

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, September 26, 2019
1:00 p.m.

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

PUBLIC HEARING ITEM SCHEDULED ON THIS AGENDA

(Complete item description on third page.)

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)

September 26, 2019

5. *Recognitions

A. Years of Service

- i. Stephen Shipman, 20 years, Hired 9/20/1999 - EPHP

B. Promotions

- i. Stephanie Chen, Health Educator I to Health Educator II - CCHS

C. Accomplishments

- i. Kristen DeBraga – Passed the National Environmental Health Specialist Examination – EHS
- ii. Amber English – Selected to serve as a member of Council III – Science and Technology at the 2020 Biennial Meeting of the Conference for Food Protection - EHS

- iii. Ellen Messenger Patton – Appointment to the NACCHO Environmental Public Health Advisory Workgroup - EHS

D. New Hires

- i. Kelcie Atkins, 9/3/2019, Registered Dietitian Nutritionist, - CCHS
- ii. Scott Oxarart, 9/3/2019, Public Health Communications Program Manager – ODHO

E. Shining Stars

- i. Jennifer Howell
- ii. Blair Hedrick
- iii. Judy Medved-Gonzalez
- iv. Cory Sobrio
- v. Janet Smith
- vi. Carmen Mendoza

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. August 22, 2019

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

- i. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2019 through July 31, 2020 in the total amount of \$160,129 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Jennifer Hoekstra

- ii. Retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$19,374 (with \$1,937.40 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of emergency response supplies; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork.

Staff Representative: Jennifer Hoekstra

- iii. Retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$27,823 (with \$2,782.30 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of Point of Dispensing (POD) supplies, Stop the Bleed supplies, Chemical, Burn, Radiation, Nuclear, Explosive (CBRNE) supplies; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork.

Staff Representative: Jennifer Hoekstra

- C. Approve a donation of seven (7) bicycles with an approximately value of \$5,600 to the City of Reno/Project HERO (Healing Exercise Rehabilitation Opportunity). - **(For possible action)**
Staff Representative: Nancy Kerns Cummins
- D. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - **(For possible action)**
i. Rainbow Market #10, Case No. 1215, NOV No. 5741
ii. KDC Construction, Case No. 1216, NOV 5744
Staff Representative: Daniel Inouye
- E. Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2020 – **(For possible action)**
Staff Representative: Anna Heenan
7. **PUBLIC HEARING Review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires. - (For possible action)**
Staff Representative: Daniel Inouye
8. **Review, discussion and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 (Odorous or Gaseous Contaminants) with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for October 24, 2019 at 1:00 pm. - (For possible action)**
Staff Representative: Daniel Inouye
9. **Regional Emergency Medical Services Authority**
Presented by: Dean Dow and Alexia Jobson
A. **Review and Acceptance of the REMSA Operations Report for August, 2019 – (For possible action)**
B. ***Update of REMSA’s Public Relations during August 2019**
10. **Presentation and possible acceptance of the revised 2018-2020 Community Health Improvement Plan. - (For possible action)**
Staff Representative: Catrina Peters
11. **Discussion of Process and Presentation of Evaluation Forms for the District Health Officer’s Annual Review and Possible Direction to Staff to conduct the evaluation. - (For possible action)**
Staff Representative: Laurie Griffey
12. ***Staff Reports and Program Updates**
A. **Air Quality Management, Daniel Inouye, Acting Director**
Program Update - Truckee Meadows Regional Plan Update, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)
B. **Community and Clinical Health Services, Lisa Lottritz, Director**
Divisional Update – Severe Pulmonary Disease Associated with E-Cigarette Use; 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, Charlene Albee, Division Director

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

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

Program Updates for Communicable Disease, Outbreaks, Hantavirus, West Nile Virus, Measles, Hepatitis A, PHP Program, Upcoming Exercises, Emergency Medical Services, REMSA Response Data

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

District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Quality Improvement, Performance Management, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Other Events and Activities and Health District Media Contacts

13. *Board Comment

District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

14. *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.

15. Adjournment – (For possible action)

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

Special Accommodations: The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

Public Comment: During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

Posting of Agenda; Location of Website:

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

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

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

Washoe County District Board of Health Meeting Minutes

Members

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

Thursday, August 22, 2019
1:00 p.m.

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

1. *Roll Call and Determination of Quorum

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

The following members and staff were present:

Members present: Dr. John Novak, Chair
Michael Brown, Vice Chair
Marsha Berkbigler
Kristopher Dahir
Dr. Reka Danko (Arrived 1:13 p.m.)
Oscar Delgado (Arrived 1:03 p.m.)
Tom Young

Members absent: None

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Leslie Admirand, Deputy District Attorney
Anna Heenan
Charlene Albee
Lisa Lottritz
Randall Todd
Daniel Inouye
Christina Conti
Catrina Peters
Laurie Griffey
Sunhwa Lee

2. *Pledge of Allegiance

Mr. Young 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

August 22, 2019

Mr. Young moved to approve the agenda for the August 22, 2019, District Board of Health regular meeting. Councilman Dahir seconded the motion which was approved five in favor and none against.

5. Recognitions

A. Years of Service

- i. Elizabet Munoz, 5 years, Hired 8/4/2014 - CCHS

Ms. Munoz was not in attendance.

- ii. Jeffrey Brasel, 25 years, Hired 8/22/1994 - EHS

Although Mr. Brasel was not able to be in attendance, Mr. Dick congratulated him on his years of service and informed that he is currently a Senior Registered Environmental Health Specialist in EHS.

- iii. Michael Ezell, 25 years, Hired 8/22/1994 - EHS

Mr. Dick informed that Mr. Ezell is a Registered Environmental Health Specialist and was also not in attendance. He congratulated these staff members, noting they have a combined fifty-five years of service between them.

B. Promotion

- i. Amber English, Sr. Environmentalist to Environmental Health Specialist Supervisor - EHS

Mr. Dick introduced Ms. English, stating he wished to congratulate her on her promotion from Senior Environmental Specialist to an Environmental Health Specialist Supervisor in EHS. He expressed that it was well deserved.

Councilman Delgado arrived to the meeting at 1:03 p.m.

C. New Hires

- i. Raquel DePuy Grafton, 8/5/2019, Program Coordinator - EPHP

Dr. Todd introduced Ms. Depuy Grafton, stating she is the new Program Coordinator with the Public Health Preparedness Program. He informed that Ms. Depuy Grafton has a Master's Degree in Internal Relations and comes to the Health District by way the university system. He stated she will be working on several different initiatives within the Program to include mass care, volunteer management and First Responder safety and health, and that she attended Fresno State University in Fresno, California. He expressed EPHP was pleased to have her on their staff.

- ii. Megan Bowling, 8/5/2019, Medical Billing Specialist - CCHS

Ms. Lottritz informed that Ms. Bowling comes to the Health District from Carson Medical Group with experience in medical billing, stating she has a wonderful, positive outlook and enjoys having her on their team.

iii. Windi Altemeyer, 8/19/2019, Public Health Nurse I – CCHS

Ms. Lottritz stated that Ms. Altemeyer is their new Public Health Nurse in the Immunization Program and has ten years of nursing experience. She informed Ms. Altemeyer previously worked at Renown as an Infection Preventionist and has experience as an RN Case Manager. Ms. Lottritz expressed that her diverse background will be beneficial for CCHS's Programs, and that they are excited to have her on their staff.

6. Consent Items

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

A. Approval of Draft Minutes

i. July 22, 2019

B. Budget Amendments/Interlocal Agreements

- i. Accept cash donation in the amount of \$4,500 from the Burning Man Project to purchase birth control methods to help decrease unintended pregnancy rates; approve amendments totaling an increase of \$4,500 in both revenue and expense to the FY20 Burning Man Donation budget, IO# 20471.

Staff Representative: Nancy Kerns Cummins

- ii. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$931,330 (with \$93,133.00 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

Staff Representative: Jennifer Hoekstra

- iii. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$392,346 (with \$39,234.60 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY20 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

Staff Representative: Jennifer Hoekstra

- C. Approve FY20 Purchase Requisition (#TBD) issued to Adapco Inc. (Bid#3049-18) in the amount of \$158,885.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District.

Staff Representative: Jennifer Hoekstra

- D. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.
- i. Rigoberto S. Uribe, Case No. 1213, NOV No. 5770
 - ii. Cemex Construction Materials Pacific Inc., Case No. 1214, NOV 5609
Staff Representative: Dan Inouye
- E. Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2019
Staff Representative: Anna Heenan

Councilman Dahir moved to accept the Consent Agenda items as presented. Vice Chair Brown seconded the motion which was approved six in favor and none against.

7. International Overdose Awareness Day Proclamation

Staff Representative: Sunhwa Lee, and Jennifer Delett-Snyder, Executive Director, JTNN

Ms. Lottritz informed Ms. Delett-Snyder is the Executive Director of Join Together Northern Nevada, a non-profit substance abuse prevention coalition, and that she has worked in the prevention field for the past fifteen years. Ms. Delett-Snyder currently serves as a member of the Washoe Regional Behavioral Health Policy Board and several other State boards. Ms. Lottritz expressed appreciation for the ongoing partnership between JTNN and CCHS.

Mr. Dick read the Proclamation for International Overdose Awareness Day and presented the Proclamation to Ms. Delett-Snyder.

Commissioner Berkbigler moved to adopt the International Overdose Awareness Day Proclamation. Councilman Delgado seconded the motion, which was approved six in favor and none against.

Dr. Danko arrived to the meeting at 1:13 p.m.

8. Resolution: Vision Zero Truckee Meadows

Staff Representative: Lisa Lottritz, and Rebecca Kapuler, Planner, RTC

Ms. Lottritz informed that Ms. Kapuler is a Senior Planner with the Regional Transportation Commission and stated she was present today to discuss the Vision Zero Truckee Meadows Task Force.

Mr. Dick read the Resolution for those present.

Ms. Kapuler thanked the Board for inviting Vision Zero to present at this meeting. She informed there are over fifteen active agencies involved in Vision Zero, and the newest partners to join in the effort are the Washoe County Sheriff, Safe Kids Coalition and Renown Hospital. She explained one of the values Renown brings to the Task Force is the involvement of their Trauma Center in the care of the injured, noting the impact to those involved in an accident of the physical trauma and cost. Ms. Kapuler noted that the Health District and Air Quality Management have been instrumental in their partnership, as well.

Ms. Kapuler stated the Task Force has been meeting since 2017, and informed the group identified four focus areas; downtown Sparks, midtown, the University and West Fourth Street. In the last two years, she stated the group has collected and assessed data in those areas to potentially identify ways to improve safety. This information is available on their website, <http://visionzerotruckeemeadows.com/>.

Ms. Kapuler informed their research included over five hundred and fifty pedestrians interviewed in person in November 2018 and received over one thousand responses from an online survey with the same questions. With the entire data set, the Task Force developed the Vision Zero Action Plan, which she informed was included in the Board's packet and on

their website.

Ms. Kapuler explained there are three components to the Action Plan that will require a regional effort and a shared responsibility to reach the goal of zero fatalities by 2030.

Ms. Kapuler stated that this message is being presented to many boards and commissions throughout the area and thanked the District Board of Health for their time and Resolution, as it underscores support from the Health District leadership. She informed they are working toward submitting their application in September to Vision Zero, a national program, to become the first Vision Zero community in Nevada. She expressed hope they would be able to announce their success in October at the Sparks Nugget 2019 Safety Summit, noting it was a free event and the Board and Health District staff would be invited to a press conference that will be held at the event.

Ms. Kapuler thanked the Board again for their time, and informed she was happy to answer any questions.

Mr. Young asked what new things the Task Force learned from their interviews of pedestrians that they had not anticipated that could help curb injuries and fatalities. Ms. Kapuler informed the response to the question regarding whether pedestrians felt safe in crossing the road at night in a safe crossing area was affirmative in the majority of responses. From the survey, the drivers indicated they did not feel they could clearly see pedestrians in the same setting. Because of this disconnect, Ms. Kapuler informed that, in the action plan, there is a regional lighting study to define needed improvements utilizing new technology.

Councilman Delgado moved to adopt the Resolution for Vision Zero Truckee Meadows. Vice Chair Brown seconded the motion which was approved unanimously

9. *Regional Emergency Medical Services Advisory Board August Meeting Summary

Staff Representative: Christina Conti

Ms. Conti stated the FY18 Annual Report is included in the Board's packets; she informed the FY19 report is on track to be heard by the EMS Advisory Board at their November meeting and will be brought before the District Board of Health at their next scheduled meeting.

Regarding the CAD to CAD Interface update included in her report, she informed the DBOH that discussions have not gone as the EMS Advisory Board (EMSAB) would have liked for the region. She stated EMSAB requested Central Square to present to their Board regarding their issues and why the timeline for completion of the project has been extended. That request is being scheduled by the City of Reno IT Director Khimji. Director Khimji and Director Heinz of REMSA made clear to Central Square that the extension of the timeline for completion was not acceptable; Ms. Conti stated she expressed to them that the DBOH was not appreciative of the current status of the project and needed definitive dates. At this point, she informed the soonest date of implementation of the CAD to CAD would be January 2020.

10. Regional Emergency Medical Services Authority

Presented by: Dean Dow and Adam Heinz

A. Review and Acceptance of the REMSA Operations Report for July, 2019

Mr. Dow, President and CEO of REMSA and CareFlight, informed he was available to answer any questions

Councilman Delgado moved to accept the REMSA Operations Reports for July, 2019. Vice Chair Brown seconded the motion which was approved unanimously.

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

Ms. Jobson, Public Affairs Manager for REMSA, stated that, through the ongoing and successful partnership that REMSA has with Washoe County's Academy of Arts, Careers and Technology, REMSA's Education and Public Affairs Departments were able to reinforce the importance of early technical career opportunities, particularly in the EMS industry, when they welcomed thirty Career and Technical Educators from across the state who were in town for a conference.

Ms. Jobson informed that REMSA continues to work with the Reno Dad's Blog on a series of submissions this summer that highlights ways to keep children safe during fun summer activities. She stated a second blog in the series featured dad and EMS Manager at REMSA, Todd Kerfoot, who posted information on being prepared for emergencies while camping. The public can view the postings at <https://renodadsblog.com/>.

Earlier this month, Ms. Jobson informed EMS Supervisor Ryan Ramsdale was interviewed for a story on KTVN regarding pedestrian safety, particularly during the back to school season.

Ms. Jobson stated REMSA's Education Department received some excellent coverage from Fox Reno regarding in-depth, live interviews with Alma Marin, REMSA's Public Education Coordinator, that highlighted CPR certification, the importance of learning how to provide high-quality CPR and how businesses can work with REMSA to arrange CPR trainings for employees.

11. Review, discussion, and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for September 26, 2019 at 1:00 pm.

Staff Representative: Daniel Inouye

Mr. Inouye stated that earlier this year, the DBOH directed Air Quality Management (AQM) to review their open fire regulation and that Ms. Hunter was assigned as the project manager. He noted that Ms. Hunter is also the Smoke Management Coordinator for the Smoke Management Program.

Ms. Hunter introduced herself as the Senior Air Quality Specialist. She noted that the current open fire regulation prohibits open burning throughout Washoe County from November through February and that, as of March 1st, open burning is allowed with specific exemptions within the Truckee Meadows hydrographic basin, also referred to as HA87. She stated those specific exemptions to allow for open burning in HA87 are currently for divisions of local municipalities, divisions of state or federal government, operators of agriculture facilities greater than two acres in size, operators of ditch and water delivery facilities and the owner of any property where the fire control agency and the Air Quality Officer jointly determine, based on an on-site inspection, that a public safety hazard exists and no other reasonable alternative exists for eliminating that hazard.

Ms. Hunter informed that AQM held meetings with the four fire protection districts, as well as AQM's enforcement branch, to develop this regulation revision. She stated the proposed open burning regulation will allow for open burning throughout Washoe County year around and will also have more flexible exemptions on properties of two acres in size or greater, divisions of state or federal government, divisions of local municipalities, canal and

irrigation ditches, and the on-site inspection with the fire control agency and the Air Quality Management District.

Ms. Hunter informed that three public workshops were held; one in June and two in July, with AQM and the Truckee Meadows Fire Protection District, noting they received public comment from four individuals and that a summary of those comments is listed under Item 1 in the Business Impact Statement. She explained there are no fees from AQM proposed at this time, however, if there is a request for a public safety inspection requested and conducted, AQM will evaluate the burden and propose fees to recover those expenses to the Division at that time.

Ms. Hunter stated staff recommends the District Board of Health approve and adopt the Business Impact Statement and set a public hearing for the possible adoption of the regulation revision, and that she was available to answer any questions.

Chair Novak opened the public comment period.

Chief Moore introduced himself as Fire Chief of Truckee Meadows Fire Protection District (TMFPD), and stated he was present to support this revision to the regulations. He complimented the Air Quality Management staff for their good work on this project, noting that Ms. Hunter and Mr. Inouye worked very hard on this project and TMFPD is very appreciative of their efforts.

Chief Moore expressed that it has always been counterintuitive that it was not possible to encourage residents to create defensible space in the winter when fire risk is the lowest. He noted these proposed regulation revisions will serve to align the goals of the Health District and the Fire District and wholeheartedly urged the Board to support the revisions.

Mr. Dahir stated he also supports these regulation revisions, informing that residents will benefit by being able to eliminate fuels on their properties without incurring the expense of having it done, and expressed it is a good balance of protecting air quality and removing fire fuels from properties.

Chair Novak closed the public comment period.

Councilman Dahir moved to adopt the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management. Commissioner Berkbigler seconded the motion which was approved unanimously.

Ms. Reid stated the motion to schedule the public hearing for adoption of the resolution at the September 26th District Board of Health meeting needed to be included in the motion for adoption.

Councilmen Dahir amended the motion to include setting a public hearing for possible adoption of the proposed revisions to the Regulations for September 26, 2019 at 1:00 pm. Commissioner Berkbigler seconded the motion which was approved unanimously.

12. *Presentation – CBD as a Food Additive

Staff Representative: Charlene Albee

Ms. Albee informed this presentation was prepared at the request of the Board at the last DBOH meeting. She stated there is a tremendous amount of information being circulated nationwide, and the purpose of the presentation is to provide the Board information to dispel some of that information which is inaccurate.

Ms. Albee provided the definition of CBD and THC, noting the latter comes from the

marijuana plant and produces the ‘high’, while CBD is derived from hemp, and that both marijuana and hemp are members of the cannabis family. She explained marijuana is federally regulated as a Schedule 1 drug by the DEA, and those laws include the dispensaries. CBD contains less than .3% of THC and was declassified as a Schedule 1 drug by the 2018 Farm Bill; hemp and hemp derived products are now legal in all fifty states. Ms. Albee informed that the last portion of the 2018 Farm Bill states that it does not affect or modify the FDA or Public Health Service regulations, and stated the focus of her presentation is to explain how the FDA regulations drive the Health District’s response to CBD used as a food additive.

Ms. Albee explained that the approved substances containing CBD are to be used topically, such as oils, lotions, creams and lip balms. She informed the USDA regulates the growing of hemp while the FDA, through the Food, Drug and Cosmetics Act, approves the use of CBD in the topical products.

Ms. Albee stated the FDA will not approve a substance until they have completed their research on it, and informed that they have not done so because CBD had been classified as a Schedule 1 drug. She explained research cannot be conducted on Schedule 1 drugs because they are illegal and to do so could cause loss of grant funding for the research facility. Therefore, CBD as a food additive and supplements that have medical claims have not been approved by the FDA.

Ms. Albee informed that, per the Department of Agriculture, there are two hundred and seven hemp growers, fifty-three licensed, certified handlers and thirty-seven seed producers registered in the state of Nevada. She stated there is a significant interest nationwide in the financial opportunity of this new industry.

Ms. Albee stated the FDA regulates food additives and CBD is not an approved additive at this point. The FDA has begun to issue warning letters to major manufacturers of products that are being shipped across the country. She noted that Denver has adopted their own regulations to approve CBD as a food additive for the city of Denver only, and that Oregon State has also, but the regulations cover only products manufactured and distributed in those covered areas.

Ms. Albee informed the FDA has approved the use of hemp seed oil, powders and proteins as food additives, noting the percentage of CBD in these products is negligible and products containing these additives cannot be advertised as containing CBD.

In January 2019, Ms. Albee stated a statewide conference call was held between Washoe County Health District, Southern Nevada Health District, Carson City Health and Human Services (which includes Douglas County via an interlocal agreement), and the Nevada Department of Health and Human Services (NDHHS) and Department of Agriculture. An agreement was reached between all stakeholders at that meeting that each entity would act in a consistent manner in their application and interpretation of regulations across the state.

When information of products containing CBD in the area was first brought to the Health District’s attention, Ms. Albee explained their first step was to confirm with NDHHS that there had been no change in status. At that point, actions began to have merchants remove the illegal product from their shelves as not for sale. She explained they have communicated with the regulated entities via social media, emails through their listserv and postcards.

In July, Ms. Albee informed a follow up call between all of the previous participants was held to share information on how WCHD was responding to instances of the CBD infused products being found in Washoe County permitted facilities, noting that this has opened up a chain of communication between these entities.

Ms. Albee informed that the Department of Taxation contacted the Health District during

the week of August 12 to inform one of their employees found CBD infused water on the shelves at a mini market that was manufactured in Sparks. She stated Mr. Macaluso went out with the area inspector to the facility and was pleased to find the product had already been pulled, shrink wrapped and marked as not for sale.

Ms. Albee stated the 2019 Legislative Session did pass SB209 which provides the authority through the Nevada Revised Statutes (NRS) for NDHHS to develop regulations for testing and labeling of any hemp commodity intended for human consumption, including CBD. She informed this sets forth in that section the development of testing protocols and procedures and have targeted an effective date of July 1, 2020.

The FDA is still conducting research with the goal of protecting the health and safety of the public. Ms. Albee informed they are finding toxicity in the liver due to the reaction of some drugs when taken in conjunction with CBD, such as Warfarin, Benzodiazepines, opioids and alcohol, and cannot approve CBD for consumption until a warning label can be developed. Another issue is cumulative exposure; the FDA has not yet identified a safe dosage for recommended daily allowance and has not determined the effects on special populations which include the elderly, children, adolescents and pregnant or lactating women. She informed products are being produced with a wide range of CBD concentration and the amount safe for consumption has not been determined.

Ms. Albee informed that Environmental Health Services regulations were amended to adopt FDA regulations by reference, and that they will continue to enforce the FDA regulations until such time as the State develops regulations and instructs EHS to alter their procedures.

Commissioner Berkgigler thanked Ms. Albee for an excellent presentation and good information. She inquired if EHS was inspecting dispensaries that sell marijuana and if it is legal for them to sell CBD infused products. Ms. Albee informed EHS does not have jurisdiction over dispensaries; they are regulated by the State Department of Taxation that has their own Registered Environmental Health Specialist who oversees those operations.

Commissioner Berkgigler inquired if EHS was requiring the removal of every product infused with CBD, regardless of where they are manufactured. Ms. Albee confirmed that to be correct. She stated the business owner is informed those products are not legal to be sold in Washoe County and recommends the business try to return the product. AQM then will contact the state or local health authorities where the product is manufactured. Ms. Berkgigler inquired if product is confiscated by EHS. Ms. Albee informed that it is not, however, she informed that the Southern Nevada Health District requires proof of the product's disposal if it is a large quantity that has been identified.

Commissioner Berkgigler stated that these products are widely available and expressed confusion how that can be since the products are illegal. Ms. Albee informed there are large retail chains that have realized these products are not legal to be sold and have removed them from their stores, and opined that they didn't realize that it was an issue with the excitement that surrounds this new product. She stated this seems to be the case throughout the area and nation, and it is a project to bring the regulated entities back into compliance.

Commissioner Berkgigler stated that when medical marijuana laws were approved in Nevada, three types of entities were approved that included marijuana growing facilities, dispensary and bakery. She inquired how that differs from the CBD products. Ms. Albee informed medical marijuana is regulated by State law, noting the DEA and the Federal Justice Department decided early in this process that they would not take enforcement actions in states that demonstrated they strictly regulated distribution by the state, and opined Nevada has done an excellent job of that.

Commissioner Berkbigler expressed concern for potential liability should all regulated entities not be required to remove CBD infused product. Ms. Albee informed that there are several thousand permitted facilities in Washoe County, as well as the temporary food vendors, and stated EHS' limited resources do not allow all facilities to be inspected immediately. They have, however, been contacted by various methods to inform them of the regulations. She noted that all facilities are inspected within a year. Commissioner Berkbigler opined this is one of the instances where additional compliance officers are necessary.

Councilman Dahir expressed his support of EHS upholding laws as they stand, and stated it is important to make it clear to the permitted entities that all are held to the same laws. He requested Ms. Albee to report updates to the Board and opined it important to relate this information to the Health District's constituents to educate the public on possible related health issues associated with CBD. Ms. Albee informed they are communicating the facts that have been related in this presentation. She stated that the NDHHS meets every other month and are required to give public notice, hold workshops, business impact statements and regulation adoption, so in order to have regulations in place by July 1, 2020, they will need to have them completed by January 2020. Ms. Albee informed EHS has expressed interest in being involved in the process. She stated the regulations will include warning labels, dosages, testing and quality control to include the extraction process and pesticides.

Councilman Dahir wished to state for the record the Health District's position; whether manufactured here or imported, the sale of CBD infused products for consumption is not allowed by law in Washoe County. Ms. Albee concurred, stating CBD is not an approved additive for consumption.

Councilman Delgado made the clarification that CBD can be sold for consumption through a dispensary, and Ms. Albee confirmed that is correct; Environmental Health does not have jurisdiction over dispensaries. He stressed the importance of clearly providing that message to the public to avoid confusion.

Councilman Delgado reiterated the possibility that the Health District may have clarity in July 2020 as to whether CBD will be allowed to be sold in EHS permitted facilities. Ms. Albee requested the Board's guidance should the State approve CBD as food additive if those regulations are not in agreement with those of the FDA.

Mr. Dick informed that, under State law for recreational and medical marijuana, they have established a regulatory structure that regulates and makes legal the production and manufacture of these products and for them to be sold in a dispensary. He explained it is not only that the dispensaries are not under EHS' jurisdiction, they are made legal under State law and there is a complete regulatory program in place to cover the manufacture of those products. Outside of the chain of supply to the dispensaries, he informed there is no regulatory structure and sale of those types of products outside the dispensaries is not legal.

Commissioner Berkbigler stated this situation creates confusion for the public. Ms. Albee informed the product sold in dispensaries has been manufactured under the regulatory oversight of the Department of Taxation. She stressed that the products sold outside of a dispensary are not regulated and would not be allowed to be sold at a dispensary. She stated EHS is communicating in all avenues available to them to educate business owners and the public, as well.

Mr. Young stated that product is still on the shelves of EHS permitted facilities. Ms. Albee informed staff are now looking for CBD product during inspection and are responding to tips coming into the Health District, and all of those products are being removed from sale. Mr. Young stated the public may not understand that product manufactured in Nevada using

certified CBD would not be allowed. Mr. Dick stated the only manufacturers that the Health District would have a basis for trusting would be ones that are regulated by the Department of Taxation for the supply chain that results in the products sold at a dispensary. He explained products being sold at a store have not been manufactured with any oversight as to how that product is produced and whether or not it is safe. He stressed that is why the Health District is waiting for the State's regulatory program to govern products produced with CBD. Mr. Young expressed that he certainly wants the Board and Health District to maintain high health standards for the public.

Chair Novak stressed that CBD is a huge topic and was heavily discussed at the NALBOH Conference. He stated that they were informed that marijuana and CBD were in the process of being reclassified as Schedule 2 drugs to allow for research, and noted there have been reasons found that it should not be approved for consumption. He thanked Ms. Albee for her hard work.

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

Staff Representative: Kevin Dick and Catrina Peters

Ms. Peters, Director of Programs and Projects, stated she would be providing highlights on progress made in FY19 on the Strategic Plan initiatives. She informed that, out of one hundred forty-three items, one hundred thirty-two are either achieved or on target.

Regarding the first priority Healthy Lives, Ms. Peters informed there are thirty-five items; thirty-two were either on track or achieved and she detailed those successes including the Wolf Pack Challenge, healthy vending, smoke and vape-free park policies and CCHS outreach services.

Priority Two, Healthy Environment items number twenty-six, of which nineteen have been achieved or are on track. Ms. Peters stated air quality was within the healthy range 95% of the days in FY19. She informed installation progress has continued on the new air quality monitoring station at Libby Booth Elementary School. The area's Ozone standard was slightly above the goal and is being addressed through the development of an Exceptional Events Package. She informed that recycling rates were below their goal, but informed staff is participating in a GreenBiz program to evaluate businesses for green practices.

For Priority Three, Local Culture of Health, twenty-three of the twenty-seven items were on track or achieved. Ms. Peters stated that four of the five Health District priority areas had wins in the Legislative Session, and the Government Affairs Liaison, Ms. Gutman, was able to be hired and was actively engaged in helping bring about those wins. She detailed media other and outreach efforts and their successes.

Priority Four, Impactful Partnerships – Ms. Peters informed sixteen of the seventeen priorities were met or are on track and provided highlights of the successes. She noted that the Health District provided funding for the Signs of Suicide Program, a partnership with the School District and Children's Cabinet, in which five thousand seventh graders received the suicide prevention education, twelve hundred were screened and thirty percent of those were found as positive for high risk of suicide or depression. Ms. Peters informed there has been great partnership involvement in the implementation of the Community Health Improvement Plan, noting it is a three year plan, and, at the half-way mark, seventy seven percent of the goals have been accomplished.

Ms. Peters stated that Financial Stability is Priority Five, and that of the seven items, six are on track. She explained that staff continues to engage the State in conversations around increasing the Health District's funding.

Regarding Priority Six, Organizational Capacity, Ms. Peters stated thirty-six of the thirty-

eight items are on track or achieved and detailed successes including the submission of documents for accreditation and the completion of the site visit.

Ms. Peters then summarized the items that were not achieved and informed she would be happy to answer questions.

Mr. Young expressed appreciation for how the Health District is tracking progress on these Priorities, and thanked Ms. Peters for her work.

Councilman Dahir opined it is always good to have goals for improvement and know when progress hasn't been made as expected in order to address those shortfalls. He informed he would be involved with the Waste Management contract when it comes due for review and hoped they would be able to negotiate a more robust recycling program. Ms. Peters stated that Waste Management does have a waste composition study, which may be a good place to start.

Mr. Dick wanted to acknowledge that the Board has done an excellent job in developing a Strategic Plan that is actionable and that the Health District has tracked and made significant progress in implementing; it is progress in areas the Board has targeted as important for the Health District to improve.

Mr. Dick reminded the Board that there is a Strategic Planning Retreat scheduled for November 7th from 8:30 a.m. to 1:30 p.m. with lunch provided, and that will be the opportunity to revisit the Strategic Plan and set a fresh path forward.

Councilman Dahir moved to accept the annual progress report on the 2018-2021 Strategic Plan. Dr. Danko seconded the motion, which was approved unanimously.

Chair Novak commended Ms. Peters for her work and informed she has been assigned very large and complex projects, such as the push for Accreditation.

14. Recommend to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2019, a 2.5% COLA effective July 1, 2020, and a 2.5% COLA effective July 1, 2021 in base wage; and updated health plan changes to keep the District Health Officer's position in alignment with the other Unclassified Management positions.

Staff Representative: Laurie Griffey

Ms. Griffey, HR Representative for the Health District, informed this item is to ask the Board's approval to grant the District Health Officer the same cost of living increases that were approved by the Board of County Commissioners for the other unclassified management, several other associations, and the employees of Washoe County.

Mr. Brown moved to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2019, a 2.5% COLA effective July 1, 2020, and a 2.5% COLA effective July 1, 2021 in base wage; and updated health plan changes to keep the District Health Officer's position in alignment with the other Unclassified Management positions. Commissioner Berkgigler seconded the motion which was approved unanimously.

15. *Staff Reports and Program Updates

A. Air Quality Management, Daniel Inouye, Acting Director

Program Update - Open Burning Revisions, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)

Mr. Inouye informed much of the underground work and electrical have been completed on the Reno4 air monitoring station, the fencing is complete and staff is finalizing specifications on the modified container. He informed the goal is to have the container ordered and in place by early fall and be collecting data by late fall.

Mr. Dahir opined it would be appropriate to hold a grand opening to thank the school for allowing the monitoring station to be built at that location. Mr. Inouye informed AQM has begun to engage with the new Principal to develop lesson plans around the monitoring station, and agreed the completion of this project will be something to celebrate. He stated he would coordinate the event with the newly hired Communications Manager.

B. Community and Clinical Health Services, Lisa Lottritz, Director

Divisional Update – National Immunization Awareness Month; 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

Ms. Lottritz stated it is National Immunization Awareness Month and that CCHS held the Give Kids a Boost Clinic on August 10th. She informed one hundred forty-two children were vaccinated and four hundred thirty-five doses of vaccine were given. She informed the Clinic is continuing to see a daily increase in clients with back to school immunizations which required increasing the number of nurses on staff to provide services.

C. Environmental Health Services, Charlene Albee, Director

Environmental Health Services (EHS) Division Program Updates – North Valleys Closed Basins, Child Care, Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Vector, Waste Management, and Inspections.

Ms. Albee informed that Mr. Dick, District Health Officer, and she attended a meeting earlier that day regarding Swan Lake in which the stakeholder's group of all regional partners met to discuss information sharing and communications.

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

Program Updates for Communicable Disease, Outbreaks, Measles, PHP Program, Grants, Radiation Training, Ebola, Silver Crucible Full Scale Exercise, Personnel Changes, Emergency Medical Services, Trainings, EMS Protocols, REMSA Response Data

Dr. Todd informed the suspected plague case in his report was determined not to be the plague, however, it was diagnosed as hantavirus. He explained that case did survive, but a second hantavirus case did not survive.

Councilman Dahir inquired what the public should know about hantavirus. Dr. Todd explained EPHP has been working to educate the community on ways to prevent being infected, including that it does not spread person to person but does come from the droppings of infected deer mice. He detailed the safe method of cleaning up feces that is being communicated to the public.

Councilman Delgado inquired how the Health District is responding to the Public Charge Rule in regards to concerns of the population of residents who may choose not to receive immunizations and other services it provides in this climate of mistrust of the government. Mr. Dick informed the Health District has been working to communicate with persons accessing clinical health services that none of the services provided at the Health District currently fall under the Public Charge Rule. He explained the Rule states that if a person is beneficiary of a government program that provides for support, i.e.: Welfare or SNAP, this can prevent them from becoming a citizen of the United States. He stated this Rule is not retroactive if services were received before October 15th, and, if some of the Health District's services were added to those under the Rule, they would

also not be retroactive. That said, Mr. Dick informed that clients have declined services for fear they would be penalized. He opined the Public Charge Rule to be detrimental to public health; it impacts not only persons that are not citizens, but is also leading to those that have children who are citizens from receiving the benefits they need.

Councilman Delgado stated that misinformation can spread quickly if the Health District is not actively reaching out to educate the public, to the detriment of those initially affected and to the general public as well.

Chair Novak informed that NACCHO and NALBOH, of which he is Treasurer, have been communicating directly with Government Affairs and, at this point, NACCHO and NALBOH are not going to make a public statement on this topic due to the great number of law suits filed up to this point by state governments. He stated there are bills in place to prevent tax dollars being spent on enforcement of this Rule. He concurred this is a major detriment to public health.

Chair Novak inquired if Dr. Todd would speak to the issues with vaping that have arisen. Dr. Todd stated that is a bit outside of his programmatic area. Dr. Novak informed of the eight vaping related cases in the state of Wisconsin at that time, all eight affected were on respirators. He stated it is something the Health District needs to watch closely.

Ms. Admirand stated that this may be a topic for a future agenda item.

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

District Health Officer Report - Public Health Accreditation (PHAB), Workforce Development, Accela Regional Permitting and Business License Platform, Community Health Improvement Plan, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Other Events and Activities and Health District Media Contacts

Mr. Dick informed there had been an Accela Regional Oversight Group meeting on 8/21 to discuss the Health District's payment processing on Accela, the regional platform used to process payments for permitting activities. He stated the discussion concluded with the recommendation that the Health District do a joinder under the City of Reno's contract that they established with Gray Quarter for implementation.

