p>	<p>Smoke-free policies  TA log</p>	<p>January 2019 – June 2019</p>	<p># of instances of TA  # of policies</p>	<p>Health Educator</p>
<p>2.1.6 Provide TA and signage to at least two (2) outdoor street events to go SF. (Completed)</p>		<p>Completed</p>		
<p>2.1.7 Educate key stakeholders about SF lodging and nightlife through personal communication, social media, community forums and newsletters, etc.</p>	<p>Promotional materials</p>	<p>January 2019 – June 2019</p>	<p># reached/educated</p>	<p>Health Educator  Public Service Intern</p>
<p>2.1.8 Acknowledge a community advancement towards a SF jurisdiction through an Extra Mile Award (or similar type of acknowledgement).</p>	<p>Extra Mile Award (or similar type of acknowledgement) List of award winners</p>	<p>April 2019 – June 2019</p>	<p># of awards or acknowledgements</p>	<p>Health Educator  Public Service Intern</p>

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	2.1.9 Report to decision-makers and leaders about increases in SF locations (including MUH, meetings and events, outdoor locations, and campuses) and importance of SF jurisdictions.	Meeting notes/ presentation on SF locations/jurisdictions	January 2019 – June 2019	# of meetings/presentations  # of decision-makers/leaders reached	Health Educator
2.3 Support a collaborative initiative to maintain one (1) statewide coalition to advance and promote tobacco control policies through June 30, 2019.  Target Audience: Statewide tobacco prevention partners.	2.3.1 Maintain administrative support of NTPC meetings, including at least three (3) board meetings and two (2) general membership meetings.	Agendas and meeting notes  Attendance Records	January 2019 – June 2019	# of NTPC meetings  # of attendees  # of participating organizations	WCHD Staff  NTPC  NTPC Member Organizations  Nevada Cancer Coalition (NCC)
	2.3.2 Facilitate NTPC communications including emails, periodic newsletters, social media, and website.	Communication Plan/Report/Materials	January 2019 – June 2019	# of newsletters sent  # of website updates  # newsletter reach  Social media analytics	WCHD Staff  NTPC  NTPC Member Organizations  Nevada Cancer Coalition (NCC)
	2.3.3 Coordinate an annual NTPC strategic planning session to update or produce a strategic plan prioritizing objectives and establishing workgroups. (Completed)		Completed		
	2.3.4 Manage NTPC business and administrative items including the coordination of membership and board, fiscal administration of all funds, budgeting, contracting, grant and donation management, and reporting.	Quarterly admin reports	January 2019 – June 2019	# of reports developed	



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<b>Component 3: Health Systems</b>					
<b>Strategy: Promote health systems changes to support tobacco cessation</b>					
<b>Annual Objectives</b>	<b>Activities</b>	<b>Outputs</b>	<b>Timeline Begin/Complete</b>	<b>Evaluation Measure (indicator)</b>	<b>Responsible Persons</b>
3.1 By June 30, 2019, support at least one (1) health systems enhancement within a clinical setting that links/connects with the Nevada Tobacco Quitline.  Target Audiences: Health care providers in Washoe County.	3.1.1 Identify health/clinical settings interested in adopting a health systems enhancement that supports cessation. (Completed)		Completed		Health Educator Coordinator
	3.1.2 Identify priorities in the health systems enhancement plan and budget, and fund at least one (1) priority systems change.	Health Systems enhancement	April 2019 – June 2019	# of priorities identified  # of systems enhancements implemented	
	3.1.3 Continue to engage clinical partners serving the low-income pregnant and post-partum population in tobacco cessation through implementation of the BABY & ME – Tobacco Free Program.	Pregnant/Post-partum Referrals	January 2019 – June 2019	# of clinical partners engaged  # of clients enrolled in program	Health Educator

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**Program Reporting and other Requirements**

- Participate in a majority of Technical Assistance calls held quarterly throughout the Grant Period on the second Friday on the third month of every quarter.
- Attend the annual partner meeting.
- Grantee agrees to submit updated quarterly reports according to the schedule specified below and using the provided quarterly report template.

<b>NCS FY</b>	<b>NCS Quarter Period</b>	<b>Due Date for Quarterly Report</b>
19	Quarter 3 (January 1-March 31, 2019)	April 15, 2019
19	Quarter 4 (April 1-June 30, 2019)	July 15, 2019

- Adhere to all budget requirements as specified by NCS.

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**NEVADA CLINICAL SERVICES, INC.  
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**SECTION C**

**Budget and Financial Reporting Requirements**

Grantee agrees to adhere to the following budget:

**January 1, 2019 through June 30, 2019**

<b>PERSONNEL Position Title and Name</b>	<b>Annual Salary</b>	<b>Fringe</b>	<b>Percent of Time</b>	<b>Months</b>	<b>Amount Requested</b>
<u>Intermittent Hourly Health Educator</u>	\$25,300	\$367	100%	6	\$12,834

**Job Description:**

This will be a 18 hour per week intermittent hourly position -\$27.03/hr x 18 hrs x 52 weeks = 936 hours/\$25,300 + \$367Medicare. This position will oversee the implementation of project activities related to tobacco free campus efforts, including those at TMCC, SNC and other institutes of advanced learning.

<u>Intermittent Hourly Health Educator</u>	\$23,270	\$366	100%	6	\$11,818
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**Job Description:**

This will be a 16 hour per week intermittent hourly position - estimate based on \$30.36/hr x 40 weeks = 832 hours/\$25,260 + \$366 Medicare. This position will oversee the implementation of project activities related to smoke free Multi-Unit Housing efforts.

<u>Public Service Intern</u>	\$6,552	\$95	100%	6	\$3,324
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**Job Description:** In addition to providing support to the Intermittent Hourly Health Educators and full-time staff on various tobacco related activities, this position will have focused assistance with health systems change and dissemination of cessation materials to providers. Additionally, this position will help with social media and campaigns.

<u>Health Educator I/II</u>	\$77,005	\$38,719	7.5%	6	\$4,340
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**Job Description:** This position will lead the activities associated with health systems enhancements. In addition, this position will provide technical assistance to the Intermittent Hourly Health Educators and Public Service Intern as needed.

<u>Health Educator Coordinator</u>	\$84,840	\$38,853	5%	6	\$3,092
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**Job Description:** Full time Health Educator Coordinator will provide technical assistance to the Intermittent Hourly Health Educators and Public Service Intern and ensure necessary reports/documents are submitted to Manager. Staff will also assist in coordination of sole source vendors. As required by the grant, this staff person will attend the annual partner meeting with travel supported with funds from this grant award. Supervision of staff performance will be provided by Erin Dixon, Public Health Program Supervisor.

<b>TOTAL ANNUAL SALARIES &amp; WAGES</b>	<b>\$32,570</b>
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<b>TOTAL FRINGE BENEFITS</b>	<b>\$2,838</b>
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<b>TOTAL PERSONNEL COSTS:</b>	<b>\$35,408</b>
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**TRAVEL:**

**In-State Travel**

<i>Local travel</i>	\$400
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Mileage: (\$0.58 per mile x 690 miles)	\$400
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**Justification:**

Local mileage to complete the scope of work, including trips outside of Washoe County to Carson City.

**NEVADA CLINICAL SERVICES, INC.  
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<b>Sub-Total for In-State Travel:</b>	<b>\$400</b>
<b>TOTAL TRAVEL COSTS:</b>	<b>\$400</b>

**SUPPLIES**

General Office Supplies (pens, pencils, paper, etc.) \$50/month x 6 months	\$300
Education Materials	\$500

**Justification:**

General office supplies will be used by staff members to carry out daily activities of the program. Educational materials will include any needed tobacco brochures or posters, as well as a membership/subscription to a service which allows for creation of our own materials (i.e. Pictochart).

<b>TOTAL SUPPLIES:</b>	<b>\$800</b>
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**CONTRACTUAL**

**Name of Contractor:** Nevada Cancer Coalition (NCC)

**Method of Selection:** Sole Source, NCC is the fiscal agent for NTPC. NCC currently coordinates all SF meeting efforts in WC and NV.

**Period of Performance:** January 1, 2019 - June 30, 2019

**Scope of Work:** Nevada Cancer Coalition (NCC) serves as the Nevada Tobacco Prevention Coalition (NTPC) fiscal agent and in this role provides administrative support for all NTPC activities as well as organization of the annual NTPC strategic planning session. As a collaborative partner in NTPC, the Washoe Tobacco Prevention Program has agreed to work with NCC to provide fiscal agent and administrative services. See work plan and NTPC fiscal and administrative agent description. NCC will also provide technical assistance to businesses to adopt voluntary smoke-free (SF) meeting policies, in support of SF jurisdictions. See Work Plan.

**Method of Accountability:**

For NTPC activities, with support from the NTPC Board of Directors, progress will be monitored by the Health Education Coordinator and Health Educator II to insure all components of the agreed-upon scope of work are completed. For SF Meetings activities, the Health Educator Coordinator will insure all components of the agreed-upon scope of work are completed.

**Itemized Budget:**

Contractual	\$40,000
<b>Sub-Total:</b>	<b>\$40,000</b>

**Justification:**

Providing funding for statewide collaboration through NTPC is a grant requirement and NTPC has chosen NCC as the fiscal and administrative agent (\$25,000). Developing and promoting smoke free meetings and events is unique in Nevada because casinos are exempt from the Nevada Clean Indoor Air Act and are a key provider of meeting and event facilities in the community. When organizations adopt SF meeting policies it advances efforts to support a smoke free jurisdiction. NCC is the appropriate provider of these services because they have been leading the SF meetings work in Washoe County and throughout Nevada for several years. They are knowledgeable about tobacco and have built strong relationships within the community, including the business community with whom they will be working. For these reasons, as well as their having the staffing resources to take on a project of this scope, they are the appropriate organization for this work (\$15,000).

**Name of Contractor:** Media and Communications, For-profit organization

**Method of Selection:** Competitive Bid through Washoe County purchasing

**Period of Performance:** January 1, 2019 - June 30, 2019

**Scope of Work:** Small and/or large media campaigns will be used to promote the specific activities in the work plan. Media may include social media, TV, radio, print and/or digital media and others as needed.

**Method of Accountability:**

With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will insure all components are completed.

**NEVADA CLINICAL SERVICES, INC.  
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**Itemized Budget:**

Contractual \$43,042

**Sub-Total: \$43,042**

**Justification:**

The CDC's Best Practices for Comprehensive Tobacco Control Programs shows that mass-reach health communication interventions can be a powerful tool for impacting tobacco use and shaping social norms and can change awareness, knowledge, attitudes and behaviors.

<b>TOTAL CONTRACTUAL COSTS:</b>	<b>\$83,042</b>
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<b>OTHER</b>	
Printing Services: \$66.67/mo. x 6 months	\$400
Copy Machine: \$20/mo. x 6 months	\$120
Postage: \$41.67/mo. x 6 months	\$250
Phone Line: \$12/mo. x 6 months	\$72
Signs (indoor/outdoor signs; temporary and permanent)	\$20,000
Health systems enhancements (component 2)	\$9,000
Incentives	\$1,300

**Justification:**

Printing: Printing for tobacco free campus and youth advocacy outreach activities (including promotion of online tobacco merchant training). In-House Copier: Miscellaneous small volume copies to help meet grant deliverables. Postage: Postage for mailers to include those to tobacco retailers, SF MUH stakeholders, and other grant related correspondence including outreach activities. Phone line for IH Health Educator and Public Service Intern. Signs: Signs for smoke free parks, signs for SF MUH, and smoke free Hotels and other tourist destinations. Awards such as Extra Mile Awards (plaques). Incentives for work plan activities, including surveys and activities related to TMCC and Sierra Nevada College, SF MUH, youth advocacy, and SF outdoor events/locations.

\*Purchase of any incentives requires a prior approval from NCS, either directly or through its Manager.

<b>TOTAL OTHER COSTS:</b>	<b>\$31,142</b>
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<b>INDIRECT COSTS:</b>	
Indirect cost: 8% of Direct Costs	

<b>TOTAL INDIRECT COSTS:</b>	<b>\$12,063</b>
<b>TOTAL DIRECT COSTS:</b>	<b>\$150,792</b>
<b>TOTAL BUDGET:</b>	<b>\$162,855</b>

- Grantee may make categorical funding adjustments up to ten percent (10%) of the total grant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. Grantee must notify or obtain prior authorization (e-mail notification is acceptable) for any funding adjustment(s).
- Equipment purchased with these funds belongs to NCS and shall be returned to NCS upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed by NCS. It is the Policy of NCS to provide reimbursement at rates comparable to the rates established by the US General Services Administration, with some exceptions.

**NEVADA CLINICAL SERVICES, INC.  
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**The Grantee Agrees:**

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

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 15 days of the end of the previous month and no later than 15 days from the end of the Grant Period **June 30, 2019**.
- Total reimbursement will not exceed **\$162,855.00** during the Grant Period from **January 1, 2019 through June 30, 2019**;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Monthly invoices will not be approved for payment until quarterly reports are received by Manager, on behalf of NCS;
- NCS reserves the right to conduct a site visit in regards to the grant and deliverables. If deliverables are not met for this Grant Period, then NCS is not obligated to issue continuation funding; and
- Additional expenditure detail will be provided upon request from NCS or Manager.

Additionally, the Grantee agrees to provide:

- A complete financial accounting of all expenditures to NCS within 15 days of the CLOSE OF THE GRANT PERIOD. Any un-obligated funds shall be returned to NCS at that time, or if not already requested, shall be deducted from the final reimbursement.

**NCS agrees:**

- To provide technical assistance, upon request and in consultation with Manager;
- To provide prior approval of reports or documents to be developed;
- To reserve the right to hold reimbursement under this grant until any delinquent forms, reports, and expenditure documentation are submitted to NCS, through Manager, and accepted by NCS.

**Both parties agree:**

An annual site visit will be performed by Manager, on behalf of NCS.

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

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

This grant agreement may be TERMINATED by either party prior to the date set forth on the Grant Agreement Notice of Grant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause.

**Financial Reporting Requirements**

- A Request for Reimbursement is due monthly, based on the terms of the grant agreement, no later than the 15<sup>th</sup> 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 Grant Agreement and Notice of Grant Award.

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

**SECTION D**

**Request for Reimbursement**

<b>Grantee Name:</b> Washoe County Health District (WCHD)	<b>Grantee Address:</b> 1001 E. 9 <sup>th</sup> Street Reno NV 89512
<b>Program Name:</b> Tobacco Prevention and Control	
<b>Grant Period:</b> January 1, 2019 – June 30, 2019	<b>Grantee's:</b> EIN: 88-6000138 NCS Contract #: 162712 Dun & Bradstreet: 073-786-998

**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	\$35,408.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Supplies	\$800.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4. Contract/Consultant	\$83,042.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Other	\$31,142.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Indirect	\$12,063.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$162,855.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>-</b>

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

Grantee – Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

NCS Manager Representative - Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

NEVADA CLINICAL SERVICES, INC.  
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**SECTION E**

**Audit Information Request**

1. It is the policy of NCS that each grantee required under federal regulations, as specified by the Office of Management and Budget (2 C.F.R. § 200.501(a)), revised December 26, 2013, to have an audit prepared by an Independent auditor must provide a copy of the final audit report to NCS, through Manager, at 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 30, 2018
8. Which accounting firm conducted your last audit? Eide Bailly

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Administrative Health Services Officer  
Title



**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

**SECTION F**

**Business Associate Addendum**

BETWEEN

**Nevada Clinical Services, Inc.**

\_\_\_\_\_  
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 Nevada Clinical Services, Inc. and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
  6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

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

**II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.**

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

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

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use, or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

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

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

**1. Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

**2. Prohibited Uses and Disclosures:**

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

**IV. OBLIGATIONS OF COVERED ENTITY**

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

**V. TERM AND TERMINATION**

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

**VI. MISCELLANEOUS**

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

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

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.

THIS SPACE INTENTIONALLY LEFT BLANK

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

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

**Covered Entity**

Nevada Clinical Services, Inc.  
3186 South Maryland Parkway  
Las Vegas, NV 89119

**Business Associate**

Washoe County Health District

1001 E. 9<sup>th</sup> St.  
Business Address

Reno, Nevada 89512  
Business City, State and Zip Code

775-328-2400  
Business Phone Number

775-328-3752  
Business Fax Number

  
Authorized Signature  
  
Karla Perez  
Print Name

Authorized Signature  
  
Kevin Dick  
Print Name

Treasurer, Nevada Clinical Services, Inc.  
Title

District Health Officer  
Title

1/15/19  
Date

Date

**SECTION G**

**Quarterly Program Activity Tracking and Evaluation Template**

**Washoe County Health District NCS Progress Report**

**Action Plan Period:** 01/01/19 - 06/30/19

**Data Collection Date:** MM/DD/YY

<b>Funding Amount:</b>	\$
<b>Reimbursement to date:</b>	\$

Component 1: <u>Tobacco Prevention and Control</u>				
Goal 1: <u>Prevention initiation among youth and young adults</u>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
1.1	1.1.1		MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY	
<b>Progress:</b>	(paragraph format reporting entered in here) Text...			
<b>Successes:</b>	1. 2.			
<b>Barriers:</b>				
<b>TA Requests:</b>	1. 2.			

Component 1: <u>Tobacco Prevention and Control</u>				
Goal 2: <u>Eliminating nonsmokers' exposure to second smoke</u>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
1.4	1.4.1		MM/DD/YY MM/DD/YY	



**NEVADA CLINICAL SERVICES, INC.  
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Component 1: <a href="#">Tobacco Prevention and Control</a>				
Goal 2: <a href="#">Eliminating nonsmokers' exposure to second smoke</a>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
			MM/DD/YY MM/DD/YY	
<b>Progress:</b>				
<b>Successes:</b>				
<b>Barriers:</b>				
<b>TA Requests:</b>				

Component 2: <a href="#">Health Systems</a>				
Strategy: <a href="#">Promote health systems changes to support tobacco cessation</a>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
2.1	2.1.1		MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY	
<b>Progress:</b>				
<b>Successes:</b>				
<b>Barriers:</b>				
<b>TA Requests:</b>				

**NEVADA CLINICAL SERVICES, INC.  
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Component 3: <u>Surveillance</u>				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
3.1	3.1.1		MM/DD/YY MM/DD/YY	
			MM/DD/YY MM/DD/YY	
<b>Progress:</b>				
<b>Successes:</b>				
<b>Barriers:</b>				
<b>TA Requests:</b>				

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

**SECTION H**

**Staff Certification**

**WASHOE COUNTY HEALTH DISTRICT (WCHD)  
STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES  
For the Period January 1, 2019 through June 30, 2019**

<b>Employee Name</b>	<b>Title</b>	<b>% time (level of effort) spent on duties related to NCS Contract #162712</b>	<b>% time (level of effort) spent on _____</b>	<b>% time (level of effort) spent on _____</b>	<b>% time (level of effort) spent on _____</b>	<b>Total must equal 100%</b>	<b>I certify that the % of time (level of effort) I have stated is true and correct</b>	<b>Date Certified</b>
							<b>Employee Signature</b>	
	Health Educator	100%				0.00%		
	Health Educator	100%						
	Health Educator I/II	7.5%						
	Public Service Intern	100%						
	Health Education Coordinator	5%						

Note: The Grant Agreement and Notice of Grant Award received from Nevada Clinical Services, Inc. provides funding for the employees above. All duties performed by these employees support the NCS grant.

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Authorized Official  
Name

Title

Signature

Date

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

**NEVADA CLINICAL SERVICES, INC.  
GRANT AGREEMENT AND NOTICE OF GRANT AWARD**

**SECTION I**

**Assignment**

Per Item #3 in the "Terms and Conditions" section on the first page of this Agreement, in the event NCS assigns the agreement to DPBH, the parties agree the amendments reflected in this Section I shall become effective concurrent with the assignment:

1. All references to "grant" or "grants" shall be understood to mean "subgrant" or "subgrants", as applicable, and all references to "grantee" or "grantees" shall be understood to mean "subgrantee" or "subgrantees", as applicable.
2. The following shall be added as Item #4 in the "Terms and Conditions" section on the first page of this Grant Agreement and Notice of Grant Award:
  - a. This award is subject to the availability of appropriate funds.
3. The following shall be added as Paragraphs 12 and 13 of Section A – Assurances:
  12. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
  13. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services, provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
4. The following language shall be inserted as the last sentence of the subsection with the header "Both parties agree:" in Section C – Budget and Financial Reporting Requirements:

The parties expressly agree that this Agreement shall be terminated if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.
5. The following subsection shall be inserted at the end of Section C – Budget and Financial Reporting Requirements:

**CDPHP and Nevada Wellness Attribution Requirements:**

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

***Funding Attribution***

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada Division of Public and Behavioral Health through Funds for Healthy Nevada. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Funds for Healthy Nevada.

**NEVADA CLINICAL SERVICES, INC.  
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***Nevada Wellness Logo***

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

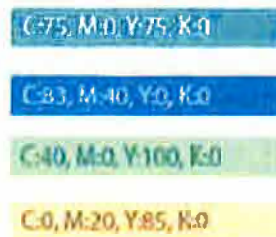
**Usage Guidelines**

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

○ **PMS Colors:**



○ **CMYK Colors:**



○ **RGB Colors:**

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

## **TERMINATION OF GRANT AWARD**

This termination of the grant award (“**Termination**”) is made and entered into effective as of the 31<sup>st</sup> day of December, 2018 (“**Effective Date**”) by and between Washoe County Health District (“**WCHD**”) and the Nevada Department of Health and Human Services, Division of Public and Behavioral Health (“**DPBH**”) (collectively, the “**Parties**”).

### **AGREEMENT**

*WHEREAS*, DPBH and WCHD executed a grant award effective July 1, 2017 (HD #16044), (the “**Agreement**”) under which WCHD provides tobacco prevention and control programs; and

*WHEREAS*, DPBH and WCHD desire to terminate the Agreement;

**NOW THEREFORE**, for and in consideration of the premises contained herein and other good and valuable consideration, the receipt and adequacy of which are hereby forever acknowledged and confessed, the Parties agree as follows:

### **ARTICLE I**

#### **TERMINATION OF AGREEMENT**

- 1.01 Termination of Agreement. On the terms set forth herein, the Parties mutually agree to terminate the Agreement.
- 1.02 Effective Date. The effective date of this Termination shall be the Effective Date set forth above.

### **ARTICLE II**

#### **CONTINUED OBLIGATIONS UNDER AGREEMENT**

- 2.01 DPBH and WCHD shall have no continued obligations under the Agreement, with the exception of any obligations accruing prior to the Effective Date of this Termination and any obligations or agreements that expressly extend beyond the Effective Date of this Termination of the Agreement.

### **ARTICLE III**

#### **GENERAL PROVISIONS**

- 3.01 Entire Agreement. The Parties hereto acknowledge that this Termination embodies the entire Agreement and understanding between them with respect to the subject matter hereof and supersedes any prior agreements and understandings relating to the subject matter hereof. This Termination may not be altered, modified, terminated, or discharged except by a writing signed by the Parties against whom such alteration, modification, termination,

or discharge is sought.

- 3.02 Identical Counterparts. This Termination may be executed in one or more counterparts, each of which shall for all purposes be deemed to be an original and all of which shall collectively constitute the same instrument, but in making proof of this Termination, only one such counterpart need be produced or accounted for.
- 3.03 Representation and Construction. By executing this Termination, the Parties acknowledge that they have had the opportunity to be represented by independent counsel and review and consider the terms of the Termination. This Termination shall not be construed against or in favor of any Party due to the fact that such Party may or may not have authored said Termination or any provision contained herein.

IN WITNESS WHEREOF, the Parties have entered into this Termination to be effective as of the Effective Date.

**WCHD:**

Washoe County Health District

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**DPBH:**

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

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

DD	CW	—
DHO	—	—

**Staff Report**  
**Board Meeting Date: February 28, 2018**

**TO:** District Board of Health

**FROM:** James English, EHS Supervisor  
775-328-2610, [jenglish@washoecounty.us](mailto:jenglish@washoecounty.us)

**SUBJECT:** Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #1-18S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Brian and Lindsay Casci, owners of 630 Hill lane, Washoe County Nevada, Assessor's Parcel Number 038-084-05

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**SUMMARY**

This staff report summarizes the Environmental Health Services Division's (EHS) review of the variance request along with the recommendation of the Sewage, Wastewater, and Sanitation Hearing Board (SWS Board) for Variance Case #1-18S for Assessor's Parcel Number (APN) 038-084-05 as heard on January 30, 2019.

**District Health Strategic Priorities supported by this item:**

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

**PREVIOUS ACTION**

The District Board of Health (Board) has not taken any previous action on this Variance Case in the past.

**BACKGROUND**

In the summer of 2018 EHS was notified of a septic system failure at 630 Hill Lane, Verdi, Nevada. Staff worked with the septic contractor and engineer on possible septic design solutions. In August of 2018 the property owner's engineer submitted a proposed design. After reviewing the proposal, the applicant was notified the design needed to go through the variance process for approval. In November 2018 EHS received a variance request with an updated residential septic system design for the repair.



This variance was not heard at the December 2018 SWS Board Meeting for a lack of a quorum on this item. The case was finally heard at the January 30, 2019 SWS Board Meeting where the item was approved with conditions. The SWS Board unanimously voted to recommend approval of the variance to the DBOH with the following conditions outlined in the SWS Board Staff Report and the additional condition the field emitters meet the setbacks for daylighting in the disposal field. Attached to this staff report is the SWS Board Report and the January 30, 2019 meeting minutes.

### **FISCAL IMPACT**

This is no additional fiscal impact to the FY19 budget should the Board uphold the recommendation of the SWS Board to approve the variance request. All applicable permit fees have been assessed and paid.

### **RECOMMENDATION**

EHS Staff recommends the Board uphold the recommendation of the SWS Board with conditions for Variance Case #1-18S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Brian and Lindsay Casci, owners of 630 Hill lane, Washoe County Nevada, Assessor's Parcel Number 038-084-05.

However, the Board may choose to:

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

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the recommendation of the SWS Board with conditions for Variance Case #1-18S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Brian and Lindsay Casci, owners of 630 Hill lane, Washoe County Nevada, Assessor's Parcel Number 038-084-05."

DD	_____
DHO	_____
DA	_____
Risk	_____

## STAFF REPORT

**BOARD MEETING DATE: November 20, 2018**

**TO:** Sewage, Wastewater, and Sanitation Hearing Advisory Board

**FROM:** James English, EHS Supervisor  
775-328-2610, [jenglish@washoecounty.us](mailto:jenglish@washoecounty.us)

**SUBJECT:** Variance Case #1-18S; Variance to Multiple Portions of Regulations, including Setbacks to Irrigations Ditches, Placement of a Septic Field in Soils with Outside of the Allowable Percolation Rates, and Installation of an Alternative Treatment System, For the Purpose of Installing a Repair, Parcel 038-084-05, 630 Hill Lane, Verdi, NV

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### **Recommendation**

Staff is offering a neutral recommendation to the Sewage, Wastewater and Sanitation (SWS) Hearing Board in the presented Variance Case #1-18S (Dante Frasca) to allow the approval of the septic repair permit (permit number to be determined) with less than the required 100 foot (or 25 foot) setback to neighboring irrigation ditches, allowing a septic to be placed in soils outside of the allowable percolation rates and installing an alternative treatment system.

### **Background**

In June and July of 2018, EHS was contacted by Waters Septic Company regarding the need for a repair leach field at 630 Hill Lane. Over the course of July and August, discussions continued regarding the potentially failing septic system.

The original system was records consisted only of a location, with no actual design. Therefore, a new test trench was asked for to determine the appropriate design criteria and groundwater levels. Maximum probable seasonal groundwater was called at 4 feet below ground surface. Percolation testing was conducted by licensed engineer Ron Anderson. Percolation rates were determined to be very slow, well outside of allowable Washoe County Regulations. The Washoe County Health District Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation (regulations) section 100.090 only allow for engineered septic systems to be installed in soils with percolation rates as slow as 90 minutes per inch and the soils were tested to be 480 minutes per inch.

In August of 2018, an initial proposal was submitted by the property owner's engineer. After review, EHS informed Mr. Anderson that there the proposal did not meet the required irrigation ditch setbacks (Regulations Section 040.100 - 100 feet or 25' if sealed to prevent infiltration and exfiltration of water) and would need a variance if they could not be met. That proposal also included an alternative treatment method (section 060.100 requires alternative treatment devices to go to SWS Board) and attempted to utilize sand as a substitute for fill material. Both of those items also fall outside of EHS standard plan review allowances and provided cause for a submittal to the SWS Board for a variance.

### ENVIRONMENTAL HEALTH SERVICES

1001 East Ninth Street Building B | Reno, Nevada 89512

EHS Office: 775-328-2434 | Fax: 775-328-6176 | [washoecounty.us/health](http://washoecounty.us/health)

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The new plan was submitted with a variance application on November 5. It proposes an alternative secondary treatment system along with disinfection. The treatment system has NSF/ANSI 40 and 245 certifications, standards which verify their ability to meet EPA secondary effluent treatment requirements for municipal treatment facilities for nitrogen reduction and other contaminants. The goal is to produce effluent that will not pose a risk to public health to allow for a discharge method of subsurface drip irrigation. In theory, should the system function correctly and the effluent be properly cleaned, it would create the basis for allowing a reduced setback to irrigation ditches, as the public health threat posed by the discharge would be essentially eliminated.

The sizing of the system is based on the percolation rates that were found and the style of discharge is based on literature research provided by the design engineer. The discharge fields would be rotated to allow for rest periods and the existing sand filter would be utilized as a backup field.

The proposal also includes sealing the irrigation ditch for a long portion of the property. Section 040.100 does allow for a reduced setback to lined or sealed irrigation ditches. The proposed sealing would protect the system to some extent, but the system would still not meet the required 25' setbacks from the sealed portion or the 100' setbacks from the non-sealed portion.

The primary concern of EHS regarding the proposal is that the basis of the reduced setbacks is relies on the proper functioning of the treatment system. Washoe County does not have the resources to continually monitor these types of systems or the property owners and for this reason has typically only supported passive systems that do not require this level of maintenance. The onus would fall on the homeowner for the upkeep. While the proposal calls for a mandatory 3 year maintenance contract, EHS views the property for its entire life. There are also the ancillary potential concerns about what would happen if the company that produces the treatment goes out of business, and/or if there is availability of someone with sufficient knowledge to maintain and certify the systems functionality. If for some reason the system was not kept up, the Health District would have no way of knowing and/or correcting the issue.

With these concerns, EHS must maintain a neutral position and recommend that the Board put in place stringent conditions with an understanding that there will be no actual regulatory oversight or enforcement that the conditions will be met on an ongoing basis.

### **Findings of Fact**

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

**Reply:** If the system functions as intended, then the effluent discharge to groundwater should be clean and not pose a threat to groundwater contamination. That would be reliant on the property owner (and future property owners) maintaining the system as intended and conducting the required sampling. No regulatory oversight of this would be possible at this time as EHS does not have the resources nor the regulatory structure in place to ensure that the requirements were met.

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

**Reply:** There are two primary ways that sewage can pose a threat to public health, direct exposure and groundwater contamination in areas with domestic wells. Sewage

discharged underground should not allow for direct exposure as long as the field functions, the same as any onsite sewage disposal system. As indicated in question #1, the system should also not cause a groundwater contamination issue as long as the system is maintained and functions properly.

3. Are there other reasonable alternatives?

**Reply:** Washoe County regulations allow for a passive sand filtration system to be installed in soils between 60-90 minutes per inch and only a 2 foot vertical setback to groundwater. With the percolation rates of the soils, the other option would be removal of soils and replacement with fill materials. Engineers have designed systems to meet these requirements; while records do not exist, the best guess is that the original system was designed this way. EHS would accept a standard sand filter with fill and an appropriate design on this property. The comparable cost to the homeowner is unknown.

### **Conditions of Approval**

- A maintenance contract is required with record keeping requirements. A minimum of annual maintenance and certification is required with records kept for a minimum of 5 years. Records must be made available to WCHD upon request.
- All instances system non-function must be reported to WCHD for review and repaired immediately. In the event of failure to maintain or lack of system function, WCHD may require sampling and/or impose restrictions on the property based on the functionality of the treatment system, up to and including additional repair.
- All conditions of approval must be recorded to the deed of the property with language that does not allow for the removal from the deed without Health District approval or connection to municipal sewer.

### **Possible Motion**

Should the SWS Hearing Board wish to approve the variance application, a possible motion would be “Move to present to the District Board of Health a recommendation for approval of Variance Case #1-18S (Dante Frasca) to allow the approval of a septic repair permit as proposed, including all recommended conditions.”

The SWS Board may also formulate their own motion or request additional information from the applicant if desired.

**SEWAGE, WASTEWATER, AND SANITATION HEARING BOARD  
MEETING MINUTES**

**Members**

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

**Wednesday, January 30, 2019**

**4:00 p.m.**

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

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**6:00 p.m.**

**1. \*Roll Call and Determination of Quorum**

**Chair Anderson Anderson called the meeting to order at 4 p.m.**

The following members and staff were present:

Members present: Ronald J. Anderson, P.E., Chair  
Matthew Buehler  
Vonnie Fundin  
Nick Vestbie, P.E.  
Matt Smith  
Ray Pezonella, P.E.

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

Members absent: None

**Ms. Valentin verified a quorum was present.**

**2. \*Pledge of Allegiance**

Those present pledged allegiance to the flag led by Mr. Vestbie.

**3. \*Public Comment**

As no public comment cards were presented, Chair Anderson closed the public comment period.

**4. Approval of Agenda –  
January 30, 2019**

Mr. Bueher moved to accept the agenda of the January 30, 2019 Sewage, Wastewater, & Sanitation Board (SWS Board) regular meeting as modified with hearing item 8 after 9 and no alternates voting on items 4 and 5. Mr. Fundin seconded the motion which was approved four in

favor and none against. Alternates did not vote.

**5. Approval of Draft Minutes –**  
November 20, 2018

Mr. Fundin moved to accept the minutes of the November 20, 2018 Sewage, Wastewater, and Sanitation Board (SWS Board) regular meeting as written. Chair Anderson seconded the motion which was approved four in favor and none against. Alternates did not vote.

**6. Public Hearing** to consider an appeal to the Health District's decision to require the relocation of a residential onsite sewage disposal system pursuant to Section 120.040 of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation. (Held over from November 20<sup>th</sup>, 2018 Meeting) – **(For possible action)**  
Staff Representative: David Kelly

Ron and Denise Jahn  
3285 Maranatha Road  
Reno, Nevada  
Assessor's Parcel Number 046-031-10

Mr. Fundin recused himself because of conflict of interest – Mr. Pezonella (alternate) stepped in as voting member required for quorum.

Mr. Kelly – Reviewed staff report background. This is not a true fire rebuild so we wanted to bring this to the SWS Board. They wanted to appeal as they made an investment. If located off the property, it is required to build off. It is a legal easement even if it isn't on the property. Legally recorded for sewage.

Mr. Vestbie had questions. Did the other property owner on the easement have any problems?

Mr. Kelly stated yes, the leach field.

Ron and Denise Jahn stated this was recorded six years before they purchased the property. In their permit process they hired Waters and spent \$5k to ensure the size and property were correct. There was only one easement 60 ft back then. Now there are two easements that are 100 ft long.

Mr. Vestbie asked if it just get longer in either direction?

Ron and Denise Jahn stated it was right on the line but within the easement. Didn't have GPS previously. The records they dug up showed 100 ft and the other 60 ft was enlarged 40 ft. This somehow ended up with their tank on the property line. We still have other easement and it is still in existence. That property owner did a huge substantial remodel and it was never brought up back then. We purchased property that it was a usable septic and easement in 2003 and per taxes Washoe County has been assessing for all improvements (water, sewer, power, etc.). We discovered this after we invested money into improvements. If we had known we would have addressed this situation differently. We believed it was a functioning property and was certified by Waters. We tested and cleaned out the tank up until the point it didn't sit where it was supposed to be.

Mr. Vestbie asked what it was based upon.

Ron and Denise Jahn stated leach field is based upon a 3 bedroom house. Neighbor is aware of their leach field and he purchased property understanding the leach field is there. Spoke with him day before yesterday. Neighbor is not using easement and is starting his build. Since it is

certified by Waters, it seems like it would disrupt two other property owners instead of staying how it is given that it is certified and there is room for a repair leach field.

Mr. Vestbie asked if no one cares where the septic tank is, and the neighbor has no problem with it, do we just need to get the neighbors permission?

Mr. Pezonella stated in the past this situation occurs when parcel mappings were done at one time. They couldn't find a valid perc test so they created easements to accommodate. Why there was a change in the length is rather interesting. The tank is within the easements, but not in the easements broken up. The leach field – you made a comment that you made the leach field but to go back in to dig up the system you were ensuring the system worked to.

Mr. Kelly responded that the leach field is not, tank is.

Ron and Denise Jahn stated they dug down six feet and dug out the leach field and replaced all the clay pipes full of roots 50 feet. At that point they said it would be beneficial to add a cleanout. When they inspected the other section that doglegged right 45 feet, so that all was dug up and replaced as it was full of roots. All of this was 6-8' deep. All was replaced with new base, pipe, fittings from the tank to the end of the line. The tank is not exactly perpendicular to the property line, so when the pipes comes out and goes right ... the last 6 or 7 feet goes out of the line of the box for the exact mapping we have now. The neighbor that is his property and he is aware. He was a contractor for 50 years and said he had seen worse than that.

Mr. Pezonella asked if there any way they could fix the line of the pipe.

Mr. Kelly – They could have done it through the approved building permit.

Mr. Pezonella inquired if the size of the line is sufficient.

Mr. Kelly – We made a determination at the time.

Ron and Denise Jahn stated their understanding was they could only go where it was before, not shorten, change direction, etc.

Mr. Kelly stated they could have pulled a change permit.

Mr. Pezonella stated the reason these easements are important are that you may not be there forever. When you are outside the easements they can be problematic in the future for new homeowners. The Health District has a hard time keeping you within the boundaries. Tank is not as big a concern, the leach field is.

Mr. Kelly – Their options are to go back to neighbor and change boundary line or increase the easements for the leach field to be legal.

Mr. Pezonella stated the best solution would be to move the line as your leach field is not within the easement.

Ron and Denise Jahn asked questions regarding having the easement moved for two neighbors (maybe three).

Chair Anderson – If you have a surveyor draw up easement adjustments. It would be in the best interest of all property owners that it would revert back and need to be replaced should it fail. Have documents drawn up. Did I understand that if we cannot get all three property owners to change the easements, we can change the line out of the tank to be only on the easement.

Mr. Kelly – What you are describing is what we are asking about and recommending to the SWS board. We would accept a legal easement.

Ron and Denise Jahn – we understood the whole system had to be pulled up and put on our property.

Mr. Pezonella – Be careful, you wouldn't have an easement if your site was usable. I think you would be better off getting the easements changed at the surveyor office. You would be doing this at the surveyor's office. It is just boundary adjustment lines to get their signature. This would be a recorded legal document.

Mr. Vestbie – The surveyor can just notch out the area which would be much cheaper.

Mr. Pezonella – Get a legal easement to get the line inside the easement.

Mr. Kelly – From WCHD perspective, the entire system needs to be within the easement.

Mr. Pezonella – The best way is to get a contract.

Ron and Denise Jahn – I guess we will try to work it out on paper with the neighbors.

Ron – I agree that a paper solution would be best. A reversion type agreement might be able to sell it that way. Do we continue this item until you make contact with your neighbors to bring back an exhibit or whether we should make a motion?

Mr. Pezonella – Can we recommend they work with and satisfy the Health District?

DA Admirand – That would be a denial of their appeal. In order to get back before the SWS Board they would have to file another appeal.

Mr. Pezonella – What would be the best solution? I was trying to assist them to come back with their written exhibit. They need to satisfy WCHD requirements.

Mr. Kelly – Show us evidence of the easement changes and new plot plan and we would approve a building permit and not make them relocate.

Ron and Denise Jahn expressed concerns over what is going to happen if they can't get the other properties to agree.

Mr. Pezonella – This is disheartening and concerning but we need to clean this up. We have an obligation to protect you and the environment.

Chair Anderson suggested they get a land surveyor and get the neighbors to sign off on it. Thinking we should continue as we may have another options. Interested to see what their neighbors' reactions are going to be.

Mr. Pezonella – I think what we are trying to do is to give you extra time to work with the neighbors.

Mr. Pezonella moved to continue the appeal of the Health District's requirement to relocate the system onto 3285 Maranatha Road as part of WBLD18-106696." Mr. Vestbie seconded the motion which was approved four in favor and none against.

**7. Public Hearing** to determine whether or not to recommend approval to the District Board of Health for a variance for APN 038-084-05 sections 040.100, 100.020 and 100.090 based on percolation rates for native soils being substantially lower than acceptable for a conventional onsite sewage disposal system of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation. (Held over from November 20<sup>th</sup>, 2018 Meeting) – **(For possible action)**

Staff Representative: David Kelly

Dante and Joinece Frasca (previous owners)



630 Hill Lane  
Verdi, Nevada 89439  
Assessor's Parcel Number 038-084-05

Mr. Anderson recused himself because of conflict of interest – Mr. Pezonella (alternate) stepped in as voting member required for quorum.

Mr. Kelly provided overview.

Mr. Vestbie – question?

Brian – As current property owner (previously owners were Frasca) explained it is a ditch slope runoff, not irrigation ditch.

Mr. Kelly responded it was the first he had heard that it wasn't an irrigation ditch.

Mr. Vestbie responded it has to have percolation material below or it will sit like a swimming pool.

Brian responded that Mr. Anderson did the report. Leach field if it can't be repaired ... perc rates are pretty minimal and the repair area will take up more room. The system is new to anything previously approved before. The previous owners are aware of the situation. Mr. Anderson did the perc test, waters, what is this going to take? The previously owners put the money up and it is still sitting at Waters. We haven't moved into the house yet as we are concerned before moving in.

Mr. Vestbie stated the package system is compact but I haven't researched any. I think you will get very clean water. The emitters come up through the soil. Mr. Anderson has created these systems in Storey County.

Mr. Pezonella stated he designed similar systems. He believes in the system but had concerns with necessity and had a lot of questions for Brian. Specifically he felt that it was possible if percolation tests were performed in the sandy layer, a standard sand filter would suffice. He also expressed concern that the distribution piping only showed 10 feet to daylight when code requires 20. Finally he questioned the square footage calculation.

Brian – can Mr. Anderson come in and explain his system?

DA Admirand answered no, because Mr. Anderson recused himself and it would be a conflict.

A five minute recess was granted so applicants for variance could get additional information from Mr. Anderson. After five minutes, Mr. Pezonella stated we were back on record.

Brian – Mr. Anderson is expecting some of this to be taken up by sod and soil. Per WCHD for an engineered system, 150 per bedroom per day for a total of 450 of a 3-bedroom house that meets regs.

Mr. Pezonella – The only other issue is the 20 setback? Are there any other questions? Does this work for you Mr. Kelly? I am concerned about daylighting.

Mr. Kelly – They have room available to address that with additional fill.

Mr. Pezonella – I think it is a good system. I am just trying to get around some regulations that he may have stepped around a little bit. He also addressed that he had resolved the calculation issue, the formulas were just not laid out correctly; the square footage was adequate.

Mr. Kelly – If the Board chooses to approve the recommendation, please be aware that part of the variance is a reduced setback to the irrigation ditch. If the Board has any issue with that portion of the variance, they should specify it in their motion.

Mr. Pezonella made a motion to accept the recommendation of staff for Variance Case #1-18S:

- A maintenance contract is required with record keeping requirements. A minimum of annual maintenance and certification is required with records kept for a minimum of 5 years. Records must be made available to WCHD upon request.
- All instances system non-function must be reported to WCHD for review and repaired immediately. In the event of failure to maintain or lack of system function, WCHD may require sampling and/or impose restrictions on the property based on the functionality of the treatment system, up to and including additional repair.
- All conditions of approval must be recorded to the deed of the property with language that does not allow for the removal from the deed without Health District approval or connection to municipal sewer.

Mr. Vestbie seconded the motion which was approved. Four in favor and none against.

**8. Public Hearing** to determine whether or not to recommend approval to the District Board of Health for a variance for APN 017-320-20 section 040.100 Table 2 Setback to a Watercourse of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation. – **(For possible action)**

Staff Representative: Latricia Lord

Robert Togliatti  
19445 Togliatti Way  
Reno, Nevada 89439  
Assessor's Parcel Number 017-320-20

Ms. Lord reviewed the agenda item. She stated the slope over disposal/seasonal irrigation ditch is why a variance is needed.

Mr. Buehler stated for the field we need to leave a 600 foot minimum. On page one, Appendix C it shows 516 square feet so it is short of the square footage of the field. Is there any way to increase that?

Mr. Kelly – we typically have a reduction in size for a sand system.

Mr. Buehler – what about cleanouts? Every 50 feet? Those could be installed?

Mr. Kelly – yes that could be a condition.

Mr. Anderson – Comments on design sheet for design flow. There are 2 design methodologies for 3 bedroom (1/3 per day of 1,000 or 150/day per bedroom). It looks like they did 330 gallons per day. On engineered systems that is allowed. Black Eagle did an excellent package. My idea to save a substantial amount of money would be to set the pump tank near the septic tank. It might be a better design. Either way I think it is a good design and meets County requirements.

Mr. Vestbie – the lines go be under the drain ... it would drain back into the tank.

Ms. Lord – When asked about how deep they were putting the dosing tank, they said 8'.

Mr. Vestbie – no problems except Mr. Anderson’s recommendation. Changes could save money but that is an engineer’s discretion. Mention it might be convenient to switch it back and can give an asbuilt later.

Mr. Vestbie – Is it sealed properly?

Ms. Lord – yes

Mr. Buehler made a motion to approve design for Variance Case #1-19S (Robert Angelo Togliatti) to allow the approval of a septic system as proposed, with the following conditions:

1. Any instances of system non-function must be reported to WCHD for review and shall be repaired immediately. In the event of failure to maintain or lack of system function, WCHD may require sampling and/or impose restrictions on the property based on the functionality of the treatment system, up to and including additional repair.
2. Require recording of the variance to the parcel to ensure proper public records notification in the event the property is sold to any other person or entity. Recording may not be removed without Health District approval.
3. Cleanouts every 50 feet.

Mr. Fundin seconded the motion which was approved four in favor and none against. No alternates participated

- 9. Public Hearing** to determine whether or not to recommend approval to the District Board of Health for a variance for APN 030-204-07 section 040.100 Table 1 Minimum Lot Size According to Slope Over Disposal Area of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation. – **(For possible action)**  
Staff Representative: David Kelly

Mark & Kathleen Olsen  
5025 Pleasant View Drive  
Sparks, NV 89434

Mr. Anderson recused himself because of conflict of interest – Mr. Pezonella (alternate) stepped in as voting member required for quorum.

Mr. Kelly reviewed staff report.

Mr. Pezonella – does it have a well?

Mr. Kelly – yes

Mr. Vestbie - the plan shows there is plenty of room.

Mr. Pezonella stated both dwellings will have their own septic and leach field.

Mr. Vestbie – pursuant to agenda item 11, we may revise regulations.

Mr. Kelly – conditions: occasionally we will limit total bedrooms on property. Technically, if they don’t have any restrictions by the SWS board, they can build up to two dwellings with 3 bedrooms each.

Mr. Buehler asked couldn’t they build the properties closer and come up with things with overhangs and call it a single dwelling? I am not sure we would give a variance if there are other potential designs they could look at to meet the regulations as is. Or put them together closer to call it a single dwelling.

Mr. Vestbie stated in his opinion there is plenty of room on that lot for two dwellings.

Mr. Pezonella stated he understand Mr. Vestbie.

Mr. Buehler inquired if there were any safety issues? So it just doesn't meet the current regulations of three acres?

Mr. Kelly replied that EHS did not see any adverse actions.

Mr. Vestbie made a motion to approve staff's recommendation for approval of Variance Case #2-19S (Mark & Kathleen Olsen) to allow the approval of a septic system as proposed, without conditions. Mr. Fundin seconded the motion which was approved four in favor and none against.

**10. Public Hearing** to request a standing meeting date for SWS Board. – **(For possible action)**

Staff Representative: David Kelly

Mr. English referred to the agenda item and stated staff has to take SWS Board recommendations before the DBOH within 30 days of the SWS Board meetings. If no issues came up, SWS members would be called within 15 days of meeting to cancel. A continuation plus regulations may be coming up. He recommended the first week of the month.

Mr. Buehler asked about the first Thursday of the month.

Mr. Vestbie inquired if it has to be the same day of the week.

Mr. English stated this would provide enough time to prepare for the upcoming DBOH meeting the fourth Thursday of every month.

Mr. Buehler made a motion to set a standing monthly SWS Board meeting date for the first Thursday of every month at 6:00 p.m., Mr. Vestbie seconded the motion which was approved four in favor and none against.

**11. Public Hearing** to determine whether or not to recommend approval to the District Board of Health of a proposed change in Section 120.075 of the Washoe County Health District Regulations Governing Sewage, Wastewater, and Sanitation regarding the minimum acreage for second dwellings. – **(For possible action)**

Staff Representative: David Kelly

Mr. English stated EHS staff has tried to update the regulations. We know they need to be updated as things change quickly. As of the last hearing there is a new understanding as of the October SWS meeting. Staff was directed to draft new language. Need to know the language is okay with the SWS Board before moving forward to starting public meetings. Need your feedback before this SWS Board can go forward to DBOH, and final approval of State Board of Health or State Environmental Health, we might get this by September 2019.

Chair Anderson commented that he started to mark it up as it needs edits. He thinks it makes sense to have a more comprehensive review of the regulations. Modifying this section may modify another section. A more comprehensive review would be his preference. He stated he would reject it and needs a lot more time to review and see how this dovetails into the rest of the regulations.

Mr. English requested direction on what the SWS Board is looking for moving forward. This board has technical experts that are needed to even see the process progress.

Mr. Vestbie asked that the entire regulations be reworked and then meet with the SWS Board to discuss.

Mr. English started to explain the options.

DA Admirand interjected that the agenda item is getting beyond what the item is. She suggested to agendize at the next meeting how to move forward.

Chair Anderson requested we go back to main task of looking at suggested changes and his recommendation would be to deny.

Mr. Vestbie made a motion to deny the regulation changes at this point. Mr. Fundin seconded the motion which was approved four in favor and none against.

Mr. English stated staff will bring the regulations back and add an agenda item for the next meeting.

## **12. \*Public Comment**

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

## **13. Adjournment –**

At 6:08 p.m., Chair Anderson moved to adjourn the meeting. Mr. Fundin seconded the motion which was approved.

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Respectfully submitted,

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

Paula Valentin, Administrative Assistant I  
Recording Secretary

DD	CW	-
DHO		-

**Staff Report**  
**Board Meeting Date: February 28, 2018**

**TO:** District Board of Health

**FROM:** James English, EHS Supervisor  
775-328-2610, [jenglish@washoecounty.us](mailto:jenglish@washoecounty.us)

**SUBJECT:** Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #1-19S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Robert Togliatti, owner of 19445 Togliatti Way, Reno Nevada, Assessor's Parcel Number 017-320-20

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**SUMMARY**

This staff report summarizes the Environmental Health Services Division's (EHS) review of the variance request along with the recommendation of the Sewage, Wastewater, and Sanitation Hearing Board (SWS Board) for Variance Case #1-19S for Assessor's Parcel Number (APN) 017-320-20 as heard on January 30, 2019.

**District Health Strategic Priorities supported by this item:**

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

**PREVIOUS ACTION**

The District Board of Health (Board) has not taken any previous action on this Variance Case in the past.

**BACKGROUND**

This variance case was the result of a Washoe County Building Permit Application on a parcel which had been previously developed with a domestic well. The design of the onsite sewage disposal system was done in a way to be the most protective of the public and environmental health. The resulting design proposed to encase the sewer line with concrete for 100 feet and bury it below the irrigation ditch on the property, requiring a variance to encroach on the horizontal setback to of a building sewer line to an irrigation ditch.

The case was heard at the January 30, 2019 SWS Board Meeting where the item was approved with conditions. The SWS Board unanimously voted to recommend approval of the variance to the DBOH with the following conditions outlined in the SWS Board Staff Report. Attached to this staff report is the SWS Board Report and the January 30, 2019 meeting minutes.

### **FISCAL IMPACT**

This is no additional fiscal impact to the FY19 budget should the Board uphold the recommendation of the SWS Board to approve the variance request. All applicable permit fees have been assessed and paid.

### **RECOMMENDATION**

EHS Staff recommends the Board uphold the recommendation of the SWS Board to approve Variance Case #1-19S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Robert Togliatti, owner of 19445 Togliatti Way, Reno Nevada, Assessor's Parcel Number 017-320-20.

However, the Board may choose to:

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

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the recommendation of the SWS Board to approve Variance Case #1-19S with conditions of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Robert Togliatti, owner of 19445 Togliatti Way, Reno Nevada, Assessor's Parcel Number 017-320-20."

## STAFF REPORT

**BOARD MEETING DATE: January 30, 2019**

**TO:** Sewage, Wastewater, and Sanitation Hearing Advisory Board

**FROM:** James English, EHS Supervisor  
775-328-2610, [jenglish@washoecounty.us](mailto:jenglish@washoecounty.us)

**SUBJECT:** Variance Case #1-19S; Variance to Section 040.100 Table 2 Setback to a Watercourse, Parcel 017-320-20, 19445 Togliatti Way, Reno, NV

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### SUMMARY

This staff report summarizes the Environmental Health Services Division's (EHS) review of the submitted variance application for your decision to recommend or deny approval to the District Board of Health (DBOH) a variance for APN 017-320-20 which is owned by Robert Angelo Togliatti. The variance requests a reduced setback to a watercourse by way of encasing the building sewer line with concrete within an approximate 110' long zone to extend past the required 50' setback on each side of a seasonal irrigation ditch.

### Previous Action

There has been no previous action with this variance request. A Washoe County Building Department permit application (WBLD18-1085360) was received by EHS on December 19, 2018. The parcel in question has been developed with a domestic well.

### Background

Environmental Health Services staff has worked with the engineer to find the best possible solution to design an onsite sewage disposal system (OSDS) for this property. The property is five acres, is served by a private well and has a seasonal irrigation ditch flowing through it from south to north when water is present. During the design phase to build on the property and place an OSDS, it was determined there are few options for meeting all applicable setbacks to the irrigation ditch required in the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater and Sanitation (SWS) and also meet the setbacks to the private well.

Section 040.100 of the SWS Regulations requires building sewer lines meet a minimum 50' horizontal setback to watercourses. Section 040.100 also requires the septic tank, dosing tank and the disposal trench(s) meet a minimum 100' horizontal setback to watercourses. Section 010.305 of the SWS Regulations defines a watercourse to include an irrigation ditch.

The property owner contracted with Black Eagle Consulting, Inc. to design an OSDS to be the most protective of the public and environmental health for the parcel. The proposed design has the building sewer line encased with concrete within an approximate 110' long zone on each side of the seasonal irrigation ditch. The building sewer line will then be buried below the irrigation ditch. All other



portions of the OSDS are proposed to be located outside the 100' setback to the irrigation ditch as required in Section 040.100.

Staff has been on site to validate the proposed OSDS layout. Based on field observations it is noted the proposed design layout matches the property in question.

### **Findings of Fact**

The Board must consider the following when making a recommendation on this variance to the DBOH:

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

**Reply:** If the system functions as intended, then there should be not effluent discharge to irrigation water or groundwater and should not pose a threat to groundwater contamination. If the solid effluent line crossing the irrigation ditch fails, it could possibly contaminate the water in the irrigation ditch with raw sewage until such time as the flow is stopped.

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

**Reply:** There are two primary ways that sewage can pose a threat to public health, direct exposure via surface and groundwater contamination in areas with domestic wells. Direct exposure in this situation would most likely occur if the concrete encasement is compromised. EHS feels this is unlikely as it will be buried and not easily accessible. As indicated in question #1, the system should also not cause a groundwater contamination issue as long as the system is maintained and functions properly.

3. Are there other reasonable alternatives?

**Reply:** In order to maintain all applicable setbacks and not cross the irrigation ditch the applicant could perform one of the following alternatives:

- a. Construct the house on the western end of the property rather than the eastern end. This design is likely not feasible due to egress issues from the surrounding residential streets.
- b. Relocate the well and utilize that space to construct the sand filter bed.
- c. Reroute the irrigation ditch to the western or eastern end of the property. This option is also likely not feasible as the irrigation ditch crosses Togliatti way into neighboring properties.

The comparable cost to the homeowner for the above alternatives is unknown.

### **Conditions of Approval**

1. Any instances of system non-function must be reported to WCHD for review and shall be repaired immediately. In the event of failure to maintain or lack of system function, WCHD may require sampling and/or impose restrictions on the property based on the functionality of the treatment system, up to and including additional repair.

2. Require recording of the variance to the parcel to ensure proper public records notification in the event the property is sold to any other person or entity. Recording may not be removed without Health District approval.

### **Recommendation**

Staff recommends the Sewage, Wastewater and Sanitation (SWS) Hearing Board support the presented Variance Case #1-19S (Angelo Togliatti) to allow the approval of portions of a septic system (WBLD18-108536) with less than the required 50' setback to a watercourse. The variance requests a reduced setback to a watercourse by way of encasing the building sewer line with concrete within an approximate 110' long zone to extend past the required 50' setback on each side of a seasonal irrigation ditch.

### **Possible Motion**

Should the SWS Hearing Board wish to approve the variance application, the four possible motions would be:

1. "Move to present to the District Board of Health a recommendation for approval of Variance Case #1-19S (Robert Angelo Togliatti) to allow the approval of a septic system as proposed, including all recommended conditions"; OR
2. "Move to present to the District Board of Health a recommendation for approval of Variance Case #1-19S (Robert Angelo Togliatti) to allow the approval of a septic system as proposed, without conditions"; OR
3. "Move to present to the District Board of Health a recommendation for approval of Variance Case #1-19S (Robert Angelo Togliatti) to allow the approval of a septic system as proposed, with the following conditions (list conditions)"; OR
4. "Move to present to the District Board of Health a denial of Variance Case #1-19S (Robert Angelo Togliatti).

The SWS Board may also formulate their own motion or request additional information from the applicant if desired.

DD	CW	—
DHO		KD —

**Staff Report**  
**Board Meeting Date: February 28, 2018**

**TO:** District Board of Health

**FROM:** James English, EHS Supervisor  
775-328-2610, [jenglish@washoecounty.us](mailto:jenglish@washoecounty.us)

**SUBJECT:** Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Hearing Board to approve Variance Case #2-19S of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Mark and Kathleen Olsen, owners of 5025 Pleasant View Drive, Sparks Nevada 89434, Assessor's Parcel Number 030-204-07

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**SUMMARY**

This staff report summarizes the Environmental Health Services Division's (EHS) review of the variance request along with the recommendation of the Sewage, Wastewater, and Sanitation Hearing Board (SWS Board) for Variance Case #2-19S for Assessor's Parcel Number (APN) 017-320-20 as heard on January 30, 2019.

**District Health Strategic Priorities supported by this item:**

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

**PREVIOUS ACTION**

The District Board of Health (Board) has not taken any previous action on this Variance Case in the past.

**BACKGROUND**

This variance was requested to allow for a second dwelling on a parcel which is only sized for one dwelling based on minimum acreage per septic system. Review of the application demonstrates the property has the size and meets all setbacks for two dwellings and two separate septic systems. Furthermore, the maximum size of both dwellings based on the septic systems is expected to produce less sewage than that of a six (6) bedroom house.

The case was heard at the January 30, 2019 SWS Board Meeting where the SWS Board unanimously voted to recommend approval of the variance to the DBOH without any conditions. Attached to this staff report is the SWS Board Report and the January 30, 2019 meeting minutes.

**FISCAL IMPACT**

This is no additional fiscal impact to the FY19 budget should the Board uphold the recommendation of the SWS Board to approve the variance request. All applicable permit fees have been assessed and paid.

### **RECOMMENDATION**

EHS Staff recommends the Board uphold the recommendation of the SWS Board to approve Variance Case #2-19S of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Mark and Kathleen Olsen, owners of 5025 Pleasant View Drive, Sparks Nevada 89434, Assessor's Parcel Number 030-204-07.

However, the Board may choose to:

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

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the recommendation of the SWS Board to approve Variance Case #2-19S of the Health District's Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Mark and Kathleen Olsen, owners of 5025 Pleasant View Drive, Sparks Nevada 89434, Assessor's Parcel Number 030-204-07."

## STAFF REPORT

**BOARD MEETING DATE: January 30, 2019**

**TO:** Sewage, Wastewater, and Sanitation Hearing Advisory Board

**FROM:** James English, EHS Supervisor  
775-328-2610, [jenglish@washoecounty.us](mailto:jenglish@washoecounty.us)

**SUBJECT:** Variance Case #2-19S; Variance to Section 040.100 Table 1 Minimum Lot Size According to Slope Over Disposal Area, Parcel 030-204-07, 5025 Pleasant View Dr., Washoe County, NV

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### SUMMARY

This staff report summarizes the Environmental Health Services Division's (EHS) review of the submitted variance application for your decision to recommend or deny approval to the District Board of Health (DBOH) a variance for APN 030-204-07 which is owned by Mark and Kathleen Olsen. The variance requests a second dwelling on a parcel that is only sized for one dwelling.

### Previous Action

There has been no previous action with this variance request. The parcel in question will be served by an onsite well.

### Background

The variance correctly identifies the Washoe County Health District (WCHD) Regulations Governing Sewage, Wastewater, and Sanitation (regulations) required minimum acreage on the property as 1.5 acres per septic system (see Table 1, Minimum Lot Size According to Slope Over Disposal Area). The property owner wishes to construct two separate dwellings, one with three (3) bedrooms and one with a single bedroom. Section 120.075 requires that additional dwellings have their own septic system. The lot in question is 1.63 acres and by regulations would require three (3) acres for two (2) dwellings.

The regulations would not prohibit a single dwelling with four (4) bedrooms, or even more, provided the septic system is sized correctly. The basic premise of the variance request is that because the property is able to support a much larger single system, two separate dwellings with a total number of four (4) bedrooms will not create an adverse impact.

The proposal provides for a main dwelling of three (3) bedrooms and an accessory dwelling of one (1) bedroom, each with a 1000 gallon system. The regulations require that each system is sized to a minimum of 1000 gallons, or able to support up to three (3) bedrooms, even if the existing dwelling is smaller than three (3) bedrooms. Unless the Board places conditions on the variance, the Health District would allow expansion of the accessory dwelling up to three (3) bedrooms with the proposed system.

Staff has been on site to validate the proposed OSDS layout. Outside of a couple of minor design concerns that can be worked out during the Building Permit process, based on field observations it is believed that the proposed design layout matches the property and that the systems can be placed on-site meeting all setbacks. WCHD would allow a single system of this size on the property; this variance essentially allows for the system to be split in order to allow for two dwellings.

### **Findings of Fact**

The Board must consider the following when making a recommendation on this variance to the DBOH:

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

**Reply:** The proposed systems would be able to meet all relevant setbacks that a normal system would and so should not pose any additional threat to groundwater. Since the total system size between the two dwellings would be allowed for a single dwelling, it is not expected that any excessive sewage disposal or concentration that would be any different from a single dwelling would occur.

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

**Reply:** There are two primary ways that sewage can pose a threat to public health, direct exposure via surface and groundwater contamination in areas with domestic wells. All sewage would be discharged underground preventing direct exposure and as all setbacks and design requirements are met, no increased risk of groundwater contamination is expected.

3. Are there other reasonable alternatives?

**Reply:** WCHD regulations would require a minimum of three (3) acres on this property in order to allow for two dwellings. There is no alternative to placing the second dwelling other than the variance.

### **Conditions of Approval**

1. WCHD is not recommending any conditions of approval at this time, as the overall sewage disposal is less than expected from that of a 6 bedrooms house and system. In these situations in the past, SWS Boards have deemed it appropriate to include restrictions on the total allowable bedrooms for either the primary or secondary dwelling. If the Board does determine that to be an appropriate measure, any conditions they set should be required to be recorded to the title, not be removed without Health District approval.

### **Recommendation**

Staff recommends the Sewage, Wastewater and Sanitation (SWS) Hearing Board support the presented Variance Case #2-19S (Mark & Kathleen Olsen) to allow the approval of a secondary dwelling and septic system, with or without any bedroom restrictions that they may feel appropriate.

**Possible Motion**

Should the SWS Hearing Board wish to approve the variance application, the three possible motions would be:

1. “Move to present to the District Board of Health a recommendation for approval of Variance Case #2-19S (Mark & Kathleen Olsen) to allow the approval of a septic system as proposed, including all recommended conditions”; OR
2. “Move to present to the District Board of Health a recommendation for approval of Variance Case #2-19S (Mark & Kathleen Olsen) to allow the approval of a septic system as proposed, without conditions”; OR
3. “Move to present to the District Board of Health a recommendation for approval of Variance Case #2-19S (Mark & Kathleen Olsen) to allow the approval of a septic system as proposed, with the following conditions (list conditions)”; OR
4. “Move to present to the District Board of Health a denial of Variance care #2-19S (Mark & Kathleen Olsen).

The SWS Board may also formulate their own motion or request additional information from the applicant if desired.

**Staff Report**  
**Board Meeting Date: February 28, 2019**

**TO:** District Board of Health

**FROM:** Charlene Albee, AQM Division Director  
(775) 784-7211, [calbee@washoecounty.us](mailto:calbee@washoecounty.us)

**SUBJECT:** Recommendation for the Board to uphold an uncontested citation issued to Desert Wind Homes LP, Case No. 1209, Notice of Violation Citation No. 5694, with a \$600.00 negotiated fine.

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**SUMMARY**

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5694 be **upheld** and a fine of **\$600.00** be levied against Desert Wind Homes LP for failure to clean-up spillage, carry-out, erosion, and/or trackout at the end of the day when trackout extends beyond the project boundaries. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C.4.b. Dust Control Work Practices.

**District Health Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

Notice of Violation-Warning No. 5691 was issued to Desert Wind Homes LP on December 7, 2018 for violation of Section 040.030 C.4.b. Dust Control Work Practices for trackout from the same project.

**BACKGROUND**

On January 11, 2019, Air Quality Specialist Trainee (AQST) Brittney Osborn was on routine patrol when she observed excessive amounts of soil being tracked onto adjacent paved roadways from the Rancho Hills by Desert Wind Homes project located on Vista Rafael Parkway in Reno, Nevada. The soil trackout extended from the north project entrance on Stoltz Road, north to Hoge Road and east to North Virginia Street. Additional soil trackout extended from the south project entrance on Vista Rafael Parkway, east to North Virginia Street. Photographs were taken in all of the areas noted to demonstrate the extent of the trackout on the roads adjacent to the project.