Mr. Dick explained the Health District has been using a payment processor, OPC, but there have been difficulties with them. With this decision to proceed with Gray Quarter as the Health District's implementer, they can set up the interface between Accela and the payment processor, NCR, to accept credit card and Echeck payments. If this transition does not take place before the end of October, the end of the OPC contract, Mr. Dick informed they have the option of using PayPal on a month to month basis as a safety net.

Regarding Truckee Meadows Healthy Communities, there will be presentations on the Regional Strategy for Housing Affordability provided by Enterprise Community Partners at the Reno and Sparks City Council meetings, both to be held on September 23rd, and the Washoe County Commissioners meeting on September 24th. Mr. Dick informed the Nevada League of Cities is meeting in Henderson on September 25th and 26th.

Mr. Dick requested that, if possible, the appointed members of the DBOH attend one of those meetings and hear the presentation since part of the Community Health Improvement Plan initiative is to develop this Regional Strategy for Housing Affordability. He also requested, as the schedule is filled out for Enterprise Community Partners, that there be an opportunity on Tuesday the 24th for the appointed Board members to have time to meet them. He informed he would forward the information about available time slots for these meetings to the Board members. Mr. Dick informed

there will be a Behavioral Health Forum held on October 2nd at the BCC Chambers from 8:30-11:00 a.m. where there will be a number of presentations. He encouraged the Board to attend that meeting also, if possible.

Mr. Dick mentioned that it is Employee Appreciation Night at the Aces ball game on Friday the 23rd, and reminded the Board of their recognition of Ms. Chaidez for the amazing amount of Shining Stars she has received. He informed she has over forty of those Shining Stars now, more than any other employee in the entire County, and will be throwing out the opening pitch for the Aces game.

16. *Board Comment

Chair Novak opened the Board comment period.

Chair Novak requested there to be a presentation on vaping at the next scheduled meeting, as well as information provided on Hepatitis A.

Chair Novak noted that this Health District is far advanced from others he encountered at the NALBOH conference in regards to the hands-on Emergency Preparedness exercises that are held here.

Chair Novak informed there is an opportunity coming in November in which other members of the Board may have the ability to act as a patient in an exercise.

Chair Novak closed the Board comment period.

17. *Public Comment

Chair Novak opened the public comment period.

Mr. Adler, representing Dorinda's Chocolates, thanked Washoe County Health District for their work on the CBD presentation. He stated WCHD has been reasonable to work with and opined the federal government needs to update the regulations to determine if CBD should be allowed for sale in consumables, and, if so, set guidelines for appropriate testing and safe production of the products to protect public health.

Chair Novak closed the public comment period.

18. Adjournment

Chair Novak adjourned the meeting at 2:56 p.m.

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

Special Accommodations: The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2415, 24 hours prior to the meeting.

Public Comment: During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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

Posting of Agenda; Location of Website:

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

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

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

Sparks City Hall, 431 Prater Way, Sparks, NV

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

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

Washoe County Health District Website www.washoecounty.us/health State of Nevada Website: <https://notice.nv.gov>

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

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health

FROM: Jennifer Hoekstra, Fiscal Compliance Officer
775-328-2418, jhoekstra@washoecounty.us

SUBJECT: Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2019 through July 31, 2020 in the total amount of \$160,129 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

SUMMARY

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period August 1, 2019 through July 31, 2020 in the total amount of \$160,129 in support of the CDC Epidemiology and Laboratory Capacity Grant Program, IO 11610. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Priorities supported by this item:

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

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

PREVIOUS ACTION

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

BACKGROUND

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

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



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

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

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

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

Award Amount: Total award is \$160,129 (\$133,441 direct/\$26,688 indirect)

Grant Period: August 1, 2019 – June 30, 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: 93.323(100%)

Grant ID Number: 1 NU50CK2019002443-00

Match Amount and Type: None

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

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY20 budget was adopted with a total of \$247,762 in revenue (includes \$39,593 of indirect) and \$208,169 in expenditure authority, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2019 through July 31, 2020 in the total amount of \$160,129 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2019 through July 31, 2020 in the total amount of \$160,129 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.”



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

Agency Ref. #: HD 17317
 Budget Account: 3219
 Category: 16
 GL: 8516
 Job Number: 9332320

NOTICE OF SUBAWARD

Program Name: Epidemiology & Laboratory Capacity (ELC) Office of Public Health Investigations & Epidemiology (OPHIE)	Subrecipient's Name: Washoe County Health District (WCHD) Randall Todd, DrPH						
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502						
Subaward Period: August 1, 2019 through July 31, 2020	Subrecipient's: <table border="0"> <tr> <td>EIN:</td> <td><u>88-6000138</u></td> </tr> <tr> <td>Vendor #:</td> <td><u>T40283400</u></td> </tr> <tr> <td>Dun & Bradstreet:</td> <td><u>073786998</u></td> </tr> </table>	EIN:	<u>88-6000138</u>	Vendor #:	<u>T40283400</u>	Dun & Bradstreet:	<u>073786998</u>
EIN:	<u>88-6000138</u>						
Vendor #:	<u>T40283400</u>						
Dun & Bradstreet:	<u>073786998</u>						

Purpose of Award: WCHD will use these funds to complete epidemiological surveillance and investigation activities in Washoe County, Nevada.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$130,449.00	Total Obligated by this Action:	\$ 160,129.00
2. Travel	\$2,562.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$430.00	Total Federal Funds Awarded to Date:	\$ 160,129.00
4. Equipment		Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant		Amount Required this Action:	\$ 0.00
6. Training		Amount Required Prior Awards:	\$ 0.00
7. Other		Total Match Amount Required:	\$ 0.00
TOTAL DIRECT COSTS	\$133,441.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$26,688.00	Federal Budget Period: August 1, 2019 through July 31, 2020	
TOTAL APPROVED BUDGET	\$160,129.00	Federal Project Period: August 1, 2019 through July 31, 2024	

FOR AGENCY USE, ONLY

Source of Funds: Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	% Funds: 100%	CFDA: 93.323	FAIN: NU50CK2019002 443	Federal Grant #: 1 NU50CK2019002443-00	Federal Grant Award Date by Federal Agency: August 1, 2019
---	-------------------------	------------------------	--------------------------------------	--	--

Agency Approved Indirect Rate: 7.6% **Subrecipient Approved Indirect Rate:** 20%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- 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.
- 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: DHHS Business Associate Addendum; and
--	---

	Signature	Date
Kevin Dick District Health Officer, WCHD		
Melissa Peek-Bullock State Epidemiologist, OPHIEOPHIE		
For Lisa Sherych Administrator, DPBH		

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

**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") 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 Department 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 Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and 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 Department. 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 Department, become the property of the Department, 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 Department 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 Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department 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).
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. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. 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

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

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).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - 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.
 - 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.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - 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.
 - 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.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - 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.
 - 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.
 - 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.
14. An organization receiving grant funds through the 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:
 - 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
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - 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.

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

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 & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

Nevada Department of Agriculture, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Health District

Goal 1: Provide Cross-cutting Epidemiology Capacity

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Epidemiology Program Manager will oversee the overall operation of ELC activities	1. Provide assistance in communicable disease reporting, investigating, follow-up and analysis. This position will also continue to work closely with the Division of Public and Behavioral Health (DPBH) to participate in testing activities when laboratories or hospitals are onboarding or involved in Electronic Laboratory Reporting (ELR) activities.	07/31/2020	Quarterly activity report
2. Epidemiology Program Manager will participate in quarterly ELC Governance Team meetings	1. Attend no less than 75% of quarterly ELC Governance Team meetings to include 1 annual meeting in Las Vegas, NV	01/31/2020	Quarterly activity report
3. Epidemiology Program Manager will attend the ELC annual grantee meeting as part of the ELC Governance Team	1. Attend the annual ELC grantee meeting in Atlanta, GA	06/01/2020	Annual activity report
4. One WCHD staff member will attend the West Coast Epidemiology conference	1. Attend the annual West Coast Epidemiology conference in Salt Lake City, UT, October 24-25 th , 2019	10/25/2019	Quarterly activity report

Goal 2: Provide Healthcare Associated Infection (HAI) and Antibiotic Resistance (AR) Surveillance

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Epidemiologist to provide HAI and AR surveillance	1. Epidemiologist to provide HAI and AR surveillance, case investigation, outbreak investigation, case reporting, and data analysis.	07/31/2020	Quarterly activity report

Goal 3: Provide Vector-borne Diseases identification, diagnoses, reporting, prevention and response

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Epidemiologist to provide Vectorborne disease surveillance	1. Provide vectorborne disease surveillance, case investigation, outbreak investigation, case reporting, and data analysis.	07/31/2020	Quarterly activity report
2. Purchase computer and office supplies	1. Purchase computer supplies for printer such as toner and purchase office supplies to support program activities.	07/31/2020	Quarterly activity report

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 & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

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 Department of Health and Human Services through Grant Number 1 NU50CK2019002443-00 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 Department nor the CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1 NU50CK2019002443-00 from the CDC.

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20						
Total Personnel Costs		including fringe		Total:		\$130,449.00
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
	\$105,015	20%	65.158%	12	100.00%	\$82,111
Epidemiology Program Manager will oversee the overall operation of ELC activities to include communicable disease reporting, investigating, follow-up and analysis.						
	\$89,263	20%	15.37%	12	100.00%	\$16,464
Epidemiologist will provide HAI and AR surveillance, case investigation, outbreak investigation, case reporting, and data analysis.						
	\$89,263	20%	29.757%	12	100.00%	\$31,874
Epidemiologist will provide vectorborne disease surveillance, case investigation, outbreak investigation, case reporting, and data analysis.						
Total Fringe Cost		\$ 21,741		Total Salary Cost:		\$108,707.00

Travel				Total:		\$2,562.00
Out-of-State Travel						
<i>2019 West Coast Epidemiology Conference</i>						
Airfare: \$329 per trip (Reno, NV to Salt Lake City, UT) x 1 trip x 1 staff				\$329	\$810	
Per Diem: \$42 per day per GSA rate for Salt Lake City, UT x 3 days x 1 Staff				\$126		
Lodging: \$125 per day x 2 days = \$250 + \$30 tax = total \$280 x 1 trip x 2 nights x 1 staff				\$280		
Ground Transportation: \$11 per/trip x 1 trip x 3 days x 1 staff				\$33		
Airport parking: \$14 per day x 3 days x 1 trip x 1 staff				\$42		
Justification:						
One Epidemiologist from WCHD will attend and participate in the West Coast Epidemiology conference in Salt Lake City, UT on October 24 th – 15 th , 2019.						
<i>2020 ELC Grantee Meeting in Atlanta, GA</i>						
Airfare: \$600 cost per trip (origin: Reno, NV to destination: Atlanta, GA) x 1 trip x 1 Staff				\$400	\$1,265	
Per Diem: \$49.50 per day per GSA rate for Atlanta, GA x 4 days x 1 Staff				\$198		
Lodging: \$152 per day + \$18.24 tax = total \$ x 1 trip x 5 nights x 1 staff				\$511		
Ground Transportation: \$25 per/trip x 1 trip x 4 days x 1 staff				\$100		
Airport parking: #14 per day x 4 days x 1 trip x 1 staff				\$56		
Justification: Send one (1) ELC Governance Team member to the ELC Grantee meeting in Atlanta, GA. (Date to be determined)						
In-State Travel						
<i>2020 Annual ELC Governance Team Meeting</i>						
Airfare: \$377 per trip (origin: Reno, NV to destination: Las Vegas, NV) x 1 trip x 1 staff				\$377	\$487	
Per Diem: \$61 per day per GSA rate for Las Vegas, NV x 1 day x 1 staff				\$61		
Rental Car: \$35 per day x 1 day				\$35		
Airport parking: \$14 per day x 1 day				\$14		
Justification:						
WCHD staff member will attend the 2020 ELC Governance Team meeting in Las Vegas, NV. (Date to be determined).						

Operating				Total:		\$430.00
Office supplies: \$17.92 x 1 FTE x 12 mo.				\$215		
Printer/Copier costs \$17.92 x 1 FTE x 12 mo.				\$215		

Equipment				Total:		\$0.00
N/A						

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

Contractual/Contractual and all Pass-thru Subawards				Total:		\$0.00
N/A						
Training				Total:		\$0.00
N/A						
Other				Total:		\$0.00
N/A						
TOTAL DIRECT CHARGES						\$133,441.00
Indirect Charges				Indirect Rate:	20%	\$26,688.00
Indirect Methodology: 20% of all direct expenses per Federally approved indirect agreement.						
TOTAL BUDGET				Total:		\$160,129.00

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

Applicant Name: Washoe County Health District

Form 2

PROPOSED BUDGET SUMMARY - SFY20

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0

EXPENSE CATEGORY

Personnel	\$0								\$0
Travel	\$0								\$0
Operating	\$0								\$0
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Other Expenses	\$0								\$0
Training	\$0								\$0
Indirect	\$0								\$0

TOTAL EXPENSE	\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
---------------	-----	------	------	------	------	------	------	------	-----

These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------------------	------	------	------	------	------	------	------	------	------

Total Indirect Cost	\$0
---------------------	-----

Total Agency Budget	\$ -
Percent of Subrecipient Budget	#DIV/0!

B. Explain any items noted as pending:

C. Program Income Calculation:

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

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed **\$160,129**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department 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 Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

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

Both parties agree:

- The Department will make one site visit annually.
- 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 Department 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 Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

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

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

Agency Ref. #: HD 17317
Budget Account: 3219
GL: 8516
Draw #: _____

SECTION D

Request for Reimbursement

Program Name: Epidemiology & Laboratory Capacity (ELC) Office of Public Health Investigations & Epidemiology (OPHIE)	Subrecipient Name: Washoe County Health District (WCHD) Randall Todd, DrPH
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502
Subaward Period: August 1, 2019 through July 31, 2020	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(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	\$130,449.00	\$0.00	\$0.00	\$0.00	\$130,449.00	0.0%
2. Travel	\$2,562.00	\$0.00	\$0.00	\$0.00	\$2,562.00	0.0%
3. Operating	\$430.00	\$0.00	\$0.00	\$0.00	\$430.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$26,688.00	\$0.00	\$0.00	\$0.00	\$26,688.00	0.0%
Total	\$160,129.00	\$0.00	\$0.00	\$0.00	\$160,129.00	0.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
INSERT MONTH/QUARTER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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 Department USE ONLY

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

Is program contact required? ____ Yes ____ No	Contact Person: _____
Reason for contact: _____	
Fiscal review/approval date: _____	
Scope of Work review/approval date: _____	
Chief (as required): _____	Date _____

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).
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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

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 Department.

Name	Services
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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

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 & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

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 Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
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.

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

16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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

11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- 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**

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

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

V. TERM AND TERMINATION

1. **Effect of Termination:**

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

VI. MISCELLANEOUS

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

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health

FROM: Jennifer Hoekstra, Fiscal Compliance Officer
775-328-2418, jhoekstra@washoecounty.us

SUBJECT: Retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$19,374 (with \$1,937.40 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of emergency response supplies; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork.

SUMMARY

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$19,374 in support of the ASPR Public Health Preparedness BP1 Carryover Grant Program, IO TBA. A copy of the Notice of Subgrant Award is attached.

The Washoe County Health District's Public Health Preparedness Program requests permission to provide emergency response supplies to our regional EMS partners. Washoe County Health District (WCHD) will improve medical surge capability by providing additional medical triage and response kits to be utilized during incidents that exceed the limits of the medical infrastructure within the community.

The program also requests permission to provide evacuation kits to facilities who become members of the Mutual Aid Evacuation Annex (MAEA) of the Multi-Casualty Incident Plan (MCIP). These supplies would be used in the event of an evacuation of their facility, or if they receive patients from an evacuating facility.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period July 1, 2018 through June 30, 2019 in the total amount of \$365,687 on August 23, 2018.

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



BACKGROUND

Project/Program Name: ASPR Public Health Preparedness BP1 Carryover Program

Scope of the Project: The Subgrant Award scope of work addresses the following capabilities: Healthcare System Preparedness, Emergency Operations Coordination, Medical Surge and Volunteer Management.

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

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

Award Amount: Total award is \$19,374 (\$17,613 direct/\$1,761 indirect)

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

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

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

CFDA Number: 93.889

Grant ID Number: 6NU90TP921907-01-09

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

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

Supplies included but not limited to bleed control kits, flash drives, Mass Casualty Incident (MCI) and/or Mutual Aid Evacuation Annex (MAEA) tags, MCI and/or MAEA supplies and/or MCI Alpha Plan supplies.

FISCAL IMPACT

As this carryover was not anticipated in the FY20 budget, a budget adjustment in the amount of \$19,374 in revenue and \$17,613 in expenditures is necessary to bring the Notice of Subgrant Award into alignment with the program budget. Adjustments will be as follows:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA	-431100	Federal Revenue	\$17,613.00
2002-IO-TBA	-431105	Indirect Revenue	\$1,761.00
		Total Revenue	\$19,374.00
2002-IO-TBA	-710300	Operating Supplies	\$17,613.00
		Total Expenditures	\$17,613.00

Subject: ASPR Public Health Preparedness BP1 Carryover Program

Date: September 26, 2019

Page 3 of 3

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$19,374 (with \$1,937.40 or 10% match) in support to the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approve emergency response supplies donation to EMS partnering agencies; and if approved, authorize the District Health Officer to distribute the supplies including signing all the necessary paperwork.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be “Move to retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$19,374 (with \$1,937.40 or 10% match) in support to the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approve emergency response supplies donation to EMS partnering agencies; and if approved, authorize the District Health Officer to distribute the supplies including signing all the necessary paperwork.”



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

Agency Ref. #: **HD 17251**
 Budget Account: 3218
 Category: 23
 GL: 8516
 Job Number: 9388918S

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD) Christina Conti / cconti@washoecounty.us
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subaward Period: July 1, 2019 through June 30, 2020	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Funds are intended to complete BP1 Supplemental Hospital Preparedness Program (HPP) activities for the No Cost Extension (NCE) granted for the BP1 Supplemental ASPR-CDC Cooperative Agreement.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$0.00	Total Obligated by this Action:	\$ 19,374.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 1,351,499.00
3. Supplies	\$17,613.00	Total Federal Funds Awarded to Date:	\$ 1,370,873.00
4. Equipment	\$0.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant	\$0.00	Amount Required this Action:	\$ 1,937.40
6. Other	\$0.00	Amount Required Prior Awards:	\$ 135,149.90
TOTAL DIRECT COSTS	\$17,613.00	Total Match Amount Required:	\$ 137,087.30
7. Indirect Costs	\$1,761.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET	\$19,374.00	Federal Budget Period: July 1, 2019 through June 30, 2020	
		Federal Project Period: July 1, 2019 through June 30, 2020	

FOR AGENCY USE, ONLY

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
Assistant Secretary for Preparedness and Response (ASPR)	100%	93.889	NU90TP921907	6NU90TP921907-01-09	05/21/2019

Agency Approved Indirect Rate: 7.5% **Subrecipient Approved Indirect Rate:** 10%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- 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.
- 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: DHHS Business Associate Addendum; and Section H: Matching Funds Agreement
--	--

	Signature	Date
Kevin Dick District Health Officer		
Karen Beckley, MPA, MS Bureau Chief, BHPP		
For Lisa Sherych Administrator, DPBH		

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

**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") 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 Department 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 Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and 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 Department. 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 Department, become the property of the Department, 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 Department 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 Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department 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).
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. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. 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

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

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).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - 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.
 - 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.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - 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.
 - 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.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - 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.
 - 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.
 - 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.
14. An organization receiving grant funds through the 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:
 - 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
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - 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.

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

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 & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached detailed Work Plan is for Budget Period 1 Supplemental No Cost Extension (NCE), July 1, 2019 to June 30, 2020 and is broken down by domain, goals, objectives, capabilities and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by June 30, 2020. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2019 1st Quarter Progress Report (For the period of 7/1/19 to 9/30/19)
 - January 31, 2020 2nd Quarter Progress Report (For the period of 7/1/19 to 12/31/19)
 - April 30, 2020 3rd Quarter Progress Report (For the period of 7/1/19 to 3/31/20)
 - July 31, 2020 4th Quarter Progress Report (For the period of 7/1/19 to 6/30/20)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2019 1st Quarter Progress Report (For the period of 7/1/19 to 9/30/19)
 - January 31, 2020 2nd Quarter Progress Report (For the period of 10/1/19 to 12/31/19)
 - April 30, 2020 3rd Quarter Progress Report (For the period of 1/1/19 to 3/31/20)
 - July 31, 2020 4th Quarter Progress Report (For the period of 4/1/19 to 6/30/20)

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

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
Washoe County Health District (WCHD)

ASPR-HPP No Cost Extension (NCE) Detailed Work Plan

Executive Summary

Please provide a high-level overview of the proposed activities during the HPP/PHEP TP17-1701 BP1SUPP Extension Period (July 01, 2019 – June 30, 2020):

To be acceptable, PHEP or HPP Extension Period activities must be:

- Related to completion of Budget Period 1SUPP approved work plan activities aimed at demonstrating measurable and sustainable progress toward achieving the 15 public health preparedness capabilities or the 4 health care preparedness capabilities.
- Within scope of the current PHEP-HPP TP17-1701 guidance documents; and
- Consistent with the intent for closing current PHEP or HPP activities (may include testing lessons learned during PHEP or HPP drills, exercises, and demonstrations).

The Washoe County Health District is receiving a no-cost extension for BP1 to complete items listed with the Budget Period 1 Scope of Work and/or budget.

The Community Reception Center initiative needs additional time and the ability to provide contractual support will assist the region in completing this scope of work. Additional time is required to meet this objective due to a shift of priorities during the grant year. The Washoe County Health District ended up conducting an additional three Point of Dispensing operations for flu vaccine. The additional planning for these PODs impacted the forward movement of the CRC initiative.

Additionally, the purchasing of supplies will continue to strengthen emergency response capabilities within the Coalition and the community. The additional PODs and community activities have allowed for additional comprehensive after-action reviews to identify items needed to improve service to the community.

The ability to extent the scope of work items and the financial elements associated will be of benefit to the Washoe County Health District, the community and the region.

Justification of Need to Continue Previously Approved HPP Activities during the PHEP-HPP BP1SUPP Extension Period (July 01, 2019 – June 30, 2020)

Capability: Domain 1, Activity 4: Engage Communities and Healthcare systems; Capability 1 Foundation for Health Care and Medical Readiness

Activity:
(A brief name to identify the activity. The name should match the name of the previously approved activity.)

Operational supplies for the coalition membership agencies.

Budget Categories:
(Initiative should match that which is currently funding the approved activity.)

Base

Timeline for Completion:

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

Start Date (MM/DD/YYYY): 07/01/2019	End Date (MM/DD/YYYY): 06/30/2020
A Brief Description of Activity:	
Supplies for Coalition Members such as bleed control kits, flash drives, MCI or MAEA tags, MCI or MAEA supplies, or MCI Alpha Plan supplies.	
Proposed Amount of Funding:	
Base:	17,613
Total Needed:	17,613.00

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 & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

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 Department of Health and Human Services through Grant Number 6NU90TP921907-01-09 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6NU90TP921907-01-09 from the Assistant Secretary for Preparedness and Response (ASPR).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20

<u>Total Personnel Costs</u>	including fringe	Total:	\$0.00
<u>Travel</u>		Total:	\$0.00
<u>Supplies</u>		Total:	\$17,613.00
Healthcare Coalition Supplies	\$17,613.00		
Justification: Supplies for healthcare coalition members such as but not limited to: bleed control kits, flash drives, Mass Casualty Incident (MCI) or Mutual Aid Evacuation Annex (MAEA) tags, MCI or MAEA supplies, or MCI Alpha Plan supplies.			
<u>Equipment</u>		Total:	\$0.00
<u>Contractual/Contractual</u>		Total:	\$0.00
<u>Other</u>		Total:	\$0
TOTAL DIRECT CHARGES			\$17,613.00
<u>Indirect Charges</u>		Indirect Rate:	10%
Indirect Methodology: Calculated at 10% of all Direct Costs =	\$1,761.00		\$1,761.40
TOTAL BUDGET		Total:	\$19,374.00

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

Applicant Name: Washoe County Health District - HPP NCE
PROPOSED BUDGET SUMMARY
(Form Revised May 2019)

Form 2

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED		n/a	n/a	n/a	n/a	n/a	n/a	n/a	
ENTER TOTAL REQUEST	\$19,374								\$19,374

EXPENSE CATEGORY

Personnel	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Travel	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Supplies	\$17,613	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$17,613
Equipment	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Contractual/Consultant	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Other Expenses	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Indirect	\$1,761	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$1,761

TOTAL EXPENSE	\$19,374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,374
---------------	----------	-----	-----	-----	-----	-----	-----	-----	----------

These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
----------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----

Total Indirect Cost	\$1,761
---------------------	---------

Total Agency Budget	\$19,374.00
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

n/a

C. Program Income Calculation:

n/a

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

- Department of Health and Human Services 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% (\$1,937.40) 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).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$1,937.40**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H). These reports shall be held on file in the program for audit purposes and shall be furnished as documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

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 **\$19,374.00**;
- Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$1,937.40**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2020 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- 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 Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department 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 Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program or OCPG must provide or accomplish to ensure successful completion of this project, such as:
 - Provide technical assistance, upon request from the Subrecipient;
 - Provide prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

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

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Department will conduct at least annual site visits with the Subrecipient to monitor progress on goals and objectives outlined in the Scope of Work and to meet and converse with staff working on the project to determine successes and challenges associated with the project.
- 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 Department are SUBJECT TO AUDIT.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.
- 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 Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

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

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

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

Agency Ref. #: **HD 17251**
 Budget Account: 3218
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subaward Period: July 1, 2019 to June 30, 2020	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Supplies	\$17,613.00	\$0.00	\$0.00	\$0.00	\$17,613.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Indirect	\$1,761.00	\$0.00	\$0.00	\$0.00	\$1,761.00	0.0%
Total	\$19,374.00	\$0.00	\$0.00	\$0.00	\$19,374.00	0.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$1,937.40	\$0.00	\$0.00	\$0.00	\$0.00	-

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 Department USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

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

Washoe County Health District (WCHD) - HPP NCE

Reimbursement Worksheet

Month _____

HD#17251

Personnel	Title	Description					Amount
TOTAL							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.58/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies (Items under \$5,000 & consumed within 1 yr)	Description					Amount	
TOTAL							
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)	Description (attach invoice copies for all items)					Amount	
TOTAL							
Contract / Consultant	Description					Amount	
TOTAL							
Other	Description					Amount	
TOTAL							
Indirect	Description					Amount	
TOTAL							
TOTAL EXPENDITURES							

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

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).

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

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 Department.

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

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

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 & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

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 Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
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.

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

16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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

to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- 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.

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

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

V. **TERM AND TERMINATION**

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

VI. **MISCELLANEOUS**

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

**SECTION H
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County Health District (referred to as "Subrecipient").

Program Name	Public Health Preparedness (PHP)	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	6NU90TP921907-01-09	Subaward Number	HD 17251
Federal Amount	\$19,374.00	Contact Name	Christina Conti
Non-Federal (Match) Amount	\$1,937.40	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Award	\$19,374.00		
Performance Period	July 1, 2019 to June 30, 2020		

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

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded **\$19,374.00**
Required Match Percentage **10%**
Total Required Match **\$1,937.00**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	0.00
2	Travel	\$	0.00
3	Supplies	\$	1,761.30
4	Contract/Consultant	\$	0.00
5	Supplies	\$	0.00
6	Other	\$	0.00
7	Indirect Costs	\$	176.10
	Total	\$	1,937.40

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

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health

FROM: Jennifer Hoekstra, Fiscal Compliance Officer
775-328-2418, jhoekstra@washoecounty.us

SUBJECT: Retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$27,823 (with \$2,782.30 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of Point of Dispensing (POD) supplies, Stop the Bleed supplies, Chemical, Burn, Radiation, Nuclear, Explosive (CBRNE) supplies; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork.

SUMMARY

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$27,823 in support of the CDC Public Health Preparedness BP1 Carryover Grant Program, IO TBA. A copy of the Notice of Subgrant Award is attached.

The Washoe County Health District's Public Health Preparedness Program requests permission to provide POD supplies to our POD partners exercising POD plans to increase their preparedness; Stop the Bleed supplies to support stop the bleed initiatives such as but not limited to tourniquets, ABD pads, gauze, bandages, wound packing supplies and training materials.

The program also requests permission to provide CBRNE supplies to be utilized by law enforcement or Community Reception Center (CRC) personnel to protect them in the event of a public health response such as but not limited to Tychem suits, PAPRS (powered air-purifying respirator), respirator protection and training materials.

District Health Strategic Priorities supported by this item:

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

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period July 1, 2018 through June 30, 2019 in the total amount of \$920,693 on August 23, 2018.

BACKGROUND

Project/Program Name: CDC Public Health Preparedness BP1 Carryover Program

Scope of the Project: The Subgrant Award scope of work addresses the following capabilities: Emergency Public Information and Warning, Fatality Management, Mass Care, Medical Countermeasure Dispensing and Responder Safety and Health.

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

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

Award Amount: Total award is \$27,823 (\$25,294 direct/\$2,529 indirect)

Grant Period: July 1, 2019 – June 30, 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: 93.069

Grant ID Number: 6NU90TP921907-01-09

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

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

Supplies included but not limited to tourniquets, ABD pads, gauze, bandages, trauma shears, wound packing supplies, personal protective equipment, respiratory protection, point of dispensing, medical supplies and training materials.

FISCAL IMPACT

There is no fiscal impact should the Board approve the Notice of Subgrant Award. The FY20 budget was adopted with the carryforward, no budget amendment is necessary.

Subject: CDC Public Health Preparedness BP1 Carryover Program

Date: September 26, 2019

Page 3 of 3

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$27,823 (with \$2,782.30 or 10% match) in support to the Centers for Disease Control (CDC) Public Health Preparedness BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approve of Point of Dispensing (POD) supplies, Stop the Bleed supplies, Chemical, Burn, Radiation, Nuclear, Explosive (CBRNE) supplies; and if approved, authorize the District Health Officer to distribute the supplies including signing all the necessary paperwork.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be “Move to retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$27,823 (with \$2,782.30 or 10% match) in support to the Centers for Disease Control (CDC) Public Health Preparedness BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approve of Point of Dispensing (POD) supplies, Stop the Bleed supplies, Chemical, Burn, Radiation, Nuclear, Explosive (CBRNE) supplies; and if approved, authorize the District Health Officer to distribute the supplies including signing all the necessary paperwork.”



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

Agency Ref. #: **HD 17252**
 Budget Account: 3218
 Category: 22
 GL: 8516
 Job Number: 9306918S

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD) Christina Conti / cconti@washocounty.nv.gov
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subaward Period: July 1, 2019 through June 30, 2020	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Funds are intended to complete BP1 Supplemental Public Health Emergency Preparedness (PHEP) activities for the No Cost Extension (NCE) granted for the BP1 Supplemental ASPR-CDC Cooperative Agreement.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$0.00	Total Obligated by this Action:	\$ 27,823.00
2. Travel	\$0.00	Cumulative Prior Awards this Budget Period:	\$ 1,343,050.00
3. Supplies	\$17,794.00	Total Federal Funds Awarded to Date:	\$ 1,370,873.00
4. Equipment	\$0.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant	\$7,500.00	Amount Required this Action:	\$ 2,782.30
6. Other	\$0.00	Amount Required Prior Awards:	\$ 134,305.00
TOTAL DIRECT COSTS	\$25,294.00	Total Match Amount Required:	\$ 137,087.30
7. Indirect Costs	\$2,529.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET	\$27,823.00	Federal Budget Period: July 1, 2019 through June 30, 2020	
		Federal Project Period: July 1, 2019 through June 30, 2020	

FOR AGENCY USE, ONLY

Source of Funds: Centers for Disease Control and Prevention (CDC)	% Funds: 100%	CFDA: 93.069	FAIN: NU90TP921907	Federal Grant #: 6NU90TP921907-01-09	Federal Grant Award Date by Federal Agency: 05/21/2019
---	-------------------------	------------------------	------------------------------	--	--

Agency Approved Indirect Rate: 7.5% **Subrecipient Approved Indirect Rate:** 10%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- 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.
- 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: DHHS Business Associate Addendum; and Section H: Matching Funds Agreement
--	--

	Signature	Date
Kevin Dick District Health Officer		
Karen Beckley, MPA, MS Bureau Chief, BHPP		
For Lisa Sherych Administrator, DPBH		

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

**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") 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 Department 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 Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and 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 Department. 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 Department, become the property of the Department, 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 Department 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 Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department 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).
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. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. 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

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

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).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - 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.
 - 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.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - 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.
 - 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.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - 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.
 - 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.
 - 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.
14. An organization receiving grant funds through the 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:
 - 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
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - 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.

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

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 & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached detailed Work Plan is for Budget Period 1 Supplemental No Cost Extension (NCE), July 1, 2019 to June 30, 2020 and is broken down by goals, objectives, capabilities and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by June 30, 2020. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded Capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2019 1st Quarter Progress Report (For the period of 7/1/19 to 9/30/19)
 - January 31, 2020 2nd Quarter Progress Report (For the period of 7/1/19 to 12/31/19)
 - April 30, 2020 3rd Quarter Progress Report (For the period of 7/1/19 to 3/31/20)
 - July 31, 2020 4th Quarter Progress Report (For the period of 7/1/19 to 6/30/20)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2019 1st Quarter Progress Report (For the period of 7/1/19 to 9/30/19)
 - January 31, 2020 2nd Quarter Progress Report (For the period of 10/1/19 to 12/31/19)
 - April 30, 2020 3rd Quarter Progress Report (For the period of 1/1/19 to 3/31/20)
 - July 31, 2020 4th Quarter Progress Report (For the period of 4/1/19 to 6/30/20)

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

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

Washoe County Health District (WCHD)

CDC Public Health Emergency Preparedness (PHEP)
Detailed Work Plan

July 1, 2019 through June 30, 2020 -BP1 Supplemental **No Cost Extension**

Executive Summary

Please provide a high-level overview of the proposed activities during the HPP/PHEP TP17-1701 BP1SUPP Extension Period (July 01, 2019 – June 30, 2020):

To be acceptable, PHEP or HPP Extension Period activities must be:

- Related to completion of Budget Period 1SUPP approved work plan activities aimed at demonstrating measurable and sustainable progress toward achieving the 15 public health preparedness capabilities or the 4 health care preparedness capabilities.
- Within scope of the current PHEP-HPP TP17-1701 guidance documents; and
- Consistent with the intent for closing current PHEP or HPP activities (may include testing lessons learned during PHEP or HPP drills, exercises, and demonstrations).

The Washoe County Health District is applying for the no-cost extension for BP1 to complete items listed with the Budget Period 1 Scope of Work and/or budget.

The Community Reception Center initiative needs additional time and the ability to provide contractual support will assist the region in completing this scope of work. Additional time is required to meet this objective due to a shift of priorities during the grant year. The Washoe County Health District ended up conducting an additional three Point of Dispensing operations for flu vaccine. The additional planning for these PODs impacted the forward movement of the CRC initiative.

Additionally, the purchasing of supplies will continue to strengthen emergency response capabilities within the Coalition and the community. The additional PODs and community activities have allowed for additional comprehensive after-action reviews to identify items needed to improve service to the community.

The ability to extent the scope of work items and the financial elements associated will be of benefit to the Washoe County Health District, the community and the region.

Justification of Need to Continue Previously Approved PHEP Activities during the PHEP-HPP BP1SUPP Extension Period (July 01, 2019 – June 30, 2020)

Capability: Domain 4, Activity 3: Operationalize Response Plans; Capability 8 Medical Countermeasure Dispensing

Activity:

(A brief name to identify the activity. The name should match the name of the previously approved activity.)

Identify, and purchase PPE and/or supplies and equipment for law enforcement (CBRNE)

Integrate purchased radiological supplies and equipment into CRC planning documents and train IHCC

Budget Categories:

(Choose one of the following. Initiative should match that which is currently funding the approved activity.)