On the same date, AQST Osborn went onsite to discuss the trackout conditions with the Desert Wind Homes Superintendent, John Blomquist. During the meeting, AQST Osborn stated that the current



trackout on the streets adjacent to the project were in violation of Condition No. 3 of the Dust Control Permit associated with the project (APCP18-0036). The requirements of this condition are reflected in the District Board of Health Regulations Governing Air Quality Management Section 040.030 C.4.b. Dust Control Work Practices. She stated Notice of Violation (NOV) Warning No. 5691 was issued on December 7, 2019 for similar trackout issues, therefore Washoe County Air Quality Management Division would be issuing a NOV Citation for the current trackout on the adjacent paved roads. At the end of the meeting, NOV Citation No. 5694 was issued to Desert Wind Homes LP for failing to clean-up spillage, carry-out, erosion, and/or trackout at the end of the day when trackout extends beyond the project boundaries (Section 040.030 C.4.b.).

On January 14, 2019, AQST Osborn conducted a follow-up inspection and verified that the trackout had been removed from the adjacent streets and that the trackout control devices had been reworked to remove material from the wheels of the vehicles exiting the project. In addition, the two access points to the site had been had been reassigned and marked as entrance only and exit only locations in an attempt to eliminate/reduce trackout.

On February 7, 2019, Sr. Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement meeting attended by AQST Osborn and Mr. John Blomquist, regarding NOV Citation No. 5694. Sr. AQS Restori explained to Mr. Blomquist that Desert Wind Homes LP was issued NOV Citation No. 5694 per Section 040.030 C.4.b. for failing clean-up spillage, carry-out, erosion, and/or trackout at the end of the day when trackout extends beyond the project boundaries. Sr. AQS Restori explained that trackout must be cleaned promptly and regular vacuum or wet sweeping will be performed at least daily to remove any soil that has been tracked onto the adjacent paved roadways. After discussing the violation, Mr. Blomquist acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on February 7, 2019.

### **FISCAL IMPACT**

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

### **RECOMMENDATION**

Staff recommends the Board uphold an uncontested citation issued to Desert Wind Homes LP, Case No. 1209, Notice of Violation Citation No. 5694, with a \$600.00 negotiated fine.

### **ALTERNATIVE**

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5694.

Or

2. The Board may determine to uphold Notice of Violation Citation No. 5694 and levy any fine in the range of \$0.00 to \$1,000.00 per day per violation.

**POSSIBLE MOTION(s)**

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

1. "Move to uphold an uncontested citation issued to Desert Wind Homes LP, Case No. 1209, Notice of Violation Citation No. 5694 with a \$600.00 negotiated fine."

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

2. "Move to uphold Case No. 1209, Notice of Violation Citation No. 5694, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Desert Wind Homes LP to be properly noticed."



**NOTICE OF VIOLATION**

NOV 5694

DATE ISSUED: 1/11/2019

ISSUED TO: Rancho Hills by Desert Wind PHONE #: 775-626-1804

MAILING ADDRESS: 550 California Avenue CITY/ST: Reno, NV ZIP: 89509

NAME/OPERATOR: John Blomquist PHONE #: 775-313-5899

COMPLAINT NO. WCMP19-00130

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 1/11/2019 (DATE) AT 1110 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |  |   |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION:     | <input type="checkbox"/> MAJOR VIOLATION OF SECTION:            |
| <input checked="" type="checkbox"/> 040.030 DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT           |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE           | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING           | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP                |
| <input type="checkbox"/> OTHER _____                     | <input type="checkbox"/> OTHER _____                            |

VIOLATION DESCRIPTION: 040.030(c)(3) trackout extends beyond project boundaries. Also a violation of permit condition #3.

LOCATION OF VIOLATION: On site

POINT OF OBSERVATION: Vista Rafael Parkway, Virginia Street, Hoge Road, & Stoltz Road

Weather: Overcast 30°F Wind Direction From: N-E-S-W

Emissions Observed: N/A  
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective \_\_\_\_\_ a.m./p.m. \_\_\_\_\_ (date) you are hereby ordered to abate the above violation within \_\_\_\_\_ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature \_\_\_\_\_

CITATION: You are hereby notified that effective on 1/11/2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

**SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT**

Signature: [Signature] Date: 1/12/19  
 Issued by: Britney Osborn Title: AQST

PETITION FOR APPEAL FORM PROVIDED

**MEMORANDUM OF UNDERSTANDING**

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
AIR QUALITY MANAGEMENT DIVISION

Date: February 7, 2019

Company Name: Desert Wind Homes LP

Address: 550 California Avenue Reno, Nevada 89059

Notice of Violation # 5694 Case # 1209

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: \_\_\_\_\_  
040.030 Section C.4.b - Work Practices - Trackout

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 600.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on February 21, 2019.

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

[Signature]  
Signature of Company Representative

JBLowmuis  
Print Name

PROJECT MGR  
Title

\_\_\_\_\_  
Witness

[Signature]  
Signature of District Representative

Joshua C. Restori  
Print Name

Sr. AQS  
Title

[Signature]  
Witness



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

Company Name Desert Wind Homes LP  
Contact Name John Blomquist

Case 1209 NOV 5694 WVIO-AQM 19-0001

I. Violation of Section 040.030 Section C.4.b - Work Practices - Trackout

I. Recommended/Negotiated Fine = \$ 600

II. Violation of Section 0

II. Recommended/Negotiated Fine = \$ 0

III. Violation of Section 0

III. Recommended/Negotiated Fine = \$ 0

IV. Violation of Section 0

IV. Recommended/Negotiated Fine = \$ 0

V. Violation of Section 0

V. Recommended/Negotiated Fine = \$ 0

**Total Recommended/Negotiated Fine = \$ 600**

  
Air Quality Specialist

2/7/2019  
Date

  
Senior AQ Specialist/Supervisor

2-7-19  
Date

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

Company Name Desert Wind Homes LP  
 Contact Name John Blomquist

Case 1209 NOV 5694 WVIO-AQM 19-0001

Violation of Section 040.030 Section C.4.b - Work Practices - Trackout

**I. Base Penalty as specified in the Penalty Table** = \$ 1000.00

**II. Severity of Violation**

**A. Public Health Impact**

**1. Degree of Violation**

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 0.5

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

**2. Toxicity of Release**

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

**Comment:** PM10 is a criteria pollutant

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

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

**Comment:** There were negligible health impacts associated with this violation

Total Adjustment Factors (1 x 2 x 3) = 0.5

**B. Adjusted Base Penalty**

Base Penalty \$ 1000.00 x Adjustment Factor 0.5 = \$ 500.00

**C. Multiple Days or Units in Violation**

Adjusted Penalty \$ 500.00 x Number of Days or Units 1 = \$ 500.00

**Comment:** Trackout observed from the site for one day

**D. Economic Benefit**

Avoided Costs \$ 500.00 + Delayed Costs \$ 0.00 = \$ 500.00

**Comment:** Cost of renting street sweeper for daily street sweeping as required by DCP Condition 3

**Penalty Subtotal**

Adjusted Base Penalty \$ 500.00 + Economic Benefit \$ 500.00 = \$ 1000.00

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

**III. Penalty Adjustment Consideration**

<b>A. Degree of Cooperation</b> (0 – 25%)	-	<u>15%</u>
<b>B. Mitigating Factors</b> (0 – 25%)	-	<u>15%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
<b>Comment:</b> <u>Negotiated a settlement</u>		
<b>C. Compliance History</b>		
No Previous Violations (0 – 10%)	-	<u>10%</u>
<b>Comment:</b> <u>No prior violations</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
<b>Comment:</b> _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
<b>Comment:</b> _____		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
<b>Comment:</b> _____		
<b>Total Penalty Adjustment Factors</b> – sum of A, B, & C		<u>-40%</u>

**IV. Recommended/Negotiated Fine**

Penalty Adjustment:

\$ <u>1000.00</u>	x	<u>-40%</u>	=	<u>-400.00</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$                     

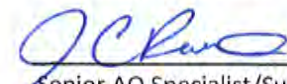
**Comment:** \_\_\_\_\_

Adjusted Penalty:

\$ <u>1000.00</u>	+/-	\$ <u>-400.00</u>	=	\$ <u>600</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

  
\_\_\_\_\_  
Air Quality Specialist

2/7/2019  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Senior AQ Specialist/Supervisor

2-7-19  
\_\_\_\_\_  
Date

# Administrative Penalty Table

## Air Quality Management Division Washoe County Health District

### I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005	Visible Emissions	1000
040.030	Dust Control (fugitive)	1000
040.035	Open Fires	500
040.040	Fire Training	500
040.050	Incinerator	1000
040.051	Woodstoves	500
040.055	Odors	1000
040.080	Gasoline Transfer (maintenance)	1000
040.200	Diesel Idling	500
050.001	Emergency Episode	1000
040.030	Construction Without a Dust Control Permit	
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre
	Project Size – 10 acres or more	\$1,000 + \$50 per acre

### II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

### III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000





**NOTICE OF VIOLATION**

NOV 5691

DATE ISSUED: 12/7/2018

ISSUED TO: Rancho Hills by Desert Wind PHONE #: 775-626-1804

MAILING ADDRESS: 550 California Ave. CITY/ST: Reno, NV ZIP: 89509

NAME/OPERATOR: John Blomquist PHONE #: 775-313-5899

COMPLAINT NO. \_\_\_\_\_

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 12/7/2018 (DATE) AT 10:05 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |   |   |
|---|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION:        | <input type="checkbox"/> MAJOR VIOLATION OF SECTION:            |
| <input checked="" type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT           |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE           | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING           | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP                |
| <input type="checkbox"/> OTHER _____                        | <input type="checkbox"/> OTHER _____                            |

VIOLATION DESCRIPTION: 040.030(C)(3) Trackout extends beyond project boundaries & 040.030(E)(2) Record Keeping - Dust Logs.

LOCATION OF VIOLATION: On-site

POINT OF OBSERVATION: Vista Rafael Pkwy & Ciarra Kennedy Ln.

Weather: Overcast, 32°F Wind Direction From: N-E-S-W

Emissions Observed: N/A  
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

**WARNING ONLY:** Effective 10:05 a.m. p.m. 12/7/2018 (date) you are hereby ordered to abate the above violation within 48 (hours/days). I hereby acknowledge receipt of this warning on the date indicated.

Signature [Signature]

**CITATION:** You are hereby notified that effective on \_\_\_\_\_ (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within \_\_\_\_\_ hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

**SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: Brittney Osborn Title: AQST

PETITION FOR APPEAL FORM PROVIDED

**Staff Report**  
**Board Meeting Date: February 28, 2019**

**TO:** District Board of Health

**FROM:** Charlene Albee, AQM Division Director  
(775) 784-7211, [calbee@washoecounty.us](mailto:calbee@washoecounty.us)

**SUBJECT:** Re-Appointment of Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2018 through December 20, 2021; and the re-appointment of Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term beginning January 26, 2019 through January 26, 2022.

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**SUMMARY**

In accordance with the District Board of Health Regulations Governing Air Quality Management, specifically Section 020.025 Hearing Board Creation and Organization, staff is recommending the Board re-appoint Mr. Richard Harris, JD, PhD, and Mr. Jim Kenney to the Air Pollution Control Hearing Board (APCHB) for three-year terms.

**District Health Strategic Priorities supported by this item:**

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

**PREVIOUS ACTION**

February 25, 2016. DBOH approved the re-appointment of Mr. Richard Harris, JD, PhD, and Mr. Jim Kenney to the APCHB following the completion of their previous three-year terms starting on December 20, 2015 and January 26, 2016, respectively.

December 20, 2012. DBOH approved the re-appointment of Mr. Richard Harris, JD, PhD, to the APCHB following the completion of his previous three-year term starting on December 17, 2009.

January 26, 2013. DBOH approved the initial appointment of Mr. Jim Kenney to the APCHB for a three-year term beginning January 26, 2013 thru January 26, 2016.

**BACKGROUND**

The APCHB, as established in regulation, considers appeals of notice of violation citations issued by the Air Quality Enforcement Staff and petitions for variances authorized by the regulations. The APCHB consists of seven (7) members who are not employees of the state or any of its political subdivision. The membership is required to include one attorney, one professional engineer registered in Nevada, one licensed Nevada general engineering or building contractor, and four at-large appointees. Appointments are established by regulation to be three-year periods.

Mr. Richard Harris, JD, PhD, serves as the attorney admitted to practice law in Nevada as required by Section 030.025. Mr. Harris was originally appointed to the APCHB on December 17, 2009. With a background in Geological Engineering, Environmental Science, and Mining Law, Mr. Harris brings a valuable combination of technical and legal knowledge to the APCHB.

Mr. Jim Kenney serves as an at-large member of the APCHB. Mr. Kenney was first appointed to the APCHB on January 26, 2013. Mr. Kenney has demonstrated a unique perspective on the importance of air quality as it relates to public health. As the president of Catalytic PURE AIR LLC, he has an appreciation of the impacts of air quality on public health. Mr. Kenney has demonstrated a strong appreciation of the challenges of business owners while acknowledging and supporting the critical need to protect the health of our community.

### **FISCAL IMPACT**

As these are voluntary positions, there will be no fiscal impact to the Washoe County Health District associated with the re-appointments.

### **RECOMMENDATION**

Air Quality Management Division staff recommends the Washoe County District Board of Health re-appoint Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2018 through December 20, 2021; and the re-appointment of Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term beginning January 26, 2019 through January 26, 2022.

### **POSSIBLE MOTION**

Should the Board agree with the recommendation, a possible motion would be:

“Move to re-appoint Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2018 through December 20, 2021; and the re-appointment of Mr. Jim Kenney to the Air Pollution Control Hearing Board for a three-year term beginning January 26, 2019 through January 26, 2022.”

AHSO	___	AH	___
DHO	___	JD	___
DA	___		___
Risk	___		___

**Staff Report**  
**Board Meeting Date: February 28, 2019**

**TO:** District Board of Health

**FROM:** Jennifer Pierce, Fiscal Compliance Officer  
775-328-2418, [jpierce@washoecounty.us](mailto:jpierce@washoecounty.us)

**SUBJECT:** Approve Addendum #1 to the Agreement dated October 16, 2018, between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno to extend the terms of the original agreement, including the incorporated attachments, to apply to educational experiences with all colleges or programs of the University and all division of the Health District.

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**SUMMARY**

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

**District Health Strategic Priorities supported by this item:**

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

**PREVIOUS ACTION**

June 22, 2017. The District Board of Health approved similar agreements with the Board of Regents on behalf of the University of Nevada, Reno Nevada School of Medicine, Orvis School of Nursing and the School of Community Health Sciences.

October 22, 2015. The District Board of Health approved a similar agreement with other colleges at the University of Nevada, Reno.

**BACKGROUND**

The previously approved agreements provide for utilizing the Washoe County Health District's facilities for student education experiences in preparation for public health and other related professions through the specific schools within the University of Nevada, Reno. In an attempt to streamline the process and enable opportunities for students from other schools without previously approved agreements, a collaborative effort between the legal counsels from both the Health District and University developed the proposed Addendum #1 to expand the intern opportunities to all schools within the University and all division of the Health District.

**ADMINISTRATIVE HEALTH SERVICES**

1001 East Ninth Street, Building B, Reno, Nevada 89512  
AHS Office: 775-328-2410 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)  
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Subject: Approval of Addendum #1 to Agreement between Health District and Board of Regents

Date: February 28, 2019

Page 2 of 2

### **FISCAL IMPACT**

Should the Board approve Addendum #1, there is no fiscal impact as students and faculty will not receive compensation in connection with the existing Agreements or Addendum 31.

### **RECOMMENDATION**

Staff recommends the District Board of Health approve Addendum #1 to the Agreement dated October 16, 2018, between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno to extend the terms of the original agreement, including the incorporated attachments, to apply to educational experiences with all colleges or programs of the University of Nevada, Reno and all division of the Health District.

### **POSSIBLE MOTION**

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

“Move to approve Addendum #1 to the Agreement dated October 16, 2018, between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno to extend the terms of the original agreement, including the incorporated attachments, to apply to educational experiences with all colleges or programs of the University and all division of the Health District.”

ADDENDUM #1 TO AGREEMENT  
BETWEEN WASHOE COUNTY HEALTH DISTRICT AND THE BOARD OF  
REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF  
THE UNIVERSITY OF NEVADA, RENO

1. Addendum. All provisions of the original contract dated October 16, 2018, attached hereto as Exhibit A, remain in full force and effect with the addition of the following: **The terms of the Agreement dated October 16, 2018, including the incorporated attachments, are expanded to apply to educational experiences with all colleges or programs of the University and all divisions of the District.**
2. Incorporated Documents. Exhibit A, Original Contract is attached hereto, incorporated by reference herein, and made part of this addendum.
3. Counterparts. This addendum may be executed in counterparts, each of which shall be considered an original, it being understood that all counterparts shall constitute one and the same agreement addendum.

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

WASHOE COUNTY HEALTH DISTRICT

By \_\_\_\_\_ Date \_\_\_\_\_

THE BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION  
ON BEHALF OF THE UNIVERSITY OF NEVADA, RENO

By \_\_\_\_\_ Date \_\_\_\_\_

Dave Shintani  
Vice Provost, Undergraduate Education

An Agreement Between the Washoe County Health District  
P.O. BOX 11130  
Reno, Nevada 89520

And

THE BOARD OF REGENTS  
OF THE NEVADA SYSTEM OF HIGHER EDUCATION  
On behalf of the UNIVERSITY OF NEVADA, RENO  
Reno, Nevada 89557

THIS AGREEMENT ("Agreement") is made and entered into by and between the Washoe County Health District "(DISTRICT)" and the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno ("UNIVERSITY").

WHEREAS, the UNIVERSITY's School of Community Health Sciences desires to have access to community and clinical public health opportunities for public health students during their preceptorship experience; and

WHEREAS, the DISTRICT conducts several community and clinical public health programs which would be enhanced by the services of public health students; and

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

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

AGREEMENT TERM. This Agreement shall be effective upon approval of the UNIVERSITY and the Washoe County Board of Health, through June 30, 2018, unless extended by the mutual agreement of the parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of either party to terminate the Agreement as provided below.

TERMINATION. This Agreement may be terminated by either party prior to the date set forth in paragraph (1), provided that a 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 County, State and/or Federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired. This Agreement may also be renegotiated in the event of a reduction in the anticipated County, State, or Federal funding revenue required to satisfy this Agreement.

NOTICE. All notices or other communications required or permitted to be given under this Agreement 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.

INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Agreement incorporates the following attachments:

ATTACHMENT A: SCOPE OF EDUCATIONAL EXPERIENCE (See Attachment A)

ATTACHMENT B: WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VACCINE AND TB SCREENING REQUIREMENTS (See Attachment B)

ATTACHMENT C: STUDENT INTERNSHIP ACKNOWLEDGEMENT

BREACH; REMEDIES. Failure of either party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, 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.

LIMITED LIABILITY. The parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Liability of both parties shall not be subject to punitive damages. To the extent applicable, actual damages arising out of this agreement for any breach shall be limited by NRS 354.626.

INDEMNIFICATION.

a. To the extent limited in accordance with NRS 41.0305 to NRS 41.039, the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno shall indemnify, defend and hold harmless the DISTRICT from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses, including attorney fees, arising either directly or indirectly from any act or failure to act by the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno or any of its officers or employees, which may occur during or which may arise out of the performance of this Agreement. The Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno will assert the defense of sovereign immunity as appropriate in all cases, including malpractice and indemnity actions. The Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno indemnity obligation for actions sounding tort is limited in accordance with the provisions of NRS 41.035.

b. To the extent limited in accordance with NRS 41.0305 to NRS 41.039, the DISTRICT shall indemnify, defend and hold harmless NSHE from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses, including attorney fees, arising either directly or indirectly from any act or failure to act by the DISTRICT or any of its officers or employees, which may occur during or which may arise out of the performance of this Agreement. The DISTRICT will assert the defense of sovereign immunity as appropriate in all cases, including malpractice and indemnity actions. The DISTRICT shall indemnity obligation for actions sounding tort is limited in accordance with the provisions of NRS 41.035.

FORCE MAJEURE. Neither party shall be deemed to be in violation of this Agreement 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 Agreement after the intervening cause ceases.

HIPAA. As covered entities, the parties acknowledge the applicability of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.

FERPA. DISTRICT understands and agrees that all student education records regarding the UNIVERSITY'S students belong to UNIVERSITY, including those created by the DISTRICT, that the confidentiality of all such records are protected by the Federal Family Education and Privacy Rights Act (FERPA), 20 U.S.C. § 1232(g) and as applicable, that the DISTRICT will abide by all of FERPA's provisions, including not releasing any such records.

WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Agreement 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.

SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement 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 Agreement unenforceable.

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

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.

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 Agreement.

PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Agreement on behalf of each party has full power and authority to enter into this Agreement and that the parties are authorized by law to perform the service set forth in this agreement.


GOVERNING LAW; JURISDICTION. This Agreement 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 Washoe County, Nevada district courts for enforcement of this Agreement.

ENTIRE AGREEMENT AND MODIFICATION. This Agreement 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 Agreement specifically displays a mutual intent to amend a particular part of this Agreement, general conflicts in language between any such attachment and this Agreement shall be construed consistent with the

terms of this Agreement. Unless otherwise expressly authorized by the terms of this Agreement, no modification or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by Washoe County's legal advisor.

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

APPROVED BY DISTRICT BOARD OF HEALTH


 On 9/27/2018 Chair  
Washoe County District Board of Health Date Title

*Approved by Board 6/22/2017*

ATTEST:

\_\_\_\_\_ On \_\_\_\_\_  
Date

THE BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA, RENO

 On 10/16/18 Vice Provost  
David K. Shintani, Date Title  
Vice Provost Undergraduate Education  
*for Undergraduate Education*

ATTACHMENT A  
SCOPE OF EDUCATIONAL EXPERIENCE  
UNIVERSITY OF NEVADA, RENO  
SCHOOL OF COMMUNITY HEALTH SCIENCES

**Responsibilities of the Parties**

1. The parties agree to jointly plan for the utilization of the DISTRICT's facilities for student educational experiences as part of preparation of public health and other related professionals. The maximum number of students and the specific period shall be jointly determined after consideration of the DISTRICT's facilities and adequacy, extent and variety of learning experiences available.
2. Both parties agree that students are not considered employees of either party under this Agreement.

**Responsibilities of the University**

1. UNIVERSITY shall maintain oversight of students participating in educational opportunities through DISTRICT programs.
2. UNIVERSITY shall inform the students that they must carry and have evidence of adequate group medical insurance prior to the participation in any educational experience at the DISTRICT.
3. UNIVERSITY shall inform the students and faculty that vaccine and TB screening are required for all students and faculty prior to the beginning of an educational experience on site at the DISTRICT based on individual student activities/placement. The requirements for each student placement are contained in Attachment B: WASHOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS FOR STUDENTS/INTERNS/RESIDENTS.
4. UNIVERSITY shall comply with all applicable laws, ordinances and regulations of governmental entities having jurisdiction over matters which are the subject of this Agreement.
5. UNIVERSITY shall inform the students and participating faculty that WCHD requires background checks for students and instructional personnel participating in the activities covered by this Agreement. The UNIVERSITY shall inform the student that the student shall pay any cost associated with the background investigation and shall inform the student of his or her responsibility to provide to WCHD the results of the required background check. The results of these background checks may result in removal of a participant from the program, at DISTRICT'S discretion, or termination of this Agreement.
6. UNIVERSITY shall immediately upon notice remove any student from DISTRICT program under this Agreement whom DISTRICT determines, in its reasonable discretion, imposes an unreasonable risk of harm to DISTRICT personnel, clients, property or to him/herself, who violates DISTRICT policies, regulations or procedures despite warning, or fails to meet the requirements of the Student Intern Acknowledgement as contained in Exhibit C.

## Responsibilities of the DISTRICT

1. DISTRICT shall have sole responsibility for establishing the policies, regulations and procedures applicable to its operations and activities. It shall notify UNIVERSITY of all policies, regulations and procedures that it expects UNIVERSITY's personnel and students to adhere to while on DISTRICT premises or conducting activities in DISTRICT facilities. DISTRICT may notify UNIVERSITY personnel and students directly without prior notice to UNIVERSITY of policies, regulations and procedures if circumstances prohibit such prior notice.
2. DISTRICT shall maintain its facilities that are open to UNIVERSITY personnel and students in compliance with applicable local, state and federal laws and regulations and accreditation requirements, if any.
3. DISTRICT will provide physical facilities as necessary to the administration of this Agreement and to the conduct of the learning experiences conducted under the auspices of this Agreement, within the limits of the District.
4. DISTRICT administration and personnel recognize their responsibility to maintain a learning environment of high quality in which sound educational experiences can occur.
5. DISTRICT will provide learning opportunities for students within the limits of DISTRICT. The emphasis shall be on education rather than services without disruption of usual DISTRICT activities.
6. DISTRICT shall appoint a liaison officer and notify UNIVERSITY of same. Such officer shall be the principal contact between DISTRICT and University for purposes of administration of this Agreement.
7. DISTRICT may refuse entry or remove any student who it determines, in its reasonable discretion, has not met the requirements of the Student Intern Acknowledgement as contained in Exhibit C or to whom the DISTRICT has not, in its reasonable discretion, received adequate assurances that the requirements of Exhibit C have been met.
8. DISTRICT may remove and restrict from entry upon its premises University personnel or students who it determines, in its reasonable discretion, impose an unreasonable risk of harm to DISTRICT personnel, clients, property of him/herself, or who violates DISTRICT policies, regulations or procedures despite warning. DISTRICT shall exercise reasonable efforts under the circumstances to notify University of its intent to remove or restrict prior to taking action and shall notify University as soon thereafter as is reasonable.
8. DISTRICT personnel shall not be obligated to participate in the learning experiences of students referred to DISTRICT hereunder except to the extent agreed between UNIVERSITY and DISTRICT. To the extent DISTRICT personnel are engaged in the supervision of student learning experiences they shall adhere to the learning experience requirements established under the authority of this Agreement and shall make such reports and provide such information specified therein.

## **Scheduling and Tracking Student Placements**

The UNIVERSITY'S School of Community Health Sciences shall select, in consultation with the District, learning experiences to which the students will be assigned from among those learning opportunities made available by the DISTRICT. The School of Community Health Sciences and the DISTRICT shall mutually determine dates and times for the use of these facilities by such students.

Types of DISTRICT student placements:  
Individual Undergraduate Students  
Individual Graduate (Masters and PhD) Students

The UNIVERSITY'S School of Community Health Sciences agrees to prepare specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the DISTRICT's programs. The instruction period for each student is planned on academic semesters or an equivalent time period and will conform to the UNIVERSITY'S academic calendar.

## **Communication between UNIVERSITY and DISTRICT Program Staff**

The student's instructor will provide to the District, a copy of the course syllabus, which includes the evaluation form(s) and expectations. Preceptors will be assigned to each student as appropriate and a mutually agreed upon plan for educational experience will be developed.

The UNIVERSITY and the DISTRICT have appointed the following principal contacts for all communications in connection with this Agreement and Exhibits:

### Contact for the District

Steve Kutz RN, MPH  
Division Director  
Community and Clinical Health Services  
PO Box 11130  
Reno, NV 89520  
775-328-6159  
Email: SKutz@washoecounty.us

### Contact for School of Community Health Sciences

Gerold Dermid  
School of Community Health Sciences MS  
274  
University of Nevada, Reno  
Reno, NV 89557  
775-784-3538

ATTACHMENT B

WAHSOE COUNTY HEALTH DISTRICT  
VACCINE AND TB SCREENING REQUIREMENTS\* FOR  
STUDENTS/INTERNS/RESIDENTS

	<b>9<sup>th</sup> Street and Off-site Clinical Areas</b>	<b>9<sup>th</sup> Street Non-Clinical Areas</b>	<b>Off-site Non-Clinical Areas</b>
MMR	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Recommended (2 doses if born during or after 1956)
Tdap	Required if 2 or more years since last Td booster	2007 – Recommend for next Tetanus booster	2007 – Recommend for next Tetanus booster
Varicella	Required (vaccine or history of chicken pox)	Recommended	Recommended
Influenza	Required during October – March	Recommended	Recommended
Approved TB Screening	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	N/A
Hepatitis B	If possible human blood exposure during rotation	If possible human blood exposure during rotation	If possible human blood exposure during rotation

\* Requirements are based on student activities and location.

**University of Nevada, Reno**  
**School of Community Health Sciences**

WASHOE COUNTY HEALTH DISTRICT

STUDENT INTERNSHIP ACKNOWLEDGEMENT

I do attest that I have read and understood the terms of the Agreement between the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno ("UNR") and the Washoe County Health District ("WCHD"). The terms of my internship as agreed upon for CHS 494 include the following:

1. Students shall carry and have evidence of adequate group medical insurance prior to participation in any educational experiences at the WCHD.
2. Students will meet all vaccine and TB screening requirements prior to beginning an educational experience onsite at the WCHD.
3. Students will have obtained a background check prior to the participation in any educational experience at the WCHD. Students are responsible for any costs associated with the background check. Student shall have the results of the background check released to WCHD. The results of the background check may result in the removal of a student at WCHD's discretion.
4. Students are responsible for adhering to the policies and procedures of the WCHD including, but not limited to, internet use, photography waivers, and confidentiality of personal health records and/or research.

All of the terms of the internship will be followed. Proof of verification of all necessary requirements listed above for insurance, health tests and immunizations will be submitted by the student to UNR prior to the start of the internship experience.

By signing below, the student attests that the student has completed the requirements listed above and submitted the background documentation to WCHD. A copy of this signed form is to be provided by the student to the WCHD and UNR.

---

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Print Student Name \_\_\_\_\_

---

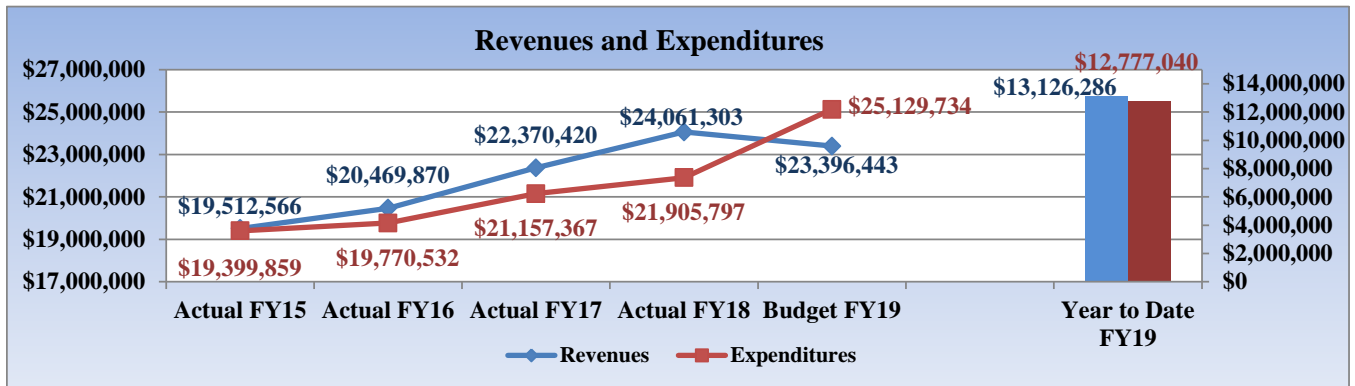
DD	NA	___
DHO	___	___
DA	NA	___
Risk	NA	___

**Staff Report**  
**Board Meeting Date: February 28, 2019**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2019

**SUMMARY**

The seven months of fiscal year 2019, (FY19) ended with a cash balance of \$6,484,306. Total revenues of \$13,126,286 were 56.1% of budget and a decrease of \$69,377 over FY18. The expenditures totaled \$12,777,040 or 50.8% of budget and down \$215,082 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.

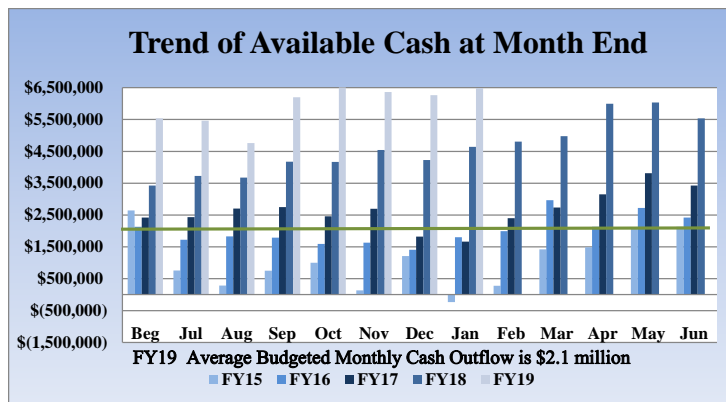
**PREVIOUS ACTION**

Fiscal Year 2019 Budget was adopted May 22, 2018.

**BACKGROUND**

**Review of Cash**

The available cash at the end of January, FY19, was \$6,484,306 which is enough to cover approximately 3.1 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.4 million; the cash restricted as to use is approximately \$1.2 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$3.9 million.

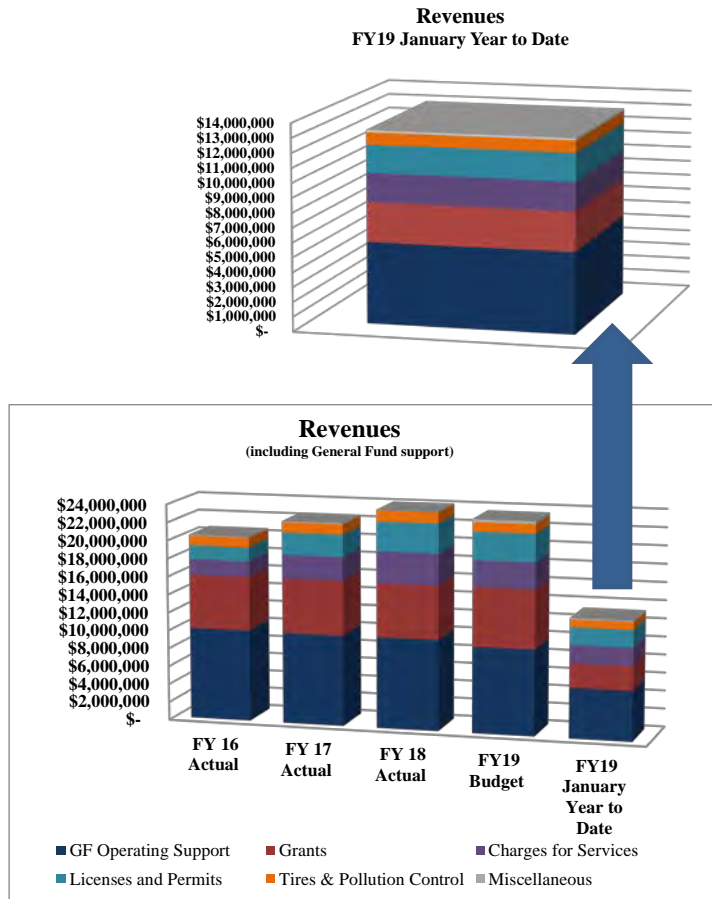


Note: January FY15 negative cash is due to no County General Fund support



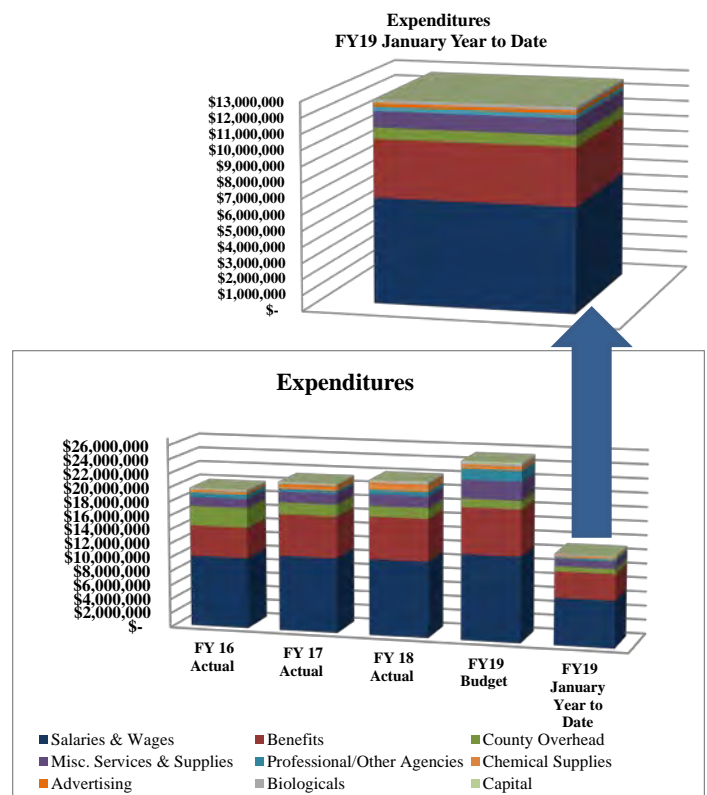


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$13,126,286 down \$69,377 or 0.5% compared to January FY18. The revenue categories up over FY18 were: licenses and permits of \$1,916,541 up \$209,853 or 12.3%; Federal and State grants of \$2,718,027 up \$25,226 or 0.9%; charges for services of \$1,968,331 up \$130,427 or 7.1%; and, miscellaneous revenues of \$143,136 were up \$106,256 due to the closing of the Environmental Health Hazardous Materials oversight checking account. Revenue categories down compared to FY18 were: tire and pollution control funding of \$828,753 down \$6,302; and, the County General Fund support of \$5,551,499 down \$534,835 due to the contingency transfer in FY18 for mosquito abatement chemicals.

The total year to date **expenditures** of \$12,777,040 decreased by \$215,082 or 1.7% compared to FY18. Salaries and benefits expenditures for the fiscal year were \$10,333,874 up \$325,229 or 3.2% over the prior year and 55.3% of budget. The total services and supplies of \$2,440,003 down \$526,559 or 17.7% compared to FY18 and 38.9% 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 \$271,918 down \$17,982 over FY18; chemical supplies of \$230,977 down \$535,331 or 69.9%; the biologicals of \$168,802, were down \$7,272; and, County overhead charges of \$710,546 were down \$176,483 or 19.9%. There has been \$3,165 in capital expenditures.



**Review of Revenues and Expenditures by Division**

**ODHO** has spent \$684,516 up \$104,270 or 18.0% 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 \$644,706 down \$28,134 or 4.2% compared to FY18 mainly due to salary savings from a vacant position and a decline in utilities and County overhead charges.

**AQM** revenues were \$1,959,846 up \$148,684 or 8.2%. The Division spent \$1,707,373 up \$58,179 or 3.5% over FY18 due to an employee retirement payout for accrued vacation and sick leave time and filling vacant positions.

**CCHS** revenues were \$2,072,444 down \$76,391 or 3.6% over FY18 due to a decline in grant reimbursements, Medicaid, and insurance reimbursements. The division spent \$4,397,977 or \$58,628 more than FY18 mainly due to the cost of a payout on accrued benefits for an employee that retired.

**EHS** revenues were \$2,581,117 up \$376,370 or 17.1% 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 \$3,834,433 a decline of \$471,253 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 \$149,411 or 5% over FY18 mainly due to the purchase of computer equipment needed for field inspections.

**EPHP** revenues were \$961,381 up \$20,161 over last year due to increased grant funding and spent \$1,508,035 up \$63,228 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 January 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	January Year to Date	Adjusted Budget	January Year to Date	Percent of Budget	FY19 Increase over FY18
<b>Revenues (all sources of funds)</b>									
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	1,811,162	3,086,133	1,959,846	63.5%	8.2%
CCHS	3,520,945	3,506,968	3,872,898	4,179,750	2,148,835	4,321,392	2,072,444	48.0%	-3.6%
EHS	2,008,299	2,209,259	3,436,951	4,428,294	2,204,746	4,305,529	2,581,117	59.9%	17.1%
EPHP	1,555,508	2,141,334	2,027,242	1,854,862	941,220	2,166,533	961,381	44.4%	2.1%
GF support	10,000,192	10,076,856	10,002,381	10,051,691	6,086,334	9,516,856	5,551,499	58.3%	-8.8%
<b>Total Revenues</b>	<b>\$ 19,512,566</b>	<b>\$ 20,469,870</b>	<b>\$ 22,370,420</b>	<b>\$ 24,061,303</b>	<b>\$ 13,195,663</b>	<b>\$ 23,396,443</b>	<b>\$ 13,126,286</b>	<b>56.1%</b>	<b>-0.5%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	481,886	594,672	904,268	826,325	580,246	1,656,566	684,516	41.3%	18.0%
AHS	1,096,568	996,021	1,119,366	1,016,660	672,840	1,188,894	644,706	54.2%	-4.2%
AQM	2,587,196	2,670,636	2,856,957	2,936,261	1,649,195	3,670,794	1,707,373	46.5%	3.5%
CCHS	6,967,501	6,880,583	7,294,144	7,538,728	4,339,349	8,156,778	4,397,977	53.9%	1.4%
EHS	5,954,567	5,939,960	6,366,220	7,030,470	4,305,686	7,470,035	3,834,433	51.3%	-10.9%
EPHP	2,312,142	2,688,659	2,616,411	2,557,352	1,444,807	2,986,667	1,508,035	50.5%	4.4%
<b>Total Expenditures</b>	<b>\$ 19,399,859</b>	<b>\$ 19,770,532</b>	<b>\$ 21,157,367</b>	<b>\$ 21,905,797</b>	<b>\$ 12,992,123</b>	<b>\$ 25,129,734</b>	<b>\$ 12,777,040</b>	<b>50.8%</b>	<b>-1.7%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(481,886)	(579,672)	(853,040)	(822,960)	(576,880)	(1,656,566)	(684,516)		
AHS	(1,096,417)	(996,021)	(1,119,366)	(1,016,660)	(672,840)	(1,188,894)	(644,706)		
AQM	(159,725)	(150,184)	122,763	607,078	161,967	(584,661)	252,472		
CCHS	(3,446,556)	(3,373,615)	(3,421,246)	(3,358,978)	(2,190,514)	(3,835,386)	(2,325,533)		
EHS	(3,946,268)	(3,730,701)	(2,929,269)	(2,602,176)	(2,100,940)	(3,164,506)	(1,253,317)		
EPHP	(756,634)	(547,325)	(589,169)	(702,490)	(503,588)	(820,134)	(546,655)		
GF Operating	10,000,192	10,076,856	10,002,381	10,051,691	6,086,334	9,516,856	5,551,499		
<b>Surplus (deficit)</b>	<b>\$ 112,707</b>	<b>\$ 699,338</b>	<b>\$ 1,213,053</b>	<b>\$ 2,155,505</b>	<b>\$ 203,540</b>	<b>\$ (1,733,291)</b>	<b>\$ 349,245</b>		
<b>Fund Balance (FB)</b>	<b>\$ 2,268,506</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>		<b>\$ 4,603,111</b>			
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 January, Fiscal Year 2019.

**POSSIBLE MOTION**

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

Attachment:  
Health District Fund financial system summary report



Period: 1 thru 7 2019  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

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

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
460529 Assessments-AQM	111,765-	72,069-	39,696-	64	106,866-	70,785-	36,081-	66
460530 Inspector Registr-AQ	4,175-		4,175-		6,750-		6,750-	
460531 Dust Plan-Air Quality	362,521-	363,024-	503	100	334,771-	245,266-	89,505-	73
460532 Plan Rvw Hotel/Motel		6,507-	6,507			6,279-	6,279	
460534 Child Care Inspection	22,470-	14,130-	8,340-	63	21,169-	13,046-	8,123-	62
460535 Pub Accomod Inspectn	28,380-	27,132-	1,248-	96	46,666-	25,435-	21,231-	55
460570 Education Revenue		116,123-	76,909-	60	197,528-	66,259-	131,269-	34
460723 Other Fees	193,032-	1,968,331-	938,601-	68	2,553,979-	1,837,904-	716,075-	72
* Charges for Services	2,906,932-	4	4			1-	1	
481150 Interest-Non Pooled	10-			100	5,000-		5,000-	
484000 Donations,Contributions	6,500-	4,392-	2,108-	68	16,050-	6,824-	9,226-	43
484050 Donation Fed Pgm Inc	14,804-	3,473-	11,331-	23	14,428-	8,658-	5,770-	60
484197 Non-Gov. Grants-Ind.	48,283-	26,823-	21,460-	56	46,084-	21,195-	24,889-	46
485100 Reimbursements	258,426-	108,426-	150,000-	42		203-		
485300 Other Misc Govt Rev	328,023-	143,128-	184,895-	44	81,562-	36,881-	44,681-	45
* Miscellaneous	13,879,587-	7,574,780-	6,304,807-	55	12,983,044-	7,109,328-	5,873,715-	55
** Revenue	10,664,138	5,927,778	4,736,360	56	10,324,398	5,820,482	4,503,916	56
701110 Base Salaries	302,258	200,564	101,694	66	230,388	158,024	72,365	69
701120 Part Time	560,671	264,114	296,557	47	419,740	263,523	156,217	63
701130 Pooled Positions	4,319	1,868	2,451	43	4,319	1,443	2,875	33
701140 Holiday Work								
701150 xContractual Wages								
701199 Lab Cost Sav-Wages	166,100	76,533	89,567	46	164,408	79,419	84,989	48
701200 Incentive Longevity	114,569	53,162	61,407	46	68,241	42,101	26,140	62
701300 Overtime	300	140	160	47	300	227	73	76
701403 Shift Differential	38,000	18,960	19,040	50	38,000	18,870	19,130	50
701406 Standby Pay	5,000	1,203	3,797	24	5,000	1,539	3,461	31
701408 Call Back						70	70-	
701410 Detective Pay								
701412 Salary Adjustment	168,046	78,124	168,046	106	100,893	3,813	100,893	5
701413 Vac Payoff Sick Term	73,642		4,483-		73,676	1,101	69,863	
701414 Vacation Denied-Payoff					1,101	1,101		100
701417 Comp Time	10,400	20,141	9,742-	194	2,069	3,020	951-	146
701419 Comp Time - Transfer					7,194		7,194	
701500 Merit Awards								
* Salaries and Wages	12,107,441	6,642,588	5,464,853	55	11,439,728	6,393,633	5,046,095	56
705110 Group Insurance	1,676,674	886,767	789,907	53	1,648,117	908,590	739,527	55
705115 ER HSA Contribs	88,000	156,363	68,363-	178	66,000	94,574	28,574-	143
705190 OPEB Contribution	1,286,542	750,483	536,059	58	1,305,189	761,360	543,829	58
705199 Lab Cost Sav-Benef								
705210 Retirement	3,122,662	1,742,677	1,379,884	56	3,001,406	1,701,454	1,299,953	57
705215 Retirement Calculation								
705230 Medicare April 1986	151,817	91,825	59,991	60	148,683	87,890	60,793	59

Period: 1 thru 7 2019 P&L Accounts  
 Accounts: GO-P-L  
 Business Area: \*

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

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
705240 Insur Budgeted Incr	48,610		48,610		48,610		48,610	
705320 Workmens Comp	100,432	59,018	41,414	59	97,901	57,046	40,855	58
705330 Unemply Comp	9,755	4,153	5,602	43	10,298	4,098	6,199	40
705360 Benefit Adjustment	83,604		83,604		28,461		28,461	
* Employee Benefits	6,568,096	3,691,286	2,876,809	56	6,354,665	3,615,012	2,739,653	57
710100 Professional Services	587,967	79,153	508,814	13	460,662	80,040	380,622	17
710105 Medical Services	10,721	5,150	5,571	48	9,121	3,607	5,514	40
710108 MD Consultants	58,936	28,921	30,015	49	58,936	27,921	31,015	47
710110 Contracted/Temp Svcs	117,473	16,631	100,842	14	53,610	46,574	7,035	87
710119 Subrecipient Payments								
710155 Lobbying Services	600	600		100				
710200 Service Contract	93,962	36,603	57,359	39	61,929	71,700	9,771-	116
710201 Laundry Services	650	1,029	379-	158		1,136	1,136-	
710205 Repairs and Maintenance	9,645	6,499	3,146	67	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	80,181	123,574	39	151,280	54,657	96,623	36
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						480	480-	
710319 Chemical Supplies	392,700	230,977	161,723	59	767,535	766,309	1,226	100
710323 Asphalt	16,000		16,000					
710325 Signs and Markers								
710334 Copy Machine Expense	24,141	10,311	13,830	43	26,066	10,794	15,273	41
710335 Copy Mach-Copies	7,751	4,161	3,590	54	4,044	3,982	62	98
710350 Office Supplies	58,646	29,854	28,792	51	36,698	18,902	17,796	52
710355 Books and Subscriptions	8,258	8,667	409-	105	8,145	6,966	1,179	86
710360 Postage	17,811	7,084	10,727	40	19,260	9,354	9,906	49
710361 Express and Courier	100		100		100	13	87	13
710391 Fuel & Lube	125		125		125		125	
710400 Pmts to O Agencies	743,421	142,063	601,358	19	140,650	131,758	8,892	94
710412 Do Not Use								
710500 Other Expense	117,579	41,465	76,114	35	31,606	3,096	28,510	10
710502 Printing	30,809	13,161	17,648	43	29,343	5,467	23,876	19
710503 Licenses & Permits	8,345	7,802	543	93	8,345	3,323	5,022	40
710504 Registration		750	750-			1,400	1,400-	
710505 Rental Equipment	200		200			1,812	1,812-	
710506 Dept Inseductible		600	600-			300	300-	
710507 Network and Data Lines	6,540	4,558	1,982	70	9,050	3,840	5,210	42
710508 Telephone Land Lines	36,542	21,148	15,394	58	35,611	20,551	15,060	58
710509 Seminars and Meetings	61,818	41,676	20,142	67	43,748	19,030	24,719	43
710512 Auto Expense	11,346	3,348	7,998	30	10,415	3,275	7,140	31
710514 Regulatory Assessments	20,000	18,395	1,605	92	20,000	9,923	10,077	50
710519 Cellular Phone	14,697	7,830	6,867	53	14,821	6,541	8,280	44

Period: 1 thru 7 2019 P&L Accounts  
 Accounts: GO-P-L  
 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%
710529 Dues	21,555	12,623	8,932	59	32,129	30,403	1,726	95
710535 Credit Card Fees	2,457	36,765	15,692	70	51,157	31,851	19,306	62
710546 Advertising	151,745	29,711	122,034	20	173,119	64,551	108,568	37
710551 Cash Discounts Lost		48	48-			6	6-	
710563 Recruitment						771	771-	
710571 Safety Expense	56,279	28,186	28,093	50	57,891	21,821	36,070	38
710577 Uniforms & Special C	2,700	1,653	1,047	61	4,200	3,834	366	91
710585 Undesignated Budget	543,923		543,923		794,954	794,954		
710594 Insurance Premium	5,815	5,605	210	96	5,815	5,815		
710600 IT Lease-Office Space	75,813	44,687	31,126	59	76,607	44,687	31,920	58
710620 IT Lease-Equipment								
710703 Biologicals	356,681	168,802	187,879	47	282,612	176,075	106,538	62
710714 Referral Services	6,780	5,424	1,356	80	6,780	2,712	4,068	40
710721 Outpatient	94,259	64,106	30,153	68	124,693	42,438	82,255	34
710872 Food Purchases	3,244	1,458	1,786	45	2,744	669	2,075	24
711008 Combined Utilities	71,118	41,486	29,633	58	90,800	52,967	37,833	58
711010 Utilities								
711100 ESD Asset Management	50,274	29,412	20,862	59	40,091	24,696	15,395	62
711113 Equip Srv Replace	60,891	27,240	33,651	45	55,159	28,358	26,800	51
711114 Equip Srv O & M	61,103	34,429	26,674	56	64,486	43,011	21,475	67
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	31,839	18,096	13,743	57	27,852	17,744	10,108	64
711119 Prop & Liab Billings	82,007	47,838	34,169	58	82,007	47,837	34,170	58
711210 Travel	179,039	49,120	129,919	27	172,135	45,846	126,289	27
711213 Travel-Non Cnty Pers	32,500	1,706	30,794	5		1,944	1,944-	
711300 Cash Over Short		0-	0			0-	0	
711399 ProCard in Process								
711400 Overhead - General Fund	1,218,080	710,546	507,534	58	1,520,621	887,029	633,592	58
711410 Overhead - Admin								
711504 Equipment nonCapital	146,989	85,934	61,054	58	83,270	65,004	18,266	78
711508 Computers nonCapital	220,130	76,958	143,172	35	20,000	1,944	18,056	10
711509 Comp Sftw nonCap	4,281	15,710	11,429-	367	2,631	4,770	2,139-	181
* Services and Supplies	6,201,074	2,388,788	3,812,286	39	5,797,533	2,966,562	2,830,972	51
781002 Build Imprv Capital	35,000		35,000					
781004 Equipment Capital	100,000		100,000		100,000		100,000	
781007 Vehicles Capital								
781009 Comp Sftw Capital	45,000	3,165	41,836	7	25,000	16,916	8,084	68
* Capital Outlay	180,000	3,165	176,836	2	125,000	16,916	108,084	14
** Expenses	25,056,611	12,725,827	12,330,784	51	23,716,926	12,992,123	10,724,804	55
485192 Surplus Equipment Sales		8-	8					
* Other Fin. Sources		8-	8					
621001 Transfer From General	9,516,856-	5,551,499-	3,965,357-	58	10,051,691-	6,086,334-	3,965,357-	61

Period: 1 thru 7 2019 P&L Accounts Fund: 202 Health Fund  
 Accounts: GO-P-L Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
* Transfers In	9,516,856-	5,551,499-	3,965,357-	58	10,051,691-	6,086,334-	3,965,357-	61
812230 To Reg Permits-230	73,123	51,215	21,908	70	100,271		100,271	
81430 To Reg Permits, Capit								
* Transfers Out	73,123	51,215	21,908	70	100,271	6,086,334-	100,271	61
** Other Financing Src/Use	9,443,733-	5,500,293-	3,943,440-	58	9,951,420-		3,865,085-	
*** Total	1,733,291	349,245-	2,082,537	20-	782,463	203,540-	986,003	26-



DD	RT	
DHO		AD

**Staff Report**  
**Board Meeting Date: February 28, 2019**

**TO:** District Board of Health  
**FROM:** Sean Applegate, IHCC Chair  
Margo Baxter, IHCC Vice Chair  
Tammy Oliver, IHCC Member-at-Large  
**SUBJECT:** Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments

In preparation for our annual review of achievements, the IHCC 2018 meeting minutes were reviewed and a list of IHCC's major accomplishments was compiled. It is very important that we take the time to recognize the strides the group has made and the impact it has on the community. The IHCC achieved and/or began working on all of the annual goals and trainings established for 2018. The goals for this year were quite ambitious and required multi-month and multi-agency coordination.

**District Health Strategic Priority supported by this item:**

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

**I. REAL WORLD RESPONSES**

**Measles 2018:** On the morning of April 2, 2018, an Infection Preventionist at a local hospital notified Washoe County Health District's Communicable Disease (WCHD CD) program of a suspected case of measles. The case had been seen at a local urgent care on 3/31 and presented with symptoms compatible with measles. The case also reported exposure to a confirmed case of measles. At the time of the urgent care visit on 3/31, the case was told to report to the Emergency Department; however, the case did not go, and the urgent care did not report the case of suspected measles to WCHD. This case led to an outbreak investigation and collaboration with the healthcare community. IHCC and WCHD worked together on messaging and isolation and quarantine measures.

**II. ACCOMPLISHMENTS**

**IHCC Hazard Vulnerability Assessment:** The IHCC completed a hazard vulnerability assessment for all healthcare members. The data was compiled and weighted to identify the top ten hazards/risks to healthcare. The top ten are listed below:

- |                           |  |
|---------------------------|--|
| 1. Earthquake -35%        | 7. Internal Flood – 24%                  |
| 2. External Flood -28%    | 8. Communication/Telephone Failure - 23% |
| 3. Inclement Weather -28% | 9. Seasonal Influenza – 22%              |
| 4. Internal Fire – 26%    | 10. Unplanned Power Outage -21%          |
| 5. Wildland Fire – 26%    |  |
| 6. IT System Outage – 25% |  |

**IHCC Resource and Gap Analysis:** The purpose of the resource and gap analysis is to assist the coalition in developing a common understanding of its resources and gaps, and assisting in prioritizing activities to mitigate gaps. The top planning gaps, as identified through the coalition's resource and gap analysis are as follows:

**EMS/Fire:**

1. Active Shooter/Armed Assailant/Active Threat Response
2. Infectious Disease Plan
3. Specialty Mass Casualty Plan

**Hospital:**

1. Surgical/Burn MCI Plan
2. COOP, Recovery/Business Continuity Plan
3. Pediatric MCI Plan

**Public Health:**

1. Alternate Care Site Plan
2. Shelter Support Plan (medical services)
3. Public Health Legal/Regulatory Plan
4. Family Assistance Center Plan

**Ambulatory Surgery Center:**

1. Emergency Operations Plan/COOP
2. Care Staff and Resources Sharing Plan

**Clinic:**

1. Emergency Operations Plan
2. Staff and Resources Sharing Plan
3. Crisis Standards of Care

**Home Health/Hospice:**

1. Patient Tracking
2. Redundant Communications
3. Staff and Resources Sharing Plan
4. POD Plan

**Skilled Nursing:**

1. COOP, Recovery/Business Continuity Plan
2. Evacuation (exercising)
3. Infectious Disease Plan

**Memory Care/Assisted Living:**

1. COOP, Recovery/Business Continuity Plan
2. Infectious Disease Plan

**New preparedness activities:**

1. Alternate Care Site exercise
2. Burn Education

**Reoccurring preparedness activities:**

1. MAEA training/revisions
2. MCIP training/revisions
3. Coalition HVA/gap analysis
4. Coalition plans/guides updates
5. No notice/low notice medical surge exercise
6. IHCC Partner Evaluation Survey

**Washoe County Health District Suggested Guidelines for Visitation During Communicable Disease Scenarios:** IHCC in partnership with Infectious Disease Committee, developed suggested guidelines for visitation during communicable disease scenarios. The purpose is to assist healthcare providers in preventing the transmission of the disease among individuals, as well as protecting staff and others from healthcare-associated infections. The intention is for all Washoe County facilities to follow the same visitation guidelines under specific circumstances, as outlined within the guidance.

Emergency credentialing has been a priority for the Coalition and an exercise was conducted during 2018 to test the processing of surgery center staff into hospitals. With the successful completion of the processes, staffing during a long term emergency will be more streamlined and sustainable.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS**

1001 East Ninth Street, Building B, Reno, Nevada 89512

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**Healthcare Operating Status Form:** The form is designed to collect essential elements of information from healthcare partners during an emergency to identify potential resource needs. It is initiated by the Medical Services Unit and can be submitted via WebEOC, email or fax.

### **III. EXERCISES**

**No-Notice Coalition Surge:** On March 6, IHCC participated in a no-notice coalition surge exercise. This exercise was a combination of a tabletop, functional and full-scale exercise, and was split into two phases. Through the activation of the Mutual Aid Evacuation Annex, 324 fictitious patients were evacuated from Renown Regional Medical Center and received by nine hospitals, seven skilled nursing, and one memory care facility. REMSA provided the transportation coordination and support. This exercise met two federal grant requirements, the annual coalition surge exercise and the annual hospital surge exercise.

**No-Notice CMS Data Collection Exercise:** On June 6, IHCC participated in a No-Notice CMS Data Collection exercise. Fifteen of nineteen dialysis, home health and hospice agencies participated in the exercise, demonstrating an increased preparedness level among these healthcare providers in Washoe County. The data is essential during a disaster when shelters are preparing to serve those with medical or access and functional needs.

**Isolation and Quarantine:** On June 26, IHCC participated in an isolation and quarantine tabletop exercise to test the WCHD Isolation and Quarantine Bench Book and Plan. The exercise brought together 37 individuals from 19 agencies.

**Emergency Credentialing:** On July 25, IHCC participated in an Emergency Credentialing Exercise. The purpose of the exercise was to identify how ambulatory surgical centers (ACS) and hospitals can share staff during an emergency. Four ASCs, three hospitals, WCHD and IHCC participated in the exercise.

**IHCC Redundant Communications:** On August 1, IHCC participated in a redundant communications exercise. The purpose of the exercise was to test the ability to respond to a request to complete the Healthcare Operating Status Form via WebEOC and fax. Seven IHCC core members and eighteen additional members participated in the exercise.

**Below is a list of additional exercises the IHCC participated in.**

**MCI TTX**– January 22, 24, 26

**NV AFN Support Team TTX** – March 13

**IHCC Communications Drill** – April 2

**Life Care of Reno Evacuation TTX** – May 31

**IHCC Communications Drill** – June 4

**Air Race Exercise** – June 14

**Radiological Tabletop Exercise** – June 18-19

**Black Rain (Community Reception Center)** – June 21

**Advanced Health Care of Reno Evocation TTX** – June 26

**Great Reno Balloon Rave Emergency TTX** – July 29

**IHCC POD Notification** – September 18

**Dam Exercise** – September 26

**Shake Out** – October 18

Subject: Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments

Date: February 28, 2019

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**CCTA TTX** – November 29

**Regional Alpha Plan TTX** – November 2

**800 MHz Radio Test** – December 3

**Walker Lane Shake Out** – December 6

**TEEX Pediatrics TTX** – December 13

#### **IV. TRAININGS**

**Weekly Hospital Net**: The IHCC continues to participate in the weekly Hospital Net, an amateur radio communications test among 13 hospitals in Northern Nevada and Eastern California. The purpose of the net is to improve redundant communications during a disaster:

**Below is a list of additional trainings the IHCC participated in.**

**Hospital Incident Command Training** – January 17

**LEPC Meeting** – February 15

**CMS Data Collection** – March 27

**ICS 300** – March 6-7

**EOP and COOP Workshop April 4 and 10**

**LEPC Meeting** – April 19

**Ham Cram** - May 19

**ICS 400** – April 21-25

**Hospital Decontamination Training** – 21-25

**Life Care of Reno Evacuation** – May 31

**Regional Safety and Emergency Preparedness Expo** – June 21

**Advanced Health Care of Reno Evocation** – June 26

**MAEA Workshop** – August 30

**LEPC Meeting** – August 2

**LEPC** – October 18

**TEPW** – October 30

**FireShows West** – November 5-8

**TEEX Pediatrics Training** – December 12-13

**LEPC** – December 20

#### **V. GRANT ACTIVITIES**

Washoe County Health District serves as the fiduciary agent for IHCC. Through the Assistant Secretary for Preparedness and Response (ASPR) grant, the Washoe County Health District is able to provide two staff (Public Health Emergency Response Coordinator and Office Support Specialist) to assist on several projects and provide technical assistance to the IHCC partners. Planning projects included IHCC Response Guide, multiple community-based exercises, Hospital Incident Command Center training, IHCC Resource and Gap Analysis and redundant communications. ASPR Base Subgrant: July 1, 2018 – June 30, 2019.

IHCC secured LEPC funds through a partnership with REMSA to provide decontamination training in May 2018 to regional hospitals and EMS/Fire.

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# Inter-Hospital Coordinating Council

February 28, 2019

Washoe County District Board of  
Health

“The meeting you want to go to, not the one you have to go to.”



# 2018 Accomplishments

## EMS/Fire:

- EMS Active Shooter/Armed Assailant/Active Threat Response
- EMS Exercise Plan
- EMS Specialty Mass Casualty Plan

## Hospital:

- Hospital Surgical/Burn MCI Plan
- Hospital COOP, Recovery/Business Continuity Plan
- Hospital Pediatric MCI Plan

## Long-term Care (LTC):

- LTC Infectious Disease Plan
- Evacuation Plan (alternate care site)
- LTC Exercise Plan

## Public Health:

- Alternate Care Site Plan
- Public Health Shelter Support Plan (medical services)
- Public Health Legal/Regulatory Plan

## Outpatient:

- Outpatient Care Emergency Operations Plan
- Outpatient Care Staff and Resources Sharing Plan/ Care Surge Capacity Plan

## Trainings:

- HICS
- Hospital Decontamination
- Stop the Bleed

## Exercises:

- No-Notice Surge
- Redundant Communications
- Emergency Credentialing
- Isolation and Quarantine
- Community Reception Center
- West Region Medical Surge

## Plans/Documents:

- MAEA/MCIP revisions
- Preparedness Planning Guidelines
- Response Guide
- Alternate Care Site Plan
- Visitation Guidelines







# Inter-Hospital Coordinating Council 2019 Logic Model

## Inputs

- HVAs
- Resource and Gap Analysis
- 2017-2022 Health Care Preparedness and Response Capabilities
- AAR/IPs
- Hospitals
- Ambulatory Surgery Centers
- Home health/Hospice
- FQHCs
- Clinics
- Skilled Nursing/Long-term Care
- Behavioral Health
- Academia
- EMS/Fire
- Emergency Management
- Public Health
- DME Vendors

## Activities

- Collaboration
- Open Communication
- Plan development
- Education
- Subcommittees:
  - Finance
  - Supply Chain
- Training
  - HICS
  - MCIP/MAEA
  - WebEOC
- Exercises
  - Redundant Communications
  - No-notice
  - CMS Data

## Short-Term Goals

### EMS/Fire:

1. Active Shooter/Armed Assailant/Active Threat Response
2. Infectious Disease Plan
3. Specialty Mass Casualty Plan

### Public Health:

1. Alternate Care Site Plan
2. Shelter Support Plan (medical services)
3. Public Health Legal/Regulatory Plan
4. Family Assistance Center Plan

### Ambulatory Surgery Center:

1. Emergency Operations Plan/COOP
2. Care Staff and Resources Sharing Plan

### Clinic:

1. Emergency Operations Plan
2. Staff and Resources Sharing Plan
3. Crisis Standards of Care
4. Legal/Regulatory Plan
5. Family Assistance Center Plan

### Home Health/Hospice:

1. Patient Tracking
2. Redundant Communications
3. Staff and Resources Sharing Plan
4. POD Plan
5. Legal/Regulatory Plan

### Hospital:

1. Surgical/Burn MCI Plan
2. COOP, Recovery/Business Continuity Plan
3. Pediatric MCI Plan

### Skilled Nursing:

1. COOP, Recovery/Business Continuity Plan
2. Evacuation (exercising)
3. Infectious Disease Plan
4. Sharing Plan
5. POD Plan

### Memory Care/Assisted Living:

1. COOP, Recovery/Business Continuity Plan
2. Infectious Disease Plan
3. Sharing Plan
4. POD Plan
5. Legal/Regulatory Plan

### New activities:

1. Alternate Care Site Exercise
2. Burn Education

### Reoccurring Activities:

1. Alternate Care Site Exercise
2. Burn Education

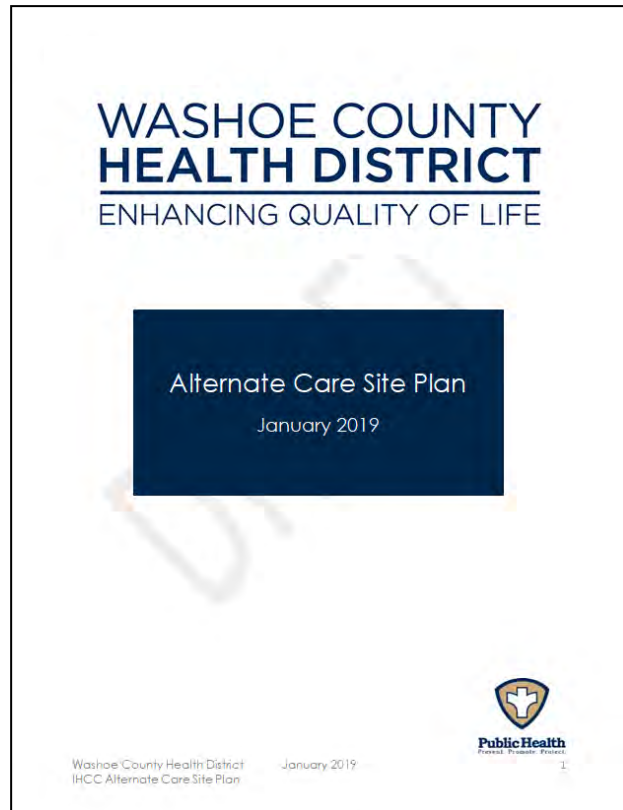
## Long-Term Goals

1. Build the foundation for healthcare and medical readiness.
2. Plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.
3. Provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled healthcare infrastructure.
4. Through collaborations and partnerships, deliver timely and efficient care to patients, even when the demand for healthcare services exceeds available supply.

## No-Notice Surge Exercise



# Alternate Care Site Exercise



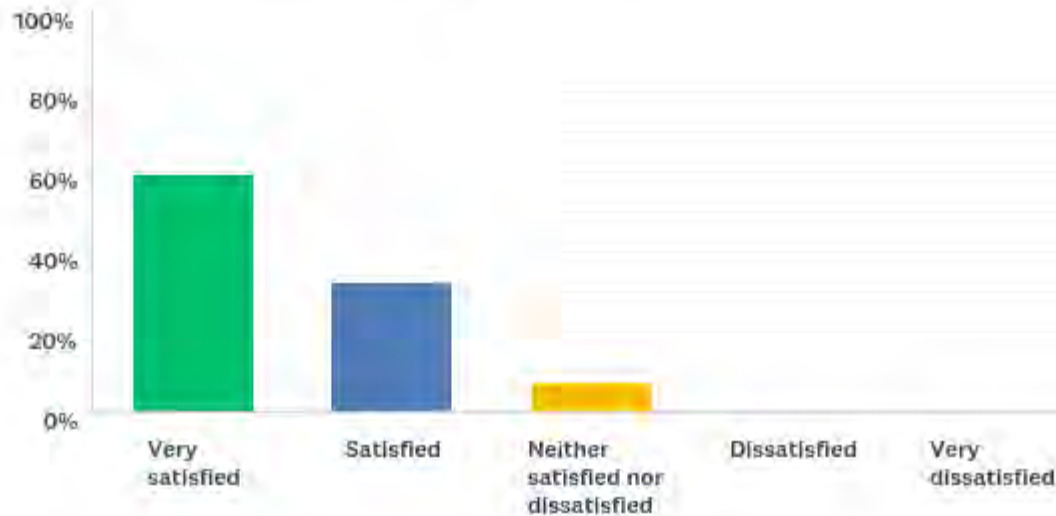
- April 25
  - ACS Evaluation Committee convenes
  - JIC is established
- April 26, 29, 30
  - Setup of Disaster Medical Facilities
  - Locations:
    - Northern Nevada Medical Center
    - Renown Regional Medical Center
    - Saint Mary's Regional Medical Center
- May 2
  - Exercise 8:00am-2:00pm
- May 3, 6, 7
  - Demobilization

# IHCC Partner Evaluation Survey

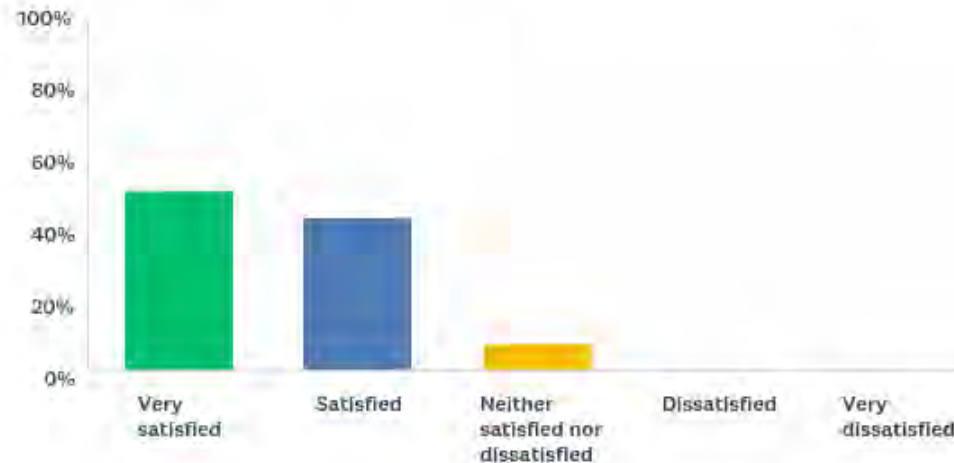
- 60 responses
- 62% non-voting members
- 65% healthcare facilities
  - Hospital, EMS/Fire, skilled nursing, assisted living, home health/hospice, dialysis, ambulatory surgery center, FQHC, & clinic



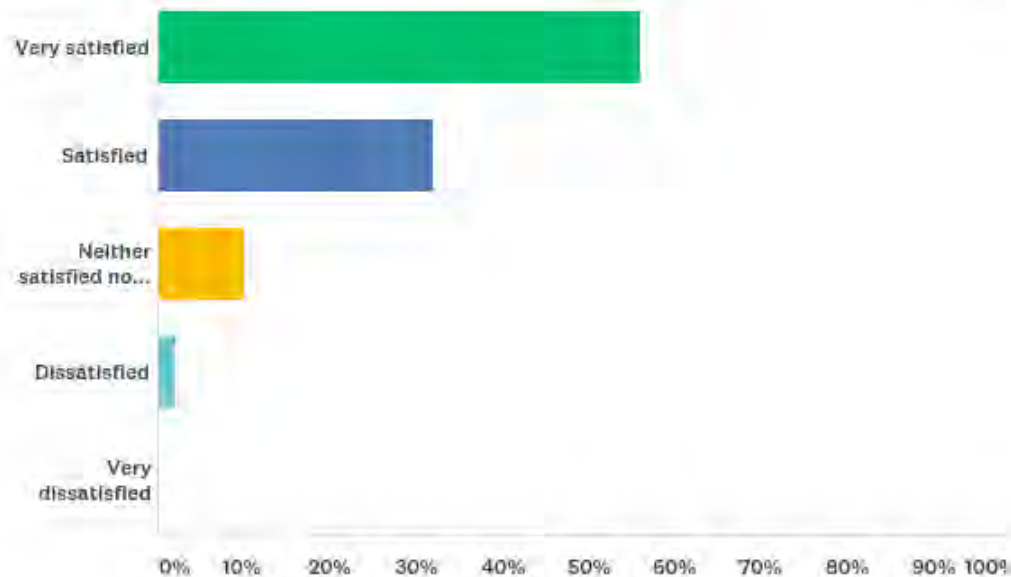
## Q6 How satisfied are you with your overall interaction with the IHCC?



Q10 How satisfied are you with trainings promoted or provided by the IHCC? (Examples of trainings in the past year: HICS, EOP, Decontamination, WebEOC, MAEA)



Q12 How satisfied are you with the exercises facilitated by the IHCC? (Examples of exercises in the past year: No-Notice, Alpha TTX, CMS Data Collection, Emergency Credentialing, Redundant Communications)





## Partner Feedback

“IHCC made all the difference for a small hospital and Joint Commission and CMS compliance. Could not have done it without you!”

“IHCC provides the opportunity to meet with all healthcare stakeholders in a structured, collaborative, open, and consistent way that would otherwise not be possible.”

“Having a healthcare coalition in our community is a hidden gem that does more than anyone realizes.”

“IHCC has been an open door for maintaining and expanding partnerships and understanding of the need for effective communication and interaction.”

“The IHCC is a vital response and preparedness group in our medical community. Please continue to search for partners that can diversify our cooperating group. Our strength is in our ability to help one another.”



Thank you



# The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



Erin Dixon, MS  
Public Health Supervisor  
February 28, 2019



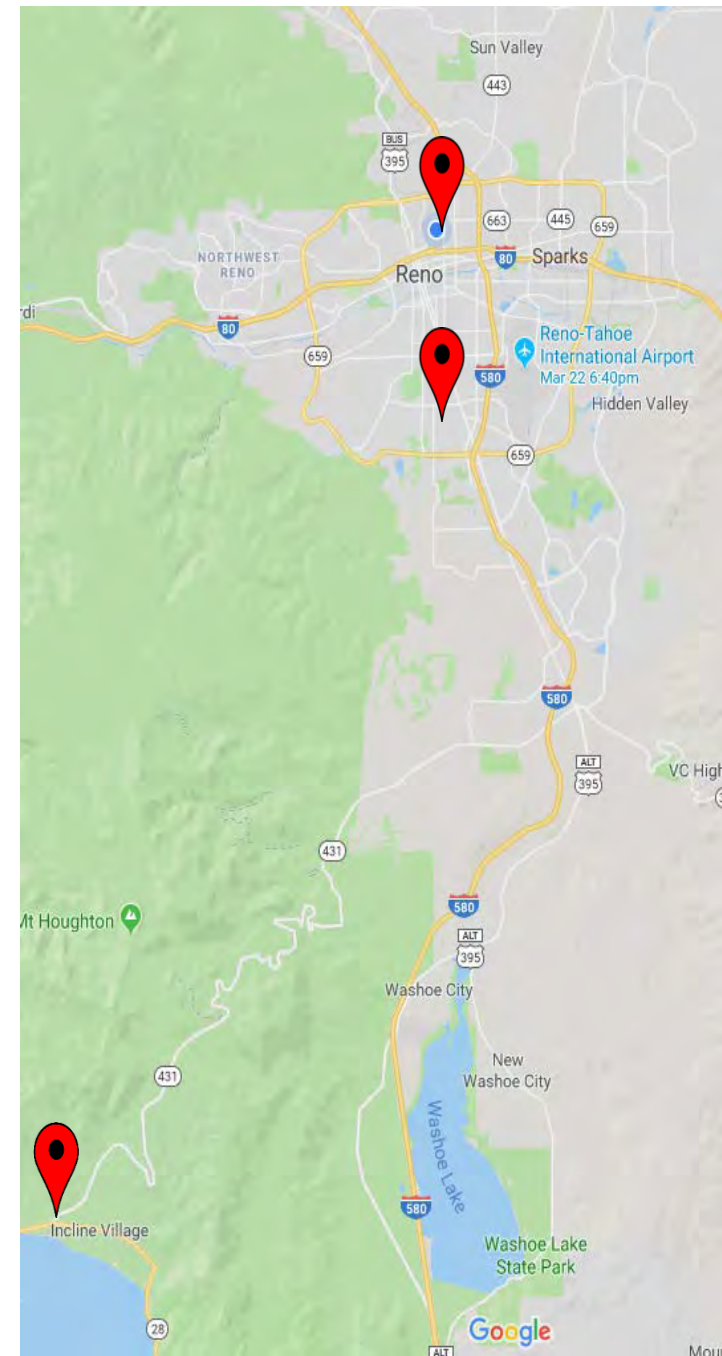
# Our Team

212 years  
of WIC  
experience!



# Locations

- 9<sup>th</sup> Street
- Moana Lane
- Incline Village



# Public Health Prevention

- 1972 – Pilot program
- Well researched
- \$1 spent in WIC saves \$3 in Medicaid



# WIC Health Benefits

- Decreased rate of premature deliveries
- Reduced low birth-weight
- Reduced anemia rates
- Increase access to regular health care
- Increased immunization rates





4,476 Nevada  
women, infants,  
and children were  
served by WCHD  
WIC in 2018





# Four Main Services



Nutrition-Focused  
Counseling



Healthy Foods



Breastfeeding  
Support



Community  
Referrals



# WIC Eligibility

- ✓ Live in Nevada
- ✓ Fit into one of the following categories
  - ✓ Pregnant
  - ✓ Postpartum or breastfeeding women
  - ✓ Infant or child under 5 years
- ✓ Have a household income less than or equal to the income guidelines
- ✓ Automatically eligible if on Medicaid, SNAP, or TANF



# 2019 Income Guidelines

Number of People In Household	Gross Household Income		
	Weekly	Monthly	Annual
1	\$432	\$1,872	\$22,459
2	\$586	\$2,538	\$30,451
3	\$740	\$3,204	\$38,443
4	\$893	\$3,870	\$46,435
5	\$1,047	\$4,536	\$54,427
6	\$1,201	\$5,202	\$62,419



# What happens at WIC



- Measure for height and weight
- Assess iron levels
- Complete a health assessment



# WIC Staff

- Offer personalized nutrition consultation
- Provide breastfeeding support and encouragement
- Connect participants to care beyond WIC
- Set participants up with a card to buy WIC foods



# Onsite Assistance

- Licensed Dietitians
- Specialty formulas
- Onsite IBCLC (Lactation Consultant)
- Tobacco Free Baby & Me
- Wi-Fi and/or computer for online education



# WIC Foods

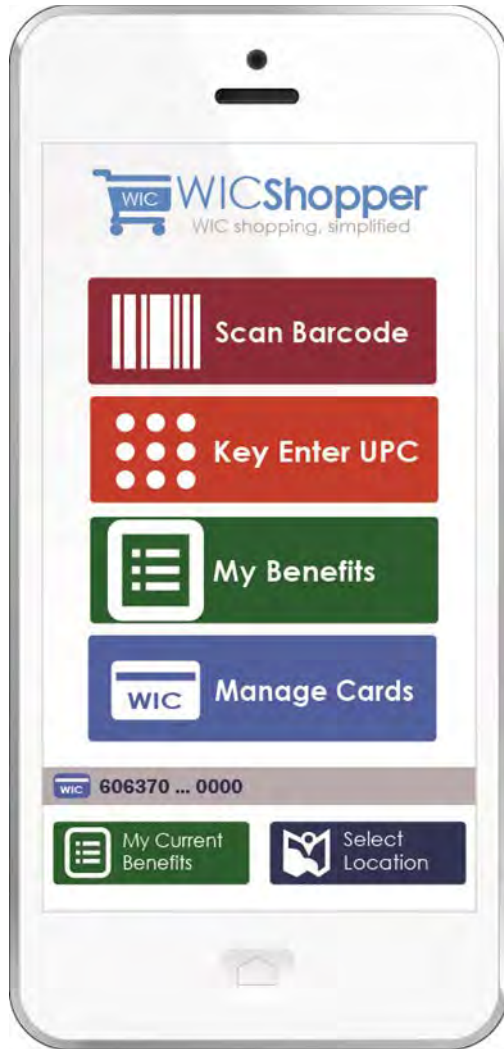
**WIC OFFERS A HEALTHY FOOD PACKAGE\***

 <p><b>BEANS</b></p>	 <p><b>WHOLE GRAINS</b></p>	 <p><b>FRUITS &amp; VEGETABLES</b></p>	 <p><b>100% FRUIT JUICE</b></p>
 <p><b>CHEESE</b></p>	 <p><b>CEREAL</b></p>	 <p><b>EGGS</b></p>	 <p><b>INFANT FORMULA</b></p>
 <p><b>CANNED FISH</b></p>	 <p><b>PEANUT BUTTER</b></p>	 <p><b>MILK</b></p>	 <p><b>INFANT CEREAL &amp; BABY FOOD</b></p>

\*Check your state for specific guidelines.







# WIC Food Shopping

- Food packages in quantity, not price
- WIC Shopper App simplifies shopping



# Additional Technology

- NV WISH
- Online information and education
- Pacify
- Text messaging is coming this Summer



# Farmers Market Nutrition Program

- Began in 2017 in Nevada
- Healthy recipes and \$30 coupon to buy produce
- 6 recurring Farmers Markets in Washoe County participated
- Season ran from June-Sept



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DD	<u>RT</u>
DHO	<u>  </u> 

**Staff Report**  
**Board Meeting Date: February 28, 2019**

**TO:** District Board of Health  
**FROM:** Christina Conti, Preparedness & EMS Oversight Program Manager  
775-326-6042, [cconti@washoecounty.us](mailto:cconti@washoecounty.us)  
**SUBJECT:** Regional Emergency Medical Services Advisory Board February Meeting Summary

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**District Health Strategic Priorities supported by this item:**

- 1. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 2. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**BACKGROUND**

The Regional EMS Advisory Board (Board) held its quarterly meeting on February 7, 2019. Below is a summary of items discussed.

**Updates to the EMSAB:**

The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included highlighting the following projects:

- The EMS Program Manager is attending the Nevada Resiliency Commission monthly meetings to remain informed on the creation of the State Disaster Identification Coordination Committee (SB66), which could provide response services such as patient tracking, family reunification and family notification during mass casualty incidents.
- The EMS Oversight Program has been requested to participate in several Opioid related meetings. To date the EMS Oversight Program is aware of three different initiatives focused on Opioids. Current legislation, AB38, is being tracked and local EMS is prepared to participate in the reporting process if the bill passes, with WCHD as the Level 2 user.

**CAD-to-CAD Interface Update:**

The City of Reno and REMSA have provided updated specs for the design of the program. Tiburon, aka Central Square, are developing a new project timeline based on the new specs, which include what events and data will trigger a CAD-2-CAD call as well as jurisdictional boundaries. Tiburon PM will reach out by Feb 1 with updates from Tiburon engineering. Any additional updates will be provided at the meeting.

**Data Reports:**

The Board reviewed two reports this quarter, one relating to the impact to the region due to traffic affiliated with the Burning Man event, the second was the FY 18 annual report. The annual report Board discussion identified that the report's utility is of concern since it is incomplete due to Reno Fire Department not submitting data to the EMS Oversight Program since January 2018. The Board provided direction to staff to hold off on publishing the report until the data are received and the report can be completed. Additionally, the Board requested that a memo be provided to the District Board of Health outlining the discussion. (Attached)

**Five-Year Strategic Plan:** The Board was updated on the EMS Strategic Plan. The first update was on the existing objectives and the second related to the revision process. There are no new objectives for year three (2019), just a continuation of the existing initiatives. The Board received draft objectives for review and input, developed by the committee working on the revision. (Attached) Listed below are the highlighted items:

- Implement appropriate protocols to determine service levels through EMS process to low acuity Priority 3 calls. (Objective 1.2) This has been completed.
- Develop a regional set of protocols for the delivery of prehospital patient care. (Objective 5.1) A revised set of regional protocols has been approved and implemented on January 9, 2019. This is the third revision of the protocols since the project began.
- Pilot the annual report with hospital outcome data with one regional hospital. (Objective 4.2, Strategy 4.2.2) This objective has been edited by the ED Consortium and updated timeline is included in the current revision draft of the strategic plan.

**Board Updates:**

- Mr. Kevin Dick provided the Board with information on the "Know the Difference" media campaign. The EMS Oversight Program is funding another public awareness campaign to continue to spread the message of awareness of alternatives to 911.
- Manager Steve Driscoll announced his upcoming retirement and this would be his last meeting on the EMS Advisory Board.

## **MEMORANDUM**

**To:** District Board of Health

**From:** Kevin Dick, District Health Officer

**Date:** February 15, 2019

**Re:** EMS Oversight Program Annual Report FY18

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There is an obligation under the Inter Local Agreement for EMS Oversight (ILA) that the EMS Advisory Board provide information and updates to the District Board of Health (DBOH). During the February 7, 2019 EMS Advisory Board (Board) meeting, there was significant discussion related to the lack of data received by a jurisdiction, which has caused an inability to complete several data-driven projects. The Board moved to have a memo presented to the DBOH on the subject, explaining the data situation, any issues related and what is being done about it.

### **Summary:**

As outlined within the ILA, the EMS Oversight Program has a duty to provide a written annual report on the State of Emergency Medical Services covering the preceding fiscal year, containing measured performance in each agency and the compliance with the identified performance measures. At the Board meeting, the EMS Oversight Program provided a draft annual report for Fiscal Year 2018 (FY18). The report was not complete because Reno Fire Department has not submitted data to the EMS Oversight Program since January 2018. The Board had a robust discussion on whether the FY18 annual report should be published, specifically whether a report without regional data tables would be of value to the DBOH and local jurisdiction leaders. The Board moved to not publish the annual report until the data was received.

Prior to the February Board meeting, the Board had discussion regarding the data concerns at both April and October 2018 meetings. During the mid-year data report presentation in April, it was noted that there was data missing from a jurisdiction. A Board member implored all agencies to provide performance data, as that is the intent of the EMS Advisory Board.

At the October meeting, City of Reno City Manager provided a memorandum for the record on the resolution of submitting data to the EMS Oversight Program. The memorandum, dated September 26, 2018, outlined the situation the Reno Fire

Department faced beginning in January 2018 with the fire data reporting system. During the meeting, it was stated they were within 60 days of having the reports finalized and would provide all of the back data.

On January 11, 2019 the City of Reno provided a month of sample data, which through quality assurance had challenges that would not allow for data analysis in the existing format. Feedback was immediately provided to Reno Fire Department so the contractor could address the items of concern. As of the February 7<sup>th</sup> meeting, the EMS Oversight Program still had not received a revised set of data or an additional sample set of data to review.

During the Board meeting, an in-depth discussion was had relating to the data submission and how more than 60 days had transpired, as was indicated in the memorandum provided. Through discussion, the Board requested the City of Reno provide a memo to the Board Chair by February 21<sup>st</sup> on the status of the suggested idea of possibly submitting CAD data in the interim and the issues with the system that should be providing the data, the identified solutions and timeframes associated.

### **Impact on EMS Projects**

The ILA outlines the intentions of the region to make data driven decisions and requires of the signatories to provide information, records and data on EMS dispatch and response for review, study and evaluation. The Reno Fire Department calls account for more than 50% of the EMS calls within the County. Without the submission of data, the annual report will not be published and several regional projects cannot be evaluated or updated.

If the issues are addressed by the contractor and data is provided to the EMS Oversight Program, the expectation of the Board and DBOH would be receipt of a completed annual report within 5-7 weeks.

The EMS Strategic Plan contains several initiatives that request data analysis to inform discussion for decisions to improve the EMS system. Several projects have been implemented over the last two years and without data the EMS Oversight Program is unable to evaluate the effectiveness of these changes. Some examples of projects that cannot be appropriately measured include:

- Regional Heat Map
- Service changes to Low Acuity Priority 3 calls (Omega, alpha and Card 33 responses)
- County-wide system performance

Once the data has been verified and processed, the regional project reports would be run, which could be provided to the Board at the May 2019 meeting.



## **Conclusion**

On behalf of the EMS Advisory Board, I am highlighting the significant concerns of the Board. Without the Reno Fire Department data, the EMS Oversight Program cannot conduct an assessment of progress and improvement of the EMS system, a topic that is of interest to jurisdictional leadership, elected officials and the general public and is important for the protection of Public Health.

## Goal #1

Enhance utilization of EMS resources by matching calls for service with appropriate resources through alternative protocols and transportation options by November 4, 2021.

**Objective 1.1.** Develop appropriate protocols to determine service level for low acuity EMS calls that receive an alternative response by July 1, 2019.

**Strategy 1.1.1.** Develop regional Standard Operating Procedures to address responses to low acuity calls by January 1, 2019.

**Strategy 1.1.2.** Determine data elements required for process verification by January 30, 2019.

**Strategy 1.1.3.** Presentation to the EMS Advisory Board about service levels for low acuity calls by February 7, 2019.

**Strategy 1.1.4.** Analyze, interpret and report data elements to EMS Advisory Board and partner agencies biannually beginning July 1, 2019.

**Objective 1.2.** Develop standardized procedures for eligible patients to receive funded alternative transportation to obtain medical care at an alternative destination by November 4, 2021.

**Strategy 1.2.1.** Continue research on alternative transportation options utilized across the United States by October 31, 2020.

**Strategy 1.2.2.** If applicable, develop processes to select eligible patients to receive funded alternative transport to facilities that accept patients who meet alternative destination criteria (e.g. urgent care, physician's office criteria) by August 31, 2021.

**Strategy 1.2.3.** If applicable, obtain approval by the EMS Advisory Board of standardized procedures for patients to receive funded alternative transportation to obtain medical care by November 4, 2021.

## Goal #2

Improve pre-hospital EMS performance through use of technology, collaborative training and monitoring national trends by February 1, 2023.

<p><b>Objective 2.1.</b> Implement regional usage of Automatic Vehicle Locator (AVL) technology to dispatch closest available unit by December 31, 2022.</p>	<p><b>Strategy 2.1.1.</b> Verify and revise the regional assessment to update existing AVL capabilities, equipment and recognize other potential factors for dispatching the closest EMS responder by June 30, 2020.</p> <p><b>Strategy 2.1.2.</b> Approval to utilize AVL to dispatch the closest available unit to EMS calls by individual Councils/Boards and EMS Advisory Board by December 31, 2021.</p> <p><b>Strategy 2.1.3.</b> Develop regional dispatching process that will utilize AVL technology to dispatch the closest unit to EMS calls for service by June 30, 2022.</p> <p><b>Strategy 2.1.4.</b> Provide a report to EMS Advisory Board on implementation of AVL dispatching by February 2023.</p>
<p><b>Objective 2.2.</b> Increase depth of resources able to respond to EMS calls for service in Washoe County by December 31<sup>st</sup> annually.</p>	<p><b>Strategy 2.2.1.</b> Identification of operational opportunities by Washoe County EMS agencies through a review of mutual aid agreements (MAA) and/or memorandum of understanding (MOU) that include EMS services for Washoe County annually.</p> <p><b>Strategy 2.2.2.</b> Deliver EMS Oversight Program with MAAs/MOUs with partner agencies as necessary by December 31, annually.</p> <p><b>Strategy 2.2.3.</b> Provide an annual update to EMS Advisory Board on all MAA/MOU process changes, additional agreements and any recommendations by February 28 annually.</p>
<p><b>Objective 2.3.</b> Monitor national trends and plan for response, specifically active assailant, by December 31, 2019.</p>	<p><b>Strategy 2.3.1.</b> Identify regional workgroup and integrate to monitor and identify current national trends relating to active assailant response by February 28, 2019.</p> <p><b>Strategy 2.3.2.</b> Conduct assessment of regional response equipment (protective, medical and supportive) maintained by EMS and law enforcement agencies by March 31, 2019.</p> <p><b>Strategy 2.3.3.</b> Participate in regional response plan reviews and updates, as requested biennially, or after a national or international incident, beginning April 2019.</p>

### Goal #3

Improve communications between EMS partners through advances in communication technologies by June 30, 2023.

**Objective 3.1.** Enhance radio communication systems within Washoe County by June 30, 2023.

**Strategy 3.1.1.** After JOC determination, obtain clarification from District Board of Health regarding Amended and Restated Franchise section 5.1 by December 2020.

**Strategy 3.1.2.** REMSA will maintain interoperability between UHF and 800 MHz through a gateway connection between REMSA and Washoe County Regional Communication System through WCRCS P25 upgrade system roll out.

**Strategy 3.1.3.** Develop a comprehensive migration interoperability plan for WCRCS that outlines the enhancement of the radio communication system to include completion of upgrades, maintenance of REMSA gateway connection and identified equipment needs by December 31, 2019.

**Strategy 3.1.4.** REMSA and regional public safety partners will develop a plan to upgrade their systems, coordinating with contractor and WCRCS, by June 30, 2020.

**Strategy 3.1.5.** Agencies will purchase all necessary equipment and complete upgrade by June 30, 2023.

**Objective 3.2.** Establish a CAD-to-CAD (computer aided dispatch) interface between the three PSAPs and REMSA dispatch center by December 2022.

**Strategy 3.2.1.** Provide updates to EMS Advisory Board quarterly, beginning April 7, 2016.

**Strategy 3.2.2.** As technology allows, City of Reno to implement configuration process regarding data exchange by December 2019.

**Strategy 3.2.3.** Dispatch centers begin work on policies, processes, procedures and training on CAD-to-CAD by October 2020.

**Strategy 3.2.4.** The additional PSAPs will implement CAD-to-CAD by December 2022.

## Goal #4

Design an enhanced EMS response system through improved continuity of care by January 31, 2021.

**Objective 4.1.** Establish a regional process that continuously examines performance of the EMS system by August 2020.

**Strategy 4.1.1.** Create a regional team, including PMAC representation, which would work to improve the system through examination of system performance by June 30, 2019.

**Strategy 4.1.2.** The regional team will determine goals and identify performance measures, utilizing individual agency metrics, to be used for the regional continuous quality improvement program by November 30, 2019.

**Strategy 4.1.3.** Acceptance by the EMS Advisory Board of the performance initiatives to be used during the review process by February 2020.

**Strategy 4.1.4.** Present information from the quarterly meeting to the appropriate entity, beginning August 2020.

**Objective 4.2.** Produce an annual report on EMS system performance that includes hospital outcome data by January 31, 2021.

**Strategy 4.2.1.** Collaborate with hospital partners on data available for submission to the EMS Oversight Program for cardiac, stroke and STEMI patients by February 7, 2020.

**Strategy 4.2.2.** Pilot the annual report with hospital outcome data with one regional hospital by April 2020.

**Strategy 4.2.3.** Draft for distribution an annual report with relevant regional hospital partner data included by June 30, 2020.

**Strategy 4.2.4.** Review annual report with ePCR implementation and determine enhancements available for hospital outcome data by October 31, 2020.

**Strategy 4.2.5.** Draft for distribution of an annual report with enhanced data included by January 31, 2021.

## Goal # 5

Identify recurrent callers through partnership with community programs by November 2021.

**Objective 5.1.** Develop a process to identify and report the recurrent callers in the community by December 31, 2019.

**Strategy 5.1.1.** Research, understand and work within the confines of HIPAA limitations for data sharing amongst first-responder and healthcare agencies by July 31, 2019.

**Strategy 5.1.2.** Identify the community partner to report recurrent caller information for follow-up by July 31, 2019.

**Strategy 5.1.3.** Develop the process and/or variables for defining and identifying recurrent callers that are misusing the system by December 31, 2019.

**Objective 5.2.** Participate in community workgroup to provide recurrent callers with other resources, reducing the impact to the EMS system by November 30, 2021.

**Strategy 5.2.1.** Obtain information regarding social, health and other community services that are available for recurrent callers by March 31, 2019.

**Strategy 5.2.2.** Contribute to Countywide committee/workgroup to review possible recurrent callers that could be eligible for resources/options other than 911 by December 31, 2020.

**Strategy 5.2.3.** Determine data elements required for committee/workgroup program verification by June 30, 2021.

**Strategy 5.2.4.** Analyze impact annually and report to the EMS Advisory Board and regional partners, beginning November 2021.

## Goal #6

Continue collaborative models with regional EMS agencies, health organizations and public safety stakeholders.

<p><b>Objective 6.1.</b> Coordinate and report on strategic planning objectives quarterly through June 2023.</p>	<p><b>Strategy 6.1.1.</b> Maintain Gantt chart for the regional partners with the details of the goals by June 30, 2019.</p> <p><b>Strategy 6.1.2.</b> Maintain structured feedback loops for the current initiatives of the strategic plan goals.</p> <p><b>Strategy 6.1.3.</b> Provide progress reports to the EMS Advisory Board quarterly.</p>
<p><b>Objective 6.2.</b> Promote the EMS Oversight Program through regional education of the strategic plan's goals and initiatives through June 2023.</p>	<p><b>Strategy 6.2.1.</b> Maintain current structure of reporting to the signatories of the Inter-Local Agreement and ambulance franchisee Board for updates on the status of the regional EMS system annually, beginning June 2019.</p>
<p><b>Objective 6.3.</b> Create a new EMS strategic plan for 2023-2028 by February 2023.</p>	<p><b>Strategy 6.3.1.</b> Conduct a SWOT analysis with regional partners to determine current strengths, weaknesses, opportunities and threats by February 2022.</p> <p><b>Strategy 6.3.2.</b> Create a committee to meet monthly develop the strategic plan by February 28, 2022.</p> <p><b>Strategy 6.3.3.</b> Present EMS strategic plan to the EMS Advisory Board by February 2023.</p>




## Department of Information Technology

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### MEMORANDUM

**DATE:** February 28, 2019

**TO:** Sabra Newby, City Manager, EMS Advisory Chair

**FROM:** Rishma Khimji, Director of Technology, City of Reno 

**SUBJECT:** **Update – EMS Data to the EMS Advisory Board**

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This memo will serve as an update to the data requests made by the EMA Advisory Board specifically, the Washoe County Health District for the annual report.

I would like to refer the Chair to the memo provided to the EMA Advisory Board on September 26, 2018 from Operations Chief Steve Leighton. The memo, which I have attached for your review, outlines the particular issues that the Reno Fire Department has encountered in reference to the request for the FireRMS data.

Per Chief Leighton's memo, the Reno Fire Department is working on establishing a long-term solution for the reports via our partnership with our vendor BLD Consulting that will provide the EMS Advisory Board with the correct data.

The department continues to work on data quality and data transfer issues between Tiburon CAD and the Zoll FireRMS systems. Reno Fire personnel are currently evaluation, documenting and updating workflows between Dispatch and Reno Fire personnel.

Given the various data entry and data output changes that have occurred in the system to make Reno Fire and Dispatch personnel much more effective and efficient in their EMS delivery services, it is not recommended that data from any other source be provided for the Washoe County Health Departments review. At this time, it is recommended that we provide the correct data when the reports become available.

We apologize for the inconvenience this poses to the analytical team at Washoe County Health. We are diligently working on getting our data collection methods correct for optimal data reporting.

I am happy to update the EMS Advisory Board again in the next few weeks with updates. Please advise.





## RENO FIRE DEPARTMENT

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### MEMORANDUM

**DATE:** September 26, 2018  
**TO:** Sabra Newby, City Manager  
**FROM:** Steve Leighton, Operations Chief  
**SUBJECT:** Fire Department Update on Providing Data to EMS Advisory Board

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In the fall of 2016, the Reno Fire Department in conjunction with the City's IT Department updated its Zoll Fire Records Management System (RMS) from a City non-hosted environment to a Zoll hosted environment. Zoll RMS is the program that the Department uses to generate all of its response and detail statistics.

Due to the level and complexity of our data, the Zoll RMS program itself does not have the capability of generating these detailed reports and we had contracted with another outside vendor, My Fire Rules that gave us the flexibility to generate specific tailored reports, including the report that was provided to the EMS Advisory Board.

Unfortunately, in January of 2018, Zoll could no longer support the My Fire Rules vendor in the hosted environment, which meant that we could no longer provide the level of detail reporting needed for the EMS Advisory Board. At that time, we started working with Zoll in researching our alternatives for generating data that would fit our needs. Zoll provided us with three vendors that they refer agencies to that require in-depth detail reporting that they cannot provide. After meeting with these vendors, we contracted with BLD Consulting in July 2018. BLD Consulting will not only provide us with the reports we need, they will also teach various RFD staff members how to extract data from the Zoll hosted environment to satisfy specific data requests. As of this date, we are within 60 days of having our reports finalized for distribution.

As a side note, since this spring, we have been in constant communication with Heather Kerwin, Statistician, Washoe County Health District about our issues and delays in providing data and reports.

Please feel free to contact me if you have any additional questions or concerns.

Thank you.



**REMSA**

**FRANCHISE COMPLIANCE  
REPORT**

**JANUARY 2019**



**REMSA Accounts Receivable Summary  
Fiscal 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
November	4104	\$4,999,093.60	\$1,218.10	\$1,221.05	\$ 427.37
December	4146	\$5,090,365.00	\$1,227.78	\$1,222.20	\$ 427.77
<b>Totals</b>	<b>24,186</b>	<b>\$29,560,212</b>	<b>\$1,222.20</b>		

Allowed Average Bill 7/1/18 - 12/31/18: \$1,218.08  
 Franchise Increase 1/1/19 – 1/5/19: \$1,255.00  
 Franchise Increase 1/5/19 – 12/31/19: \$1,294.87

**Year to Date: July 2018 through January 2019**

<b>COMPLIANCE</b>			
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%
Jan-19	5 Minutes 52 Seconds	91%	98%

**Year to Date: July 2018 through January 2019**

Priority System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 15 Seconds	91%	95%



**Year to Date: July 2018 through January 2019**

<b>AVERAGE RESPONSE TIMES BY ENTITY</b>				
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
Jan-19	P-1	5:12	6:16	7:35
	P-2	5:14	6:15	8:48

**Year to Date: July 2018 through January 2019**

Priority	Reno	Sparks	Washoe County
<b>P-1</b>	5:16	6:06	8:04
<b>P-2</b>	5:24	6:18	8:10

**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 07/01/2018 THRU 1/31/2019**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
A	1/15/19 20:38	1/15/19 20:40	1C36	-00:00:12	0:01:34
A	1/18/19 20:28	1/18/19 20:28	1C05	-00:00:35	0:00:44
A	1/20/19 3:17	1/20/19 3:17	1C13	-00:00:21	0:00:49

<b>UPGRADE REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
No Upgrades					



EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
1/6/19 2:34	Exemption Approved	Weather	Zone A	0:15:47	0:06:48
1/6/19 3:52	Exemption Approved	Weather	Zone A	0:10:46	0:01:47
1/6/19 6:07	Exemption Approved	Weather	Zone A	0:11:40	0:02:41
1/6/19 6:33	Exemption Approved	Weather	Zone B	0:23:25	0:07:26
1/6/19 10:20	Exemption Approved	Weather	Zone A	0:12:53	0:03:54
1/6/19 15:45	Exemption Approved	Weather	Zone A	0:12:09	0:03:10
1/6/19 18:47	Exemption Approved	Weather	Zone A	0:09:18	0:00:19
1/6/19 19:04	Exemption Approved	Weather	Zone A	0:10:05	0:01:06
1/6/19 21:24	Exemption Approved	Weather	Zone A	0:10:39	0:01:40
1/6/19 21:49	Exemption Approved	Weather	Zone A	0:09:11	0:00:12
1/7/19 0:01	Exemption Approved	Weather	Zone A	0:11:20	0:02:21
1/7/19 3:20	Exemption Approved	Weather	Zone A	0:14:49	0:05:50
1/7/19 5:05	Exemption Approved	Weather	Zone A	0:10:29	0:01:30
1/7/19 5:49	Exemption Approved	Weather	Zone A	0:09:52	0:00:53
1/7/19 6:29	Exemption Approved	Weather	Zone A	0:16:17	0:07:18
1/7/19 10:18	Exemption Approved	Weather	Zone A	0:10:01	0:01:02
1/15/19 18:11	Exemption Approved	Weather	Zone A	0:09:27	0:00:28
1/15/19 18:18	Exemption Approved	Weather	Zone A	0:09:26	0:00:27
1/15/19 19:48	Exemption Approved	Weather	Zone A	0:10:55	0:01:56
1/15/19 19:49	Exemption Approved	Weather	Zone A	0:09:06	0:00:07
1/15/19 20:15	Exemption Approved	Weather	Zone A	0:09:16	0:00:17
1/15/19 20:17	Exemption Approved	Weather	Zone A	0:11:20	0:02:21
1/16/19 5:18	Exemption Approved	Weather	Zone A	0:09:13	0:00:14
1/16/19 6:36	Exemption Approved	Weather	Zone A	0:09:16	0:00:17
1/16/19 7:56	Exemption Approved	Weather	Zone A	0:09:57	0:00:58
1/6/19 16:20	No Exemption Appeal Requested	Weather	Zone C	0:31:40	0:10:41
1/16/19 1:39	No Exemption Appeal Requested	Weather	Zone A	0:10:22	0:01:23



## GROUND AMBULANCE OPERATIONS REPORT JANUARY 2019

### 1. Overall Statics

- a) Total number of system responses: 6560
- b) Total number of responses in which no transports resulted: 2306
- c) Total number of System Transports (including transports to out of county):  
4271

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.7%
- b) Medical: 58%
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 8.6%
- e) Transfers: 12.6%
- f) Trauma – MVA: 8.8%
- g) Trauma – Non MVA: 6%
- h) Unknown: 3.8%

### 3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
  - 100% of cardiopulmonary arrests
  - 100% of pediatric patients (transport and non-transport)
  - 100% of advanced airways (excluding cardio pulmonary arrests)
  - 100% of STEMI alerts or STEMI rhythms
  - 100% of deliveries and neonatal resuscitation
  - 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.

Total number of ALS Calls: **1870**

Total number of above calls receiving QA Reviews: **310**

Percentage of charts reviewed from the above transports: **16%**



**REMSA EDUCATION  
JANUARY 2019 MONTHLY COURSE AND STUDENT REPORT**

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	7	51	4	44	3	7
ACLS EP	3	3	3	3	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	1	3	0	0
ACLS P	1	3	1	3	0	0
ACLS R	17	87	4	37	13	50
ACLS S	4	6	0	0	4	6
AEMT	1	17	1	17		
BLS	56	284	13	94	43	190
BLS I	0	0	0	0	0	0
BLS R	48	240	32	174	16	66
BLS S	16	65	0	0	16	65
B-CON	1	21	1	21	0	0
CE	3	12	3	12	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	1	7	1	7		
EMS I	0	0	0	0		
EMT	1	24	1	24		
EMT R	0	0	0	0		
FF CPR	2	16	1	13	1	3
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	0	0	0	0	0	0
HS CPR	24	148	4	31	20	117
HS CPR FA	41	310	7	77	34	233
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	1	3	0	0	1	3
HS FA	11	58	3	8	8	50
HS FA S	0	0	0	0	0	0
HS K-12 CPR AED	25	190	0	0	25	190



Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
HS K-12 CPR, AED, FA	1	1	0	0	1	1
HS PFA	1	6	0	0	1	6
HS Primeros Auxilios, RCP y DEA	0	0	0	0	0	0
HS Spanish RCP y DEA	0	0	0	0	0	0
ITLS	1	6	1	6	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	6	1	6	0	0
ITLS S	0	0	0	0	0	0
Kid Care	1	10	1	10	0	0
PALS	3	18	2	15	1	3
PALS I	0	0	0	0	0	0
PALS R	12	55	5	27	7	28
PALS S	5	8	0	0	5	8
PEARS	0	0	0	0	0	0
PHTLS	2	12	2	12	0	0
PHTLS R	0	0	0	0	0	0
PM	1	13	1	13		
PM R	0	0	0	0		
<b>Classes w/CPR</b>		<b>CPR Students</b>		<b>REMSA CPR Classes</b>		<b>REMSA CPR Students</b>
167		925		61		407





### COMMUNITY OUTREACH JANUARY 2019

Point of Impact		
01/1-31/2019	Seventeen (17) office installation appointments; Seventeen (17) cars and twenty-seven (27) seats inspected.	
01/19/19	POI Checkpoint at Renown's Car Seat Fitting Station in Reno. Thirty-six (36) cars and forty-three (43) seats inspected.	Twelve (12) Volunteers; Two (2) staff
Cribs for Kids/Community		
01/09/19	Q & A session at Community Service Agency Early Head Start about Safe Sleep and Car Seats	4 Parents
01/10/19	Attend the Northern Nevada Maternal Child Health Coalition	
01/30/19	C4K held a Train-the-Trainer class in Pahrump, NV at Nye Communities Coalition	2 Participants
01/31/19	Taught members of a support mentor group how to install an infant carrier for one of their families in 6 different vehicles.	6 Participants



REMSA

Reno, NV  
Client 7299



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Lansing, MI 48096  
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## EMS System Report

January 1, 2019 to January 31, 2019

Your Score

**94.56**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**6,587**

Number of Transport Services in All EMS DB

**152**



REMSA  
January 1, 2019 to January 31, 2019



## Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **01/01/2019** and **01/31/2019**.

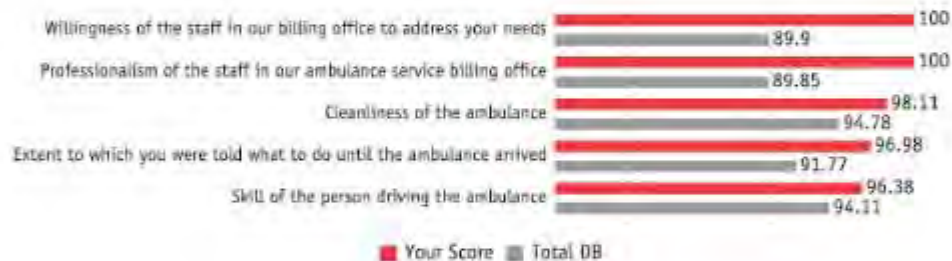
The overall mean score for the standard questions was **94.56**; this is a difference of **1.48** points from the overall EMS database score of **93.08**.

The current score of **94.56** is a change of **-0.94** points from last period's score of **95.50**. This was the **28th** highest overall score for all companies in the database.

You are ranked **6th** for comparably sized companies in the system.

**86.88%** of responses to standard questions had a rating of Very Good, the highest rating. **97.40%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

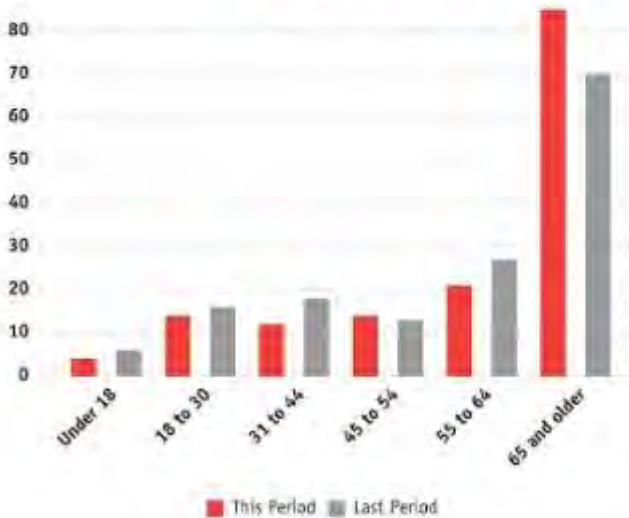




**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	6	3	3	0	4	3	1	0
18 to 30	16	6	10	0	14	5	9	0
31 to 44	18	9	9	0	12	5	7	0
45 to 54	13	8	5	0	14	8	6	0
55 to 64	27	14	13	0	21	11	10	0
65 and older	70	32	38	0	85	28	57	0
<b>Total</b>	<b>150</b>	<b>72</b>	<b>78</b>	<b>0</b>	<b>150</b>	<b>60</b>	<b>90</b>	<b>0</b>

### Age Ranges



### Gender





REMSA  
**January 1, 2019 to January 31, 2019**

**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.

	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020
Helpfulness of the person you called for ambulance service	93.55	90.95	92.53	99.47	96.67	96.25	96.79	95.59	95.74	96.95	96.62	96.23	96.34
Extent to which you were told what to do until the ambulance	93.77	90.52	92.97	99.34	96.59	86.05	98.61	94.15	96.59	96.68	93.38	92.79	96.98
Extent to which the ambulance arrived in a timely manner	95.36	92.30	95.11	93.55	90.28	95.98	95.87	96.06	95.54	93.39	95.60	95.57	95.14
Cleanliness of the ambulance	96.49	93.00	98.01	94.53	93.72	97.17	96.04	97.27	96.82	93.55	97.02	97.65	98.11
Skill of the person driving the ambulance	96.12	93.93	95.43	95.63	93.77	96.37	96.88	96.46	95.21	93.92	95.51	97.17	96.38
Care shown by the medics who arrived with the ambulance	95.78	92.94	95.59	94.37	92.91	94.51	95.95	95.84	94.64	96.11	97.72	95.99	94.53
Degree to which the medics took your problem seriously	95.61	91.99	91.97	94.85	92.30	94.60	96.97	97.73	94.02	94.07	97.91	95.25	94.86
Degree to which the medics listened to you and/or your family	95.60	92.11	94.80	95.44	92.65	95.04	95.93	96.41	93.51	93.99	97.56	95.64	95.13
Extent to which the medics kept you informed about your	94.69	91.33	94.04	94.26	92.27	93.56	95.27	94.93	94.30	92.18	95.09	95.09	93.19
Extent to which medics included you in the treatment decisions	93.34	89.66	93.44	92.68	91.80	93.54	94.35	95.76	93.65	91.56	95.20	95.06	91.20
Degree to which the medics relieved your pain or discomfort	91.12	89.07	90.92	90.45	91.24	92.12	94.76	93.03	92.55	89.49	94.09	92.04	91.57
Medics' concern for your privacy	94.40	92.29	98.53	94.51	93.74	96.00	97.04	97.50	95.33	92.77	97.04	96.21	93.60
Extent to which medics cared for you as a person	95.85	92.30	94.24	95.28	94.11	95.74	96.02	96.20	94.67	93.90	96.01	96.28	96.43
Professionalism of the staff in our ambulance service billing	96.88	94.44	100.00	94.57	88.46	98.08	94.79	95.72	94.76	97.00	95.83	90.00	100.00
Willingness of the staff in our billing office to address your	96.43	93.75	100.00	95.24	89.32	98.08	94.57	94.86	92.71	96.00	95.83	95.00	100.00
How well did our staff work together to care for you	96.46	93.02	95.22	96.78	93.73	95.52	97.24	96.44	95.90	94.67	96.79	96.95	95.23
Extent to which the services received were worth the fees	91.67	84.95	89.98	85.38	90.19	86.88	91.22	95.45	87.15	88.38	97.50	87.80	88.40
Overall rating of the care provided by our Emergency Medical	96.10	92.23	94.55	93.82	93.50	95.28	96.84	96.07	95.14	93.09	96.93	95.33	94.41
Likelihood of recommending this ambulance service to others	96.78	93.44	95.47	94.92	93.82	97.37	96.81	96.93	95.95	93.73	96.79	96.21	94.41
Your Master Score	95.32	91.82	94.44	94.18	92.78	95.04	96.16	96.11	94.52	93.30	96.41	95.50	94.56
Your Total Responses	150	150	150	150	151	151	150	150	150	150	150	150	150



REMSA  
January 1, 2019 to January 31, 2019



Monthly tracking of Overall Survey Score





### REMSA GROUND AMBULANCE JANUARY 2019 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	11/25/2018	"Everyone calmed me and medics acted professional."				
2	11/26/2018	"Very professional."	"If it got any more you would be terrific!!"			
3	11/26/2018	"Very professional no non sense and friendly and thoughtful."	"I think as far as my experience goes, everything was done exceptionally."			
4	11/26/2018	"No."	"I thought it was excellent."	"I have no idea, I was so out of it."		
5	11/26/2018	"All caring and really were sincere. Medics calmed me and reminded me to take deep breaths."	"Medics had to stick me with a needle five times."	"I didn't care! I was in anaphylactic shock."	2.4.19 Selmi Ticket # 6653	See follow up below
6	11/26/2018	"Medics were kind and talked to me nicely. I felt comforted."	"Medics were great!"			
7	11/26/2018	"Medics were caring and extended their care with helping me in and out of	"Ambulance needs a side step. It was a foot from the sidewalk to the	"I fell and smacked my face on the sidewalk. My heel got stuck 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 ambulance."	inside of ambulance. I had a hurt ankle and getting up and down was difficult and scary. I did have help both times but overall the ambulance needs a side step for safety reasons."	the cracks. I was bleeding badly. A stranger called for the ambulance."		
8	11/27/2018			"I thought the care I received was top notch."		
9	11/27/2018	"Everything went really good."				
10	11/27/2018	"They did a pretty good job, thank you!"				
11	11/27/2018	"Very professional no hang up."				
12	11/27/2018	"Medics came and checked me while I was at the ER, it was very kind. I appreciate RESMA."				
13	11/27/2018	"The medics were very handsome which helped me feel better...haha"				





#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
14	11/27/2018	"Professional and very caring. Medics are very HOT!"				
15	11/27/2018	"Nothing. Hire people who want to do their job well."	"Have more compassion. Treat people like they are important. Be kind. Listen to patients."	"Broken jaw. Very painful!!! I am in major pain. Medics treated me like garbage. Accused of drug withdrawal, Patient freaking out while medics giggle and laughing. I will never call REMSA again."	Assigned 1.10.19 Selmi ticket # 6574	See follow up below
16	11/28/2018	"Medics were sincerely caring to get my daughter to where she needed to be in time."				
17	11/28/2018	"Everything"		"I don't usually recommend ambulances"		
18	11/28/2018	"The speed in which they got here"	"Teach the paramedics to listen and not be so judgmental"		Assigned 2.4.19 Selmi Ticket# 6654	See follow up below
19	11/28/2018	"The ride and the care"		"Haven't seen a bill"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
20	11/28/2018	"Two of the medics were very attentive and willing to help in any way that they could"				
21	11/28/2018	"They took me to the hospital and checked me out"				
22	11/28/2018	"They came in a timely manner"				
23	11/29/2018	"Everything"				
24	11/29/2018	"Everything"				
25	11/29/2018	"Made sure I was comfortable"	"I was told they were late"			
26	11/30/2018	"They put me on oxygen and drove me straight to the ER"		"They were kind of frivolous at first then realized I might be dying" "I was going in and out of consciousness"		
27	11/30/2018			"If this is the one I reported, everything would have been a zero. She's not a professional neurologist. They gave me a capsule and	Assigned 2.4.19 Selmi Ticket # 6655	See follow up below



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
				wouldn't tell me what it was" "If it was the one with the girl yelling at me and telling me my doctor had me on the wrong medication for Parkinson's. I've always had a good response from REMSA other than that day"		
28	11/30/2018	"They got me onto the gurney and took me out to the ambulance"		"Like brand new"		
29	11/30/2018	"Their care while on the way to the hospital"	"More friendly"			
30	12/01/2018	"First time in an ambulance and medics treated me great!"				
31	12/01/2018		"Put food in the truck."			
32	12/01/2018	"Very excellent service."				
33	12/01/2018	"I have enjoyed RESMA services, I use you 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
34	12/02/2018	"Everything was hit on in the survey."	"They did a really good job with what they did."			
35	12/02/2018	"Medics treated me so kind and compassionately."	"REMSA is the best. I don't know of a thing"			
36	12/02/2018	"Medics were very kind and explained everything."				
37	12/02/2018		"Arrive more quickly."		Assigned 2.4.19	See follow up below
38	12/02/2018	"Worked very well with me and were kind and caring."				
39	12/04/2018	"Just everything."				
40	12/04/2018	"I liked their humor."	"I have only good things to say about them."			
41	12/03/2018	"Entire experience was excellent."				
42	12/03/2018	"Everything was done great!"				
43	12/03/2018	"Overall good experience."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
44	12/04/2018	"Medics were very professional!"	"Medics need to ask patients what they need to bring to the hospital. Make sure that patient is comfortable."			
45	12/04/2018	"Slowed down for bumps and very nice to me. Went out of their way to help out."	"Medics always smile. It's so nice and comforting to have that. It takes away stress."			
46	12/03/2018	"Everything was excellent. Medics did everything they could for me!"				
47	12/04/2018	"I am very happy with Remsa!"	"I fall easy and have had to use RESMA a lot, one medic bullies me by saying I need to go into a nursing home."		Assigned 2.4.19 Selmi Ticket # 6658	See follow up below
48	12/04/2018	"The medics were so awesome and great very professional and helpful. I was impressed and grateful."	"Keep doing what you're doing."			



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
49	12/04/2018	"The ambulance driver was superb. There was quite a snowstorm he had to navigate through to get to the hospital. The patient was thankful and impressed with his driving skill."				
50	12/05/2018	"Pt stated the medics were very careful moving him due to his back injury and he is grateful for their carefulness. He also stated they were very thorough in their exam and professional."	"Get an IV started before arrival at the hospital."	"Pt stated he was unable to answer any of the ambulance ride questions due to his level of pain."		
51	12/06/2018	"Pt stated the medics did an incredible job caring for him and transporting him after he broke his leg. He said they were kind, professional and timely."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
52	12/05/2018	"Pt stated the medics had excellent teamwork and kept her informed of her situation on the way to the hospital."				
53	12/05/2018	"Transportation"				
54	12/05/2018	"Helped get me to the hospital. Made sure I was taken care of"				
55	12/06/2018	"They were really on top of my situation. I had a stroke"		"They were perfect"		
56	12/06/2018	"They got here quickly"				
57	12/06/2018	"Transported me from Urgent Care to Renown"				
58	12/06/2018	"They took my pulse and were trying to stop me from having a seizure. They took me to the hospital because my boyfriend told them to"				
59	12/06/2018	"Informing me of what was going on with me and how close we were to the"		"They gave me updates on where we were. They could only take care of me"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
		hospital"		while I was throwing up on the way"		
60	12/06/2018	"Took good care of me and got me to the hospital"				
61	12/06/2018	"I was really disoriented and upset when they got there; I was having a panic attack and in pain. They were so caring and helpful. They helped calm me down"	"Get to me faster"		Assigned 2.4.19	See follow up below
62	12/06/2018	"They helped me breathe"				
63	12/05/2018	"Pt stated the medics made sure she was ok and stable for transport, they also made her as comfortable as possible."				
64	12/05/2018	"Pt stated everything was done well from the time the medics arrived until they checked him into 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
65	12/05/2018	"Pt stated they were treated with the utmost care due to the nature of his injury."				
66	12/07/2018	"Pt stated the medics thoroughly explained what was happening."				
67	12/07/2018	"Everything, from picking me up, to just talking to me along the way"	"Nothing, everything was great- They were very understanding- handled me well"	"Everything was really good. They get a A+ in my book"		
68	12/07/2018	"They were very kind and treated me well. They made sure to talk to me the whole time"	"Nothing!"	"4"		
69	12/07/2018	"I thought everyone handled it very well- I was having a nervous breakdown- and everyone was really nice to me- I got excellent treatment from everyone"	"I think maybe someone talking to you a little more in the ambulance. Because the ride is scary itself and I just feel like it would be helpful, for someone to tell you it's going to be	"They really did a good job"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
			okay. or that you're going to be safe"			
70	12/07/2018	"Everything. I have no complaints"	"Nothing! They really did a good job."	"Very good people"		
71	12/08/2018	"Made sure I wasn't in pain- The young men are very good at their job. My wife says she's going to tell everyone about them"	"Nothing, they did the best that they could"	"We wish we could give them 10's"		
72	12/08/2018	"The care they gave me"	"Everything was good- they took care of me the best they could"	"They deserve all 5's- they did a really good job"		
73	12/08/2018	"I cannot believe we could have people like that- They were amazing - I can't believe the level of excellence- You could tell these people are doing what they love and are actually helping people."	"Nothing better they could have done. They did a great job with him."	"Excellent, excellent people."		
74	12/08/2018	"Pt's mother stated that the medics kept her calm while caring for her son and kept her updated"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
		on his situation."				
75	12/08/2018	"Everything was done well."				
76	12/09/2018	"Treated the patient with dignity and respect."				
77	12/09/2018	"Pt stated that the way they came together with good teamwork and whisked her off to the hospital."				
78	12/09/2018	"Pt stated the ambulance arrived fast and the medics quickly got her to the hospital."				
79	12/09/2018	"The paramedic found the patient's cell phone and returned it to him at the hospital."				
80	12/09/2018	"They took care of me."				
81	12/10/2018	"Pt stated she would use the REMSA service and recommends 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	12/10/2018	"Pt stated the medics did a good job of getting her down the stairs and quickly transporting her to the hospital. She said she couldn't have asked for better care."				
83	12/10/2018	"Pt stated the paramedics immediately entered his house and quickly loaded him up for transport. They were quick and efficient."				
84	12/10/2018	"Everything was done well. Pt stated the service was top-notch."				
85	12/11/2018	"The care with which they handled me getting in and out of the ambulance. They were very good about the IV even though I'm a hard stick"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
86	12/11/2018	"I talked to the attending medics on the way and they were trying to keep it light and make me smile and laugh"		"I have nothing but good things to say about them"		
87	12/11/2018	"Getting me to the hospital"		"They were wonderful"		
88	12/11/2018	"Making me feel comfortable"				
89	12/11/2018	"Got here quick and explained that I didn't have sugar, so I could have chest pains which they would have to come back out for since I've had two strokes and a heart attack before"				
90	12/11/2018	"Very friendly, arrived quickly, no attitude. They did very well and arrived in a timely manner"	"I don't like how much was done to me without my permission because I was unconscious"	"They got to my friend right away" "My friend probably would have died if they hadn't arrived so quickly"		
91	12/11/2018	"Everything"		"These guys were great"		
92	12/11/2018	"My ride to the hospital was good"				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
93	12/12/2018	"Fast arrival and thorough evaluation."				
94	12/12/2018	"Pt stated the medics needed to convince her to go to the hospital and she is thankful they persuaded her."				
95	12/12/2018		"With REMSA, I felt very safe and relaxed. The medics were confident! THANK YOU!"			
96	12/12/2018	"Medics and service were excellent!"				
97	12/12/2018	"Medics were wonderful very kind to me. Always been very good."	"One medic said that calling for the ambulance was not necessary. My family and I called them because we needed help. Medic said that I could have taken a car ride into the ER. That comment was rude and		Assigned 2.4.19 Selmi Ticket# 6659	See follow up below



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
			completely unnecessary."			
98	12/12/2018	"The medics were very nice to me. They gave me oxygen and kept me calm."				
99	12/12/2018	"They came very fast. Arrived fast."				
100	12/13/2018	"I had to call them, I fell and was dead weight. Everything was good when they picked me up and put me in my chair."				
101	12/14/2018	"The medics were super!"	"The comfort of the ride was ridiculous! The truck needs shocks. It's not good to have an ambulance where someone could fly out the back window not to mention while the medics are putting the IV's in."			



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
102	12/13/2018	"Pt's mother stated she is grateful for the care her son received and that the medics are life savers."				
103	12/13/2018	"Pt stated the medics listened well, when he told them he was unable to lay down they propped him up which tremendously helped his breathing. They also kept him warm. He is very thankful for the care he received."				
104	12/14/2018	"Everything was done well."				
105	12/15/2018	"Medics let both my husband and I ride in the ambulance. Mother was happy about that."				
106	12/15/2018		"Arrive in a more timely manner."		Assigned 2.4.19	See follow up below





#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
107	12/15/2018	"Pt stated the ambulance was very prompt and took her to the hospital she requested."				
108	12/15/2018	"They did their job, no more no less."				
109	12/15/2018	"Pt stated the medics provided good care and transported him quickly to the hospital he wanted to go to."				
110	12/15/2018	"Pt stated the medics were very concerned for her situation and said they probably saved her life"				
111	12/15/2018	"Pt stated the medics did everything well and took good care of her."				
112	12/15/2018	"Pt stated the transportation was timely and impeccable along with the level of concern. The pt felt due to the grave nature of his condition they				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
		expedited his care and were very professional."				
113	12/15/2018	"The care from REMSA is exceptional."	"Return the drug list to the pt. She stated the medic did not return her list of medications to her."			
114	12/16/2018	"Pt stated the medics were so very careful in getting her up off of the floor and onto the stretcher, and also providing reassurance."				
115	12/16/2018	"Pt stated the medics kept her personal information private and were very caring and concerned for her well-being. She was impressed with the level of care."				
116	12/16/2018	"Pt stated the medics were very prompt and concerned for her welfare and got	"The ambulance was old and possibly needs to be replaced."			



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
		her quickly to the hospital."	It was also very cold and maybe have warm blankets."			
117	12/16/2018	"Very friendly"				
118	12/16/2018	"Pt stated the whole experience went well and the medics were competent,"				
119	12/16/2018	"From start to finish the ambulance ride was excellent. Pt stated this was a transport to another facility and the medics knew their truck inside and out and safely got him to the next facility for surgery. He is very, very pleased with his transport and care."				
120	12/17/2018	"Pt stated they treated him well and took care of his pain."				
121	12/17/2018	"Pt stated the whole process was professional and the care was excellent. She also				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
		stated the driver did an excellent job considering the icy conditions and that the medics were superb during an experience that was very trying."				
122	12/17/2018	"This was an accident. I shouldn't be billed."				
123	12/17/2018	"Staff is very good. They are good at what they do and care for people utmost respect"	"Have a yearly membership."			
124	12/17/2018	"Everyone was helpful, I got off the floor and am alive!"	"There's nothing to really."			
125	12/17/2018	"I couldn't have asked for better service."				
126	12/18/2018	"Overall service was fantastic! I am alive."	"Not to be rude but, I hope I never use your service again."			



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
127	12/18/2018	"They were speedy, overall service was fantastic!"	"Fabulous service!"	"I had a seizure, medics took good care of me. I was shaken up."		
128	12/18/2018	"They got my child to the hospital. Grateful."	"Mother shared that she had found her 3 year old child unresponsive on the floor. She called 911 and dispatch asked if child had ingested something. Mother said she was unaware but positive he hadn't because he was in a child safe play area. The dispatch kept hanging on that question. Mother was frustrated"			
129	12/18/2018	"They were very thorough."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
130	12/18/2018	"Pt's mother stated the female medic was extremely professional to both her and her son. The mother became tearful on the phone she was so grateful for the care her son received and said the medics were a blessing."				
131	12/19/2018	"Pt stated the medics were very clear and concise with their speech which helped calm him down and get through to his muddled brain. He said they were solid in their teamwork as well."				
132	12/19/2018	"Pt stated the medics were attentive to his needs."				
133	12/19/2018		"Don't be argumentative with the patient while supposedly caring for them."		Assigned Selmi 2.4.19 Ticket# 6660	See follow up below



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
134	12/19/2018	"Pt stated everything was done well."				
135	12/19/2018	"Professional and quick in action."				
136	12/19/2018	"Pt stated the medics put her at ease and kept her comfortable."				
137	12/19/2018	"Pt's mother stated the medics worked to bring her child's fever down. They were also prompt and kept her informed of everything happening during the ride to the hospital."				
138	12/20/2018	"They were awesome, everything was done well."				
139	12/20/2018	"The medics explained everything very well."				
140	12/20/2018	"Medics were very kind."	"Training in needle sticks."	"IV was put in wrong, twice. It was painful."		
141	12/21/2018	"They did their job."				