Base

Cities Readiness Initiative (CRI)

Level 1 Chemical Laboratory

Timeline for Completion:

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

Start Date (MM/DD/YYYY): 07/01/2019	End Date (MM/DD/YYYY): 12/31/2019
A Brief Description of Activity:	
Obtain contractor support to update the CRC planning documents with the purchased PPE, supplies and equipment to outline how they would be utilized a response to a chemical, biological, radiological, nuclear, and/or explosive threat and provide training to the Coalition.	
Proposed Amount of Funding:	
Base:	5,932
Total Needed:	5,932

Capability: Domain 4, Activity 2: Ensure Safety and Health of Responders; Capability 14 Responder Safety & Health	
Activity: (A brief name to identify the activity. The name should match the name of the previously approved activity.) Work with Washoe County School District to develop a 'Stop the Bleed' initiative for staff as able.	
Budget Categories: (Choose one of the following. Initiative should match that which is currently funding the approved activity.)	
<input checked="" type="checkbox"/> Base <input type="checkbox"/> Cities Readiness Initiative (CRI)	<input type="checkbox"/> Level 1 Chemical Laboratory
Timeline for Completion:	
Start Date (MM/DD/YYYY): 07/01/2019	End Date (MM/DD/YYYY): 3/31/2020
A Brief Description of Activity:	
Work with WCSD to help develop "Stop the Bleed" initiatives, to include purchasing of supplies.	
Proposed Amount of Funding:	
Base:	5,931
Total Needed:	5,931

Capability: Domain 4, Activity 2: Ensure Safety and Health of Responders; Capability 8 Medical Countermeasure Dispensing; and Domain 4, Activity 3: Operationalize Response Plans; Capability 8 Medical Countermeasure Dispensing	
Activity: (A brief name to identify the activity. The name should match the name of the previously approved activity.) Purchase supplies to support POD activities	
Budget Categories: (Choose one of the following. Initiative should match that which is currently funding the approved activity.)	

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

<input checked="" type="checkbox"/> Base <input type="checkbox"/> Cities Readiness Initiative (CRI)	<input type="checkbox"/> Level 1 Chemical Laboratory
Timeline for Completion:	
Start Date (MM/DD/YYYY): 07/01/2019	End Date (MM/DD/YYYY): 12/31/2019
A Brief Description of Activity:	
Identify and purchase operational supplies for regional initiatives such as: POD signage, POD and medical supplies to support Public Health emergency planning initiatives.	
Proposed Amount of Funding:	
Base:	5,931
Total Needed:	5,931

Capability: Domain 5, Activity 1: Coordinate Emergency Operations; Capability 7 Mass Care	
Activity: (A brief name to identify the activity. The name should match the name of the previously approved activity.)	
Professional services to assist Washoe County Health District with exercise planning.	
Budget Categories: (Choose one of the following. Initiative should match that which is currently funding the approved activity.)	
<input checked="" type="checkbox"/> Base <input type="checkbox"/> Cities Readiness Initiative (CRI)	<input type="checkbox"/> Level 1 Chemical Laboratory
Timeline for Completion:	
Start Date (MM/DD/YYYY): 07/01/2019	End Date (MM/DD/YYYY): 6/30/2020
A Brief Description of Activity:	
Obtain contractual support to assist with coordinate multi-agency, multi-day exercise for region, testing emergency operations plans to strengthen incident management.	
Proposed Amount of Funding:	
Base:	7,500
Total Needed:	7,500.00

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 & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

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 Department of Health and Human Services through Grant Number 6NU90TP921907-01-09 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 Department nor the Centers for Disease Control and Prevention (CDC)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 6NU90TP921907-01-09 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20

Total Personnel Costs	including fringe	Total:	\$0.00
------------------------------	------------------	---------------	---------------

Travel		Total:	\$0.00
---------------	--	---------------	---------------

Supplies		Total:	\$17,794.00
-----------------	--	---------------	--------------------

Stop the Bleed supplies	\$5,931	
CBRNE supplies for response	\$5,932	
Operational supplies	\$5,931	

Justification:

- Stop the bleed supplies: to support stop the bleed initiatives such as but not limited to tourniquets, ABD (abdominal) pads, gauze, bandages, trauma shears, wound packing supplies, and training materials.
- CBRNE (Chemical, Burn, Radiation, Nuclear, Explosive) supplies: purchase personal protective equipment (PPE) and/or supplies to be utilized by law enforcement or Community Reception Center (CRC) personnel to protect them in the event of a public health response such as but not limited to Tychem suits, PAPRS (powered air-purifying respirator), respiratory protection, and training materials.
- Operational supplies: to purchase Point of Dispensing (POD) and medical supplies such as but not limited to: gloves, gauze, syringes, vests, bandages, and training materials.

Equipment		Total:	\$0.00
------------------	--	---------------	---------------

Contractual/Contractual		Total:	\$7,500.00
--------------------------------	--	---------------	-------------------

Name of Contractor: Community Reception Center

Planning Consultant **Total** **\$7,500**

Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Professional services will be obtained to assist with the integration of the purchased CBRNE PPE, supplies and/or equipment into the CRC planning documents, and to create site planning documents for selected CRC sites in Washoe County.

Budget

Personnel	\$7,500.00	
Travel	\$0.00	
Total Budget	\$7,500.00	

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Other		Total:	\$0.00
--------------	--	---------------	---------------

TOTAL DIRECT CHARGES			\$ 25,294.00
-----------------------------	--	--	---------------------

Indirect Charges		Indirect Rate:	10%
Indirect Methodology: Calculated at 10% of all Direct Costs =	\$6,363.50 = \$6,364.00 (rounded)		\$2,529.00

TOTAL BUDGET		Total:	\$27,823.00
---------------------	--	---------------	--------------------

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

Applicant Name: Washoe County Health District - PHEP NCE
PROPOSED BUDGET SUMMARY
(Form Revised May 2019)

Form 2

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

FUNDING SOURCES	PHP	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED		n/a	n/a	n/a	n/a	n/a	n/a	n/a	
ENTER TOTAL REQUEST	\$27,823								\$69,999

EXPENSE CATEGORY

Personnel	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Travel	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Supplies	\$17,794	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$17,794
Equipment	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Contractual/Consultant	\$7,500	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$7,500
Other Expenses	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Indirect	\$2,529	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$2,529

TOTAL EXPENSE	\$27,823	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,823
---------------	----------	-----	-----	-----	-----	-----	-----	-----	----------

These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
-----------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----

Total Indirect Cost	\$2,529
---------------------	---------

Total Agency Budget	\$27,823
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

n/a

C. Program Income Calculation:

n/a

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

- Department of Health and Human Services 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% (\$2,782.30) 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).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$2,782.30**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H).

The Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed **\$27,823.00**;
- Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$2,782.30**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2020 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within **90 days of exercise completion.**
- 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 Department within 30 days of the **CLOSE OF THE SUBAWARD PERIOD.** Any un-obligated funds shall be returned to the Department 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 Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

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

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or

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

project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:

- Reallocating funds between the subgrantee's categories, and
- Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Department will conduct at least annual site visits with the Subrecipient to monitor progress on goals and objectives outlined in the Scope of Work and to meet and converse with staff working on the project to determine successes and challenges associated with the project.
- 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 Department are SUBJECT TO AUDIT.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.
- 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 Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

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

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

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

Agency Ref. #: **HD 17252**
 Budget Account: 3218
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subaward Period: July 1, 2019 to June 30, 2020	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Supplies	\$17,794.00	\$0.00	\$0.00	\$0.00	\$17,794.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$7,500.00	\$0.00	\$0.00	\$0.00	\$7,500.00	0.0%
6. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Indirect	\$2,529.00	\$0.00	\$0.00	\$0.00	\$2,529.00	0.0%
Total	\$27,823.00	\$0.00	\$0.00	\$0.00	\$27,823.00	0.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$2,782.30	\$0.00	\$0.00	\$0.00	\$0.00	-

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 Department USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

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

Washoe County Health District (WCHD) - PHEP NCE

Reimbursement Worksheet

Month _____

HD#17252

Personnel	Title	Description				Amount
TOTAL						

Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.58/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							

Supplies (Items under \$5,000 & consumed within 1 yr)	Description	Amount
TOTAL		

Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)	Description (attach invoice copies for all items)	Amount
TOTAL		

Contract / Consultant	Description	Amount
TOTAL		

Other	Description	Amount
TOTAL		

Indirect	Description	Amount
TOTAL		

TOTAL EXPENDITURES	

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

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
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
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

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 Department.

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

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

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 & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

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 Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
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.

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

16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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

to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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

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

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

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

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

V. **TERM AND TERMINATION**

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

VI. **MISCELLANEOUS**

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

**SECTION H
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County Health District (referred to as "Subrecipient").

Program Name	Public Health Preparedness (PHP)	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	6NU90TP921907-01-09	Subaward Number	HD 17252
Federal Amount	\$27,823.00	Contact Name	Christina Conti
Non-Federal (Match) Amount	\$2,782.30	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Award	\$27,823.00		
Performance Period	July 1, 2019 to June 30, 2020		

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

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded **\$27,823.00**
Required Match Percentage **10%**
Total Required Match **\$2,782.30**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	0.00
2	Travel	\$	0.00
3	Supplies	\$	1,779.40
4	Contract/Consultant	\$	750.00
5	Equipment	\$	0.00
6	Other	\$	0.00
7	Indirect Costs	\$	252.90
	Total	\$	2,782.30

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

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health

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

SUBJECT: Approve a donation of seven (7) bicycles with an approximately value of \$5,600 to the City of Reno/Project HERO (Healing Exercise Rehabilitation Opportunity).

SUMMARY

The Washoe County District Board of Health must approve the donation of equipment/supplies to ensure there is a benefit to the citizens of Washoe County.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

On October 25, 2018 the Board approved a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive October 1, 2018 through September 30, 2019 in the total amount of \$25,001 to support increased physical activity amount adults and youth in Washoe County through the development and implementation of community bicycle initiatives.

BACKGROUND

The Subaward initially supported activities related to Lime Bike, a local bike share program. In March of this year, the City of Reno elected to not renew the agreement with Lime Bike. As such, staff collaborated with the State and the City of Reno in order to support another bike share program.

Founded in 2009, Project HERO is a national non-profit organization dedicated to helping Veterans and First Responders affected by PTSD, TBI and injury achieve rehabilitation, recovery and resilience in their daily lives and increasing awareness to combat the national mental health emergency posed by PTSD and TBI.

The Health District will utilize grant funds to purchase bicycles that will be transferred/donated to the Project Hero Program. City of Reno staff oversee and coordinate the program, connecting participants with a bicycle and ensuring they participate and use bikes for sanctioned Project HERO events and rides.

FISCAL IMPACT

Should the Board approve this donation, there will be no additional fiscal impact to the adopted FY20 budget.

RECOMMENDATION

Staff recommends the District Board of Health approve a donation of seven (7) bicycles with an approximately value of \$5,600 to the City of Reno/Project HERO (Healing Exercise Rehabilitation Opportunity).

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a donation of seven (7) bicycles with an approximately value of \$5,600 to the City of Reno/Project HERO (Healing Exercise Rehabilitation Opportunity)."

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health

FROM: Daniel Inouye, Acting Director, Air Quality Management Division
775-784-7214, dinouye@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to LMH Inc. dba Rainbow Market #10, Case No. 1215, Notice of Violation Citation No. 5741 with a \$2,200.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5741 be **upheld** and a fine in the amount of **\$2,200.00** be levied against LMH Inc. dba Rainbow Market #10 for operations contrary to Permit to Operate conditions, specifically Condition A of Permit to Operate AAIR16-0440. This is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.2175 Operations Contrary to Permit to Operate Conditions.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On July 24, 2019 Air Quality Specialist (AQS) Suzanne Dugger completed an annual vapor recovery inspection of the gasoline dispensing facility LMH Inc. dba Rainbow Market #10 (hereafter Rainbow Market #10) when she determined the Phase II vapor recovery equipment on-site was not reflective of the equipment listed on Permit to Operate AAIR16-0440. AQS Dugger met with the facility manager, Eric Lundstrom and determined the Phase II vapor recovery equipment had been changed from a vapor vacuum assist system to a balance system. During the course of the inspection, Specialist Dugger determined the equipment had been changed in December of 2018 prior to the submittal of an Application for a Gasoline Dispensing Facility Air Quality Stationary Source Permit to Operate and obtaining an Authority to Construct from Washoe County Air Quality Management Division (AQMD). AQS Dugger advised the station manager and the Vice President of LMH Inc., Mark Miller, due to the alteration of the permitted air pollution control equipment prior to obtaining an Authority to Construct a violation of Condition A of Permit to Operate AAIR16-0440 had occurred.

Following AQS Dugger's inspection on July 24, 2019, an Application for a Gasoline Dispensing Facility Air Quality Stationary Source Permit to Operate for Rainbow Market #10 was submitted

to the AQMD noting the change to the Phase II vapor recovery equipment from a vacuum assist system to a balance system.

On July 25, 2019, AQS Dugger met with Mr. Miller at the Rainbow Market Administrative offices located at 1281 Terminal Way #115 in Reno, Nevada. The violation of the Washoe County District Board of Health Regulations Governing Air Quality Management associated with Rainbow Market #10 was discussed. During the meeting, AQS Dugger issued Notice of Violation – Citation (NOV) No. 5741 to Rainbow Market #10 for violation of Section 030.2175, specifically, Operations Contrary to Permit to Operate Conditions.

On August 8, 2019 Senior AQS Restori conducted a negotiated settlement meeting attended by AQS Dugger and Mr. Miller regarding NOV No. 5741. Senior AQS Restori advised Mr. Miller that NOV No. 5741 was issued for failing to comply with Section 030.2175 of the Washoe County District Board of Health Regulations Governing Air Quality Management. Senior AQS Restori further advised that per the regulations, any changes to the equipment covered by the Permit to Operate requires an Authority to Construct from the AQMD prior to the change. After the discussion, Mr. Miller acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on August 8, 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 LMH Inc., dba Rainbow Market #10, Case No. 1215, Notice of Violation Citation No. 5741, with a \$2,200.00 negotiated fine.

ALTERNATIVES

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5741; or
2. The Board may determine to uphold Notice of Violation Citation No. 5741 and levy any fine in the range of \$0.00 to \$10,000.00 per day per violation.

POSSIBLE MOTION(s)

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to LMH Inc. dba Rainbow Market #10, Case No. 1215, Notice of Violation Citation No. 5741 with a \$2,200.00 negotiated fine."

Subject: DBOH/LMH Inc. dba Rainbow Market #10/Case 1215

Date: September 26, 2019

Page 3 of 3

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:

1. "Move to dismiss Case No. 1215, Notice of Violation Citation No. 5741, issued to LMH Inc. dba Rainbow Market #10.", or
2. "Move to uphold Case No. 1215, Notice of Violation Citation No. 5741, and levy a fine in the amount of (*range of \$0.00 to \$10,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for LMH Inc. dba Rainbow Market #10 to be properly noticed."



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5741

DATE ISSUED: 7-25-2019

ISSUED TO: RAINBOW MARKET #10 PHONE #: 775-236-0145

MAILING ADDRESS: 1390 DISC DR. CITY/ST: SPARKS NV ZIP: 89436

NAME/OPERATOR: MARK MILLER PHONE #: 775-233-0159

COMPLAINT NO. WCMP19-01131 PERMIT # AAIR16-0440

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 7-25-2019 (DATE) AT 8:30 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|--|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE | <input checked="" type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: 030.2175 VIOLATION OF PERMIT CONDITION.

CONDITION A OF PERMIT AAIR16-0440. THIS PERMIT BECOMES VOID UPON ANY CHANGE OF OWNERSHIP OR ADDRESS OR ANY ALTERATION OF PERMITTED EQUIPMENT.

CHANGE OUT OF VACUUM ASSIST PH II VAPOR RECOVERY TO A BALANCE SYSTEM WITHOUT SUBMITTING A PERMIT APPLICATION PRIOR TO CHANGE OUT.

LOCATION OF VIOLATION: 1390 DISC DR. SPARKS, NV 89436

POINT OF OBSERVATION: ON SITE / FILE REVIEW

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: _____
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 7-25-2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within APP. SUBMITTED hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 7/29/2019

Issued by: [Signature] Title: AQS

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: August 8, 2019

Company Name: LHM Inc. dba Rainbow Market #10

Address: 1390 Disc Drive Sparks, Nevada 89436

Notice of Violation # 5741 Case # 1215

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.2175 Operations contrary to Permit to Operate conditions : Permit to Operate AAIR16-0440 Condition A: This permit becomes void upon any change of ownership or address or any alteration of permitted equipment.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2200.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on September 26, 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 of Company Representative

Mark Miller

Print Name

Vice President LHM Inc.

Title

Witness



Signature of District Representative

Joshua C. Restani

Print Name

Sr. AQS

Title



Witness

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

Company Name LMH Inc. dba Rainbow Market #10
Contact Name Mark Miller

Case 1215 NOV 5741 WVIO-AQM 19-007

I. Violation of Section 030.2175 Operations contrary to Permit to Operate conditions

I. **Recommended/Negotiated Fine** = \$ 2200

II. Violation of Section 0

II. **Recommended/Negotiated Fine** = \$ 0

III. Violation of Section 0

III. **Recommended/Negotiated Fine** = \$ 0

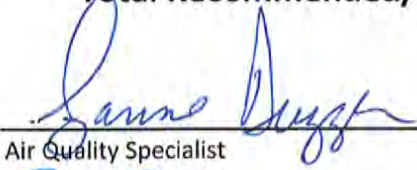
IV. Violation of Section 0

IV. **Recommended/Negotiated Fine** = \$ 0

V. Violation of Section 0

V. **Recommended/Negotiated Fine** = \$ 0

Total Recommended/Negotiated Fine = \$ 2200


Air Quality Specialist

8/8/2019
Date


Senior AQ Specialist/Supervisor

8/8/19
Date

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

Company Name LMH Inc. dba Rainbow Market #10
 Contact Name Mark Miller

Case 1215 NOV 5741 WVIO-AQM 19-0007

Violation of Section 030.2175 Operations contrary to Permit to Operate conditions

I. Base Penalty as specified in the Penalty Table = \$ 2500.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1

Comment: Violation of Section 030.2175 constitutes a major violation per Section 020.040

2. Toxicity of Release

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

Comment: The VOC's associated with gasoline dispensing facilities are of concern in this case

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

Negligible – 1x Moderate – 1.5x Significant – 2x **Adjustment Factor** 1.0

Comment: Negligible environmental/public health risk occurred - administrative violation

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

B. Adjusted Base Penalty

Base Penalty \$ 2500.00 x Adjustment Factor 1 = \$ 2500.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 2500.00 x Number of Days or Units 1 = \$ 2500.00

Comment: Failure to comply with Condition A of Permit to Operate No. AAIR16-0440

D. Economic Benefit

Avoided Costs \$ 0.00 + Delayed Costs \$ 1165.00 = \$ 1165.00

Comment: Cost of submitting an Application for a Gasoline Dispensing Facility major modification

Penalty Subtotal

Adjusted Base Penalty \$ 2500.00 + Economic Benefit \$ 1165.00 = \$ 3665.00

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 15%

B. Mitigating Factors (0 – 25%) - 15%

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

Comment Agreed to a Negotiated Settlement

C. Compliance History

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

Comment No prior violations

Similar Violation in Past 12 months (25 - 50%) + 0%

Comment: _____

Similar Violation within past 3 year (10 - 25%) + 0%

Comment: _____

Previous Unrelated Violation (5 – 25%) + 0%

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -40%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 3665.00</u>	x	<u>-40%</u>	=	<u>-1466.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

<u>\$ 3665.00</u>	+/-	<u>\$ -1466.00</u>	=	<u>\$ 2200</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine


Air Quality Specialist

8/8/2019
Date


Senior AQ Specialist/Supervisor

8/8/19
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	2500
040.030	Dust Control (fugitive)	1000	2000
040.035	Open Fires	500	1000
040.040	Fire Training	500	1000
040.050	Incinerator	1000	2000
040.051	Woodstoves	500	1000
040.055	Odors	1000	2000
040.080	Gasoline Transfer (maintenance)	1000	2000
040.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000
040.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres		\$ 500 + \$50 per acre
	Project Size – 10 acres or more		\$1,000 + \$50 per acre

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health

FROM: Daniel Inouye, Acting Director, Air Quality Management Division
775-784-7214, dinouye@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to KDC Construction, Case No. 1216, Notice of Violation Citation No. 5744 with a \$600.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5744 be **upheld** and a fine in the amount of **\$600.00** be levied against KDC Construction for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. This is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C. 3. Dust Control Permit Requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous actions.

BACKGROUND

On August 1, 2019, during routine patrol, near the intersection of Pyramid Highway and Los Altos Drive in Sparks, Air Quality Specialist (AQS) Suzanne Dugger observed a dust generating activity involving the disturbance of more than one (1) acre of land on the southeast corner of the intersection. Specialist Dugger investigated the project and met with Graham Pitzer of KDC Construction. During the inspection Specialist Dugger requested a copy of the Washoe County Air Quality Dust Control Permit. Mr. Pitzer indicated a Dust Control Permit had not been obtained for the project. AQS Dugger directed all dust generating activity at the site to cease until such time as an Air Quality Dust Control Permit was obtained for the project. AQS Dugger documented her observations with photographs.

Subsequent to AQS Dugger's inspection of August 1, 2019, a Dust Control Permit Application was submitted to Washoe County Air Quality Management Division (AQMD) by KDC Construction for the JP Morgan Chase Bank Project; and issued that day.

On August 8, 2019, AQS Dugger and Senior AQS Joshua Restori met with Project Manager John Tyer, KDC Construction, at the AQMD offices to discuss the violations of the Washoe County District Board of Health Regulations Governing Air Quality Management associated

with the JP Morgan Chase Bank project. During the meeting, Notice of Violation – Citation (NOV) No. 5744 was issued to KDC Construction for failure to obtain a Dust Control Permit prior to the commencement of a dust generating activity, specifically Section 040.030 (Dust Control), Subsection C. (Standards), 3 (Dust Control Permit Requirements).

During the same meeting of August 8, 2019 Senior AQS Restori conducted a negotiated settlement meeting attended by AQS Dugger and Mr. Tyer regarding NOV No. 5744. Senior AQS Restori advised Mr. Tyer that NOV No. 5744 was issued for failing to comply with Section 040.030 C. 3. of the Washoe County District Board of Health Regulations Governing Air Quality Management. Senior AQS Restori advised, per the Regulations, any dust generating activity in Washoe County, which includes disturbing one acre of land or more, requires a Dust Control Permit prior to commencement of such dust generating activity. After the discussion, Mr. Tyer acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties at that time.

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 KDC Construction, Case No. 1216, Notice of Violation Citation No. 5744, with a \$600.00 negotiated fine.

ALTERNATIVES

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5744; or
2. The Board may determine to uphold Notice of Violation Citation No. 5744 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, the motion would be:

1. "Move to uphold an uncontested citation issued to KDC Construction, Case No. 1216, Notice of Violation Citation No. 5744 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:

1. "Move to dismiss Case No. 1216, Notice of Violation Citation No. 5744, issued to KDC Construction.", or
2. "Move to uphold Case No. 1216, Notice of Violation Citation No. 5744, 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 KDC Construction to be properly noticed."



WASHOE COUNTY HEALTH DISTRICT
 AIR QUALITY MANAGEMENT DIVISION
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512
 (775) 784-7200



NOTICE OF VIOLATION

NOV 5744

DATE ISSUED: 8-8-2019

ISSUED TO: KDC CONSTRUCTION PHONE #: 916-730-3794
 MAILING ADDRESS: 3300 INDUSTRIAL BLVD CITY/ST: WEST SACRAMENTO CA 95691
 NAME/OPERATOR: JOHN TYER PHONE #: _____
 COMPLAINT NO. WCMPI9-01133

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 8-1-2019 (DATE) AT 2:00 P.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input checked="" type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input checked="" type="checkbox"/> 040.030 <u>DUST CONTROL</u> | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 <u>ODOR/NUISANCE</u> | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 <u>DIESEL IDLING</u> | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: 040.030 SEC.C3
FAILURE TO OBTAIN A DUST CONTROL PERMIT PRIOR TO
DISTURBING LAND

LOCATION OF VIOLATION: 55 LOS ALTOS PARKWAY SPARKS, NV 89431
 POINT OF OBSERVATION: ON SITE, FILE REVIEW
 Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: _____
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 8-1-2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 HRS 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: 8-8-2019

Issued by: [Signature] Title: AQS

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: August 8, 2019

Company Name: KDC Construction

Address: 3300 Industrial Boulevard Suite 600/700 West Sacramento, CA 95691

Notice of Violation # 5744 Case # 1216

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: _____

Section 040.030 C. 3. Dust Control Permit Requirements - For failure to obtain a Dust Control Permit prior to commencement of a dust generating activity.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 600.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on September 26, 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 of Company Representative

John C. Tice
Print Name

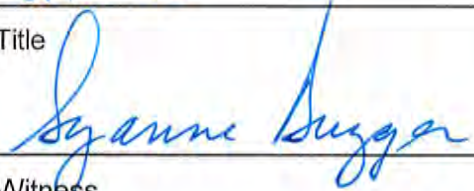
Project manager
Title

Witness


Signature of District Representative

Joshua C. Restori
Print Name

Sr. AQS
Title


Witness

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

Company Name KDC Construction
Contact Name John Tyer

Case 1216 NOV 5744 WVIO-AQM 19-0008

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

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

8-8-2019
Date


Senior AQ Specialist/Supervisor

8/8/2019
Date

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

Company Name KDC Construction
 Contact Name John Tyer

Case 1216 NOV 5744 WVIO-AQM 19-0008

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

I. Base Penalty as specified in the Penalty Table = \$ 600.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 0.5

Comment: Violation of Section 040.030 constitutes a minor violation per Section 020.040 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 (admin. Violation)

Total Adjustment Factors (1 x 2 x 3) = 0.5

B. Adjusted Base Penalty

Base Penalty \$ 600.00 x Adjustment Factor 0.5 = \$ 300.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 300.00 x Number of Days or Units 1 = \$ 300.00

Comment: (1) Dust Control Permit

D. Economic Benefit

Avoided Costs \$ 561.00 + Delayed Costs \$ 0.00 = \$ 561.00

Comment: Cost to obtain a Dust Control Permit for (2) acres of disturbance

Penalty Subtotal

Adjusted Base Penalty \$ 300.00 + Economic Benefit \$ 561.00 = \$ 861.00

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

III. Penalty Adjustment Consideration

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

B. Mitigating Factors (0 – 25%) - 10%

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

Comment Negotiated Settlement

C. Compliance History

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

Comment No previous violations

Similar Violation in Past 12 months (25 - 50%) + 0%

Comment: _____

Similar Violation within past 3 year (10 - 25%) + 0%

Comment: _____

Previous Unrelated Violation (5 – 25%) + 0%

Comment: _____

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

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 861.00</u>	x	<u>-30%</u>	=	<u>-258.30</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>\$ 861.00</u>	+/-	<u>\$ -258.30</u>	=	<u>\$ 600</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine



Air Quality Specialist

8-8-2019

Date



Senior AQ Specialist/Supervisor

8/8/2019

Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005 Visible Emissions	1000	2500
040.030 Dust Control (fugitive)	1000	2000
040.035 Open Fires	500	1000
040.040 Fire Training	500	1000
040.050 Incinerator	1000	2000
040.051 Woodstoves	500	1000
040.055 Odors	1000	2000
040.080 Gasoline Transfer (maintenance)	1000	2000
040.200 Diesel Idling	500	1000
050.001 Emergency Episode	1000	2000
040.030 Construction Without a Dust Control Permit		
Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
Project Size – 10 acres or more	\$1,000 + \$50 per acre	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

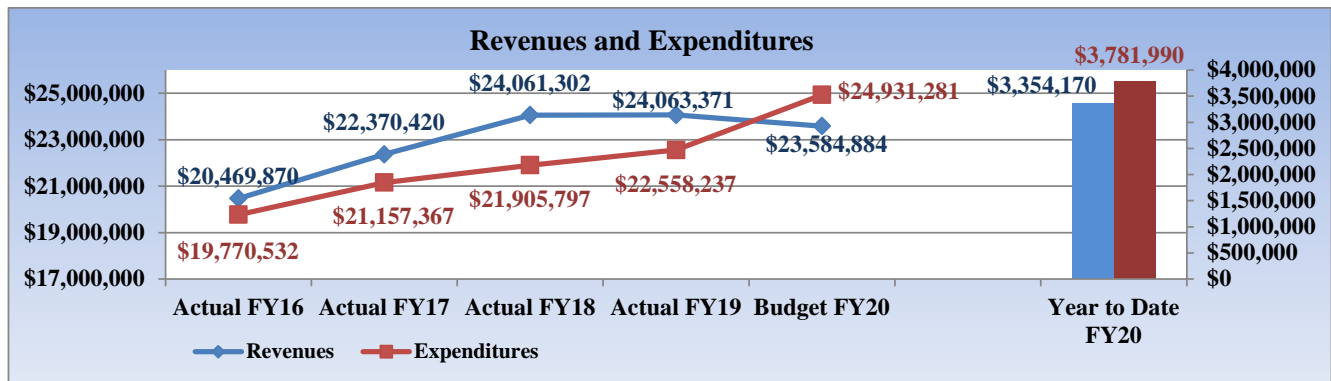
DD	NA	___
DHO	___	___
DA	NA	___
Risk	NA	___

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2020

SUMMARY

The second month of FY20 ended with a cash balance of \$7,832,937. The total revenues of \$3,354,170 were an increase over FY19 by \$1,596,740 mainly due to the delay in receipt of the \$793,071 monthly County General Fund support in FY19 not delayed in FY20 without the general fund support the increase is \$10,597 or 0.6% over FY19. The expenditures totaled \$3,781,990 down \$37,364 compared to FY19.



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.

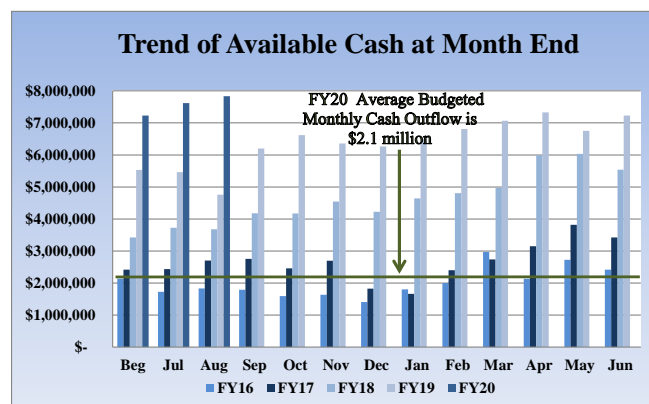
PREVIOUS ACTION

Fiscal Year 2020 budget was adopted May 21, 2019.

BACKGROUND

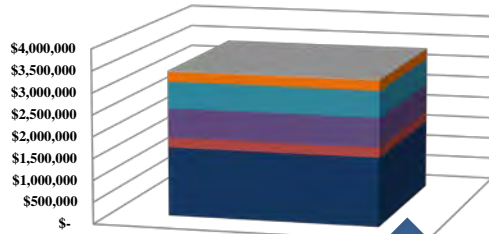
Review of Cash

The available cash at the end of August FY20 was \$7,832,937, which is enough to cover approximately 3.8 months of expenditures. The encumbrances and other liability portion of the cash totals \$1.5 million; the cash restricted as to use is also approximately \$1.3 million (e.g. DMV pollution control revenue, Solid Waste Management Tire revenue, Accela Regional Permitting Technology Fees and the Hazardous Materials 1995 litigation revenue); leaving a balance of approximately \$5.0 million.

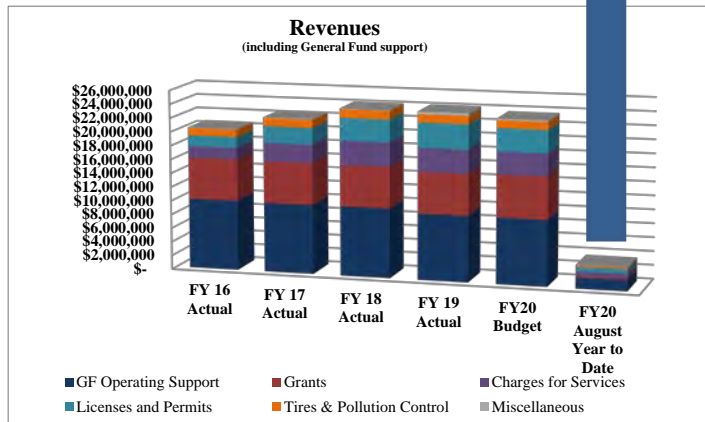


Review of Revenues (including transfers from General Fund) and Expenditures by category

Revenues
 FY20 August Year to Date

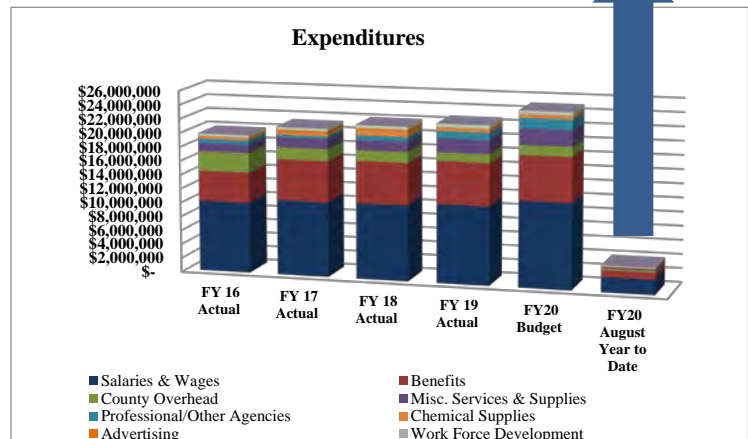
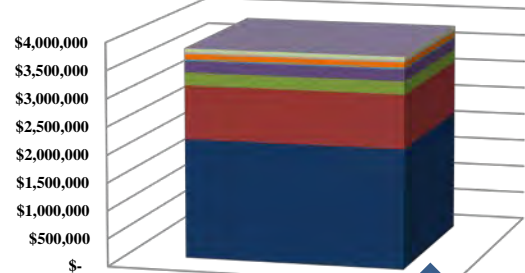


The total **revenues** year to date were \$3,354,170 up \$1,596,740 or 90.9% compared to August FY19 mainly due to a delay in the County General Fund support in FY19. Excluding the County General Fund support, the revenue is up \$10,597 or 0.6% over FY19. The revenue categories up over FY19 includes the charges for services of \$672,784 up \$121,553 or 22.1% mainly in dust plans, notice of exemptions for wood burning stoves, medical insurance reimbursements and development plan reviews; tire and pollution control funding of \$232,333 were up \$10,260 or 4.6%; and miscellaneous revenues of \$12,681 up \$11,782. The revenue categories down compared to FY19 were licenses and permits of \$617,530 down \$26,754 or 4.2% and Federal and State grants of \$232,699 down \$106,245 or 31.3%. The County General Fund support of \$1,586,143 is up over last year due to the delay in funding from the County in FY19.



The total year to date **expenditures** of \$3,781,990 decreased by \$37,364 or 1.0% compared to FY19. Salaries and benefits for the fiscal year were \$3,118,278 up \$172,640 or 5.9% over the prior year with the majority of the increase \$147,436 due to employee retirement payouts for accrued vacation and sick leave, the balance of the increase is from the increases due to County labor negotiations. Total services and supplies of \$663,712 were down \$203,661 compared to FY19 mainly due to a reduction in chemical purchases for the mosquito abatement program. The major expenditures included in the services and supplies were the professional/other agency services, which totaled \$25,973 down \$30,202 or 53.8% over FY19; chemical supplies of \$96,160; biologicals of \$59,990 down \$34,060 or 36.2%; and, County overhead charges of \$233,465 up \$30,452 or 15.0%. No capital expenditures have occurred in FY20.

Expenditures
 FY20 August Year to Date



Review of Revenues and Expenditures by Division

ODHO has spent \$163,053 down \$35,132 or 17.7% over FY19 mainly due to the cost of replacement furniture for the conference rooms spent in FY19.

AHS has spent \$196,920 up \$9,191 or 4.9% compared to FY19 mainly due to County overhead charges and increased utilities costs for the District.

AQM revenues were \$554,408 down \$1,701 or 0.3%. The Division spent \$471,856 down \$34,142 or 6.7% over FY19 mainly due to an employee FY19 retirement payout for the accrued vacation and the overtime costs for an Air Quality Specialist to monitor and analyze the impact on air quality due to wildland fires. The Federal Government, through a Board approved partnership with Truckee Meadows Fire Protection District, has reimbursed the overtime costs and regular time worked during the wildland fires.