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
142	12/21/2018	"Worked well with me."	"Talk to my insurance and get the whole thing paid for through my insurance."			
143	12/21/2018	"Pt stated that everything was done well – From the prompt arrival, controlling her pain and safe arrival and wheeled into a room - she was very happy with everything about her care."				
144	12/21/2018	"Kindness and compassion"				
145	12/21/2018	"Quick arrival, prompt assessment and a speedy trip to the hospital."				
<b>Results After Follow Up</b>						
5	2/8/19 1612, I left a message for PT. 2/8/19 1625, husband called me back and asked if I could call the next day in the afternoon. 2/9/19 1423, I called back with no answer. Nothing further.					
15	On 1/9/19, a complaint came in from the billing manager. 1/10/19 1500, I contacted the PT. She was very nice, but still upset about her transport on 11/27/18. PT told me she has had a broken jaw for 14 months, several doctors in Reno have not helped her, so she is going to Las Vegas for a specialist for the kind of break she has in her jaw. I could tell by the way she was talking that something was wrong with her speech, she did apologize for her speech. PT was not happy with the way she was treated by the three crew members on the unit. PT felt they were all rude, uncaring, they made her walk to the ambulance and then into the ER. She said she asked them for help as she was having muscle spasms in her jaw and they just told her it was from her opioid					





#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description & Comments	Assigned	Results After Follow Up
				withdrawals. When they arrived at the hospital the crew just wanted to get their "monster drinks". I apologized to PT several times and told her I would be talking to the crew and all of us would be writing a report. PT thanked me for calling her. I will speak to the three crew members and counsel them regarding the pts concerns and remind them of STAR CARE and REMSA's customer service standards.		
18	2/8/19 1615,			I left a message for PT. 2/9/19, no call back from PT, waiting for occurrence report from Medic.		
27	2/7/19 1215,			I contacted PT. I told her who I was and calling about her complaint with REMSA. She told me someone else called and she did not want to talk to me. Nothing further.		
37				Total response time was five minutes then took one minute to make PT contact. Total response of call was 6 minutes. Call Recvd: 16:14 Dispatch: 16:14 En route: 16:14 At scene: 16:19 At patient: 16:20.		
47	2/7/19 1130,			PT called me back, she was very nice, but could not tell me the date, what the crew member looked like or his name. PT was able to tell me it was a male and female crew, she has had problems with him before but never called to complain, she did not understand how I knew about it. Did not remember anyone calling her about the service from REMSA. I tried to narrow it down to a male/female crew for 12/18, 12/4, 11/29, 11/25, 8/27, 4/25 and 4/17/18, she could not remember. I told PT she has the Supervisor number and she can call anytime with a complaint. PT was so happy I called even if I could not help her today with the crew. Nothing further.		
61				Total response time was two minutes then it took two minutes to make PT contact. Total response of call was four minutes. Call Recvd: 19:36 Dispatch: 19:37 En route: 19:37 At scene: 19:39 At patient: 19:41		
97	2/7/19 1048,			I left a message for the PT. 2/8/19 1611, I spoke to PT, she was very nice but told me she has not felt good the last few days and will call me back when she feels better		
106				Total response time was four minutes, then it took two minutes for PT contact. Total response of call was six minutes. Call Recvd: 07:55 Dispatch: 07:55 En route: 07:55 At scene: 08:01 At patient: 08:03		
133	2/8/19 1609,			I left a message PT 2/9/19 1453, no call back from PT, waiting for occurrence report from Medic.		



## 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 JANUARY 2019 PUBLIC RELATIONS CONTENT

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

### PUBLIC AND COMMUNITY RELATIONS

#### **Safety Reminders**

EMS Supervisor, Ryan Ramsdell provided an on camera interview on New Year's Day about REMSA's calls for service the night before, as well as safety tips to keep in mind as we headed into the New Year.



#### **Bleeding Control Classes**

KUNR featured Avery Baldwin, REMSA's Education Coordinator in an in-depth piece on Bleeding Control as it relates specifically to gun violence.

REMSA's Community's Bleeding Control class was the highlight of the piece.



## PUBLIC AND COMMUNITY RELATIONS

Throughout the month of January, REMSA welcomed newly elected/appointed officials to tour and learn about REMSA. Visitors included Reno City Councilwoman Duerr, Reno City Councilwoman Jardon, Reno City Councilwoman Brekhuis, Reno City Councilwoman Weber and Sparks City Councilman Paul Anderson.

## DIGITAL HIGHLIGHTS

Steve Kopp, Safety Officer participated in a digital media video reviewing winter safety tips and trivia. It's featured on social media, YouTube and the website.



### Winter Safety Reminders

- Always have cold weather gear with you in your car. This includes things like hats, gloves, solid footwear, a warm jacket, extra socks and a blanket.
- Know before you go – check the weather before you hit the road.
- Keep bottles of water with you – you can still dehydrate in the winter. Pack some snacks too – jerky, nuts, dried fruit and shelf-stable chocolate milk.
- Slow down! Reduce your speed and increase your following distance when driving on snow and ice covered roads.
- Decelerate by removing your foot from the accelerator and then gently brake.
- When driving in snowy/icy weather, don't assume the other driver is going to stop for you. Even if they want to, they may not be able to.
- When walking on snow and ice, move slower and more purposefully.
- Wear the right shoes. Choose footwear with good rubber treads. You can always change into those fashionable shoes once you are safely inside.

For more ideas and tips, learn more from the [National Safety Council](#).



## SOCIAL MEDIA HIGHLIGHTS

Website referral sessions from social media increased by 70% year over year. Facebook, LinkedIn, Instagram, Yelp, Instagram, YouTube, and Twitter.



# SOCIAL MEDIA HIGHLIGHTS

## Top 3 Posts by Reach

1

17,288 people reached, 125 reactions, comments & shares  
 Facebook Engagement: 816 -  
 Engagement is defined as post clicks, likes, shares and comments.



**Regional Emergency Medical Services Authority - REMSA** Published by KPS3 [?] · January 24 at 5:32 PM · 🌐

If you are currently a paramedic and would like to work for an exciting fast-paced EMS agency that provides compassionate, innovative patient-centered care, we want you! #hiring #EMS



REMSAHEALTH.COM  
**Paramedic Jobs in Reno, Nevada - REMSA**  
 If you are currently a nationally registered (NREMT) Paramedic and...

✔ **Get More Likes, Comments and Shares**  
 Boost this post for \$15 to reach up to 9,800 people.

**17,288** People Reached      **816** Engagements      [Boost Post](#)

👍❤️ 38      3 Comments 26 Shares

👍 Like      💬 Comment      ➦ Share      ⌵

# SOCIAL MEDIA HIGHLIGHTS

## Top 3 Posts by Reach

2

4,135 people reached, 342 reactions, comments & shares  
 Facebook Engagement: 1,553 -  
 Engagement is defined as post clicks, likes, shares and comments.



**Regional Emergency Medical Services Authority - REMSA**  
 Published by KPS3 (7) - January 7 at 2:15 PM - 🌐

Care Flight recognized the Sierra Army Depot (Official) Fire Department in Herlong with its Golden Rotor Award for their assistance earlier this fall during a call for an airplane crash. They went above and beyond by responding to a call that was outside of their service area and used heavy extrication equipment to mitigate any response or patient care delays. They began disassembling the aircraft allowing the Care Flight crew to focus on patient care. Care Flight is proud to call the Sierra Army Depot Fire Department a friend and community partner.






**Get More Likes, Comments and Shares**  
 Boost this post for \$15 to reach up to 9,800 people.

<b>4,135</b> People Reached	<b>1,553</b> Engagements	<a href="#">Boost Post</a>
--------------------------------	-----------------------------	----------------------------

👍👎👏👤 123      5 Comments 25 Shares

👍 Like      💬 Comment      ➦ Share

# SOCIAL MEDIA HIGHLIGHTS

## Top 3 Posts by Reach

3

3,572 people reached, 467 reactions, comments & shares  
 Facebook engagement: 1,776 -  
 Engagement is defined as post clicks, likes, shares and comments.



**Regional Emergency Medical Services Authority - REMSA** \*\*\*  
 Published by KPS3 [?] - January 26 at 8:37 AM - 🌐

We'd like to recognize Heather B. from Care Flight for her commitment and dedication to providing critical medical care for our community for two decades. She has been a Flight Nurse with Care Flight for 20 years. Help us celebrate this incredible milestone with her. #WorkAnniversary



👍 **Get More Likes, Comments and Shares**  
 Boost this post for \$15 to reach up to 9,800 people.

<b>3,572</b> People Reached	<b>1,776</b> Engagements	<a href="#">Boost Post</a>
--------------------------------	-----------------------------	----------------------------

👍❤️👍 244 30 Comments 11 Shares

[Like](#) [Comment](#) [Share](#)





## SOCIAL MEDIA HIGHLIGHTS



Followers to-date: 995 +9 followers since Dec. 2018  
January Posts: 9

### Top Post by Impression

651 impressions, 99 clicks and 20 likes

**REMSA**  
995 followers  
3d

We'd like to recognize Heather B. from [@Care Flight](#) for her commitment and dedication to providing critical medical care for our community for two decade ...see more



20 Likes

Like Comment



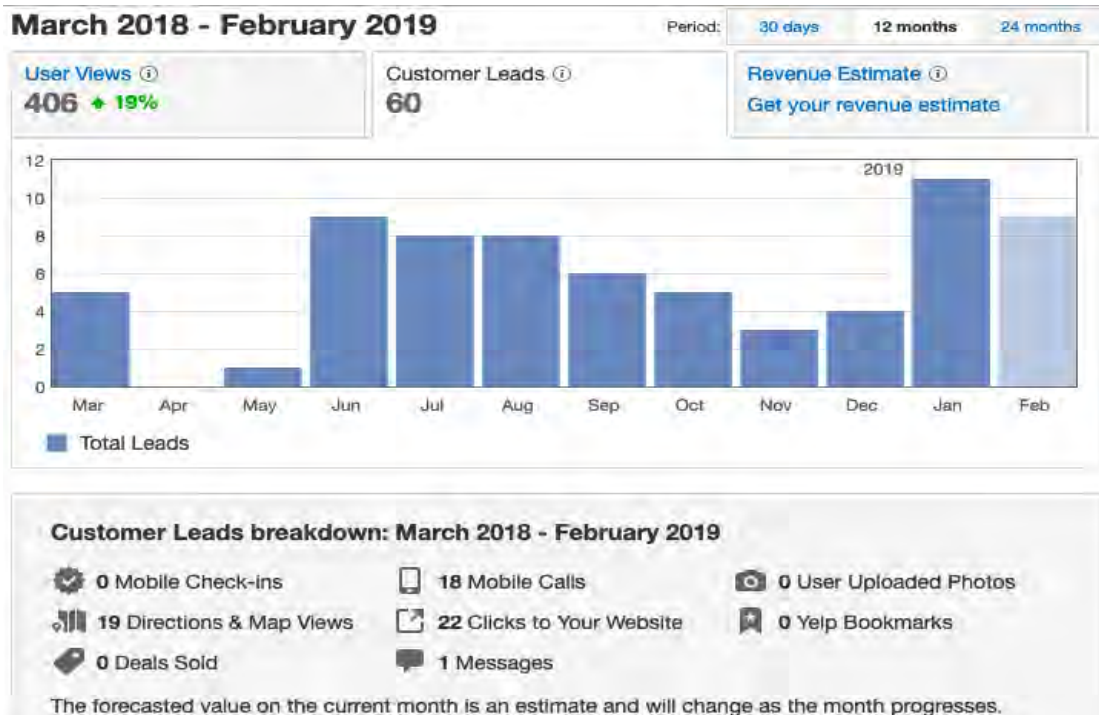
## Visitor Demographics by Location

### Top locations

	Visitors	% of Visitors
Reno, Nevada Area	23	25.84%
Chennai Area, India	6	6.74%
San Francisco Bay Area	5	5.62%
Mexico City Area, Mexico	5	5.62%
Kalyan Area, India	5	5.62%
Mumbai Area, India	5	5.62%
Dallas/Fort Worth Area	2	2.25%
Greater Los Angeles Area	2	2.25%
Greater New York City Area	2	2.25%
Columbus, Ohio Area	2	2.25%



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 60 leads come from Yelp between March 2018 – February 2, 2019.



# Google My Business

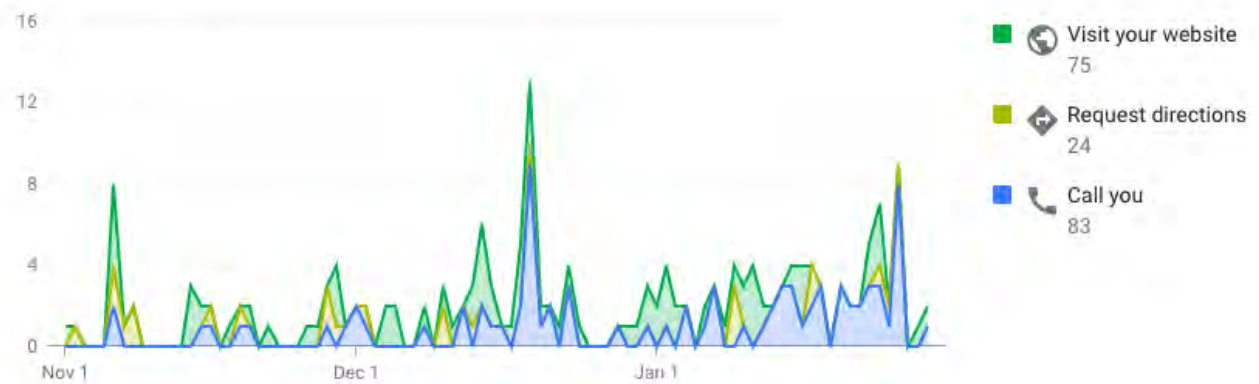
## REMSA'S Google My Business Insights:

### Customer actions

The most common actions that customers take on your listing

1 quarter

Total actions 182



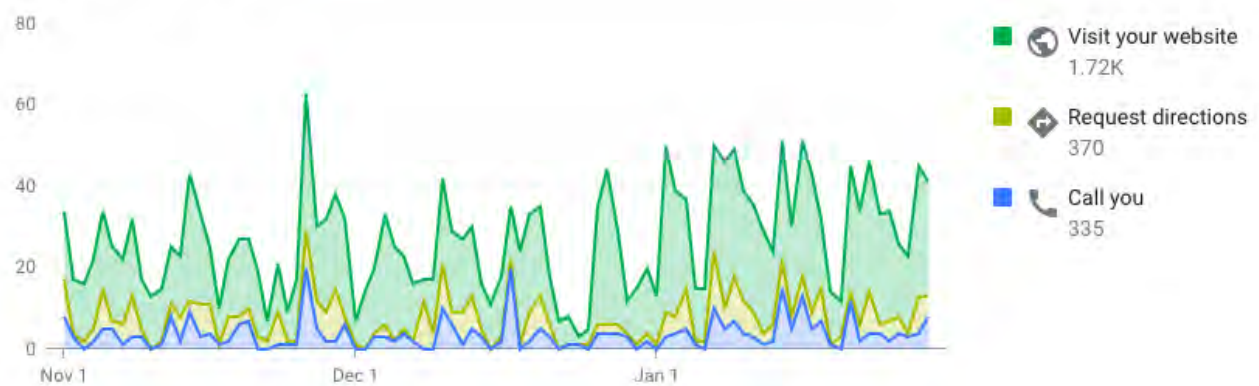
## REMSA Education's Google My Business Insights:

### Customer actions

The most common actions that customers take on your listing

1 quarter

Total actions 2.42K





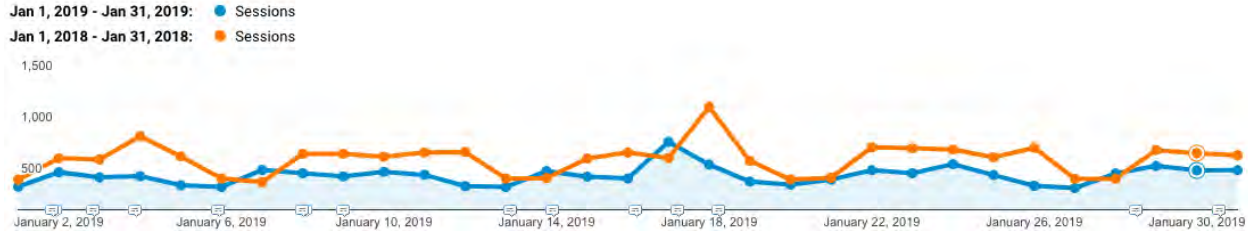
REMSA launched a YouTube Channel and regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.

Followers to-date: 11

A screenshot of the REMSA/Care Flight YouTube channel page. The header features a banner image of paramedics loading a patient onto a stretcher. Below the banner is the channel name "REMSA/Care Flight" with 11 subscribers, and buttons for "CUSTOMIZE CHANNEL" and "YOUTUBE STUDIO (BETA)". A navigation menu includes "HOME", "VIDEOS", "PLAYLISTS", "CHANNELS", "DISCUSSION", and "ABOUT". The main content area shows a video titled "Winter Safety Tips and Trivia from REMSA" with 5 views and a timestamp of 0:37. To the right, there is a "FEATURED CHANNELS" section listing "City of Reno", "NWSReno", and "American Heart Associ..." with "SUBSCRIBED" buttons. At the bottom, there is a "Community Advisory" section with a "PLAY ALL" button and a row of video thumbnails.



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)

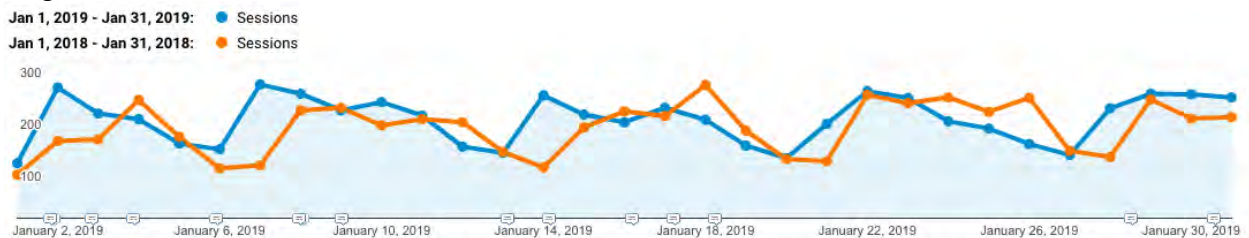
- Sessions: 32% decrease year over year
- Users: 4% decrease year over year
- Page Views: 37% decrease year over year
- Pages / Session: 8% decrease year over year
- Avg. Session Duration: 18% decrease year over year
- Bounce Rate: 2% decrease year over year (a good thing!)

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 January increased by 42% and referral sessions decreased by 67%. 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 2% (a good thing!). Organic search sessions increased by 10%.

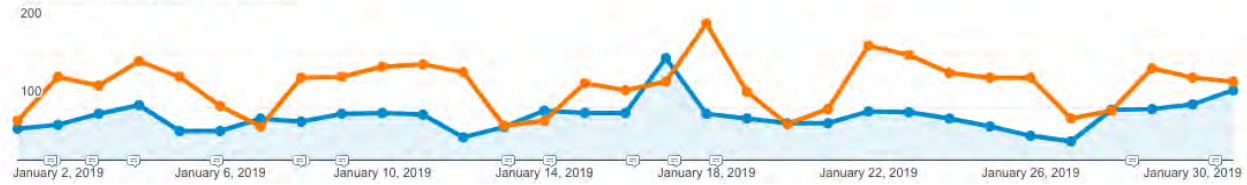
### Organic Traffic





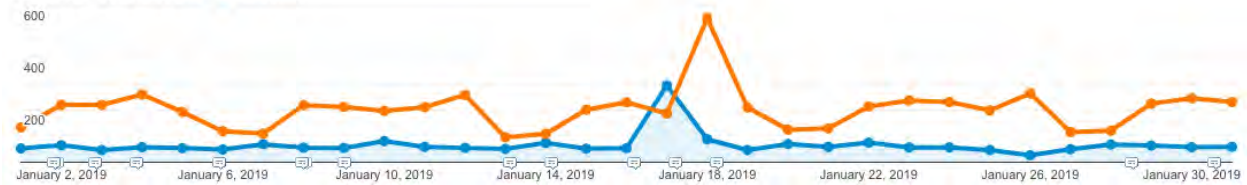
### Direct Traffic

Jan 1, 2019 - Jan 31, 2019: Sessions  
Jan 1, 2018 - Jan 31, 2018: Sessions



### Referral Traffic

Jan 1, 2019 - Jan 31, 2019: Sessions  
Jan 1, 2018 - Jan 31, 2018: Sessions



### Top 3 Referral Sites:

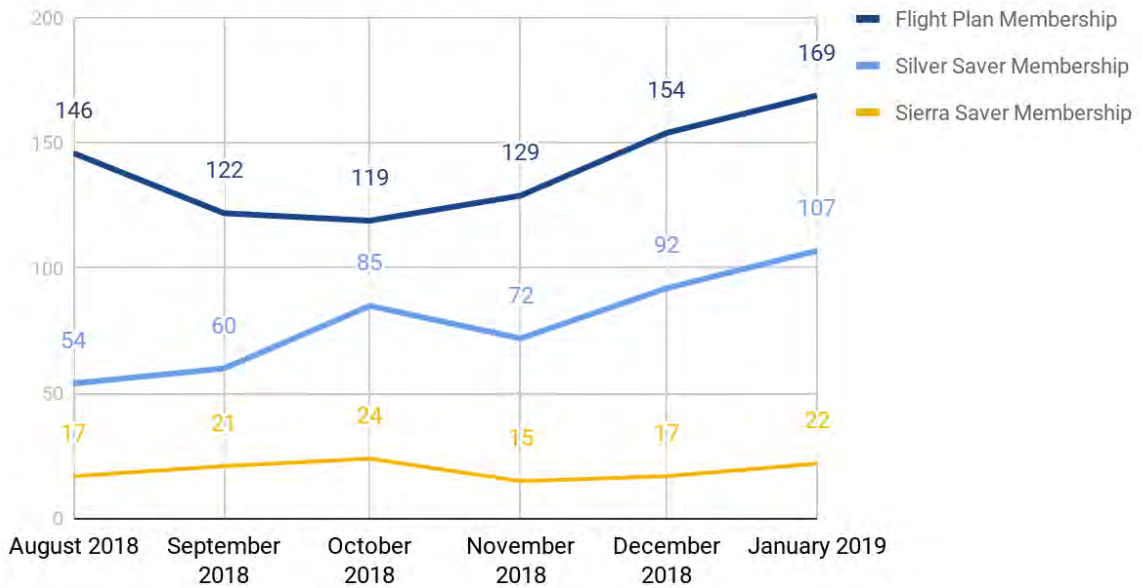
1. REMSA Enrollware
2. Barton Health
  - a. [bartonhealth-employee.org/emergency-air-transportation/](http://bartonhealth-employee.org/emergency-air-transportation/) - Private employee portal information regarding Care Flight
3. Great Basin Youth Soccer League  
<https://www.gbysl.org/> - Sponsor of the Month
4. Workforce ADP



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: 169 website visitors clicked the external link to fill out the Flight Plan Membership form
  - Silver Saver Membership: 107 website visitors clicked the external link to fill out the Silver Saver Membership form
  - Sierra Saver Membership: 22 website visitors clicked the external link to fill out the Sierra Saver Membership form

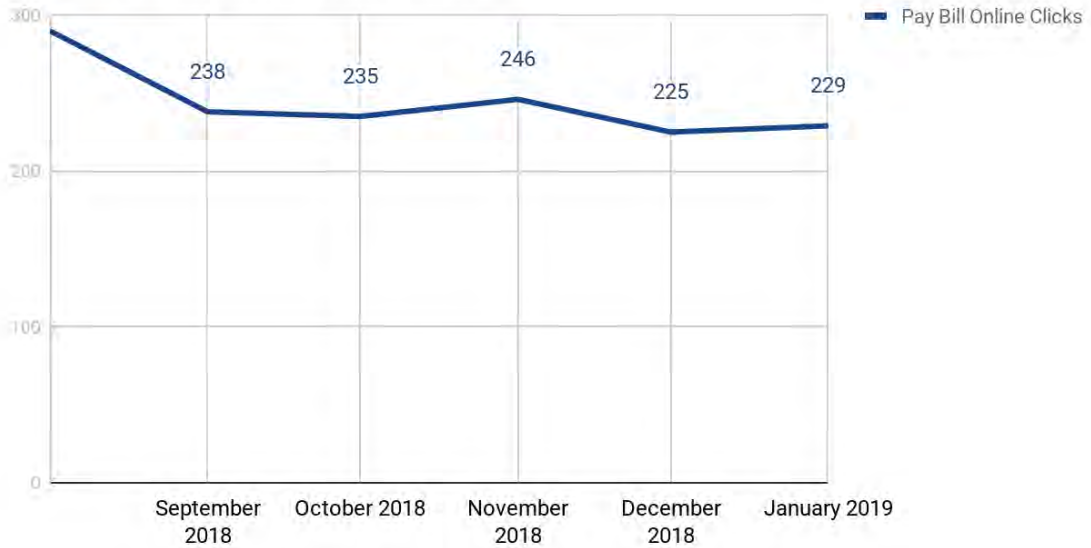
### Website Clicks on Membership Plans



- Website visitors who clicked to pay their bill online: 225 (-21 clicks from Nov. 2018)



### Website Clicks to Pay Bill Online



- Top 5 phone numbers that visitors clicked on:
  - 775-858-1000 - Nurse Health Line - 154 clicks
  - 775-858-5700 - Main Phone Number - 97 clicks
  - 775-353-0739 - Private Insurance - 13 clicks
  - 775-858-5745 - Membership Questions - 9 clicks
  - 775-858-0772 - Point of Impact Car Seat Inspections - 7 clicks





**REMSA 2018-19 Penalty Fund Reconciliation as of December 31, 2018**

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**2018-19 Penalty Fund Dollars  
Accrued by Month**

<b>Month</b>	<b>Amount</b>
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	9,349.44
January 2019	
February 2019	
March 2019	
April 2019	
May 2019	
June 2019	
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$46,411.89</b>

**2018-19 Penalty Fund Dollars Encumbered by Month**

<b>Program</b>	<b>Amount</b>	<b>Description</b>	<b>Submitted</b>

**Total encumbered as of 12/31/2018**           **\$0.00**

**Penalty Fund Balance at 12/31/2018**           **\$46,411.89**



**REMSA INQUIRIES**  
**January 2019**

No inquiries for January 2019

DD	CW	—
DHO		KD —

**Staff Report**  
**Board Meeting Date:** February 28, 2019

**TO:** District Board of Health

**FROM:** Nick Florey, Senior Environmental Health Specialist  
775-328-2648, [nflorey@washoecounty.us](mailto:nflorey@washoecounty.us)

**SUBJECT:** Possible Board approval of continued implementation of the Tasting Event permitting process using the procedures established under the pilot program until a larger examination of the overall temporary food permitting fee structure can be conducted and a specific fee can be designed and dedicated for this type of event.

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**SUMMARY**

The Environmental Health Services Division (EHS) has conducted a pilot program previously approved by the District Board of Health (Board) to evaluate a potential new temporary food establishment permitting concept for a particular type of Special Event defined as a Tasting Event. Events meeting predetermined criteria of parameters were included in the pilot program between 6/11/17 and 11/17/18. This staff report is an evaluation of the pilot program.

**District Health Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

May 27, 2017                      Approved a pilot project to evaluate a new temporary food establishment permitting concept for Tasting Events.

**BACKGROUND**

A Tasting Event is a special event that is commonly associated with a fundraiser, a food competition, or a food-related festival. Some common high profile examples would be the family sauce cooker portion of the Eldorado Great Italian Festival, the Big Chef Big Gala, and Fantasies in Chocolate although these events can vary widely in scale. Regardless of size what is common for all types is an event organizer gathers several food vendors from within the community to provide a “tasting” of their food/beverage service. Since these food vendors are providing food

service to the public outside of a permitted establishment, temporary food permitting is required. EHS does not currently have a permit designed specifically for this type of event. In May 2017, the Board approved a pilot program to evaluate a potential new permitting concept for Tasting Events. Under the pilot program, the existing permitting structure was applied and the permits were determined taking cost recovery into account to ensure that staff time is properly reflected. Further details regarding the permitting criteria can be found in the attached guidance document. Staff time was accounted for using three phases of the permitting process. This included pre-event planning/preparation, operational inspection, and post-event closure. The goal of the pilot program was to determine if the established guidelines accurately accounted for staff time.

Between June 11, 2017 and November 17, 2018 a total of 34 events were permitted based on the established criteria and evaluated under the pilot program. The average Tasting Event was covered with a total of approximately 3 temporary food permits. For reference, an event of this size would typically include 15-20 participating vendors. The average pre-event planning/preparation time working with event organizers was 55 minutes per event (18.3 minutes per permit). Under this permitting structure all correspondence goes through the event organizer rather than this agency contacting 15-20 different vendors individually to discuss event requirements. The average inspection time per Tasting Event permit was approximately 19 minutes. For reference, the average inspection time for an ordinary temporary food permit, based on 2018 data, is approximately 11 minutes. Post-event closure times for staff were minimal with events mostly consisting of 3 total permits, as each permit only takes a couple minutes to review and close.

Staff reports that this permitting method was beneficial based on the single point of contact for the event organizer and the minimal paperwork associated with inspections. Each event organizer was also given the opportunity to provide feedback to describe how the permitting concept positively and/or negatively affected their event. This feedback was overwhelmingly positive and can be found attached to this report.

### **FISCAL IMPACT**

Pilot program time accounting suggests that this permitting concept is approximately equivalent to the existing permitting process of any ordinary temporary food permit. Fiscal impact from the pilot program has been neutral.

### **RECOMMENDATION**

Staff recommends: The Board approve continued implementation of the Tasting Event permitting process using the procedures established under the pilot program until a larger examination of the overall temporary food permitting fee structure can be conducted and a specific fee can be designed and dedicated for this type of event.

**POSSIBLE MOTION**

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

“Move to approve continued implementation of the Tasting Event permitting process using the procedures established under the pilot program.”

## **Tasting Event Permitting Guidance**

### **Background**

A Tasting Event is a special event that is commonly associated with a fundraiser, a food competition, or a food-related festival. An event organizer typically gathers a number of food vendors from within the community to provide a “tasting” of their food/beverage service that comes as part of the ticket fee for the event (no money is exchanged with individual vendors). Since these food vendors are providing food service to the public outside of a permitted establishment, temporary food permitting is required for this type of event. However, these food vendors differ from a typical temporary food establishment in that little or no food preparation is conducted at the location of the event and only very small quantities of food are being distributed. The bulk of food preparation takes place in advance at an existing permitting establishment and onsite preparation is limited to very small amounts of food product (i.e. a pot of chili for a cook-off, a pot of sauce at a cultural festival, an appetizer at a fundraiser, etc.). Due to the nature of these events, the primary food safety risk factors have been typically reduced to only proper hot/cold holding and proper hand hygiene. Occasionally, the duration of these events is minimal, further reducing potential food safety risk factors associated with time/temperature controls. This guidance clarifies how permitting specifically for Tasting Events is determined.

### **Scope**

This guidance applies to EHS staff associated with the Special Events Program

### **Administration**

The WCHD is obliged to protect public health at special events through oversight provided with temporary food permitting. An assessment of the reduced risk presented by limited food handling at Tasting Events provides opportunity to protect public health while also maximizing limited staff resources through the permitting process. Both objectives can be accomplished by clustering a number of vendors under a single permit obtained by the event organizer. Each vendor is still ultimately evaluated through the standard inspection process which protects public health, but only one inspection report is generated for each cluster reducing the post-event workload associated with paperwork.

### **Event Organizer**

- In order to be considered for permitting under this structure, the following minimum requirements must be met at least 7 days advance (if not sooner) by the event organizer:

- A complete vendor and menu list
  - This is evaluated to ensure approved menu items as well as proper locations of advanced preparation. Event organizers are recommended to use existing WCHD permit applications to collect this information from individual vendors.
- An event layout showing specific locations of vendors
  - This is evaluated to determine the number of clusters that can be covered under a single permit.
  - This is also used to determine a minimum number of appropriate hand-wash locations
    - A hand-wash station must be located within 25' of all vendors
- Submit completed permit applications with information specific to each cluster
- Submit payment for all permits

The event organizer is the applicant and therefore responsible for the following:

- Compliance with hand-wash station requirements determined above
- Communicating WCHD requirements to individual vendors
- Providing a responsible person during the event to be present during inspections
- Ensuring that any inspection compliance issues are resolved timely

### **WCHD Personnel**

The Special Events program Senior is ultimately responsible for evaluating the information provided by the event organizer and determining the appropriate permitting structure for these events. It is recommended that an in-person meeting be held with the event organizer prior to the time of application to ensure that all requirements are being met and that appropriate risk factors are considered. Additional time must be spent working with the event organizer during the planning stages of these events, but significantly more time is saved by using the event organizer as a conduit to vendors.

### **Permit Determination Criteria**

A single vendor is typically limited to operations in a 10'x10' area, service from a single banquet table, or similar restricted/reduced service area. Under these circumstances, the following guidelines should be followed to determine how many vendors can be clustered under a single permit:

- Lower Risk Menu Items (Bare-hand contact is the only hazard of concern)
  - No more than 10 vendors clustered
- Higher Risk Menu Items (All other food product requiring temperature regulation)
  - No more than 5 vendors clustered

- A Combination of Lower and Higher Risk Items (not to exceed 8 vendors)
  - May include no more than 3 Higher Risk vendors

NOTE: If possible, vendors should be clustered geographically to increase inspection efficiency. The limits noted above may be decreased if geographic constraints cannot be met.

### **Inspection/Enforcement**

A single inspection shall be conducted for each permit that was determined using the above guidance. The event organizer is responsible for the correction of any out of compliance items. As is the case with any other temporary food event, corrections must be made in a timely manner. This is not typical, but if corrections are not made the permit must be suspended and all vendors operating under the cluster permit must cease operations until correction has been made.



## Florey, Nicholas J

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**From:** Lidia O'Bryant <obryantl@eldoradoreno.com>  
**Sent:** Thursday, November 1, 2018 12:50 PM  
**To:** Florey, Nicholas J  
**Subject:** RE: Permitting Feedback

Hi there,

The cost difference is a big part of it for us. As far as permits being lumped together, I think that is more of an advantage for the HD. We are still filling a permit for every sauce cooker and I'm sure that we will need to continue doing so. We also usually don't get on-site feedback from inspector's during the festival so I'm not quite sure how they choose how many booths to actually inspect, if it saves them time etc.. They will normally call us if something needs to be corrected and we can or need to help. I hope this helps.

### Lidia O'Bryant

*Food & Beverage Operations Manager*

**Direct:** 775-785-8513

**Fax:** 775-954-4001

345 N. Virginia St Reno, NV 89501

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ELDORADO | CIRCUS CIRCUS | SILVER LEGACY

In The Heart Of Reno

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**From:** Florey, Nicholas J [<mailto:NFlorey@washoecounty.us>]  
**Sent:** Thursday, November 01, 2018 12:27 PM  
**To:** Lidia O'Bryant  
**Subject:** Permitting Feedback

Lidia,

I was hoping to get any input you might be able to provide on the permitting of the sauce cookers at the Italian Fest. I am completing a presentation for our Board to determine if the permitting method used (lumping multiple vendors together) should be incorporated into our permanent permitting structure. If you have time, I would greatly appreciate any feedback (positive or negative) you might want to share on how the permitting process impacted your event. Please contact me with any questions or concerns. Thanks in advance for your time and input!

### Nicholas Florey, REHS, BS

Senior Environmental Health Specialist | Environmental Health Services | Washoe County Health District

[nflorey@washoecounty.us](mailto:nflorey@washoecounty.us) | O: (775) 328-2648 | F: (775) 328-6176 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512

WASHOE COUNTY  
HEALTH DISTRICT  
ENHANCING QUALITY OF LIFE



## **Florey, Nicholas J**

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**From:** Kestra Bronneke <kbronneke@nvdm.org>  
**Sent:** Thursday, November 1, 2018 12:55 PM  
**To:** Florey, Nicholas J  
**Subject:** RE: Permitting Feedback

Nick, Hello!

I have you on my list of people to contact since I'll be working on the permitting for our 2018 Chemistry of the Cocktail (Nov 16<sup>th</sup>) next week. This is great timing and I'd love to help out.

Below are my thoughts. All positive, but let me know if you need anything else specific.

As the Director of Corporate Giving and Special Events for The Discovery, we host several events a year with catering involved. I have managed our events for the past 6 years and the WCHD has always been helpful in assisting me with permitting. Nick, especially, has been innovative with improving the entire process to make it easier to understand. Recently, we've been offered the option to slightly modify the permitting process, so it's more efficient. By allowing us to permit for zones rather than submitting for each station separately, it cuts down on the amount of time spent filling out paperwork and helps us with our budget as well.

We put a high priority on all aspects of safety at our events, and by implementing this change we are able to still provide a high quality event, with safe foodservice while saving time and resource for us, and hopefully for the WCHD as well.



**Kestra Bronneke**  
Development Director - Corporate Giving & Special Events  
490 S. Center Street  
Reno NV 89501  
O: 775-398-5912  
www.nvdm.org



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**From:** Florey, Nicholas J [<mailto:NFlorey@washoecounty.us>]  
**Sent:** Thursday, November 01, 2018 12:42 PM  
**To:** Kestra Bronneke <kbronneke@nvdm.org>  
**Subject:** Permitting Feedback

Kestra,

I am writing in regards to the permitting of multiple past events at the Discovery (ex. Chemistry of the Cocktail). I am completing a presentation for our Board to determine if the permitting method used (lumping multiple vendors together) should be incorporated into our permanent permitting structure. If you have time, I would greatly appreciate any feedback (positive or negative) you might want to share on how the permitting process impacted your event. Please contact me with any questions or concerns. Thanks in advance for your time and input!

**Nicholas Florey, REHS, BS**

Senior Environmental Health Specialist | Environmental Health Services | Washoe County Health District  
[nflorey@washoecounty.us](mailto:nflorey@washoecounty.us) | O: (775) 328-2648 | F: (775) 328-6176 | 1001 E. Ninth St., Bldg. B, Reno, NV 89512

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



## Florey, Nicholas J

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**From:** Amanda Burden <azuela66@gmail.com> on behalf of Amanda Burden <amanda@ediblerenotahoe.com>  
**Sent:** Thursday, November 1, 2018 3:04 PM  
**To:** Florey, Nicholas J  
**Subject:** Re: Permitting Feedback

Hi, Nicholas,

Thanks for your note.

My feeling is that I support any opportunity for a small business organizing a community event to save money. And I believe we do save money under this permitting method as opposed to charging for each vendor. Thus, I believe that lumping multiple vendors together on a permit should be incorporated into the permanent permitting structure. If there is another way for us to save money besides this option, I welcome other ideas.

I hope that helps?

Best,

Amanda

Amanda Burden, Publisher/Editor  
edible Reno-Tahoe/edible Sacramento magazine

[EdibleRenoTahoe.com](http://EdibleRenoTahoe.com)

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On Nov 1, 2018, at 12:15 PM, Florey, Nicholas J <[NFlorey@washoecounty.us](mailto:NFlorey@washoecounty.us)> wrote:

Amanda,

I have worked with you in the past to permit several of your events (ex. Good spirits). I am completing a presentation for our Board to determine if the permitting method used (lumping multiple vendors together) should be incorporated into our permanent permitting structure. If you have time, I would greatly appreciate any feedback (positive or negative) you might want to share on how the permitting process impacted your event. Please contact me with any questions or concerns. Thanks in advance for your time and input!

**Nicholas Florey, REHS, BS**

Senior Environmental Health Specialist | Environmental Health Services | Washoe County Health District  
[nflorey@washoecounty.us](mailto:nflorey@washoecounty.us) | O: [\(775\) 328-2648](tel:(775)328-2648) | F: [\(775\) 328-6176](tel:(775)328-6176) | 1001 E. Ninth St., Bldg. B, Reno, NV 89512

<image001.jpg>

<image002.gif><image003.gif>

## Florey, Nicholas J

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**From:** Jamie Bartlett <jamieduhart@gmail.com>  
**Sent:** Friday, November 2, 2018 2:24 PM  
**To:** Florey, Nicholas J  
**Subject:** Re: Permitting Feedback  
**Attachments:** image002.gif

Hi Nick,

From my perspective the permitting process was great! It couldn't have gone any smoother. It was super easy from my end getting the details needed from our three non-food vendors and putting them all on the one application. I would definitely recommend incorporating that into your permanent structure. If you need anything else from me please don't hesitate to ask.

Thanks so much for all you do!

**Jamie Duhart-Bartlett**  
Executive Administrative Assistant  
Riverwalk Merchants Association  
775-219-5526 (c)  
[jamie@renoriver.org](mailto:jamie@renoriver.org)  
[jamieduhart@gmail.com](mailto:jamieduhart@gmail.com)

On Thu, Nov 1, 2018 at 12:29 PM Florey, Nicholas J <[NFlorey@washoecounty.us](mailto:NFlorey@washoecounty.us)> wrote:

Jamie,

I am writing in regards to the past permitting of Dine the District. I am completing a presentation for our Board to determine if the permitting method used (lumping multiple vendors together) should be incorporated into our permanent permitting structure. If you have time, I would greatly appreciate any feedback (positive or negative) you might want to share on how the permitting process impacted your event. Please contact me with any questions or concerns. Thanks in advance for your time and input!

**Nicholas Florey, REHS, BS**

Senior Environmental Health Specialist | Environmental Health Services | Washoe County Health District

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## Florey, Nicholas J

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**From:** Megan Fincher <Megan.Fincher@sgws.com>  
**Sent:** Monday, November 5, 2018 11:00 AM  
**To:** Florey, Nicholas J; Barbara Longstreet  
**Subject:** RE: Permitting Feedback

Nick,

Sorry we are just getting back to you. Barrels & Bites had us fully consumed at the end of last week. We wanted to thank you for ALL of your help! The permitting method that you have been using with us for our event helped us tremendously. Everything ran very smooth throughout the entire process, and especially at the event. We think that it would be a great addition to add this process into your permanent permitting structure. We have no negative feedback to give. Thank you again for all your help! Look forward to working with you again next year.

**Megan Fincher** | Special Events Coordinator | Southern Glazer's Wine & Spirits of Northern Nevada | 775.848.8911



Barbara Longstreet | Sales Administrative Assistant | Southern Glazer's Wine & Spirits of Nevada | Office: 775-353-5307 | Cell: 775-351-3479 | [blongstreet@sgws.com](mailto:blongstreet@sgws.com)



---

**From:** Florey, Nicholas J <[NFlorey@washoecounty.us](mailto:NFlorey@washoecounty.us)>  
**Sent:** Thursday, November 1, 2018 12:38 PM  
**To:** Megan Fincher <[Megan.Fincher@sgws.com](mailto:Megan.Fincher@sgws.com)>; Barbara Longstreet <[blongstreet@sgws.com](mailto:blongstreet@sgws.com)>  
**Subject:** Permitting Feedback

Megan/Barbara,

I am writing in regards to the permitting of the Barrels & Bites upcoming event as well as past events. I am completing a presentation for our Board to determine if the permitting method used (lumping multiple vendors together) should be incorporated into our permanent permitting structure. If you have time, I would greatly appreciate any feedback (positive or negative) you might want to share on how the permitting process impacted your event. Please contact me with any questions or concerns. Thanks in advance for your time and input!

**Nicholas Florey, REHS, BS**

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## Florey, Nicholas J

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**From:** Devenney Leijon <dleijon@bgcnlt.org>  
**Sent:** Tuesday, November 6, 2018 3:52 PM  
**To:** Florey, Nicholas J  
**Subject:** Re: Permitting Feedback  
**Attachments:** image001.jpg

Hi Nicholas,

i wanted to send you some quick feedback about permitting for Wine on the Water 2018. I had never done the event previously, but I thought the permitting process for food vendors was efficient and seamless to complete. I thought the process worked well and I was very appreciative to have your help to guide us through it and ensure our event was permitted correctly, safe and that our guests, vendors and staff were happy. Please let me know if there are any specific areas you would like my feedback on in addition to this overview, but I thought it was a great process from start to finish of the event.

Thanks so much! Talk soon.

On Fri, Nov 2, 2018 at 8:47 AM Florey, Nicholas J <[NFlorey@washoecounty.us](mailto:NFlorey@washoecounty.us)> wrote:

Devenney,

Any information that you could provide (positive or negative) would be appreciated. Next week is just fine. Thanks!

Nick Florey

**From:** Devenney Leijon [mailto:[dleijon@bgcnlt.org](mailto:dleijon@bgcnlt.org)]  
**Sent:** Thursday, November 1, 2018 2:48 PM  
**To:** Florey, Nicholas J  
**Subject:** Re: Permitting Feedback

Hi Nicholas,

I would be happy to help. Would it be too late to send you something early next week? We are running a musical this weekend and we are currently in tech week, but I'll carve out some time if you need it before Monday or Tuesday. Just let me know.

Thanks!

On Thu, Nov 1, 2018 at 12:54 PM Florey, Nicholas J <[NFlorey@washoecounty.us](mailto:NFlorey@washoecounty.us)> wrote:

Devenney,

I have worked with you in the past to permit the Wine on the Water event. I am completing a presentation for our Board to determine if the permitting method used (lumping multiple vendors together) should be incorporated into our permanent permitting structure. If you have time, I would greatly appreciate any feedback (positive or negative) you might want to share on how the permitting process impacted your event. Please contact me with any questions or concerns. Thanks in advance for your time and input!

**Nicholas Florey, REHS, BS**

Senior Environmental Health Specialist | Environmental Health Services | Washoe County Health District

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--

*"Your greatness is not what you have, but in what you give." - Alice Hocker*

**Devenney Leijon**

**Marketing & Special Events Coordinator**

Boys and Girls Club of North Lake Tahoe

8125 Steelhead Ave.

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Kings Beach, CA 96143

Phone: 530.582.3760

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--  
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**Devenney Leijon**  
**Marketing & Special Events Coordinator**

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**Florey, Nicholas J**

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**From:** Liza Maupin <lizamaupin@gmail.com>  
**Sent:** Friday, November 16, 2018 3:11 PM  
**To:** Florey, Nicholas J  
**Subject:** Permitting Feedback

Hi Nick,

First and foremost, let me say what a pleasure it is to work with you and your team. Makes my job a lot easier.

As to the permitting process, I am very happy with how we handled it the last two years. Obviously, I would prefer the old, lower, nonprofit single fee, but the reality is our event is quite complex. Allowing each chef team and appetizer stations to submit under one permit (four in our case) streamline the process while still providing fair compensation to you department. If we had not done it this way, we would be submitting 30+ permits instead of the four. Please let me know if you have any questions. I look forward to working with you on our April 13th event.

Sincerely,

Liza Maupin  
Big Brothers Big Sisters Gala Chair  
775-721-8124

## Florey, Nicholas J

---

**From:** Mark Baldwin <mark@encorebeverage.com>  
**Sent:** Monday, November 19, 2018 2:07 PM  
**To:** Florey, Nicholas J  
**Subject:** Event permitting

Hi Nick,

Thanks for the opportunity to provide some feedback.

I understand that costs do go up, however when I learned that event fees were going up so dramatically, it almost got me to stop putting on Local Charity fundraising events.

Your solution to bundle participating restaurants together to lessen the blow of the increased event costs was a much easier pill to swallow. After all, the groups at risk with the price increases are the charities themselves. I appreciate your creativity in coming up with a workable solution. Thank you.

I look forward to working with you again this coming spring!

Cheers, Mark

Mark Baldwin, owner  
Encore Beverage  
P.O. Box 34300  
Reno, NV 89523  
email: [mark@encorebeverage.com](mailto:mark@encorebeverage.com)  
cell 775 742-4814  
office 775 747-1759  
fax 775 747-3240  
shipping 8521 White Fir Dr. Unit C2  
Reno, NV 89523



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## Florey, Nicholas J

---

**From:** Bob Segesman <bsegesman@me.com>  
**Sent:** Tuesday, November 20, 2018 10:23 AM  
**To:** Florey, Nicholas J  
**Subject:** Permit comments

Hi Nick,  
Hope these comments will help in your presentation. Carol Segesman

### Positive:

This year, by paying for four lumped together permits instead of twenty permits @\$160 we were able to give one additional scholarship.

Nick's idea of lumping permits into similar categories is a definite benefit for non profits and this method still brings in revenue to the county.

Events such as Tastes of Incline where multiple restaurants are grouped together in a single location for just four hours make it easy for the county personnel to verify health/safety standards which does not warrant separate trips/locals and the cost involved.

### Negative:

The significant increase in the costs of permits for events such as Tastes of Incline ,which bring together twenty restaurants to raise money for colleges scholarships for local Incline Village students is impacting our ability to continue this event.

Carol Segesman  
Restaurant Chair

Sent from my iPad

## Florey, Nicholas J

---

**From:** Dawn Harris <dawn@tahoesafealliance.org>  
**Sent:** Monday, December 17, 2018 1:42 PM  
**To:** Florey, Nicholas J  
**Subject:** RE: Permitting Feedback

Hi Nick. Sorry for the delay. Not sure if you still would like my input but here it is!

The Tahoe Chocolate & Wine Festival is a small community event. The maximum number of food vendors is six and nearly all participants provide a dessert or candy. There is no lengthy or complicated food preparation or food storage by our vendors. Therefore, having a permitting process that is not complicated or expensive is a benefit to our agency.

Happy Holidays!  
Dawn

---

**From:** Florey, Nicholas J <NFlorey@washoecounty.us>  
**Sent:** Thursday, November 1, 2018 12:41 PM  
**To:** Dawn Harris <dawn@tahoesafealliance.org>  
**Subject:** Permitting Feedback

Dawn,

I am writing in regards to current and past permitting of the Tahoe Chocolate and Wine event. I am completing a presentation for our Board to determine if the permitting method used (lumping multiple vendors together) should be incorporated into our permanent permitting structure. If you have time, I would greatly appreciate any feedback (positive or negative) you might want to share on how the permitting process impacted your event. Please contact me with any questions or concerns. Thanks in advance for your time and input!

**Nicholas Florey, REHS, BS**

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**WASHOE COUNTY  
HEALTH DISTRICT**  
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DD _____
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**Staff Report**  
**Board Meeting Date: February 28th, 2019**

TO: District Board of Health

FROM: Rayona LaVoie, Health Educator II  
775-328-2416, rlavoie@washoecounty.us

SUBJECT: Presentation and possible acceptance of the 2018-2020 Community Health Improvement Plan Annual Report

---

**SUMMARY**

**District Health Strategic Priorities supported by this item:**

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

**PREVIOUS ACTION**

- The current CHIP (2018-2020) was presented to the board and accepted on June 28, 2018.
- The 2016 and 2017 CHIP annual reports have been presented to the board and accepted.
- The previous CHIP (2016-2018) was presented to the board and accepted on January 28, 2016.

**BACKGROUND**

The 2018 Community Health Improvement Plan (CHIP) Annual Report summarizes the progress of objectives included in the plan from July 1<sup>st</sup>, 2018 to December 31<sup>st</sup>, 2018. The Annual report provides a progress review of the activities and collaborative efforts completed in the first six months of implementation by the Washoe County Health District, CHIP workgroups, and community partners and agencies. The 2018-2020 CHIP addresses three priorities; Housing and Homelessness, Behavioral Health, and Physical Activity and Nutrition. While the CHIP is a community driven and



Subject: February 19, 2019  
Date: ODHO District Health Officer Report  
Page 2 of 2

collectively owned health improvement plan, WCHD is charged with providing administrative support, tracking and collecting data, and preparing the annual report. Successes were seen across all three priorities due to the community wide engagement and collaborative work. The successes demonstrate the evolution and progress accomplished by CHIP workgroups and community partners.

### **FISCAL IMPACT**

*Should the Board accept the 2017 Community Health Improvement Plan Annual Report, there will be no fiscal impact to the adopted FY19 budget.*

### **RECOMMENDATION**

Staff recommends the DBOH review and accepts the 2018 Community Health Improvement Plan Annual Report as presented.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2018 Community Health Improvement Plan Annual Report as presented."

WASHOE  
COUNTY  
HEALTH  
DISTRICT

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# 2018 Community Health Improvement Plan ANNUAL REPORT



# 2018 Community Health Improvement Plan Annual Report

This annual report was prepared by the Washoe County Health District (WCHD). We would like to thank our community partners for dedicating their time and expertise to the CHIP committees.

Access to Health Care Network	Nevada Primary Care Association
ACTIONN	Reno Area Alliance for the Homeless
Boys and Girls Club of Truckee Meadows	Reno Housing Authority
Catholic Charities of Northern Nevada	Reno Initiative for Shelter and Equality
Children's Cabinet	Reno Police Department
City of Reno	Reno + Sparks Chamber of Commerce
City of Sparks	Renown Health
Communities in Schools, Western Nevada	Restart Reno
Community Foundation of Northern Nevada	Safe Embrace
Community Health Alliance	Salvation Army
Community Services Agency	Social Entrepreneurs, Inc.
Food Bank of Northern Nevada	The Eddy House
Health Plan of Nevada	The Life Change Center
High Sierra AHEC	Truckee Meadows Healthy Communities
Immunize Nevada	Truckee Meadows Regional Planning Authority
JTNN	United Health Care
Liberty Dental Plan	University of Nevada, Reno Cooperative
Nevada Division of Public and Behavioral	Extension
Health, Chronic Disease Prevention & Health	University of Nevada, Reno School of
Promotion	Community Health Sciences
Nevada Division of Public and Behavioral	Urban Roots
Health, Community Services	Volunteers of America Northern Nevada
Nevada Division of Public and Behavioral	Washoe County Courts Division
Health, Office of Suicide Prevention	Washoe County Chronic Disease Coalition
Nevada Division of Public and Behavioral	Washoe County Health District
Health, Primary Care Office	Washoe County Regional Behavioral Health
Nevada Interagency Council on Homelessness	BoardWashoe County Human Services Agency
Northern Nevada HOPES	Washoe County School District
	Washoe County Sheriff's Office

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## Letter from the District Health Officer

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Dear Partners, Residents, Community Leaders, and Colleagues,

In looking back at the achievements in the past six months, I'm amazed at the work that's been done by community partners. The depth of community support and collaboration is evident in the accomplishments shared in 2018 Community Health Improvement Plan's (CHIP) Annual Report. Using the 2018-2020 CHIP as a guiding document, we have experienced important community change. Strategies became real for the community in the form of Family Health Festivals, the Signs of Suicide program in middle schools, and the initiation of scalable health initiatives and programs. Through the shared experiences of each committee, we have learned how to combine expertise and resources to achieve mutual goals and how to work cooperatively to bring positive and sustainable change to the health and wellness of the community.

As we move forward to complete the CHIP goals, I am confident that our community capability is even stronger because of the partnerships that we've built over the last six months. The Washoe County Health District is committed to collaborating with our colleagues both within and outside the traditional "health" sector. We are eager to engage new partners with unique perspectives to create healthier and safer communities across Washoe County. Collectively, we will need to be innovative while also utilizing proven and promising practices. WCHD cannot bring about the desired improvements for Washoe County alone; rather, only through partnerships will we create a healthy community.

There are many critical pieces that will assist in transforming our collective efforts to improve health in Washoe County. We have successfully taken an important first step towards collaboratively setting a course to improve health and the conditions that impact health. We would like to thank the many people who contributed their ideas, expertise, energy and commitment to the CHIP committees. We look forward to working with you to make a difference in the health of Washoe County.

Kevin Dick  
Washoe County District Health Officer

## Letter from the Board of Health Chair

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Dear Community Partners,

It is my pleasure to share with you the 2018-2020 Community Health Improvement Plan (CHIP) Annual Report, a document celebrating the work of the community. The report builds upon the commitment, expertise and creativity of our partners to come up with innovative solutions to improve the health of Washoe County.

The CHIP was developed to create a shared vision for tackling important health issues in Washoe County. Based on discussions with organizations across the community, the CHIP priorities were selected. The foundational goals for the CHIP are to reduce health disparities by improving housing security, reduce depression and suicide, and improve physical activity and nutrition among families. Research has shown that health and well-being are greatly influenced by many complex factors and that where people live, learn, work and play have a tremendous impact. Because a healthy community means more than good medical care, our plan focuses on providing all members of our community the opportunity to make healthy choices and have access to the services when they need. It will take all of us doing our part to transform our community.

While the Washoe County Health District plays a vital role in ensuring that residents in our community achieve an optimal level of health; the Public Health 3.0 model emphasizes cross-sector collaboration to solve the challenges of population health. This model is reflected in the CHIP as public health leaders work with all relevant partners to drive initiatives; including those that explicitly address “upstream” social determinants to influence a person’s overall health and well-being.

As our partners plan and implement change, we look forward to working with you to improve the health of the entire community in Washoe County.

Dr. John Novak  
Chair, Washoe County District Board of Health

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## Introduction

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The 2018 Community Health Improvement Plan (CHIP) Annual Report is a progress review of the first six months of CHIP implementation. While the CHIP is a community driven and collectively owned health improvement plan, the Washoe County Health District (WCHD) is charged with providing administrative support, tracking and collecting data, and preparing the annual report. We are excited to share an update on the initiatives that have been accomplished by working together to positively impact the community's health.

There are many factors that influence health and well-being in our community and addressing them all would be a monumental task. Gathering and examining primary and secondary data through the Community Health Needs Assessment (CHNA) was the first step towards developing the CHIP. Primary data (information gathered from first hand sources) and secondary data (county, state and national statistics) sources were analyzed and factored into a detailed methodology to prioritize the most important issues facing Washoe County. Organizations from across the community gave input on the areas the community viewed as most critical to be addressed and gave considerations to existing capacity to work on the issues identified. The Truckee Meadows Healthy Communities (TMHC) steering committee, a cross-sectorial coalition representing stakeholders in Washoe County, worked to identify areas of the highest need. After careful consideration and deliberation, the Steering Committee determined the following focus areas to be both the highest areas of need and were areas where there was community capacity to initiate work:

	Priority	Goal
<b>1</b>	Housing and Homelessness	<ol style="list-style-type: none"><li>1. To stabilize and improve housing security for people spending more than 50% of their income on housing.</li><li>2. To stabilize and improve housing security for people spending more than 50% of their income on housing.</li></ol>
<b>2</b>	Behavioral Health	<ol style="list-style-type: none"><li>1. To stabilize and improve housing security for the severely mentally ill (SMI).</li><li>2. Assess and address current status and need for behavioral health services in Washoe County.</li><li>3. Reduce depression and suicidal behaviors in adolescents.</li></ol>
<b>3</b>	Nutrition and Physical Activity	<ol style="list-style-type: none"><li>1. To increase physical activity and nutrition among adults and youth using the 5210 Let's Go Framework</li></ol>

Subsequently, the CHIP was developed to outline the specific strategies and tactics to accomplish the objectives of the CHIP in a detailed action plan. Under each goal, the action plan details how the goals and objectives will be implemented and evaluated

over the next three years. Committees from each focus area report on implementation efforts largely through quarterly committee meetings. The accomplishments illustrated in the first six months are notable and give cause for celebration. The achievements to date underscore the continued need for a community wide, collaborative plan to aid in the focusing of efforts and resources as we collectively move towards a healthier community.

### How to Read this Report

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The CHIP strategies are presented in the following tables, with notations of activities performed and information reported by community partners throughout the first six months of implementation from July 1, 2018 to December 31, 2018.

A color-coding system to indicate the completion status of each strategy within the three focus areas was created. The number of completed tactics in a strategy was divided by the total number of tactics in that strategy, to yield a percentage indicator of completion. A score of 70 to 100 percent complete was given a green indicator. A score of 50 to 69 percent complete was given a yellow indicator. A score of below 50 percent completion was given a red indicator.

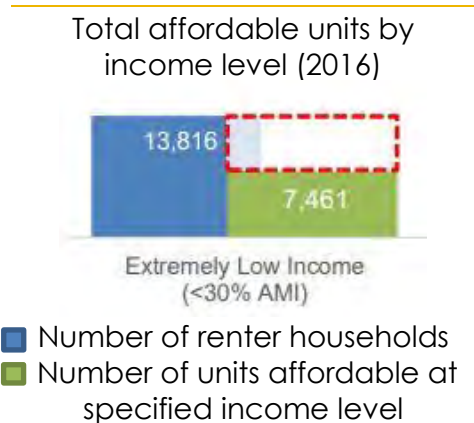
	A score of 70 to 100 percent indicates significant progress, in that the measurement has met or surpassed the target objective.
	A score of 50 to 69 percent indicates ongoing activities or progress toward the target objective.
	A score of below 49 percent indicates little to no progress has been made toward the target objective.
	Items not yet due for completion



# Housing and Homelessness

Washoe County and surrounding areas are riding a wave of economic growth spurred by the successful campaign to attract large companies to the Truckee Meadows. Companies like Tesla, Panasonic and Google have relocated to the area to take advantage of the beneficial economic climate. The migration of companies like these has provided northern Nevada the opportunity to rebound from the economic crisis that occurred nearly a decade ago. The impact can be seen in the Reno-Sparks metro year-over-year job growth, which grew 3.7% from June 2017 to June 2018. Compared to Carson City's 3.3% and 2.7% for both Las Vegas Metropolitan Statistical Area (MSA) and the state as a whole, the Reno-Sparks rate of growth is more than double the national rate of 1.6%.<sup>1</sup>

Unfortunately, the rapid economic growth resulted in a housing crisis. Northern Nevada's housing inventory hasn't kept pace with the number of people moving here for jobs, driving up housing costs. Earlier in the year, the median home price in the Washoe County was about \$340,000; more than double what it was during the last recession, according to Zillow. Given the steep housing prices some buyers can no longer afford to enter the market so they are renting instead. That, in turn, has driven up rental rates, leaving people at the very bottom of the income spectrum without many options. The average rent in Reno-Sparks is just under \$1,700 a month, up about 30 percent from five years ago. For lower income households this may mean having to choose between paying rent and buying food or medicine, or facing an eviction. The area median income (AMI) has remained relatively stagnant, hovering between \$50,000 and \$55,000; thus families are unable to comfortably afford the area's median home price. Residents living on a fixed income have also been adversely affected as social security or other types of fixed income have not increased to meet the rising cost of housing.



**11,812 units**  
 Shortage of rental housing affordable and available to very low-income households in Washoe County

The housing crisis has also caused a surge in Reno's homeless population. The number of homeless individuals has increased 43%, from 705 in January of 2012 to 1,008 in

<sup>1</sup> Nevada Department of Employment, Training and Rehabilitation. Accessed from: [http://nevadaworkforce.com/Portals/139/EIB/2018/Current\\_EIB.pdf](http://nevadaworkforce.com/Portals/139/EIB/2018/Current_EIB.pdf)

January of 2018. The largest percentage increase in the homeless population is in the number of homeless senior citizens identified, from 13 in 2014 to 35 in 2018. The number of children identified by the Washoe County School District also remains high, according to the McKinney-Vento Act definition 3,359 children were identified as homeless in the 2016-2017 school year.<sup>2</sup>

There is strong evidence characterizing housing's relationship to health. Housing stability, quality, safety, and affordability all affect health outcomes. Those experiencing homelessness or poor housing conditions are at a greater risk of infectious and chronic illness, poor mental health, and substance abuse. For example, homeless individuals are more likely to experience challenges managing a chronic health condition which involves a myriad of tasks for anyone, ranging from scheduling and getting to frequent doctor appointments to regularly taking and refilling numerous medications and eating a healthy diet. Being homeless makes these basic tasks even more overwhelming, particularly if combined with an additional chronic health or behavioral health condition, which many homeless individuals experience.


In 2018, the CHIP Housing Committee outlined strategies and tactics under the following two goals to improve housing and homelessness:

- **Goal 1:** To stabilize and improve housing security for people spending more than 50% of their income on housing.
- **Goal 2:** To stabilize and improve housing security for people spending more than 50% of their income on housing.

#### Progress: Housing and Homelessness Objectives & Strategies

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Washoe County's community agencies, organizations and individuals have made progress on four of five objectives and have advanced eight of 11 strategies which are currently meeting or exceeding the performance measure.

 **Objective 1.1-1.3-** By December 31, 2018 complete Phases 1-3 of the Enterprise Affordable Housing Regional Strategy Housing and Homelessness Objectives & Strategies

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Washoe County's community agencies, organizations and individuals have made progress on four of 12 objectives and have advanced six of 12 strategies which are currently meeting or exceeding the performance measure.

For housing to be considered affordable, a household should spend no more than 30 percent of its income on rent and utilities. Truckee Meadows Healthy Communities (TMHC) and Truckee Meadows Regional Planning Association (TMRPA) partnered with

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<sup>2</sup> Washoe County Health District. Accessed from: <https://www.washoecounty.us/health/files/data-publications-reports/CHIP%20FINAL%206.28.18.pdf>

Enterprise Community Partners to develop a plan outlining actionable steps to increase production of affordable housing throughout Washoe County. The development of the Regional Affordable Housing Strategy was divided into three planning phases which outline the strategies to increase the supply and quality of affordable housing. Once completed and released to the community, the Affordable Housing Strategy will shape the region's actions and investments in affordable housing over the next ten years.

In January of 2017, Enterprise and the Washoe County planning team convened stakeholders at the Truckee Meadows Affordable Housing Forum. The forum was designed to facilitate cross-sector conversation and collaboration, identify common challenges, and regional opportunities. During the forum stakeholders were engaged in strategy sessions to prioritize the region's housing challenges and identified advocacy efforts and development strategies to guide future actions. Following the forum, stakeholders determined the need to develop a regional affordable housing plan.

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Housing is considered affordable when a household pays no more than **30%** of their income on housing costs



Enterprise collected and analyzed data to understand the economic, social, and legislative climate of the region. The data was then categorized to create an opportunity-based profile. The Community Profile was completed and contains an inventory of policies, programs (government and non-government), and financing tools that could be implemented in the short, medium and long terms. Phase 1 and 2 are completed and highlights the data collected of the affordable housing needs in the region.

Phase 3 of the Enterprise Affordable Housing Strategy is slated for completion in early 2019. TMRPA and TMHC established an Executive Leadership team to focus on strategy implementation, potential policies, programs, and finance opportunities to advance housing affordability. The final development of the housing strategy will include the implementation structure, policy recommendations received from local, state and federal participants, and a framework to measure the success of the strategy. Going forward, the Executive Leadership team will identify an organization to implement the Regional Strategy.

**Objective 2.1:** By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI)

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Individuals experiencing homelessness or unstable housing situations face significant challenges in obtaining care and managing chronic conditions. A growing body of evidence suggests those who obtain housing are much more likely to have better

health outcomes. Community partners including, Washoe County Human Services, Reno Area Alliance for the Homeless (RAAH) and ACTIONN identified the need to seek alternative funding models for housing Severely Mental Ill (SMI). Partners identified opportunities and developed a document to identify opportunities to alternative funding models which includes utilizing Medicaid waivers or cost savings to fund housing for homeless individuals with SMI, a low income housing tax credit and possible local revenue sources.

At a statewide level, the 2017 Nevada Legislative Committee was tasked with studying Affordable Housing and submitting a report of the issues and recommended legislation to the 2019 Legislative Session. As a result, one of the proposed policy recommendations from the study includes, amending the Medicaid 1915(i) State Plan to provide funding for tenancy support. Revising the state plan to would provide more flexibility for Medicaid beneficiaries experiencing homelessness and behavioral health conditions to qualify for supportive services in housing. A bill draft request (BDR) was submitted to the Legislature to expand the Medicaid 1915 (i) State Plan Options. At the time of print this was included in the Governor’s proposed budget.

**Objective 2.2:** By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance

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Homelessness is often accompanied by many other problems such as lack of social support and co-occurring mental health and substance use disorders. Consequently, the challenges faced by these individuals frequently result in a lower quality of life. Case management, which helps people navigate the system of services available, can help improve health outcomes and increase access to services.

Despite the strong link between improved health outcomes for homeless populations receiving case management services; a lack of co-ordination amongst services and difficulties obtaining health insurance among individuals are reported barriers to service provision. The Health District deployed a survey to identify existing case managers in Washoe County across government and non-profit agencies to learn more about the barriers to further coordination of services. To address the barriers identified, materials were developed and distributed on how to conduct a “warm hand-off”. Referrals conducted by case managers through a warm hand-off, where referrals are made in person and include the client, are considered best practice for optimal case management outcomes.

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What case management information is not collected that you would like to have the option to collect?



1. Referrals
2. Program utilization

To further improve case management efficiencies, case managers, law enforcement, representatives from managed care organizations, and several other stakeholders who

provide services to the homeless population convened in meetings to discuss improving outcomes by sharing data and resources. Case managers described the absence of communication between providers and inability to track client information from different systems used by organization as key barriers to providing long-term services. The next steps will require further discussions to identify resources for a community case management data system.

Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.<sup>3</sup> Case Managers at the Community Assistance Center Family Shelter successfully implemented diversions practices to assist families in finding appropriate housing to prevent them from needing to be housed at the family shelter. Additionally, in an effort to better serve the community and expand capacity and services, the family and womens shelters at the Community Assistance Center are moving to the Northern Nevada Adult Mental Health Services (NNAMHS) campus. Families and women will receive shelter, critical services and specialized programming. The NNAMHS campus is currently under renovations and will begin serving Washoe County's women and children who are homeless in 2019.

In addition to frowing adult and senior citizen populations, Nevada is home to the nation's fastest growing youth homeless population. Poverty, housing insecurity, involvement with the child welfare and juvenile justice systems, racial disparities, mental health, and substance use disorders are often identified as precursors to youth homelessness. About 71% of youth living on the street are from Washoe County and 8% are from rural Nevada. Many homeless youth and young adults have experienced significant trauma before and after becoming homeless and are particularly vulnerable to being trafficked for sex or labor.<sup>4</sup> According to the 2017 Point-in-Time Count about 58% of youth in Northern Nevada are currently being trafficked or are at very high risk of being trafficked.

The lack of a social safety net and funding for homeless programs continues to be an on-going issue to adequately meet the needs of youth experiencing homelessness. For example, as youth ages out of institutions like foster care, limited resources are available to prepare them for the transition to adulthood. The Eddy House provides an extensive array of services, but are unable to shelter youth overnight which is an essential element to getting youth stabilized, employed and out of the cycle of chronic

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<sup>3</sup> National Alliance to End Homelessness. Accessed from: <http://endhomelessness.org/wp-content/uploads/2011/08/creating-a-successful-diversion-program.pdf>

<sup>4</sup> National Alliance to End Homelessness. Accessed from: <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/>

homelessness.<sup>5</sup> The causes and solutions of youth homeless are unique; however, if interventions are effectively implemented, chronic homelessness can be prevented.

Evidence suggests 85% of youth experiencing homelessness won't experience chronic homelessness if interventions are provided before the critical age of 25. To address youth homelessness in Washoe County, the [Youth Homelessness Roadmap](#) was developed and then endorsed by the Reno Area Alliance for the Homeless (RAAH) Leadership council. Youth and young adults need stable housing, supportive connections to caring adults, and access to mainstream services that will place them on a path to long-term success. The RAAH Youth Homeless committee is working to implement the roadmap which includes strategies such as establishing a 24-hour drop in center, identifying a data collection tool, and increasing the amount of supportive transitional and workforce housing.

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<sup>5</sup> Washoe County Youth Homeless Roadmap

## Housing and Homelessness: How did we measure up?

Status	Strategy	Tactic	Performance Measure
	<b>Objective 1.1: By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.</b>		
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase I of roadmap complete
	<b>Objective 1.2: By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.</b>		
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase II of Regional Strategy complete
	<b>Objective 1.3: By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.</b>		
	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase III of regional strategy complete
	<b>Objective 1.4: By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.</b>		
	Advocate for and work to identify or establish an organization or coalition that can accomplish the implementation plan and advocacy mission of phase IV of the Regional Strategy for Housing Affordability.	Identify or establish organization to lead implementation	Organization identified/established
		Organization identified in strategy one to complete implementation plan	Activities and strategies outlined in implementation plan completed
	<b>Objective 2.1: By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).</b>		
	Identify alternative funding models for housing SMI	Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing

		Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI.	Document that outlines steps needed to implement funding models identified (i.e., State Medicaid Administrator approval/letter of support, legislative action needed, etc.)
		Determine if non-federal match funds are required for funding options identified and if so, initiate communication to determine if state or local funding could be utilized to meet matching requirement	Meetings conducted to explore possible sources of matching funds
	Support alternative funding models identified.	Coordinate advocacy efforts needed to support funding models identified.	Central point of contact identified for disseminating information.
	Work with State Medicaid agency to revise state plan to include expansion of 1915(i) subpopulations to include homeless people who are severely mentally ill.	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan.
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.
<b>Objective 2.2: By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.</b>			
	Survey and identify all existing case managers in the community across non-profit and government agencies and the general scope of the case management provided.	Each agency will list their case managers, and identify their duties and responsibilities.	Completed list of case managers and the scope of the case management and the resources the case manager has available to contribute.
		Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings convened, best practices shared.
	Document experiences and results from Washoe County's Community Case Managers.	Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results.
	Compile and share best practices examples from other communities.	Conduct internet research.	Creation of a report presenting options used successfully in other communities.



		Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance.	Completed document reflecting a timeline and implementation steps for best practices identified, may be combined with report on experiences and best practices identified.
	Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter.	Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter.	Document reflecting roles and responsibilities of existing case managers at the CAC. No families on the wait list at the CAC.
	Support implementation of objectives/strategies outlines in the HID Youth Demonstration grant.	Identify a timeline to implement grant objectives.	Document reflecting implementation timeline
Gather key stakeholders to determine lead agencies on grant objective implementation. Establish process for training, agency communication and service delivery that include best practices for homeless youth.		Meetings conducted to determine lead agencies that specifically serve homeless youth.	
Explore best practices and establish a process for training, agency communication and service delivery for entities that encounter homeless youth.		Document reflecting training best practices and the process identified for providing training for entities encountering homeless youth.	

## Behavioral Health

**B** Mental illnesses and substance use are commonly known to co-exist<sup>6</sup> and behavioral health is an umbrella term that includes both mental health and substance use. The prevalence of these health conditions are a growing public health concern because of the alarming rates of Americans struggling with a mental illness or substance use disorder. As a nation, approximately one in five American adults will experience some form of mental illness in any given year, according to the National Alliance on Mental Illness. The mortality rate caused by substance use (alcohol and drugs) among adults is higher in Washoe County than Nevada and the nation.<sup>7</sup>

Sadly, about half of those with a mental health disorder do not seek treatment or are unable to get the appropriate care needed.<sup>8</sup> Nevada is ranked 51<sup>st</sup> among the states in prevalence of mental illness and access to care. Increasing evidence suggests that significantly greater barriers exist to receive mental health care in comparison to physical health care.<sup>9</sup> Initial treatment is frequently delayed for many reasons including; failing to seek help because the problem is not acknowledged, perceiving that treatment is not effective, and desiring to deal with the problem by self-medicating. In addition, a lack of knowledge about mental disorders and stigma remain major barriers to care.<sup>10</sup> Similar to the national rates, Nevada is experiencing an increasing trend with the fifth highest suicide rate in the Country.<sup>11</sup> Washoe County currently leads the state in suicide prevalence with 23.6 suicide deaths per 100,000 people. This rate is substantially higher than the national average of 13.3 suicide deaths per 100,000 people.<sup>12</sup>

The suicide rate in Washoe County is

1.7x

the national average

Historically, factors that impede access to treatment in Nevada include lack of treatment options or availability of services, underfunding of social welfare programs and the available workforce. Lack of funding in Nevada has often been cited as a top limitation to providing adequate services to our most vulnerable populations, with the per capita funding of mental health services averaging \$89.41, far short of the national

<sup>6</sup> Substance Abuse and Mental Health Services Administration. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*.

<sup>7</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from: <https://wonder.cdc.gov/ucd-icd10.html>

<sup>8</sup> Center for Disease Control and Prevention. Accessed from: <https://www.cdc.gov/genomics/resources/diseases/mental.htm>

<sup>9</sup> The Robert Wood Johnson Foundation. Accessed from:

[https://www.integration.samhsa.gov/workforce/mental\\_disorders\\_and\\_medical\\_comorbidity.pdf](https://www.integration.samhsa.gov/workforce/mental_disorders_and_medical_comorbidity.pdf)

<sup>10</sup> Center for Disease Control and Prevention. Accessed from:

[https://www.cdc.gov/hrqol/Mental\\_Health\\_Reports/pdf/BRFSS\\_Full%20Report.pdf](https://www.cdc.gov/hrqol/Mental_Health_Reports/pdf/BRFSS_Full%20Report.pdf)

<sup>11</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from: <https://wonder.cdc.gov/ucd-icd10.html>

<sup>12</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from: <https://wonder.cdc.gov/ucd-icd10.html>

average of \$131 per capita. The available workforce is a substantial problem as the applicant pool is limited and current policies make it problematic to recruit out-of-state providers due to the time needed for the behavioral health board to approve licensure. In addition, affordable coverage for mental illness provided by private health insurance, Medicare, and Medicaid, is sometimes less comprehensive than that for physical illnesses. Many of those who have Medicaid are likely to experience delayed care or difficulties finding a provider because their health care coverage isn't widely accepted. This issue is further exacerbated as many patients are held on long wait lists to receive appropriate care; resulting in emergency care or interactions with law enforcement.

Due to these challenges, strategies ranging from improving the licensure process to implementing regulatory measures to improve access for more effective and efficient delivery of services were included in the action plan. Childhood interventions aimed at identifying early signs of a mental illness have been implemented such as, Signs of Suicide, a suicide prevention program for seventh grade students which includes a screening for high risk behaviors. Additional efforts are underway to expand access to treatment and support services that will likely improve the quality of mental health care in Washoe County.


The CHIP Behavioral Health Committee outlined strategies and tactics under the following three goals to improve behavioral health:

- **Goal 1:** To stabilize and improve housing security for the severely mentally ill (SMI).
- **Goal 2:** Assess and address current status and need for Behavioral Health services in Washoe County
- **Goal 3:** Reduce depression and suicidal behaviors in adolescents

Progress: Behavioral Health Objectives & Strategies

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Washoe County's community agencies, organizations and individuals have made progress on two of four objectives and have advanced six of 10 strategies which are currently meeting or exceeding the performance measure.

 **Objective 1.1-1.2:** By September 1, 2018 identify and support alternative funding models for housing SMI and identify best practices for incorporating community case management for SMI receiving housing assistance.

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Having a mental health problem can create the circumstances which cause a person to become homeless and a large body of evidence suggests poor housing or homelessness can increase the chances of developing a mental health problem, or exacerbate an existing condition. Due to the close relationship between these two, the housing objectives mirror the objectives in this section to address the needs of those with a mental health illness. See page eight for details.

**Objective 2.1:** By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on behavioral health providers in Washoe County.

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To address challenges in the current behavioral health system the Washoe Regional Behavioral Health Board was established in 2017 through Assembly Bill 366. The Board identifies gaps in behavioral health services and provides recommendations or service enhancements to address the gaps. A Behavioral Health Data Profile report was developed and also serves as part of the Washoe Regional Behavioral Health Board's annual report. The report outlines profiles of substance use and abuse, mental health prevalence data and provides information of the behavioral health needs in Washoe County. The report has been utilized by the Washoe Regional Behavioral Health Policy Board and community stakeholders to inform discussions, policies and solutions.

While the Behavioral Health profile provides mental illness and substance use rates, there is still a lack of data indicating the number of mental health providers that accept Medicaid, the amount of staffing dedicated to seeing patients and if a sliding fee scale is accepted. Limited provider data hinders Nevada's ability to properly identify workforce shortages and develop approaches to address these challenges. In Washoe County, the number of psychiatrist available is half the national average and many do not accept Medicaid. Patients who need immediate care from a Psychiatrist face wait times up to a month, or longer for those on Medicaid, needing adolescent or bi-lingual services. The lack of available data to illustrate the unmet need impedes the ability to address the behavioral health challenges in the community. At the time of print, a bill draft request was submitted to address lack of provider data which would enable our state to determine the workforce development increased needed to address the gaps in available services.

To address challenges with licensure delays, the Provider Data workgroup is exploring opportunities to expedite provider licensures. Revisions to statutes, modernization of licensure boards, fee increases for license renewals are strategies that have been identified as possible ways to address the workforce shortage.

**Objective 3.1:** By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.

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The Signs of Suicide (SOS) Prevention Program is a nationally recognized, evidence-based, program for middle and high school-age students. There is recognition that this age group is particularly vulnerable to depression and suicidal thoughts so providing SOS to youth, parents and educators at this critical age can prove to be life-changing and life-saving. The Children's Cabinet has been implementing SOS in Washoe County schools for three years, previously funded by a grant received by the State of Nevada called Safe Schools, Healthy Students which ended in September of 2018.

To continue implementing this critical suicide prevention program funding was provided by the Washoe County Health District. The SOS curriculum includes a program overview for school staff and parents. Following the overview, case managers and licensed therapists educate students about the Acknowledge, Care, Tell techniques to identify the symptoms of depression and suicidality in themselves or their friends

After the SOS presentation, youth participate in a screening process by answering a short questionnaire. The results are then reviewed by Children's Cabinet staff. While results of the screening are not diagnostic, they do indicate the presence or absence of symptoms that are consistent or inconsistent with the risk of depression or suicide.

In the first six months of implementation, Children's Cabinet staff provided education to four middle schools via a SOS DVD presentation. Just under 1,500 students watched the DVD and over 300 students were screened after the presentation. Of those screened, about 30% had a positive screen and follow-up services were provided (Fall semester SY 2018).

Looking ahead, Children's Cabinet will be implementing the SOS program in 11 WCSD middle schools in SY 2018-2019. While all seventh grade students have the opportunity to participate in the screening component of this program, not all do as parent consent must be received prior to the SOS presentation (this is an opt-in program with WCSD). The Children's Cabinet is extending SOS presentations to educators and parents to increase awareness of the prevalence of suicide in Washoe County. In addition, efforts to identify stable funding sources for SOS education and opportunities to increase the number of students screened are ongoing.

Behavioral Health: How did we measure up?

Status	Strategy	Tactic	Performance Measure
<b>Objective 1.1: By September 1, 2018 identify and support alternative funding models for housing SMI.</b>			
	Identify alternative funding models for housing SMI	Map out options for utilizing Medicaid waivers or state plan revisions for cost savings to fund housing for homeless individuals with SMI	Document that lists options for utilizing Medicaid waivers or cost savings to fund housing
		Document steps needed to pursue Medicaid state plan revisions for cost savings to fund housing for SMI	Document that outlines steps needed to implement funding models identified (ie, State Medicaid Administrator approval/letter of support, legislative action needed, etc.)
		Determine if non-federal match funds are required for funding options identified and if so, initiate communication to determine if state or local funding could be utilized to meet matching requirement	Meetings conducted to explore possible sources of matching funds  A memorandum of understanding to provide match funds needed
	Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information
	Work with State Medicaid agency to revise state plan to include expansion of 1915(i) subpopulations to include homeless people who are severely mentally ill.	Document steps needed to revise state plan to expand 1915(i) subpopulations.	Document that outlines steps needed to revise state plan.
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.
<b>Objective 1.2: By September 1, 2018 identify best practices for incorporating community case management for SMI receiving housing assistance.</b>			
	Document experiences and results from Washoe County's Community Case Managers.	Work with Shelia Leslie and Community Case Managers to document experiences and results to date.	Completion of report on Washoe County Community Case Management experiences and results.

	Compile and share best practices examples from other communities.	Conduct internet research.	Completion of report on Washoe County Community Case Management experiences and results.
		Develop a timeline for implementation of best practices identified for incorporating collaborative case management for those receiving rental assistance.	Completed document reflecting a timeline and implementation steps for best practices identified, may be combined with report on experiences and best practices identified.
	Create diversion case managers at the Community Assistance Center (CAC). Working directly with the individuals and families at the CAC that are NOT in the shelters and are on the waiting list. Provide supportive services and crisis management prior to entering the shelter.	Identify a case manager who can be solely dedicated to working with families on the waiting list for the family shelter to identify housing opportunities to prevent them from needing to be housed at the family shelter.	Document reflecting roles and responsibilities existing case managers at the CAC. No families on the wait list at the CAC.
<b>Objective 2.1: By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.</b>			
	Collect and disseminate information related to the annual statistics on the number of Psychiatrist in Washoe County, FTEs, sliding fee scale utilization and Medicaid acceptance in Washoe County.	Collect existing information from NV DHHS Primary Care Office	Needed information is collected
		Determine optimal format of information sharing, i.e., one page handout,	Informational materials are developed
		Distribute information amongst state and local elected officials, board, etc.	Information distributed to appropriate contacts
	Publish report outlining gaps in service and access for those needing behavioral health in Washoe County	Collect needed information and oversee UNR MPH intern in the development of the report.	Needed data collected and evaluated
		Complete draft of report and distribute to Regional Behavioral Health Board for review and feedback.	Report completed

	Explore opportunities to increase efficiency of Behavioral Health Licensure boards in order to expedite licensure	Identify means of modernization of licensure boards and resources needed for modernization	Document reflecting opportunities for modernization corresponding resources needed
		Identify potential opportunities to revise policies that would allow for expedited licensure	Document outlining policies and potential revisions
<b>Objective 3.1: By September 1, 2018 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.</b>			
	Implement Signs of Suicide education and screening program for all 7th grade students in Washoe County	Approval of District administrative regulation for implementation of Signs of Suicide education and screening for all 7th grade students	Approved Administrative regulation
		Identify stable funding sources for Signs of Suicide education and screening program	Funding sources secured for 3 years of programming
		Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for consent for screening
	Identify a means for the school district to provide space and allow outside behavioral health providers on school site to provide care to students.	Meet with Washoe County School District administration to determine what the barriers are to facilitating space sharing	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district
		Work with stakeholders to identify ways to overcome barriers	



## Nutrition and Physical Activity

The prevalence of obesity has more than doubled since the 1960s and may be the single largest threat to public health and the economy. Nearly two in every three adults and one in every three adolescents in the nation is classified as overweight or obese. Obesity is strongly correlated with comorbid conditions such as type 2 diabetes, heart disease, and hypertension. The increased morbidity and mortality resulting from the combination of conditions clearly indicate that maintaining an appropriate weight is a major public health concern.

After years of rapid increases, adolescent obesity rates are showing signs of leveling off but still remain too high. Obesity rates are as high as 17.4% for seventh graders, and 36.4% for adults in Washoe County.<sup>13</sup> The prevalence is of particular concern as children and adolescents that are overweight or obese are likely to remain overweight throughout adulthood and experience adverse health outcomes.<sup>14</sup>

The health benefits gained by engaging in regular physical activity and eating a healthful diet is well documented however, a substantial proportion of adults and children in Washoe County are not meeting the recommended guidelines. Individuals are faced with a considerable amount of unhealthy choices in their physical environment and research suggests creating healthier environments is a promising method to reverse the obesity trend. For example, local policies and incentives can affect the presence and absence of walking paths, smart cafeterias, and healthy food options in schools and workplaces. Locally, the Washoe County School District has a Student Wellness Policy that plays a vital role in ensuring that children have access to healthy food and sufficient opportunities for physical activity during the school day.

To reach families in Washoe County, the CHIP committee adopted the 5210 Let's Go Framework aimed at promoting healthy eating and active living across the community. The committee is currently focusing on youth organizations, worksites, and healthcare offices. The CHIP committee is working to advertise a consistent message about healthy habits which will likely affect the community's knowledge on how to make healthier choices. In addition to messaging concepts, the committee is working to engage organizations to create environments where healthy choices are the easy choice.

In 2018, the CHIP Physical Activity and Nutrition Committee outlined strategies and tactics under the following goal to improve physical activity and nutrition:

- **Goal 1:** To increase physical activity and nutrition among adults and youth using the 5210 Let's Go Framework.


<sup>13</sup>Washoe County Health District. Accessed from: [https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA\\_FINAL.pdf](https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA_FINAL.pdf)

<sup>14</sup> Center for Disease Control and Prevention. Childhood Obesity Causes & Consequences. Accessed from: <https://www.cdc.gov/obesity/childhood/causes.html>

## Progress: Physical Activity and Nutrition Objectives & Strategies

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Washoe County's community agencies, organizations and individuals have made progress on two of three objectives and have advanced five of seven strategies which are currently meeting or exceeding the performance measure.

 **Objective 1:** By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1-11.

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5210 Healthy Washoe is following the nationally recognized and evidence based Let's Go! Program, to create healthy environments in our community, so that children, youth and adults can lead healthier lives. A Healthy Washoe team was established to develop the infrastructure to support program implementation. The directors from Let's Go Headquarters in Maine provided a three-day training course on the Let's Go! model for obesity prevention and evaluation methods. Implementation plans were developed to address youth and businesses to reach families where they live, learn, work and play to reinforce the importance of healthy living. The program is based on the premise that if children and families are exposed to the same health promotion message through several settings, and if those settings have policies and environments that support healthy choices, children and families will be more likely to adopt or maintain the behaviors in their daily lives.

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-  or more **FRUITS & VEGETABLES**
  -  hours or less of **RECREATIONAL SCREEN TIME**
  -  hour or more of **PHYSICAL ACTIVITY**
  -  sugary drinks, **MORE WATER**

Similar to the 5210 program for children and youth, the Healthy Washoe program will work with employers by focusing on making simple changes to the work place, such as moving more, making healthier food choices, drinking more water and getting adequate rest. A business implementation plan was developed and highlights engagement activities to assess the community's readiness to increase opportunities that support healthier work environments. The Reno-Sparks Chamber of Commerce partnered with the Healthy Washoe team to deploy the 5210 Workplace Wellness survey, assessing the interest of wellness in the workplace. The survey was released in January 2019. Following the survey, the team intends to meet with Chamber members from large and small businesses to identify cost effective interventions to promote a culture of health. The results from the community-lead activities will inform site improvement plans.

**Objective 2:** By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.

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People generally get most of their food from either food retail venues, where they buy foods to prepare and eat from home, or from food service venues, where they eat away from home. Grocery stores, corner stores, and farmers' markets are examples of food retail venues. Restaurants (including quick serve), snack bars, micro markets, and worksite cafeterias are examples of food service venues. Having healthy food available and affordable in food retail and food service settings allows people to make healthier food choices. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value.<sup>15</sup> Food service is a key area in which strategies and policies can be implemented to promote and provide healthier foods and beverages as a way to support optimal health.

The Washoe County Health District's Chronic Disease and Prevention team formed a healthy vending and concessions committee to lead implementation efforts and increase sites with healthy vending and concessions. The committee utilized federal and non-profit wellness guidelines to determine healthy standards for vending and concessions in Washoe County. To simplify guidance for vendors, and to ensure healthy standards are met, the criteria will be included in a document and shared with interested partners.

Additionally, Renown Health is conducting a pilot program to improve the nutritional value of concession stand offerings. Local and federal policies to make healthier foods available at schools often don't include concessions at sporting events and local events typically don't have policies addressing nutritional guidelines. Foods sold through concessions are often high in fat, added sugar, sodium, calories, while low in nutrients. Concession stands generate much-needed funds for sports leagues and organizations and foods of low nutritional value found at traditional concession stands produce high profits. As a result, some groups are resistant to change concession stand offerings to healthier items because of the concern that this would hurt both sales and customer satisfaction. Renown's nutrition team improved the nutritional quality of popular items in simple ways, like eliminating trans fats, providing fresh produce, and offering a menu of options that are less than 500 calories. In addition, during this pilot program foods are provided at no cost to partners with the benefit of keeping profits from the items sold.

To date, about 100 meals are being purchased per event at the Healthy Concession stands and sell out at locations including, University of Nevada, Reno football and basketball games, Reno Aces and 1868 FC, and South Reno Little League. Renown recently expanded Healthy Concessions to Sierra Wrestling Association and will

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<sup>15</sup> Center for Disease Control and Prevention. Accessed from: <https://www.cdc.gov/obesity/strategies/healthy-food-env.html>

continue to work with the Healthy Vending and Concessions committee to increase the number of sites participating in the healthy concessions initiative.

**Objective 3:** By July 2019, Improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Need Index (CNI) scores.

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Preventive health activities like vaccinations, basic screenings and eating a healthy diet are important to improve overall health and wellness. In addition to scheduling regular check-ups with primary care healthcare providers, patients can make positive changes in diet and exercise habits to prevent or manage chronic health conditions.

The Family Health Festivals (FHF) were established in the first CHIP to address the unmet need for a community hub of direct services and provision of community resources among populations that have low socioeconomic status, are uninsured, or in an underserved community. Now in its third year of providing services at low-or no cost, FHF's incorporate more education on how families can take small steps to become healthier through improved nutrition and physical activity to reduce the prevalence of obesity.

Over a thousand individuals participated at the Family Health Festivals held in July and October at Miguel Ribera Park and O'Brien Middle School in North Valleys. The committee established an event in the North Valley's community because families face difficulties accessing care due to the absence of resources nearby. Families identified lack of transportation, lack of knowledge of available resources, and attitudes and culture surrounding health and lifestyle choices as primary barriers to engaging in routine health care services. FHF's address these barriers by connecting families to direct resources on-site. A major strength of the FHF is the consistent variety of health services offered by community partners. Based on the feedback received by participants, the committee is focusing on areas to improve including; recruiting more health services, expanding community awareness and increasing outreach among populations at risk.

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#### **Family Health Festival Results at a Glance:**

-  50 New households
-  202 Flu shots
-  190 Clients referred to  
a primary care home

**Objective 4:** By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.

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Regular physical activity is important for both physical and mental health. However, a large portion of residents in Washoe County currently do not meet federal activity guidelines. Public neighborhood parks offer accessible infrastructure that can facilitate physical activity, and most residents live within a mile of at least one park. In an effort to increase physical activity, the WCHD's Chronic Disease Prevention Program (CDPP) is focusing on local urban parks and conducted park assessments to understand utilization. Results of the assessment found that parks are underutilized in our highest risk communities and is attributed to variables such as perceived safety (vandalism, transients, litter) and availability of facility/sporting assets (i.e. toilet, drinking fountain, basketball court).

To address these barriers, CDPP and park and recreation agencies are playing an important role in the planning, coordination and implementation of new and revitalized park efforts in low-income neighborhoods. The revitalization process includes hosting events to encourage a sense of community and to increase usage of the park and installing healthy living cues through signs and art. The first event was a Family Field Day held in September at Yori Park in Reno. Ten community partners were invited to share resources and conduct activities on active living and healthy eating and approximately 200 individuals from the surrounding neighborhood attended the event to learn about how parks can be part of a healthy and active lifestyle. Furthermore, local artist Eric Burke transformed the park through an abstract mural of activity spaces such as long jump on the concrete floor to encourage physical activity among youth. In 2019, partners intend on hosting additional events at parks to demonstrate how parks are a great space for physical activity. In addition, CDPP teamed up with Washoe County's GIS Technology Services to build an interactive regional park directory promoting park usage in our community. This interactive directory includes all parks in the Reno, Sparks and Washoe County jurisdictions and can filter by park amenity, name, or location.

Nutrition and Physical Activity: How did we measure up?

Status	Strategy	Tactic	Performance Measure
<b>Objective 1.1: By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.</b>			
Green	Develop 5210 Let's Go! infrastructure to support program implementation	Organize a 5210 Let's Go! Advisory Board	Advisory Board established
		Determine branding of local 5210 efforts	Local brand approved by advisory board
		Identify a minimum of three ways to market and educate the public on the 5210 program efforts	Number of marketing strategies identified
		Identify and develop appropriate and consistent evaluation measures for use by organizations that implement 5210	Evaluation measures/ toolkit developed
Green	Educate community organizations and health care providers about Let's Go 5210 program and how to implement it.	Coordinate with Let's Go 5210 staff in Maine to plan a learning opportunity	Number of learning opportunities planned
		Offer at least one Let's Go 5210 learning opportunity for the community to increase knowledge and understanding of the Let's Go 5210 program	Number of 5210 learning opportunities offered and number of health care practices educated
	Build a financial support system for 5210 efforts by securing at least two financial supporters in year one.	Identify funding sources to support 5210 program efforts	Two funding sources identified
Yellow	Increase the number of businesses, community organizations, and health care providers that are implementing the 5210 program in Reno/Sparks.	Recruit a minimum of 5 youth organizations to implement 5210! program	Number of organizations implementing 5210. Number of youth impacted by 5210
		Recruit 1 health care provider to implement 5210 program	Number of health care providers implementing 5210 Number of families impacted by 5210
		Coordinate with Reno/Sparks Chamber of Commerce (Chamber) to reach 100% of their member organizations (~1500) with information about Let's Go 5210	Number of organizations reached

		Recruit a minimum of 5 organizations from the Chamber to participate in the implementation of Let's Go 5210 with their employees.	Number of organizations implementing 5210. Number of employees impacted by 5210
		Educate and provide technical assistance (TA) to organizations about 5210 and how to implement	Number of organizations reached with education and TA about 5210 components
<b>Objective 1.2: By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.</b>			
	Develop a toolkit for implementing healthy vending and concessions in Washoe County.	Work with the Business Enterprises of Nevada (BEN) Program to implement healthy vending per the BEN Nutrition Standards Policy	Number of BEN locations successfully implementing the Nutrition Standards Policy
		Communicate with vendors and identify those in the community that have the capacity and willingness to work with businesses on healthy vending	List of vendors available for healthy vending and concessions
		Work with businesses to provide healthy food options at concessions located in Washoe County	List of healthy concession sites
		Compile key information on process of healthy vending and concession implementation into a comprehensive toolkit	Number of toolkits and informational documents developed
	Identify strategies to increase healthy vending and concessions in Washoe County.	Form a healthy vending and concessions committee to lead implementation of healthy vending and concessions initiative	Healthy vending and concessions committee formed
		Develop a plan to increase the number of healthy vending and concession locations in Washoe County and evaluate impacts	Plan developed
<b>Objective 1.3: By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high</b>			
	Implement three Family Health Festivals (FHF) located in zip codes with high Community Needs Index (CNI) scores.	Secure/apply for monies to support FHF efforts	Funds secured
		Coordinate three FHF/year with at least 100 attendees at each event	Number of FHF

**Objective 1.4: By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.**

	Increase knowledge of healthy behaviors among populations at greatest risk.	Complete a series of pre/post assessments to measure one's knowledge and skills to engage in physical activity	Number of assessments completed
		Complete a series of pre/post assessments to measure one's knowledge and skills to prepare nutritious foods.	Number of assessments completed



## Conclusion

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The 2018 Annual Report is a product of six months of collaboration between the WCHD and community partners dedicated to making Washoe County a healthier community. The Community Health Improvement Plan (CHIP) was developed to foster alliances across organizations in multiple sectors to target community health issues together for greater impact and has seen great success in meeting that goal. The CHIP is the culmination of a community health improvement planning process that began with a Community Health Needs Assessment (CHNA) and resulted in the development of the 2018-2020 CHIP, which includes specific actions to take to address these issues. In the first six months we have accomplished so much as a community.

We are grateful for the contributions and expertise made by our community partners to improve health outcomes in Washoe County. The accomplishments in the first six months would not have been possible without the dedication and passion from our partners. The relationships forged through the collaborative work and resource sharing will continue to strengthen the strategic direction and concrete actions outlined in the plan. As we implement the next steps of the CHIP, we look forward to achieving mutual goals and working with our partners to bring positive and sustainable change to the health and wellness of the Washoe County.

# 2018 Community Health Improvement Plan Annual Report

Rayona LaVoie, Health  
Educator II

2/28/19

# 2018 CHIP Annual Report

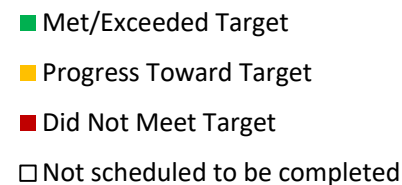
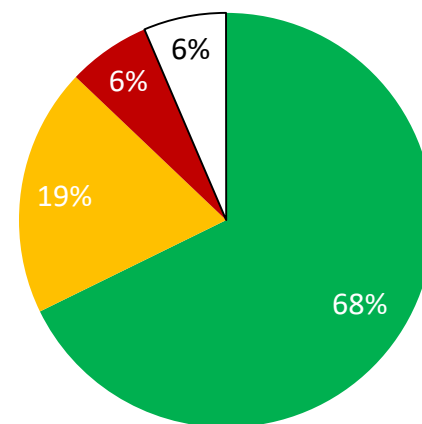
- Details progress made in 2018
- Achievements in the first six months
- Goals moving forward



# 2018 CHIP Annual Report

- 2018-2020 CHIP Focus Areas
  1. Housing and Homelessness
  2. Behavioral Health
  3. Physical Activity and Nutrition
- Objectives, strategies and tactics correspond with each focus area

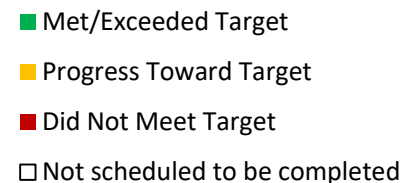
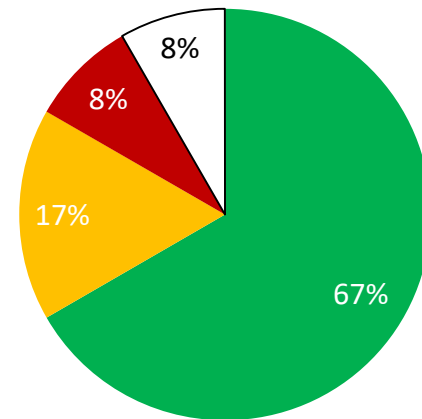
Status of CHIP Strategies, 2018



# 2018 CHIP Annual Report

- Housing and Homelessness
  - **10 out of 12** strategies met or exceed targets
  - Phases 1-3 of the Enterprise Affordable Housing Regional Strategy has been completed
  - Several housing items were submitted as BDRs
  - Deployed a survey to identify existing case managers to learn about existing barriers
  - Youth Homeless Roadmap was developed

Status of CHIP Housing and Homelessness Strategies 2018



# 2018 CHIP Annual Report

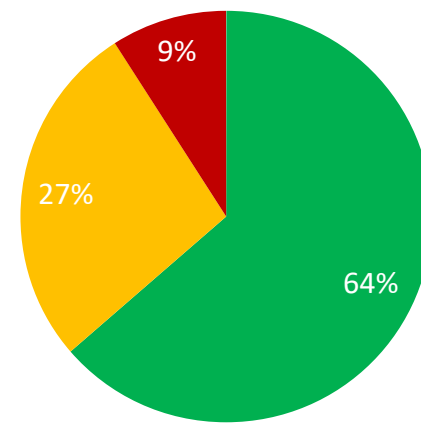
- Behavioral Health

- **10 out of 11 strategies** were met or progress was made
- Behavioral Health Data Profile was developed
- Signs of Suicide was implemented in 4 middle schools
- Just under 1,500 students watched the DVD

Over 300 students were screened after the presentation

30% had a positive screen

Status of CHIP Behavioral Health Strategies 2018

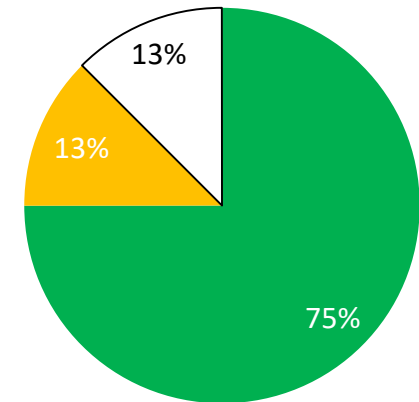


- Met/Exceeded Target
- Progress Toward Target
- Did Not Meet Target
- Not scheduled to be completed

# 2018 CHIP Annual Report

- Physical Activity and Nutrition
  - **7 out of 8** strategies were met or progress was made
  - Organized a training with 5210 Let's Go! HQ in Maine
  - Developed an implementation plan for workplaces and youth organizations
  - Conducted a survey to assess the community's interest in workplace wellness
  - 2 Family Health Festivals were held

Status of CHIP Physical Activity and Nutrition Strategies 2018



- Met/Exceeded Target
- Progress Toward Target
- Did Not Meet Target
- Not scheduled to be completed

# Looking ahead in 2019

- Continue to implement the strategies and tactics outlined in the CHIP
- Continue to meet with our CHIP committees quarterly



**Thank you to our  
community partners**

# Questions?

DD	_____
DHO	_____

**Staff Report**  
**Board Meeting Date: February 28th, 2019**

TO: District Board of Health

FROM: Catrina Peters, Director of Programs and Projects  
775-328-2416, [cpeters@washoecounty.us](mailto:cpeters@washoecounty.us)

THROUGH: Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

SUBJECT: Presentation and possible acceptance of the semi-annual progress report on the 2018-2021 Strategic Plan.

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**SUMMARY**

Health District Staff continue to make progress toward goals, outcomes, and initiatives in the Washoe County Health District 2018-2021 Strategic Plan.

**This Item addresses all Health District Strategic Priorities.**

**PREVIOUS ACTION**

A strategic planning retreat was held on November 1, 2018 to review current data, emerging community trends and to revise the strategic plan accordingly. The 2018-2021 Strategic Plan was presented and accepted at the December 13, 2018 DBOH meeting.

On February 22, 2018, a semi-annual progress report for the 2017-2020 Strategic Plan was presented and accepted by the DBOH and on August 23, 2018 the annual progress report was presented and accepted.

On November 2, 2017, the DBOH held a retreat to discuss preparation of a refreshed and updated 2017-2020 Strategic Plan. Based on DBOH input the plan was updated and the DBOH accepted the 2017-2020 Strategic Plan at the December 14, 2017 DBOH meeting.

On August 24, 2017 the DBOH accepted a semi-annual progress report on the 2016-2018 Strategic Plan.

On April 14, 2016, the DBOH conducted a Strategic Planning Meeting to discuss and provide input for the development of a 2016-2018 Strategic Plan. On June 23, 2016 the DBOH approved the 2016-2018 Strategic Plan which was developed from the input and direction provided during the April 14, 2016 DBOH meeting.

Subject: Strategic Plan Semi-Annual Progress Report

Date: 2/15/2019

Page 2 of 2

### **BACKGROUND**

The 2018-2021 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these District Goals. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan.

Progress was tracked and reported in online system and summarized in the semi-annual report.

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY19 budget should the Board accept the FY 2018-2021 Strategic Plan Progress Report.

### **RECOMMENDATION**

Staff recommends the District Board of Health accept the semi-annual progress report on the Strategic Plan implementation

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the semi-annual progress report of the Strategic Plan implementation."

## **FY19 Strategic Plan Progress**

The Health District has made significant progress in the first six months of FY19 in implementing the Strategic Plan initiatives to achieve goals established under the six strategic priorities. The information presented below describes the progress achieved in the half of fiscal year 2018-2019 (July 1, 2018 to December 31, 2018). Additionally, this report reflects the progress on strategic plans items in the revised strategic plan approved by the District Board of Health at the December 13, 2018 meeting.

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

#### **1.1 Reduce the negative health and economic impacts of obesity and chronic disease. This goal has 50% of the outcomes on target for FY19.**

The Chronic Disease Prevention Program (CDPP) continues to support school based wellness initiatives such as the Wolf Pack Coaches Challenge and WCSD Student Wellness Committee. Enrollment for participation in the Wolf Pack Coaches Challenge will begin in the Spring of 2019 with a goal of getting 50 Title I classrooms to participate. CDPP staff has been working on a Healthy Vending initiative in collaboration with the Community Health Improvement Plan (CHIP) Nutrition and Physical Activity committee in addition to planning for a WOW! (We Order Well!) menu labeling campaign in the Spring of 2019. Significant progress was seen in the implementation of smoke and vape free park policies with the expansion to Reno, Sparks and Sun Valley General Improvement Districts.

#### **1.2 Promote preventive health services that are proven to improve health outcomes in the community. This goal has 60% of the outcomes on target for FY 19.**

Clinical and Community Health Services (CCHS) continues to have success with media campaigns for family planning and sexual health programs. The Sexual Health and Family Planning program had over 700,000 points of engagement via social media. Other outreach campaigns for CCHS programs included the use of school newspapers, program promotion at Family Health festivals and through social media.

Family planning clinic staff continued to promote Long Acting Reversible Contraceptives which can be effective in reducing teenage pregnancy rates despite funding challenges. Our Immunization Program's rate of up-to-date 19-35 month olds for recommended immunizations dipped slightly to 76% for calendar year 2018, not quite at the 2020 goal of 80%. To increase immunization rates, CCHA staff provided vaccines at both the August Back to School and October North Valleys Family Health Festivals.

**1.3 Improve access to health care so people of all means receive the health services they need. This goal has seen 10% completion towards the 5 year goal.**

After extensive work with several entities, a Community Health Alliance enrollment assistant was at WCHD from October to December for the Medicaid open enrollment period. As a result of the agreement with the State of Nevada Department of Health and Human Services, an enrollment assistant will be onsite weekly going forward. In the first half of FY19, CCHS participated in 170 offsite clinic events to provide services like vaccinations and STD screenings to some of our most vulnerable and at risk populations.

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

**2.1 Protect people from negative environmental impacts. This goal is 76% complete for FY19.**

The Air Quality Management Division continues to successfully work to protect people from negative environmental impacts through effective ambient air monitoring and planning activities along with permitting and inspection of over 1,200 facilities located in Washoe County. For the first half of FY19, 89% of all days were considered to be healthy. This is lower than normal and largely due to wildland fires in late summer. Planning for the installation of the West Reno air quality monitoring station was suspended in the first half of FY19 as a result of the relocation of the Reno3 station to the Libby Booth Elementary School, anticipated to be complete in March 2019.

To reduce landfill waste in our community, the Environmental Health Services Division is contacting all permitted facilities as part of routine inspections to discuss waste reduction and recycling. Using 2018 recycling rate calculations, staff will then determine the effectiveness of this strategy and adjust as needed.

**2.2 Keep people safe where they live, work, and play. Progress was made on this goal and 83% of its initiatives are on target for FY19.**

Efforts to implement risk-based inspection program standards continues. Of the 12 inspection programs, four have fully implemented risk based standards, one of which is the largest EHS inspection program (Food Safety). To reduce food borne illness risk factors, intervention strategies continue to be implemented based on findings from the June 2017 Risk Factor Study.

In an effort to continue strategies to decrease the number of inappropriate 911 calls, funds were identified to implement a campaign in the spring of 2019. These efforts will continue the momentum seen from the previously conducted successful media campaign.

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

**3.1 Raise awareness of the Washoe County Health District and the services it offers within our community. Progress was made on this goal and its initiatives for FY19.**

In preparation for improving the overall appearance of the website, the Communications Manager and seven other WCHD staff received training on new website enhancements. During the first half of FY 19, the average weekly visitors to the WCHD website peaked in August with just over 42,000 unique visits to the website.

**3.2 Work with others to establish policies that positively impact public health. For FY 19, 50% of the annual goal has been accomplished for FY19.**

Progress continues to occur in moving policies forward in several areas and a substantial amount of preparation has occurred for the 2019 Nevada Legislative session, including the hiring of the Government Affairs Liaison position. Several of the policy items included in the Community Health Improvement Plan were submitted as bill draft requests and other policy priorities related to smoking and vaping have been submitted as bill draft requests as well. While not yet released, further progress was made on the Enterprise Community Partners Affordable Housing Strategy, which has identified several policy options to improve the current housing crisis. The Health District participates in the Washoe Regional Behavioral Health Policy Board which submitted a Bill Draft Request for Regional Crisis Stabilization Centers and services.

**3.3 Inform the community of important health trends by capturing and communicating health data. Progress was made on this goal and corresponding initiatives for FY19.**

The Health District posted, conducted, and broadcast over 1,200 media interviews, press releases and social media postings in FY19. No significant public health emergencies occurred over the first half of FY19, reducing the number of media interviews compared to previous years. Across several ad campaigns over a million impressions were made, furthering our message to the community on important public health information. Campaign topics included air quality during the wildfire season, efforts to manage mosquitos, influenza and new physical activity guidelines amongst other health-related topics.

**3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. This goal has 50% of its initiatives complete in FY19.**

In addition to media efforts to promote a local culture of health, several events were held in the first half of FY19 to further promote the importance of improving health. Several well attended events were conducted including two Family Health Festivals and a very popular CHIP unveiling event in August of 2018 that was attended by over 100 community members and health stakeholders.

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

**4.1 Lend support and accountability in childcare and educational settings to reduce outbreaks. This goal is 50% complete for FY19.**

The Washoe County Health District continues to provide a toolkit for GI outbreaks and is also working with Childcare centers to prevent the spread of communicable diseases. The duration of outbreaks is calculated annually and will be available when the 2018/2019 school year concludes.

**4.2 Support and promote behavioral health. This goal is 50% complete for FY19.**

Significant progress has been made in the implementation of the Behavioral Health portion of the CHIP. The Signs of Suicide Program has been continued in all 7<sup>th</sup> grade classrooms and in the first half of FY19 the program was implemented at four middle schools providing suicide prevention education to 1,450 students. Over 300 students were screened and of the students screened 86 students were positive for high risk behaviors and referred to appropriate care. The Signs of Suicide program partnership between the Washoe County Health District, the Children's Cabinet and the Washoe County School District was highlighted during an October 23<sup>rd</sup>, 2018 news segment on local KTVN Channel 2. Other Behavioral Health CHIP objectives are progressing including items that have been submitted as bill draft requests for the 2019 Nevada Legislative session.

**4.3 Increase community participation in physical activity and nutrition programs. This goal is 25% complete for FY19.**

Progress continues in the implementation of the Nutrition and Physical Activity portions of the CHIP and 11 community partners are engaged in efforts to meet the objectives of the plan. Significant progress was made in the efforts to improve the nutritional quality of vending and concession stand offerings and a significant amount of planning was done on how to implement the 5210 initiative in workplace settings.

**4.4 Enhance the Regional Emergency Medical Services (EMS) System. This goal is 50% complete and for FY19.**

Objectives for FY19 are steadily being worked on and are on target for the deadlines outlined within the 5-year EMS Strategic Plan. The EMS Advisory Board receives quarterly updates on the progress of the planning initiatives.

**4.5 Engage the Community in Public Health Improvement. This goal is 50% complete for FY19.**

On August 2<sup>nd</sup> of 2018, the 2018-2020 Community Health Improvement Plan was shared with the community at an unveiling event that was attended by over 100 community members and stakeholders. Since then, extensive work has been ongoing to implement the objectives in the



community health improvement plan through expanded partnerships with agencies and non-profits all across the community.

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

**5.1 Updating the Health District's financial model to align with the needs of the community. This goal is 50% achieved for FY19.**

Staff continues work to identify ways of increasing state funding support for Washoe County Health District which is currently at 1% of total WCHD funding. Discussions with the County regarding the need to adjust the County General Fund support to include the cost of negotiated cost of living adjustments and benefits for employees have been deferred due to the current health fund balance and the financial position of the County. The Health District's effort with the Southern Nevada Health District, Carson City Health and Human Services, and the State Division of Public and Behavioral Health have been successful in having a BDR submitted for the 2019 Nevada Legislative session to appropriate increased funding for public health to be distributed to Health Districts based on population.

**5.2 Ensuring resources are spent where they can have the most impact by identifying opportunities for cost savings. This goal is 50% achieved for FY19.**

Budget per capita is calculated annually and an updated figure will be provided at the end of FY19. However, efforts continue to identify cost savings through Quality Improvement projects and other means of cost savings.

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

**6.1 Create a positive and productive work environment. This goal is on track and 50% complete for FY19.**

Installation of security and facility enhancements continue in FY19, including painting of offices, the purchase of standing desks for staff and new furniture in several conference rooms. The percent of annual performance reviews completed on time was 79.92% across the health district, which is slightly below the 85% annual goal. The Quality Improvement team continues to meet and several small and large QI projects are underway.

**6.2 Focus on continuing to build staff expertise. This goal is 50% complete for FY19.**

In order to continue the momentum of the additional leadership/learning organization trainings provided in the summer of 2018, new training opportunities were identified and will be provided in partnership with Washoe County Human Resources Department. Conversation skills for

supervisors and managers and leadership skills will be the focus of the trainings provided in Spring of 2019.

**6.3 Achieve Public Health Accreditation. This goal is on track and 50% complete for FY19.**

The Health District completed document submission for PHAB Accreditation on September 27<sup>th</sup>, 2018, slightly ahead of the October 1, 2018 goal. A site visit has been schedule for June of 2019 and preparations for that site visit are underway.

# Strategic Plan FY 19 Progress Update

Catrina Peters MS, RD  
Director of Programs and Projects  
February 28, 2019

# Vision & Strategic Direction

## *Vision Statement:*

A healthy community

## *Strategic Direction:*

Leaders in a unified community making measurable improvements in the health of its people and environment

# Mission & Values

## *Mission Statement:*

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

## *Values Statement:*

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

# Strategic Plan Progress

## Lots of accomplishments so far in FY 2019!

- This update covers July 1, 2018 to December 31, 2018
- 131 out of 143 items “achieved” or “on target”



# Priority One

## Healthy Lives

Improve the health of our community by empowering individuals to live healthier lives

# Priority 1: Healthy Lives

- 32 out of 33 on track or achieved
- Key highlights
  - Expansion of smoke and vape free park policies
  - Outreach events to provide vaccines, enrollment assistant
  - Social media campaigns on sexual health and family planning



# Priority Two

## Healthy Environment

Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer

# Priority 2: Healthy Environment

- 20 out of 24 on track or achieved
- Key highlights
  - Planning installation of Reno4 air quality monitoring station at Libby Booth Elementary
  - Waste reduction and recycling efforts with EHS permitted facilities
  - Implementation of risk based inspection program standards

# Priority Three

## Local Culture of Health

Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action

# Priority 3: Local Culture of Health

- 25 out of 27 on track or achieved
- Key highlights
  - Weekly unique website visitors peaked in August, 42,000 visitors
  - Hired Government Affairs Liaison
  - BDR submission for CHIP items and Regional Behavioral Health Board

# Priority Four

## Impactful Partnerships

Extend our impact by leveraging partnerships to make meaningful progress on health issues

# Priority 4: Impactful Partnerships

- 16 out of 17 on track or achieved
- Key highlights
  - Working with Childcare centers to prevent the spread of communicable diseases
  - Provided funding for the Signs of Suicide Program
    - 1,450 students educated, 300 screened
  - CHIP unveiling event in August, 2018
  - Extensive Community partners working together on Housing/Homelessness, Behavioral Health and Nutrition/Physical activity CHIP efforts

# Priority Five

## Financial Stability

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

# Priority 5: Financial Stability

- 5 out of 5 on track or achieved
- Key highlights
  - BDR submitted for increased state funding



# Priority Six

## Organizational Capacity

Strengthen our workforce and increase operational capacity to support a growing population

# Priority 6: Organizational Capacity

- 33 out of 36 on track or achieved
- Key highlights
  - 79.92% of performance reviews completed on time
  - Continued implementation of the Workforce Development plan
  - Two new training topics identified based on employee engagement survey feedback
  - Accreditation submission complete

# Questions?

**Staff Report**  
**Board Meeting Date: February 28, 2019**

DHO\_ KD \_\_\_\_\_

**TO:** District Board of Health

**FROM:** Anna Heenan, Administrative Health Services Officer  
328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)

**THROUGH:** Kevin Dick, District Health Officer  
328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

**SUBJECT:** Approval of the Fiscal Year 2019-2020 Budget

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**SUMMARY**

Presented in this staff report is the recommended budget for Fiscal Year 2019-2020 (FY20). The budget includes the anticipated revenues and expenditures for twenty-two programs within the Health District with 156.29 full-time equivalents (FTEs) authorized to provide the services. The total revenues and County General Fund transfer are \$23,489,412 for a 2.5% increase over fiscal year 2019 (FY19) adopted budget of \$22,907,061. The budgeted revenues include the board approved fees increase for the consumer price index of 3.4% for Environmental Health Services, Air Quality Management, and Community and Clinical Health Services. Total FY20 projected expenditures are \$23,877,454, which is a 1.9% increase over FY19, adopted budget of \$23,426,116. The FY19 estimated ending fund balance is \$6,364,889 or 27.0% of expenditures. FY20 will decrease the fund balance by \$388,041 leaving a budgeted fund balance for FY20 of \$5,976,848 or 25.0% of total expenditures well above the policy guidelines of a 10% - 17% fund balance for special revenue funds.

The following above base requests are included in the FY20 recommended budget:

- Allocate funding for one-time projects for Community Health Improvement and Workforce Development
- New Community Health Aid position for the Sexual Health Program, additional revenues received in the Division will help to offset this request
- New Public Health Nurse for the Family Planning Program, program income will pay for this request
- Reclassification of a pay grade for a Public Health Supervisor to be equal to the other Supervisors in the Division, request subject to the review by the County Job Evaluation Committee
- Additional biologicals required for the Immunization Program, patient billing for the service will help offset the additional cost
- One-time funding for the cost of anticipated retirements in FY20
- Within the Air Quality Management Program and the Environmental Health Services programs staff may be shifted from restricted funds not currently associated with the cost recovery fee schedule to the revenues generated from the fees due to an increase in the work activity associated with the fee schedule, adjustments will be done on an as needed basis

**Health District Strategic priority #5 Financial Stability:** Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

## **BACKGROUND**

### ***Health District Mission***

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

### ***Health District Recent Accomplishments***

- Submitted the application for Public Health Accreditation
- Updated and continued to improve our Community Health Needs Assessment and Community Health Improvement Plans
- Continued to promote the EPA Ozone Advance Program Path Forward throughout the community
- Financially supported the Washoe County School District Signs of Suicide program
- Created a Plans Review Dashboard for our customers to know the average time for plan reviews in Environmental Health Services
- Inter-Hospital Coordinating Council increased exercise collaboration among healthcare partners in the region
- Worked with the Local Government Parks and Recreation Departments to ban smoking in all park spaces

### ***Health District Emerging Strategic Considerations for the Future***

- Ability to maintain current service levels with the increased community growth
- Uncertainty of the availability of federal grants and general fund support
- State's lack of local investment in public health
- Attainment of the ozone standard
- Succession planning for anticipated staff retirements

### ***Interlocal Agreement establishing the Washoe County Health District***

As outlined in the Health District Interlocal agreement, the Washoe County Health District is a Special Revenue Fund within the books of Washoe County. The Special Revenue Funds account for revenue sources which are legally restricted for specified purposes. All revenues and expenditures associated with the health function of the Washoe County Health District are accounted and budgeted for within the Health Fund.

The Interlocal Agreement concerning the Washoe County Health District requires the Board of County Commissioners to adopt a final budget for the Health District, which must be prepared using the same time frames and format used by other County Departments.

The Interlocal Agreement requires a preliminary budget be transmitted to the Managers of the City of Reno, City of Sparks and Washoe County for their review and comment. The meeting with the Managers will be on March 1, 2019. The District Health Officer will present the Managers' comments to the District Board of Health at the regularly scheduled meeting in March 2019.

The Division Directors and Program staff met with Health Administration to review projected revenues and expenditures for the remainder of the Fiscal Year 2019 and to identify budget requirements for Fiscal Year 2020. The proposed budget reflects the discussion of the Program Manager's, Division Director's, and direction by the District Health Officer.

***Fiscal Year 2019-2020 (FY20) Proposed Budget***

The FY20 proposed budget includes anticipated revenues and expenditures for twenty-two programs as outlined below.

<b>Washoe County Health District Programs</b>
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**Office of the District Health Officer**

Office of the District Health Officer Program

**Air Quality Management Division**

Air Quality Management Program

**Community and Clinical Health Services Division**

Chronic Disease Prevention Program  
Community & Clinical Health Admin and Patient Billing Program  
Family Planning Program  
Immunizations Program  
Maternal, Child & Adolescent Health Program  
Sexual Health – HIV Program  
Sexual Health – STD Program  
Tuberculosis Program  
Women, Infants and Children Program

**Administrative Health Services Office**

Administrative Health Services Program

**Environmental Health Services Division**

General Environmental Health Services/Land Development Program  
Food Protection Program  
Safe Drinking Water Program  
Solid Waste Management Program  
Underground Storage Tanks Program  
Vector Borne Diseases Program

**Epidemiology and**

**Public Health Preparedness Division**

Emergency Medical Services Program  
Epidemiology Surveillance Program  
Public Health Preparedness Program  
Vital Statistics Program

The Office of the District Health Officer, Administrative Health Services Office and the Division budgets are summarized below. The details of the twenty-two program budgets within the Health District are located in Appendix A. A summary report by revenue category and total expenditures is found in Appendix B. The budgeted FTE history and classifications are in Appendix C and the Health District Organization Chart is in Appendix D.

### Office of the District Health Officer

Chapter 439 of the Nevada Revised Statutes prescribes the organization and functions of the Health District. The Health District operates through four divisions, Administrative Health Services Office and the Office of the District Health Officer.

Total program full-time equivalents:	7.33
Total FY20 Program Revenues:	\$0
Total FY20 Program Expenditures:	\$1,691,143

#### Above base requests for FY20

- \$500,000 to allocate for FY20 funding for one-time projects for Community Health Improvement and Workforce Development

### Administrative Health Services Office

Administrative Health Services Office provides administrative guidance and oversight for financial activities, human resources, and information technology for the District.

Total program full-time equivalents:	9.0
Total FY20 Program Revenues:	\$0
Total FY20 Program Expenditures:	\$1,258,650

#### No above base requests for FY20

### Air Quality Management Division

The Air Quality Management Division implements clean air solutions that protect the quality of life for the citizens of Washoe County through community partnerships along with programs and services such as air monitoring, permitting and enforcement, planning, and public education.

Total program full-time equivalents:	19.50
Total FY20 Division Revenues:	\$3,516,618
Total FY20 Division Expenditures:	\$3,434,985

Note: \$437,726 of the unspent restricted funding from FY19 for the Pollution Control Program has been budgeted in FY20

#### Above base requests for FY20:

- Funding for an employee retirement payout of accrued benefits estimated at \$39,010
- Given the current workload from the development community, resources maybe shifted from the dedicated restricted funds for air pollution control to the resources due to the air quality fee schedule associated with licenses, permits and charges for services. Utilizing fee revenue for services eligible for cost recovery will allow for restricted funds to be used for non-cost recovery services including air quality planning and monitoring.

### Community and Clinical Health Services Division

The Community and Clinical Health Services Division (CCHS) provides clinical services, community and individual health education, and partners with other community organizations and health care providers to improve the health of our community.

Total program full-time equivalents:	59.61
Total FY20 Division Revenues:	\$4,001,629
Total FY20 Division Expenditures:	\$7,877,567

#### Above base requests for FY20:

- New Community Health Aid position for the Sexual Health Program, additional revenues received in the Division will help to offset this request for \$69,400
- New Public Health Nurse for the Family Planning Program, program income will pay for this request estimated at \$114,513
- Reclassification of a pay grade for a Public Health Supervisor to be equal to the other Supervisors in the Division, cost of the reclassification is estimated at \$10,022 and is subject to the review by the County Job Evaluation Committee
- Additional biologicals required for the Immunization program, patient billing for the service will help offset the additional cost of \$34,690
- \$136,334 of one-time funding for the cost of anticipated retirements in FY20

### Environmental Health Services Division

The Environmental Health Services Division (EHS) leads the team that ensures compliance with local, state and federal laws regulating food, water, vector and other areas of public health in Washoe County. The many programs under the EHS umbrella have an emphasis on regulation and enforcement, but also have a strong education component, promoting a collaborative approach with industry to meet local and national public health goals.

Total program full-time equivalents:	43.32
Total FY20 Division Revenues:	\$4,341,345
Total FY20 Division Expenditures:	\$6,677,610

Note: \$100,720 of the unspent restricted funding from FY19 for the Solid Waste Management Program has been budgeted in FY20

#### No above base requests for FY20:

- No above base requests for FY20; however, a vacant Registered Environmental Health Specialist position #10189 approved in FY19 may be required to shift from an anticipated contractual reimbursement funding source to fee reimbursement if workload associated with the fees continues to increase. The position is fully funded in FY20 base budget and will not have a fiscal impact to the Health Fund if the shift is required.



**Epidemiology and Public Health Preparedness**

The Epidemiology and Public Health Preparedness Division (EPHP) conducts surveillance on reportable diseases and conditions; analyzes communicable & chronic disease data to identify risk factors; disease control strategies; investigates disease outbreaks; serves as the local registrar for births & deaths; and develops departmental capabilities for response to biological terrorism and other public health emergencies; and oversees the Emergency Medical Services Program.

Total program full-time equivalents:	17.53
Total FY20 Division Revenues:	\$2,112,964
Total FY20 Division Expenditures:	\$2,937,499

**No Above base requests for FY20.**

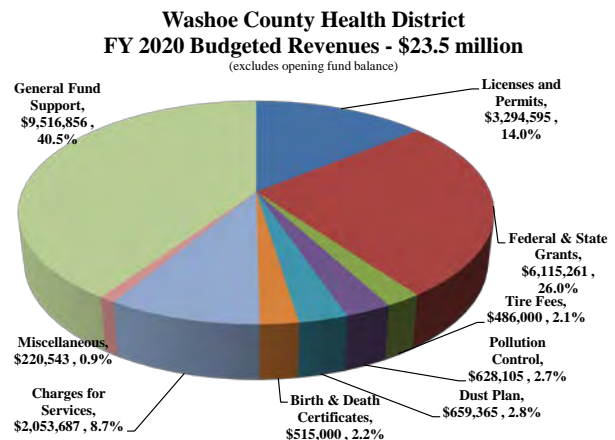
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Total Health Fund revenues are budgeted to be \$23,489,412 and the expenditures are budgeted at \$23,877,454. The expenditures exceed the revenues by \$388,041 but still provide a fund balance of 25.0% which is well above the policy level of 10%-17%. Not included in the budget are the pending cost of living adjustments that the County negotiates with the bargaining units, other post-employment benefits (OPEB), and the County overhead charges to the Health Fund. These unknown costs will have to be managed with the fund balance for FY20. The total full-time equivalents (FTEs) for the Health District are budgeted at 156.29, which is the existing authorized staffing level plus the additional two positions requested in the FY20 budget.