CCHS revenues were \$295,137 down \$3,016 or 1.0% over FY19. The division spent \$1,381,090 or \$166,566 more than FY19 with \$128,354 of the increase due to employee retirement payouts for accrued benefits and an increase of \$34,167 in part-time and on-call staff in the Family Planning and Immunization programs.

EHS revenues were \$807,067 up \$35,400 or 4.6% over FY19 mainly in plan review charges for services. EHS spent \$1,177,287 a decrease of \$118,892 over last year mainly due to the early fiscal year purchase of chemicals for the mosquito abatement program in FY19.

EPHP revenues were \$111,415 down \$20,086 or 15.3% over last year. The division spent \$391,785 down \$24,955 over FY19. Reduction in both the revenues and expenditures was due to a vacant grant funded position.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2015/2016 through August Year to Date Fiscal Year 2019/2020 (FY20)									
	Actual Fiscal Year			Fiscal Year 2018/2019		Fiscal Year 2019/2020			
	2015/2016	2016/2017	2017/2018	Actual Year End	August Year to Date	Adjusted Budget	August Year to Date	Percent of Budget	FY20 Increase over FY19
Revenues (all sources of funds)									
ODHO	15,000	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,520,452	2,979,720	3,543,340	3,443,270	556,109	3,581,031	554,408	15.5%	-0.3%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	298,153	3,951,338	295,137	7.5%	-1.0%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	771,667	4,369,454	807,067	18.5%	4.6%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	131,501	2,166,205	111,415	5.1%	-15.3%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	-	9,516,856	1,586,143	16.7%	-
Total Revenues	\$20,469,870	\$22,370,420	\$24,061,302	\$24,063,371	\$ 1,757,430	\$23,584,884	\$ 3,354,170	14.2%	90.9%
Expenditures (all uses of funds)									
ODHO	594,672	904,268	826,325	1,336,494	198,185	1,731,592	163,053	9.4%	-17.7%
AHS	996,021	1,119,366	1,016,660	1,059,669	187,729	1,320,474	196,920	14.9%	4.9%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	505,998	3,842,318	471,856	12.3%	-6.7%
CCHS	6,880,583	7,294,144	7,538,728	7,700,440	1,214,523	7,987,931	1,381,090	17.3%	13.7%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	1,296,178	7,053,225	1,177,287	16.7%	-9.2%
EPHP	2,688,659	2,616,411	2,557,352	2,856,024	416,740	2,995,742	391,785	13.1%	-6.0%
Total Expenditures	\$19,770,532	\$21,157,367	\$21,905,797	\$22,558,237	\$ 3,819,354	\$24,931,281	\$ 3,781,990	15.2%	-1.0%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	(198,185)	(1,731,592)	(163,053)		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	(187,729)	(1,320,474)	(196,920)		
AQM	(150,184)	122,763	607,078	507,427	50,111	(261,287)	82,552		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,595,566)	(916,370)	(4,036,593)	(1,085,953)		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	(524,511)	(2,683,772)	(370,220)		
EPHP	(547,325)	(589,169)	(702,490)	(729,444)	(285,239)	(829,536)	(280,370)		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	-	9,516,856	1,586,143		
Surplus (deficit)	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	\$ (2,061,924)	\$ (1,346,397)	\$ (427,820)		
Fund Balance (FB)	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536		\$ 6,495,139			
FB as a % of Expenditures	15.0%	19.8%	28.9%	34.8%		26.1%			

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 August, Fiscal Year 2020.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for August, Fiscal Year 2020.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 2 2020 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	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
422503 Environmental Permits	82,438	20,128	62,310	24	79,727	13,420	66,308	17
422504 Pool Permits	272,588	30,998	241,590	11	263,625	28,804	234,821	11
422505 RV Permits	32,198	6,380	25,818	20	31,139	5,682	25,457	18
422507 Food Service Permits	1,483,902	265,761	1,218,140	18	1,374,436	274,504	1,099,933	20
422508 Wat Well Const Perm	179,055	18,604	160,450	10	173,167	26,656	146,511	15
422509 Water Company Permits	66,145	1,849	64,296	3	34,456	16,354	18,102	47
422510 Air Pollution Permits	650,135	110,827	539,308	17	622,898	128,102	494,797	21
422511 ISDS Permits	263,853	67,386	196,468	26	255,177	61,031	194,146	24
422513 Special Event Permits	175,849	75,689	100,161	43	170,067	66,544	103,523	39
422514 Initial Applic Fee	88,434	19,909	68,525	23	85,526	23,188	62,338	27
* Licenses and Permits	3,294,595	617,530	2,677,065	19	3,090,218	644,284	2,445,935	21
431100 Federal Grants	5,448,873	193,879	5,254,994	4	5,604,940	300,232	5,304,708	5
431105 Fed. Grants-Indirect	494,709	23,509	471,199	5	488,253	25,454	462,799	5
432100 State Grants	248,991	13,919	235,073	6	290,146	12,107	278,039	4
432105 State Grants-Indirect	18,160	1,392	16,768	8	6,653	1,150	5,503	17
432310 Tire Fee NRS 444A.090	486,000	136,983	349,017	28	450,000	128,396	321,604	29
432311 Pol Ctr 445B.830	628,105	95,350	532,755	15	587,828	93,677	494,151	16
* Intergovernmental	7,324,838	465,032	6,859,806	6	7,427,819	561,016	6,866,803	8
460162 Services O Agencies	10,000	10,000	10,000	100	10,000	10,000	10,000	100
460500 Other Immunizations	64,040	14,448	49,592	23	60,000	17,273	42,727	29
460501 Medicaid Clinic Svcs	181,467	31,126	150,341	17	175,500	23,534	151,966	13
460503 Childhood Immunizations								
460508 Tuberculosis		776	5,428	13	6,000	908	5,092	15
460509 Water Quality	6,204				500		500	
460510 IT Overlay					60,672	25	60,647	0
460511 Birth Death Certific	515,000	92,701	422,299	18	515,000	93,169	421,831	18
460512 Duplication Service								
460513 Other Health Service	100,888	44,493	56,396	44	97,571	29,023	68,548	30
460514 Food Service Certifi								
460515 Medicare Reimbursement	196,807	61,916	134,891	31	185,500	39,889	145,611	22
460516 Pgm Inc-3rd Prty Rec								
460517 Influenza Immunization								
460518 STD Fees	36,190	4,326	31,864	12	35,000	5,995	29,005	17
460519 Outpatient Services								
460520 Eng Serv Health	209,943	51,642	158,302	25	203,040	32,834	170,206	16
460521 Plan Review - Pools	6,212	2,540	3,672	41	6,008		6,008	
460523 Plan Review - Food S	90,059	24,776	65,284	28	87,098	7,997	79,101	9
460524 Family Planning	51,700	13,038	38,662	25	50,000	16,345	33,655	33
460525 Plan Review - Vector	76,465	14,737	61,728	19	102,964	3,038	99,926	3
460526 Plan Review-Air Quality	115,940	15,081	100,860	13	95,210	19,691	75,519	21
460527 NOE-AQM	263,732	62,360	201,372	24	273,074	56,417	216,657	21
460528 NESHAP-AQM	247,948	31,381	216,567	13	221,452	47,401	174,051	21
460529 Assessments-AQM	132,000	24,917	107,083	19	111,765	23,349	88,416	21

Period: 1 thru 2 2020
 Accounts: P&L Accounts
 Business Area: *

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

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
460530 Inspector Registr-MO	3,328-	963-	2,365-	29	4,175-	118,825-	4,175-	33
460531 Dust Plan-Air Quality	659,365-	136,115-	523,250-	21	362,521-		243,696-	
460532 Plan Rvw Hotel/Motel		4,113-	4,113					
460534 Child Care Inspection	23,234-	6,238-	16,996-	27	22,470-	6,178-	16,292-	27
460535 Pub Accomod Inspectn	29,345-	5,933-	23,412-	20	28,380-	9,307-	19,073-	33
460570 Education Revenue								
460723 Other Fees	208,183-	29,165-	179,018-	14	193,032-	32-	193,000-	0
* Charges for Services	3,228,052-	672,784-	2,555,268-	21	2,906,932-	551,231-	2,355,701-	19
481150 Interest-Non Pooled						3-	3	100
484000 Donations,Contributions		4,500-	4,500	9	10-	886-	5,614-	14
484050 Donation Fed Pgm Inc	6,721-	605-	6,116-		6,500-		143,838-	
484195 Non-Gov't'l Grants		7,014-	7,014		143,838-		26,311-	
484197 Non-Gov. Grants-Ind.	14,969-	2,430	17,399-	16-	26,311-		48,283-	
485100 Reimbursements	48,854-	2,991-	45,862-	6	48,283-		258,426-	
485300 Other Misc Govt Rev	150,000-	0-	150,000-		258,426-		482,469-	0
** Miscellaneous	220,543-	12,681-	207,863-	6	483,368-	899-	12,150,907-	13
701110 Base Salaries	14,068,028-	1,768,027-	12,300,001-	13	13,908,338-	1,757,430-	8,651,811	16
701120 Part Time	10,815,100	1,693,684	9,121,416	16	10,335,661	1,683,850	196,082	20
701130 Pooled Positions	351,414	77,683	273,731	22	245,924	49,843	452,358	17
701140 Holiday Work	445,526	92,281	353,245	21	546,723	94,364	4,287	1
701150 xcContractual Wages	4,319	131	4,188	3	4,319	32		
701199 Lab Cost Sav-Wages	157,065	1,138	155,928	1	160,607	967	159,640	1
701200 Incentive Longevity	63,517	10,616	52,901	17	114,569	28,647	85,922	25
701300 Overtime	300	32	268	11	300	85	215	28
701403 Shift Differential	38,000	6,577	31,423	17	38,000	5,406	32,594	14
701406 Standby Pay	5,000	283	4,717	6	5,000	363	4,637	7
701408 Call Back	129,473	43,720	85,754	34	526,768	65,707	526,768	97
701412 Salary Adjustment	199,393	195,000	4,394	98	67,722		2,015	
701413 Vac Payoff Sick Term	1,226	1,635	409-	133				
701414 Vacation Denied-Payoff	28,350	28,601	251-	101	16,320	10,458	5,862	64
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	12,238,685	2,151,380	10,087,305	18	12,061,912	1,939,720	10,122,192	16
705110 Group Insurance	1,477,850	225,829	1,252,021	15	1,611,044	257,261	1,353,783	16
705115 ER HSA Contribs	149,160	989	148,171	1	85,200	2,857	82,343	3
705190 OPEB Contribution	1,118,614	186,436	932,178	17	1,286,542	214,424	1,072,118	17
705199 Lab Cost Sav-Benef								
705210 Retirement	3,303,746	512,268	2,791,478	16	3,016,966	487,033	2,529,933	16
705215 Retirement Calculation								
705230 Medicare April 1986	157,625	29,070	128,555	18	147,346	26,811	120,535	18
705240 Insur Budgeted Incr	36,465		36,465		47,094		47,094	

Period: 1 thru 2 2020 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	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
705320 Workmens Comp	77,087	11,469	65,618	15	97,909	16,930	80,979	17
705330 Unemply Comp	9,982	837	9,145	8	9,361	602	8,759	6
705360 Benefit Adjustment	69,486	966,898	69,486	15	229,230	1,005,918	229,230	15
* Employee Benefits	6,400,015	3,546	5,433,117	0	6,530,691	17,252	5,524,773	3
710100 Professional Services	935,670	88	932,123	88-	604,188	3,606	586,937	35
710101 Lab Testing Services	10,973	456	10,517	4	10,421	4,237	6,815	8
710105 Medical Services	51,211	4,237	46,974	8	54,311	13,969	50,074	11
710108 MD Consultants	191,975	7,103	184,872	4	128,538	600	114,569	3
710110 Contracted/Temp Svcs	600	5,053	600	6	92,962	2,693	90,269	38
710115 Subrecipient Payments	83,435	308	78,382	47	650	247	403	13
710200 Lobbying Services	650	794	342	7	9,145	1,200	7,945	25-
710201 Laundry Services	11,800	2,750	11,005	45	3,000	13,075	3,000	6
710205 Repairs and Maintenance	6,151	8,003	132,295	6	216,000	43	202,925	3
710215 Software Maintenance	140,298	1,000	1,000	1,435	1,600	880	1,392	55
710300 Operating Contracts	1,535	96,160	1,535	33	392,700	230,977	161,723	59
710302 Small Tools & Allow	295,700		199,540		16,000		16,000	
710308 Animal Supplies								
710319 Chemical Supplies								
710323 Asphalt								
710325 Signs and Markers								
710334 Copy Machine Expense	27,003	952	26,051	4	23,175	1,156	22,018	5
710335 Copy Mach-Copies	9,135	572	8,563	6	7,642	7,642	7,642	14
710350 Office Supplies	34,300	2,151	32,149	6	52,476	7,254	45,221	9
710355 Books and Subscriptions	6,440	813	5,627	13	7,508	657	6,851	9
710360 Postage	17,984	2,680	15,304	15	16,656	1,569	15,087	9
710361 Express and Courier	100		100		100		100	
710391 Fuel & Lube	125		125		125		125	
710400 Fmts to O Agencies	273,350	10,543	262,807	4	743,421	17,111	726,310	2
710412 Do Not Use								
710500 Other Expense	139,030	4,945	134,084	4	186,491	2,168	184,323	1
710502 Printing	35,200	2,019	33,181	6	30,484	1,268	29,216	4
710503 Licenses & Permits	8,430	1,630	6,800	19	7,195	1,635	5,560	23
710504 Registration		560	560-			100	100-	
710505 Rental Equipment	200		200		200		200	
710506 Dept Inseductible		650	650-			150	150-	
710507 Network and Data Lines	7,080	2,634	4,446	37	6,540	471	6,069	7
710508 Telephone Land Lines	33,973	6,196	27,777	18	34,645	5,651	28,994	16
710509 Seminars and Meetings	59,070	3,454	55,616	6	72,883	3,552	69,331	5
710512 Auto Expense	11,728	777	10,951	7	11,346	787	10,559	7
710514 Regulatory Assessments	25,000		25,000		20,000		20,000	
710519 Cellular Phone	17,554	3,700	13,854	21	14,697	1,236	13,461	8

Period: 1 thru 2 2020
 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	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
621001 Transfer From General								
* Transfers In	9,516,856-	1,586,143-	7,930,713-	17	9,516,856-		9,516,856-	
812230 To Reg Permits-230	9,516,856-	1,586,143-	7,930,713-	17	9,516,856-		9,516,856-	
814430 To Reg Permits Capit	73,123	54,360	18,763	74	73,123	51,215	21,908	70
* Transfers Out	73,123	54,360	18,763	74	73,123			
** Other Financing Src/Use	9,443,733-	1,531,782-	7,911,951-	16	9,443,733-		9,494,948-	
*** Total	1,346,397	427,820	918,577	32	1,733,291	2,061,924	328,633-	119

DD	DI	__
DHO	__	KD __

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health

FROM: Daniel Inouye, Acting Director, Air Quality Management Division
775-784-7214, dinouye@washoecounty.us

SUBJECT: Review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires.

SUMMARY

The Washoe County District Board of Health must adopt any revisions to the District Board of Health Regulations Governing Air Quality Management (Regulations).

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

Section 040.035 of the Regulations was last revised on August 25, 1993. That revision prohibited open burning throughout Washoe County from November through February. Between March and October, open burning is allowed throughout the county with additional requirements for exemption fires within the Truckee Meadows Hydrographic Area.

On August 22, 2019, the District Board of Health adopted the Business Impact Statement with a finding that the revised regulations do not impose a direct and significant economic burden on businesses; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for September 26, 2019 at 1:00 pm.

BACKGROUND

Open Fires are currently prohibited throughout Washoe County from November through February, during peak wintertime inversion season and residential woodstove burning use. This prohibition is in place to help reduce pollution levels within the Truckee Meadows Hydrographic Area 87 (HA87). Between March and October and based on approval from the local fire protection districts, open burning is allowed in Washoe County, with the exception of HA87. Open burning within HA87 between March and October is allowed if it meets at least one of the

five exemptions. The most common exemption request is for having ditch or water delivery facilities on their property. In over 20 years, only one resident has requested an exemption due to a “public safety hazard” with no other reasonable alternatives for eliminating the hazard.

Based on meetings with the local fire protection districts and data collected in the spring of 2019, the proposed revision was developed allowing open burning under appropriate conditions year round in Washoe County, with limitations on properties on which open burning can occur in HA87. The proposed revision will allow for more opportunities for open burning year round within Washoe County during favorable weather conditions for both air quality and public safety. Below is a summary of the major revisions being proposed:

1. Renaming the regulation from “Open Fires” to “Open Burning”
2. Removal of the restriction to burning during November through February
3. Removal of the “Operators of ditches and water delivery facilities” exemption
4. Removal of the “Operators of agricultural facilities greater than 2 acres in size” exemption
5. The addition of “Properties 2 acres in size or greater” exemption within HA87
6. The addition of “Canal and irrigation companies” exemption within HA87
7. The addition of fire control agency considerations when allowing open burn days.

The irrigation and canal companies will not be affected by this regulation change and will still be allowed to open burn ditches and water delivery facilities. Each of the irrigation and canal companies were contacted and provided a copy of the notification and solicitation for comments.

The following methods were used to provide notice of the proposed revisions and public workshops:

1. A public notice of the proposed revisions was published in the Reno Gazette-Journal on July 5, July 10, and July 19, 2019
2. The proposed revisions and workshop information was posted in the “Current Topics” section of the AQMD website (OurCleanAir.com)
3. The notification was emailed to 577 residents who received burn permits from Truckee Meadows Fire Protection District (TMFPD) and five canal and irrigation companies
4. The notification was shared through various forms of social media including Facebook, Twitter, and Next Door
5. The AQMD Facebook page was utilized to create events for the three public workshops
6. AQMD social media posts were shared through TMFPD’s social media

Three public workshops were held on June 28, July 9, and July 11, 2019. A total of 11 residents attended the workshops - five (5) attendees on June 28, six (6) on July 9, and zero (0) on July 11. Additional attendees at each meeting included AQMD and TMFPD staff. During the workshops, a presentation was given on the background of the Open Fires regulation, specific proposed regulatory revisions, and the impacts to the proposed revisions. A sign-in sheet was available during the workshops. Hard copies of the proposed revision, the presentation, and public comment forms were also available. The workshop presentation and written comments received are attached.

Four individuals provided public comments, which are included with this staff report. The comments were supportive of removing the county-wide prohibition of open burning from November through February. Comments were also related to the nexus between HA87 and air quality, especially between March and October. Two commenters requested reducing the property size minimum in HA87. HA87 is the federally enforceable geographic area that was designated “Serious non-attainment” for Particulate Matter. This area also has a federally enforceable maintenance plan to ensure that air pollution levels will continue to meet National Ambient Air Quality Standards (NAAQS). NAAQS are applicable year-round and to all portions of Washoe County.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board adopting the revisions to the regulations. No fees for on-site “public safety hazard” inspections will be assessed at this time. If inspections are requested and conducted, AQMD will assess the burden and, if necessary, propose an appropriate fee to recover expenses at a later date.

RECOMMENDATION

Staff recommends the District Board of Health adopt the revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Burning.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be:

“Move to adopt the revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Burning.”

EXPLANATION: Matter in (1) Blue Underline is proposed language to be added to the current Open Fires regulation and was presented at the June/July 2019 public workshops; (2) ~~Red Strikethrough~~ is proposed language to be deleted from the current Open Fires regulation and was presented at the June/July 2019 public workshops; (3) Green Underline is proposed language to be added to the June/July 2019 version; (4) ~~Red Double Strikethrough~~ is proposed language to be deleted from the June/July 2019 version.

~~040.035 OPEN FIRES (Amended 4/88, 8/25/93)~~

~~A. As used in this section, "open fire" includes all outdoor fires which are not confined in a District approved incinerator, except those which are set during camping and other recreational activities for the purpose of preparing food or for warmth. It is unlawful to burn, or cause to be burned, any combustible refuse in any outdoor waste burner, unless that burner is an incinerator with a valid Permit to Operate, approved by the Control Officer and in compliance with the provisions of Sections 040.010, 040.046, 040.050 and 040.055. Prescribed burns are governed by the rules of part D of this section.~~

~~B. Except as provided in this section and Section 040.040, no person may burn or cause to be burned, any material in an open fire within the Health District without a valid open burning permit. Under no condition shall an open fire be used to dispose of any vegetative material or other solid waste within the Truckee Meadows hydrographic basin, except as provided under Section 040.035 (C).~~

~~C. Effective September 1, 1993, within the Truckee Meadows hydrographic basin may be issued only to the following persons:~~

~~1. Divisions of local municipalities;~~

~~2. Divisions of state or federal government;~~

~~3. Operators of agricultural facilities greater than 2 acres in size;~~

~~4. Operators of ditch and water delivery facilities;~~

~~5. The owner of any property where the fire control agency and the Air Quality Control Officer jointly determine based on an on-site inspection, that a public safety hazard exists and no other reasonable alternative exists for eliminating that hazard.~~

~~6. Open burn permits may be issued to any person for burning to be conducted outside the Truckee Meadows hydrographic basin.~~

~~D. All open burning permits within the Health District must comply with the following terms, conditions and limitations:~~

~~1. Open burn permits within the Health District shall be issued by the appropriate fire control agency. Such permits may only be issued for burning from March 1 through October 31.~~

~~2. The permit shall set forth conditions of burning which will limit the impact of burn related emissions. Materials other than vegetation, such as construction debris, wood, rubber, plastics, household refuse, etc. may not be burned. The fire control agencies shall attach to each open burn permit an information packet which shall be provided by the Air Quality Control Officer.~~

~~3. Open burn permits shall be issued by the fire control agencies only in cases where no reasonable or cost effective alternatives exist.~~

~~4. The fire control agencies shall notify the Air Quality Control Officer of all open burn permits at the time of issuance upon request. The Air Quality Control Officer shall provide a form for making such notification.~~

~~5. Fire control agencies shall notify the Air Quality Control Officer at least five (5) days in advance of any periods for which they plan to allow open burning.~~

~~6. The fire control agencies shall have responsibility for the physical inspection each site and the materials to be burned to determine compliance with fire safety and other applicable codes and requirements prior to the burn.~~

~~7. The open burn permit holder shall contact the local fire control authority to determine if open burning is allowed on the day on which the permittee plans to burn. Open burning permits may be suspended whenever the Air Quality Control Officer determines that adverse meteorological conditions exist.~~

~~8. A copy of the open burn permit shall be available at the site of the open burn and shall be presented to the fire control agency representative and/or Air Quality Control Officer upon request.~~

~~9. All provisions and conditions imposed by the permit must be strictly followed by the permit holder. Failure of the permittee to comply with all such provisions and conditions constitutes a violation of these regulations.~~

~~10. Compliance with all applicable codes and requirements for open burning is the responsibility of the person(s) obtaining and using the open burn permit.~~

~~E. The Control Officer may allow prescribed burning in forest areas during favorable air dispersion conditions. For the purposes of this regulation, a prescribed burn shall mean the controlled application of fire to natural vegetation under specified conditions. Prescribed burns shall not be subject to the burn period limitations of **Section 040.035 (C)**~~

~~A prescribed burning permit, issued by the Air Quality Control Officer, shall be required for all prescribed burns. Prescribed burn permits may only be issued to local fire control authorities or managers of the Forest Service, Bureau of Land Management and Nevada Division of Forests for lands under their control and jurisdiction. The Air Quality Control Officer shall review the smoke management portion of the burn prescription and set forth conditions of operation to limit the air quality impacts of burn related emissions.~~

~~Any application for a prescribed burn permit must be submitted at least ten (10) days in advance of the burn. The application shall include the agency overseeing the burn, a responsible person to be contacted in relation to the burn, the area to be burned, a copy of the burn prescription and any other information as required by the Air Quality Control Officer. The burn prescription shall be available at the site of the burn and shall be presented to the Air Quality Control Officer upon request.~~

040.035 OPEN BURNING (Amended 4/88, 8/25/93; Renamed and Revised 09/26/19)

SECTION A – GENERAL

1. PURPOSE: To limit particulate material (PM) emissions and other pollutants released into the ambient air from open burning.
2. APPLICABILITY: The provisions of this Rule shall apply to any persons conducting open burning within Washoe County.

SECTION B – DEFINITIONS: For the purpose of this regulation, the following definitions shall apply.

1. Allowable Vegetation. Means only plant material that grew on the property where the burn is to be conducted.
2. Fire Control Agency. Means the local fire protection districts and fire departments that regulate open burning.
3. Nuisance Smoke. Means anything which is injurious to health, or indecent and offensive to the senses, or an obstruction to the free use of property, so as to interfere with the comfortable enjoyment of life or property.
4. Open Burning. Means the burning of any ~~combustible material, substance or refuse~~ allowable vegetation wherein the products of combustion are discharged directly into the atmosphere without passing through a stack or chimney.
5. Reasonable Alternatives. Means other means to dispose of allowable vegetation, such as manual removal and disposal of material in a landfill.
6. Recreational Fires. An outdoor fire burning materials other than rubbish where the fuel being burned is not contained in an incinerator, outdoor fireplace, portable outdoor fireplace, barbeque grill or barbeque pit and has a total fuel area of 3 feet (914 mm) or less in diameter and 2 feet (610mm) or less in height for pleasure, religious, ceremonial, cooking, warmth or similar purposes.
7. Smoke Impacts. Means anything that is causing pollution levels to be harmful to humans or become a safety hazard.

SECTION C – STANDARDS: The following standards shall apply:

1. Open burns include all outdoor fires with the exception of:
 - i. Recreational fires;
 - ii. Prescribed fires; and
 - iii. Fires set for training purposes as defined in Section 040.040.
2. Only allowable vegetation shall be burned. No other materials may be burned at any time within Washoe County.
3. Smoke from open burning shall not contribute to exceedances or violations of any National Ambient Air Quality Standards (NAAQS). Open burning will not be allowed if concentrations of any pollutant are exceeded, or expected to exceed any NAAQS.
4. Open burning is exempt from opacity standards as defined in Section 010.106.
5. If the concentrations of an air contaminant/pollutant reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.001.C, all open burning shall be suspended in accordance with the requirements of Section 050.001.C.

SECTION D – ADMINISTRATIVE REQUIREMENTS: The following administrative requirements shall apply:

1. Open burning within Washoe County shall meet local fire control agency requirements. Fire control agencies shall consider the following criteria when approving open burning and determining permissible burn days:
 - a. Consideration of reasonable alternatives to burning and;
 - b. Current and forecasted air quality conditions and;
 - c. Current and forecasted weather conditions and;
 - d. Potential nuisances from smoke and;
 - e. Consideration of smoke impacts from all approved open burns.

2. Open burning is not allowed for properties located within: 1) a PM or CO "non-attainment" ~~or~~ "maintenance" area as specified in 40 CFR 81.329, or 2) areas with an EPA approved Maintenance Plan for PM or CO, except under one of the following conditions:
 - a. Properties 2 acres in size or greater;
 - b. Divisions of state or federal government;
 - c. Divisions of local municipalities;
 - d. Canal and irrigation companies;
 - e. The owner of any property where the fire control agency and the Control Officer jointly determine based on an on-site inspection that a public safety hazard exists and no other reasonable alternative exists for eliminating that hazard.

SECTION E – COMPLIANCE AND RECORDS: For the purpose of these regulations, the following compliance and record requirements shall apply:

1. No persons shall conduct open burning without approval from the local fire control agency.
2. The local fire control agencies shall provide the Control Officer an annual report summarizing the previous year's open burning program. The report shall be submitted annually each year for the previous calendar year activities.

SECTION A – GENERAL

1. **PURPOSE:** To limit particulate material (PM) emissions and other pollutants released into the ambient air from open burning.
2. **APPLICABILITY:** The provisions of this Rule shall apply to any persons conducting open burning within Washoe County.

SECTION B – DEFINITIONS: For the purpose of this regulation, the following definitions shall apply.

1. **Allowable Vegetation.** Means only plant material that grew on the property where the burn is to be conducted.
2. **Fire Control Agency.** Means the local fire protection districts and fire departments that regulate open burning.
3. **Nuisance Smoke.** Means anything which is injurious to health, or indecent and offensive to the senses, or an obstruction to the free use of property, so as to interfere with the comfortable enjoyment of life or property.
4. **Open Burning.** Means the burning of any allowable vegetation wherein the products of combustion are discharged directly into the atmosphere without passing through a stack or chimney.
5. **Reasonable Alternatives.** Means other means to dispose of allowable vegetation, such as manual removal and disposal of material in a landfill.
6. **Recreational Fires.** An outdoor fire burning materials other than rubbish where the fuel being burned is not contained in an incinerator, outdoor fireplace, portable outdoor fireplace, barbeque grill or barbeque pit and has a total fuel area of 3 feet (914 mm) or less in diameter and 2 feet (610mm) or less in height for pleasure, religious, ceremonial, cooking, warmth or similar purposes.
7. **Smoke Impacts.** Means anything that is causing pollution levels to be harmful to humans or become a safety hazard.

SECTION C – STANDARDS: The following standards shall apply:

1. Open burns include all outdoor fires with the exception of:
 - i. Recreational fires;
 - ii. Prescribed fires; and
 - iii. Fires set for training purposes as defined in Section 040.040.
2. Only allowable vegetation shall be burned. No other materials may be burned at any time within Washoe County.

3. Smoke from open burning shall not contribute to exceedances or violations of any National Ambient Air Quality Standards (NAAQS). Open burning will not be allowed if concentrations of any pollutant are exceeded, or expected to exceed any NAAQS.
4. Open burning is exempt from opacity standards as defined in Section 010.106.
5. If the concentrations of an air contaminant/pollutant reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.001.C, all open burning shall be suspended in accordance with the requirements of Section 050.001.C.

SECTION D – ADMINISTRATIVE REQUIREMENTS: The following administrative requirements shall apply:

1. Open burning within Washoe County shall meet local fire control agency requirements. Fire control agencies shall consider the following criteria when approving open burning and determining permissible burn days:
 - a. Consideration of reasonable alternatives to burning and;
 - b. Current and forecasted air quality conditions and;
 - c. Current and forecasted weather conditions and;
 - d. Potential nuisances from smoke and;
 - e. Consideration of smoke impacts from all approved open burns.
2. Open burning is not allowed for properties located within: 1) a PM or CO “non-attainment” area as specified in 40 CFR 81.329, or 2) areas with an EPA approved Maintenance Plan for PM or CO, except under one of the following conditions:
 - a. Properties 2 acres in size or greater;
 - b. Divisions of state or federal government;
 - c. Divisions of local municipalities;
 - d. Canal and irrigation companies;
 - e. The owner of any property where the fire control agency and the Control Officer jointly determine based on an on-site inspection that a public safety hazard exists and no other reasonable alternative exists for eliminating that hazard.

SECTION E – COMPLIANCE AND RECORDS: For the purpose of these regulations, the following compliance and record requirements shall apply:

1. No persons shall conduct open burning without approval from the local fire control agency.
2. The local fire control agencies shall provide the Control Officer an annual report summarizing the previous year’s open burning program. The report shall be submitted annually each year for the previous calendar year activities



Public Health
Prevent. Promote. Protect.

Sign-In Sheet

Air Quality Management Division
040.035 Open Fire Revision Workshop
 June 28, 2019 · 12:00 to 2:00 · Health District, South Auditorium

Name	Organization	E-mail
Clyde Suberpa		Suberpa @ Aol.com
M/M Jones		
Laney & Susan Jones		Lanays@att.net
Kerrie Moore	TM FIRE	C Moore @ tmfire.us
Jirel Hunter	AQM D	jdhunter@washoeconomy.us
Brandon Schrieder	AQM D	bschrieder@washoeconomy.us
SAY CUDYAK	TM FIRE	SCUDYAK@ TM TMFIRE.US
Daniel Inouye	WUSD-AQM D	dinoouye@washoeconomy.us



Public Health
Prevent. Promote. Protect.

Sign-In Sheet

Air Quality Management Division
040.035 Open Fire Revision Workshop

July 9, 2019 · 6:00 – 8:00 PM · 470 Foothill Road, TMFPD Station 33

Name	Organization	E-mail
DANIEL INOUE	WKHD-AQMD	dinooue@washoecounty.us
Jillie Hunter	WKHD-AQMD	jdhunter@washoecounty.us
JAMES MOORE	TMFPD	
Jim Venner	Private	jimbov@aol.com
LISA MATS		LIVEFIRECLICK@me.com
Joanne Walden		joanne.walden@me.com
Charlie Dundee	Private/public	charlescdundee@bymail.com
Joe Seaman	TMFPD	jseaman@tmfpd.us
BOB MATS	AKUMTE	NUSHEROAKUMTE@YHHD.COM



Public Health
Prevent. Promote. Protect.

Sign-In Sheet

Air Quality Management Division
040.035 Open Fire Revision Workshop

July 11, 2019 · 12:00 – 2:00 PM · 10201 W. 4th Street, Fire Station 40

Name	Organization	E-mail
Mokeef Yens	TFRPD	mkenry@tmfrpd.us
Jolie Hunter	WCHD-ARMO	johunter@washoecounty.us
Jessica Cabrales	WCHD-ARMO	Scabrales@washoecounty.us
DANIEL INOUYE	WCHD-ARMO	dinouye@washoecounty.us

**PROOF OF
PUBLICATION**

**STATE OF WISCONSIN SS.
COUNTY OF BROWN**

ACCOUNTS PAYABLE
WASHOE CO
1001 E 9TH ST BLDG D

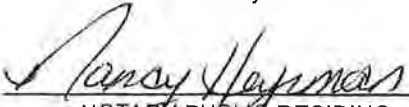
RENO NV 89512

Being first duly sworn, deposes and says: That as the legal clerk of the Reno Gazette-Journal, a daily newspaper of general circulation published in Reno, Washoe County, State of Nevada, that the notice referenced below has published in each regular and entire issue of said newspaper between the date: 07/05/2019 - 07/19/2019, for exact publication dates please see last line of Proof of Publication below.

07/05/19, 07/10/19, 07/19/19


Legal Clerk

Subscribed and sworn before me this
19th of July 2019.


NOTARY PUBLIC RESIDING
AT STATE OF WISCONSIN
COUNTY OF BROWN

Notary Expires: 5.15.23

NANCY HEYRMAN
Notary Public
State of Wisconsin

Ad#:0003666021
P O :
of Affidavits : 1

Notice of Proposed Action

The Director is proposing revisions to District Board of Health Regulations Governing Air Quality Management, specifically Section 040.035, Open Fires, and related terms included in Section 010.000, Definitions. The proposed revisions and public workshop schedules are available on the Washoe County Air Quality Management Division website at OurCleanAir.com.

Public workshops will be held on July 9 and July 11, 2019. Additional workshops may be held upon receipt of a written request. In the event an additional public workshop is scheduled, the workshop location will be posted at OurCleanAir.com. Interested persons who may be affected, wish to comment, or request an additional public workshop should submit in writing to Daniel Inouye, Acting Division Director, by:

- 1) Mail to: Washoe County Health District, Air Quality Management Division
1001 E. 9th Street, Suite #B171
Reno, NV 89512, or
- 2) Email to: KeepItClean@washoecounty.us, or
- 3) FAX to: 775-784-7225.

Written comments will be accepted until the close of business on Monday, August 5, 2019, and will be considered prior to any final action being taken on the proposed revisions. Comments received will be included in the Business Impact Statement to be presented to the District Board of Health for consideration of acceptance at a public hearing to be held at 1:00 p.m. on August 22, 2019 at the Board of County Commissioners Chambers, located at 1001 East 9th Street, Building A. If the Business Impact Statement is accepted, adoption of the proposed revisions will be considered at the next District Board of Health meeting scheduled for 1:00 pm on September 26, 2019 at the same location. If adopted, these regulations will be submitted to the U.S. Environmental Protection Agency.
0003666021

July 5, 10, 19, 2019

**WASHOE COUNTY
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

Air Quality Management Division

040.035 Open Fire Revision Public Comment

June 28, 2019 · 12:00 to 2:00 · Health District, South Auditorium

Contact Information

Name Cilia Suheyda
Address 5425 Mt Rose Hwy, Reno 89511
Phone 819-1944
Email Suheyda @ Aol.com

How did you hear about the workshop?

- Email
- Air Quality website
- Social Media
- Word of mouth
- Other Mail

Regulation revision comments:

fees: Landowners should not be charged fees.

Fines: Anyone without a permit must be fined.

Thank you -

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512

AQM Office: 775-784-7200 | Fax: 775-784-7225 | OurCleanAir.com

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Public Health
Prevent. Promote. Protect.

Air Quality Management Division
040.035 Open Fire Revision Public Comment
June 28, 2019 · 12:00 to 2:00 · Health District, South Auditorium

Contact Information

Name Jerry J Lawrence
Address 31300 Cantlon Dr. Wadsworth NV, 89442
Phone (775) 575-7387
Email jlawemav@att.net

How did you hear about the workshop?

- Email
- Air Quality website
- Social Media
- Word of mouth
- Other _____

Regulation revision comments:

Will be good to be able to burn all
fall and winter when able?

Need a way to separate county areas
from city winds days.

Need more or quicker communication to
allow more notification of ~~burn~~ ^{greenup} drop off
days.

April 30, 2019

To: Charlene Abby, Director, Washoe County AQMD

From: William Verner

Re: Open Burning within Truckee Meadows Hydrographic Basin (HA 87)

After receiving your April 2 email I discussed this issue with a few of my acquaintances who have some expertise in this area, and also with officials from a number of governmental agencies. We reviewed your statements in detail and now submit a number of thoughts for your consideration in the following paragraphs.

1. The Washoe County AQMD has clearly and repeatedly stated that their major concern is “the *wintertime* pollution problem caused by fireplaces, woodstoves, and open burning.” *Wintertime* has been defined by AQMD as the period between November 1 and February 28. During those four months you control burning in fireplaces and woodstoves, via the Burn Code, in a large chunk of the county from Washoe Lake to Silver Knolls. This area includes all of the Truckee Meadows Hydrographic Basin (HA 87) and much more. Open burning is prohibited at all times throughout the entire above-mentioned area through the entire *wintertime* period. The italics are mine, but it would be an understatement to say that the main thrust of AQMD seems to be toward alleviating *wintertime* pollution. Air pollution from these sources during the other eight months of the year seems to be a minor issue, yet our whole discussion revolves around what is and is not allowable during this seemingly benign period.

2. Although the EPA monitors numerous pollutants - including particulate matter (PM), ozone, and oxides of carbon, sulfur, nitrogen and lead – it is clear from your email and other Division writings that you consider the bad actor in HA 87 to be particulate matter. These are the small, unhealthy, inhalable solid and liquid particles some of which, according to the EPA, come directly from a point source, such as construction sites, unpaved roads, fields, smokestacks, or *fires*, but most of which are formed in the atmosphere as a result of complex reactions of chemicals such as sulfur dioxides and oxides of nitrogen, which are pollutants emitted by power plants, industries and automobiles. Just from the general wording, which comes from the EPA itself, it seems that open burning in general is viewed as a tiny part of the whole; open burning by a small, closely-defined group within a small, vaguely-defined area appears to us to be a miniscule blip on the radar screen.

3. On March 1 the *summertime* season starts, and it lasts until October 31. During that eight month span, all controls on fireplaces and woodstoves are removed, and homeowners can burn anything they want to in their fireplaces and woodstoves,

anywhere in the county. Moreover, at that same point in time the official open burning season starts, and property owners can burn any matter of plant and shrub clippings (yard waste), anywhere in the county *except within the confines of HA 87*. Even within HA 87, generous allowances are made to allow open burning by divisions of local, state, or federal agencies, agricultural facilities greater than two acres in size, and properties containing water delivery facilities (ditches) – pretty much everybody is exempted except us ordinary residential property owners. The only general controls exercised over open burning in Washoe County during summertime are those imposed by the various fire protection districts, and they are related to fire safety and not relevant to this discussion. Again, we find it difficult to understand why the AQMD is expending so much time and effort on this teenybopper.

4. In the first paragraphs of your email you mention that a decision was made in the early 1970's to use the NV hydrographic basins as a "convenient" way to define the airsheds, since the basins and surrounding mountain ranges do a "reasonably good job" of delineating distinct air regions. This language alone would lead one to conclude that the decision was in fact arbitrary and not based on scientific evidence. This marriage of watersheds and airsheds might have seemed a reasonable assumption or hypothesis at the time, but in our view it is seriously flawed. First of all, the hydrologic basins are concerned not only with surface flow but also with underground flow and reservoirs, so they are not entirely defined by surface contours. Even if they were, the flow of surface water and surface air are not the same. The flow of surface water is controlled by gravity and gravity alone; the flow of air over the surface is affected by gravity, atmospheric pressure, temperature, and most importantly by wind.

5. We reviewed your CFR Title 40 link, and it did not really contain any definitive information pertaining to particulate matter. There is only one PM-10 entry, and it is blank; there are four PM-2.5 entries, two annual for 1997 and 2012 and two 24-hour for 1997 and 2006. All four show a Statewide designation of Unclassifiable/Attainment [whatever that means] and the Statewide designation in all cases refers to the "hydrographic areas" shown on a NV DWR map produced in 1971. Perhaps your intent was to show that the hydrographic areas in NV have been accepted by the feds as the equivalent of airsheds, and that that fact somehow validates the quick and dirty decision made back in the 1970's. I would guess the EPA pretty much accepted what NV recommended back in the early days, as long as it was not too far-fetched. I would submit that just because some assertion has enjoyed acceptance by the government or the general public for a long period of time does not make it correct. We now know the earth is not flat and that the sun does not revolve around the earth. These generally accepted claims were invalidated through scientific studies. A fair question might be what has the AQMD done over the last 45+ years to improve and sharpen the original assumption that the Truckee Meadows Hydrological Basin is identical to what could be called the Truckee Meadows Airshed? In our view it appears you have etched the original assumption in stone and removed any further discussion from the table.

6. You mentioned in your email that the Truckee Meadows Hydrologic Basin (HA 87) was designated non-attainment for particulate matter when the Clean Air Act was promulgated in 1970. That is a curious statement, since HA 87 was not designated and described by the Washoe County Engineer until March 1978, eight years later. You go on to imply that because of remediation efforts by AQMD, HA 87 achieved particulate matter attainment, as defined by the EPA, in 2016. This date is significant, since up to and including the 2015 season open burning was not controlled within the basin. Although listed in the statutes, the no-burn rule was not enforced, was not generally known, and was not shown on burn permit applications issued by the Truckee Meadows Fire Protection District. The point here being that PM attainment within HA 87 was reached despite the fact that open burning had gone on unabated during the 45 years from 1970 through 2015. Then, suddenly in 2016, it became a substantive issue, and we wonder why. From the outside it looks like you are straining to keep the PM attainment designation and will jump at anything that even hints at PM pollution. Perhaps we should be thankful that we can still drive our cars within HA 87.

7. In our view, before AQMD denied a particular practice to a particular group of people living in a particular area, certain conditions should have been met. First of all, the non-attainment designation must have meant that there was there a PM problem within HA 87 during the summertime seasons prior to the 2016 clampdown. Do you have historical data that show how much of the PM problem was due to open burning and how much originated from other sources? Within the open burning portion, do you know what percentage of the problem was attributable to homeowners conducting open burns versus those burning openly because they were exempt from the rule? Alternatively, since three open burn seasons have passed since the clampdown, you should be able to compare the gross PM counts attributable to open burning in, say, 2013, 14, and 15 vs. those in 2016, 17, and 18, perhaps adjusted by population growth. Has the AQMD collected these data, and are they available online? The point of these questions is, of course, can you show that open burning by non-exempted homeowners has ever played a significant part in the air quality within HA 87; and can you demonstrate that the prohibition of summertime open burning in HA 87 by non-exempted homeowners (that went into effect in 2016) has had any effect on PM counts attributable to open burning?

8. An issue that has not even been touched on to date is the question of the origin and final destination of the particulate matter. Just because a monitor within HA 87 picks up particles that are judged to have resulted from open burning, who is to say these particles originated within HA 87? They easily could have blown into HA 87 from another area. Likewise, any open burning within HA 87 could generate particles that are blown into adjacent areas or up into the atmosphere. Can the AQMD produce data, presumably based upon wind flow, which would demonstrate how particulate matter moved into, out of, and through HA 87? To us that would seem unlikely.

9. As an extension of Item 8, we would be interested in knowing the number and locations of your monitoring stations that detect particulate matter in HA 87 and the surrounding area. Is this information online? Are these stations maintained by you or by the EPA? Is this parameter measured continually or at specific intervals? Presumably, the monitors generate data in the form of x PM-10 particles or y PM-2.5 particles per cubic meter. How are you able to tell whether a given particle came from, say, a smokestack or an open burn, and how can you determine the point source of that particle?

Summarizing the preceding paragraphs, we feel that AQMD is targeting a minor source of air pollution (open burning) inside an arbitrarily defined area of Washoe County (HA 87) that was ginned together over 45 years ago and whose scientifically questionable boundaries have not been adjusted or even addressed ever since. We also submit that the Division is placing a burden on selected homeowners within that area who likely would have extremely limited impact on that minor pollution source no matter what they did. Moreover, you are imposing these restrictions during the summertime period, when all the burning rules are relaxed and by your own admission there does not seem to be an extant air pollution problem. We also suggest that the 2016 decision to crack down on open burning by non-exempt individuals within the Truckee Meadows Hydrographic Basin (HA-87) was made in the absence of reliable scientific data, and we question whether it can be shown that this decision has had any positive effect, or in fact any effect at all, on particulate matter pollution in Washoe County.

We are requesting that the AQMD revisit the above issues to determine if in fact open burning constitutes a threat to our air quality and, if so, what is the magnitude and scope of that threat and how should it be countered. If, through scientific studies, it is found that certain types of open burning in certain areas at certain times of the year pose a measurable threat to the quality of our air, then by all means those practices should be prohibited, and there should be no exemptions. In the interim we suggest that the AQMD rescind those provisions of Regulation 040.035 which refer to the Truckee Meadows Hydrological Basin (HA 87) and cease any ongoing enforcement attempts.

This dialog is important to us, and we look forward to your response.

August 5, 2019

Daniel Inouye
Monitoring and Planning Branch Chief
Washoe County Health District
1001 E. 9th Street – B171
Reno NV 89512

Re: Air Quality Management Regulations Revisions to 0.40.035 – Open Fires

Mr. Inouye:

Thank you to you and your staff for your presentation and discussion on the above referenced proposed regulatory rule changes which took place at Fire Station 33 on July 9th 2019.

I respect the efforts of the Bureau and support many of the proposed changes to the regulations. While I recognize that the proposed changes to code afford many landowners, with parcels that are 2 or more acres in size -Section D 2(a), to now open burn in Hydrographic Basin 87 and that this section also affords property owners a mechanism to work with the local fire control agency - Section D 2(e), I believe that the changes do not go far enough for many properties on the southern interior boundary of Basin 87 – south of the Mt Rose highway.

One of the reasons for not reducing the property size down to an acre exemption, as stated by Chief Moore, was the concern that such a reduction would result in a higher density of eligible properties that might contribute to air quality issues in the Basin and an elevated concern regarding escaped fires. I have overlaid the Basin 87 boundary spatial in GIS and analyzed the parcel size south of the Mt Rose Highway on Fawn Lane - please see attached aerial. I specifically limited the review to that area because many of the properties west and within the boundary have CCR in place that don't allow open burns.

The properties on Fawn Lane are comprised of both private and public lands and their sizes range from 1.12 acres to lots of 5 acres. There are approximately 38 properties on Fawn Lane that fall within Basin 87. Approximately 50% of this number would be exempt under the proposed rules because they are either public or in excess of 2 acres. If all properties that fall within Basin 87 south of the Mt Rose Highway along Fawn Lane were to be aggregated, the average lot size would be 2.04 acres.

The managing agency for the public lands, USFS, has indicated that they would not open burn these lands and has masticated the brush fields in the past. Many of these properties are "horse" properties and the brush has been cleared to create riding corrals so there isn't a lot of vegetative material to manage. My point is that while there are approximately 38 properties not all of them would choose to burn or have burned in the past.

I have previously worked with your staff and the local fire protection district to secure a one year exemption this previous year – I would hope that I wouldn't have to go through that process on an annual basis but I do acknowledge that you have included a mechanism for addressing cases where using fire is the most practicable alternative within the Basin.

My request is for the Health District Board to consider an additional exemption specifically for this area south of the Mt Rose Highway with the following “friendly” amendment language to Section D 2.

- f. properties located south of the Mt. Rose highway on Fawn Lane or
- f. properties located south of the Mt. Rose highway on Fawn Lane which have previously held open burn permits

I have included a map of the area I am discussing above as well as a photo of recently cut brush. The suggestions at the meeting of using more of the Waste Management free bag days in November and May just doesn't work from a practical sense – that bitterbrush piece is most likely in excess of one black construction grade bag. Nor does hauling to NDF on free dump days if you don't have the appropriate vehicle.

I would like to thank you for the opportunity to comment and your level of engagement during this process. I look forward to the Boards decision and hopefully an opportunity to manage my land with the tool of open pile burning to maintain the appropriate defensible space this coming year.

Respectfully –

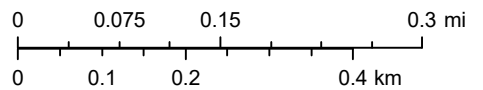
Charles Donohue
15445 Fawn Lane
Reno NV 89511

Fawn Lane



August 5, 2019

1:9,028



Washoe County
 Washoe County GIS
 Source: USGS, NGA, NASA, CGIAR, GEBCO, N
 Robinson, NCEAS, NLS, OS, NMA, Geodatastyrelsen and the GIS User
 Community

This information for illustrative purposes only. Not be used for boundary resolution or location and not intended to be used for measurement, calculation, or delineation.



District Board of Health Regulations Governing Air Quality Management Revision to 040.035 Open Fires

Daniel Inouye
Monitoring and Planning Branch Chief
&
Julie Hunter
Senior Air Quality Specialist

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

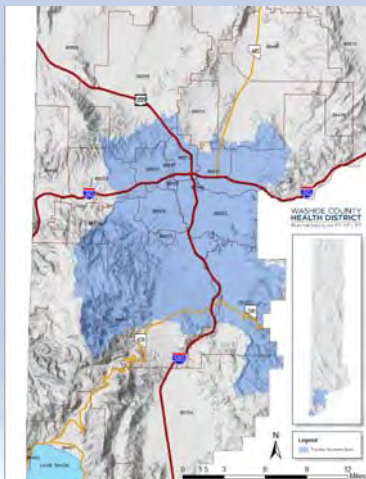
040.035 Current Open Fire Regulation

- No open fires allowed in Washoe County from November through February
- No open fires allowed in Hydrographic Basin 87 (HA87) without exemptions
- HA87 was a previous non-attainment area
- Control strategy to reduce pollution in HA87

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Hydrographic Basin 87 (Non-attainment/Maintenance Area)



Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

040.035 Revision Summary

- Referred to now as Open Burning
- Open burning allowed year round throughout Washoe County
- Exemptions to burning inside HA87
- All open burning shall meet fire control agency requirements

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

040.035 Revision Summary Cont'd

- Open burning exemptions in HA87:
 - Properties 2 acres or larger
 - State and federal governments
 - Local municipalities
 - Canal and irrigation companies
 - No other reasonable alternative for eliminating hazard based on an on-site inspection
- Fees be may associated for some exemptions

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

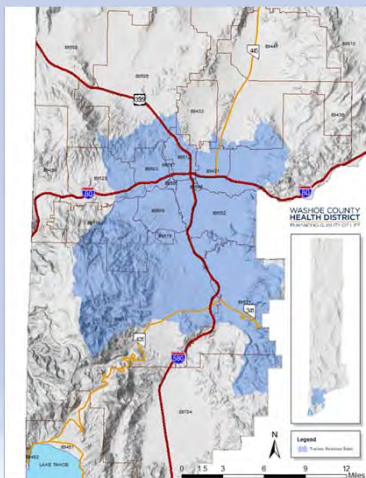
Regulation Change Benefits

- Takes advantage of favorable weather conditions during November through February
- Allowed on properties 2 acres or more in HA87 with/without surface irrigation
- Allows more open burning in Washoe County based on fire control agency approval

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Questions?



Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Contact Information

Daniel Inouye
Monitoring and Planning Branch Chief
1001 E. 9th Street, B171
dinouye@washoecounty.us
(775) 784-7214

Revised Regulation: OurCleanAir.com

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DD	DI	—
DHO	—	—

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health

FROM: Daniel Inouye, Acting AQM Division Director
775-784-7214, dinouye@washoecounty.us

SUBJECT: Review, discussion and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 (Odorous or Gaseous Contaminants) with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for October 24, 2019 at 1:00 pm.

SUMMARY

The Washoe County District Board of Health must adopt any changes to the District Board of Health Regulations Governing Air Quality Management (Regulations). Per NRS 237, Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the proposed revisions.

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

Section 040.055 of the Regulations was last revised in January 1989. Historically odor impacts have been identified by surveying a small group of average people or often simply by having a representative of the agency make a determination based on their perception.

BACKGROUND

Over the past decade, many states have legalized the cultivation and sale of marijuana. One concern identified by citizens from these states is the generation of odors during cultivation and processing of marijuana. In an effort to better respond to these concerns, regulatory agencies tasked with the regulation of odors have had to rely on subjective odor impact determinations. Enforcement of subjective determinations can be very difficult, but in recent years a few

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512
AQM Office: 775-784-7200 | Fax: 775-784-7225 | OurCleanAir.com
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



companies have begun producing devices that can quantify odors based on a dilution of odorless air. Devices that quantify odors based on odor dilutions are called olfactometers. An olfactometer is an instrument which blends odorous air with measured amounts of nonodorous air, called dilutions. By identifying the amount of dilutions a quantifiable limit can be determined to set what would be considered an odor impact.

Based on research from different regulatory agencies who are already utilizing olfactometers for compliance as well as an understanding of the technique, AQMD determined that two different impact levels were needed, one for residential areas and one for areas not residential. The dilution factors determined for each are 7 dilutions for residential and 15 dilutions for non-residential. An odor that is more persistent will require more dilutions to negate; as such lesser odors will be diluted below threshold with fewer dilutions.

Public notice for the proposed revisions to these regulations was published in the Reno Gazette-Journal on August 8, 14, and 22, 2019. The proposed revisions were also made available in the “Current Topics” section of the AQMD website (OurCleanAir.com). This rule change will apply to all potential odor violations within the county. Public workshops were scheduled on September 4 at noon and at 5:30 pm, to address any questions or concerns. Three members from the marijuana cultivation industry attended the noon workshop; no one from the public attended the 5:30 workshop. Due to the large number of potentially affected businesses, the public notice included instructions that written comments must be submitted to the AQMD by September 9. No written comments were received by the deadline.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board adopting the Business Impact Statement.

RECOMMENDATION

Staff recommends adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 (Odorous or Gaseous Contaminants) with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for October 24, 2019 at 1:00 pm.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be:

“Move to adopt the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 (Odorous or Gaseous Contaminants) with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for October 24, 2019 at 1:00 pm.”

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the revision to the DBOH Regulations Governing Air Quality Management, Section 040.055 (Odorous or gaseous emissions).

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Notification of the public hearing to address the proposed regulation changes were published on August 8, 14, and 22, 2019 in the Reno Gazette-Journal. Two public workshops were held on September 4; The first at noon and the second at 5:30 pm. The notification also included a request to submit comments to the Air Quality Management Division by September 9. Three members from the regulated community attended the noon workshop, no one attended the 5:30 workshop. AQMD did not receive any comments by close of business on September 9.

2. The estimated economic effect of the proposed rule on businesses, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: None.

Beneficial effects: The regulation has been modified to allow for the use of an olfactometer to quantify what is considered a nuisance odor. The current regulation depends heavily on subjective nuisance determination, the use of an olfactometer sets a bright line level, thus making the odor threshold clear to industry.

Direct effects: Time saved from having a set nuisance threshold.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any impact reductions were found, and if so, which of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

By providing industry a clear standards threshold and expectations for compliance, the regulated community will spend less time trying to comply with uncertainty. There should be a financial benefit to business owners.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is:

There is no increase in anticipated annual cost.

5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: N/A.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: N/A.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, nor more stringent than existing federal, state or local standards.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses:

By providing industry a clear standards threshold and expectations for compliance, the regulated community will spend less time trying to comply with uncertainty. There should be a financial benefit to business owners.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.

Kevin Dick, District Health Officer

September 26, 2019

Date

EXPLANATION: Matter in (1) Blue Underline is proposed language to be added to the current Odorous or Gaseous Contaminants regulation and was presented at the September 4, 2019 public workshops; (2) ~~Red Strikethrough~~ is proposed language to be deleted from the current Odorous or Gaseous Contaminants regulation and was presented at the September 4, 2019 public workshops; (3) Green Underline is proposed language to be added to the September 4, 2019 version; (4) ~~Red Double Strikethrough~~ is proposed language to be deleted from the September 4, 2019 version.

~~040.055 ODOROUS OR GASEOUS CONTAMINANTS (Amended 1/89)~~

~~It is unlawful for any person to discharge, or cause to be discharged, from any source whatsoever, any quantity of odorous or gaseous emissions, materials, or air contaminants of any kind or description, which is, or tends to be, offensive to the senses, or injurious or detrimental to repose, health, and safety, or which in any way unduly interferes with or prevents the comfortable enjoyment of life or property by any property owners, residents or the general public.~~

~~The Control Officer may deem an odor complaint a confirmed violation if he is able to verify the odor episode by reliable methods including, but not limited to: 1) actual ambient measurements of a known substance at a level greater than its odor threshold; or 2) verification of odors on-site by the Control Officer; or 3) at least 75% of a group of eight or more people selected by the Control Officer, when exposed to the odor, find it objectionable to their senses at ambient levels in areas accessible to the public.~~

~~The Control Officer may require, by notice in writing, any source with two or more violations of this regulation within a one year period, to submit a plan to reduce odorous emissions. This plan must demonstrate how the source will reduce emissions to a level that will eliminate any odor episode occurrences in the future. The plan must be submitted within 60 days of the receipt of the Control Officer's notice, and must be implemented within a reasonable period of time thereafter, as determined by the Control Officer.~~

040.055 ODOROUS EMISSIONS (Amended 1/89, Renamed and Revised 10/24/19)

SECTION A - GENERAL

1. PURPOSE: To limit odorous emissions which tend to be:
 - a. Offensive to the senses; or
 - b. Injurious to health or safety; or
 - c. Prevent the enjoyment of life or property.
2. APPLICABILITY: The provisions of this rule shall apply to any anthropogenic odorous emissions into the ambient air.

SECTION B - DEFINITIONS: For the purpose of this regulation, the following definitions shall apply:

1. Anthropogenic. Caused or produced by humans.
2. Odor Mitigation Plan. A written plan to bring an affected facility into compliance with the standards set in this rule.
3. Residentially Zoned Area. Includes any residential regulatory zone as described by the local municipalities.

SECTION C - STANDARDS

1. ODOROUS EMISSIONS PROHIBITION: The Control Officer may deem an odorous emission a violation if the odor is detectable on a property which is not the source if:
 - a. The odor is detectable when one (1) volume of odorous air has been diluted with seven (7) or more volumes of odor free air on any Residentially Zoned Area; or
 - b. The odor is detectable when one (1) volume of odorous air has been diluted with fifteen (15) or more volumes of odor free air on any property.

SECTION D – ADMINISTRATIVE REQUIREMENTS

Odor Mitigation Plans as required in Section E of this regulation, must be approved by the Control Officer.

SECTION E – COMPLIANCE AND RECORDS

1. COMPLIANCE DETERMINATION: Measurement by the Control Officer with any instrument, device, or method capable of determining if a prohibited odorous emission has occurred.
2. ODOR MITIGATION PLAN: Upon notice by the Control Officer of a violation of Section C of this rule, the operator of the source facility shall submit an odor mitigation plan within 30 days of receipt of notice. Odor mitigation plans should include the following elements:

- a. Facility information:

Name of the facility, physical address of the facility, mailing address of the facility;

Name of the facility owner, phone number of the facility owner, and email address of the facility owner;

Name of the facility operator, phone number of the facility operator, and email address of the facility operator;

Description of facility operations, hours of operation; and

Air Quality Permit to Operate permit number (if applicable).

b. Odorous emission information:

Location and description of odor causing activities; and

Timing and length of odor causing events.

c. Odor Mitigation Practices and Controls:

Staff training;

Procedural activities;

Engineering controls;

Other applicable controls;

System maintenance; and/or

Monitoring of control efficacy.

d. Timeline for implementation of the Odor Mitigation Plan, commencing upon notice from the Control Officer that the Odor Mitigation Plan has been approved.

3. EQUIPMENT FAILURE: All upset or breakdown conditions resulting in increased emissions or air pollutants shall be reported in compliance with District regulations, Section 020.075 and 020.076.

4. RECORDKEEPING:

a. Odor Mitigation Plans shall be made available to all staff in the source facility.

b. All records shall be ~~made available~~ supplied to the Control Officer and available immediately upon request.

5. RECORD RETENTION: Records required to be maintained in Section E.4 of this Rule shall be retained for at least five (5) years.

~~040.055 ODOROUS OR GASEOUS CONTAMINANTS (Amended 1/89)~~

~~It is unlawful for any person to discharge, or cause to be discharged, from any source whatsoever, any quantity of odorous or gaseous emissions, materials, or air contaminants of any kind or description, which is, or tends to be, offensive to the senses, or injurious or detrimental to repose, health, and safety, or which in any way unduly interferes with or prevents the comfortable enjoyment of life or property by any property owners, residents or the general public.~~

~~The Control Officer may deem an odor complaint a confirmed violation if he is able to verify the odor episode by reliable methods including, but not limited to: 1) actual ambient measurements of a known substance at a level greater than its odor threshold; or 2) verification of odors on site by the Control Officer; or 3) at least 75% of a group of eight or more people selected by the Control Officer, when exposed to the odor, find it objectionable to their senses at ambient levels in areas accessible to the public.~~

~~The Control Officer may require, by notice in writing, any source with two or more violations of this regulation within a one year period, to submit a plan to reduce odorous emissions. This plan must demonstrate how the source will reduce emissions to a level that will eliminate any odor episode occurrences in the future. The plan must be submitted within 60 days of the receipt of the Control Officer's notice, and must be implemented within a reasonable period of time thereafter, as determined by the Control Officer.~~

040.055 ODOROUS EMISSIONS

SECTION A – GENERAL

1. PURPOSE: To limit odorous emissions which tend to be:
 - a. Offensive to the senses; or
 - b. Injurious to health or safety; or
 - c. Prevent the enjoyment of life or property.
2. APPLICABILITY: The provisions of this rule shall apply to any anthropogenic odorous emissions into the ambient air.

SECTION B - DEFINITIONS: For the purpose of this regulation, the following definitions shall apply:

1. Anthropogenic. Caused or produced by humans.
2. Odor Mitigation Plan. A written plan to bring an affected facility into compliance with the standards set in this rule.
3. Residentially Zoned Area. Includes any residential regulatory zone as described by the local municipalities.

SECTION C - STANDARDS

1. ODOROUS EMISSIONS PROHIBITION: The Control Officer may deem an odorous emission a violation if the odor is detectable on a property which is not the source if:
 - a. The odor is detectable when one (1) volume of odorous air has been diluted with seven (7) or more volumes of odor free air on any Residentially Zoned Area; or
 - b. The odor is detectable when one (1) volume of odorous air has been diluted with fifteen (15) or more volumes of odor free air on any property.

SECTION D – ADMINISTRATIVE REQUIREMENTS

Odor Mitigation Plans as required in **Section E** of this regulation, must be approved by the Control Officer.

SECTION E – COMPLIANCE AND RECORDS

1. COMPLIANCE DETERMINATION: Measurement by the Control Officer with any instrument, device, or method capable of determining if a prohibited odorous emission has occurred.
2. ODOR MITIGATION PLAN: Upon notice by the Control Officer of a violation of **Section C** of this rule, the operator of the source facility shall submit an odor mitigation plan within 30 days of receipt of notice. Odor mitigation plans should include the following elements:
 - a. Facility information:
 - Name of the facility, physical address of the facility, mailing address of the facility;
 - Name of the facility owner, phone number of the facility owner, and email address of the facility owner;
 - Name of the facility operator, phone number of the facility operator, and email address of the facility operator;
 - Description of facility operations, hours of operation; and
 - Air Quality Permit to Operate permit number (if applicable).
 - b. Odorous emission information:
 - Location and description of odor causing activities; and
 - Timing and length of odor causing events.
 - c. Odor Mitigation Practices and Controls:
 - Staff training;

Procedural activities;
Engineering controls;
Other applicable controls;
System maintenance; and/or
Monitoring of control efficacy.

- d. Timeline for implementation of the Odor Mitigation Plan, commencing upon notice from the Control Officer that the Odor Mitigation Plan has been approved.
3. EQUIPMENT FAILURE: All upset or breakdown conditions resulting in increased emissions or air pollutants shall be reported in compliance with District regulations, Section 020.075 and 020.076.
 4. RECORDKEEPING:
 - a. Odor Mitigation Plans shall be made available to all staff in the source facility.
 - b. A copy of the final odor mitigation plan will be submitted to the control officer within 10 days of approval.
 - b. All records shall be made available to the Control Officer immediately upon request.
 5. RECORD RETENTION: Records required to be maintained in **Section E.4** of this Rule shall be retained for at least five (5) years.

District Board of Health Regulations Governing Air Quality Management

Proposed Revision to 040.055 Odorous or Gaseous Contaminates

Michael Wolf
Permitting and Enforcement Branch Chief

Jeff Jeppson
Air Quality Specialist

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

040.055 Current Odorous or Gaseous Contaminates Regulation

The Control Officer may deem an odor complaint a confirmed violation if he is able to verify the odor episode by reliable methods including, but not limited to:

- 1) actual ambient measurements of a known substance at a level greater than its odor threshold; or
- 2) verification of odors on-site by the Control Officer; or
- 3) at least 75% of a group of eight or more people selected by the Control Officer, when exposed to the odor, find it objectionable to their senses at ambient levels in areas accessible to the public.

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

040.055 Proposed Revision

ODOROUS EMISSIONS PROHIBITION: The Control Officer may deem an odorous emission a violation if the odor is detectable on a property which is not the source if:

- a.) The odor is detectable when one (1) volume of odorous air has been diluted with eight (8) or more volumes of odor free air on any Residentially Zoned Area; or
- b.) The odor is detectable when one (1) volume of odorous air has been diluted with fifteen (15) or more volumes of odor free air on any property.

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

040.035 Revision Summary Cont'd

- **COMPLIANCE DETERMINATION:** Measurement by the Control Officer with any instrument, device, or method capable of determining if a prohibited odorous emission has occurred.



Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Regulation Change Benefits

- Establishes a clear quantifiable standard
- Outlines elements of an Odor Mitigation Plan

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Questions?



Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Contact Information

Mike Wolf
Permitting and Enforcement Branch Chief
1001 E. 9th Street, B171
(775) 784-7206

Revised Regulation: OurCleanAir.com

Keep
it
Clean.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE



Sign-In Sheet

Air Quality Management Division

040.055 Odorous or Gaseous Contaminants Revision Workshop

September 4, 2019 · 12:00 PM – 1:00 PM · Health District Conference Room B

Name	Organization	E-mail
Mike Wolf	AQMD	mwolf@washoeconomy.us
Jeff Jeppson	AQMD	jjeppson@washoeconomy.us
Brittney Osborn	AQMD	Bosborn@washoeconomy.us
Ed Alexander	SOL	Ed@SolisBetter.com
DAVE ZIMMERMAN	KYND	DAVE@KYND.COM
CLINT CATES	KYND	CLINT@KYND.COM



Sign-In Sheet

Air Quality Management Division

040.055 Odorous or Gaseous Contaminants Revision Workshop

September 4, 2019 · 5:30 PM – 6:30 PM · Health District Conference Room B

Name	Organization	E-mail
Jeff Jeppson	AQMD	jjeppson@washoeconomy.us
Britney Osborn	AQMD	Bosborn@washoeconomy.us
Mike Wolf	AQMD	mwolf@washoeconomy.us



DBOH AGENDA ITEM NO. 9A

Regional Emergency Medical Services Authority

A non-profit community service using no taxdollars

REMSA

FRANCHISE COMPLIANCE REPORT

AUGUST 2019



**REMSA Accounts Receivable Summary
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	4106	\$5,291,560.20	\$1,288.74	\$1,288.74	\$ 451.06
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
Totals	4106	\$5,291,560	\$1,288.74		
Current Allowable Average Bill: \$1,294.87					

Year to Date: August 2019

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-19	5 Minutes 46 Seconds	92%	96%
Aug-19	6 Minutes 12 Seconds	90%	91%
Sep-19			
Oct-19			
Nov-19			
Dec-19			
Jan-20			
Feb-20			
Mar-20			
Apr-20			
May-20			
Jun-20			



Fiscal Year to Date

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 01 Seconds	91%	94%

Year to Date: August 2019

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-19	P-1	5:13	5:57	7:40
	P-2	5:20	6:00	8:05
Aug-19	P-1	5:29	6:16	8:40
	P-2	5:35	6:27	8:34
Sep-19	P-1			
	P-2			
Oct-19	P-1			
	P-2			
Nov-19	P-1			
	P-2			
Dec-19	P-1			
	P-2			
Jan-20	P-1			
	P-2			
Feb-20	P-1			
	P-2			
Mar-20	P-1			
	P-2			
Apr-20	P-1			
	P-2			
May-20	P-1			
	P-2			
Jun-20	P-1			
	P-2			

Fiscal Year to Date: August 2019

Priority	Reno	Sparks	Washoe County
P1	0:05:13	0:05:57	0:07:40
P2	0:05:20	0:06:00	0:08:05



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 08/01/2019 THRU 08/31/2019**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	8/1/19 15:10	8/1/19 15:10	1W16	-00:00:11	0:00:51
Zone A	8/5/19 13:25	8/5/19 13:26	1C30	0	0:01:06
Zone A	8/5/19 21:27	8/5/19 21:32	1C44	-00:00:02	0:04:32
Zone A	8/8/19 18:14	8/8/19 18:15	1E38	-00:00:02	0:00:17
Zone A	8/10/19 0:21	8/10/19 0:21	1C33	-00:00:02	0:00:37
Zone B	8/11/19 14:47	8/11/19 14:57	1C43	0:10:02	0:10:02
Zone E	8/13/19 5:52	8/13/19 6:11	1C05	0:18:06	0:18:06
Zone A	8/13/19 13:39	8/13/19 13:41	1C44	-00:00:03	0:01:57
Zone A	8/16/19 9:53	8/16/19 9:53	1C43	-00:00:47	0:00:20
Zone A	8/17/19 10:04	8/17/19 10:08	1C04	00:22:53	0:04:39
Zone A	8/19/19 19:25	8/19/19 19:25	1C24	-00:00:28	0:00:17
Zone C	8/21/19 8:26	8/21/19 8:43	1M22	0:24:34	0:16:36
Zone B	8/21/19 21:27	8/21/19 21:41	1C06	0:30:37	0:13:08
Zone A	8/23/19 20:20	8/23/19 20:27	1C36	0:06:11	0:06:11
Zone A	8/24/19 2:42	8/24/19 2:44	1C30	0:02:12	0:02:12
Zone A	8/26/19 11:39	8/26/19 11:45	1C43	0:25:04	0:05:16
Zone A	8/29/19 16:31	8/29/19 16:32	1C35	0:00:00	0:00:18

UPGRADE REQUESTED				
Zone	Clock Start	Clock Stop	Unit	Response Time
None				

EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
8/21/19 22:13	Exemption Approved	Other as Approved	Zone B	0:25:27	0:09:28



GROUND AMBULANCE OPERATIONS REPORT AUGUST 2019

1. Overall Statics

- a) Total number of system responses: 7240
- b) Total number of responses in which no transports resulted: 2875
- c) Total number of system transports (including transports to out of county):
4365

2. Call Classification

- a) Cardiopulmonary Arrests: 1.2%
- b) Medical: 54.5%
- c) Obstetrics (OB): 0.7%
- d) Psychiatric/Behavioral: 10.5%
- e) Transfers: 12.8%
- f) Trauma – MVA: 8.8%
- g) Trauma – Non MVA: 6.0%
- h) Unknown: 5.6%

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: 1,998

Total number of above calls receiving QA Reviews: 140

Percentage of charts reviewed from the above transports: 7%



AUGUST 2019 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	28	97
BLS (CPR)	122	543
Heartsaver (CPR)	156	979
ITLS	1	3
PALS	15	54

COMMUNITY OUTREACH AUGUST 2019

Point of Impact		
08/1-31/2019	8 office installation appointments; 8 cars and 9 seats inspected.	
08/10/19	Give Kids a Boost Event – Distributed 36 big kids booster seats	
Cribs for Kids/Community		
08/01/19	Traveled to Winnemucca to conduct Cribs for Kids Train the Trainer at the local DCFS office	1 participant
08/02/19	Traveled to Las Vegas to meet with Las Vegas Urban league about continuing the Cribs for Kids Train the Trainer	
08/05/19	Attended Substance Abuse Task Force Meeting	
08/08/19	Traveled to Shurz, NV to conduct a visit with Walker River Tribe about the Cribs for Kids program.	
08/08/19	Attended Vision Zero meeting at RTC	
08/10/19	Held a Booth at Give Kids Boost in Reno	250 participants
08/20/19	Called in for Vision Zero Press Conference planning session	
08/21/19	Called in for the Executive Committee Child Death Review	
08/21/19	Taught Car Seat Safety Class at Biggest Little Baby	
08/26/19	Flew to Las Vegas to conduct Cribs for Kids Train the Trainer at Olive Crest	5 participants



REMSA

Reno, NV
Client 7299



1515 Center Street
Lansing, Mi 48096
1 (517) 318-3800
support@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

August 1, 2019 to August 31, 2019

Your Score

91.32

Number of Your Patients in this Report

150

Number of Patients in this Report

7,123

Number of Transport Services in All EMS DB

155





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **08/01/2019** and **08/31/2019**.