Total budgeted revenues of \$23,489,412 are up \$582,351 or 2.5% over the FY19 adopted budget and includes:

- **Licenses and Permits - \$3,294,595 up \$204,377 or 6.6% over FY19 and 14.0% of total revenues anticipated for FY20**
  - Includes the CPI increase in fees approved by the board in FY16
  - Includes anticipated changes in work activities associated with the fees
- **Grant funding - \$6,115,261 down \$20,379 or 0.3% over FY19 and 26.0% of total revenues anticipated for FY20**
  - Funding is approximately level with FY19
- **Restricted intergovernmental funds - \$1,114,105 up \$76,277 or 7.3% and 4.7% of total revenues anticipated for FY20**
  - \$628,105 restricted for the Air Quality Management program
  - \$486,000 restricted for the Solid Waste Management program
- **Charges for services - \$3,228,052 up \$321,120 or 11.0% over FY19 and 13.7% of total revenues anticipated for FY20**
  - Includes the CPI increase in fees approved by the board in FY16
- **Miscellaneous Revenue - \$220,543 up \$956 or 0.4% over FY19 and 0.9% of total revenues anticipated for FY20**
  - Includes the \$150,000 from the City of Reno to pay for an Environmental Health Specialist position
- **County General Fund Support - \$9,516,856 no change from FY19 and 40.5% of total revenues anticipated for FY20**

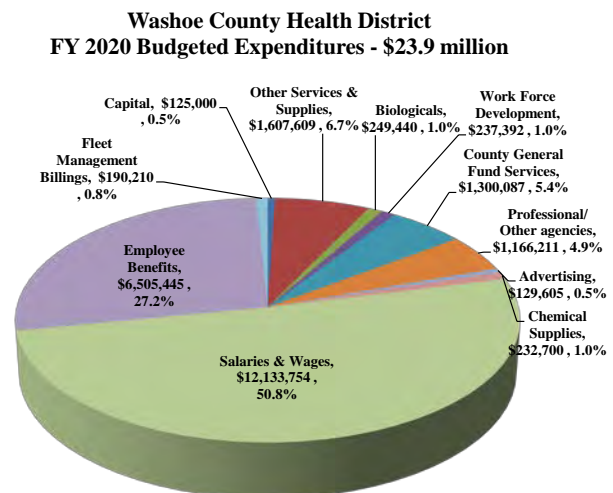
FY2019 - 2020 Budgeted Revenues		
		% of Total Revenue
Licenses and Permits	\$ 3,294,595	14.0%
Federal & State Grants	\$ 6,115,261	26.0%
Tire Fees	\$ 486,000	2.1%
Pollution Control	\$ 628,105	2.7%
Dust Plan	\$ 659,365	2.8%
Birth & Death Certificates	\$ 515,000	2.2%
Charges for Services	\$ 2,053,687	8.7%
Miscellaneous	\$ 220,543	0.9%
General Fund Support	\$ 9,516,856	40.5%
<b>Total Revenue</b>	<b>\$ 23,489,412</b>	<b>100.0%</b>



Total budgeted expenditures are \$23,877,454 up \$451,338 or 1.9% over FY19 adopted budget due to the increased use of restricted funds not available in FY20 and includes:

- **Salaries and Wages - \$12,133,754 up \$126,500 or 1.1% over FY19 and 50.8% of FY20 expenditures**
  - 156.29 FTEs up 1.48 from 154.81 budgeted in FY19 due to adjustments in the intermittent hourly staff, elimination of positions in FY19 due to loss of grant funding, and two new positions for the Community Clinical Health Services Division
  - Includes employee merit increases for those not at the top of the pay range
  - Since a cost of living increase has not been negotiated by the County it is not included but can be covered by the ending fund balance if negotiated
- **Employee Benefits - \$6,505,445 down \$60,363 or 0.9% over FY19 and 27.2% of FY20 expenditures**
  - The percent of salaries paid to PERS went from 28.0% to 29.25% up \$209,011 compared to FY19 and 13.7% of FY20 expenditures
  - Health Insurance is down \$107,576 or 6.0% over FY19
- **Services and Supplies are budgeted at \$5,113,255 up \$385,201 or 8.1% over FY19 and is 21.5% of FY20 expenditures**
  - Included in the increase is the \$500,000 for one-time funding for Community Health Improvement and Workforce Development Projects
- **Capital - \$125,000 is budgeted at the same level as FY19 and is 0.5% of FY20 expenditures**
  - \$25,000 for the FY20 cost of the Clinics electronic records system
  - \$100,000 for equipment related to air monitoring systems

FY2019 - 2020 Budgeted Expenditures		
		% of Total Expenditures
Salaries & Wages	\$ 12,133,754	50.8%
Employee Benefits	\$ 6,505,445	27.2%
County General Fund Services	\$ 1,300,087	5.4%
Other Services & Supplies	\$ 1,607,609	6.7%
Professional/ Other agencies	\$ 1,166,211	4.9%
Advertising	\$ 129,605	0.5%
Work Force Development	\$ 237,392	1.0%
Biologicals	\$ 249,440	1.0%
Fleet Management Billings	\$ 190,210	0.8%
Chemical Supplies	\$ 232,700	1.0%
Capital	\$ 125,000	0.5%
<b>Total Expenditures</b>	<b>\$23,877,454</b>	<b>100.0%</b>



With calculating in the fund balance from FY18 of \$6,336,402 and combining the anticipated resources and uses for fiscal year 2019 the ending fund balance for FY19 is projected to be \$6,364,889 which will be available for the budget in FY20 and includes the \$538,446 of dedicated funding re-budgeted for the solid waste management program and the air pollution program. The total resources and uses for FY20 are generating a fund balance of \$5,976,848 which is 25.0% of annual expenditures which is well above the policy guidelines of a 10%-17% fund balance for special revenue funds; however, it will be required to fund the unbudgeted negotiated agreements between the County and Health District employees for cost of living adjustments, other post-employment benefits and County overhead charges.

The detail of the sources and uses are as follows:

	Actual					Estimated	Proposed
	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<b>FUND SUMMARY:</b>							
<b>SOURCES OF FUNDS:</b>							
Opening Fund Balance	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 6,364,889
<b>Revenues:</b>							
Licenses and Permits	1,406,086	1,410,276	1,559,740	2,422,926	3,252,242	3,287,025	3,294,595
Federal & State Grants	5,438,048	5,369,889	5,571,322	5,557,814	5,413,067	5,610,189	5,590,602
Federal & State Indirect Rev.	357,864	288,770	415,541	507,118	532,608	525,012	524,659
Tire Fees (NRS 444A.090)	314,136	446,463	465,345	562,745	504,990	450,000	486,000
Pollution Control (NRS 445B.830)	634,731	541,626	599,290	573,910	745,724	650,277	628,105
Dust Plan	147,678	187,763	271,308	504,360	536,722	691,696	659,365
Birth & Death Certificates	457,596	465,052	521,837	548,064	532,982	535,000	515,000
Other Charges for Services	734,285	744,250	907,373	1,574,436	2,412,565	2,081,131	2,053,687
Miscellaneous	172,819	58,286	81,259	116,665	78,712	231,311	220,543
<b>Total Revenues</b>	<b>9,663,243</b>	<b>9,512,374</b>	<b>10,393,014</b>	<b>12,368,039</b>	<b>14,009,611</b>	<b>14,061,641</b>	<b>13,972,556</b>
Total General Fund transfer	8,603,891	10,000,192	10,076,856	10,002,381	10,051,691	9,516,856	9,516,856
<b>Total Sources of Funds</b>	<b>21,078,599</b>	<b>21,668,365</b>	<b>22,738,376</b>	<b>25,338,263</b>	<b>28,242,199</b>	<b>29,914,898</b>	<b>29,854,302</b>
<b>USES OF FUNDS:</b>							
<b>Expenditures:</b>							
Salaries & Wages	9,591,107	10,186,634	10,052,614	10,644,058	10,774,122	11,505,245	12,133,754
Group Insurance	1,307,483	1,430,834	1,480,594	1,682,564	1,655,278	1,629,137	1,672,092
OPEB Contribution	1,237,872	1,085,690	1,011,161	1,181,460	1,305,189	1,286,542	1,286,542
Retirement	2,310,772	2,435,635	2,654,379	2,793,067	2,812,595	2,985,681	3,278,840
Other Employee Benefits	211,142	222,327	222,140	252,901	258,593	263,867	267,971
Professional/Other agencies	809,059	630,642	627,111	393,044	640,362	1,429,301	1,166,211
Advertising	19,500	210,171	108,627	263,000	180,955	142,591	129,605
Chemical Supplies	231,398	231,437	250,088	403,041	767,031	392,595	232,700
Biologicals	247,975	211,580	227,771	247,083	281,701	325,208	249,440
Fleet Management billings	161,263	180,112	182,379	175,525	195,899	209,106	190,210
Workforce training & development	133,066	126,307	128,749	129,825	149,608	282,750	237,392
Other Services and Supplies	855,213	767,593	978,196	1,230,288	1,268,436	1,724,207	1,689,616
Indirect cost allocation	1,660,162	1,655,371	1,784,721	1,700,797	1,520,621	1,218,080	1,218,080
Capital	146,788	25,527	62,001	60,714	95,406	155,700	125,000
<b>Total Expenditures</b>	<b>18,922,800</b>	<b>19,399,859</b>	<b>19,770,532</b>	<b>21,157,367</b>	<b>21,905,797</b>	<b>23,550,009</b>	<b>23,877,454</b>
Net Change in Fund Balance	(655,665)	112,707	699,338	1,213,053	2,155,505	28,488	(388,041)
<b>Ending Fund Balance (FB)</b>	<b>\$ 2,155,799</b>	<b>\$ 2,268,506</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 6,364,889</b>	<b>\$ 5,976,848</b>
<b>FB as a percent of Uses of Funds</b>	<b>11.4%</b>	<b>11.7%</b>	<b>15.0%</b>	<b>19.8%</b>	<b>28.9%</b>	<b>27.0%</b>	<b>25.0%</b>
Note: Estimates for FY19 includes \$526,972 of one-time funding approved by the DBOH in November, \$147,912 balance of the 4% Regional Permitting technology funds and \$108,426.11 dedicated funds for Hazardous Materials. FY20 includes \$903,969 of above base funding details are found in the program section.							

**Three- year projection**

The revenues are projected to be greater than the expenditures by \$978,870 in FY21, \$427,893 for FY22, and \$3,862 in FY23. The increase in revenues for FY23 compared to FY20 is 1.9% with an increase in expenditures projected at a 0.2%. For the purposes of this three-year projection, the transfer from the County General Fund, the single largest source of revenue for the Health District, is projected to be flat due to the sufficient fund balance. Salaries and benefits are 80.9% of total expenditures over the three years and the main increases include an average negotiated cost of living adjustment of 2.9%; health insurance projected with an average 2.3% increase each year; and, an average increase in OPEB at 2.9%. Fund balance is projected to exceed the policy of 10%-17%; however, this increase can be reduced by the use of one-time funding options that would be brought to the board for approval for expenditure authority or for future above the base requests. The details are as follows:

	Estimated	Proposed	Projected Actual Based on Historical Trends		
	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023
<b>FUND SUMMARY:</b>					
<b>SOURCES OF FUNDS:</b>					
<b>Opening Fund Balance</b>	\$ 6,336,402	\$ 6,364,889	\$ 5,976,848	\$ 6,955,718	\$ 7,383,611
<b>Revenues:</b>					
Licenses and Permits	3,287,025	3,294,595	3,327,541	3,344,179	3,377,621
Federal & State Grants	5,610,189	5,590,602	5,473,257	5,648,495	5,793,008
Federal & State Indirect Rev.	525,012	524,659	512,533	529,913	544,191
Tire Fees (NRS 444A.090)	450,000	486,000	501,180	508,327	512,727
Pollution Control (NRS 445B.830)	650,277	628,105	634,386	637,558	643,933
Dust Plan	691,696	659,365	665,959	669,288	675,981
Birth & Death Certificates	535,000	515,000	520,150	525,352	530,605
Other Charges for Services	2,081,131	2,053,687	2,074,224	2,084,595	2,105,441
Miscellaneous	231,311	220,543	222,600	230,536	236,970
<b>Total Revenues</b>	<b>14,061,641</b>	<b>13,972,556</b>	<b>13,931,828</b>	<b>14,178,242</b>	<b>14,420,477</b>
<b>Total General Fund transfer</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>
<b>Total Sources of Funds</b>	<b>29,914,898</b>	<b>29,854,302</b>	<b>29,425,532</b>	<b>30,650,816</b>	<b>31,320,944</b>
<b>USES OF FUNDS:</b>					
<b>Expenditures:</b>					
Salaries & Wages	11,505,245	12,133,754	11,749,846	12,191,284	12,545,842
Group Insurance	1,629,137	1,672,092	1,661,690	1,694,923	1,728,822
OPEB Contribution	1,286,542	1,286,542	1,325,718	1,375,525	1,415,529
Retirement	2,985,681	3,278,840	3,179,435	3,298,885	3,394,827
Other Employee Benefits	263,867	267,971	248,889	261,662	275,090
Professional/Other agencies	1,429,301	1,166,211	660,070	673,875	687,974
Advertising	142,591	129,605	132,197	134,841	137,538
Chemical Supplies	392,595	232,700	232,700	237,354	242,101
Biologicals	325,208	249,440	251,934	256,973	262,113
Fleet Management billings	209,106	190,210	195,406	200,745	206,229
Workforce training & development	282,750	237,392	242,140	246,983	251,922
Other Services and Supplies	1,724,207	1,689,616	1,234,529	1,326,592	1,405,496
Indirect cost allocation	1,218,080	1,218,080	1,230,261	1,242,564	1,254,989
Capital	155,700	125,000	125,000	125,000	125,000
<b>Total Expenditures</b>	<b>23,550,009</b>	<b>23,877,454</b>	<b>22,469,814</b>	<b>23,267,206</b>	<b>23,933,471</b>
<b>Net Change in Fund Balance</b>	<b>28,488</b>	<b>(388,041)</b>	<b>978,870</b>	<b>427,893</b>	<b>3,862</b>
<b>Ending Fund Balance (FB)</b>	<b>\$ 6,364,889</b>	<b>\$ 5,976,848</b>	<b>\$ 6,955,718</b>	<b>\$ 7,383,611</b>	<b>\$ 7,387,473</b>
<b>FB as a percent of Uses of Funds</b>	<b>27.0%</b>	<b>25.0%</b>	<b>31.0%</b>	<b>31.7%</b>	<b>30.9%</b>

### ***Next Steps***

- **February, 2019**
  - Proposed FY20 Budget due to the County
  
- **March, 2019**
  - March 1, District Health Officer delivers FY20 budget to Managers of the County and Cities
  - March 28, DBOH update on the Managers meeting for FY20 Budget
  - Budget presentation to the County Senior Management (date not set)
  
- **April, 2019**
  - April 23, BCC meeting, County Manager’s recommendations for FY20 budget, General Fund support should be finalized
  
- **May, 2019**
  - May 21, BCC Public Hearing and possible adoption of the FY20 Budget
  - May 31, County delivers Final Budget to the Department of Taxation

### **FISCAL IMPACT**

Approval of the FY20 proposed budget would provide an expenditure budget of \$23,877,454. Resources include \$13,972,556 in Health District revenues, \$9,516,856 in a transfer from the County General Fund, and \$6,364,889 from unspent funding in FY19. With total resources at \$29,854,302 and the expenditures at \$23,877,454, the fund balance anticipated for FY20 is \$5,976,848, which is 25.0% of the total expenditures. Approval of this budget does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May, 2019. Any material changes by the County will be reported to the Board of Health.

### **RECOMMENDATION**

Staff recommends that the District Board of Health approve the Fiscal Year 2019-2020 Budget.

### **POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal Year 2020 budget as outlined by staff.”

Should the Board amend staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal 2020 budget as outlined by staff with the following adjustments.....”

- Attachments:
- Appendix A - History, Current Estimates, FY20 Recommended Budget & Projections to FY23
  - Appendix B - FY20 Recommended Budget
  - Appendix C - History of Budgeted Full-time equivalents (FTEs)
  - Appendix D - Health District Organization Chart

**Appendix A**

**Washoe County Health District Fund  
History, Current Estimates, FY20 Proposed Budget and Projections to FY23**

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**Washoe County Health District Fund  
History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23**

	Actual					Estimated FY 2018- 2019	Proposed FY 2019- 2020	Projected Actual Based on Historical Trends				
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2020- 2021	FY 2021- 2022	FY 2022- 2023		
<b>FUND SUMMARY:</b>												
<b>SOURCES OF FUNDS:</b>												
Opening Fund Balance	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 6,364,889	\$ 6,955,718	\$ 7,383,611			
<b>Revenues:</b>												
Licenses and Permits	1,406,086	1,410,276	1,559,740	2,422,926	3,252,242	3,287,025	3,294,595	3,344,179	3,377,621			
Federal & State Grants	5,438,048	5,369,889	5,571,322	5,557,814	5,413,067	5,610,189	5,590,602	5,648,495	5,793,008			
Federal & State Indirect Rev.	357,864	288,770	415,541	507,118	532,608	525,012	524,659	529,913	544,191			
Tire Fees (NRS 444A.090)	314,136	446,463	465,345	562,745	504,990	450,000	486,000	508,327	512,727			
Pollution Control (NRS 445B.830)	634,731	541,626	599,290	573,910	745,724	650,277	628,105	637,558	643,933			
Dust Plan	147,678	187,763	271,308	504,360	536,722	691,696	659,365	669,288	675,981			
Birth & Death Certificates	457,596	465,052	521,837	548,064	532,982	535,000	515,000	525,352	530,605			
Other Charges for Services	734,285	744,250	907,373	1,574,436	2,412,565	2,081,131	2,053,687	2,074,224	2,105,441			
Miscellaneous	172,819	58,286	81,259	116,665	78,712	231,311	220,543	230,536	236,970			
<b>Total Revenues</b>	<b>9,663,243</b>	<b>9,512,374</b>	<b>10,393,014</b>	<b>12,368,039</b>	<b>14,009,611</b>	<b>14,061,641</b>	<b>13,972,556</b>	<b>14,178,242</b>	<b>14,420,477</b>			
<b>Total General Fund transfer</b>	<b>8,603,891</b>	<b>10,000,192</b>	<b>10,076,856</b>	<b>10,002,381</b>	<b>10,051,691</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>	<b>9,516,856</b>			
<b>Total Sources of Funds</b>	<b>21,078,599</b>	<b>21,668,365</b>	<b>22,738,376</b>	<b>25,338,263</b>	<b>28,242,199</b>	<b>29,914,898</b>	<b>29,854,302</b>	<b>30,650,816</b>	<b>31,320,944</b>			
<b>USES OF FUNDS:</b>												
<b>Expenditures:</b>												
Salaries & Wages	9,591,107	10,186,634	10,052,614	10,644,058	10,774,122	11,505,245	12,133,754	12,191,284	12,545,842			
Group Insurance	1,307,483	1,430,834	1,480,594	1,682,564	1,655,278	1,629,137	1,672,092	1,694,923	1,728,822			
OPEB Contribution	1,237,872	1,085,690	1,011,161	1,181,460	1,305,189	1,286,542	1,286,542	1,375,525	1,415,529			
Retirement	2,310,772	2,435,635	2,654,379	2,793,067	2,812,595	2,985,681	3,278,840	3,298,885	3,394,827			
Other Employee Benefits	211,142	222,327	222,140	252,901	238,593	263,867	267,971	261,662	275,090			
Professional/Other agencies	809,059	630,642	627,111	393,044	640,362	1,429,301	1,166,211	673,875	687,974			
Advertising	19,500	210,171	108,627	263,000	180,955	142,591	129,605	134,841	137,538			
Chemical Supplies	231,398	231,437	250,088	403,041	767,031	392,595	232,700	237,354	242,101			
Biologicals	247,975	211,580	227,771	247,083	281,701	325,208	249,440	251,934	262,113			
Fleet Management billings	161,263	180,112	182,379	175,525	195,899	209,106	190,210	200,745	206,229			
Workforce training & development	133,066	126,307	128,749	129,825	149,608	282,750	237,392	242,140	246,983			
Other Services and Supplies	855,213	767,593	978,196	1,230,288	1,268,436	1,724,207	1,689,616	1,326,592	1,405,496			
Indirect cost allocation	1,660,162	1,655,371	1,784,721	1,700,797	1,520,621	1,218,080	1,218,080	1,242,564	1,254,989			
Capital	146,788	25,527	62,001	60,714	95,406	155,700	125,000	125,000	125,000			
<b>Total Expenditures</b>	<b>18,922,800</b>	<b>19,399,859</b>	<b>19,770,532</b>	<b>21,157,367</b>	<b>21,905,797</b>	<b>23,550,009</b>	<b>23,877,454</b>	<b>23,267,206</b>	<b>23,933,471</b>			
Net Change in Fund Balance	(655,665)	112,707	699,338	1,213,053	2,155,505	28,488	(388,041)	427,893	3,862			
<b>Ending Fund Balance (FB)</b>	<b>\$ 2,155,799</b>	<b>\$ 2,268,506</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 6,364,889</b>	<b>\$ 5,976,848</b>	<b>\$ 6,955,718</b>	<b>\$ 7,383,611</b>			
<b>FB as a percent of Uses of Funds</b>	<b>11.4%</b>	<b>11.7%</b>	<b>15.0%</b>	<b>19.8%</b>	<b>28.9%</b>	<b>27.0%</b>	<b>25.0%</b>	<b>31.0%</b>	<b>31.7%</b>			
Note: Estimates for FY19 includes \$526,972 of one-time funding approved by the DBOH in November, \$147,912 balance of the 4% Regional Permitting technology funds and \$108,426.11 dedicated funds for Hazardous Materials. FY20 includes \$903,969 of above base funding details are found in the program section.												



**Washoe County Health District Fund  
History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23**

	Actual				Estimated FY 2018- 2019	Proposed FY 2019- 2020	Projected Actual Based on Historical Trends	
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017			FY 2017- 2018	FY 2020- 2021
<b>Revenues and Expenditures by Program:</b>								
<b>Office of the District Health Officer (Opened July 1, 2014)</b>								
<b>Revenues:</b>								
Federal & State Grants	-	-	15,000	14,111	2,796	-	-	-
Federal & State Indirect Rev.	-	-	-	2,117	419	-	-	-
Miscellaneous	-	-	-	35,000	150	-	-	-
Sub-total Revenues	-	-	15,000	51,228	3,365	-	-	-
<b>Expenditures:</b>								
Salaries & Wages	-	281,710	328,280	448,896	428,437	660,859	645,677	669,935
Group Insurance	-	29,921	38,760	60,761	55,983	65,171	64,353	66,953
OPEB Contribution	-	27,276	27,874	43,491	63,169	59,160	60,962	63,252
Retirement	-	72,212	91,351	124,784	94,929	177,599	173,519	180,038
Other Employee Benefits	-	3,994	6,672	10,113	11,189	13,981	12,985	14,352
Professional/Other agencies	-	15,189	29,199	51,655	45,462	556,696	57,830	58,987
Advertising	-	-	-	5,029	750	-	-	-
Workforce training & development	-	3,103	9,369	10,448	10,536	14,500	14,790	15,388
Other Services and Supplies	-	6,894	14,794	102,708	74,401	109,959	118,009	126,648
Indirect cost allocation	-	41,587	48,371	46,382	41,468	33,218	33,550	33,886
Capital	-	-	-	-	-	20,000	-	-
Sub-total Expenditures	\$ -	\$ 481,886	\$ 594,672	\$ 904,267	\$ 826,325	\$ 1,691,143	\$ 1,181,675	\$ 1,227,123
Revenues Less Expenditures	\$ -	\$ (481,886)	\$ (579,672)	\$ (853,040)	\$ (822,960)	\$ (1,691,143)	\$ (1,181,675)	\$ (1,227,123)
Note: Estimated FY19 includes the use of \$286,200 of "one-time" funding approved by the DBOH November, 2018 and an additional \$500,000 in FY20 to continue the efforts of spending down fund balance for Community Health Improvements and Workforce Development projects								
<b>Administrative Health Services Office</b>								
<b>Revenues:</b>								
Miscellaneous	87,930	151	-	-	-	-	-	-
Sub-total Revenues	87,930	151	-	-	-	-	-	-
<b>Expenditures:</b>								
Salaries & Wages	792,486	707,651	640,045	631,475	574,274	701,847	685,723	711,485
Group Insurance	87,983	84,388	91,131	99,880	98,208	95,836	94,634	96,527
OPEB Contribution	37,937	23,125	19,879	81,163	81,735	80,787	83,247	86,374
Retirement	200,852	161,834	178,097	176,752	128,217	188,550	184,219	191,140
Other Employee Benefits	17,590	17,080	14,200	14,973	15,292	15,273	14,185	14,913
Professional/Other agencies	115,940	35,405	3,241	3,000	3,150	3,000	3,060	3,121
Workforce training & development	10,334	12,998	-	-	6,348	9,830	10,027	10,227
Other Services and Supplies	22,738	18,830	14,933	79,046	79,863	139,838	150,075	161,062
Indirect cost allocation	50,879	35,258	34,497	33,077	29,573	23,689	23,926	24,165
Capital	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,336,740	1,096,568	996,022	1,119,366	1,016,660	1,258,650	1,249,096	1,299,015
Revenues Less Expenditures	\$ (1,248,810)	\$ (1,096,417)	\$ (996,022)	\$ (1,119,366)	\$ (1,016,660)	\$ (1,258,650)	\$ (1,249,096)	\$ (1,299,015)
Note: FY19 includes the use of \$32,362 of "one-time" funding approved by the DBOH and an increase from FY19 to FY20 in Salaries and Wages due to a shift of accrued benefits payable and security budget from ODHO								

Washoe County Health District Fund  
History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23

	Actual					Estimated FY 2018- 2019	Proposed FY 2019- 2020	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2020- 2021	FY 2021- 2022	FY 2022- 2023
<b>Air Quality Management Program</b>										
<b>Revenues:</b>										
Licenses and Permits	532,135	526,224	523,612	554,557	716,574	712,646	650,135	656,636	659,919	666,518
Federal & State Grants	832,542	794,723	727,088	736,335	697,654	702,850	702,850	708,085	713,359	718,672
Federal & State Indirect Rev.	63,334	32,189	32,794	33,218	31,108	31,769	31,769	32,006	32,244	32,484
Pollution Control (NRS 445B.830)	634,731	541,626	599,290	573,910	745,724	650,277	628,105	634,386	637,558	643,933
Dust Plan	147,678	187,763	271,308	504,360	536,722	691,696	659,365	665,959	669,288	675,981
Other Charges for Services	280,536	344,790	366,311	577,340	815,558	828,104	844,394	852,838	857,102	865,674
Miscellaneous	80	156	50	-	-	-	-	-	-	-
Sub-total Revenues	2,491,036	2,427,471	2,520,452	2,979,720	3,543,340	3,617,342	3,516,618	3,549,909	3,569,471	3,603,263
<b>Expenditures:</b>										
Salaries & Wages	1,246,381	1,343,833	1,365,722	1,441,018	1,455,026	1,609,747	1,661,045	1,650,929	1,712,954	1,762,772
Group Insurance	174,644	200,574	202,182	225,098	210,156	217,652	218,458	224,723	229,217	233,802
OPEB Contribution	151,119	133,449	128,749	171,961	188,415	187,704	187,704	193,420	200,686	206,523
Retirement	306,953	339,148	368,286	389,982	403,682	442,304	467,795	464,946	482,414	496,444
Other Employee Benefits	27,355	29,144	29,518	37,004	36,822	41,258	41,283	38,344	40,311	42,380
Professional/Other agencies	133,892	175,510	95,166	20,510	55,813	117,200	1,000	1,020	1,040	1,061
Advertising	7,643	11,965	47,657	62,135	38,416	51,536	50,950	51,969	53,008	54,069
Fleet Management billings	37,917	33,902	36,710	32,246	44,034	50,867	41,038	42,159	43,310	44,494
Workforce training & development	18,545	23,659	27,077	23,772	25,500	33,797	37,000	37,740	38,495	39,265
Other Services and Supplies	97,609	74,974	114,408	203,657	216,828	240,026	475,281	40,087	43,021	45,526
Indirect cost allocation	202,672	203,472	223,424	214,235	191,539	153,430	153,430	154,964	156,514	158,079
Capital	119,972	17,566	31,736	35,340	70,032	100,000	100,000	100,000	100,000	100,000
Sub-total Expenditures	2,524,702	2,587,196	2,670,635	2,856,957	2,936,262	3,245,522	3,434,985	3,000,300	3,100,972	3,184,413
Revenues Less Expenditures	\$ (33,667)	\$ (159,725)	\$ (150,183)	\$ 122,763	\$ 607,078	\$ 371,821	\$ 81,633	\$ 549,609	\$ 468,498	\$ 418,850

Note: Estimated FY19 includes the use of \$8,670 of "one-time" funding approved by the DBOH November, 2018, \$63,633 from the prior year balance of the 4% Regional Technology fee on permits and licensing and in FY20 \$39,010 for an anticipate retirement payout of accrued benefits. FY20, \$437,726 of unspent DMV Pollution Control restricted funds from FY19 is budgeted to be spent in FY20.

**Washoe County Health District Fund  
History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23**

	Actual					Estimated FY 2018- 2019	Proposed FY 2019- 2020	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2020- 2021	FY 2021- 2022	FY 2022- 2023
<b><i>Chronic Disease Prevention</i></b>										
<b>Revenues:</b>										
Federal & State Grants	254,348	301,412	276,505	292,968	355,764	417,471	382,550	372,829	386,308	397,346
Federal & State Indirect Rev.	12,834	14,152	15,536	17,463	23,991	30,978	27,006	26,320	27,271	28,051
Sub-total Revenues	267,182	315,564	292,042	310,431	379,755	448,448	409,556	399,149	413,579	425,396
<b>Expenditures:</b>										
Salaries & Wages	148,170	197,883	220,935	247,735	318,965	387,945	391,478	382,485	396,855	408,396
Group Insurance	16,758	24,111	27,298	37,649	45,785	48,626	49,652	49,029	50,010	51,010
OPEB Contribution	-	23,018	11,094	23,139	22,554	29,469	29,469	30,366	31,507	32,423
Retirement	27,571	43,147	48,587	52,043	71,486	76,627	80,574	78,723	81,681	84,056
Other Employee Benefits	3,053	3,645	3,944	5,490	7,089	6,803	6,033	5,603	5,891	6,193
Professional/Other agencies	185,753	68,696	133,251	46,980	108,895	161,073	75,680	77,194	78,738	80,313
Advertising	712	103,657	5,324	101,329	59,630	60,866	60,268	61,473	62,703	63,957
Workforce training & development	3,769	2,076	2,265	4,420	4,753	8,480	8,180	8,344	8,510	8,681
Other Services and Supplies	7,502	13,286	9,584	13,295	21,506	55,596	48,285	51,820	55,613	58,850
Indirect cost allocation	-	35,096	49,251	36,709	32,820	26,290	26,290	26,553	26,818	27,087
Sub-total Expenditures	393,288	514,616	511,533	568,789	693,481	861,775	775,910	771,591	798,326	820,967
<b>Revenues Less Expenditures</b>	<b>\$ (126,106)</b>	<b>\$ (199,052)</b>	<b>\$ (219,491)</b>	<b>\$ (258,358)</b>	<b>\$ (313,726)</b>	<b>\$ (413,326)</b>	<b>\$ (366,354)</b>	<b>\$ (372,441)</b>	<b>\$ (384,748)</b>	<b>\$ (395,570)</b>
Note: Estimated FY19 includes the use of \$80,000 of "one-time" funding approved by the DBOH November, 2018 and an increase of \$10,022 in salaries and benefits for a reclassification of the Public Health Supervisor										
<b><i>Community &amp; Clinical Health Administration &amp; Billing</i></b>										
<b>Revenues:</b>										
Other Charges for Services	540	-	-	-	-	-	-	-	-	-
Miscellaneous	15	-	-	-	-	-	-	-	-	-
Sub-total Revenues	555	-	-	-	-	-	-	-	-	-
<b>Expenditures:</b>										
Salaries & Wages	179,916	118,376	125,305	209,121	252,529	313,749	419,367	332,927	345,435	355,481
Group Insurance	20,297	11,591	13,500	26,463	34,048	40,872	41,472	40,952	41,771	42,607
OPEB Contribution	499,784	11,966	11,867	16,738	28,194	34,014	34,014	35,050	36,367	37,425
Retirement	46,068	30,109	34,803	59,005	70,675	87,850	99,424	78,930	81,896	84,277
Other Employee Benefits	3,456	2,622	2,711	4,694	5,638	7,137	7,721	7,171	7,539	7,926
Professional/Other agencies	836	28,420	2,954	6,976	17,043	30,375	36,378	37,105	37,847	38,604
Advertising	-	-	643	-	-	-	-	-	-	-
Fleet Management billings	2,217	3,237	3,409	4,420	4,452	4,081	4,223	4,338	4,457	4,579
Workforce training & development	7,641	5,870	1,779	2,119	4,728	19,000	8,375	8,543	8,713	8,888
Other Services and Supplies	15,908	2,980	8,530	10,015	18,256	48,726	7,705	8,269	8,874	9,391
Indirect cost allocation	670,281	18,245	20,594	19,747	17,655	14,142	14,142	14,283	14,426	14,571
Capital	23,948	-	30,265	25,374	25,374	15,000	25,000	25,000	25,000	25,000
Sub-total Expenditures	1,470,351	233,417	256,359	384,673	478,592	614,948	697,821	592,569	612,326	628,748
<b>Revenues Less Expenditures</b>	<b>\$ (1,469,796)</b>	<b>\$ (233,417)</b>	<b>\$ (256,359)</b>	<b>\$ (384,673)</b>	<b>\$ (478,592)</b>	<b>\$ (614,948)</b>	<b>\$ (697,821)</b>	<b>\$ (592,569)</b>	<b>\$ (612,326)</b>	<b>\$ (628,748)</b>
Note: Estimated FY19 includes the use of \$22,000 of "one-time" funding approved by the DBOH November, 2018 and in FY20 a one-time funding of \$78,612 for a retirement pay out for accrued benefits.										

**Washoe County Health District Fund  
History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23**

	Actual					Estimated			Projected Actual Based on Historical Trends		
	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023	
<b>Family Planning</b>											
<b>Revenues:</b>											
Federal & State Grants	785,268	783,065	743,944	835,313	967,598	716,567	762,136	742,770	769,622	791,613	
Federal & State Indirect Rev.	18,637	20,388	32,593	124,392	143,824	101,035	106,000	103,306	107,041	110,099	
Other Charges for Services	34,370	34,024	74,173	107,310	193,137	142,000	136,488	137,853	138,542	139,928	
Miscellaneous	24,230	19,122	20,937	16,448	14,260	4,002	5,170	5,170	5,170	5,170	
<b>Sub-total Revenues</b>	<b>862,505</b>	<b>856,599</b>	<b>871,646</b>	<b>1,083,463</b>	<b>1,318,818</b>	<b>963,604</b>	<b>1,009,794</b>	<b>989,099</b>	<b>1,020,375</b>	<b>1,046,810</b>	
<b>Expenditures:</b>											
Salaries & Wages	519,308	522,050	493,055	541,807	622,942	468,228	623,572	609,246	632,136	650,520	
Group Insurance	73,609	87,517	98,577	96,255	98,693	71,565	103,569	102,270	104,315	106,402	
OPEB Contribution	-	64,398	58,070	36,734	56,399	55,299	55,299	56,983	59,124	60,843	
Retirement	106,676	113,797	125,217	126,468	147,691	110,809	168,725	164,849	171,042	176,017	
Other Employee Benefits	11,607	11,909	12,221	11,802	13,769	9,779	11,643	10,814	11,369	11,953	
Professional/Other agencies	24,967	18,387	22,875	29,397	30,710	17,738	14,048	14,329	14,616	14,908	
Advertising	1,420	1,316	-	22,494	10,778	2,695	1,200	1,224	1,248	1,273	
Biologicals	129,887	110,025	91,652	118,490	119,683	150,338	40,000	40,400	41,208	42,032	
Workforce training & development	3,255	5,161	4,574	7,037	11,621	10,862	7,800	7,956	8,115	8,277	
Other Services and Supplies	69,113	63,141	55,135	49,416	83,477	70,455	43,951	47,168	50,622	53,568	
Indirect cost allocation	-	98,189	100,772	96,628	86,392	69,204	69,204	69,896	70,595	71,301	
Capital	2,869	-	-	-	-	700	-	-	-	-	
<b>Sub-total Expenditures</b>	<b>942,710</b>	<b>1,093,889</b>	<b>1,062,150</b>	<b>1,136,527</b>	<b>1,282,154</b>	<b>1,037,673</b>	<b>1,139,011</b>	<b>1,125,136</b>	<b>1,164,390</b>	<b>1,197,094</b>	
<b>Revenues Less Expenditures</b>	<b>\$ (80,205)</b>	<b>\$ (239,290)</b>	<b>\$ (190,504)</b>	<b>\$ (53,064)</b>	<b>\$ 36,664</b>	<b>\$ (74,069)</b>	<b>\$ (129,217)</b>	<b>\$ (136,037)</b>	<b>\$ (144,015)</b>	<b>\$ (150,284)</b>	
Note: increase from FY19 to FY20 is the \$114,513 above base request for a Public Health Nurse and the reduction in Biologicals is due to a reduction in grant funding.											
<b>Immunizations</b>											
<b>Revenues:</b>											
Federal & State Grants	279,687	305,244	290,366	274,682	252,617	252,201	252,201	245,793	254,678	261,955	
Federal & State Indirect Rev.	25,601	39,707	37,748	37,878	32,841	32,785	32,785	31,952	33,107	34,053	
Other Charges for Services	160,125	120,674	120,257	247,840	341,266	308,639	327,200	330,472	332,124	335,446	
Miscellaneous	8,490	4,394	5,882	6,655	3,512	1,209	-	-	-	-	
<b>Sub-total Revenues</b>	<b>473,903</b>	<b>470,019</b>	<b>454,253</b>	<b>567,054</b>	<b>630,235</b>	<b>594,834</b>	<b>612,186</b>	<b>608,216</b>	<b>619,910</b>	<b>631,454</b>	
<b>Expenditures:</b>											
Salaries & Wages	678,614	722,929	694,865	684,211	663,230	700,468	756,520	682,744	708,395	728,997	
Group Insurance	93,382	110,036	114,657	117,507	103,658	98,223	97,240	96,020	97,940	99,899	
OPEB Contribution	-	88,216	78,590	75,357	86,484	78,053	78,053	80,430	83,451	85,878	
Retirement	149,346	166,604	173,379	177,340	170,597	171,684	184,694	166,683	172,945	177,974	
Other Employee Benefits	14,210	15,620	15,294	15,170	14,915	14,480	14,170	13,161	13,836	14,546	
Professional/Other agencies	25,476	18,129	15,333	19,863	21,608	42,487	21,396	21,824	22,260	22,706	
Advertising	-	100	-	-	-	100	100	102	104	106	
Biologicals	113,315	100,332	127,622	113,635	154,880	160,000	194,690	196,637	200,570	204,581	
Workforce training & development	2,378	3,674	4,622	3,179	2,093	1,850	1,887	1,887	1,925	1,963	
Other Services and Supplies	51,395	42,969	48,941	30,975	37,250	39,151	33,980	36,467	39,137	41,415	
Indirect cost allocation	-	134,504	136,382	130,772	116,919	93,657	93,657	94,594	95,540	96,495	
<b>Sub-total Expenditures</b>	<b>1,128,117</b>	<b>1,403,113</b>	<b>1,409,685</b>	<b>1,368,008</b>	<b>1,371,634</b>	<b>1,400,152</b>	<b>1,476,349</b>	<b>1,390,548</b>	<b>1,436,103</b>	<b>1,474,561</b>	
<b>Revenues Less Expenditures</b>	<b>\$ (654,215)</b>	<b>\$ (933,094)</b>	<b>\$ (955,432)</b>	<b>\$ (800,953)</b>	<b>\$ (741,399)</b>	<b>\$ (805,318)</b>	<b>\$ (864,163)</b>	<b>\$ (782,331)</b>	<b>\$ (816,193)</b>	<b>\$ (843,107)</b>	
Note: Estimated FY19 includes the use of \$25,000 of "one-time" funding approved by the DBOH November, 2018. The increase in biologicals from FY19 to FY20 is due to an above base request of \$34,690 and FY20 includes a one-time funding of \$57,722 for a retiree payout of accrued benefits.											

Washoe County Health District Fund

History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23

	Actual				Estimated FY 2018- 2019	Proposed FY 2019- 2020	Projected Actual Based on Historical Trends			
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017			FY 2017- 2018	FY 2020- 2021	FY 2021- 2022	FY 2022- 2023
<b>Maternal, Child &amp; Adolescent Health</b>										
<b>Revenues:</b>										
Federal & State Grants	52,856	52,894	54,540	56,622	58,705	58,705	57,213	59,282	60,976	
Federal & State Indirect Rev.	5,141	5,106	5,181	5,662	5,871	5,871	5,722	5,929	6,098	
Sub-total Revenues	57,997	58,000	59,721	62,284	64,576	64,576	62,935	65,210	67,074	
<b>Expenditures:</b>										
Salaries & Wages	244,762	105,474	96,702	100,500	64,449	61,789	60,369	62,637	64,459	
Group Insurance	29,566	18,965	16,455	16,681	6,941	5,225	5,160	5,263	5,368	
OPEB Contribution	-	11,895	10,862	10,283	9,833	9,833	10,133	10,513	10,819	
Retirement	62,606	26,203	26,907	28,082	12,619	9,388	9,173	9,517	9,794	
Other Employee Benefits	5,806	4,679	4,644	2,183	1,020	721	670	704	740	
Professional/Other agencies	3,114	468	468	500	468	500	510	520	531	
Biologicals	222	224	215	166	-	250	253	258	263	
Workforce training & development	670	1,055	258	2,389	2,049	2,500	2,550	2,601	2,653	
Other Services and Supplies	12,486	5,712	5,742	5,741	6,461	8,600	9,230	9,906	10,482	
Indirect cost allocation	-	18,137	18,849	18,074	12,944	12,944	13,073	13,204	13,336	
Sub-total Expenditures	359,233	192,813	181,101	184,598	116,785	111,751	111,120	115,124	118,445	
Revenues Less Expenditures	\$ (301,236)	\$ (134,813)	\$ (121,380)	\$ (122,314)	\$ (52,209)	\$ (47,175)	\$ (48,185)	\$ (49,913)	\$ (51,372)	
<b>Sexual Health - HIV</b>										
<b>Revenues:</b>										
Federal & State Grants	425,231	418,438	419,160	379,320	440,759	463,534	451,756	468,087	481,462	
Federal & State Indirect Rev.	26,706	31,651	43,813	40,816	46,643	55,706	54,291	56,253	57,861	
Sub-total Revenues	451,937	450,088	462,973	420,136	487,402	519,240	506,046	524,341	539,323	
<b>Expenditures:</b>										
Salaries & Wages	252,756	228,850	229,906	205,387	251,929	260,053	254,079	263,624	271,291	
Group Insurance	30,678	25,865	30,557	32,798	37,146	33,864	33,440	34,108	34,791	
OPEB Contribution	-	27,723	26,876	24,326	23,002	23,002	23,703	24,593	25,309	
Retirement	58,982	52,209	55,855	47,268	56,851	57,268	55,953	58,055	59,743	
Other Employee Benefits	5,854	4,573	4,542	4,662	5,498	4,336	4,028	4,234	4,452	
Professional/Other agencies	29,400	1,000	14	-	100	13,396	13,664	13,938	14,216	
Advertising	8,335	75,750	54,480	43,599	10,350	14,987	15,287	15,592	15,904	
Workforce training & development	6,041	1,642	10,771	4,686	12,392	12,502	12,752	13,007	13,267	
Other Services and Supplies	33,423	28,566	33,073	40,933	66,646	67,121	72,035	78,994	85,277	
Indirect cost allocation	-	42,270	46,640	44,722	32,029	32,029	32,349	32,673	33,000	
Sub-total Expenditures	425,470	488,448	492,715	448,380	495,943	518,560	517,289	538,819	557,249	
Revenues Less Expenditures	\$ 26,467	\$ (38,360)	\$ (29,742)	\$ (28,243)	\$ (8,541)	\$ 681	\$ (11,242)	\$ (14,478)	\$ (17,926)	

Note: FY20 includes the above base request of \$69,400 for a Community Health Aid position.

**Washoe County Health District Fund  
History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23**

	Actual					Estimated FY 2018- 2019	Proposed FY 2019- 2020	Projected, Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2020- 2021	FY 2021- 2022	FY 2022- 2023
<b><i>Sexual Health - STD</i></b>										
<b>Revenues:</b>										
Federal & State Grants	94,019	123,868	118,225	119,578	119,858	118,383	118,384	115,376	119,547	122,963
Federal & State Indirect Rev.	7,525	11,691	11,250	11,360	11,386	11,246	11,246	10,960	11,356	11,681
Other Charges for Services	17,015	16,335	33,513	60,492	71,719	72,000	74,448	75,192	75,568	76,324
Miscellaneous	3,067	3,433	3,610	4,180	1,918	1,600	1,551	1,551	1,551	1,551
Sub-total Revenues	121,626	155,327	166,598	195,610	204,880	203,229	205,629	203,080	208,023	212,519
<b>Expenditures:</b>										
Salaries & Wages	292,932	435,515	472,553	568,207	547,121	572,616	599,335	585,566	607,566	625,235
Group Insurance	40,020	61,414	70,734	94,688	82,895	85,525	99,210	97,966	99,925	101,924
OPEB Contribution	-	52,104	52,197	55,392	67,885	59,685	59,685	61,503	63,813	65,669
Retirement	68,919	105,300	124,803	154,470	145,551	156,957	185,687	181,421	188,237	193,711
Other Employee Benefits	7,127	8,550	9,076	12,546	12,271	13,107	13,268	12,323	12,955	13,620
Professional/Other agencies	14,911	17,441	17,299	17,336	18,643	18,443	18,250	18,615	18,987	19,367
Advertising	-	100	-	395	-	-	-	-	-	-
Biologicals	614	3,512	169	3,954	(2,067)	4,000	4,000	4,040	4,121	4,203
Workforce training & development	161	851	1,964	1,928	2,792	2,200	2,000	2,040	2,081	2,122
Other Services and Supplies	66,068	62,297	59,422	67,041	65,153	50,738	61,249	65,733	70,545	74,651
Indirect cost allocation	-	79,444	90,581	86,855	77,654	62,204	62,204	62,826	63,454	64,089
Sub-total Expenditures	490,752	826,529	898,799	1,062,812	1,017,896	1,025,475	1,104,888	1,092,033	1,131,685	1,164,593
Revenues Less Expenditures	\$ (369,126)	\$ (671,202)	\$ (732,200)	\$ (867,202)	\$ (813,016)	\$ (822,246)	\$ (899,259)	\$ (888,953)	\$ (923,662)	\$ (932,074)
<b><i>Tuberculosis</i></b>										
<b>Revenues:</b>										
Federal & State Grants	85,939	103,793	93,421	104,380	91,304	100,961	96,270	93,824	97,216	99,993
Federal & State Indirect Rev.	6,186	10,275	12,739	15,135	13,097	14,456	13,959	13,604	14,096	14,499
Other Charges for Services	4,298	4,844	8,463	10,190	11,170	8,500	8,272	8,355	8,396	8,480
Miscellaneous	57	60	21	-	-	0	-	-	-	-
Sub-total Revenues	96,479	118,972	114,644	129,705	115,571	123,918	118,501	115,783	119,708	122,973
<b>Expenditures:</b>										
Salaries & Wages	349,389	400,820	365,632	365,166	397,552	400,853	386,960	378,071	392,275	403,683
Group Insurance	49,354	51,330	58,698	60,347	67,016	57,394	51,951	51,299	52,325	53,372
OPEB Contribution	-	45,630	41,539	35,484	34,378	34,969	34,969	36,034	37,388	38,475
Retirement	84,409	89,828	99,750	98,118	103,386	99,667	106,915	104,459	108,384	111,536
Other Employee Benefits	7,117	8,205	7,719	8,030	8,663	8,544	8,155	7,574	7,963	8,372
Professional/Other agencies	18,072	19,609	20,918	22,139	21,724	21,294	21,294	21,720	22,154	22,597
Advertising	-	100	-	-	-	-	-	-	-	-
Biologicals	2,547	(3,335)	7,908	10,840	8,948	10,370	10,000	10,100	10,302	10,508
Workforce training & development	5,431	4,757	6,437	3,460	4,245	6,757	7,268	7,414	7,562	7,713
Other Services and Supplies	25,101	34,617	28,442	28,371	23,892	32,443	40,680	43,658	46,854	49,581
Indirect cost allocation	-	69,573	72,085	69,120	61,798	49,503	49,503	49,998	50,498	51,003
Capital	-	7,961	-	-	-	-	-	-	-	-
Sub-total Expenditures	541,420	729,096	709,128	701,075	731,604	721,795	717,695	710,326	735,704	756,840
Revenues Less Expenditures	\$ (444,940)	\$ (610,125)	\$ (594,484)	\$ (571,370)	\$ (616,032)	\$ (597,877)	\$ (599,194)	\$ (594,544)	\$ (615,996)	\$ (633,867)

**Washoe County Health District Fund  
History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23**

	Actual				Estimated FY 2018- 2019	Proposed FY 2019- 2020	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017			FY 2017- 2018	FY 2020- 2021	FY 2021- 2022
<b><u>Women, Infants and Children</u></b>									
<b>Revenues:</b>									
Federal & State Grants	1,040,614	1,077,421	1,058,684	1,082,564	1,022,806	1,027,718	1,001,604	1,037,813	1,067,467
Federal & State Indirect Rev.	15,303	18,956	25,708	21,651	23,254	34,429	33,554	34,767	35,761
Miscellaneous	-	-	700	-	-	-	-	-	-
Sub-total Revenues	1,055,916	1,096,377	1,085,091	1,104,215	1,046,060	1,062,147	1,035,158	1,072,580	1,103,228
<b>Expenditures:</b>									
Salaries & Wages	754,154	767,795	682,510	712,240	669,616	700,583	684,488	710,204	730,859
Group Insurance	158,855	159,713	156,990	171,472	157,972	161,902	159,871	163,068	166,330
OPEB Contribution	-	100,320	90,898	88,242	89,449	85,999	88,618	91,947	94,621
Retirement	190,005	190,959	182,955	194,599	184,327	198,241	193,687	200,964	206,809
Other Employee Benefits	17,998	18,652	17,462	15,431	14,396	15,372	14,277	15,010	15,780
Professional/Other agencies	26	1,567	509	2,427	819	200	204	208	212
Advertising	-	-	-	-	-	7,000	-	-	-
Workforce training & development	110	1,840	-	167	4,458	2,100	2,142	2,185	2,229
Other Services and Supplies	76,581	89,774	70,049	103,451	77,607	62,863	67,465	72,404	76,619
Indirect cost allocation	-	152,960	157,740	151,252	135,230	108,325	109,408	110,502	111,607
Sub-total Expenditures	1,197,728	1,483,580	1,359,114	1,439,282	1,333,873	1,335,585	1,320,161	1,366,493	1,405,066
<b>Revenues Less Expenditures</b>	<b>\$ (141,812)</b>	<b>\$ (387,204)</b>	<b>\$ (274,022)</b>	<b>\$ (335,067)</b>	<b>\$ (287,813)</b>	<b>\$ (273,438)</b>	<b>\$ (285,003)</b>	<b>\$ (293,913)</b>	<b>\$ (301,838)</b>

Note: Estimated FY19 includes the use of \$15,000 of "one-time" funding approved by the DBOH November, 2018

**Washoe County Health District Fund**  
**History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23**

	Actual					Estimated	Proposed	Projected Actual Based on Historical Trends			
	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018			FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
<b>General Environmental Health Services and Land Development (includes EHS Admin &amp; Hazardous Materials)</b>											
<b>Revenues:</b>											
Licenses and Permits	250,579	259,555	293,036	583,888	776,549	781,428	772,442	780,167	784,068	791,908	
Federal & State Grants	37,750	-	-	-	-	-	-	-	-	-	
Other Charges for Services	129,987	128,327	177,420	380,715	687,919	476,344	450,175	454,676	456,950	461,519	
Miscellaneous	28,386	1,341	-	-	-	161,411	150,000	152,949	158,695	163,310	
<b>Sub-total Revenues</b>	<b>446,703</b>	<b>389,223</b>	<b>470,456</b>	<b>964,604</b>	<b>1,464,468</b>	<b>1,419,183</b>	<b>1,372,617</b>	<b>1,387,792</b>	<b>1,399,712</b>	<b>1,416,738</b>	
<b>Expenditures:</b>											
Salaries & Wages	1,117,760	1,447,165	1,415,972	1,586,051	1,408,650	1,472,370	1,450,595	1,417,270	1,470,517	1,513,284	
Group Insurance	158,564	198,203	155,441	228,712	201,801	202,853	193,134	190,712	194,526	198,417	
OPEB Contribution	383,115	144,489	105,760	131,922	129,875	151,127	151,127	155,729	161,579	166,279	
Retirement	283,791	352,189	372,154	410,105	389,141	393,536	396,007	386,909	401,445	413,120	
Other Employee Benefits	23,164	28,208	27,913	38,690	35,002	35,638	33,892	31,478	33,094	34,792	
Professional/Other agencies	8,874	19,971	7,609	12,465	9,806	161,439	6,048	6,169	6,292	6,418	
Advertising	-	397	189	1,353	-	1,850	1,850	1,887	1,925	1,963	
Chemical Supplies	-	-	845	1,301	723	1,095	1,200	1,224	1,224	1,248	
Fleet Management billings	26,823	28,678	33,057	27,026	26,003	26,112	27,399	28,148	28,917	29,707	
Workforce training & development	10,519	6,059	11,137	6,105	2,380	15,650	13,600	13,872	14,149	14,432	
Other Services and Supplies	59,077	62,470	86,654	111,497	89,622	261,086	205,300	220,330	236,460	250,224	
Indirect cost allocation	513,811	220,304	183,531	175,982	157,340	126,036	126,036	127,296	128,569	129,855	
<b>Sub-total Expenditures</b>	<b>2,585,499</b>	<b>2,508,133</b>	<b>2,400,263</b>	<b>2,731,210</b>	<b>2,450,344</b>	<b>2,848,792</b>	<b>2,606,188</b>	<b>2,581,000</b>	<b>2,678,698</b>	<b>2,759,739</b>	
<b>Revenues Less Expenditures</b>	<b>\$ (2,138,796)</b>	<b>\$ (2,118,910)</b>	<b>\$ (1,929,807)</b>	<b>\$ (1,766,606)</b>	<b>\$ (985,876)</b>	<b>\$ (1,429,609)</b>	<b>\$ (1,233,570)</b>	<b>\$ (1,193,208)</b>	<b>\$ (1,278,985)</b>	<b>\$ (1,343,001)</b>	
Note: Estimated FY 19 includes the use of \$160,666 of "one-time" funding approved by the DBOH November, 2018 and \$84,279 of prior year unspent funding from the 4% Regional Technology fee											
<b>Food Program</b>											
<b>Revenues:</b>											
Licenses and Permits	565,818	570,704	666,695	1,167,294	1,605,227	1,685,526	1,748,185	1,765,667	1,774,495	1,792,240	
Federal & State Grants	41,852	130,713	58,116	103,860	75,042	70,510	63,636	63,636	63,636	63,636	
Federal & State Indirect Rev.	4,185	13,071	5,812	3,622	6,689	6,364	6,364	6,364	6,364	6,364	
Other Charges for Services	44,433	41,150	25,871	56,715	131,487	98,300	94,340	95,283	95,760	96,718	
Miscellaneous	2,500	-	-	-	800	-	-	-	-	-	
<b>Sub-total Revenues</b>	<b>658,788</b>	<b>755,638</b>	<b>756,493</b>	<b>1,331,492</b>	<b>1,819,244</b>	<b>1,860,700</b>	<b>1,912,525</b>	<b>1,930,950</b>	<b>1,940,255</b>	<b>1,958,957</b>	
<b>Expenditures:</b>											
Salaries & Wages	1,038,705	858,667	806,417	833,920	996,193	1,095,437	1,199,273	1,171,722	1,215,744	1,251,101	
Group Insurance	135,822	112,864	121,544	127,050	146,420	158,848	169,303	167,180	170,523	173,934	
OPEB Contribution	-	110,084	126,928	124,297	131,386	135,497	135,498	139,624	144,870	149,083	
Retirement	247,974	200,491	205,363	211,573	249,630	283,345	330,081	322,498	334,614	344,346	
Other Employee Benefits	22,240	20,200	19,588	21,686	25,328	27,256	29,896	27,767	29,192	30,690	
Professional/Other agencies	33,788	80,664	-	54,032	9,728	20,344	29,872	30,469	31,079	31,700	
Advertising	-	224	-	18,013	32,053	3,340	-	-	-	-	
Fleet Management billings	39,953	45,784	47,485	50,091	64,302	55,135	58,767	60,372	62,021	63,716	
Workforce training & development	8,242	15,185	19,307	22,047	33,222	26,566	31,460	32,089	32,731	33,386	
Other Services and Supplies	16,831	40,125	25,641	31,041	42,802	62,909	49,453	53,074	56,959	60,274	
Indirect cost allocation	-	167,846	220,264	211,204	188,829	151,260	151,260	152,773	154,300	155,843	
<b>Sub-total Expenditures</b>	<b>1,543,555</b>	<b>1,652,135</b>	<b>1,592,536</b>	<b>1,704,954</b>	<b>1,919,893</b>	<b>2,019,937</b>	<b>2,184,863</b>	<b>2,157,568</b>	<b>2,232,034</b>	<b>2,294,073</b>	
<b>Revenues Less Expenditures</b>	<b>\$ (884,766)</b>	<b>\$ (896,497)</b>	<b>\$ (836,043)</b>	<b>\$ (373,462)</b>	<b>\$ (100,649)</b>	<b>\$ (159,237)</b>	<b>\$ (272,338)</b>	<b>\$ (226,618)</b>	<b>\$ (291,779)</b>	<b>\$ (335,116)</b>	



**Washoe County Health District Fund  
History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23**

	Actual				Estimated	Proposed	Projected Actual Based on Historical Trends				
	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017			FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
<b><i>Safe Drinking Water</i></b>											
<b>Revenues:</b>											
Licenses and Permits	10,051	14,364	33,251	59,672	88,366	47,025	66,145	66,806	67,140	67,811	
Federal & State Grants	81,230	81,230	114,291	109,170	108,899	114,305	118,346	115,338	119,508	122,923	
Federal & State Indirect Rev.	8,770	8,770	10,709	15,830	14,146	10,695	6,654	6,485	6,720	6,912	
Other Charges for Services	-	377	354	710	-	500	-	-	-	-	
Sub-total Revenues	100,051	104,741	158,605	185,382	211,411	172,525	191,145	188,630	193,368	197,646	
<b>Expenditures:</b>											
Salaries & Wages	60,441	70,022	108,528	111,078	136,064	135,482	170,618	166,698	172,961	177,991	
Group Insurance	8,639	10,562	12,964	14,679	18,589	17,739	20,781	20,520	20,930	21,349	
OPEB Contribution	-	7,932	9,426	5,809	18,254	19,801	19,801	20,404	21,170	21,786	
Retirement	13,656	16,033	23,754	28,857	36,278	39,660	49,785	48,641	50,468	51,936	
Other Employee Benefits	1,862	965	1,519	2,978	3,571	3,722	4,572	4,246	4,464	4,693	
Professional/Other agencies	-	-	124	-	-	-	-	-	-	-	
Fleet Management billings	5,411	5,248	-	-	-	-	-	-	-	-	
Workforce training & development	2,062	2,104	-	1	860	-	-	-	-	-	
Other Services and Supplies	1,242	673	4,156	2,490	1,088	-	-	-	-	-	
Indirect cost allocation	-	12,095	16,357	15,685	14,023	11,233	11,233	11,345	11,459	11,573	
Capital	-	-	-	-	-	-	-	-	-	-	
Sub-total Expenditures	93,313	125,635	176,828	181,578	228,726	227,637	276,789	271,854	281,453	289,329	
<b>Revenues Less Expenditures</b>	<b>\$ 6,738</b>	<b>\$ (20,894)</b>	<b>\$ (18,223)</b>	<b>\$ 3,804</b>	<b>\$ (17,315)</b>	<b>\$ (55,112)</b>	<b>\$ (85,644)</b>	<b>\$ (83,225)</b>	<b>\$ (88,085)</b>	<b>\$ (91,683)</b>	
<b><i>Solid Waste Management</i></b>											
<b>Revenues:</b>											
Licenses and Permits	47,503	39,429	43,146	57,515	65,527	60,400	57,689	58,266	58,557	59,143	
Tire Fees (NRS 444A.090)	314,136	446,463	465,345	562,745	504,990	450,000	486,000	501,180	508,327	512,727	
Other Charges for Services	357	29	91	3,963	7,440	3,252	-	-	-	-	
Miscellaneous	18,064	1,076	500	-	-	-	-	-	-	-	
Sub-total Revenues	380,060	486,997	509,082	624,223	577,957	513,652	543,689	559,446	566,885	571,870	
<b>Expenditures:</b>											
Salaries & Wages	277,111	261,686	232,143	177,436	182,556	222,554	248,865	243,148	252,283	259,620	
Group Insurance	40,334	38,833	39,218	30,654	33,977	36,224	36,984	36,521	37,251	37,996	
OPEB Contribution	15,526	17,421	35,810	42,353	46,344	28,667	28,667	29,540	30,650	31,541	
Retirement	70,034	61,316	66,250	50,212	52,517	62,459	72,613	70,945	73,610	75,751	
Other Employee Benefits	6,969	6,466	6,109	4,520	4,676	5,797	6,485	6,023	6,332	6,657	
Professional/Other agencies	13,908	62,500	113,788	1,643	199,633	219,167	100,000	82,535	84,790	87,106	
Advertising	-	-	335	-	-	-	-	-	-	-	
Fleet Management billings	13,144	13,165	5,796	7,857	9,483	10,073	9,332	9,587	9,849	10,118	
Workforce training & development	8,776	6,973	2,895	3,923	8,480	29,500	23,121	23,583	24,055	24,536	
Other Services and Supplies	64,342	21,591	90,803	44,228	176,623	111,459	101,371	0	0	0	
Indirect cost allocation	20,823	26,562	62,143	59,587	53,276	42,676	42,676	43,103	43,534	43,969	
Sub-total Expenditures	530,966	516,512	655,288	422,412	767,564	768,577	670,115	544,984	562,354	577,295	
<b>Revenues Less Expenditures</b>	<b>\$ (150,907)</b>	<b>\$ (29,516)</b>	<b>\$ (146,206)</b>	<b>\$ 201,811</b>	<b>\$ (189,608)</b>	<b>\$ (254,924)</b>	<b>\$ (126,426)</b>	<b>\$ 14,461</b>	<b>\$ 4,531</b>	<b>\$ (5,425)</b>	

Note: \$100,720 of unspent restricted funds (Tire Fee revenue) in Other Services and Supplies from FY19 is budgeted to be spent in FY20



**Washoe County Health District Fund  
History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23**

	Actual				Estimated FY 2018- 2019	Proposed FY 2019- 2020	Projected Actual Based on Historical Trends			
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017			FY 2017- 2018	FY 2020- 2021	FY 2021- 2022	FY 2022- 2023
<b>Emergency Medical Services</b>										
<b>Revenues:</b>										
Federal & State Grants	-	-	-	-	14,816	-	-	-	-	-
Federal & State Indirect Rev.	-	-	-	-	1,632	-	-	-	-	-
Miscellaneous	-	28,553	48,184	54,181	57,818	63,822	62,930	65,120	66,938	66,938
Sub-total Revenues	-	28,553	48,184	54,181	74,266	63,822	62,930	65,120	66,938	66,938
<b>Expenditures:</b>										
Salaries & Wages	58,845	122,931	196,040	191,600	214,850	232,271	226,935	235,460	242,308	242,308
Group Insurance	1,765	14,889	27,611	31,893	34,582	36,070	35,617	36,330	37,056	37,056
OPEB Contribution	-	14,027	17,028	19,658	22,426	22,517	23,202	24,074	24,774	24,774
Retirement	7,186	31,601	54,449	53,538	60,871	67,702	66,147	68,632	70,628	70,628
Other Employee Benefits	1,353	2,485	3,478	4,768	5,109	5,383	5,213	5,481	5,762	5,762
Professional/Other agencies	28	189	11,521	17,808	18,694	12,319	12,565	12,817	13,073	13,073
Advertising	-	523	-	-	11,034	250	255	260	265	265
Fleet Management billings	-	119	-	-	-	-	-	-	-	-
Workforce training & development	750	1,161	6,267	5,674	5,248	7,600	7,752	7,907	8,065	8,065
Other Services and Supplies	1,411	6,385	5,591	5,902	8,064	9,115	9,782	10,498	11,110	11,110
Indirect cost allocation	-	21,386	29,549	28,334	25,332	20,292	20,495	20,700	20,907	20,907
Sub-total Expenditures	71,338	215,696	351,534	359,175	406,210	413,747	407,963	422,158	433,948	433,948
Revenues Less Expenditures	\$ (71,338)	\$ (187,144)	\$ (303,350)	\$ (304,994)	\$ (331,944)	\$ (349,925)	\$ (345,033)	\$ (357,039)	\$ (367,010)	\$ (367,010)
<b>Epidemiology Surveillance</b>										
<b>Revenues:</b>										
Federal & State Grants	128,331	130,307	286,515	330,185	257,901	231,950	202,879	210,214	216,220	216,220
Federal & State Indirect Rev.	17,617	20,171	42,920	60,718	50,490	44,135	38,587	39,982	41,124	41,124
Other Charges for Services	35	-	321	-	-	-	-	-	-	-
Miscellaneous	-	-	-	-	-	-	-	-	-	-
Sub-total Revenues	145,983	150,478	329,755	390,903	308,391	276,085	241,466	250,196	257,345	257,345
<b>Expenditures:</b>										
Salaries & Wages	475,920	491,761	415,642	453,821	462,572	513,862	473,692	491,489	505,782	505,782
Group Insurance	60,708	65,056	57,241	54,999	49,686	47,466	45,822	46,739	47,674	47,674
OPEB Contribution	150,391	47,066	39,657	53,381	56,373	56,924	67,959	70,512	72,563	72,563
Retirement	121,456	121,631	115,461	125,741	129,043	131,773	138,022	143,208	147,373	147,373
Other Employee Benefits	10,265	10,610	9,676	10,175	10,471	10,603	10,143	10,664	11,211	11,211
Professional/Other agencies	13,429	12,689	12,528	13,488	14,292	37,780	14,331	14,618	14,910	14,910
Biologicals	554	60	-	-	-	500	505	515	525	525
Fleet Management billings	1,182	-	-	-	-	-	-	-	-	-
Workforce training & development	2,484	7,208	3,874	8,493	8,861	10,575	9,996	10,196	10,400	10,400
Other Services and Supplies	19,601	14,838	16,319	18,566	16,516	26,277	18,867	20,248	21,427	21,427
Indirect cost allocation	201,695	71,762	68,820	65,989	58,998	47,260	47,733	48,210	48,692	48,692
Capital	-	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,057,686	842,681	740,872	804,654	806,812	883,020	827,071	856,398	880,557	880,557
Revenues Less Expenditures	\$ (911,703)	\$ (692,203)	\$ (411,117)	\$ (413,751)	\$ (498,421)	\$ (606,935)	\$ (585,604)	\$ (606,202)	\$ (623,212)	\$ (623,212)

Note: Estimated FY19 includes the use of \$5,500 of "one-time" funding approved by the DBOH November, 2018 and the FY19 increase in Professional/Other agencies is for temporary help due to a FMLA leave by an employee

Washoe County Health District Fund

History, Current Estimates for FY19, FY20 Proposed Budget and Projections to FY23

	Actual					Estimated FY 2018- 2019	Proposed FY 2019- 2020	Projected Actual Based on Historical Trends		
	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018			FY 2020- 2021	FY 2021- 2022	FY 2022- 2023
<b>Public Health Preparedness</b>										
<b>Revenues:</b>										
Federal & State Grants	1,072,374	858,545	1,131,675	941,225	853,588	1,172,687	1,169,437	1,139,722	1,180,924	1,214,667
Federal & State Indirect Rev.	130,033	52,880	109,883	92,668	85,381	116,943	116,943	113,971	118,092	121,466
Sub-total Revenues	1,202,407	911,425	1,241,557	1,033,893	938,969	1,289,630	1,286,380	1,253,693	1,299,015	1,336,133
<b>Expenditures:</b>										
Salaries & Wages	581,273	519,006	569,544	518,500	546,034	586,794	584,202	570,781	592,225	609,449
Group Insurance	67,281	54,938	68,180	69,309	75,112	71,556	71,950	71,048	72,469	73,918
OPEB Contribution	-	50,774	50,823	72,285	68,266	67,419	67,419	69,472	72,082	74,178
Retirement	145,666	128,948	156,792	135,454	151,946	149,997	156,917	153,312	159,072	163,698
Other Employee Benefits	12,843	12,008	12,935	12,501	12,869	12,715	12,748	11,840	12,448	13,087
Professional/Other agencies	167,081	47,781	132,306	44,725	34,600	209,558	206,308	210,434	214,643	218,936
Advertising	1,390	16,039	-	8,653	-	-	-	-	-	-
Biologicals	835	762	205	-	-	-	-	-	-	-
Fleet Management billings	10,727	15,087	15,964	14,750	11,052	15,756	12,029	12,358	12,695	13,042
Workforce training & development	15,067	18,767	13,686	12,639	6,137	34,026	33,976	34,656	35,349	36,056
Other Services and Supplies	72,194	55,369	168,520	135,105	34,027	98,443	98,243	105,435	113,154	119,741
Indirect cost allocation	-	77,416	88,196	84,568	75,609	60,566	60,566	61,172	61,783	62,401
Sub-total Expenditures	1,074,358	996,896	1,277,150	1,108,489	1,015,653	1,306,832	1,304,358	1,300,507	1,345,920	1,384,505
Revenues Less Expenditures	\$ 128,049	\$ (85,471)	\$ (35,593)	\$ (74,596)	\$ (76,684)	\$ (17,201)	\$ (17,978)	\$ (46,814)	\$ (46,905)	\$ (48,372)
Note: The increase in expenditures from FY18 to FY19 is due to additional grant funding										
<b>Vital Statistics</b>										
<b>Revenues:</b>										
Birth & Death Certificates	457,596	465,052	521,837	548,064	532,982	535,000	515,000	520,150	525,352	530,605
Miscellaneous	-	-	-	201	255	-	-	-	-	-
Sub-total Revenues	457,596	465,052	521,837	548,265	533,237	535,000	515,000	520,150	525,352	530,605
<b>Expenditures:</b>										
Salaries & Wages	102,261	134,354	164,175	170,194	161,469	178,655	192,431	188,010	195,073	200,747
Group Insurance	14,931	19,048	29,969	29,112	35,437	37,560	36,368	37,476	38,225	38,990
OPEB Contribution	-	16,279	18,334	22,858	22,276	22,526	22,526	23,212	24,084	24,785
Retirement	26,230	33,974	45,669	42,820	45,178	49,977	56,119	54,829	56,889	58,544
Other Employee Benefits	2,533	3,491	3,908	3,797	3,672	4,011	4,312	4,005	4,211	4,427
Professional/Other agencies	5,924	2,010	6,080	22,262	21,483	28,100	28,100	28,662	29,235	29,820
Other Services and Supplies	19,158	22,891	19,150	22,542	11,887	17,885	19,125	20,525	22,028	23,310
Indirect cost allocation	-	24,821	31,817	30,508	27,276	21,849	21,849	22,067	22,288	22,511
Capital	-	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	171,036	256,868	319,103	344,093	328,678	360,563	380,830	378,787	392,034	403,133
Revenues Less Expenditures	\$ 286,560	\$ 208,184	\$ 202,734	\$ 204,172	\$ 204,558	\$ 174,437	\$ 134,170	\$ 141,363	\$ 133,317	\$ 127,472

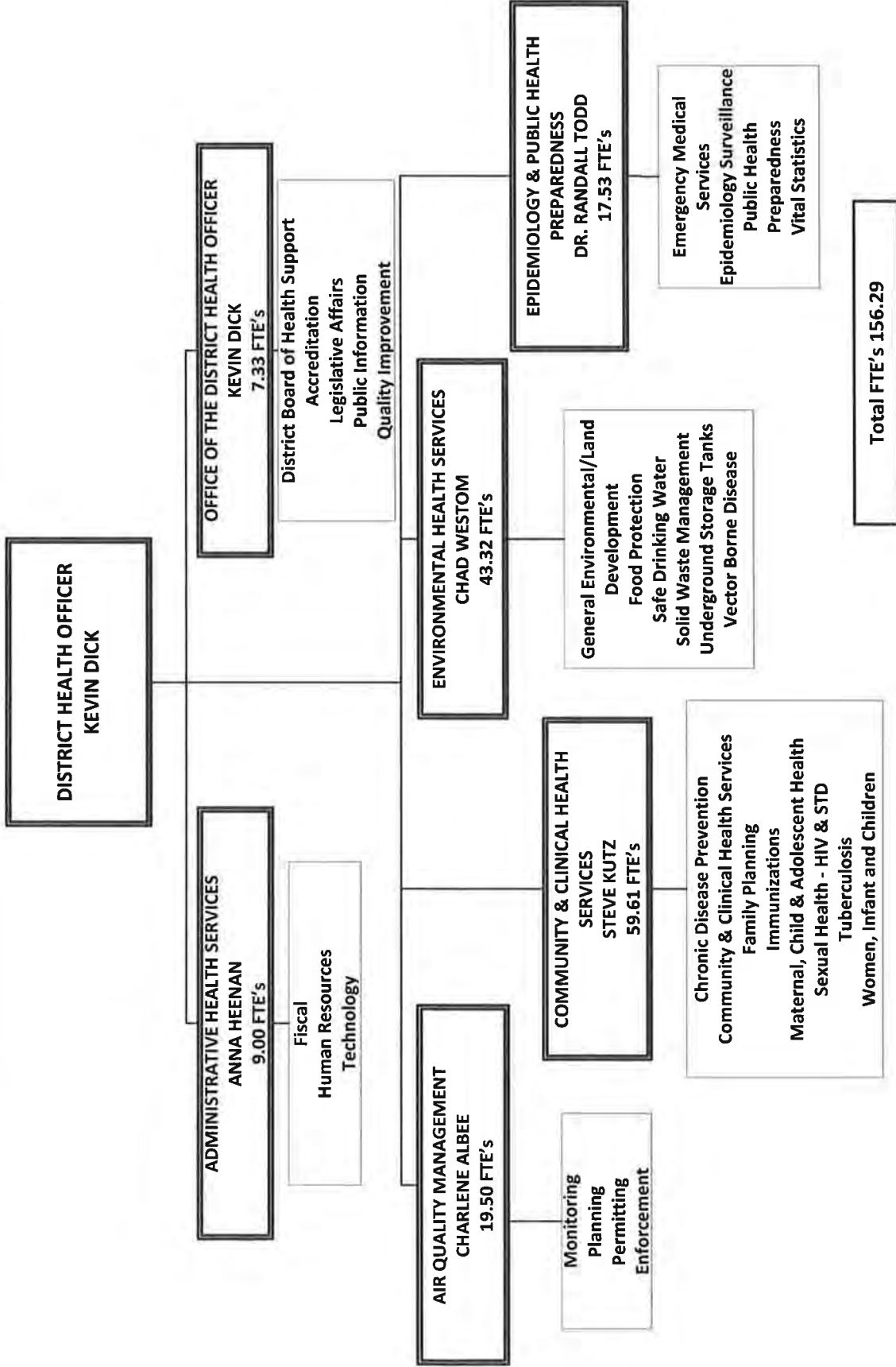
Washoe County Health District FY20 Proposed Budget

	Grant Revenue	Grant Revenue for Indirect costs	Fees, Charges for Services, & Other	Resources Required from the Opening Fund balance and General Fund Support	Total Resources Required for FY20	Expenditure (Exp.) Total	% of Total Exp.
<b>ADMINISTRATION:</b>							
Office of the District Health Officer	-	-	-	1,691,143	1,691,143	1,691,143	7.1%
Administrative Health Services Office	-	-	-	1,258,650	1,258,650	1,258,650	5.3%
TOTAL ADMINISTRATION	-	-	-	2,949,792	2,949,792	2,949,792	12.4%
<b>AIR QUALITY MANAGEMENT (AQM):</b>							
Air Quality Division	702,850	31,769	2,781,999	(81,633)	3,434,985	3,434,985	14.4%
<b>COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):</b>							
Chronic Disease Prevention	382,550	27,006	-	366,354	775,910	775,910	3.2%
Community & Clinical Health Admin	-	-	-	697,821	697,821	697,821	2.9%
Family Planning	762,136	106,000	141,658	129,217	1,139,011	1,139,011	4.8%
Immunizations	252,201	32,785	327,200	864,163	1,476,349	1,476,349	6.2%
Maternal, Child & Adolescent Health	58,705	5,871	-	47,175	111,751	111,751	0.5%
Sexual Health - HIV	463,534	55,706	-	(681)	518,560	518,560	2.2%
Sexual Health - STD	118,384	11,246	75,999	899,259	1,104,888	1,104,888	4.6%
Tuberculosis	96,270	13,959	8,272	599,194	717,695	717,695	3.0%
Women, Infants and Children	1,027,718	34,429	-	273,438	1,335,585	1,335,585	5.6%
TOTAL CCHS	3,161,498	287,002	553,129	3,875,940	7,877,569	7,877,569	33.0%
<b>ENVIRONMENTAL HEALTH SERVICES DIVISION (EHS):</b>							
General EHS/Land Development	-	-	1,372,617	1,233,570	2,606,188	2,606,188	10.9%
Food Protection	63,636	6,364	1,842,525	272,338	2,184,863	2,184,863	9.2%
Safe Drinking Water	118,346	6,654	66,145	85,644	276,789	276,789	1.2%
Solid Waste Management	-	-	543,689	126,426	670,115	670,115	2.8%
Underground Storage Tanks	166,667	36,333	41,905	(20,172)	224,733	224,733	0.9%
Vector Borne Diseases	-	-	76,465	638,457	714,921	714,921	3.0%
TOTAL EHS	348,649	49,351	3,943,345	2,336,264	6,677,609	6,677,609	28.0%
<b>EPIDEMIOLOGY &amp; PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):</b>							
Emergency Medical Services	-	-	63,822	349,925	413,747	413,747	1.7%
Epidemiology Surveillance	208,169	39,593	-	590,802	838,564	838,564	3.5%
Public Health Preparedness	1,169,437	116,943	-	17,978	1,304,358	1,304,358	5.5%
Vital Statistics	-	-	515,000	(134,170)	380,830	380,830	1.6%
TOTAL EPHP	1,377,606	156,536	578,822	824,535	2,937,499	2,937,499	12.3%
<b>TOTAL HEALTH DISTRICT</b>	<b>\$5,590,602</b>	<b>\$524,659</b>	<b>\$7,857,295</b>	<b>\$9,904,897</b>	<b>\$23,877,454</b>	<b>\$23,877,454</b>	<b>100.0%</b>

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)										Appendix C	
Title of FTEs	Budgeted Full-time Equivalents					FY2019/20 Budgeted Positions (on-call/seasonal is counted one per classification regardless of the number of people in the classification)					Full-Time Position FY2019/20 (base 2080 hours)
	FY15	FY16	FY17	FY18	FY19	Full Time	Part Time	On-call/ Seasonal	Total Positions		
	Account Clerk	1.00	1.00	1.00	1.00	1.00	2	0	0	2	
Administrative Assistant I	2.00	2.00	3.00	3.00	3.00	3	0	0	3	3.00	
Administrative Health Services Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Administrative Secretary	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Advanced Practitioner of Nursing	2.38	2.17	1.72	1.97	2.96	1	2	1	4	2.96	
Air Quality Specialist II	8.00	8.00	8.00	7.00	7.00	7	0	0	7	7.00	
Air Quality Supervisor	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Community Health Aide	6.38	6.40	6.81	6.22	6.22	7	0	1	8	7.21	
Community Health Nutritionist	2.00	2.00	2.00	2.06	2.06	2	0	1	3	2.06	
Department Systems Specialist	2.00	2.00	2.00	2.00	2.00	1	0	0	1	1.00	
Director of Programs and Projects	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
District Health Officer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Dir Air Quality Mgmt	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Director-CCHS	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Div Director-Environmental Services	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Emergency Medical Services Coordinator	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Emergency Medical Services Program Manager	1.00	1.00	0.00	0.00	0.00	0	0	0	0	-	
Environmental Engineer II	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Environmental Health Aide	0.44	0.00	0.00	0.00	0.00	0	0	0	0	-	
Environmental Health Specialist	20.80	20.66	19.67	20.32	22.06	21	0	1	22	22.04	
Environmental Health Specialist Supervisor	3.00	3.00	3.00	3.00	3.00	4	0	0	4	4.00	
EPI Center Director	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Epidemiologist	2.40	2.01	2.00	2.00	2.00	2	0	0	2	2.00	
Epidemiologist Program Manager	0.00	0.00	1.00	1.00	1.00	1	0	0	1	1.00	
Fiscal Compliance Officer	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Government Affairs Liaison	0.00	0.00	0.00	0.00	1.00	1	0	0	1	1.00	
Health Educator Coordinator	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Health Educator II	2.88	2.91	2.03	2.94	4.29	3	0	1	4	5.61	
Human Services Support Specialist II	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Licensed Engineer	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Medical Billing Specialist	0.00	0.00	0.00	0.00	1.00	1	0	0	1	1.00	
Office Assistant I	0.50	0.50	0.51	0.51	0.49	0	0	1	1	0.48	
Office Assistant II	18.00	18.00	16.00	15.00	16.00	16	0	0	16	16.00	
Office Assistant III	1.00	1.00	2.00	2.00	2.00	2	0	0	2	2.00	
Office Support Specialist	6.00	6.00	10.00	10.00	10.00	10	0	0	10	10.00	
Plans/Permits/Applications Aide	3.00	3.00	0.00	0.00	0.00	0	0	0	0	-	

Washoe County Health District History of Budgeted Full-time equivalents (FTEs)										Appendix C		
Title of FTEs	Budgeted Full-time Equivalents									FY2019/20 Budgeted Positions (on-call/seasonal is counted one per classification regardless of the number of people in the classification)		Full-Time Equivalent Position FY2019/20 (base 2080 hours)
	FY15	FY16	FY17	FY18	FY19	FY19	Part Time	On-call/Seasonal	Total Positions			
Preparedness and EMS Program Manager	0.00	0.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Program Coordinator	1.00	1.00	2.00	2.00	2.00	2.00	1	0	0	1	1.00	
Public Health Communications Program Manager	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Public Health Emergency Response Coord	2.00	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00	
Public Health Investigator II	2.05	1.01	1.00	1.00	1.00	1.00	3	0	1	4	3.00	
Public Health Nurse II	14.40	15.40	15.40	15.40	14.30	14.30	11	2	0	13	12.40	
Public Health Nurse Supervisor	3.00	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00	
Public Health Preparedness Manager	1.00	1.00	0.00	0.00	0.00	0.00	0	0	0	0	-	
Public Health Supervisor	0.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Public Service Intern	2.17	2.54	4.04	4.66	2.75	2.75	0	0	1	1	2.63	
Registered Nurse I	0.90	1.88	2.70	2.81	2.15	2.15	0	0	1	1	2.37	
SR. Air Quality Specialist	3.00	3.00	3.00	4.00	4.00	4.00	4	0	0	4	4.00	
SR. Environmental Health Specialist	6.00	6.00	6.00	7.00	7.00	7.00	7	0	0	7	7.00	
SR. Epidemiologist	1.00	1.00	0.00	0.00	0.00	0.00	0	0	0	0	-	
Statistician	1.53	1.53	1.53	1.53	1.53	1.53	1	1	0	2	1.53	
Storekeeper	1.00	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00	
Vector Borne Disease Specialist	2.00	2.00	2.00	0.00	0.00	0.00	0	0	0	0	-	
Vector Control Coordinator	1.00	1.00	1.00	1.00	1.00	1.00	0	0	0	0	-	
WIC Program Manager	1.00	0.00	0.00	0.00	0.00	0.00	0	0	0	0	-	
<b>Total Health District FTE's</b>	<b>149.83</b>	<b>150.01</b>	<b>151.41</b>	<b>151.42</b>	<b>154.81</b>	<b>154.81</b>	<b>143</b>	<b>5</b>	<b>9</b>	<b>157</b>	<b>156.29</b>	
Year over year increase (decrease)	0.40	0.18	1.40	0.01	3.39						<b>1.48</b>	
<b>Reconciliation of FY19 versus FY20 FTEs</b>												
DBOH 6-28-18 - Authorized 1FTE Public Health Investigator and abolish Part-time PH Nurse #7x2199												
Created a new Public Health Investigator II intermittent hourly position #7x10227												
DBOH 12-13-18-Abolish Public Health Nurse #7x0167												
Reclass of a Advanced Practice Nurse position #7x2191 from FT to PT (1FTE to .90FTE) and changed APN position #7x8576 from .8FTE to .9FTE												
New Community Health Aid												
New Public Health Nurse												
Increase in on-call seasonal hours available due to increased funding in grants												
<b>Total Adjustments for FY20</b>												
FY19 count											154.81	
Variance from FY19 to FY20											1.48	
1	-1						1	-1		0	0.10	
-1								1		1	-	
										-1	(1.00)	
-1								1		0	-	
1										1	1.00	
1										1	1.00	
										0	0.38	
1	0						1	0		2	<b>1.48</b>	
142	5						8	155			154.81	
1	0						1	2			1.48	

WASHOE COUNTY DISTRICT BOARD OF HEALTH  
FY20 Proposed Budget





# District Health Officer's Recommended Fiscal Year 2019-2020 Budget

District Board of Health  
February 28, 2019



**Fiscal Year  
2019-2020  
Recommended  
Budget**

- **Health District Recent Accomplishments**
- **Health District Programs**
- **Summary of Revenues and Expenditures**
- **FY20 Sources and Uses of Funds**
- **Impact of Recommendations on Future Fund Balance**
- **Next Steps**



## Health District Recent Accomplishments

- Submitted the application for Public Health Accreditation
- Updated and continued to improve our Community Health Needs Assessment and Community Health Improvement Plans
- Continued to promote the EPA Ozone Advance Program Path Forward throughout the community
- Financially supported the Washoe County School District Signs of Suicide program
- Created a Plans Review Dashboard for our customers to know the average time for plan reviews in Environmental Health Services
- Inter-Hospital Coordinating Council increased exercise collaboration among healthcare partners in the region
- Worked with the Local Government Parks and Recreation Departments to ban smoking in all park spaces



Health  
District  
provides  
twenty-two  
different  
programs to  
the  
Community

Office of the District Health  
Officer Program

Administrative Health Services  
Program

Air Quality Management Program

**Programs in Community and  
Clinical Health Services  
Division**

Chronic Disease Prevention  
Community & Clinical Health  
Family Planning  
Immunizations  
Maternal, Child & Adolescent  
Health  
Sexual Health - HIV  
Sexual Health - STD  
Tuberculosis  
Women, Infants and Children

**Programs in Environmental  
Health Services Division**

General Environmental  
Health/Land Development  
Food Protection  
Safe Drinking Water  
Solid Waste Management  
Underground Storage Tanks  
Vector Borne Diseases

**Programs in Epidemiology and  
Public Health Preparedness  
Division**

Emergency Medical Services  
Epidemiology Surveillance  
Public Health Preparedness  
Vital Statistics



**FY20  
Recommended  
Expenditures  
(includes  
County Indirect  
Costs) and FTEs  
for each Division**

## Office of the District Health Officer

- Total program FTEs: 7.33
- Total FY20 Revenues \$0
- Total FY20 Expenditures: \$1,691,143

## Administrative Health Services Office

- Total program FTEs: 9.0
- Total FY20 Revenues \$0
- Total FY20 Expenditures: \$1,258,650

## Air Quality Management

- Total program FTEs: 19.50
- Total FY20 Revenues \$3,516,618
- Total FY20 Expenditures: \$3,434,885



FY20  
Recommended  
Expenditures  
(includes  
County Indirect  
Costs)  
and FTEs for  
each Division

## Community & Clinical Health Services

- Total program FTEs: 59.61
- Total FY20 Revenues \$4,001,629
- Total FY20 Expenditures: \$7,877,567

## Environmental Health Services

- Total program FTEs: 43.32
- Total FY20 Revenues \$4,341,345
- Total FY20 Expenditures: \$6,677,610

## Epidemiology and Public Health Preparedness

- Total program FTEs: 17.53
- Total FY20 Revenues \$2,112,964
- Total FY20 Expenditures: \$2,937,499



Summary  
Of  
Health Fund  
Revenue

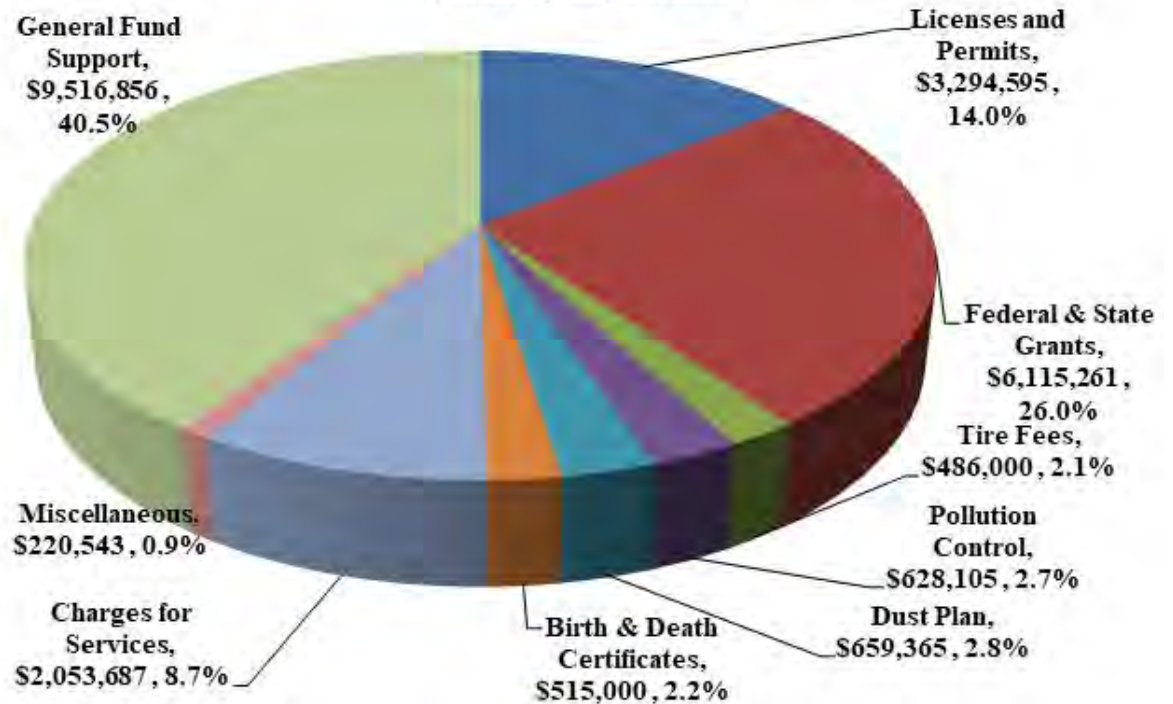
**Budgeted revenues-\$23,489,412 up \$582,351 or 2.5% over FY19 adopted budget**

- **Licenses and Permits-\$3,294,595 up \$204,377 or 6.6% and 14.0% of FY20 revenues**
  - Includes the CPI increase in fees
  - Includes anticipated changes in work activities
- **Grants - \$6,115,261 down \$20,379 or 0.3% and 26.0% of FY20 revenues**
  - Funding is approximately level with FY19
- **Intergovernmental - \$1,114,105 up \$76,277 or 7.3% and 4.7% of FY20 revenues**
  - \$628,105 restricted for the Air Quality program
  - \$486,000 restricted for the Solid Waste program
- **Charges for services - \$3,228,052 up \$321,120 or 11.0% and 13.7% of FY20 revenues**
  - Includes the CPI increase in fees
- **Miscellaneous - \$220,543 up \$956 or 0.4% and 0.9% of FY20 revenues**
  - \$150,000 from the City of Reno to pay for the Environmental Health Specialist position
- **County General Fund Support - \$9,516,856 same level as FY19 and 40.5% of FY20 revenues**



Summary  
of  
Health  
Fund  
Revenue  
\$23,489,412

Washoe County Health District  
FY 2020 Budgeted Revenues - \$23.5 million  
(excludes opening fund balance)





Summary  
Of  
Expenditures

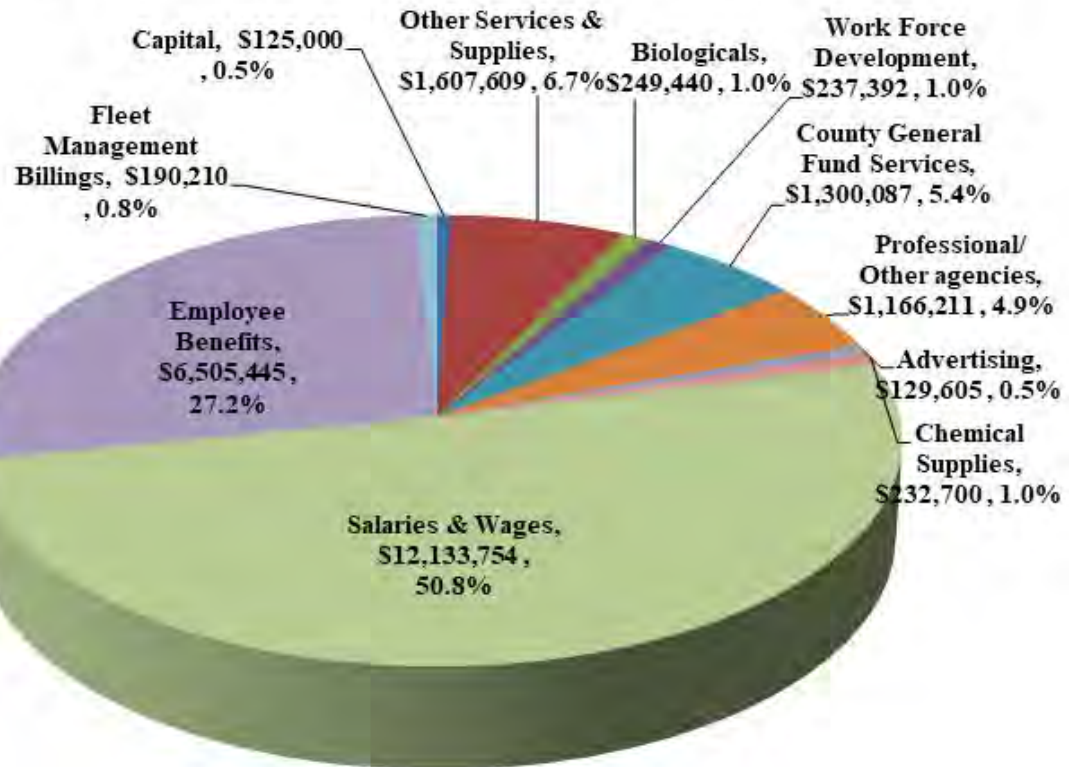
**Total budgeted Expenditures: \$23,877,454 up \$451,338 or 1.9% over FY19 adopted budget**

- **Salaries and Wages-\$12,133,754 up \$126,500 or 1.1% and 50.8% of FY20 expenditures**
  - 156.29 FTEs up 1.48 from 154.81 in FY19
  - Includes merit increases,
  - Cost of living increases have not been negotiated
- **Employee Benefits-\$6,505,445 down \$60,363 or 0.9% and 27.2% of FY20 expenditures**
  - The percent of salaries paid to PERS went from 28.0% to 29.25% and is up \$209,011 compared to FY19
  - Health Insurance is down \$107,576 or 6.0% over FY19
- **Services & Supplies-\$5,113,255 up \$385,201 or 8.1% and 21.5% of expenditures**
  - Included in the increase is the \$500,000 for one-time funding for Community Health Improvement and Workforce Development
- **Capital-\$125,000 level compared to FY19 and 0.5% of expenditures**
  - \$25,000 for the Clinics electronic records system
  - \$100,000 for air monitoring equipment



Summary  
of  
Expenditures  
\$23,877,454

Washoe County Health District  
FY 2020 Budgeted Expenditures - \$23.9 million



Summary  
of Above  
Base  
Requests

## Summary of Above Base Requests

- Funding for community health improvement and workforce development
- New positions
  - Community Health Aid for the Sexual Health Program
  - Public Health Nurse for the Family Planning Program
- Reclassification of a Public Health Supervisor to bring pay grade to the same level as the other Supervisors in the Division
- Additional biologicals required for the Immunization Program
- One-time funding for the cost of anticipated retirements in FY20
- Flexibility to move staff from restricted funds to the fee based revenue due to increased work activities in Air Quality Management and Environmental Health Services



Sources  
and Uses  
of Funds  
FY 2019-2020  
Fund Balance  
projected  
to be  
\$5,976,848  
25.0% of  
Expenditures

	Actual					Estimated	Proposed
	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019	FY 2019-2020
<b>FUND SUMMARY:</b>							
<b>SOURCES OF FUNDS:</b>							
Opening Fund Balance	\$ 2,811,464	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 6,364,889
<b>Revenues:</b>							
Licenses and Permits	1,406,086	1,410,276	1,559,740	2,422,926	3,252,242	3,287,025	3,294,595
Federal & State Grants	5,438,048	5,369,889	5,571,322	5,557,814	5,413,067	5,610,189	5,590,602
Federal & State Indirect Rev.	357,864	288,770	415,541	507,118	532,608	525,012	524,659
Tire Fees (NRS 444A.090)	314,136	446,463	465,345	562,745	504,990	450,000	486,000
Pollution Control (NRS 445B.830)	634,731	541,626	599,290	573,910	745,724	650,277	628,105
Dust Plan	147,678	187,763	271,308	504,360	536,722	691,696	659,365
Birth & Death Certificates	457,596	465,052	521,837	548,064	532,982	535,000	515,000
Other Charges for Services	734,285	744,250	907,373	1,574,436	2,412,565	2,081,131	2,053,687
Miscellaneous	172,819	58,286	81,259	116,665	78,712	231,311	220,543
Total Revenues	9,663,243	9,512,374	10,393,014	12,368,039	14,009,611	14,061,641	13,972,556
Total General Fund transfer	8,603,891	10,000,192	10,076,856	10,002,381	10,051,691	9,516,856	9,516,856
<b>Total Sources of Funds</b>	<b>21,078,599</b>	<b>21,668,365</b>	<b>22,738,376</b>	<b>25,338,263</b>	<b>28,242,199</b>	<b>29,914,898</b>	<b>29,854,302</b>
<b>USES OF FUNDS:</b>							
<b>Expenditures:</b>							
Salaries & Wages	9,591,107	10,186,634	10,052,614	10,644,058	10,774,122	11,505,245	12,133,754
Group Insurance	1,307,483	1,430,834	1,480,594	1,682,564	1,655,278	1,629,137	1,672,092
OPEB Contribution	1,237,872	1,085,690	1,011,161	1,181,460	1,305,189	1,286,542	1,286,542
Retirement	2,310,772	2,435,635	2,654,379	2,793,067	2,812,595	2,985,681	3,278,840
Other Employee Benefits	211,142	222,327	222,140	252,901	258,593	263,867	267,971
Professional/Other agencies	809,059	630,642	627,111	393,044	640,362	1,429,301	1,166,211
Advertising	19,500	210,171	108,627	263,000	180,955	142,591	129,605
Chemical Supplies	231,398	231,437	250,088	403,041	767,031	392,595	232,700
Biologicals	247,975	211,580	227,771	247,083	281,701	325,208	249,440
Fleet Management billings	161,263	180,112	182,379	175,525	195,899	209,106	190,210
Workforce training & development	133,066	126,307	128,749	129,825	149,608	282,750	237,392
Other Services and Supplies	855,213	767,593	978,196	1,230,288	1,268,436	1,724,207	1,689,616
Indirect cost allocation	1,660,162	1,655,371	1,784,721	1,700,797	1,520,621	1,218,080	1,218,080
Capital	146,788	25,527	62,001	60,714	95,406	155,700	125,000
<b>Total Expenditures</b>	<b>18,922,800</b>	<b>19,399,859</b>	<b>19,770,532</b>	<b>21,157,367</b>	<b>21,905,797</b>	<b>23,550,009</b>	<b>23,877,454</b>
Net Change in Fund Balance	(655,665)	112,707	699,338	1,213,053	2,155,505	28,488	(388,041)
<b>Ending Fund Balance (FB)</b>	<b>\$ 2,155,799</b>	<b>\$ 2,268,506</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 6,364,889</b>	<b>\$ 5,976,848</b>
<b>FB as a percent of Uses of Funds</b>	<b>11.4%</b>	<b>11.7%</b>	<b>15.0%</b>	<b>19.8%</b>	<b>28.9%</b>	<b>27.0%</b>	<b>25.0%</b>

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Fiscal Year 2020  
Recommendations  
Impact to  
Health Fund  
  
Positive Net  
Change in Fund  
Balance for  
FY21 – FY23

	Estimated	Proposed	Projected Actual Based on Historical Trends		
	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023
<b>FUND SUMMARY:</b>					
<b>SOURCES OF FUNDS:</b>					
<b>Opening Fund Balance</b>	\$ 6,336,402	\$ 6,364,889	\$ 5,976,848	\$ 6,955,718	\$ 7,383,611
<b>Revenues:</b>					
Licenses and Permits	3,287,025	3,294,595	3,327,541	3,344,179	3,377,621
Federal & State Grants	5,610,189	5,590,602	5,473,257	5,648,495	5,793,008
Federal & State Indirect Rev.	525,012	524,659	512,533	529,913	544,191
Tire Fees (NRS 444A.090)	450,000	486,000	501,180	508,327	512,727
Pollution Control (NRS 445B.830)	650,277	628,105	634,386	637,558	643,933
Dust Plan	691,696	659,365	665,959	669,288	675,981
Birth & Death Certificates	535,000	515,000	520,150	525,352	530,605
Other Charges for Services	2,081,131	2,053,687	2,074,224	2,084,595	2,105,441
Miscellaneous	231,311	220,543	222,600	230,536	236,970
<b>Total Revenues</b>	<b>14,061,641</b>	<b>13,972,556</b>	<b>13,931,828</b>	<b>14,178,242</b>	<b>14,420,477</b>
Total General Fund transfer	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856
<b>Total Sources of Funds</b>	<b>29,914,898</b>	<b>29,854,302</b>	<b>29,425,532</b>	<b>30,650,816</b>	<b>31,320,944</b>
<b>USES OF FUNDS:</b>					
<b>Expenditures:</b>					
Salaries & Wages	11,505,245	12,133,754	11,749,846	12,191,284	12,545,842
Group Insurance	1,629,137	1,672,092	1,661,690	1,694,923	1,728,822
OPEB Contribution	1,286,542	1,286,542	1,325,718	1,375,525	1,415,529
Retirement	2,985,681	3,278,840	3,179,435	3,298,885	3,394,827
Other Employee Benefits	263,867	267,971	248,889	261,662	275,090
Professional/Other agencies	1,429,301	1,166,211	660,070	673,875	687,974
Advertising	142,591	129,605	132,197	134,841	137,538
Chemical Supplies	392,595	232,700	232,700	237,354	242,101
Biologicals	325,208	249,440	251,934	256,973	262,113
Fleet Management billings	209,106	190,210	195,406	200,745	206,229
Workforce training & development	282,750	237,392	242,140	246,983	251,922
Other Services and Supplies	1,724,207	1,689,616	1,234,529	1,326,592	1,405,496
Indirect cost allocation	1,218,080	1,218,080	1,230,261	1,242,564	1,254,989
Capital	155,700	125,000	125,000	125,000	125,000
<b>Total Expenditures</b>	<b>23,550,009</b>	<b>23,877,454</b>	<b>22,469,814</b>	<b>23,267,206</b>	<b>23,933,471</b>
Net Change in Fund Balance	28,488	(388,041)	978,870	427,893	3,862
<b>Ending Fund Balance (FB)</b>	<b>\$ 6,364,889</b>	<b>\$ 5,976,848</b>	<b>\$ 6,955,718</b>	<b>\$ 7,383,611</b>	<b>\$ 7,387,473</b>
<b>FB as a percent of Uses of Funds</b>	<b>27.0%</b>	<b>25.0%</b>	<b>31.0%</b>	<b>31.7%</b>	<b>30.9%</b>



## Next Steps

- **February, 2019**
  - Proposed FY20 Budget due to the County
- **March, 2019**
  - March 1, District Health Officer delivers FY20 budget to County and City Managers
  - March 28, DBOH update on the Managers meeting for FY20 Budget
  - Budget presentation to the County Senior Management
- **April, 2019**
  - April 23, BCC meeting, County Manager's recommendations for FY20 budget, General Fund support should be finalized
- **May, 2019**
  - May 21, BCC Public Hearing and possible adoption of the FY20 Final Budget
  - May 31, County delivers Final Budget to the Department of Taxation



**Staff requests approval of the FY20 Budget**

**Once approved it will be submitted to the Cities and County Managers for comment as outlined in the Interlocal Agreement**

**Staff recommends that the DBOH approve the Fiscal Year 2019-2020 Budget which in summary includes:**

- Approval to fund 22 programs
- Total Revenues budgeted at \$23.5 million
- Total Expenditures budgeted at \$23.9 million which includes re-budgeting \$538,446 of FY19 savings in restricted funding for the Air Quality and Solid Waste Management program
- Budget authorization for 156.29 FTEs
- Anticipated FY20 ending fund balance of \$5,976,848 which is 25.0% of expenditures

**Approval today does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners in May, 2019**



Fiscal Year  
2019-2020  
Recommended  
Budget

**Questions?**





DD	___	___
DHO	___	___

**Staff Report**  
**Board Meeting Date: February 28, 2019**

**TO:** District Board of Health  
**FROM:** Joelle Gutman, Government Affairs Liaison  
775-326-6044, [jgutman@washoecounty.us](mailto:jgutman@washoecounty.us)  
**THROUGH:** Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session.

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**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.

**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 bill drafts, 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.

**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 accept the February 2019 legislative session update, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2019 Legislative Session bill drafts affecting the Health District and/or public health.

**POSSIBLE MOTION**

A possible motion would be: Accept the February 2019 Nevada legislative session update, and *[provide input and/or direction as DBOH may feel is appropriate]*.

## 2019 Legislative Summary

AB/SB	Bill#	Text	Sponsor	Status	Summary	Division	Track/ Monitor	Testify	Support/ Oppose	Evaluation	Hearing	Results	Next Hearing	Results
AB	1	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5885/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5885/Overview</a>	Assembly Committee on Natural Resources, Agriculture, and Mining	Pending	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	2/20/19 Assembly Natural Resources, Agriculture, and Mining	Heard		
AB	3	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5887/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5887/Overview</a>	Assembly Committee on Judiciary	Pending	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,	2/6/19 Withdrawn from committee	Referred to Taxation. To committee		
AB	4	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5889/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5889/Overview</a>	Assembly Committee on Government Affairs	Pending	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	2/19/19 Assembly Committee on Gov't Affairs	Heard		
AB	19	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5905/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5905/Overview</a>	Assembly Committee on Judiciary	Pending	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	2/4/19 Judiciary, read first time	To committee		
AB	38	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5938/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5938/Overview</a>	Assembly Committee on Health and Human Services	Pending	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)	2/4/19 HHS, read first time	To committee		
AB	40	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5940/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5940/Overview</a>	Assembly Committee on Legislative Operations and Elections	Pending	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.	2/4/19 Legislative Operations and Elections, read first	To committee		
AB	42	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5942/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5942/Overview</a>	Assembly Committee on Education	Pending	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.	2/4/19 Committee on Education, read first time	To committee		

AB	45	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5945/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5945/Overview</a>	Assembly Committee on Judiciary	Pending	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	2/15/19 Judiciary, read first time	To committee		
AB	47	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5947/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5947/Overview</a>	Assembly Committee on Health and Human Services	Pending	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	2/4/19 HHS, read first time	To committee		
AB	48	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5948/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5948/Overview</a>	Assembly Committee on Government Affairs	Pending	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	2/4/19 Committee on Gov't Affairs, read first time	To committee		
AB	49	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5949/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5949/Overview</a>	Assembly Committee on Health and Human Services	Pending	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	2/21/19 HHS Assembly Committee on Ways and Means and Senate	Mentioned, no jurisdiction		
AB	54	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5954/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5954/Overview</a>	Assembly Committee on Growth and Infrastructure	Pending	Repeals certain provisions relating to energy efficiency. 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	2/4/19 Growth and Infrastructure, read first time	To committee		
AB	57	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5982/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5982/Overview</a>	Assembly Committee on Education	Pending	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	2/4/19 Education, read first time	To committee		
AB	63	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5988/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5988/Overview</a>	Assembly Committee on Growth and Infrastructure	Pending	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	2/14/19 Assembly Committee on Growth and Infrastructure	Not heard		
AB	66	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5991/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5991/Overview</a>	Assembly Committee on Health and Human Services	Pending	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 of more. Provides this may be done through contract with provider. Crisis stabilization	2/4/19 HHS, read first time	To committee	2/27/19 Assembly Committee on HHS	

AB	70	<a href="https://www.legis.nv.gov/Committees/Committee%20on%20Government%20Affairs/Bills/2019/Bill/6012/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6012/Overview</a>	Assembly Committee on Government Affairs	Pending	Revises provisions governing the Open Meeting Law	ODHO	Track	No	Neutral	Current position of neutral is cautionary and the Clerk's Office will be closely monitoring this bill. AB 70 amends various provisions of the OML. Sec 2 – Places responsibility for members of the public body and members of the public who are participating in the meeting by means of tele or	2/4/19 Government Affairs, read first time	To committee		
AB	71	<a href="https://www.legis.nv.gov/Committees/Committee%20on%20Government%20Affairs/Bills/2019/Bill/6014/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6014/Overview</a>	Assembly Committee on Government Affairs	Pending	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	2/4/19 Government Affairs, read first time	To committee		
AB	73	<a href="https://www.legis.nv.gov/Committees/Committee%20on%20Taxation/Bills/2019/Bill/6016/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6016/Overview</a>	Assembly Committee on Taxation	Pending	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	2/11/19 Assembly Committee on Government Affairs	Mentioned, no jurisdiction		
AB	75	<a href="https://www.legis.nv.us/App/NELIS/REL/80th/2019/Bill/6018/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6018/Overview</a>	Assembly Committee on Government Affairs	Pending	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.	2/4/19 Government Affairs, read first time	To committee		
AB	76	<a href="https://www.legis.nv.us/App/NELIS/REL/80th/2019/Bill/6019/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6019/Overview</a>	Assembly Committee on Health and Human Services	Pending	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	2/4/19 HHS, read first time	To committee	2/27/19 Assembly Committee on HHS	
AB	85	<a href="https://www.legis.nv.us/App/NELIS/REL/80th/2019/Bill/6041/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6041/Overview</a>	Assembly Committee on Health and Human Services	Pending	Revises provisions governing mental health	ODHO, CCHS	Monitor	Yes	Support	Revises chapter 435A regarding involuntary holds (legal 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	2/4/19 HHS, read first time	To committee		
AB	94	<a href="https://www.legis.nv.us/App/NELIS/REL/80th/2019/Bill/6081/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6081/Overview</a>	Assembly Committee on Commerce and Labor	Pending	Requires certain information concerning prescriptions of controlled substances to be provided to certain licensing boards and professionals who	ODHO, CCHS, EPHP	Track	No	Support	This bill requires licensing boards of those professions who prescribe controlled substances, to distribute written communication regarding prescription requirements.	2/4/19 Commerce and Labor, read first time	To committee		
AB	97	<a href="https://www.legis.nv.us/App/NELIS/REL/80th/2019/Bill/6084/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6084/Overview</a>	Assembly Committee on Health and Human Services	Pending	Revises provisions relating to certain expenditures of money for public health.	ODHO	Track	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	2/18/19 Assembly Committee on HHS	Heard		

AB	101	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6102/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6102/Overview</a>	Assemblyman Skip Daly	Pending	Authorizes a private plaintiff to bring an action for a declaratory judgment regarding a violation of state law or a local ordinance by certain	ODHO, EHS, AQM	Monitor	No	Oppose	Authorizes a private plaintiff to bring an action for a declaratory judgment regarding a violation of state law or a local ordinance. Would allow anyone to file suit if they opposed a Health District decision. Fiscal impact could be significant but cannot be determined.	2/14/19 Assembly Committee on Judiciary	Heard		
AB	106	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6107/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6107/Overview</a>	Assemblywoman Lisa Krasner	Pending	Makes an appropriation to Crisis Support Services of Nevada.	ODHO	Track	No	Support	The Health District supports funding for additional staffing for the Crisis Call Center for the crucial services they provide.	2/4/19 Ways and Means, read first time	To committee		
AB	114	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6131/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6131/Overview</a>	Assemblyman John Ellison	Pending	Revises provisions governing the prevention of suicide by pupils.	ODHO	Monitor	Yes	Support	The bill requires the State Board to adopt regulations establishing courses of study in the prevention of suicide for pupils in grade levels 5-12, and requires the board of trustees of each school district and the governing body of each charter school to ensure that the licensed	2/4/19 Education, read first time	To committee		
AB	115	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6134/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6134/Overview</a>	Assemblyman Michael Sprinkle	Pending	Provides a privilege to an organized committee of certain groups of physicians to refuse to disclose certain information.	ODHO, EPHP, CCHS	Track	No	Support	This bill allows for review committees to discuss information and not have to disclose information if functioning as a peer review committee.	2/19/18 Assembly Committee on Judiciary	Heard		
AB	116	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6137/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6137/Overview</a>	Assembly Committee on Health and Human Services	Pending	Provides for an actuarial study to determine the cost of revising certain Medicaid reimbursement rates.	ODHO, AHS, CCHS	Track	No	Support	Provides for an actuarial study to determine the cost of establishing Medicaid reimbursement rates that are 90% of the Medicare rates. Increased rates would increase access to services.	2/18/19 Assembly Committee on HHS	Heard		
AB	123	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6167/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6167/Overview</a>	Assemblywoman Connie Munk	Pending	Revises provisions governing the requirements concerning immunizations of pupils for purposes of enrollment in school.	CCHS	Monitor	Yes	Support	Requires parents get annual OK for religious and medical exemptions, & schools to review annually their exemptions, and report to health authorities.	2/19/19 Assembly Committee on Education	Heard		
AB	124	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6168/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6168/Overview</a>	Assemblywoman Connie Munk	Pending	Requires a hospital or independent center for emergency medical care to take certain actions when treating a female victim of sexual assault.	ODHO, EPHP	Track	No	Support	Support legislation that requires the provision of medically and factually accurate information re: STD/reproductive health related to sexual assault.	2/12/19 HHS, from printer	To committee	2/25/19 Assembly Committee on HHS	
AB	127	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6177/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6177/Overview</a>	Assemblywoman Cohen, Assemblyman Fumo	Pending	Revises provisions governing testimony before governmental bodies.	ODHO	Track	No	Support	This bill prohibits any person who testifies before a governmental body and has received or reasonably expects to receive monetary compensation for his or her testimony from commencing such testimony before stating that fact clearly on the record.	2/13/19 Government Affairs, from printer	To committee		

AB	129	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6179/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6179/Overview</a>	Assemblyman Sprinkle	Pending	Requires certain first responders to receive certain training concerning persons with developmental disabilities.	EPHP	Track	Yes	Neutral	This bill is requiring disability training on the subject of developmental disabilities, two hours of in-person training at the time of certification and then every renewal thereafter. This would be for several professions: licensed physician, licensed physician assistant or registered nurse who	2/13/19 HHS, from printer	To committee		
AB	133	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Subscriber/Subscription/M">.state.nv.us/App/NELIS/REL/80th/2019/Subscriber/Subscription/M</a>	Assemblymen McCurdy II, Flores, Carrillo, Brooks, Diaz, Joiner and	Pending	Revises provisions governing runaway or homeless youth.	ODHO	Track	No	Neutral	Not certain of the purpose of the bill since the county is responsible for indigent care for adults over 18 so this bill wouldn't change anything. Unless the intent is to later use this definition for legislation mandating funding for homeless youth age 18-24.	2/14/19 HHS, from printer	To committee	2/25/19 Assembly Committee on HHS	
AB	141	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6208/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6208/Overview</a>	Assemblywoman Hardy, Assemblyman Roberts	Pending	Prohibits a pharmacy benefit manager from imposing certain limitations on the conduct of a pharmacist or pharmacy.	ODHO					2/15/19 Commerce and Labor, from printer	To committee		
AB	153	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6229/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6229/Overview</a>	Assemblyman Ozzie Fumo, Alexander Assefa, Assemblywoman Shannon	Pending	Revises provisions governing the storage of firearms.	ODHO					2/18/19 Judiciary, from printer	To committee		
AB	157	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6243/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6243/Overview</a>	Assemblyman John Hambrick, Assemblywoman John Ellison, Assemblywoman Jill Tolles	Pending	Provides certain protections and services for victims of human trafficking.	ODHO	Track	No	Support	Provides certain protections and services for victims of human trafficking.	2/18/19 Judiciary, from printer	To committee		
AB	159	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6245/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6245/Overview</a>	Assemblyman Alexander Assefa, Howard Watts, William McCurdy,	Pending	Establishes the Governor's Advisory Council on Food Security within the Department of Health and Human Services.	ODHO	Track	No	Neutral	Establishes the Governor's Advisory Council on Food Security within the Department of Health and Human Services.	2/18/19 Government Affairs, from printer	To committee		
AB	162	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6248/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6248/Overview</a>	Assemblyman Skip Daly, Assemblywoman Teresa Benitez-Thompson, Sen	Pending	Revises various provisions relating to governmental administration.	ODHO					2/18/19 Government Affairs, from printer	To committee		
AB	167	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6254/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6254/Overview</a>	Assemblyman Gregory Hafen, Glen Leavitt, John Ellison, Assemblywoman	Pending	Authorizes the possession of a handgun in a motor vehicle that is on the property of certain educational entities or child care facilities in	ODHO					2/18/19 Judiciary, from printer	To committee		

AB	169	<a href="https://www.legis.nv.gov/legislation.nvl?link=detail&amp;id=169">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6257/Overview</a>	Assemblywoman Moreno, Miller, Axelrod, Thompson, Assemblyman	Pending	Establishes the Maternal Mortality Review Committee.	ODHO, EPHP, CCHS	Track	No	Support	Establishes the Maternal Mortality Review Committee; requiring the Committee to review each incident of maternal mortality and severe maternal morbidity.	2/19/19 HHS, from printer	To committee		
AB	170	<a href="https://www.legis.nv.gov/legislation.nvl?link=detail&amp;id=170">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6259/Overview</a>	Assemblywoman Ellen Spiegel	Pending	Revises provisions relating to health insurance coverage.	CCHS	Track	No	Support	Adds to NRS Affordable Care Act-like provisions, i.e., out of network, insuring regardless of health status. Helps assure access to care.	2/19/19 Committee on Commerce and Labor, from printer	To committee		
AB	174	<a href="https://www.legis.nv.gov/legislation.nvl?link=detail&amp;id=174">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6275/Overview</a>	Assemblyman Tyrone Thompson, Assemblywoman Bea Duran, Assemblyman	Pending	Establishes the Nevada Interagency Advisory Council on Homelessness to Housing.	ODHO					2/19/19 Committee on Government Affairs, from printer	To committee		
AB	175	<a href="https://www.legis.nv.gov/legislation.nvl?link=detail&amp;id=175">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6278/Overview</a>	Assemblywoman Sarah Peters	Pending	Revises provisions governing environmental health specialists.	EHS	Monitor	Yes	Neutral	Neutral if amended. This bill overhauls the current law pertaining to REHSs. It is not clear why the bill is necessary. Provisions of the bill seem overly broad and it is unclear how expansive it might be applied. For instance is the District Health Officer required to have an REHS, or the Director of the	2/19/19 Committee on Commerce and Labor, from printer	To committee		
AB	176	<a href="https://www.legis.nv.gov/legislation.nvl?link=detail&amp;id=176">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6279/Overview</a>	Assemblyman Steve Yeager, Senator Nicole Cannizzaro	Pending	Enacts the Sexual Assault Survivors' Bill of Rights.	ODHO, CCHS	Track	No	Neutral	Enacts the Sexual Assault Survivors' Bill of Rights.	2/19/19 Committee on Judiciary, from printer	To committee		
AB	185	<a href="https://www.legis.nv.gov/legislation.nvl?link=detail&amp;id=185">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6288/Overview</a>	Assemblywoman Ellen Spiegel, Assemblywoman Shannon Bilbray	Pending	Revises provisions relating to insurance coverage of prescription drugs.	ODHO, CCHS	Track	No	Support	Allows credit toward deductible for Rx purchases.	2/19/19 Committee on Commerce and Labor, from printer	To committee		
AB	187	<a href="https://www.legis.nv.gov/legislation.nvl?link=detail&amp;id=187">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6290/Overview</a>	Assemblywoman Ellen Spiegel	Pending	Revises provisions governing the safety of children.	ODHO, CCHS	Track	No	Support	Requires a parent/guardian of any child under 18 to ensure the child wears a safety helmet with certain recreational devices. Details a fair traffic violation if not adhered to. 21 states and DC have bicycle helmet laws for children but most have lower age thresholds.	2/19/19 Committee on Judiciary, from printer	To committee		
AB	191	<a href="https://www.legis.nv.gov/legislation.nvl?link=detail&amp;id=191">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6294/Overview</a>	Assemblyman Al Kramer, Assemblywoman Robin Titus, Senator Joseph Hardy	Pending	Makes an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services to award grants to provide Mobile	ODHO					2/19/19 Committee on Ways and Means, from printer	To committee		

AB	202	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6317/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6317/Overview</a>	Assemblyman John Ellison	Pending	Authorizes the possession of a handgun in a motor vehicle that is on the property of a community college under certain circumstances.	ODHO				2/19/19 Committee on Judiciary, from printer	To committee			
AB	205	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6320/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6320/Overview</a>	Assemblywoman Michelle Gorelow	Pending	Makes various changes concerning pest management in public schools.	EHS				2/19/19 Committee on Education, from printer	To committee			
AB	206	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6321/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6321/Overview</a>	Assemblyman William McCurdy	Pending	Revises provisions relating to emergency management.	EPHP				2/19/19 Committee on Government Affairs, from printer	To committee			
AB	212	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6329/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6329/Overview</a>	Assemblywoman Alexis Hansen	Pending	Revises provisions governing the confidentiality of personal information of certain persons.	ODHO	Track	No	Neutral	Enforcement of public health regulations can be considered tasks related to code enforcement.	2/19/19 Committee on Government Affairs, from printer	To committee		
AB	217	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6378/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6378/Overview</a>	Assemblywoman Jill Tolles, Assemblyman Glen Leavitt, Assemblyman Al Kramer,	Pending	Revises provisions relating to firearms.	ODHO				2/19/19 Committee on Judiciary, from printer	To committee			
AB	223	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6387/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6387/Overview</a>	Assemblywoman Dina Neal	Pending	Requires the Department of Health and Human Services to seek a federal waiver to allow certain dental care for persons with diabetes to be	ODHO, CCHS				2/19/19 Committee on HHS, from printer	To committee			
AB	225	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6391/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6391/Overview</a>	Assembly Committee on Commerce and Labor	Pending	Revises provisions relating to health insurance.	ODHO, CCHS				2/22/19 Committee on Commerce and Labor, from printer	To committee			
AB	226	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6394/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6394/Overview</a>	Assemblyman Skip Daly	Pending	Prohibits any person from requiring another person to undergo implantation of a microchip or other permanent identification marker.	ODHO				2/25/19 Committee on Judiciary, from printer	To committee			



<b>ACR</b>	<b>4</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6395/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6395/Overview</a>	Assembly Committee on Legislative Operations and Elections	Pending	Directs the Legislative Commission to conduct an interim study concerning wildfires.	AQM								2/26/19	Committee on Legislative Operations and	To committee				
<b>SB</b>	<b>7</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5863/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5863/Overview</a>	Senate Committee on Judiciary	Pending	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				2/4/19	Committee on Judiciary, read first time	To committee				
<b>SB</b>	<b>9</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5865/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5865/Overview</a>	Senate Committee on Judiciary	Pending	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				2/4/19	Committee on Judiciary, read first time	To committee				
<b>SB</b>	<b>13</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5869/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5869/Overview</a>	Senate Committee on Government Affairs	Pending	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.				2/12/19	Senate Government Affairs	Heard, no action				
<b>SB</b>	<b>15</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5874/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5874/Overview</a>	Senate Committee on Government Affairs	Pending	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.				2/4/19	Committee on Government Affairs, read first time	To committee				
<b>SB</b>	<b>25</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5908/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5908/Overview</a>	Senate Committee on Government Affairs	Pending	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				2/20/19	Senate Government Affairs	Heard, no action				

<b>SB</b>	<b>27</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5910/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5910/Overview</a>	Senate Committee on Government Affairs	Pending	Revises provisions governing the Public Employees' Deferred Compensation Program	ODHO, AHS	Track	No	Neutral	Section 1 of the bill removes the requirement that the Executive Officer of the Public Employees' Deferred Compensation Program must be appointed with the concurrence of the Committee. Section 2 of this bill eliminates the authority of the Committee to remove the Executive Officer	2/13/19 Senate Finance	Mentioned, no jurisdiction		
<b>SB</b>	<b>35</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5924/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5924/Overview</a>	Senate Committee on Government Affairs	Pending	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	2/4/19 Committee on Government Affairs, read first time	To committee		
<b>SB</b>	<b>37</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5956/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5956/Overview</a>	Senate Committee on Commerce and Labor	Pending	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.	2/20/19 Senate Commerce and Labor	Heard, no action		
<b>SB</b>	<b>42</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5961/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5961/Overview</a>	Senate Committee on Growth and Infrastructure	Pending	Repeals provisions requiring certain fleets of motor vehicles to use alternative fuels, clean vehicles or vehicles that use alternative fuels.	AQM	Monitor	Yes	Support	Bill proposes to repeal NRS 400A the Alternative Fuels Program for Motor Vehicle Fleets. This program was developed to promote the use of alternative fuels to reduce emissions from fleet vehicles. This program served as a bridge to reduce vehicle emissions until manufacturer's	2/7/19 Senate Growth and Infrastructure	Heard, no action		
<b>SB</b>	<b>49</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5968/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5968/Overview</a>	Senate Committee on Judiciary	Pending	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	2/14/19 Senate Judiciary	Heard, no action		
<b>SB</b>	<b>56</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5975/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5975/Overview</a>	Senate Committee on Natural Resources	Pending	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	2/19/19 Senate Natural Resources	Heard, no action		
<b>SB</b>	<b>57</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5976/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5976/Overview</a>	Senate Committee on Education	Pending	Revises provisions relating to school property	ODHO, EHS, AQM	Track	No	Neutral	Bill requires air bonding 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	2/4/19 Committee on Education, read first time	To committee		
<b>SB</b>	<b>58</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5977/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5977/Overview</a>	Senate Committee on Government Affairs	Pending	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	2/25/19 Committee on Government Affairs	Notice of eligibility for exemption		

<b>SB</b>	<b>62</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5993/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5993/Overview</a>	Senate Committee on Revenue and Economic Development	Pending	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.	2/4/19 Committee on Revenue and Economic Development	To committee	2/26/19 Senate Revenue and Economic Development
<b>SB</b>	<b>63</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5994/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5994/Overview</a>	Senate Committee on Commerce and Labor	Pending	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.	2/4/19 Committee on Commerce and Labor, read first	To committee	
<b>SB</b>	<b>66</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5997/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5997/Overview</a>	Senate Committee on Government Affairs	Pending	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	2/4/19 Committee on Government Affairs, read first time	To committee	
<b>SB</b>	<b>67</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5998/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5998/Overview</a>	Senate Committee on Government Affairs	Pending	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	2/4/19 Committee on Government Affairs, read first time	To committee	
<b>SB</b>	<b>68</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/5999/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/5999/Overview</a>	Senate Committee on Government Affairs	Pending	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 and emergency declaration is in effect. This is in response to the need identified following the October 1 attack in Las Vegas.	2/4/19 Committee on Government Affairs, read first time	To committee	
<b>SB</b>	<b>79</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6021/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6021/Overview</a>	Senate Committee on Education	Pending	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	2/4/19 Committee on Education, read first time	To committee	
<b>SB</b>	<b>80</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6022/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6022/Overview</a>	Senate Committee on Education	Pending	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	2/25/19 Committee on Education	Notice of eligibility for exemption	
<b>SB</b>	<b>81</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6024/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6024/Overview</a>	Senate Committee on Revenue and Economic Development	Pending	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.	2/4/19 Committee on Revenue and Economic Development	To committee	2/26/19 Senate Revenue and Economic Development

<b>SB</b>	<b>84</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6027/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6027/Overview</a>	Senate Committee on Finance	Pending	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.	2/6/19 Committee on Finance	Notice of exemption		
<b>SB</b>	<b>89</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6036/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6036/Overview</a>	Senate Committee on Education	Pending	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.	2/25/19 Committee on Education	Notice of eligibility for exemption		
<b>SB</b>	<b>90</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6071/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6071/Overview</a>	Senate Committee on Commerce and Labor	Pending	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 Cares	2/25/19 Committee on Commerce and Labor	Notice of eligibility for exemption		
<b>SB</b>	<b>92</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6074/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6074/Overview</a>	Senate Committee on Health and Human Services	Pending	Revises provisions concerning certain group housing.	ODHO	Track	No	Support	Expands licensing requirements to businesses that provide referrals to any other group housing arrangement that provides assistance, food, shelter or limited supervision to persons with mental illness or disabilities or who are aged or infirm.	2/25/19 Committee on HHS	From committee. Do pass.		
<b>SB</b>	<b>93</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6075/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6075/Overview</a>	Senate Committee on Health and Human Services	Pending	Revises provisions relating to the Nevada Commission for Persons Who Are Deaf, Hard of Hearing or Speech Impaired	ODHO	Track	No	Support	Changes Commission name to Nevada Commission for Persons Who Are Deaf and Hard of Hearing, revises membership, makes the Director a full-time paid position. Provides funding through telephone surcharge and \$50K general fund appropriate per fiscal year of	2/25/19 Committee on HHS	Notice of eligibility for exemption	2/27/19 Senate HHS Work Session	
<b>SB</b>	<b>94</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6077/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6077/Overview</a>	Senate Committee on Health and Human Services	Pending	Revises provisions governing the Account for Family Planning.	CCHS	Monitor	Yes	Support	Allows the state to award grant monies to local government and nonprofit organizations to persons in need of family planning services. Provides \$12,000,000 family planning appropriation for the biennium. WCHD would expect to receive some of this funding.	2/25/19 Committee on HHS	Notice of eligibility for exemption		
<b>SB</b>	<b>102</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6090/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6090/Overview</a>	Senate Committee on Finance	Pending	Makes an appropriation for funding the participation of certain students who participate through the Western Regional Education	ODHO, CCHS	Track	No	Support	Makes an appropriation for \$77,000 each for FY 20 and 21 for 10 APRNs to receive geriatric care training through the Western Regional Education Compact.	2/6/19 Committee on Finance	Notice of exemption		
<b>SB</b>	<b>103</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6091/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6091/Overview</a>	Senate Committee on Government Affairs	Pending	Revises provisions relating to development and maintenance of affordable housing.	ODHO	Monitor	No	Support	Authorizes local governments to change impact and building fees to provide an incentives for construction of affordable housing.	2/11/19 Senate Government Affairs	Heard, no action		

SB	104	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6092/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6092/Overview</a>	Senate Committee on Government Affairs	Pending	Revises provisions concerning the statewide low-income housing database maintained by the Housing Division of the Department of	ODHO	Monitor	No	Support	Requires inclusion of data on low-income housing submitted by local governments to be included in the Housing Division annual report and for local governments to ensure appropriate information is provided.	2/11/19 Senate Government Affairs	Heard, no action		
SB	111	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6110/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6110/Overview</a>	Senate Committee on Government Affairs	Pending	Revises provisions governing collective bargaining by local government employers.	ODHO, AHS	Track	No	Oppose	Reduces ending fund balance not subject to negotiation, fact-finding or arbitration from 25% of total budget expenditures to 16.67% for collective bargaining. This reduces financial sustainability of local governments.	2/4/19 Committee on Government Affairs, read first time	To committee		
SB	114	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6113/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6113/Overview</a>	Senator James Settlemyer	Pending	Revises provisions relating to vehicles	AQM	Track	No	Neutral	Bill proposes to impose a 10% surcharge on the sale of electricity to charge an electric or a plug-in hybrid electric vehicle with the funds going to the State Highway Fund, after an administrative fee is collected by DMV. This bill is preparing for the expansion of electric vehicles (EV) into the	2/4/19 Committee on Growth and Infrastructure, read first	To committee		
SB	115	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6114/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6114/Overview</a>	Senator Scott Hammond	Pending	Requires the State Plan for Medicaid to include coverage for donor breast milk.	CCHS	Track	No	Support	This bill allows Medicaid to pay for processed human breast milk for those children with medical needs.	2/18/19 Committee on HHS	Heard, no action		
SB	120	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6123/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6123/Overview</a>	Senators Julia Ratti and Nicole Cannizzaro	Pending	Provides for the issuance of orders of protection relating to high-risk behavior.	ODHO	Track	No	Neutral	SB120 is Red Flag legislation that provides for prohibition of purchase and removal of firearms owned by people with orders for protection. While the intent of the legislation is supported, the language appears to be overly broad in application and the mechanism and cost of firearm storage is	2/4/19 Committee on Judiciary, read first time	To committee		
SB	142	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6173/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6173/Overview</a>	Senators Gansert, Pickard, Parks, Spearman, Assenblywmn Tolles, Spiegel	Pending	Makes various changes relating to school safety	ODHO	Track	No	Support	Changes composition of school safety teams to include school counselor or psychologist, school police or resource officer, changes name of Safe-to-Tell, to SafeVoice, and provides that under certain circumstances a person may not remain anonymous and the certain public safety agencies	2/12/18 Committee on Education, from printer	To committee		
SB	143	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6174/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6174/Overview</a>	Senators Atkinson, Cancellia, Woodhouse, Parks, Assemblyman	Pending	Repeals, revises and reenacts provisions relating to background checks for certain sales or transfers of firearms.	ODHO	Track	No	Support	This bill removes the problematic provision in the voter approved Background Check Act and instead establishes a background check procedure that a licensed dealer contact the same agency the dealer would otherwise contact for a background check if the dealer were selling or transferring a	Approved by the Governor			
SB	147	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6184/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6184/Overview</a>	Senate Committee on Education	Pending	Revises provisions relating to the education of pupils who are experiencing homelessness or who are in foster care.	ODHO	Track	No	Support	The bill requires schools to develop procedures to identify students who are homeless, unaccompanied, or in foster care, Review and adjust the academic plans to maximize progress toward graduation, and eliminate attendance requirements toward receiving academic credits	2/20/19 Committee on Education	Heard, no action		

SB	153	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6198/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6198/Overview</a>	Senator Kelvin Atkinson	Pending	Revises provisions relating to collective bargaining.	ODHO				2/14/19 Committee on Government Affairs, from printer	To committee			
SB	159	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6218/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6218/Overview</a>	Senator Joyce Woodhouse, Moises Denis, Marilyn Dondero Loop, Dallas Harris	Pending	Requires each public school and private school to adopt a policy concerning safe exposure to the sun.	ODHO	Monitor	Yes	Support	Requires each public school and private school to adopt a policy concerning safe exposure to the sun.	2/20/19 Senate Committee on Education	Heard, no action		
SB	165	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6236/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6236/Overview</a>	Senators Parks, Brooks, Ratti, Cancela, Spearman, Assembly Axelrod,	Pending	Makes various changes to provisions governing prescribing, dispensing and administering controlled substances designed to end the life of	ODHO					2/25/19 Senate HHS	Heard, no action		
SB	168	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6264/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6264/Overview</a>	Senator Chris Brooks, Senator Pat Spearman, Senator Kelvin Atkinson,	Pending	Revises provisions relating to energy efficiency standards for buildings.	AQM, EHS					2/19/19 Committee on Growth and Infrastructure, from printer	To committee		
SB	171	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6268/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6268/Overview</a>	Senator Joseph Hardy	Pending	Provides for the collection of information from certain providers of health care.	ODHO, CCHS	Monitor	Yes	Support	Allows for the collection of data with respect to healthcare providers HCP to be used for a Health Care Workforce Working Group to improve access to healthcare.	2/19/19 Committee on Commerce and Labor, from printer	To committee		
SB	178	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6298/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6298/Overview</a>	Senator Yvanna Cancela, Senator Julia Ratti, Senator Pat Spearman,	Pending	Creates the Council on Food Security and the Food for People, Not Landfills Program.	ODHO, CCHS, EHS	Track	No	Neutral	This bill proposes to create the Council on Food Security within the Department of Health and Human Services. It creates the Food for People, not Landfills program. It's intent is to address and assist with community hunger issues.	2/19/19 Committee on Government Affairs, from printer	To committee	3/1/19 Senate Government Affairs	
SB	179	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6300/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6300/Overview</a>	Senator Yvanna Cancela, Senator Julia Ratti, Senator Melanie	Pending	Revises provisions relating to abortions.	CCHS	Track	No	Support	Expands womens abilities to recieve abortions, including minors without parental consent. Corrects unconstitutional provisions in NV State law.	2/19/19 Committee on HHS, from printer	To committee		
SB	183	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6311/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6311/Overview</a>	Senator Heidi SeEVERS, Gansert, Senator Joseph Hardy, Senator Scott	Pending	Makes various changes relating to governmental administration.	ODHO					2/2/25/19 Senate Government Affairs	Heard, no action		

<b>SB</b>	<b>186</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6314/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6314/Overview</a>	Senator Heidi Seevers Gansert	Pending	Enacts provisions governing the interstate practice of physical therapy.	ODHO	Track	No	Support	Through establishment of interstate compact provides for PT providers licensed in other states to practice in Nevada. Support expanded access to care.	2/19/19 Committee on Commerce and Labor, from printer	To committee		
<b>SB</b>	<b>187</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6315/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6315/Overview</a>	Senator Keith Pickard, Senator Joseph Hardy, Senator Scott Hammond,	Pending	Revises provisions governing prescriptions for controlled substances by a dentist, optometrist or physician for the treatment of pain.	ODHO, CCHS	Track	No	Neutral	Eliminates the requirement of a physical examination and review of medical records for prescription of controlled substances by dentists and optometrists.	2/19/19 Committee on Commerce and Labor, from printer	To committee		
<b>SB</b>	<b>192</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6334/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6334/Overview</a>	Senator Pat Spearman, Senator David Parks	Pending	Revises provisions relating to health care.	ODHO, CCHS	Track	No	Support	Prescribes minimum level of health benefits an employer is required to make available to an employee to determine if the employer is authorized to pay the lower minimum wage.	2/19/19 Committee on HHS, from printer	To committee		
<b>SB</b>	<b>194</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6336/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6336/Overview</a>	Senator Pat Spearman, Senator David Parks	Pending	Establishes programs for certain persons of low-income and persons in foster care.	ODHO					2/19/19 Committee on HHS, from printer	To committee	2/27/19 Senate HHS	
<b>SB</b>	<b>198</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6341/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6341/Overview</a>	Senator Melanie Scheible, Assemblywoman Daniele Monroe-	Pending	Revises provisions governing eligibility for Medicaid.	ODHO, CCHS	Track	No	Support	Revises provisions governing eligibility for Medicaid up to kids who are under 19 years.	2/19/19 Committee on HHS, from printer	To committee		
<b>SB</b>	<b>199</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6342/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6342/Overview</a>	Senator Melanie Scheible, Senator David Parks	Pending	Revises provisions relating to real property.	ODHO					2/19/19 Committee on Commerce and Labor, from printer	To committee		
<b>SB</b>	<b>202</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6346/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6346/Overview</a>	Senator Marilyn Dondero Loop, Senator Kelvin Atkinson, Senator Pat	Pending	Revises provisions relating to persons with disabilities.	ODHO	Track	No	Neutral	Expands reporting, outreach, and coordination of the Autism Treatment Assistance Program, Division of Healthcare Finance and Policy, and State Board of Education	2/19/19 Committee on HHS, from printer	To committee		
<b>SB</b>	<b>204</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6348/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6348/Overview</a>	Senator Pat Spearman, Senator David Parks, Senator Joyce Woodhouse	Pending	Revises provisions relating to the mental health of pupils.	ODHO	Monitor	Yes	Support	Requires Board of Trustees of School Districts to adopt and maintain a policy for the prevention of suicide in grades 7-12 and specifies elements that must be contained in the policy.	2/19/19 Committee On Education, from printer	To committee		

<b>SB</b>	<b>220</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6365/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6365/Overview</a>	Senator NICOLE Cannizzaro, Senator Yvanna Cancela, Senator Pat	Pending	Revises provisions relating to Internet privacy.	ODHO				2/19/19 Committee on Commerce and Labor, from printer	To committee			
<b>SB</b>	<b>222</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6367/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6367/Overview</a>	Senator Joseph Hardy	Pending	Revises provisions relating to persons with disabilities.	ODHO	Track	No	Support	Provides for use of telephone surcharge fees to provide hearing aids to children in families earning 205% or less of the federal poverty level.	2/19/19 Committee on HHS, from printer	To committee		
<b>SB</b>	<b>224</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6370/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6370/Overview</a>	Senator Julia Ratti, Senator David Parks, Senator Joyce Woodhouse	Pending	Provides for the confidentiality of certain information in the records and files of public employee retirement systems.	ODHO					2/19/19 Committee on Government Affairs, from printer	To committee		
<b>SB</b>	<b>226</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6372/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6372/Overview</a>	Senator Pat Spearman, Senator David Parks	Pending	Makes various changes relating to health insurance.	CCHS	Track	No	Support	Requires DHHS to enter into agreements to purchase prescription drugs for certain health plans. Should help control prices and improve access to care.	2/19/19 Committee on HHS, from printer	To committee		
<b>SB</b>	<b>234</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6392/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6392/Overview</a>	Senate Committee on Commerce and Labor	Pending	Makes various changes relating to collection of data concerning providers of health care.	ODHO, CCHS					2/22/19 Committee on Commerce and Labor, from printer	To committee		
<b>SB</b>	<b>235</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6397/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6397/Overview</a>	Senate Committee on HHS	Pending	Revises provisions relating to health insurance coverage	ODHO, CCHS					2/26/19 Committee on HHS, from printer	To committee		
<b>SCR</b>	<b>2</b>	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6274/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6274/Overview</a>	Senator Ben Kieckhefer	Pending	Directs the Legislative Commission to conduct an interim study concerning fire protection and related emergency services in Washoe	ODHO, EPHP, AQM					2/19/19 Committee on Legislative Operations and	To committee		



SCR	3	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6343/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6343/Overview</a>	Senator Pat Spearman, Senator David Parks	Pending	Directs the Legislative Commission to appoint a committee to conduct an interim study relating to the use of electric vehicles in this State.	AQM				Committee on Legislative Operations and Elections,	To committee		
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**BDRs**

157	AB 129				Revises provisions governing training for first responders.	EPHP	Track	Yes	Neutral	This bill is requiring disability training on the subject of developmental disabilities, two hours of in-person training at the time of certification and then every renewal there after. This would be for several professions: licensed physician, licensed physician assistant or registered nurse who			
529	AB 97				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			
591	AB 124				Requires a hospital or independent center for emergency medical care to take certain actions when treating a female victim of sexual assault.	ODHO, CCHS	Track	No	Support	Support legislation that requires the provision of medically and factually accurate information re: STD/reproductive health related to sexual assault.			