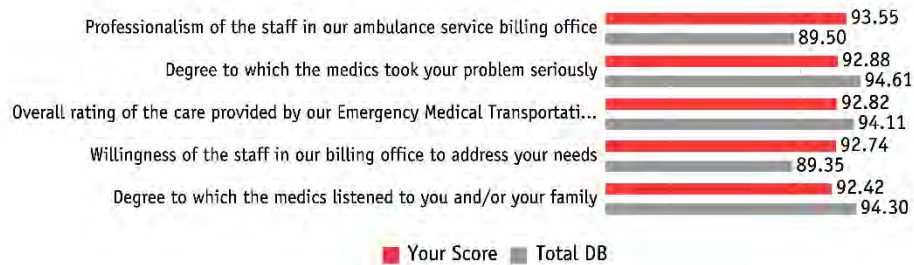
The overall mean score for the standard questions was **91.32**; this is a difference of **-1.82** points from the overall EMS database score of **93.14**.

The current score of **91.32** is a change of **-4.05** points from last period's score of **95.37**. This was the **68th** highest overall score for all companies in the database.

You are ranked **21st** for comparably sized companies in the system.

76.29% of responses to standard questions had a rating of Very Good, the highest rating. **96.96%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

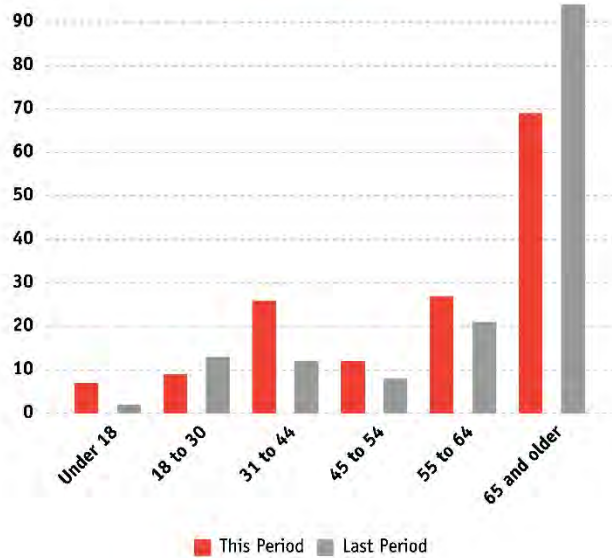




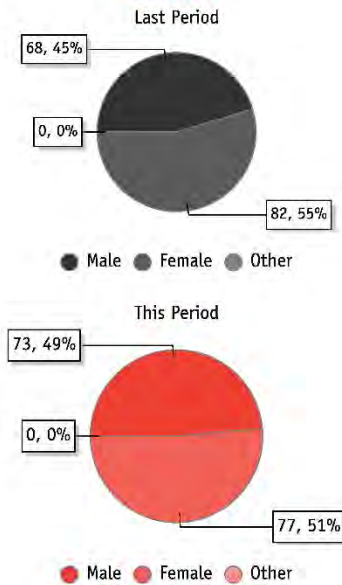
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	2	0	2	0	7	2	5	0
18 to 30	13	7	6	0	9	5	4	0
31 to 44	12	7	5	0	26	15	11	0
45 to 54	8	4	4	0	12	5	7	0
55 to 64	21	14	7	0	27	9	18	0
65 and older	94	36	58	0	69	37	32	0
Total	150	68	82	0	150	73	77	0

Age Ranges



Gender





REMSA
August 1, 2019 to August 31, 2019

Monthly Breakdown

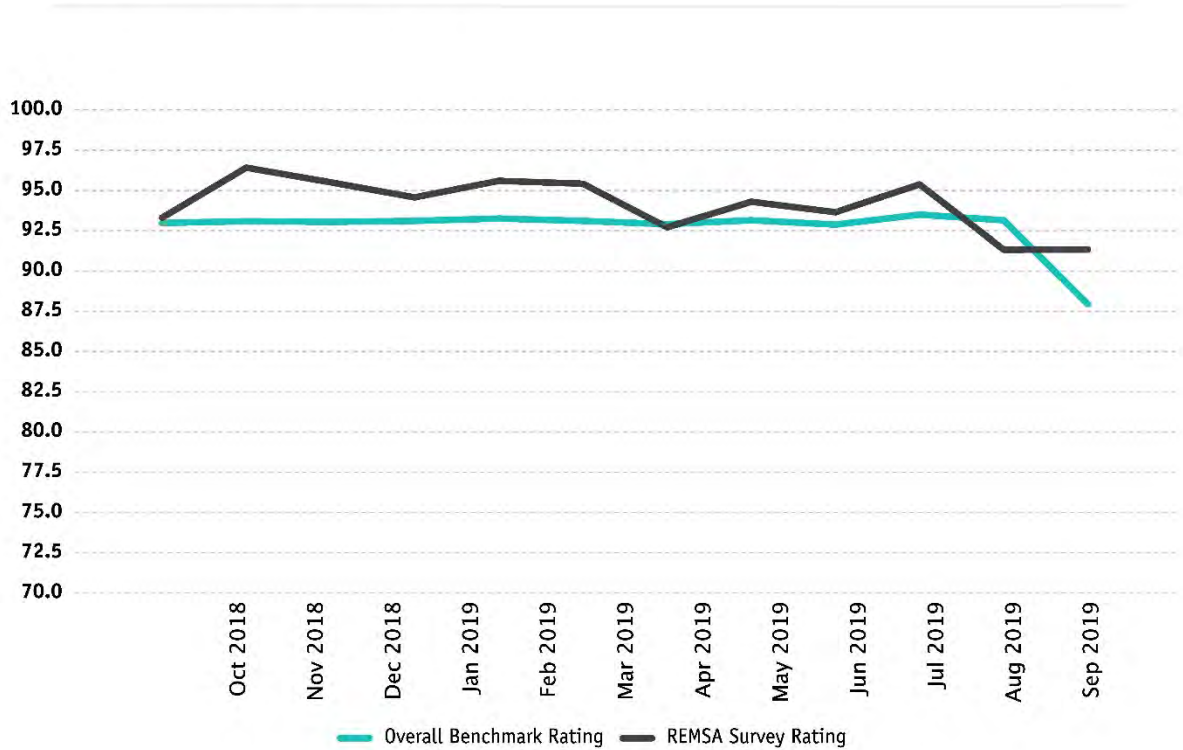
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019
Helpfulness of the person you called for ambulance service	95.74	96.95	96.62	94.23	96.34	96.88	96.20	88.46	92.73	93.60	93.55	87.76
Extent to which you were told what to do until the ambulance arrived	96.59	96.88	93.38	92.79	96.98	97.28	95.56	88.78	91.83	92.86	94.35	87.27
Extent to which the ambulance arrived in a timely manner	95.54	93.39	95.60	95.57	95.16	94.23	94.26	91.49	93.18	92.41	95.40	90.72
Cleanliness of the ambulance	96.82	93.55	97.02	97.65	98.11	96.50	95.51	94.32	94.02	93.45	96.51	91.05
Skill of the person driving the ambulance	95.21	93.92	95.51	97.13	96.38	96.39	94.55	93.29	94.02	93.43	94.44	90.61
Care shown by the medics who arrived with the ambulance	94.64	94.11	97.72	95.99	94.53	96.60	97.22	93.18	94.67	94.67	95.33	92.02
Degree to which the medics took your problem seriously	94.02	94.07	97.91	95.15	94.86	95.61	96.83	93.87	94.77	94.62	97.54	92.88
Degree to which the medics listened to you and/or your family	93.51	93.99	97.56	95.64	95.13	95.11	96.74	93.52	94.36	93.80	96.12	92.42
Extent to which the medics kept you informed about your treatment	94.30	92.18	95.09	95.09	93.19	94.54	93.60	92.19	94.26	93.53	94.79	90.78
Extent to which medics included you in the treatment decisions (if	93.65	91.56	95.20	95.06	91.20	93.94	94.28	92.43	94.63	92.83	94.01	89.25
Degree to which the medics relieved your pain or discomfort	92.55	89.49	94.09	92.04	91.57	93.21	91.68	91.78	93.11	92.19	93.12	89.61
Medics' concern for your privacy	95.33	92.77	97.04	96.21	93.60	96.05	95.38	94.19	94.51	94.08	94.18	92.19
Extent to which medics cared for you as a person	94.67	93.90	96.01	96.28	95.43	97.20	96.07	93.93	95.37	94.28	95.95	91.93
Professionalism of the staff in our ambulance service billing office	94.79	97.00	95.83	90.00	100.00	96.59	99.24	91.00	96.30	94.68	95.69	93.55
Willingness of the staff in our billing office to address your needs	92.71	96.00	95.83	95.00	100.00	96.46	99.22	90.06	96.30	95.11	95.40	92.74
How well did our staff work together to care for you	95.90	94.67	96.79	96.95	95.23	97.60	96.40	94.02	95.00	94.28	95.77	92.37
Extent to which the services received were worth the fees charged	87.19	88.38	97.50	87.89	88.40	82.86	87.54	82.16	90.94	75.05	92.65	85.23
Overall rating of the care provided by our Emergency Medical Transportation	95.14	93.09	96.93	95.33	94.41	96.75	95.70	93.08	95.80	94.75	96.01	92.82
Likelihood of recommending this ambulance service to others	95.05	93.73	96.79	96.21	94.41	95.39	95.59	92.79	93.80	94.33	94.86	92.18
Your Master Score	94.52	93.30	96.41	95.50	94.56	95.59	95.41	92.70	94.29	93.64	95.37	91.32
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150



REMSA
 August 1, 2019 to August 31, 2019

Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE AUGUST 2019 CUSTOMER REPORT

	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
1	07/01/2019		"Medic was asking invasive questions about my wife's medication. I had no interest in informing him of my wife's list of medications. Medic should have observed that I need treatment ASAP instead of interviewing me about things that were none of his business."		Jones 9.3.19 # 7281	See follow up below
2	07/01/2019		"They addressed my problems really well. They told me how long everything was going to be and they did a really good job."	"There probably will be a next time cause of how I am haha but no everything went well. Maybe they could have stayed after and made sure I was doing okay, but they really didn't need to be doing that."		
3	07/01/2019		"They told me exactly what they were going to be doing and they helped me get into the chair that was going to go in the elevator and telling me what was happening."	"I don't really think there's anything that you do better- everything was clean and well taken care of."		
4	07/01/2019		"Promptness and care."	"I don't think there any that I can think of."		
5	07/01/2019		"The medics were compassionate."	"Nothing."		
6	07/01/2019		"Everyone did their jobs well!"			
7	07/01/2019		"They got to my house fast. They put an IV in my arm and took me to the hospital. They got me to the hospital fast too."			
8	07/01/2019		"I don't have much to say"			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			besides that me and the wife are very happy with the service. They did an excellent job."			
9	07/01/2019		"Well they came into the house and talked to my husband for a bit. Then took my vitals I think and then we were at the hospital... it all happened so fast. I think that was a good thing though!"	"I'm not sure what they could do better. Maybe warmer blankets."		
10	07/01/2019		"Getting to me fast and staying professional in a time where it can be hard to be professional."	"Nothing. I'm satisfied with the care."		
11	07/01/2019		"Everything went well. I'm not sure what they would have done wrong. It all seemed to go as it should have."	"Maybe talk a little more on the ride to the hospital."		
12	07/01/2019		"I was kind of out of it because of how sick I was feeling, so I don't remember all the details of what they did and said, but they were good to me. They made sure I was doing okay and got me to a doctor."			
13	07/01/2019		"They did good!! The whole team did and the medics gave the hospital information so there wasn't any confusion when I got there. I just think that the trip went smoothly for what is was. And I'm very thankful to the people that made it possible"	"Nothing, I can think of."		
14	07/01/2019		"Everything was done very well, from what I	"Like I said, everything was fine really."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			experienced. I mean riding in an ambulance isn't every really that great, but the medics knew what to say and how to help me."			
15	07/01/2019	"Yeah, I mean I think they did a really good job with everything. Nothing was out of place that I know of."	"I really think they did a good job with it all. They helped me and got me where I needed to be and listened to me."	"There won't be a next time! haha"		
16	07/02/2019		"I don't think there is much to say more about how well REMSA did. I think you can see I am satisfied."			
17	07/02/2019	"Got to me right away. I thought they might have a harder time finding the right house."	"They did a good job talking through everything that they were doing, what was going on with me and still were being comforting. I was happy about the care- and still am."	"There's nothing more they can improve on- not from what I saw."		
18	07/02/2019		"They were really gentle with me. I had asked them to be because I bruise easily and can get bumped up pretty bad."	"Nothing- Besides I hope there is no next time, but I think there will be. I think it might come with age hahah"		
19	07/02/2019		"I've never really been in an ambulance before or have had an emergency like this before. I'm not really sure how it's supposed to go, but I think it they did everything they were supposed to do."	"I'm really not sure"		
20	07/02/2019		"I think the REMSA folks did excellent. I didn't want them to get me, but they worked through my hard-headedness and			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			kept it professional. I really liked the two who were helping me and I'm glad my wife called that day."			
21	07/02/2019		"The two medics that were at my house were great. I had more trouble in the actual hospital and after with billing, but I realize that has nothing to do with the two medics."	"The prices and payment plans should be lowered... one or the other- both would be what we need though."		
22	07/02/2019	"From what I remember, it was clean, but this was my first time ever in an ambulance, so I don't have anything to compare it to."	"From everything I remember, everything was done right. It was pretty rushed, but the two women talked to me a bit before we went to the hospital."			
23	07/02/2019	"Oh I think they did, just alright. Some good people."	"They did great!! I'm telling you the truth when I say I have never seen two men move so fast hahaha"	"Nothing, they took excellent care of me."		
24	07/02/2019	"I think it got there pretty quick."	"All of the care they gave me was prefect. There's nothing more to say than that."			
25	07/03/2019	"Comfort of the ride was horrible!!"	"Medics took very good care of me, THANK YOU SO MUCH!!"			
26	07/03/2019		"I don't think anything went wrong from my house to the ambulance, not one thing. The lady medic was very helpful and kind to me. I liked her a lot, I wish I could get her every time haha."	"The only thing I would have changed was where I want to go. But they told me they could take me to the hospital of my choice and explained why- and I liked that because some medics won't give you an answer about		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
				something like that."		
27	07/03/2019		"Service was impeccable!"	"NOTHING!"		
28	07/03/2019		"Making sure I was comfortable even though they weren't able to do anything about my pain. It made feel like they still cared and were there for support."	"They got it down."		
29	07/03/2019		"The professionalism of the medics and the doctors were good. I think the medics did a good job communicating with the hospital what was going on. I felt the care."	"The only thing I can think of is getting places faster. I think they took a little bit to get me."		See follow up below
30	07/03/2019		"No, there is nothing."	"I can't think of anything."		
31	07/03/2019	"I remember the ambulance coming really fast... if I'm recalling this last time correctly. But I mean they are always great to us."	"Everything! They get to the house quick and treat my husband and I very well. We've had to go a couple different times in the last two or so years and I can't remember a single time we were unhappy with the service."	"There's nothing better you can do! You guys are the best of the best."		
32	07/03/2019		"I appreciate everything medics did, Thank you."			
33	07/03/2019		"Very nice people."			
34	07/03/2019		"They did a good job."			
35	07/04/2019		"I was accused of feeding alcohol to patient. I am a caregiver POA."		Jones 9.3.19 # 7282	See follow up below
36	07/04/2019		"They did a good job listening to me, I've had it where the medics and doctors don't want to	"I think everyone can listen better... how about that hahaha. But no I think that trip went		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			listen to me and as a patient that makes you mad, ya know? So I was happy to have the people I did that day."	very well for what it was."		
37	07/04/2019		"Oh, they were great. It was two young people- a girl and a guy. Both worked well together and communicated well. Very professional young people."	"Nothing I can think of."		
38	07/04/2019		"They were really good with helping me communicate with my husband. They kept him informed and were not rude. We've had medics either be rude to me for asking questions about my husband or the other way around. I think they must think it's a power thing, but we just want to know what's going on. But I think REMSA did a very good job at being professional."	"Nothing."		
39	07/05/2019		"REMSA dropped the ball on me. It was a horrendous experience."	"Have urgency when someone calls for help."	Heinz 9.3.19 #7283	See follow up below
40	07/05/2019	"Got to me very fast"	"I think they did a good job. Nothing to report from me or the wife. Very satisfied."	"There's nothing I can think of that you all could do better- Seems like everyone knows what they're doing."		
41	07/05/2019		"They were personable and efficient."	"Well I hope there's not another hahah but no Hun, they did well."		
42	07/05/2019		"I mean from what I remember, the medics			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			were nice and got me where I needed to go. My memory is a little hazy from that day, but I don't recall any uneasy feeling caused by the medics or doctors."			
43	07/05/2019		"Not only were they supportive during the time I was in their care, but they were after and checked up on me in the hospital. I thought that was amazing of them. Made me feel safe and comfortable."	"Just get something to fix how rough the ride is haha."		
44	07/05/2019		"I think you can tell they were very good. I don't want to go into details, but they were very kind to me and saved me."			
45	07/05/2019		"Everything! They had compassion and it showed. They were wonderful to me and my husband."	"No, I don't know of anything else."		
46	07/05/2019		"I can't believe the quickness! They were well prepared and kind."			
47	07/06/2019		"I think you guys did a great job treating me like a person who was in pain. I know I'm not the worst that they have seen, but I can only imagine what it would be like to be worse and have cold medics. The compassion and care I received from them was excellent."	"The only thing I had a problem with was the dispatchers tone, but other than that everything went well."		
48	07/06/2019		"I was very happy with the service. I don't want			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			to talk anymore, thank you."			
49	07/06/2019		"They did everything well."	"There's nothing I can think of. Like I said, they did everything well. I'm satisfied with the outcome."		
50	07/06/2019		"The girl in the back was very supportive and kind. I bet the other medic was too, but I didn't see him much. I talked to her the whole time during the ride."			
51	07/07/2019	"I didn't ride with him, but he's saying they did just fine, so we'll give them 5's!"	"Oh, we think they just did about everything right. There was no talking back or not taking the situation seriously. They did a great job."	"Nothing!"		
52	07/07/2019	"I think it's the only one in town... so I don't think we really have a choice here, but I guess I can recommend them haha."	"The REMSA people are excellent. I have always thought so, see this isn't my first time through this with them and they are always very neat and efficient."	"There isn't anything I can think of. They always do such a great job and work together well."		
53	07/07/2019	"Honey, that ambulance got here so quick - I couldn't believe it. The fire truck is usually here before they are."	"The ambulance got here quick, the medics didn't do much waiting around once they got here too. So it was all pretty fast and I mean when you're not feeling good you can only hope it goes by fast."	"I'm really hoping I'm done going to the hospital for a while. But I don't think there is anything. The REMSA people have treated me well more than once."		
54	07/07/2019		"They got my IV in right away. That was done well, I hate being poked more than once- I don't think it's their fault altogether... I'm getting old, but I did think it was	"I think the ambulance ride itself was a little rough, but that had nothing to do with the care and I doubt anything new is going to come out while I'm		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			nice they got it the first time."	around haha."		
55	07/07/2019	"Didn't ride with him."	"Listening to me and my husband. Treating us with respect and being very kind. I really enjoyed the two men that came into the house that day. The treated us like family and I knew- I just knew my husband was in good care."			
56	07/08/2019		"Patient's mother stated the medics did a great job of making her daughter feel comfortable and giving her good care."			
57	07/08/2019		"Patient's mother stated the medics were very caring of her daughter and listened well when she spoke with them during the ambulance ride."			
58	07/08/2019		"Patient stated the medics did a good job and convinced him he should be treated."			
59	07/08/2019		"They were real nice people. There wasn't much for them to do with me because I was just being taken to another hospital but they talked with me and kept an eye on me while I was with them"	"they did everything well- again wasn't much they had to do that day hahaha I guess I gave them a well-deserved break"		
60	07/08/2019		"Well, I'd give them all 10's if I could- doesn't that answer the question?"	"there's nothing better REMSA is the best"		
61	07/08/2019	"Wasn't too happy about	"Oh everything. They got	"If the bill could be		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
		the price, but it is what it is."	to my house fast, they talked me through everything and kept my wife in the loop which was nice because it can be hard to communicate with family about medical information. But I think they explained everything way better than I would have at least."	lowered, I think that'd be better for next time hahaha no I think everything was fine. I'm very satisfied."		
62	07/08/2019		"The professionalism of everyone was great. The way they carried out all the different jobs they have was impressive, and I think they are trained very well."	"I can't recall one thing I would have changed. They did great!"		
63	07/08/2019	"I don't really remember looking around the ambulance to make sure it was clean or what the driver was doing for that matter."	"The way they took care of me was done well. They answered my questions without making me feel stupid or having attitude"			
64	07/08/2019	"I don't really remember how long it took for them to get to me- I don't think it took too long"	"I told the medics I didn't do well in small spaces and that I was afraid to be riding in an ambulance. They handled it very well. I was impressed and very thankful. The medic that was with me talked to me and tried to keep my mind off of thing... even when I would get a little panicked."	"I really think they did everything to they're best abilities."		
65	07/08/2019	"I really don't remember how fast they got here. I also don't remember how the inside looked. I really wasn't paying that close of	"Man, it was pretty good from what I can remember. They got me to the hospital extremely fast and I think that was	"I mean the bill was a lot. But the overall service that was given was great."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
		attention to anything."	the best thing they did for my situation that was at hand."			
66	07/08/2019		"The medics, the doctors, everyone was amazing."	"I can't think of anything negative we've experienced with them"		
67	07/08/2019		"They just made me feel comfortable and relaxed! They made it an enjoyable experience, it could have been worse."	"I don't think there's anything better they could do. They did a fantastic job."		
68	07/09/2019		"Prompt arrival and attention to her concerns."			
69	07/09/2019		"The professionalism, knowledge, overall care, & concern, that should about cover it."	"Well hopefully there isn't a next time, but I don't know what you could do better- They're pretty good!"		
70	07/09/2019		"Very professional."			
71	07/09/2019		"Oh I don't know- They did everything well. And I'm happy, I'm well."	"I don't think there's much! They honestly did a great job concerning what was going on and I'm extremely happy with the job the medics did."		
72	07/09/2019		"All the work done by the doctors and nurses was amazing. They were all professional and wanting to help."	"Can't think of a thing. Just keep up the good work!"		
73	07/09/2019		"Oh it was all good. They got me hooked up to oxygen right away and talked to me until we got to the hospital."	"Nothing! The ride was short and so was the hospital stay."		
74	07/09/2019		"Well they lifted me up onto the gurney and took my vitals. I didn't need an IV, so I wasn't being			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			poked bunch or anything."			
75	07/09/2019	"The bed of the ambulance is pretty rough and bumpy, but I don't think that was the driver's fault whatsoever. I mean they got me to the hospital and that's most important, I think. Even if the driver wasn't skilled haha."	"Overall, I think the medics did a great job. They were professional and acted fast."	"Nothing I can think of that you could do better. Just keep up the good work and keep it professional."		
76	07/09/2019	"I already do recommend the one payment program they have for older people like myself, because not everybody knows about it and I think it's been very helpful for my husband and !!"	"They do everything wonderful and remember to be kind and treat us like people who have feelings too. I've always enjoyed the staff at REMSA, even when the reason for seeing them hasn't been."	"I really don't know of one thing I could say badly about them. I mean they are trained very well."		
77	07/09/2019	"It was all really fast... Seemed like it in the moment at least."	"Everything! I don't think they skipped a beat."	"I don't think there will be a next time."		
78	07/09/2019		"Well, I personally think they did an excellent job this last time. And I know my husband feels the same way about it too. They've taken care of him a couple times too-, so we are familiar with the RESMA people."	"I don't know what you could do better next time. The medics were professional on so many different levels."		
79	07/09/2019	"Oh I think they did alright- I couldn't tell ya if the ambulance was clean or not."	"The medics came to the house, they asked me and the wife some questions and then I was hooked up to oxygen and taken to be seen by a doctor for my breathing."	"Nothing. I hope there isn't a next time haha."		
80	07/10/2019		"I think just about everything was done well. Nothing seemed sketchy and they listen	"Nothing I can think of that you guys aren't doing good to begin with. I'm very happy		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			real well."	with the care and so is my family. Tell them thank you."		
81	07/10/2019	"I mean if me and my buddy get around to talking about ambulance companies, I guess I'd recommend you guys. But I'm pretty sure your guys are the only ones around here."	"The service in general was done well. The medics got to the house before I could blink and then I was rushed to the hospital and they got me there in one piece."	"I guess if there are options to let people know...I just typically do what I'm being told to do by the medics or doctors."		
82	07/10/2019		"Getting the IV in. I have never had someone get it on the first try. I warned him too that I was a hard stick, but sure did he surprise me. I was happy with it to say the least haha."	"Nothing I can think of."		
83	07/10/2019	"I'm not sure. I wasn't able to call them as I had broken my arm."	"Okay, well they picked me up from my uncle's. I had fallen down the stairs and broken my arm. They did a good job picking me up and transporting me to the hospital."	"Not much I can say, I am doing better."		
84	07/10/2019	"I don't know the time they were called so I cannot answer that."	"Very good service and care you had for me. My family and I are thankful for what you do."			
85	07/10/2019		"It was a personal matter- so I don't want to go into details about everything, but I am happy with the service and support. I thought the medics were well trained and skilled."	"I don't have an answer."		
86	07/11/2019		"I don't know how many times I got to tell ya they did just fine. Nothing to report. I give them all			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			10's. I know they deserve it."			
87	07/11/2019		"They did an excellent job taking care of me. I was really distressed but they helped me calm down and breathe. I thought they were just amazing"			
88	07/11/2019	"I remember thinking they got to the house fast but I don't remember how long it actually took"	"I honestly have no complaints whatsoever. The men that came in the ambulance did a fantastic job, the people at the hospital did a great job. Everyone was helpful... I don't think I could say anything bad out them"			
89	07/11/2019	"They did good getting me in the back of the ambulance."	"They did everything well. They didn't have to poke me a whole a lot, which I was thankful for because I hate needles. I told them that too and I think they handled me very well."	"I don't think there's anything to improve on Not from that last trip at least."		
90	07/11/2019	"They took longer than I think it should have taken them."	"After I was in their care, I had no problems. It was just waiting for them to come. I was getting nervous. I think they could tell once they saw me, because the one stayed by my side the whole time."	"Get here faster!"		See follow up below
91	07/11/2019		"Getting me out of the house and on the stretcher as fast as they did was good. They paid attention to detail which was also good and I think they did a great job	"Nothing I can think to report back. Everything was pretty smooth after I was in REMSA care and then the hospital."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			giving information to the hospital."			
92	07/11/2019		"Well I haven't been in an ambulance before... I don't have much to compare it to besides how I'm treated at my doctors. And I think it was good. There was never a time I felt uncomfortable with them, I guess is a better way to put it."	"I'm not sure. Again it was my first time ever being in an ambulance. It all happened really fast."		
93	07/11/2019		"I called for myself and the woman on the phone had them get to me real fast. They didn't wait around or anything. They scooped me right up from where I had fallen and took me to the hospital."	"Next time I think there could be a little more talking to the patient when we're on our way to the hospital. I think that would make a little bit of a difference, ya know?"		
94	07/11/2019		"The actual work they did was fine. It was just the way the one was talking to me, just really upset me in the moment."	"Remind the staff that they are going out to help people that are in need and to have an open mind."	Jones 9.3.19 7286	See follow up below
95	07/11/2019		"The professionalism, the kindness and the knowledge they displayed was all done very well in my opinion."	"My family and I are very satisfied. I can't think of one negative thing to say about them. REMSA has excellent medics."		
96	07/12/2019		"I thought everything was done well besides the fact that I think the ambulance should have gotten to my house quicker. I don't know what they could have been doing... I only live about ten minutes away. But that's the only		Kitts 9.3.19 7284	See follow up below



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			problem I had."			
97	07/12/2019		"I don't think so."	"Nope, I don't think so."		
98	07/12/2019	"Medics came fast, I have nothing bad to say."		"I appreciate their assistance! Patient was extremely grateful!"		
99	07/12/2019		"Great overall, personality and listened to me."			
100	07/12/2019		"It was a pretty straight forward event and they handled it very well. I would rather not go into detail. But Robert and I are very grateful to everyone that was there to help and support us."	"Nothing bad I could say about REMSA, really."		
101	07/12/2019		"Medics were informative."	"There's nothing I can think of."		
102	07/12/2019	"It took some time to get into my home because my door was locked and I couldn't get to my door. I don't remember too much of the ride."		"Medics convinced me to go to the ER which was good, thank you."		
103	07/12/2019	"Mother rode behind."	"Medic allowed my daughter to use her phone to watch a movie to help calm her. Medic went out of her way to comfort my daughter."	"I can honestly say no."		
104	07/12/2019		"I've had two bad experiences. Medics tried to convince me that I didn't need a transport because they were busy."	"Whether they are busy or not, you need to take the patient who called the ambulance to take them in the first place."	Jones 9.3.19 #7285	See follow up below
105	07/12/2019		"I was fine with everything. Thank you, bye."			
106	07/12/2019		"They did their job	"There is nothing I		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			perfectly well. Thank you!"	could complain about."		
107	07/12/2019		"Medic kept my daughter very calm."	"Medics did great, overall."		
108	07/13/2019		"Medics were all really great."			
109	07/13/2019		"Medics weren't listening to me. I was going in and out of panic attacks. I was in a lot of pain and asked for help and the medics weren't caring."	"Take patient more serious and LISTEN!"	Jones 9.3.19 #7287	See follow up below
110	07/13/2019		"I don't live too far away and medics had great care for me."	"Both fire department and medics showed up at the same time, it gets confusing."		
111	07/13/2019		"Everything they do is perfect."	"IV is a challenge for them all the time."		
112	07/14/2019		"Patient stated everything was done well and the medics really made her comfortable and at ease."			
113	07/14/2019		"What was done well by those boys was the efficiency and professionalism."			
114	07/14/2019		"Medics were fast and really cared. Thank you!"			
115	07/14/2019		"Medics were on point. They were on point and really helped me but I was so out of it."	"They did a great job and kept me calm, I don't think I would have made it without them. It looks like it's turning into a law suit."	Jones 9.3.19 #7288	See follow up below
116	07/14/2019		"Medics were professional and nice."	"I don't normally give such high ratings, but these medics did awesome."		
117	07/15/2019		"Asking questions to get an accurate diagnosis."			
118	07/15/2019		"Patient states everything was done well			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			and he is thankful for the professional service."			
119	07/15/2019		"The medical care was excellent. Patient stated he would give a 100% rating other than his license being lost by the ambulance personnel."			
120	07/15/2019		"Patient stated this was his first ever ambulance ride and he was very impressed. He also noted how well organized and clean the ambulance was inside."			
121	07/15/2019		"Patient stated they gave her a blanket when she was chilled, they attended to her every need and she felt like she was the center of their universe and that she was in good, capable hands. She also said the medics were very professional."			
122	07/16/2019		"Very professional and caring. Patient was happy with the entire service."			
123	07/16/2019		"Patient's mother stated the medics did a very good job of keeping her informed and up-to-date on her son's situation all the way to the hospital."			
124	07/16/2019		"I think the overall care they provided was amazing. The medics really cared about what they were doing, and showed me lots of kindness."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
125	07/16/2019	"wasn't able to ride with"	"They were swift and very kind. Some of the nicer medics I had a chance to meet. We've dealt with some really rude medics in the past."	"I think maybe a friendly reminder for everyone to remember to try to keep their cool would be a good idea. But overall, for this last trip, I don't think anything should have been done differently."		
126	07/16/2019	"Got to my house pretty fast- I'm pretty sure they beat the fire department even."	"It was all good and professional. Nothing went terribly wrong in the ambulance and they got me to the hospital pretty quick as well as getting to my actual house."	"I don't think there is anything you could do better- I'm very happy with how everything turned out!"		
127	07/16/2019		"I think they did just fine. I don't like that I've answered the same questions over and over again. I don't have more to say."			
128	07/16/2019	"The ride was a little rough- but I think that has to do more with the roads than the driver."	"I don't know. I've been in and out of the hospital and from what I experienced, those medics are professional and knowledgeable."	"Nothing. REMSA, the medic, everyone was on top of their game."		
129	07/16/2019		"It all happened so fast which wasn't a bad thing. It's just hard to recall details now. I think overall the medics and the hospital treated me well."	"Nothing I can think of."		
130	07/17/2019		"It was all good, excellent even. I think your staff always tries their best."	"I can't think of much honey, but I think more blankets or warmer blankets would be a good investment. Us older folk have a hard time warming back up."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
131	07/17/2019		"They do a great job. Everything they do has been great."	"Well let's hope- there's not a next time- but they were just great... and helpful."		
132	07/17/2019	"They had a harder time finding me that day, but I do live in apartment complex, so I don't think it was entirely their fault. I don't know all of the information they were given beforehand."	"It was all done well. I think the timing could have been better, but there's not much we can do about that now. And things happen."	"Get here faster."		see follow up below
133	07/17/2019		"I was impressed with a lot of what they did and how I was treated. They were excellent medics- I'm happy they were the ones who took care of me."	"Nothing that I can think of. I'm telling you I was impressed with them."		
134	07/17/2019	"As much as I didn't enjoy the ride because of the situation at hand, I still think it was smooth overall."	"Very professional medics. They took the job serious and got me to the hospital. There's not much more I can really ask for than that. I think they handled my situation as best as they could."	"I don't think there anything. The medics were above great."		
135	07/17/2019		"Everything. We love you guys, not the situations haha. We both feel much looked after by the REMSA people."	"Oh nothing. They got him in and out to the hospital just like that. No problems in-between-I don't think we could have ask for a better trip!"		
136	07/17/2019		"I had fallen dusting off my overhead lights in the living room and broke my arm trying to catch myself. I think the medics were there within 10 minutes of me pushing	"Nothing I can think of."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			that little button. I was surprised and happy to know we set the darn thing up correctly."			
137	07/17/2019	"The ride in was rough."	"The actual work they did on me was fine. The medics were nice enough, but the ride down felt like we hit all the potholes and it caused me to be in even more pain than I should have been. And the medics can't give you anything for your pain... nothing good at least."	"I wish there would be better options for pain in the back."		
138	07/18/2019		"Very gentle, lovely people. Didn't treat me like an animal with no brain. I was given the respect and care I deserved."	"I think explaining a little better to the other person or family member could have been better. I remember there being confusion about the hospital I think."		
139	07/18/2019		"Medics did all they could to help my sister. They advised us on what decisions were best for our situation and got us all taken care of with quick cooperation from the hospital too! Very fast service!"			
140	07/19/2019		"Nothing I want to share, they did their job."	"Nope, nothing. I am on vacation."		
141	07/19/2019	"Mother did not ride in ambulance"	"EVERYTHING was excellent!"	"I can't think of a thing!"		
142	07/19/2019		"Denied me where I wanted to go."	"Medics won't take you where you want to go. I think medics need to listen."	Selmi 9.4.19 #7293	See follow up below
143	07/19/2019	"I was freaking out and involved in a car wreck."	"Medics did awesome!"	"Just arrive more quickly."		See follow



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
						up below
144	07/19/2019		"Medics were professional and had excellent bedside manners! Impressive."			
145	07/19/2019		"Pretty routine, medics did what they were supposed to do."	"Driver medic ran up on the curbside. Be more aware of how to drive properly."	Kopp 9.4.19 #7294	See follow up below
146	07/20/2019	"I'm not sure what the inside looked like but she never did mention anything wrong with it."	"Everything! There was nothing I saw or that my wife told me was wrong, now we have had trouble in the past with other places and what not- but the guys you send out are always professional!"	"Nothing."		
147	07/20/2019		"This was my first time ever riding in an ambulance, so I don't have much to compare it to. The medics were very professional."	"Nothing I can personally think of. They did everything I needed them to do. I think just keeping up the good work would do."		
148	07/20/2019	"I don't remember what the inside looked like too well."	"Honey, I don't know how many times I can tell you that I'm am satisfied."			
149	07/20/2019		"I think the way those medics talk to you is special. You don't always come across people in the medical field who want to listen and really hear you. But that's never the case with REMSA. They make me feel heard and listened to."			
150	07/20/2019	"I don't remember intense details from that night. I'm pretty sure it was fine though. I don't think we	"What I remember is the medics treating me well and getting me to the hospital. I don't			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
		really have a choice with what ambulance get us. I think REMSA is the only one."	remember much more than that. But I know they took care of me and I'm alright now. So there's not much too really say."			
151	07/21/2019		"Not really."	"I don't think so, they did good."		
152	07/21/2019		"The way the medics went about everything was very professional."			
153	07/21/2019		"Medics were gentle. I felt safe."			
154	07/21/2019		"They did a good job getting me oxygen and putting my IV in right away. They had limited issues with anything really."	"Nothing! I'm very satisfied with REMSA and how they take care of their patients. I'm sure my husband would say the same."		
155	07/21/2019	"She never complained about the ambulance ride after everything was said and done, so let's give them 5's for those two!"	"I like the way the medics came into the house. They were professional young men and made a great effort to help my wife. I want to thank them, but never caught their names."	"Oh I don't think there is much else I could tell ya- They were excellent medics."		
156	07/22/2019		"Medics were professional and efficient. I didn't think they wasted any time."	"Oh I don't know. I don't think there is anything better your guys could do."		
157	07/22/2019	"Now I wasn't allowed to ride with him. I just met them there at the hospital."	"Getting my husband the care he needed. And giving us the support we needed in such a horrible situation. They were very kind to me."	"Nothing, I can think of. Just keep up the good work."		
158	07/22/2019	"The ambulance took a little longer than I thought it would have because of how close we are to the hospital."	"They did a good job getting me on the stretcher without dropping me or anything. They only gave me an IV. In the meantime, I			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			was being taken to the hospital as fast as they could get me there."			
159	07/22/2019		"I thought they did a lovely job getting the IV in and having me be on oxygen. That made me feel good. And then helping me up into the ambulance was done nice as well."	"I wish my husband would have been home or well anyone just so I didn't have to explain everything and have them help me out at the same time. It just made things confusing and I'm so old I don't remember all that they say."		
160	07/22/2019	"They got to me very quick. I was having an allergic reaction and my throat was starting to close."	"I think the ambulance crew did a good job overall. I was extremely scared and they helped me calm me down. The medic that sat with me in the back kept making sure I was doing okay and that helped me mentally a lot. I had never had to call because of a reaction before, so I didn't know what to expect."			
161	07/22/2019		"Let me tell you something real quick- and I'm not going to say it again to ya- REMSA did an excellent job."	"There's nothing more I want to say."		
162	07/23/2019		"The medics did an excellent job. They were nice about me being pregnant and kept it in mind while talking to me and my husband. Overall, just really caring people."	"I think everything that day went really well. Everyone worked together as best as they could and really impressed me."		
163	07/23/2019	"Oh those medics got here so fast. Between the time	"Very nice, kind, caring medics. Who were also			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
		she called and hung up the phone, they were only about 10 minutes and we heard them coming."	professional too. "			
164	07/23/2019		"I don't have anything to compare the experience to. But what did happen all seemed safe and sound at the time. And I still believe that."	"I am hopping there isn't a next time- wasn't a great day to say the least haha."		
FOLLOW UP						
1	9/7/19 1330,	I spoke to the pt, he was very nice but was concerned about all the questions about his wife's meds. PT had Mohs surgery on his nose, while sleeping his patch come off and he started bleeding, could not stop it. Paramedic kept asking about his wife's meds and PT which became upset. I apologized to the PT several times, we had a very nice conversation. PT was very happy I called about this incident. No further.				
29	Times for call per chart is as follows: Recvd: 13:57 07-03-19 Dispatch: 13:58 07-03-19 En route: 13:58 07-03-19 At scene: 14:02 07-03-19 At patient: 14:04 07-03-19. REMSA Paramedics responded with lights and sirens as Priority 1					
35	9/5/19 0957, Called the pt , phone has been disconnected per the message					
39	This complaint has already been taken care of by both Medical Directors and continuing follow up and training are being done with the crew.					
90	Times for call per chart is as follows: Recvd: 14:38 07-11-19 Dispatch: 14:38 07-11-19 En route: 14:38 07-11-19 At scene: 14:46 07-11-19 At patient: 14:48 07-11-19. REMSA Paramedics responded with lights and sirens as Priority 1					
94	9/5/19 1008, left a message for the pt. 9/7/19 1400, called the pt, male told me it was the wrong number. No further.					
96	Times for call per chart is as follows: Recvd: 02:05 07-12-19 Dispatch: 02:05 07-12-19 En route: 02:06 07-12-19 At scene: 02:15 07-12-19 At patient: 02:18 07-12-19 REMSA Paramedics responded with lights and sirens as a priority 1. Unit assigned and enroute from Longley/S. Virginia. Good chute time, good routing. No delays noted. Total response time was 9:07, 8 seconds from response criteria. Call located just outside of reach from that post location					
104	9/5/19, I contacted the pt, pt's husband told me someone had talked to her yesterday about her complaint and it was taken care of. I thanked him for his time					
109	9/5/19 1025, I spoke to the pt, pt was very nice and honest. He has seizures from a head injury and severe PTSD that causes him to have panic attacks. When he first talks to the medic's he tells them they need to sedate him right away, if he has a panic attack before they sedate him, he said he gets very violent and tries to break their hands or arms. On this call the crew was trying to get an IV for the medications to sedate him when he became violent, PD had to be called. Crew was finally able to sedate the pt, no problems after that. PT told me he had bruised ribs from this incident but he understands, he was not sure if it was the medic's, FD or PD that caused the bruises. His Dr took him off his seizure meds and it is now a problem for him. I apologized to pt and he was sorry this happens to the medic's when they arrive on scene with him. No further.					



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
115	9/5/19 1130,	I spoke to the pt about the care the medic's provided, but he mentioned lawsuit with his comments. Pt told me the medic's did great, the lawsuit was against someone else. He is a mover and him and another guy picked up some stuff to move from a storage shed and the stuff was covered in pesticides which made them both sick. Pt had no problems with REMSA at all, he said they probably saved his life. I thanked pt for his time, no further.				
132		Times for call per chart are as follows: Recvd: 14:45 07-17-19 Dispatch: 14:45 07-17-19 En route: 14:45 07-17-19 At scene: 14:49 07-17-19 At patient: 14:51 07-17-19 REMSA Paramedics responded with lights and sirens as a priority 2.				
142	9/5/19 1210,	I left the pt a message. Crew documented the VA diverted pt to RRMC, I spoke with our billing department, she told me the pt received a courtesy bill on 8/2/19. It normally takes 3-4 weeks for the VA to pay the bill. I left a message with all this information for pt and if he has any other questions to call me back. No further.				
143		Times for call per chart are as follows: Recvd: 19:54 07-19-19 Dispatch: 19:55 07-19-19 En route: 19:55 07-19-19 At scene: 20:00 07-19-19. At patient: 20:01 07-19-19 REMSA Paramedics responded with lights and sirens as a priority 1.				
145		There was no iDrive video of this, so it wasn't a significant "curb check". I will mention it to the crew member, so she can be a little more careful in the future.				



AUGUST 2019 REMSA AND CARE FLIGHT PUBLIC RELATIONS REPORT



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.



PUBLIC & COMMUNITY RELATIONS

Accredited Clinical Communications Center featured in Journal

REMSA's Clinical Communications Department was featured in an article in the Journal of Emergency Dispatch. The article highlighted that REMSA has continuously achieved Accredited Center of Excellence status with the International Academy of Emergency Dispatch for 18 years. The article features an interview with Adam Heinz, director.



Back to School Pedestrian Safety

EMS Supervisor, Ryan Ramsdell was featured in an interview with KTVN about pedestrian and driver safety as children went back to school.



PUBLIC & COMMUNITY RELATIONS

CPR Classes Highlighted

REMSA's Education Department was highlighted by Fox11 and KRNV during four live segments about the importance of becoming CPR certified and/or understanding how to perform hands-only CPR. Alma Marin, Education Coordinator was interviewed.



Safety at Area Special Events

REMSA's Special Events department was featured in three separate segments on two different stations. Adam Heinz, director and Steve Kopp, Health and Safety Supervisor were interviewed.





PUBLIC & COMMUNITY RELATIONS

Senator Cortez Masto Visits REMSA

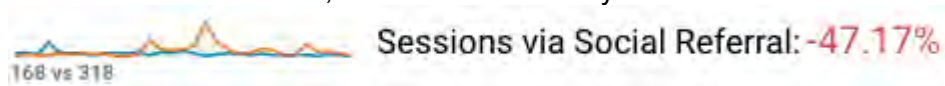
In mid-August, REMSA welcomed Senator Catherine Cortez Masto. The Senator and members of her staff toured the facility, visited with employees and learned about mobile healthcare in Washoe County.





SOCIAL MEDIA HIGHLIGHTS

Website referral sessions from social media decreased by 47% year-over-year. However, Facebook, LinkedIn, Twitter, Instagram, and Yelp all drove traffic back to the website. We will continue to find ways to drive people back to the website to learn more about REMSA, education courses, and other community services.



Facebook

Likes to-date: 3,279 +29 likes since July 2019
Followers to-date: 3,424 +32 followers since July 2019
August posts: 25
August post comments: 145
August post reactions: 1.72k
August post shares: 100



SOCIAL MEDIA HIGHLIGHTS

Top 3 Posts by Reach


1.

8,632 people reached, 100 reactions, comments & shares
 Facebook engagement: 241 -
 Engagement is defined as post clicks, likes, shares and comments.



Regional Emergency Medical Services Authority - REMSA ***
 Published by Megan Duggan (?) · August 28 at 4:16 PM · 🌐

The Best in the West Nugget Rib Cook-off starts today and we'd like to remind attendees to stay hydrated, wear sunscreen and seek out shade when possible! We have a medical station set up on Victorian Plaza with sunblock, as well as an air-conditioned area to escape the heat if medical issues arise.



KTVN.COM
First Responders Ready for Crowds at Rib Cook-Off
 Hundreds of thousands of people will head to Downtown Sparks for...

✔ **Get More Likes, Comments and Shares**
 Boost this post for \$50 to reach up to 9,000 people.

8,632	241	Boost Post
People Reached	Engagements	

👍👤 Jennye Jackman, John Eric Henry and 46 others · 1 Comment 8 Shares

👍 Like 💬 Comment ➦ Share ⋮

SOCIAL MEDIA HIGHLIGHTS

2.

3,182 people reached, 291 reactions, comments & shares
 Facebook engagement: 1,420 -
 Engagement is defined as post clicks, likes, shares and comments.



Regional Emergency Medical Services Authority - REMSA ***
 Published by Megan Duggan [?P] · August 21 at 8:15 AM · 🌐

We'd like to welcome our four newest Care Flight employees to the team.

- Cameron B., Flight RN
- John C., Flight Paramedic
- Hailey V., Flight RN
- Scott V., Flight Paramedic



Get More Likes, Comments and Shares
 Boost this post for \$50 to reach up to 9,000 people.

3,182 People Reached	1,420 Engagements	Boost Post
--------------------------------	-----------------------------	----------------------------

👍❤️👎 126 6 Comments 5 Shares

SOCIAL MEDIA HIGHLIGHTS

3.

1,852 people reached, 162 reactions, comments & shares
 Facebook engagement: 849 -
 Engagement is defined as post clicks, likes, shares and comments.



Regional Emergency Medical Services Authority - REMSA ***
 Published by Megan Duggan [?] · August 26 at 10:22 AM · 🌐

We recently received a call from a woman whose grandchild fell off a slide. She stated the child had an obvious arm fracture. Zach R., Max M., Savannah G. and John M. all responded to this call.

The grandmother rode with the patient in the back of the ambulance to the hospital and said she was amazed at the care and compassion toward her grandchild during the transport. Thank you to each crew member for such exceptional care. #AlwaysReady #WhenItMattersMost



Get More Likes, Comments and Shares
 Boost this post for \$50 to reach up to 9,000 people.

1,852 People Reached **849** Engagements [Boost Post](#)

👤 Stephanie Stenger, Sally Pappas and 107 others 8 Comments 4 Shares

👍 Like 💬 Comment ➦ Share

SOCIAL MEDIA HIGHLIGHTS

LinkedIn

Followers to-date: 1,245 +35
followers since July 2019
August Posts: 8

Top Post by Impressions

1,888 impressions, 184 clicks, 40 reactions and 4 comments





SOCIAL MEDIA HIGHLIGHTS



The information on Yelp pages is used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps. We have had 43 leads come from Yelp between information pulled for October 2018 - September 3, 2019.

October 2018 - September 2019

Period: [30 days](#) [12 months](#) [24 months](#)

User Views ⓘ

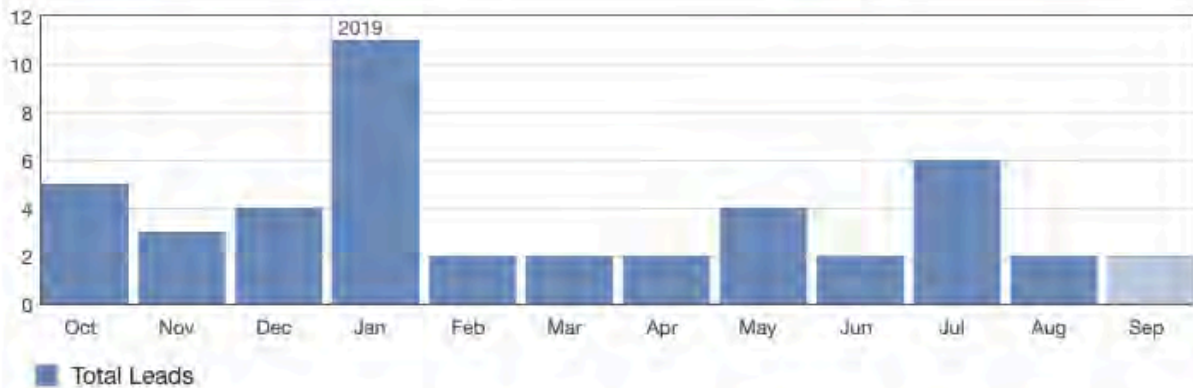
294 + 37%

Customer Leads ⓘ

43

Revenue Estimate ⓘ

[Get your revenue estimate](#)



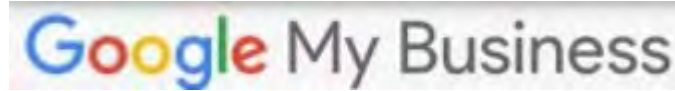
Customer Leads breakdown: October 2018 - September 2019

- 0 Mobile Check-ins
- 12 Mobile Calls
- 0 User Uploaded Photos
- 9 Directions & Map Views
- 21 Clicks to Your Website
- 0 Yelp Bookmarks
- 0 Deals Sold
- 1 Messages

The forecasted value on the current month is an estimate and will change as the month progresses.



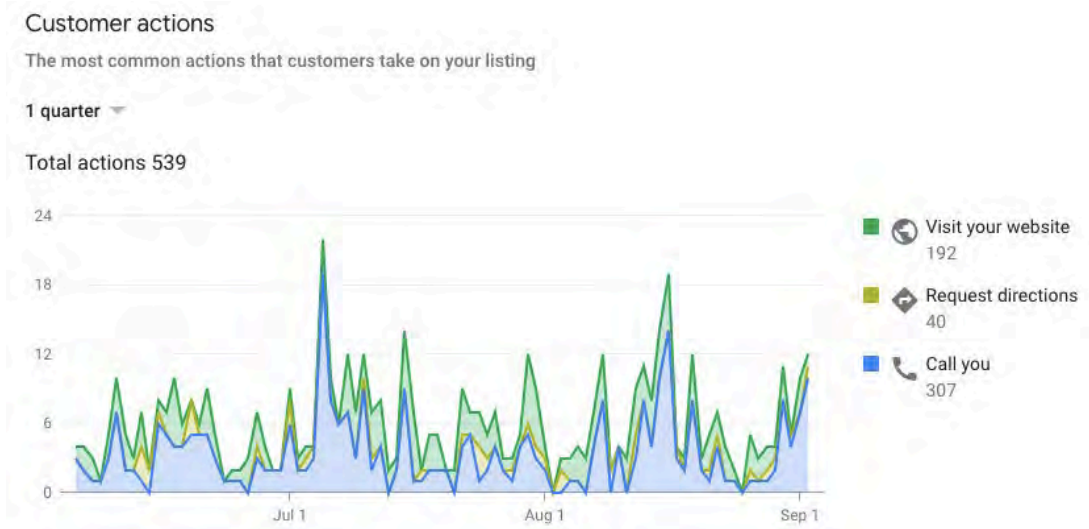
SOCIAL MEDIA HIGHLIGHTS



REMSA's Google My Business Insights

Top search queries to find your business (1-month snapshot)

remsa	651
remsa reno	396
ems	46
nevada ems	24
nv ems	14
paramedic	14
nv ems	13
regional	13
emergency	12
nurse hotline	11





SOCIAL MEDIA HIGHLIGHTS

REMSA Education's Google My Business Insights

Top search queries to find your business (1-month snapshot)

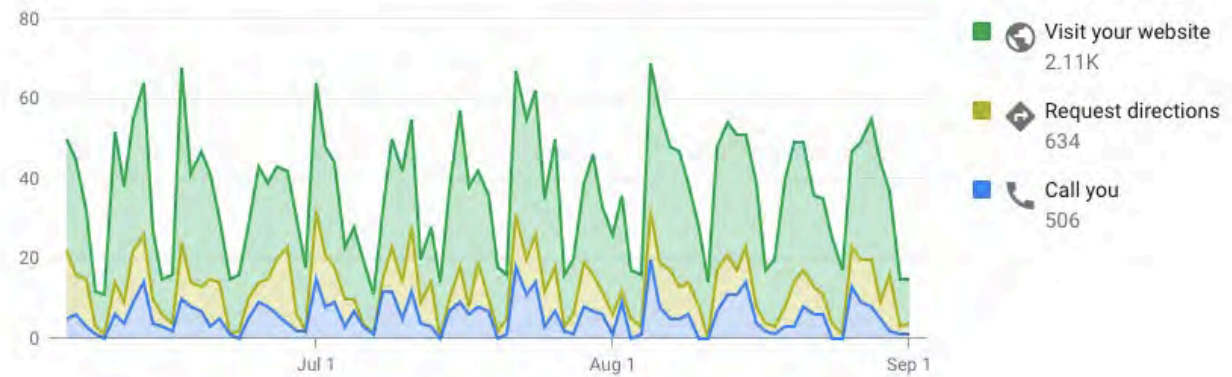
remsa	748
remsa reno	506
remsa education	143
cpr classes reno	138
cpr classes	97
remsa education and training, edison way, reno, nv	54
cpr classes near me	49
bls certification	48
ems	45
emt	41

Customer actions

The most common actions that customers take on your listing

1 quarter

Total actions 3.25K





SOCIAL MEDIA HIGHLIGHTS



REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.
Subscribers to-date: 13



REMSA/Care Flight
13 subscribers

CUSTOMIZE CHANNEL YOUTUBE STUDIO (BETA)

HOME VIDEOS PLAYLISTS CHANNELS DISCUSSION ABOUT 🔍

REMSA Shares Water Safety Tips
REMSA/Care Flight • 7 views • 1 month ago
Stay safe this summer with these water safety tips from REMSA. Learn more safety and wellness here:
<https://bit.ly/2Y2Dv0m>

Community Advisory ▶ PLAY ALL

- Back the Pack Responsibly**
REMSA/Care Flight
35 views • 10 months ago
- Wolf Pack Back to School Wellness Tips**
REMSA/Care Flight
23 views • 11 months ago
- Back to School Safety Tips 2018**
REMSA/Care Flight
86 views • 1 year ago
- Nugget Rib Cook-Off Safety Tips**
REMSA/Care Flight
53 views • 11 months ago
- Hot August Nights Wellness and Special Event Info**
REMSA/Care Flight
35 views • 11 months ago

FEATURED CHANNELS

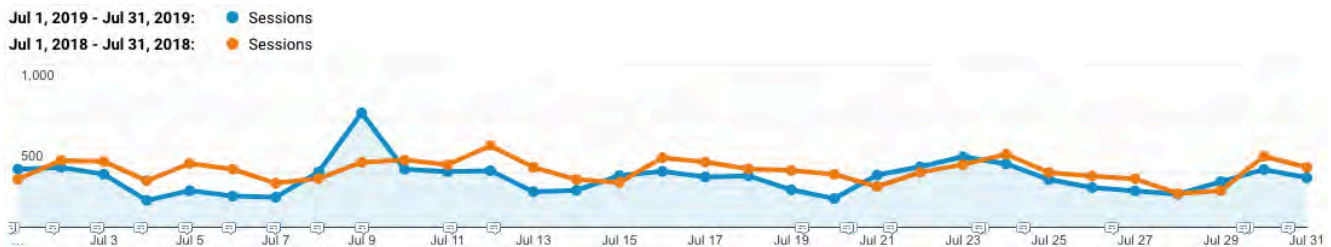
- City of Reno**
SUBSCRIBED
- NWSReno**
SUBSCRIBED
- Regional Transportatio...**
SUBSCRIBED
- American Heart Associ...**
SUBSCRIBED



SOCIAL MEDIA HIGHLIGHTS



REMSA Website Google Analytics



Overview of Site Data in June (Year-Over-Year Comparison)

- Sessions: 1% increase year-over-year
- Users: 2% increase year-over-year
- Pageviews: 7% decrease year-over-year
- Pages / Session: 8% decrease year-over-year
- Avg. Session Duration: 5% decrease year-over-year
- Bounce Rate: 12% 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:

- Organic search is natural ranking determined by search engine algorithms that can be optimized throughout the year.
- 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.
- 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.
- Paid traffic is any traffic that visits your site after a paid advertising promotion
- Email traffic is any traffic coming from email blasts

Here is how each channel performed year-over-year:

- Organic search increased by 6%
- Direct traffic increased by 1%
- Referral traffic decreased by 9%
- Paid traffic decreased by 435%
 - In July-August 2019, we were running a local paid campaign on Facebook for the Public Education Instructor role
- Email traffic increased year-over-year since it is a new initiative. The email blast drove 27 sessions to the website.



SOCIAL MEDIA HIGHLIGHTS

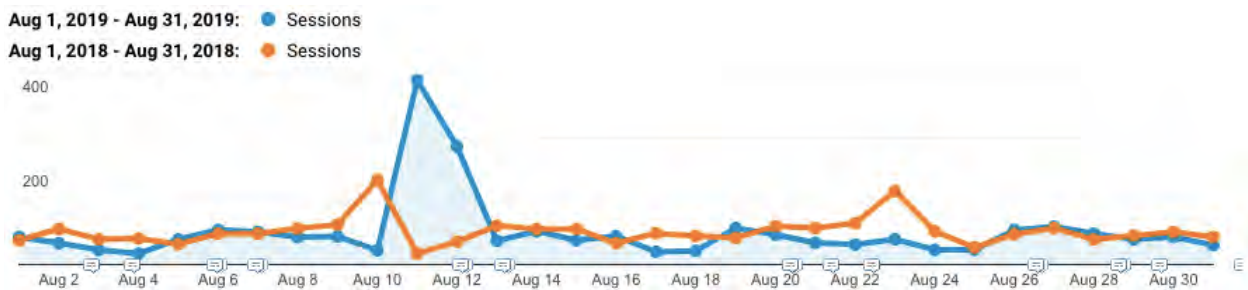


- The following REMSA links were clicked on the most (3 sessions each):
 - Homepage
 - REMSA Communications
 - Request Event Coverage
 - Careers
 - REMSA Education

Organic Traffic



Direct Traffic





SOCIAL MEDIA HIGHLIGHTS



Referral Traffic



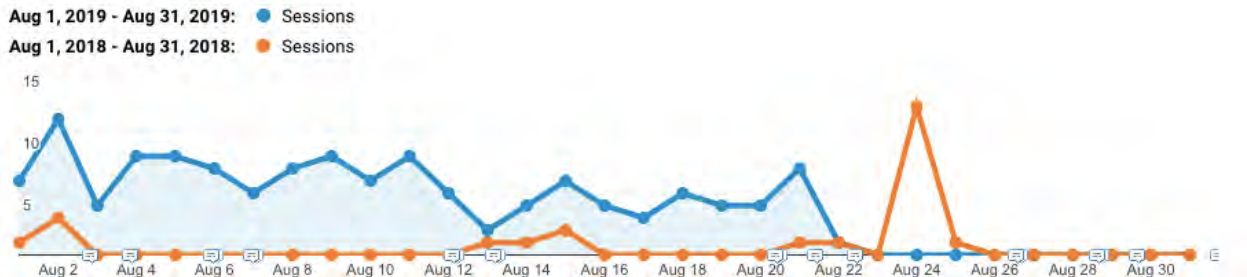
Top 3 Referral Sites:

1. REMSA Enrollware
2. Truckee Fire
3. Workforce ADP

SOCIAL MEDIA HIGHLIGHTS

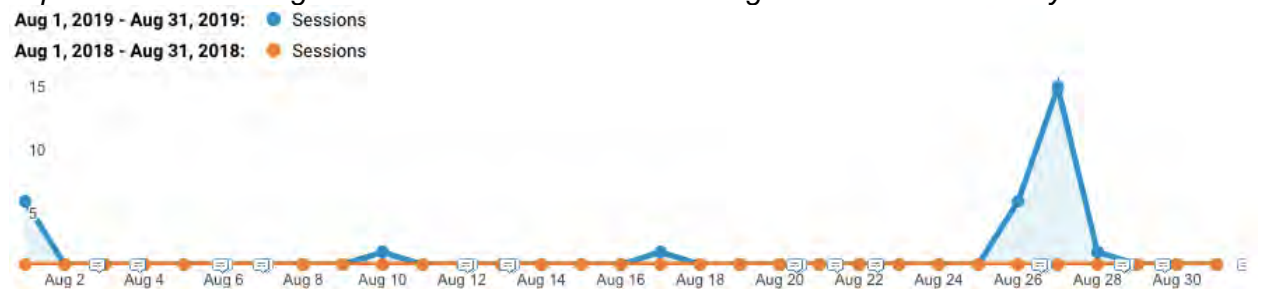


Paid Traffic



Email Traffic

**Spike in traffic on August 26 is when we sent out the August email blast from MyEmma*



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:

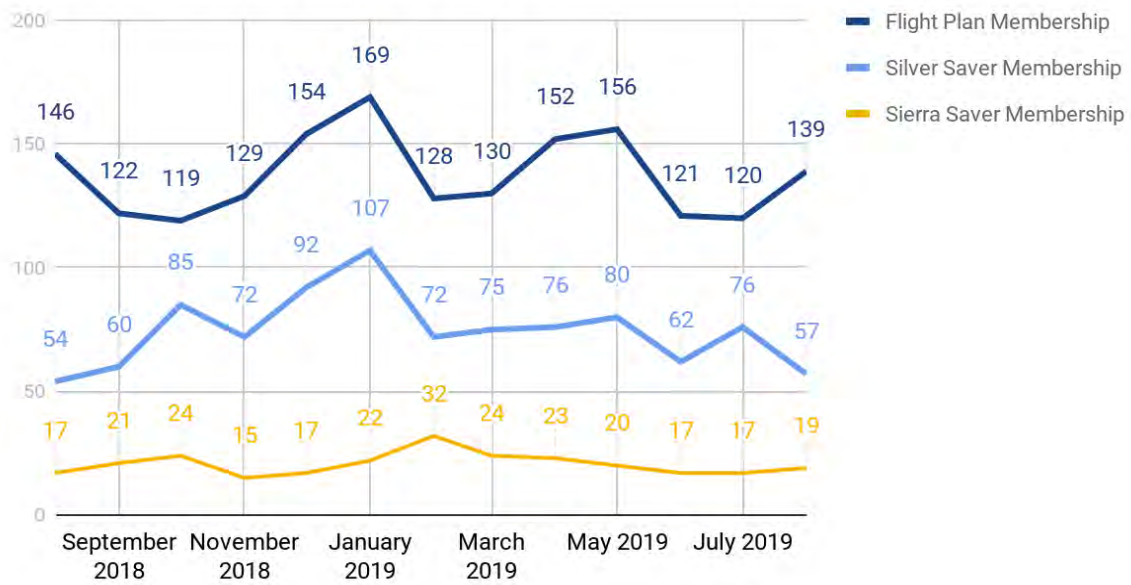
- Website visitors who clicked to fill out a Membership form:
 - Flight Plan Membership form: 139 website visitors clicked the external link to fill out the Flight Plan Membership form
 - Silver Saver Membership: 57 website visitors clicked the external link to fill out the Silver Saver Membership form
 - Sierra Saver Membership: 19 website visitors clicked the external link to fill out the Sierra Saver Membership form



SOCIAL MEDIA HIGHLIGHTS



Website Clicks on Membership Plans



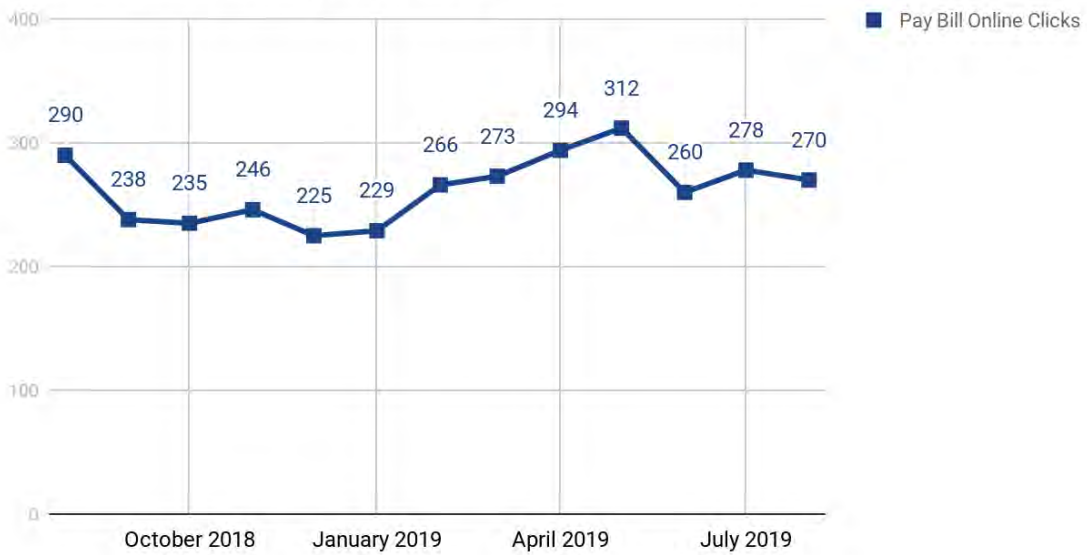
- Website visitors who clicked to pay their bill online: 270



SOCIAL MEDIA HIGHLIGHTS



Website Clicks to Pay Bill Online





- Top 5 phone numbers that visitors clicked on:
 - 775-858-5700 - Main Phone Number - 100 clicks
 - 775-750-7313 - EMT Education - 10 clicks
 - 775-353-0739 - Private Insurance - 8 clicks
 - 775-353-0768 - Membership - 5 clicks
 - 775-982-2620 - Point of Impact - 5 clicks



REMSA 2019-20 Penalty Fund Reconciliation as of July 31, 2019

2019-20 Penalty Fund Dollars Accrued by Month

Month	Amount
July 2019	7,130.32
August 2019	
September 2019	
October 2019	
November 2019	
December 2019	
January 2019	
February 2019	
March 2019	
April 2019	
May 2019	
June 2019	
Total Penalty Fund Dollars Accrued	\$7,130.32

2019-20 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted

Total Encumbered as of 07/31/2019 **\$0.00**

Penalty Fund Balance at 07/31/2019 **\$7,130.32**



**REMSA INQUIRIES
August 2019**

No inquiries for August 2019

DD	___	___
DHO	___	___

Staff Report
Board Meeting Date: September 26th, 2019

TO: District Board of Health

FROM: Catrina Peters, Director of Programs and Projects
775-328-2416, cpeters@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Presentation and possible acceptance of the revised 2018-2020 Community Health Improvement Plan.

SUMMARY

As a significant portion of the items in the Behavioral Health focus area of the 2018-2020 Community Health Improvement Plan (CHIP) have been completed, the CHIP Behavioral Health Committee has developed additional action plan items to pursue.

The revised CHIP contains additional action plan items to continue to make progress in addressing the Behavioral Health needs of our community.

District Health Strategic Priorities supported by this item:

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

- On February 28, 2019, an annual progress report for the 2018-2020 CHIP was presented and accepted by the DBOH.
- The 2018-2020 CHIP 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 2018-2020 CHIP addresses three priorities; Housing and Homelessness, Behavioral Health, and Physical Activity and Nutrition. While the CHIP is a community driven and collectively owned health improvement plan, WCHD is charged with providing administrative support, tracking and collecting data, and preparing the annual report.

Due to the progress in implementing the items in the Behavioral Health focus area, adding additional items to finish out the term of the current plan was endorsed by the stakeholders actively working to implement the plan and address the Behavioral Health needs in our community. The items added have been thoroughly vetted and agreed upon by CHIP Behavioral Health Committee which includes a broad array of stakeholders.

FISCAL IMPACT

Should the Board accept the revised 2018-2020 Community Health Improvement Plan, there will be no fiscal impact to the adopted FY19 budget.

RECOMMENDATION

Staff recommends the District Board of Health accept the revised 2018-2020 Community Health Improvement Plan

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the revised 2018-2020 Community Health Improvement Plan."

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

2018-2020

Community Health Improvement Plan

Revised Sept 2019



Public Health
Prevent. Promote. Protect.

Record of Changes To Plan:

Date of Review	Reviewed By	Pages Where Changes Were Made	Summary of Changes
9.12.19	Catrina Peters	12, 13, 24-37	Revised Behavioral Health action plans added

Table of Contents

Introduction.....	7
Summary of Goals and Objectives.....	11
Focus Area 1—Housing	13
Housing Action Plan.....	15
Focus Area 2—Behavioral Health	22
Focus Area 3—Nutrition and Physical Activity.....	37
Physical Activity and Nutrition Action Plan.....	39
Appendices.....	44
Appendix One: Acronyms.....	45
Appendix Two: Community Assets and Resources.....	46

Community Health Improvement Plan Authors

Lead Author

Catrina Peters – Director of Programs and Projects, WCHD

Supporting Author

Rayona Dixon – Health Educator II, WCHD

Editing and Support

Falisa Hilliard – Office Support Specialist, WCHD

Laura Rogers – Administrative Secretary, WCHD

Community Health Improvement Plan Committees

Once focus areas were selected as described in the introduction, the following committees were developed to determine the items to be included in the action plan for each focus area. The Community Health Improvement Plan (CHIP) Committees met several times between February and May of 2018 to help guide the development of the focus area action plans. The CHIP focus area Committee leaders include:

Housing

JD Klippenstein - ACTIONN

Behavioral Health

Catrina Peters - Washoe County Health District

Nutrition and Physical Activity

Kelli Goatley-Seals - Washoe County Health District

Rayona Dixon- Washoe County Health District

Community Members

The Washoe County Health District would like to thank the community for their involvement and participation in the community health improvement process. Your time and effort is greatly appreciated as we move forward to improve the health and well-being of Washoe County residents. We especially appreciate the work of the Truckee Meadows Healthy Communities Steering Committee for their work to deliberate and consider the weighty volume of information to ultimately determine the focus areas to include in the CHIP.