**79th Session Bills**

AB	175	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6056/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6056/Overview</a>	Assy. McCurdy II, Flores, Carrillo, Brooks, Diaz	Assembly: Journal - Senate: Not discussed	Prescribes certain requirements for health benefits for the purpose of determining the minimum wage paid to employees in private employment in	ODHO, CCHS	Track	No	Neutral		2/6/19 Bill read with Governor's veto message.	Placed on Chief Clerk's desk.	
AB	206	<a href="http://state.nv.us/App/NELIS/REL/80th/2019/Bill/6057/Overview">.state.nv.us/App/NELIS/REL/80th/2019/Bill/6057/Overview</a>	Assy. Brooks, Frierson, Yeager, McCurdy II, Watkins	Assembly: Journal - Senate: Not discussed	Revises provisions relating to renewable energy and the renewable portfolio standard.	ODHO, AQM					2/6/19 Bill read with Governor's veto message.	Placed on Chief Clerk's desk.	

AB	348	<a href="http://www.state.nv.us/App/NELIS/REL/80th2019/Bill/6060/Overview">.state.nv.us/App/NELIS/REL/80th2019/Bill/6060/Overview</a>	Assemblywoman Joiner	Assembly: Journal - Senate: Not discussed	Revises provisions governing a course or unit of a course of instruction concerning acquired immune deficiency syndrome, the human	CCHS	Monitor	Yes	Support	2/6/19 Bill read with Governor's veto message.	Placed on Chief Clerk's desk.		
AB	374	<a href="http://www.state.nv.us/App/NELIS/REL/80th2019/Bill/6061/Overview">.state.nv.us/App/NELIS/REL/80th2019/Bill/6061/Overview</a>	Assy. Sprinkle, Frierson, Araujo, Carlton, Cohen	Assembly: Journal - Senate: Not discussed	Requires the Department of Health and Human Services, if authorized by federal law, to establish a health care plan within Medicaid for purchase by	ODHO, CCHS	Track	No	Neutral	2/6/19 Bill read with Governor's veto message.	Placed on Chief Clerk's desk.		
AB	382	<a href="https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/">https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/</a>	Assy. Carlton, Frierson, Araujo, Spiegel, Senators Ford, Parks, Cancela	Assembly: Journal - Senate: Not discussed	Establishes provisions governing payment for the provision of emergency services and care to patients.	ODHO, EMS				2/6/19 Bill read with Governor's veto message.	Placed on Chief Clerk's desk.		
AB	408	<a href="https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/">https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/</a>	Assy. Joiner, Spiegel, Bilbray-Axelrod, Fumo, Sprinkle	Assembly: Journal - Senate: Not discussed	Revises provisions relating to Medicaid and health insurance.	ODHO, CCHS	Monitor	Yes	Support	2/6/19 Bill read with Governor's veto message.	Placed on Chief Clerk's desk.		
SB	106	<a href="https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/">https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/</a>		Assembly: Not discussed	Revises provisions governing the minimum wage required to be paid to employees in private employment in this State.	ODHO				2/4/19 Returned from Secretary of State.	Made Special Order of Business for Tuesday, February 12,		
SB	392	<a href="https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/">https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/</a>	Senators Denis, Spearman, Woodhouse	Senate: Journal	Revises provisions relating to energy.	ODHO, AQM				2/4/19 Returned from Secretary of State.	Made Special Order of Business for Tuesday, February 12,		

**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: February 28, 2019**

**DATE:** February 8, 2019

**TO:** District Board of Health

**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us

**SUBJECT:** Program Update, AQMD Monitoring Network, Wildfire Season 2018, Divisional Update, Monitoring and Planning and Permitting and Enforcement

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**1. Program Update**

a. National Air Quality Topics Generate Local Impacts

Over the past few months, a number of air quality topics, from vehicle fuel economy to woodstoves, have received media coverage in an effort to highlight the potential impacts federal actions may have on our local air quality. As a result, AQM was contacted by a regional representative from Senator Catherine Cortez-Masto's office. A briefing was provided highlighting efforts supporting our top priority of continuing to attain the 2015 Ozone National Ambient Air Quality Standard (NAAQS). An explanation of the cumulative impacts of the new ozone NAAQS, local growth, and regulatory reform was so impactful, it resulted in an invitation to present the same information to the Washington, D.C. staff since I was going to be there the last week of January for the National Association of Clean Air Agencies (NACAA) Executive Board meeting.

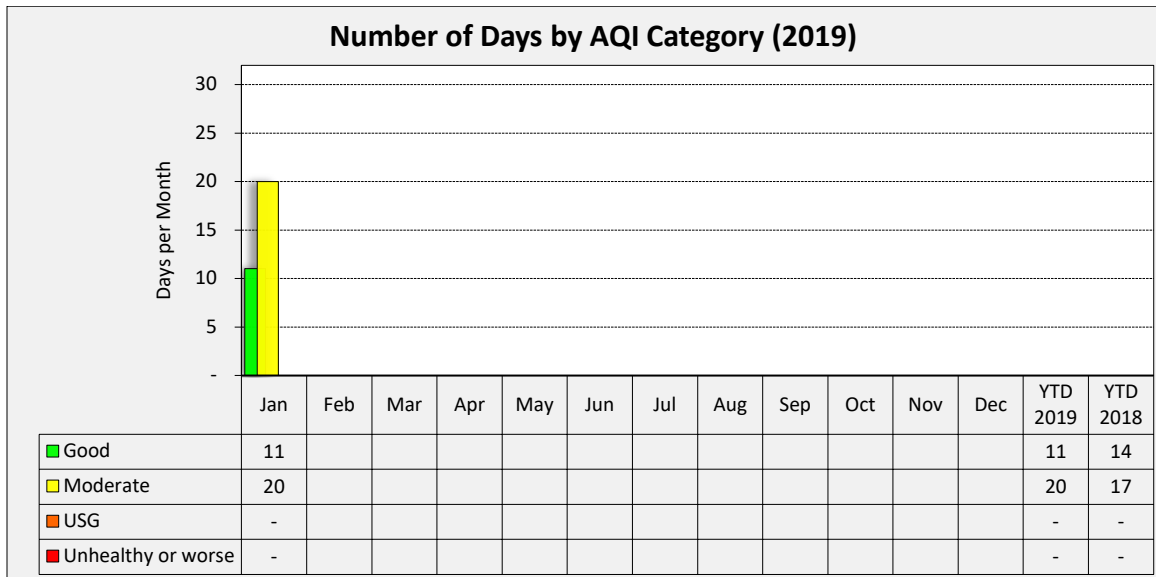
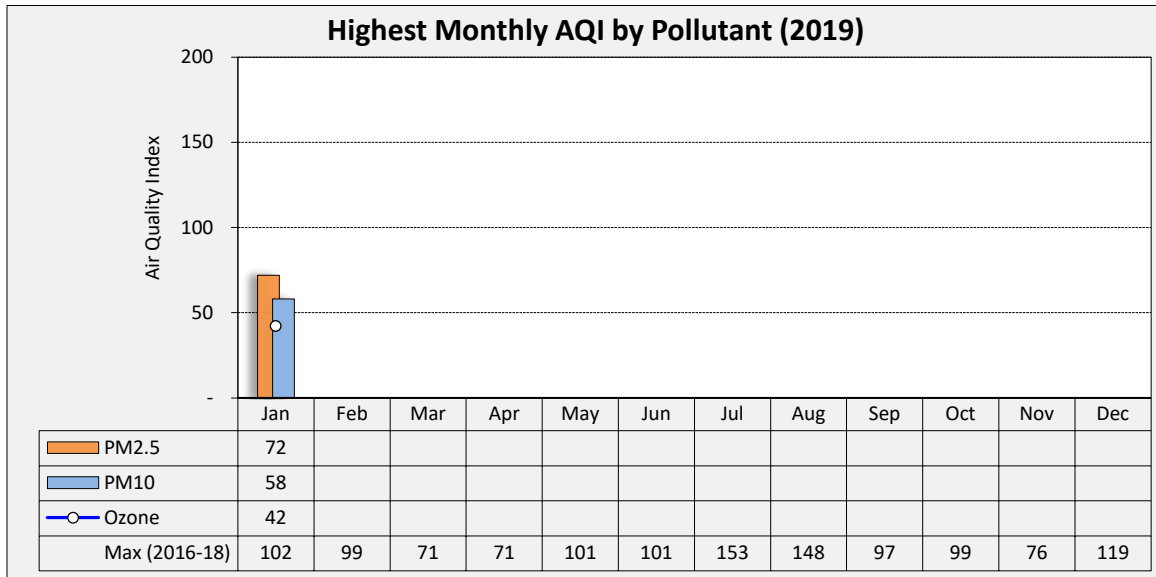
On January 31<sup>st</sup>, Mr. Miles Keogh, Executive Director of NACAA, and I met with staff from both of the Nevada Senator's offices. In addition to providing the program updates, I was pleased to be able to introduce Mr. Keogh as a resource for future air quality issues. The NACAA offices are located in the Hall of States Building right across the street from the Senate Office Buildings so he can be available at a moment's notice if needed.

Meeting with both the local and D.C. staff members has established a new working relationship for both the AQM and Health District as we all work together towards a healthy community.

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](http://OurCleanAir.com).

### 3. Program Reports

#### a. Monitoring and Planning

January Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of January.

Audit of Monitoring Program: EPA Region 9 has tentatively scheduled a Technical System Audit (TSA) of the AQMD Monitoring program for Summer 2019. The purpose of the audit is to improve the quality and performance of the ambient air monitoring program. EPA will be reviewing quality assurance documents such as the Quality Assurance Project Plan and Standard Operating Procedures to ensure the program is meeting federal requirements. EPA conducts TSA's every three years and last audited the AQMD's program in May 2016.

The Ozone NAAQS and a Healthy Community: Clean air, healthy people, and a strong economy are key elements of a Healthy Community. Ozone Advance promotes voluntary actions to keep from violating the NAAQS. We've been stressing the importance of short-term impacts to public health. What happens if our Ozone Advance efforts fail? Here is a slide from an AQMD presentation at the recent Electric Vehicle Transportation Forum in Reno.

**What Does Long-Term "Non-Attainment" Mean in the Future?**

- Environmental Health: Poor air quality
- Public Health: Higher rates of chronic diseases such as asthma, COPD, and diabetes
- Economic Health: Economy can grow, but growth must be connected to improved air quality
  - More air pollution control equipment and programs
  - Emission offsets greater than 1:1
  - Federal Implementation Plan
  - Adjacent counties and states become more attractive for new and expanding businesses

Keep it Clean. WASHOE COUNTY HEALTH DISTRICT ENHANCING QUALITY OF LIFE

The Clean Air Act has specific timelines if we become a "non-attainment" area. Here's a summary of the worst case scenario of long-term poor air quality.

- We'll see higher rates of respiratory illness . . . and associated medical expenses.
- Our "non-attainment" designation can be bumped up from Marginal to Moderate. A Moderate designation requires more emission control strategies than a Marginal designation.
- Outdoor sporting events such as high school football games could be delayed or postponed.
- Our area may need to develop an emissions bank and offset program. Businesses would need to use this program when they expand or relocate to Washoe County.
- Counties (i.e., Storey and Lyon) and states (i.e., Idaho and Utah) could be more attractive for new and expanding businesses.

Improving air quality today will help us continue to be a Healthy Community!

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting and Enforcement

Staff reviewed forty-four (44) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted sixty-nine (69) stationary source inspections, fourteen (14) gasoline stations and one (1) initial compliance inspection in January 2019. Staff was also assigned seventeen (17) new asbestos abatement projects, overseeing the removal of more than 80,000 square feet of asbestos-containing materials. Staff received ten (10) new building demolition projects to monitor. Further, there were twelve (12) new construction/dust projects to monitor, and staff documented forty-five (45) 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	2019		2018	
	January	YTD	January	Annual Total
<b>Renewal of Existing Air Permits</b>	78	78	82	1064
<b>New Authorities to Construct</b>	5	5	2	50
<b>Dust Control Permits</b>	12 (66 acres)	12 (66 acres)	25 (521 acres)	279 (3129 acres)
<b>Wood Stove (WS) Certificates</b>	18	18	35	403
<b>WS Dealers Affidavit of Sale</b>	1 (1 replacements)	1 (1 replacements)	5 (1 replacements)	84 (55 replacements)
<b>WS Notice of Exemptions</b>	513 (9 stoves removed)	513 (9 stoves removed)	584 (8 stoves removed)	8334 (87 stoves removed)
<b>Asbestos Assessments</b>	94	94	118	1129
<b>Asbestos Demo and Removal (NESHAP)</b>	27	27	22	309

COMPLAINTS	2019		2018	
	January	YTD	January	Annual Total
Asbestos	2	2	1	16
Burning	1	1	0	11
Construction Dust	5	5	2	58
Dust Control Permit	0	0	0	2
General Dust	1	1	5	56
Diesel Idling	0	0	2	2
Odor	0	0	5	17
Spray Painting	0	0	0	6
Permit to Operate	0	0	2	4
Woodstove	2	2	1	6
<b>TOTAL</b>	<b>11</b>	<b>11</b>	<b>18</b>	<b>178</b>
NOV's	January	YTD	January	Annual Total
Warnings	0	0	0	16
Citations	0	0	0	13
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>

\*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf  
 Chief, Permitting and Enforcement

DD	SK
DHO	KD

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: February 28, 2019**

**DATE:** February 14, 2019  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Divisional Update – WIC Program Update; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

**1. Divisional Update –**

- a. **WIC Program Update** – March is National Nutrition Month. This annual education and information campaign is promoted by the Academy of Nutrition and Dietetics. It focuses on the importance of making educated food choices and the development of healthy eating and physical activity habits.

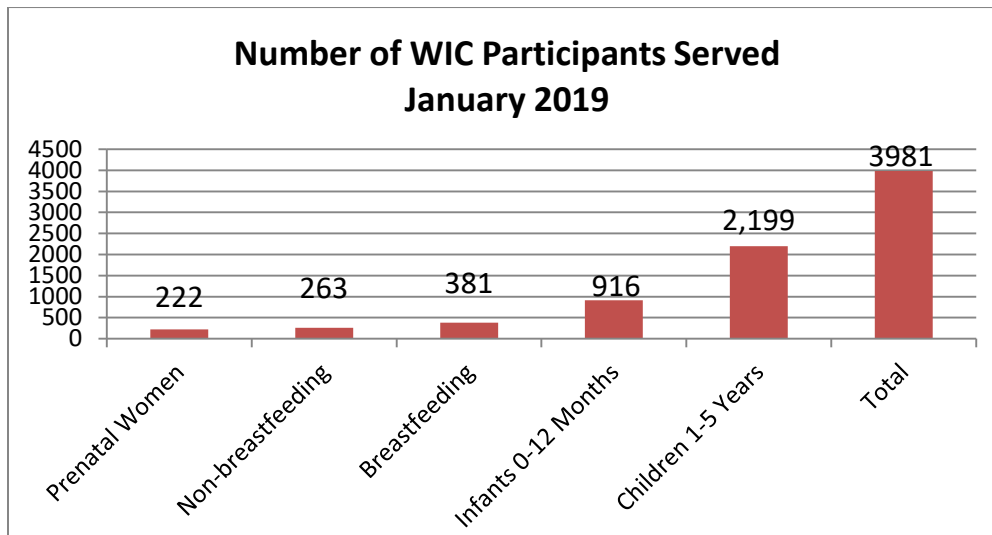
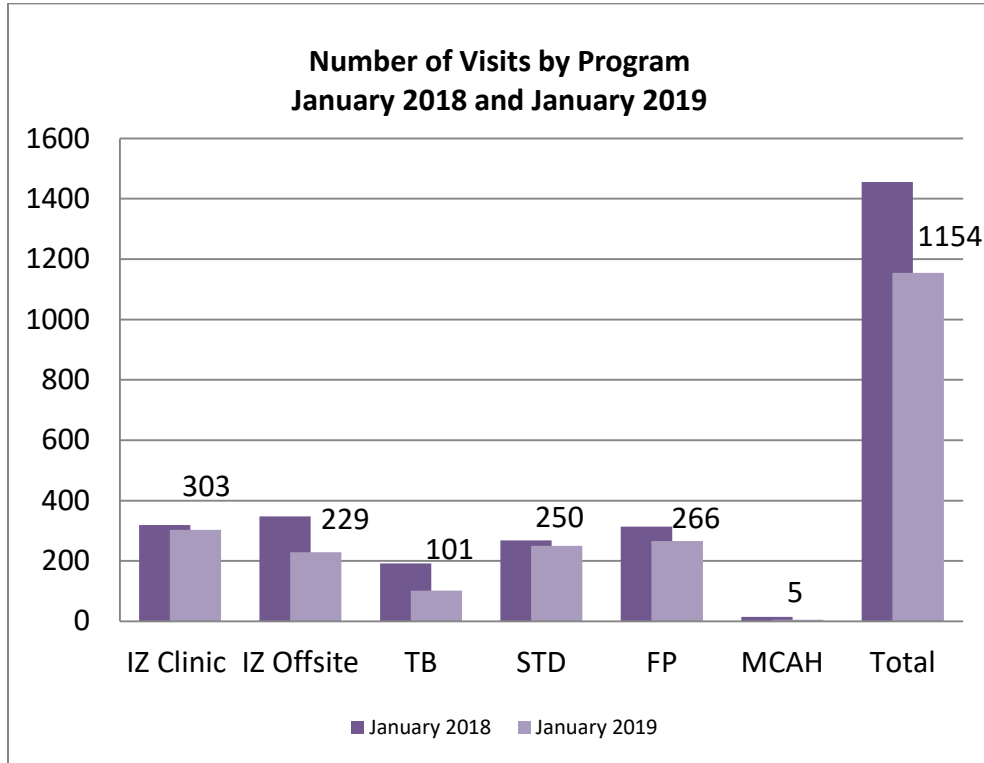
When it comes to nutrition there is a lot of misinformation and promotion of fad diets that competes for airtime with scientifically backed information on healthy eating. The goal of National Nutrition Month is to remind viewers that minor changes, like drinking more water, watching portion sizes, and enacting family meal time can have large impacts on weight and overall health.



The WCHD’s WIC Program (The Special Supplemental Nutrition Program for Women, Infants, and Children) honors National Nutrition Month by educating participants through individualized nutritional information. New moms are provided extensive support, including breast pumps, to assist in breastfeed as long as possible. As their children grow their needs change and parents are provided information and assistance on the nutritional needs of their child. This could include how to transition to solid foods, what a portion size is for different childhood growth stages, and how to encourage healthy options.



**b. Data/Metrics**



Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

## 2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff are utilizing rapid cycle quality improvement to increase efficiency and client satisfaction in the Sexual Health clinic.

An evidence based sexual health counseling model was provided to staff to supplement their communication with clients regarding sensitive issues.

Staff hosted a community rapid HIV testing training February 12, 2019 through February 14, 2019.

Offsite HIV testing, targeting high risk and communities of color are being implemented. Testing has been scheduled at Jub Jub's Bar, Crossroads, and The Holland Project. More sites are being recruited.

- b. **Immunizations** – One School Located Vaccination Clinic (SLVC) was held in January, in partnership with Immunize Nevada and the Washoe County School District. A total of 20 SLVCs were completed this flu season and 1,427 doses of flu vaccine were administered. Staff also administered 73 doses of vaccine to 26 participants at the Salvation Army and administered 132 doses of flu vaccine at the Project Homeless Connect Point of Dispensing (POD) exercise, in partnership with EPHP.
- c. **Tuberculosis (TB) Prevention and Control Program** – Staff are experiencing an increased volume of calls from primary care providers in response to a recent Technical Bulletin sent out by the State of Nevada Division of Public and Behavioral Health that endorses the CDC's updated recommendations for treatment of latent TB infection. There has also been a significant increase in referrals from Civil Surgeons for treatment of latent TB infection for immigrants with seven new referrals in January 2019.
- d. **Family Planning/Teen Health Mall** – Staff continue to provide services at the Washoe County Sheriff's Office twice a month. An average of 8-10 female inmates are being served every month.

Staff is in the process of updating and adding resource materials for clients.

- e. **Chronic Disease Prevention Program (CDPP)** – For the second year, CDPP promoted smoke-free workplaces and collected data on the topic at the ALLiance event, a collaborative effort by the Reno-Sparks Chamber, EDAWN, RSCVA, and the Reno-Tahoe International Airport Authority. Additionally, based on data collected at last year's event, and subsequent meetings with the organizer, the decision was made for the 2019 ALLiance to be held at the smoke-free Reno-Sparks Convention Center.

CDPP welcomed Prenu Skaria, an AmeriCorps VISTA member, who will be working with the program on smoke free work place efforts.

Staff attended the Project Homeless Connect event on Jan 29th, providing information about tobacco cessation resources in our community as well as other Health District services like WIC. Staff noted many people that visited the WCHD table had questions related to e-cigarettes.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff continue to provide monthly Cribs For Kids Safe Sleep Trainings with Pak N Play distribution in partnership with WIC.

The Fetal Infant Mortality Review (FIMR) program continues to abstract data from local hospitals for fetal and infant deaths. Fifty-four cases of fetal and infant deaths were reported between July 1, 2018 and December 31, 2018. Of those cases, forty-two were Washoe County residents and twelve were out of jurisdiction but received medical care in Washoe County.

- g. **Women, Infants and Children (WIC)** – WIC staff worked hard to get the word out that the program was open during the federal shutdown. This included distribution of a press release and attendance at two benefits fairs for federal employees.

DD	CW
DHO	KD

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: February 28, 2019**

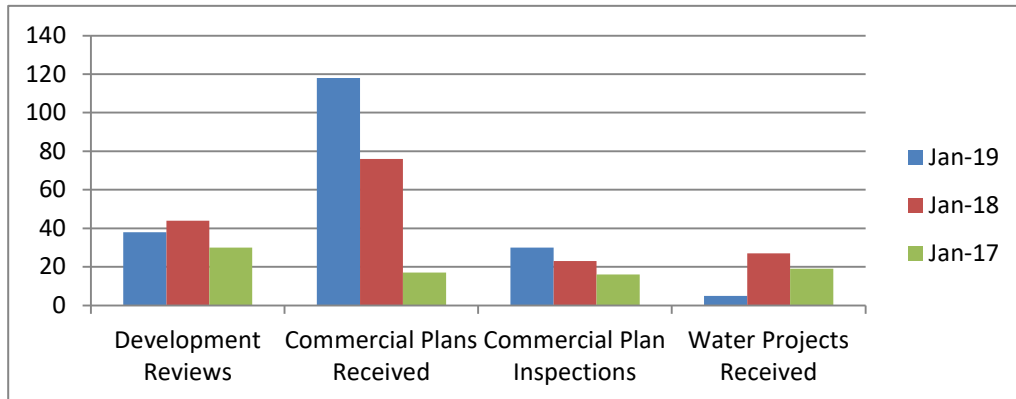
**DATE:** February 15, 2019  
**TO:** District Board of Health  
**FROM:** Chad Warren Westom, Division Director  
 775-328-2644; [cwestom@washoecounty.us](mailto:cwestom@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division Program Updates – Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Waste Management, and Inspections.

**Program Updates**

**Community Development**

- Staff routinely attends open meetings to work with the development community and contractors prior to any plan submittal. This assists developers and contractors understand the process and what is required to achieve a plan approval early in the process.
- In January 2019, EHS saw a 55% increase over last year at this time in commercial plan submittals, indicating that commercial development has yet to slow down or decrease.
- Plan review staff is currently averaging 5.4 calendar days for review of commercial plans. This is below the EHS Division goal of 7 calendar days.
- 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:

<b>Community Development</b>	<b>JAN 2019</b>	<b>JAN 2018</b>	<b>JAN 2017</b>	<b>2018 TOTAL</b>
Development Reviews	38	44	30	436
Commercial Plans Received	118	76	17	1,272
Commercial Plan Inspections	30	23	16	339
Water Projects Received	5	27	19	224
Lots/Units Approved for Construction	40	975	0	5,067



### **Epidemiology**

- In January, program staff conducted an investigation of a delicatessen following two complaints with a total of four illnesses. During the investigation, staff found issues with the permittee maintaining a certified food protection manager (CFPM) at the location and with management monitoring illnesses of employees who handle food and call in sick. The delicatessen was required to immediately implement a call-in log for ill employee food handlers and was given 30 days to acquire a certified CFPM.

### **Food**

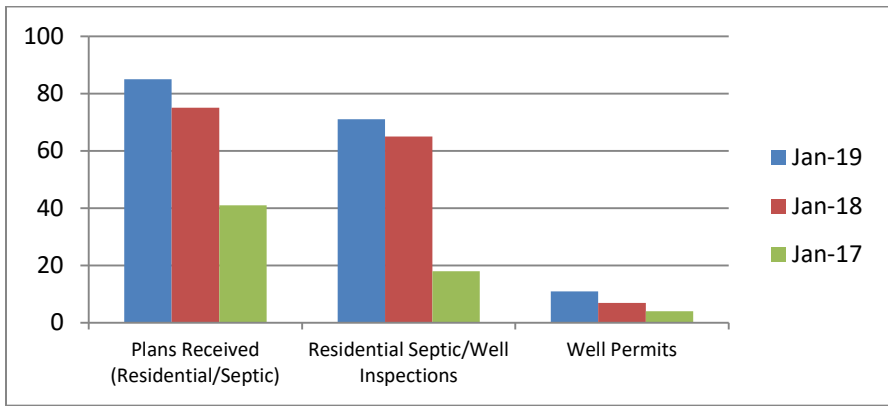
- North Carolina State University will be providing their Retail HACCP Validation and Verification course to regulatory staff from the WCHD, State of Nevada, Carson City, and Southern Nevada Health District as well as foodservice industry representatives. The course will include a train the trainer session in which WCHD staff will be approved to deliver future training classes in Washoe County. The program also includes two consecutive two-day sessions on February 26th-27th and February 28th-March 1st for regulatory and industry participants. This program will enhance staff's knowledge of specialized food processes and help bridge the gap between regulators and the foodservice industry. Funding for this project was provided by an FDA and Association of Food and Drug Officials (AFDO) grant. Completion of food safety education courses meets the criteria of Standard 2 – Trained Regulatory Staff and Participation in forums that foster two-way communication and information exchange among regulators, industry and consumers meets criteria of Standard 7 – Industry and Communication.
- Staff developed outreach material related to the food preparation activities and behaviors identified in the 2017 Foodborne Illness Risk Factor Study as needing improvement. The stickers shown on the next page are aimed at educating foodservice workers on proper employee health and hygiene activities. The stickers will be provided to food establishment operators during inspections and are available on the WCHD food safety resource webpage. Implementation of a targeted intervention strategy designed to address the occurrence of risk factors identified in the Risk Factory Study meets the criteria of Standard 9 – Program Assessment.



- Cottage Food – The webpage was updated.
- Special Events – The webpage was updated with the latest information. Most changes were applied to the FAQ section based on customer feedback from the previous year.

### Land Development

- The Sewage, Wastewater, and Sanitization (SWS) Board met on January 30. Three variances were processed and approved, including one which incorporates the first of newer septic technologies in Washoe County. One appeal was denied, in agreement with staff's decision regarding the septic system. A standing meeting day of the first Thursday of each month at 6pm was adopted. In addition, the SWS Board looked at proposed regulation changes dealing with acreage and second dwellings. They had some issues with the proposed language and also indicated that they would prefer to see a total overhaul. Discussion regarding the proposed regulations will continue at the March meeting.
- Plans have continued to roll in even as construction activities have slowed with the winter weather. During January of last year, 50 permits were taken in versus 78 this January. This follows the trend that occurred in the last quarter with increased plan activity.
- The team is focused on training this year and has reached out to the University of Arizona's Cooperative Extension, who offers courses in soils analysis and septic design. This type of education will allow inspectors to approach the work of EHS with a much more precise approach regarding septic placement and installation. The team is researching potential conferences to advance their knowledge base.



<b>Land Development</b>	<b>JAN 2019</b>	<b>JAN 2018</b>	<b>JAN 2017</b>	<b>2018 TOTAL</b>
Plans Received (Residential/Septic)	85	75	41	890
Residential Septic/Well Inspections	71	65	18	987
Well Permits	11	7	4	108

**Safe Drinking Water**

- The team met and discussed goals for the new calendar year, including working on cleaning up backlogs of monitoring violations that, over the years, had not been cleared from the State's database. The group will establish proper procedures to implement closures. EHS projects closing the backlogs out by year end. Staff requested training from the Bureau of Safe Drinking Water (BSDW) on Consumer Confidence Reports.
- As the team prepares to start a new year of sanitary surveys, one goal is to get reports out within 30 days of the survey. While the team had dramatic improvement in this area in 2018, there is still room for some improvement. This is the standard that the BSDW follows, and is important as EHS works to create a consistent approach with their agency.

**Waste Management**

- With poor weather conditions, staff has been directed to send any missed garbage pick-ups by Waste Management (WM) to both the WM ombudsman and Washoe311. They have been providing additional pick-ups to customers if they miss routes due to icy roads.
- This is the first time WM included the Keep Truckee Meadows Beautiful (KTMB) Regional Recycling Guide with their bill inserts. The guide was funded by WCHD with our logo as a sponsor. The flyer highlights the next household hazardous waste collection event which has been included for the Board's information.

757695



## May 11 HHW Collection Event

**When:** May 11, 8 a.m. to 4:00 p.m.  
**Where:** 1455 E. Greg Street, Sparks  
**Who:** WM Customers in Washoe County

**Details:** Customers in good standing can drop off up to 50 pounds of household hazardous waste.

**Everything over 50 pounds will cost \$1.00 per pound for disposal.**

\*One gallon of paint weighs approximately 10 pounds.



Visitors who are not Waste Management customers will be charged \$1.00 per pound for all materials.

Arrive early and make sure you have a copy of your WM bill for disposal of up to 50 pounds of materials.

The following items will not be collected.

Explosives, Ammunition, Radioactive Waste, Medications and Compressed Gas Cylinders (other than propane, aerosols and fire extinguishers).

For more information about special handling disposal check out the handy guide, on the reverse of this page, which was created by Keep Truckee Meadows Beautiful.



## Thank You for Your Patience

Snow can make travel tricky for trash trucks too. If your collection day occurs after a storm hits please keep in mind your driver may arrive earlier or later than usual. There's a couple reasons for that. Some routes may be reversed to allow rural roads and streets in higher elevations more time to clear, so they will get service later. On the flip side, customers on more accessible roads may get service earlier than usual.

Snow days can mean school delays. For drivers, that means being extra cautious and watching for kids who are sledding and playing in the snow close to the streets. Slowing down for safety could also lead to a later collection time for you. As much as we hate to admit it, even trash trucks lose traction on slick roads and we have to wait for a tow. That means a route may not be finished by the end of the day. We'll call you to let you know if that happens. You can update your contact preferences for holiday and service alerts at WM.com.

### Waste Management of Nevada

100 Vassar Street  
Reno, NV 89502  
(775) 329-8822

**Hours of Operation**  
Mon-Fri  
8 a.m. – 5 p.m.

[csnevada@wm.com](mailto:csnevada@wm.com)  
[WashoeCounty.wm.com](http://WashoeCounty.wm.com)

Printed on Recycled Paper.





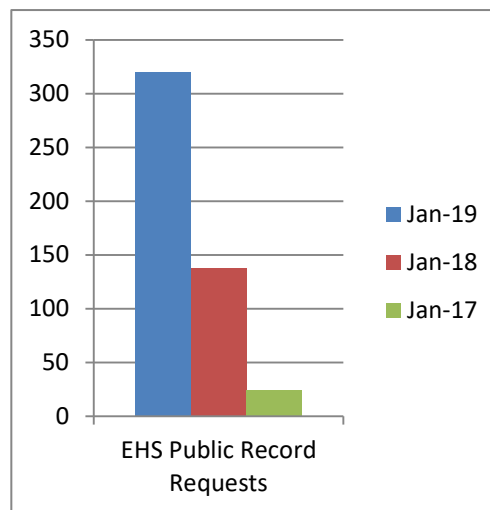
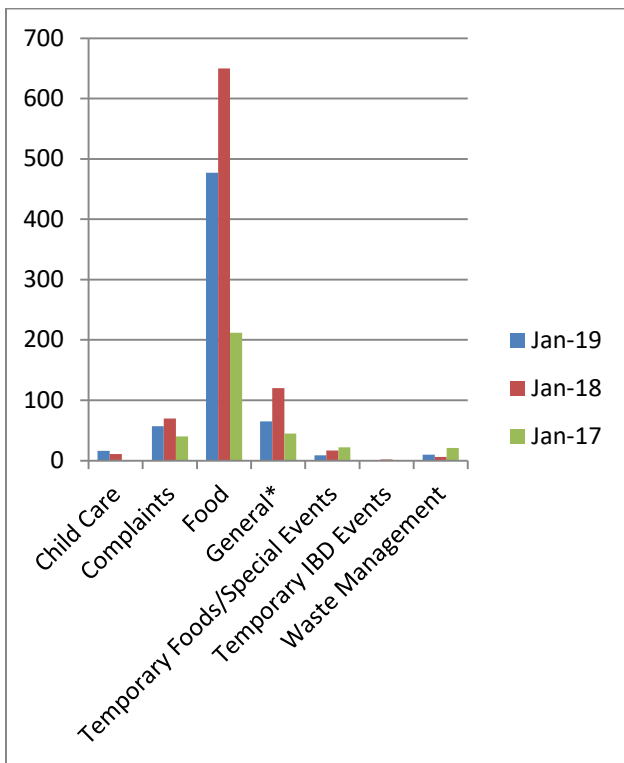
 <b>WASHOE COUNTY HEALTH DISTRICT</b> <small>ENHANCING QUALITY OF LIFE</small>		 <b>KEEP TRUCKEE MEADOWS BEAUTIFUL</b>		<a href="http://Ktmb.org/recycle">Ktmb.org/recycle</a>	
<p><b>*ALUMINUM CANS</b>          Earth First Recycling 626-2286          Schnitzer Steel 331-2267          Western Metals Recycling 358-8880</p> <p><b>ANTIFREEZE</b>          Reno Drain Oil Service 342-0351          Waste Management 326-2381</p> <p><b>APPLIANCES</b>          NV Recycling 888-9888          Reno-Sparks Gospel Mission 323-7999          Schnitzer Steel 331-2267          Waste Management 326-2381          Western Metals Recycling 358-8880</p> <p><b>BATTERIES — CAR</b>          NN Auto Wrecking Group 329-8671          H2O Environmental 351-2237</p> <p><b>BATTERIES — HOUSEHOLD</b>          Batteries Plus Bulbs (Reno location) 825-1251          H2O Environmental 351-2237          Staples locations</p> <p><b>BATTERIES — RECHARGEABLE</b>          Batteries Plus Bulbs (Reno location) 825-1251</p> <p><b>BIKES</b>          Kiwanis Bike Program 337-1717          Reno Bike Project 323-4488          Reno-Sparks Gospel Mission 323-7999</p> <p><b>BOOKS - LARGE QUANTITIES</b>          Big Brothers Big Sisters 352-3202          Grassroots Books 828-2665          Washoe County Libraries 327-8300</p> <p><b>BUBBLE WRAP &amp; PEANUTS</b>          Postal Annex Plus 626-8868          UPS Store locations</p> <p><b>*CARDBOARD — CORRUGATED</b>          Earth First Recycling 626-2286          Reno-Sparks Gospel Mission 323-7999</p> <p><b>CARPET</b>          Gone Green 525-1447</p> <p><b>CELLPHONES</b>          Best Buy locations</p>	<p>New2U Computers 329-1126          NV Recycling 888-9888</p> <p><b>CD/DVD/VHS PLAYERS</b>          Best Buy locations          Lifecycle Solutions 391-1319          NV Recycling 888-9888</p> <p><b>CLOTHING</b>          Big Brothers Big Sisters 826-2122          Goodwill Industries 828-7681          Reno-Sparks Gospel Mission 323-7999          Salvation Army locations</p> <p><b>COMPUTERS</b>          Lifecycle Solutions 391-1319          New2U Computers 329-1126          NV Recycling 888-9888</p> <p><b>CONSTRUCTION MATERIALS</b>          Rubbish Runners 376-6162          TRASHCO 721-6753          Waste Management Landfill 342-0401</p> <p><b>FURNITURE</b>          Habitat for Humanity 323-5511</p> <p><b>*GLASS</b>          Whole Foods 852-8023</p> <p><b>HOUSEHOLD HAZARDOUS WASTE</b>          H2O Environmental 351-2237</p> <p><b>INK CARTRIDGES</b>          Best Buy locations          New2U Computers 329-1126          Staples locations</p> <p><b>LIGHT BULBS</b>          Batteries Plus Bulbs (Sparks location) 331-8864          Home Depot locations (compact fluorescent only)</p> <p><b>OIL</b>          H2O Environmental 351-2237          Reno Drain Oil Service 342-0351</p> <p><b>PAINT</b>          H2O Environmental 351-2237</p> <p><b>*PAPER</b>          Earth First Recycling 626-2286</p> <p><b>PESTICIDES</b></p>	<p>H2O Environmental 351-2237          NV Dept. of Agriculture 353-3751</p> <p><b>*PLASTIC</b>          Earth First Recycling 626-2286          Whole Foods 852-8023</p> <p><b>PRESCRIPTION DRUGS</b>          Reno Police Department 334-2175          Sparks Police Department 353-2428</p> <p><b>PRINTERS</b>          Staples locations</p> <p><b>SCRAP METAL</b>          Reno Salvage 323-7109          Schnitzer Steel 331-2267          Western Metals Recycling 358-8880</p> <p><b>TELEVISIONS</b>          Best Buy locations (size restrictions apply) 391-1319          Lifecycle Solutions 888-9888          NV Recycling 326-2381          Waste Management</p> <p><b>TIRES</b>          Big O Tires 827-5000          Tires Plus locations</p> <p><b>VEHICLES</b>          NN Auto Wrecking Group 329-8671          Pick-N-Pull 359-4147</p> <p><b>WOOD/LUMBER</b>          The Pallet Depot 971-1983</p> <p><b>WEEDS</b>          Goat Grazers 530-6324</p> <p><b>YARD WASTE</b>          RT Donovan Company, Inc. 425-3015</p>	<p>Make sure to download the Washoe County Sheriff's Office mobile app to report illegal dumping!</p> <div style="text-align: center;">   </div> <p><i>*Items marked with an asterisk can be placed in curbside single stream bins or taken to Reno or Sparks recycling centers. Contact Waste Management for additional information.</i></p>		

See our more extensive recycling guide at [ktmb.org/recycle](http://ktmb.org/recycle)  
 Businesses may charge for recycling/disposal services. *Please call* individual businesses for details.

## EHS 2018 Inspections

	JAN 2019	JAN 2018	JAN 2017	2018 TOTAL
Child Care	16	11	1	116
Complaints	57	70	40	756
Food	477	650	212	5,810
General*	65	120	45	2,254
Temporary Foods/Special Events	9	17	22	1,630
Temporary IBD Events	0	2	0	99
Waste Management	10	6	21	141
<b>TOTAL</b>	<b>634</b>	<b>876</b>	<b>341</b>	<b>10,806</b>
EHS Public Record Requests	320	138	24	2,001

\* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.



DD	___RT
DHO	___KD
DA	_____
Risk	_____

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: February 28, 2019**

**DATE:** February 15, 2019  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)  
**SUBJECT:** Program Updates for Communicable Disease, Outbreaks, Invasive Pneumococcal Disease, First Responder Fact Sheets, Outbreak Response Volunteer Training, Hospital Screening Question for Carbapenem-resistant Organisms, Seasonal Influenza Surveillance, Public Health Preparedness, Exercises, Medical Reserve Corps, Inter-Hospital Coordinating Council, CASPER, Emergency Medical Services, WebEOC Training, Mutual Aid Evacuation Annex (MAEA) Training, EMS Strategic Plan, Emergency Department (ED) Consortium

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**Communicable Disease (CD)**

**Outbreaks** – Since the last District Board of Health meeting in January, the Communicable Disease Program has opened 11 outbreak investigations. Of these, nine were acute respiratory illness outbreaks including influenza and RSV in daycares, preschool, or public schools. Two were GI illness outbreaks. One was a cluster of four campylobacteriosis cases in one household. Another was viral gastroenteritis caused by Astrovirus and Sapovirus in a daycare.

**Invasive Pneumococcal Diseases (IPD)** – The Communicable Disease Program has noticed that the incidence of IPD in 2018 exceeded the baseline. In 2019, a continued increase of IPD is ongoing. During the first five weeks of 2019, a total of 14 cases with three fatal outcomes were reported. The three fatal cases had many underlying chronic conditions. No epidemiological links among cases have been identified. To explore the serotypes of the diseases, the CD Program is working with the Nevada State Public Health Laboratory and local hospitals to do additional laboratory analysis using Whole Genome Sequencing technology. Testing is pending. This special analysis will assess the circulating strain and the vaccination status of the cases.

**Selected Communicable Diseases Fact Sheet for First Responders** – The Communicable Disease Program prepared a 47 page document for first responders with fact sheets for 11 reportable diseases. These diseases are AIDS, HIV, diphtheria, hepatitis B/C/Delta, measles, meningococcal disease, plague, rabies, and TB. WCHD will notify first responders if investigative staff members are aware of first responders’ possible exposures to six of the 11 diseases which include diphtheria, measles, meningococcal disease, plague, rabies, and TB. WCHD CD Program and

PHP program staff worked together with first responding agencies to develop a flow chart for a notification. This protocol took effect on February 4, 2019.

Outbreak Response Volunteers Training – Two improvement items from the measles After Action Report (AAR) in April 2018 are to increase surge capacity and to provide HIPAA training for Medical Reserve Corps (MRC) volunteers. In order to complete these two items, the CD Program developed a training package for WCHD internal staff and MRC volunteers who are willing to join an outbreak response team in the event of an emergency. Two 1.5 hour training sessions were provided on January 17, 2019. Training contained three lectures and two group exercises. The contents covered basic CD and outbreak terminology, basic information on measles and hepatitis A, expected duties as an outbreak response volunteer, and HIPAA. A total of 35 internal staff members and MRC volunteers attended the trainings. Of these, 98% stated the training was excellent, met the objectives, and was worth their time.

Implementation of a screening question into hospital admitting process - In 2013, the CDC recommended that all hospitals implement a screening question for patients being admitted regarding any history of foreign hospitalization in the past six months due to emerging superbug infection. Unfortunately, it has been a challenging task for hospitals. Since 2018, the CD Program has been encouraging local hospitals to implement this screening question due to our regional enhanced carbapenem-resistant organism (CRO) surveillance system. Between June 2018 and January 2019, four of five local hospitals have implemented this screening question. One remaining hospital is pending. CDC also communicated with the CD Program to inquire about lessons learned here.

Seasonal Influenza Surveillance – For the week ending February 9, 2018 (CDC Week 6) 12 participating sentinel providers reported a total of 223 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 3.1% (223/7088) which is above the regional baseline of 2.3%. By age group, ILI activity was highest among 0-4 years (18.4%) and lowest among  $\geq 65$  years (1.2%). During the previous week (CDC Week 5), the percentage of visits to U.S. sentinel providers due to ILI was 4.3%. This percentage is above the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 2.5% to 7.6%.

Four death certificates were received for week 6 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 6 was 108. This reflects a P&I ratio of 3.7%. The total P&I deaths registered to date in Washoe County for the 2018-2019 influenza surveillance season is 100. This reflects an overall P&I ratio of 5.4% (100/1324).

### **Public Health Preparedness (PHP)**

Exercises - On January 8, the Healthcare Public Health Emergency Response Coordinator (PHERC) facilitated a No-Notice Centers for Medicare and Medicaid Services (CMS) Data Collection exercise. Seventeen of nineteen dialysis, home health, and hospice agencies participated in the exercise, demonstrating an increased preparedness level among these healthcare providers in Washoe County.

On January 24 the Health District participated in an information sharing exercise with the Nevada Division of Public and Behavioral Health. During this exercise CMS data was requested from the State. This data was used to identify individuals in the simulated disaster exercise area

who may need additional help based on their medical needs. In a real event this information would be used to support shelter operations and EMS response.

The PHP program ran a point of dispensing (POD) site at the *Project Homeless and Family Connect* in downtown Reno on January 29<sup>th</sup>. This event was to provide a variety of services to families and homeless individuals in downtown Reno. Throughout the course of the event, 132 influenza vaccinations were provided. The POD was staffed with CERT and MRC volunteers, as well as staff from the Health District.

The PHP program partnered with the Reno-Sparks Indian Colony (RSIC) and the Northern Nevada Food Bank to provide food for families affected by the recent Federal shutdown. The exercise took place on February 4<sup>th</sup> and 11<sup>th</sup> at the Reno-Sparks Indian Colony and the Hungry Valley gymnasium respectively. The PHP program provided the mobile message board to provide event information on site and trained RSIC staff to both code and be able to deploy the reader board.

On February 21, the PHP program is participating in a Division of the Strategic National Stockpile (DSNS) Urban Areas Security Initiatives tabletop exercise. This exercise is to provide updates on the DSNS delivery procedures, inventory and inventory management processes to state and local partners.

Medical Reserve Corps - The initial Volunteer and Donations Management Plan “Stakeholder Engagement: Project Kickoff Meeting” was held on January 23, 2019 at the REOC. The Ecological & Environment, Inc. consultant agency from Portland, Oregon that is assisting in spearheading this project directed the meeting. Over 15 key community stakeholders were in attendance representing the following agencies/organizations: Washoe County School District, Salvation Army, American Red Cross, CERT, Reno Sparks Indian Colony, City of Reno, Voluntary Organizations Active in Disaster (VOAD), and the Nevada Department of Emergency Management. This project is a joint effort between the Medical Reserve Corps Program and the Washoe County Emergency Management Office. The next step is to start working on action items based on the information received from meeting.

Inter-Hospital Coordinating Council (IHCC) – IHCC is currently working on preparations for two upcoming exercises. The No-Notice Surge exercise will test the community’s ability to evacuate 20% of acute care beds within 90 minutes and the Alternate Care Site exercise will test the ability to run healthcare services from an Alternate Care location, if a facility becomes unavailable.

Community Assessment for Public Health Emergency Response (CASPER) – The PHP team and the EMS Oversight Program Statistician continue to meet every other week to plan for the Community Assessment for Public Health Emergency Response (CASPER). The CASPER survey instrument has been finalized and translated into Spanish. The Census Blocks that will be visited during the week of the CASPER, March 12-17<sup>th</sup>, have been selected and mapped by GIS. The volunteer teams have been identified and trainings will commence in late February.

### **Emergency Medical Services (EMS)**

WebEOC Training - PHP and EMS staff conducted WebEOC training on January 23 on the various boards created by Health District staff. Staff facilitated a hands-on training for approximately 20 people on the capabilities of WebEOC and the different boards healthcare personnel may need to use for patient tracking during incidents.

Mutual Aid Evacuation Annex (MAEA) Training – The REMSA Emergency Manager and the EMS Coordinator held MAEA trainings on February 4 and February 6 for more than 40 personnel from 11 different facilities. The training is designed for leadership and nursing personnel that would take the lead in a healthcare evacuation during a disaster. It is approximately 2.5 hours and includes a review of the plan, explains the Healthcare Patient Technical Specialist (HPTS) position and runs through a hands-on exercise.

EMS Strategic Plan – The EMS Oversight Program continues to facilitate the update of the EMS Strategic Plan. At the February 5 meeting the group finalized the remaining goals, objectives and strategies. The group is schedule to meet in April to conduct a review of the final draft of the EMS strategic Plan (2019-2023) before it is presented to the EMS Advisory Board and DBOH for possible approval.

Emergency Department (ED) Consortium – The ED Consortium held its quarterly meeting on February 14. The group is currently addressing several topics including alternatives to opioids, data sharing and blood borne pathogens. There is also a new subcommittee that has been created to discuss the intake refusal process for inmates.

**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%
January 2019	91%	100%	94%	100%	98%	91%
<b>YTD</b>	91%	95%	96%	100%	95%	91%

**REMSA 90<sup>th</sup> 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*
January 2019	8:46	12:21	18:08	N/A*

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> 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: February 28, 2019**

**DATE:** February 28, 2019  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** District Health Officer Report – Public Health Accreditation (PHAB), Quality Improvement, Strategic Plan, Community Health Improvement Plan, Workforce Development, Open Burning, Land Development and Plan Reviews, Legislative Session, Other Events and Activities and Health District Media Contacts.

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Public Health Accreditation (PHAB)

In anticipation of the Public Health Accreditation Board site visit in late June, the PHAB team is working on preparations for the site visit.

Quality Improvement

The Quality Improvement Survey was deployed and concluded at the end of January. The results are being compiled and the QI team will utilize the data to shape future QI training opportunities and how to increase QI utilization. EHS is currently working on a large data management QI project in addition to several small QI projects.

Strategic Plan

Semi-annual progress report submitted as a staff report.

Community Health Improvement Plan

The 2018 CHIP report, which covers the progress made in the first six months of implementation, is scheduled for release by the end of the month. A great amount of progress has been made early in the three year plan and the impact of the community wide collaboration on the three focus areas has been substantial.

Housing/Homeless—The Enterprise Community Partners Affordable Housing Strategy is scheduled for release in March and community partner conversations have been underway to determine the entity best suited to implement the strategies of the plan. The objectives included in the CHIP to identify and support alternative funding models for housing have been largely accomplished; several items have been picked up by the state legislature and are either current bills or have been submitted as bill draft



requests. A “Youth Homeless Roadmap” was developed in conjunction with community partners and approved by the Reno Area Alliance for the Homeless at the December 4<sup>th</sup>, 2018 meeting. The objectives of the roadmap are being pursued by the RAAH Youth Committee and efforts are currently focused on supporting the development of a youth homeless shelter and establishing data collection and sharing strategies.

**Behavioral Health**—The Signs of Suicide program continues to be implemented across Washoe County Middle Schools. At the end of December, the program had been offered in four middle schools with suicide prevention education provided to 1,450 students and screening to 305 students. Strategies to increase the number of parent permission slips returned for children to be screened and potential future funding opportunities are discussed at monthly meetings with the Washoe County School District and the Children’s Cabinet. In an effort to improve data sharing and case management effectiveness, we have been working in collaboration with Washoe County Human Services to explore technology solutions to these challenges and look forward to working with community partners to implement low cost tools.

**Nutrition and Physical Activity**—The workgroup continues to make progress in defining the work going forward and implementation plans have been developed for both the business and youth aspects of the Healthy Washoe Program. A survey was launched in January in partnership with the Reno-Sparks Chamber of Commerce to better understand the worksite wellness needs of our local business community. In an effort to provide consistency across the community for standards of healthy vending, the workgroup is determining nutrition criteria for healthy offerings in this focus area of the CHIP.

#### Workforce Development

In partnership with Washoe County Human Resources, we will be providing employee training in Leadership and Conversational Intelligence in April and May. These topics were identified as most desired by the WCHD Employee Engagement Committee and are in support of Accreditation requirements.

#### Open Burning

Ms. Albee and I met with the Fire Chiefs and Fire Marshals of North Lake Tahoe Fire Protection District and Truckee Meadows Fire Protection District on January 21 to discuss open burning and how AQM regulations might be modified to provide more flexibility to accommodate open burning under suitable conditions during the months it is currently prohibited, November through February. We agreed to convene a workgroup to work together on modifications to regulations and development of appropriate oversight and protocols by the fire districts to be able to accommodate open burning in a manner that protects our air quality attainment and provides opportunities to residents to manage potential fuel loads on their properties. The work is anticipated to result in workshops being held and proposed regulations brought before the District Board of Health for possible adoption prior to November of 2019.

#### Land Development and Plan Reviews

I met with TMWA General Manager Foree and Reno Assistant City Manager Thomas on February 1 to discuss the EHS plan review process now that the TMWA Interlocal agreement for Water Project review is in effect. We agreed that with the new process for TMWA approval of water projects, building permits for general construction that did not have other applicable WCHD oversight and regulations involved, e.g. food establishments and pools/spas, would not need to be routed to the Health District for approval. We also

discussed NRS 278 responsibilities of the Health District for subdivision tentative and final maps. The NRS 278 responsibilities were specifically not delegated to TMWA under the agreement due to the certification responsibilities of the Health District with the intent of developing an agreement that would be designed on the approach used in Southern Nevada. Upon follow-up with legal counsel and with Southern Nevada Health District, the Southern Nevada Health District is reviewing the maps to fulfill their responsibilities under NRS 278. That is our current status in Washoe County. We are exploring an approach that would allow us to continue to fulfill our legal responsibilities for map certification under NRS 278 without duplication of map review processes.

### Legislative Session

The Health District is engaged in the legislative session. Staff are reviewing and commenting on bills. Presentations and testimony are being provided to committees. Government Affairs Liaison, Joelle Gutman, is at the legislature at most times, meeting with legislators, organizing support for bills, and monitoring activity.

### Other Events and Activities

1/25/19	REMSA Board Meeting
1/25/19	Open Burning Meeting
1/25/19	Sheriff/Health District Coordination Meeting
1/28/19	Nevada Public Health Foundation Board Meeting
1/29/19	TMHC Governance Planning Meeting
1/29/19	CCHS – DHO/DD/Board Member Meeting
1/30/19	Board Member Orientation Meeting w/ Marsha Berkbigler
1/31/19	Meeting w/Senator Ratti re: Upcoming Session
1/31/19	Legislative Mixer at Washoe County Atrium
2/1/19	Manager’s Monthly Meeting w/John Slaughter and Dave Solaro
2/1/19	TMWA, Health District, Reno Plan Review Process Meeting
2/4/19	EHS – DHO/DD/Board Member Meeting
2/4/19	Substance Abuse Task Force
2/5/19	Reno State of the City Address
2/6/19	TMHC Steering Committee Meeting
2/7/19	Quarterly EMS Advisory Board Meeting
2/7/19	AB66 Meeting with Senator Ratti and Assemblyman Sprinkle
2/7/19	Nevada Health Authority Conference Call
2/11/19	Washoe Regional Behavioral Health Policy Board Meeting
2/11/19	Public Health Presentation to Assembly Health and Human Services Committee

Date: February 28, 2019

Subject: ODHO District Health Officer Report

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2/12/19	Nevada Association of Local Health Officials Teleconference
2/13/19	Department Heads Meeting
2/13/19	TMHC Behavioral Health Board Leads Meeting
2/14/19	Academic Health Department Meeting
2/15/19	NPHA Advocacy Call
2/19/19	DBOH Agenda Review and Monthly Meeting with Chari and Vice-Chair
2/20/19	Washoe Regional Behavioral Health Policy Board Conference Call
2/22/19	REMSA Board Meeting
2/22/19	Public Health Communications meeting with UNR
2/28/19	TMHC Board of Director's Meeting

**Health District Media Contacts: January 2019**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
1/31/2019	KTVN CH2 - CBS Reno	KTVN Transportation Press Photographer	Nevada Electric Transportation Forum - Inouye
1/31/2019	KOLO CH8 - ABC Reno	KOLO Transportation Press Photographer	Nevada Electric Transportation Forum - Inouye
1/31/2019	KOLO CH8 - ABC Reno	Tabnie Dozier	Measles - Todd
1/29/2019	KKOH 780AM - CNN Reno	Daniella Sonnino	Project Homeless Flu POD - Hunter/Shipman
1/29/2019	KRNV CH4 - NBC Reno	Samantha Smerchniak	Project Homeless Flu POD - Ulibarri
1/29/2019	KTVN CH2 - CBS Reno	Justin Jordan	Project Homeless Flu POD - Hunter
1/28/2019	Reno Gazette-Journal	Marcela Corona	Project Homeless Flu POD - Ulibarri
1/28/2019	KUNR 88.7FM - NPR Reno	Anh Gray	Project Homeless Flu POD - Ulibarri
1/28/2019	KKOH 780AM - CNN Reno	Daniella Sonnino	Project Homeless Flu POD - Ulibarri
1/28/2019	KTVN CH2 - CBS Reno	Paul Gilbert	Project Homeless Flu POD - Ulibarri
1/28/2019	KRNV CH4 - NBC Reno	Scott Magruder/Samantha Smerchniak	Project Homeless Flu POD - Ulibarri
1/28/2019	KOLO CH8 - ABC Reno	Stanton Tang	Project Homeless Flu POD - Ulibarri
1/28/2019	KRNV CH4 - NBC Reno	Scott Magruder	Rare Flu and Encephalitis - Ulibarri
1/24/2019	KRNV CH4 - NBC Reno	John Deacon	Influenza - Chalkley
1/24/2019	KRNV CH4 - NBC Reno	Zack Mungano	Bears - Franklin
1/8/2019	KRNV CH4 - NBC Reno	Karsen Buschjost	Air Quality Programs - Inouye
1/4/2019	KTVN CH2 - CBS Reno	Brandon Fuhs	Influenza - Ulibarri
1/3/2019	KRNV CH4 - NBC Reno	Scott Magruder/Karsen Buschjost	Influenza - Todd/Ulibarri
1/2/2019	Reno News & Review	Hiley Dobbs	Air quality, wildfire smoke, athletes - Schnieder

**Press Releases/Media Advisories/Editorials/Talking Points**

1/31/2019	Washoe County Health officials urge measles vaccination	Ulibarri
1/18/2019	Washoe County Health District WIC offices open	Ulibarri

**Social Media Postings**

<b>Facebook</b>	AQMD/CCHS/ODHO EHS	76 (CCHS 7 EHS 15 ODHO 10 AQM 44)
<b>Twitter</b>	AQMD/CCHS	74 (AQM 71 CCHS 3)