Community Partners

The Washoe County Health District would like to thank the following organizations for their participation in the CHIP committee meetings, action plan development and for serving as subject matter experts to shape the development of the Community Health Improvement Plan and the priorities outlined within.

Boys and Girls Club of Truckee Meadows
Charles Schwab Bank
Children's Cabinet
City of Reno
City of Sparks
Communities in Schools, Western Nevada
Community Foundation of Northern Nevada
Community Health Alliance
Community Services Agency
Food Bank of Northern Nevada
Health Plan of Nevada
High Sierra AHEC
Immunize Nevada
JTNN
Nevada Division of Public and Behavioral Health, Chronic Disease Prevention & Health Promotion
Nevada Division of Public and Behavioral Health, Community Services
Nevada Division of Public and Behavioral Health, Office of Suicide Prevention
Nevada Division of Public and Behavioral Health, Primary Care Office
Northern Nevada HOPES
NVEnergy
Praxis
Reno Area Alliance for the Homeless
Reno Housing Authority
Reno + Sparks Chamber of Commerce
Renown Health
San Francisco Federal Reserve Bank
Silver Summit Health Plan
Social Entrepreneurs, Inc.
The Eddy House
Truckee Meadows Healthy Communities
Truckee Meadows Regional Planning Authority
United Health Care
University of Nevada, Reno School of Community Health Sciences
Washoe County Chronic Disease Coalition
Washoe County Health District
Washoe County Human Services Agency
Washoe County School District
Wells Fargo

Letter from the District Health Officer



Dear Friends and Colleagues,

As we recently wrapped up our first ever Community Health Improvement Plan (CHIP), celebrated the progress made and reflected on the lessons learned, I'm excited to share with you our second Community Health Improvement Plan. The 2018-2020 CHIP was developed in response to the 2018-2020 Community Health Needs Assessment (CHNA) and is the result of six months of planning, evaluating and engaging the community to gain a better understanding of what the community sees as the top priorities for us to focus our work on.

While we know there are many health needs in our community, our current housing crisis is the focus area that has been selected as the first priority. Using the Regional Comprehensive Strategy for Affordable Housing, developed through Truckee Meadows Healthy Communities, Truckee Meadows Regional Planning Agency, and Enterprise Community Partners, it seeks both short and long term solutions to address the high cost and limited availability of housing in Washoe County. Our second focus area, Behavioral Health, is of utmost urgency to address the current public health crisis we are experiencing due to limited capacity to prevent, diagnose, and treat mental illness and substance use. Our third focus area, Nutrition and Physical Activity, is at the core of preventing chronic disease and helping our residents live healthy lives.

As you review the 2018-2020 Community Health Improvement Plan, you'll find that we've included specific goals, objectives and strategies to not only align the efforts of many community partners, but also enable measurement and evaluation of our accomplishments. Community-wide collaboration is essential to the success of every CHIP and this document reflects a high level of cooperation and partnership across the Truckee Meadows. My thanks to all our community partners who made this plan possible.

Sincerely,

A handwritten signature in blue ink that reads "Kevin A. Dick". The signature is fluid and cursive.

Kevin Dick
Washoe County District Health Officer

Introduction

Background

In 2017, the Washoe County Health District and Renown Health sponsored the development of the 2018-2020 Washoe County Community Health Needs Assessment (CHNA). The CHNA is a comprehensive health overview that informs the development of two action plans; the Community Health Improvement Plan (CHIP) and Renown Health's Community Benefit Plan.

The first collaborative assessment was created in 2014 and released in coordination with the 2015 Truckee Meadows Healthy Communities Conference held at the University of Nevada, Reno in January of 2015. The second collaborative assessment utilized validated and reliable secondary data sources, results from an online community survey, feedback from subject matter experts, and input from participants through a Community Workshop. A community health index and information on community strengths and challenges gathered from the online survey are also identified in the CHNA in sections two and three. Each source of information provided additional insight into the health needs of Washoe County's residents and the social circumstances that impact health in the region.

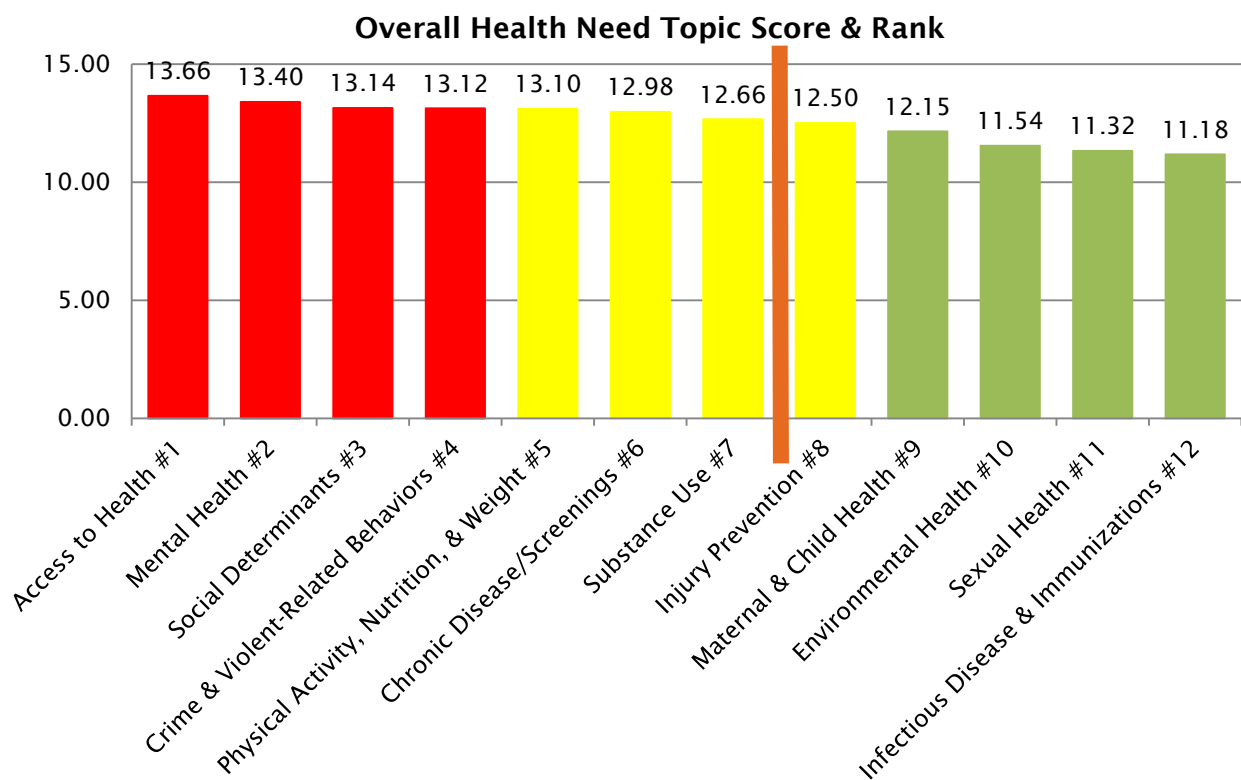
In addition to extensive amounts of data, the CHNA contains a prioritization of health needs to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey) contained within the assessment. The selected five criteria; magnitude, severity, trend, benchmark, and community perception, were utilized to objectively score and rank health topics. The detailed methodology for prioritization, scoring, and ranking is included within the CHNA and can be accessed from the Washoe County Health District website.

From this ranking of areas of health need, in combination with the results of the Community Workshop, a broad list of potential focus areas were presented to the Truckee Meadows Healthy Communities (TMHC) Steering Committee. The primary and secondary data and resulting prioritization and ranking provides a data-driven starting point for consideration of which health topics to focus on. The Community Workshop provided insights into the specific topics the community viewed as most critical to be addressed. Both elements, in addition to conversations on the existing capacity within community based organizations to work on these issues, were utilized in determining which focus areas to include in the CHIP.

The TMHC Steering Committee was presented with this information contained within the CHNA and was asked to use this information and their knowledge of the community to recommend focus areas to include in the CHIP. TMHC is a cross-sectorial coalition representing the Truckee Meadows community including local governments, non-profits, education, healthcare, business and supporting partners. The Steering Committee was requested to select no more than three focus areas from the broader list of focus areas presented in order to keep the efforts of the CHIP focused and achievable. Due to the CHIP cycle being 3 years in length, limiting the number of focus areas is key to success as is looking at existing, successful programs and how they can be expanded or further supported. Limiting the number of focus areas allows for a concentration of resources and thus increases the likelihood of impactful collaboration to improve the health of our community.

While all the health need topics are worthy of the community’s attention, concentrated efforts on a smaller number of focus areas is more likely to result in impactful change. Extensive discussion was engaged in by the TMHC Steering Committee members on areas of the highest need, the community’s capacity to take on work in each focus area and how efforts could be measured. Two meetings were needed to fully discuss these topics due to the complexity of the issues and the extensive amount of data to consider.

The top 12 health focus areas from the CHNA were shared with the Steering Committee as shown below:



While there was some variability between the top 12 items when looking at the primary and secondary data, several focus areas were consistently ranked higher. The initial broad list for consideration included:

1. Housing
2. Healthcare workforce
3. Diagnosable mental illness
4. Educational Attainment
5. Preventative care services
6. Depression
7. Prescription drug use

Among the top seven focus areas, some common themes developed. Housing remained a top priority, while the remaining topics outside of educational attainment were condensed under a general Behavioral Health focus area. After condensing the focus areas down to Housing and Behavioral Health, other areas were considered including chronic disease, nutrition, physical activity and general wellness.

After careful consideration and deliberation, the Steering Committee determined the following focus areas to be the highest areas of need and the areas where there was community capacity to initiate work:

1. Housing
2. Behavioral Health
3. Nutrition/Physical Activity

Housing was selected as it plays a critical role in laying a foundation for success for all health improvement efforts. Without adequate housing other efforts to provide adequate treatment and improve health are unlikely to succeed. Increasing the community's capacity to provide adequate and affordable housing was seen as a critical element in improving the health of the community.

Behavioral health was also seen as a top concern cited by the community, and is one that greatly suffers from lack of adequate resources and available workforce. It also ties in closely to the Housing focus area as many chronically homeless individuals suffer from mental illness and substance use disorder, and adequate housing is seen as a critical foundation to providing successful treatment.

When looking at chronic disease and general wellness, nutrition and physical activity was selected as a focus area as it plays a critical role in preventing a wide array of chronic diseases. While diabetes, heart disease and stroke are diseases of concern, they are all diseases that can be decreased by improving nutrition and physical activity.

Once focus areas were determined, committees were formed to undertake the work of determining goals and objectives of each focus area. After goals and SMART objectives were drafted, corresponding strategies and tactics were created to further detail the

steps that need to be taken to accomplish the objective. The results of the committee's work and efforts to engage a broad array of stakeholders in each focus area are reflected in the final action plans.

What is a Community Health Improvement Plan?

The 2018-2020 CHIP provides a framework for community partners to improve the health and well-being of residents in Washoe County by taking into account our community's unique circumstances and needs. Put simply, the CHIP is a plan of action to address local conditions that are contributing to or causing poor health in Washoe County. Strategies and tactics identified within the CHIP are addressed through partnerships with a diverse array of community based organizations, with the Health District taking on a supportive role.

The Public Health Accreditation Board defines a CHIP as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources". Furthermore, specific guidance on the development of the CHIP states that the plan must include "the desired measurable outcomes or indicators of the health improvement effort and priorities for action, from the perspective of community members. The plan must include community health priorities, measurable objectives, improvement strategies and activities with time-framed targets that were determined in the community planning process".

The CHIP action plans outline the next steps taken over the coming three years to address the community health needs identified and rely heavily on a collaborative approach to make a collective, broad impact on the health of our community.

Management of the Community Health Improvement Plan

The CHIP is managed by community workgroups, with the Health District acting in a supportive role. On an annual basis, the Health District will provide a community report as it relates to the status of all goals, objectives and strategies included within the CHIP. The community report will consider the feasibility and effectiveness of the strategies, as well as community resources and assets. After measuring the performance of CHIP action plan implementation, revisions may be made to the strategies, time-frames, targets, or the ownership of specific objectives. These annual reports will be made available on the Washoe County Health District website.

In summary, the CHIP provides an initial direction with revisions expected in the future as Washoe County organizations and community members work in greater partnership to improve upon the health and well-being of Washoe County residents.

Summary of Goals and Objectives

Focus Area One: Housing			
Goals		Objectives	
1	To stabilize and improve housing security for people spending more than 30% of their income on housing.	1.1	By June 15, 2018 complete Phase I of the Enterprise Affordable Housing Regional Strategy.
		1.2	By September 1, 2018 complete Phase II of the Enterprise Affordable Housing Regional Strategy.
		1.3	By December 31, 2018 complete Phase III of the Enterprise Affordable Housing Regional Strategy.
		1.4	By July 1, 2020 implement Enterprise Affordable Housing Regional Strategy as indicated in plan implementation schedule.
2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	2.1	By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).
		2.2	By September 1, 2018 identify best practices for incorporating community case management for people receiving housing assistance.
Focus Area Two: Behavioral Health (Revised Sept 2019)			
Goals		Objectives	
1	To stabilize and improve housing security for people experiencing homelessness.	1.2	By April 1, 2020 identify best practices for incorporating community case management** for people experiencing homelessness.
		1.3	By February 1, 2020 expand implementation of Peer Recovery Support Specialists in Washoe County

2	Assess and address current status and need for Behavioral Health services in Washoe County	2.2	By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.
		2.3	By October 1 each year, develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.
		2.4	By Feb 1, 2020 develop strategies and advocate for policies to address gaps and needs identified.
		2.5	By Feb 1, 2020 expand training and education to providers on SBIRT
3	Reduce depression and suicidal behaviors in adolescents and seniors (age 65+)	3.1	By April 1, 2020 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.
		3.2	By December 15 th , 2020 implement BUILD Health Challenge Year 1 Strategies

Focus Area Three: Nutrition and Physical Activity

Goals		Objectives	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.1	By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 12.
		1.2	By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings.
		1.3	By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.
		1.4	By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3.

Focus Area 1—Housing

After a period of economic recession, Washoe County has experienced growth for the past seven years and has experienced significant economic development within the last two years. There has been an influx of people relocating to Washoe County primarily driven by large corporations such as Tesla/Panasonic, Apple, Switch and Google establishing factories and data centers in and outside of Reno. While this influx of business relocation/expansion and economic growth has resulted in an increase in jobs available across multiple sectors, it has substantially increased demand for housing. As a result of increased demand, there has been a corresponding increase in housing costs and an increase in the homeless population.

Housing costs have been rising since the bottom of the recession in 2009, when average rental prices and home sale prices were at a 10 year low. Median home prices have increased from \$192,000 in May of 2013 to \$352,000 in May of 2018, an 83% increase¹. When comparing the same timeframe, there has been a 34% increase in the average rental price from \$829 to \$1,111² and vacancy rates remain very low. Some of the lowest cost housing, the weekly motels, has had a reduction in available units as aging properties in the urban core are being redeveloped. And while housing costs have risen dramatically, wages have remained relatively stagnant. Currently, the average hourly wage in Reno remains 8% lower than the national average³. As a result, households are often forced to pay a larger percentage of their income on housing.

With these changes, the most vulnerable populations often experience the most adverse outcomes. For lower income households this may mean having to choose between paying rent and buying food or medicine, or facing an eviction. 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. According to Enterprise Community Partners, 39% of Washoe County residents are low income and paying more than 50% of their income on housing costs. For those paying more than 50% of their income on housing, rising rents may result in homelessness.

¹ Zillow. United States Home Prices & Values. Accessed <https://www.zillow.com/home-values/>

² Nevada Housing Division. (2017). "Taking Stock" Nevada's 2017 Affordable Housing Apartment Survey. Accessed <https://housing.nv.gov/uploadedFiles/housingnvgov/content/programs/LIHD/2017Taking%20Stock20180306.pdf>

³Bureau of Labor Statistics. Western Information Office. Accessed https://www.bls.gov/regions/west/news-release/occupationalemploymentandwages_reno.htm

The strain of housing costs have already been reflected in increased numbers of homeless individuals. The number of homeless individuals living in a shelter or transitional housing has increased 43%, from 705 in January of 2012 to 1,008 in 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 is also remains high, with 3,359 children being identified as homeless in the 2016-2017 school year.

Loss of adequate, secure housing has been shown to have an array of unfavorable health outcomes, the largest of which is the negative impacts on one's health⁴. Rates of mental health crisis, substance abuse⁵, food insecurity rates⁶ and emergency department utilization have all been shown to increase when homelessness is experienced. In an effort to reverse that trend, many believe that secure housing must be established first before any resources put towards improving health will be fruitful. For those who are struggling with behavioral health issues, adequate housing is critical to getting consistent and effective treatment. This is commonly referred to as the "housing first" model and serves as the basis from which housing was selected as the first priority for the 2018-2020 Community Health Improvement Plan.

After discussions with many community stakeholders on which strategies to focus on to improve the housing challenges of the Truckee Meadows, the following key themes were identified:

- Develop and implement a Regional Housing Strategy
- Explore models to provide funding for the severely mentally ill
- Support community case management to increase the success rate of those placed in housing assistance programs

These key themes were further developed into strategies and tactics to accomplish the objectives that were outlined. Both long and short term efforts were considered and the items reflected in the table below are the results of careful consideration of the most pressing needs and resources available to address such needs.

⁴ Sarah C. Oppenheimer, Paula S. Nurius, and Sara Green (2016) Homelessness History Impacts on Health Outcomes and Economic and Risk Behavior Intermediaries: New Insights From Population Data. *Families in Society: The Journal of Contemporary Social Services*: 2016, Vol. 97, No. 3, pp. 230-242.

⁵American Psychiatric Association Publishing. Accessed <https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.162.2.370>

⁶Wiley Online Library. Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans. Accessed <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1525-1497.2005.00278.x>

Community Health Improvement Plan

Housing Action Plan

Focus Area: Housing

Goal 1: To stabilize and improve housing security for people spending more than 30% of their income on housing.

Objective (SMART Format):

1. By June 15, 2018 complete Phase I of the Regional Strategy for Housing Affordability.
2. By September 1, 2018 complete Phase II of the Regional Strategy for Housing Affordability.
3. By December 31, 2018 complete Phase III of the Regional Strategy for Housing Affordability.
4. By July 1, 2020 implement Regional Strategy for Housing Affordability as indicated in plan implementation schedule.

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Number of housing units		191,390 (2016)	Increase
Number of housing units per capita	Decreasing	43,026 houses per 100,000 population (2016)	Increase
Unaffordable rent (paying more than 30% income on rent)	STABLE	48.7% (2016)	Decrease
Children in Transition (CIT-homeless youth)	Increasing	3,359 grades K-12 (2016-2017)	Decrease
Vacancy rate for low income rental units**	Decreasing	2.6%	Increase

**Vacancy rate for Reno rental units at properties that are participating in the low income housing tax credit program.

Source: "Taking Stock" Nevada Housing Division, 2017

Robert Wood Johnson County Health Ranking Indicator Impacted: Severe housing problems

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By May 1, 2018 complete Phase I of the Regional Strategy for Housing Affordability.	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	June 1, 2018	<u>Owner:</u> Project Director, Truckee Meadows Healthy Communities, TMRPA

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 complete Phase II of the Regional Strategy for Housing Affordability.	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase II of roadmap complete	September 30, 2018	<u>Owner:</u> Project Director, Truckee Meadows Healthy Communities, TMRPA

Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By December 31, 2018 complete Phase III of the Regional Strategy for Housing Affordability.	Facilitate local leadership meetings for Enterprise and provide any requested information	Conduct meetings needed and requested, Enterprise to develop roadmap	Phase III of roadmap complete	Nov 31, 2018	<u>Owner:</u> Project Director, Truckee Meadows Healthy Communities, TMRPA

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By July 1, 2020 implement Regional Strategy for Housing Affordability as indicated in plan implementation schedule.	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	June 1, 2018 - June 30, 2019	<u>Owner:</u> Truckee Meadows Healthy Communities
		Organization identified in strategy one to complete implementation plan	Activities and strategies outlined in implementation plan completed	To be determined	<u>Owner:</u> To be determined

Community Health Improvement Plan

Housing Action Plan

Focus Area: Housing/Homeless

Goal 2: To stabilize and improve housing security for people spending more than 50% of their income on housing.

Objective (SMART Format):

1. By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).
2. By September 1, 2018 identify best practices for incorporating community case management** for people receiving housing assistance.

**Case management as defined by HUD, i.e. serves as a central point of contact for service providers and addresses the biological, psychological and social needs of the person and helps him/her to maintain housing.

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Number of homeless persons	Increasing	989 persons (2016)	Decrease
Children in Transition (CIT-homeless youth)	Increasing	3,359 grades K-12 (2016-2017)	Decrease
Housing units per capita	Decreasing	43,026 per 100,00 population	Increase
Unaffordable rent (paying more than 30% income on rent)	STABLE	48.7% (2016)	Decrease
Vacancy rate for low income rental units**	Decreasing	2.6%	Increase

**Vacancy rate for Reno rental units at properties that are participating in the low income housing tax credit program.

Source: "Taking Stock" Nevada Housing Division, 2017

Robert Wood Johnson County Health Ranking Indicator Impacted: Severe housing problems

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).	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	June 15, 2018	<u>Owner:</u> Washoe County Human Services, RAAH, ACTIONN
		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.)	July 15, 2018	
		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	August 15, 2018	
	Support alternative funding models identified	Coordinate advocacy efforts needed to support funding models identified	Central point of contact identified for disseminating information	August 15, 2018- June 30, 2020	
	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.	June 1, 2018	<u>Owner:</u> Nevada Interagency Council on Homelessness
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.	July 31, 2018	<u>Owner:</u> Nevada Interagency Council on Homelessness

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance.	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	July 15, 2018	<u>Owner:</u> Washoe County Human Services Division, Housing Specialist <u>Supporter:</u> WCHD MPH Intern, RHA
		Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings convened, best practices shared	August 15, 2018	
Objective 2	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance.	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.	July 30, 2018	<u>Owner:</u> Washoe County Human Services <u>Supporter:</u> UNR MPH Intern
	Compile and share best practices examples from other communities.	Conduct internet research.	Creation of a report presenting options used successfully in other communities.	August 1, 2018	<u>Owner:</u> Anne Cory <u>Supporter:</u> UNR MPH Intern
		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.	August 15, 2018	<u>Owner:</u> UNR MPH Intern

Objective 2	Strategy 3	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating collaborative case management for those receiving rental assistance.	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.	Sept 1, 2018	<u>Owner:</u> Washoe County Human Services Division, Housing Specialist <u>Supporter:</u> City of Reno, Volunteers of America

Objective 2	Strategy 4	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating collaborative case management for those receiving rental assistance.	Support implementation of objectives/strategies outlined in the HUD Youth Demonstration grant.	Identify a timeline to implement grant objectives	Document reflecting implementation timeline	July 1, 2018	<u>Owner:</u> Eddy House, RAAH Youth Subcommittee
		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.	Sept 1, 2018	<u>Owner:</u> Eddy House, RAAH Youth Subcommittee
		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	Dec 1, 2018	<u>Owner:</u> Eddy House, RAAH Youth Subcommittee

Focus Area 2—Behavioral Health

Behavioral Health is a broad term that includes both mental health and substance abuse; two issues that continue to increase across the nation. Often they occur in tandem, with higher rates of substance abuse being seen in those experiencing mental illness which can further exacerbate a condition. These are two health problems that can also vary in severity; mental illness can range from mild to substantially interfering with day-to-day activities,⁷ and substance use disorders can also range from mild to severe with varying degrees of impact on health and the ability to perform daily functions.

Across the nation a growing number of Americans are struggling with a mental illness. The CDC reports about 25% of all U.S. adults currently have a mental illness and nearly twice that number will develop at least one mental illness in their lifetime.⁸ While Nevada has the fifth highest suicide rate in the country, 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. Substance use disorders also continue to be a challenge for our community and an increasing number of Washoe County residence report needing but not receiving treatment for both alcohol and illicit drug use. Adding to past and current challenges in Northern Nevada with high rates of alcohol and methamphetamine abuse, the nation's opioid crisis has also hit Nevada with increases in opioid use and subsequent increases in overdose deaths.

Historically, Nevada has struggled to identify adequate resources and community based solutions to appropriately respond to our behavioral health needs due to a variety of factors. Lack of funding 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 average of \$131 per capita⁹. The available workforce has also presented limitations to providing services; nearly the entire state of Nevada has been in a mental health provider shortage area as defined by the US Department of Health and Human Services. Entities that have the resources to hire additional providers are limited by the ability to recruit appropriate providers given the shortage of available workforce in the area. Those who accept referrals for behavioral health from community based partners are often limited by lack

⁷ National Institute of Mental Health. Health Information. Accessed <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

⁸ Center for Disease Control and Prevention. CDC Mental Illness Surveillance. Accessed https://www.cdc.gov/mentalhealthsurveillance/fact_sheet.html

⁹ NRI Analytics Improving Behavioral Health. Accessed <http://www.nri-inc.org/>

of capacity to meet the overwhelming need or are faced with long wait times to provide care to those who need it.

Adding to limited ability to hire from the current workforce, challenges are also seen in the amount of time needed for a behavioral health board to approve licensure for a provider coming from out of state once they are hired. In order to address these challenges, an action plan was developed to increase information dissemination of behavioral health workforce statistics. This objective is intended to draw attention to the need and to identify potential opportunities to expedite licensure for behavioral health providers once they are hired.

In Northern Nevada, the housing crisis has further exacerbated the challenges of meeting the needs for substance use and mental health treatment. Patients who have completed in-patient treatment and are ready for a more independent living situation struggle to find available housing, further limiting available treatment for those needing it. As a result of the strong overlap between the challenges of limited affordable housing and accessing appropriate substance use and mental health treatment, the action plans for the Behavioral Health focus area includes strategies for supportive housing. These action plans mirror the items included in the housing action plan focused on decreasing homelessness.

The third strategy included in this section of the CHIP focuses on reducing depression and suicide in adolescents. While this is a complex problem to tackle and requires a collaborative approach that includes parents, schools and mental health providers, strategies are outlined to address some components of this substantial issue. Given the limited resources available to tackle this challenge, the strategies included in the action plan focus on supporting an existing education and screening program, Signs of Suicide. This program provides suicide education to all students and a screening for high risk behaviors when parents provide a signed consent form. Finally, the plan includes a strategy to expand efforts to allow mental health providers to see students in schools, thereby decreasing the logistical and transportation challenges to access that type of care.

In August and September of 2019, stakeholders were brought together to review the behavioral health items that have been completed and discuss potential additions to continue to make progress on meeting the behavioral health needs of our community. The action plans below reflect the revisions desired by the CHIP Behavioral Health Committee, which include notation of work that was completed (strike through text on objectives and grey shaded items in the action plans) and the additional objectives strategies and tactics added.

REVISED September 2019

Community Health Improvement Plan
 Behavioral Health Action Plan

Focus Area: Behavioral Health

Goal 1: To stabilize and improve housing security for people experiencing homelessness.

Objective (SMART Format):

- ~~1. By September 1, 2018 identify and support alternative funding models for housing the severely mentally ill.~~
2. By April 1, 2020 identify best practices for incorporating community case management** for people experiencing homelessness.
3. By February 1, 2020 expand implementation of Peer Recovery Support Specialists in Washoe County

**Case management as defined by HUD, i.e. serves as a central point of contact for service providers and addresses the biological, psychological and social needs of the person and helps him/her to maintain housing.

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Number of homeless persons	Increasing	989 persons (2016)	Decrease
Children in Transition (CIT-homeless youth)	Increasing	3,359 grades K-12 (2016-2017)	Decrease

Robert Wood Johnson County Health Ranking Indicator Impacted: Severe housing problems, poor mental health days, premature death

Objective 2	Strategy 4	Tactic	Performance Indicator	Target Date	Owner
By April 1, 2020 identify best practices for incorporating collaborative case management for people experiencing homelessness.	Support implementation of the GoodGrid case management software system	Implement Good Grid with Phase I pilot partners	Phase I pilot agencies have all fully implemented the GoodGrid case management software system for all homeless individuals and families	Jan 1, 2020	<u>Owner:</u> Washoe County Human Services Division, HSA Coordinator <u>Supporter:</u> Phase I Pilot Partners
		Implement Good Grid with Phase II pilot partners	Phase II pilot agencies have all fully implemented the GoodGrid case management software system for all chronically homeless clients	April 1, 2020	

Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By February 1, 2020 expand implementation of Peer Recovery Support Specialists (PRSS) in Washoe County.	Collect and disseminate information on the number of certified PRSS in Washoe County	Develop a one page fact sheet on PRSS certification process and benefits of providers utilizing/hiring PRSS	Fact sheet developed and distributed	Jan 1, 2020	<u>Owner:</u> Foundation for Recovery <u>Supporter:</u> CASAT, District Courts
		Determine number of currently certified PRSS being utilized by Behavioral Health providers to include Substance Use treatment facilities, CCBHCs and FQHCs	Conduct an annual survey of the number of certified PRSS in Washoe County	April 1, 2020	
Objective 3	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
	Implement trainings for providers on PRSS	Provide (3) Behavioral health providers with free trainings on PRSS certification process and how to appropriately incorporate them into current practices	Trainings conducted	April 1, 2020	<u>Owner:</u> Foundation for Recovery

COMPLETE/OBSOLETE					
Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).	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	June 15, 2018	<u>Owner:</u> Washoe County Human Services, RAAH, ACTIONN
		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)	July 15, 2018	
		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	August 15, 2018	
Objective 1	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify and support alternative funding models for housing severely mentally ill (SMI).	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.	June 1, 2018	<u>Owner:</u> Nevada Interagency Council on Homelessness
		Identify steps for implementation of revised state plan.	Action plan for implementation activities.	July 31, 2018	<u>Owner:</u> Nevada Interagency Council on Homelessness

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance.	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	July 15, 2018	<u>Owner:</u> Washoe County Human Services Division, Housing Specialist <u>Supporter:</u> WCHD MPH Intern
		Convene a case management specific meeting(s) to facilitate collaboration of case management and sharing of best practices	Meetings convened, best practices shared	August 15, 2018	
Objective 2	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating community case management for those receiving rental assistance.	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.	July 30, 2018	<u>Owner:</u> Washoe County Human Services <u>Supporter:</u> UNR MPH Intern
	Compile and share best practices examples from other communities.	Conduct internet research.	Creation of a report presenting options used successfully in other communities.	August 1, 2018	<u>Owner:</u> Anne Cory <u>Supporter:</u> UNR MPH Intern
		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.	August 15, 2018	<u>Owner:</u> UNR MPH Intern

Objective 2	Strategy 3	Tactic	Performance Indicator	Target Date	Owner
By September 1, 2018 identify best practices for incorporating collaborative case management for those receiving rental assistance.	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.	Sept 1, 2018	Owner: Washoe County Human Services Division, Housing Specialist Supporter: City of Reno, Volunteers of America

REVISED September 2019

Community Health Improvement Plan
 Behavioral Health Action Plan

Focus Area: Behavioral Health

Goal 2: Assess and address current status and need for Behavioral Health services in Washoe County

Objective (SMART Format):

- ~~1. By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.~~
2. By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.
3. By Feb 1, 2020 develop strategies and advocate for policies to address gaps and needs identified.
4. By Feb 1, 2020 expand training and education to providers on SBIRT

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Percent of population living in HRSA primary care provider shortage area	Increasing	35.4% (2016)	Decrease
Percent of population living in HRSA mental health provider shortage area	STABLE	100.0% (2016)	Decrease
Ratio of providers to population (mental care)	~	390:1 (Mental Health-2014)	Increase

Robert Wood Johnson County Health Ranking Indicator Impacted: Premature death, poor mental health days, mental health provide

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.	Publish Washoe county Behavioral Health Data profile	Collect needed information and oversee UNR MPH intern in the revision of the data profile from the previous year.	Needed data collected and evaluated, report compiled and reviewed	Oct 1	Owner: Washoe County Health District, UNR MPH Intern
		Share the data profile with appropriate audiences	Data profile shared with Washoe County Regional Behavioral Health Board		

Objective 2	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.	Collect and disseminate information related to the annual statistics on the number of Psychiatrist and other Behavioral Health Providers 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	August 1	Owner: Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association
		Determine optimal format of information sharing, ie, one page handout	Informational materials are developed	Sept 1	
		Distribute information amongst state and local elected officials, board, etc	Information distributed to appropriate contacts	October 1	
		Conduct a year over year comparison on number of providers	Analysis conducted and findings disseminated	Sept 1	
		Gather information available on the number of Behavioral Health employers who offer/participate in student loan repayment programs	Information collected and distributed to appropriate contacts	October 1	

Objective 2	Strategy 3	Tactic	Performance Indicator	Target Date	Owner
By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County.	By Feb 1, 2020 assess the viability of utilizing Medicaid claim data to determine provider availability/accessibility	Determine what data would need to be collected and submit a corresponding data request to NV DHHS DPBH	Data request formulated and submitted	Oct 1, 2019	<u>Owner:</u> Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association
		Analyze data to determine if Medicaid claims data is sufficient to determine if sufficient providers exist to meet the current/projected need	Data analysis complete and findings shared	Feb 1, 2020	

Objective 3	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By Feb 1, 2020 develop strategies and advocate for policies to address gaps and needs identified.	Collect and disseminate basic information on current status of Behavioral Health Board modernization	Gather information about Behavioral Health Boards and on degree of modernization, current wait times for license to be processed, etc	Document reflecting information gathered	Feb 1, 2020	<u>Owner:</u> NV Primary Care Association, Nevada DHHS Primary Care Office Washoe County Health District
		Identify potential opportunities to revise policies that would allow for expedited licensure	Document outlining policies and potential revisions and historical efforts		

Objective 4	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By Feb 1, 2020 expand training and education to providers on SBIRT	Collect and disseminate basic information on current status of SBIRT usage	Mapping settings/populations where SBIRT is used in Washoe County	Document reflecting information gathered	Feb 1, 2020	<u>Owner:</u> CASAT <u>Supporter:</u> HOPES, WCHD, Renown, Children’s Cabinet, Washoe County Public Defender’s Office, Washoe County Department of Alternative Sentencing, Community Health Alliance
		Identify target agencies/organizations to provide SBIRT awareness and training	Document outlining target organizations to provide SBIRT training to		
		Promote SBIRT expansion through completion of live, online SBIRT implementation class and self-paced SBIRT class	2 online trainings provided		
		Conduct in person SBIRT implementation training	1 face to face training provided		

COMPLETE/OBSOLETE					
Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By October 1, 2018 develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County.	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	August 1, 2018	Owner: Washoe County Health District, Nevada DHHS Primary Care Office, NV Primary Care Association
		Determine optimal format of information sharing, ie, one page handout,	Informational materials are developed	Sept 1, 2018	
		Distribute information amongst state and local elected officials, board, etc	Information distributed to appropriate contacts	October 1, 2018	

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By December 31st, 2018 identify gaps in service and access for those needing behavioral health services in Washoe County.	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	August 15, 2018	Owner: Shelia Leslie, Washoe County Regional Health Board Supporter: WCHD MPH Intern
		Complete draft of report and distribute to Regional Behavioral Health Board for review and feedback.	Report completed	Dec 31, 2018	Owner: Shelia Leslie, Washoe County Regional Health Board Supporter: WCHD MPH Intern

REVISED September 2019

Community Health Improvement Plan
 Behavioral Health Action Plan

Focus Area: Behavioral Health

Goal 3: Reduce depression and suicidal behaviors in adolescents and seniors (age 65+)

Objective (SMART Format):

1. By April 1, 2020 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.
2. By December 15th, 2020 implement BUILD Health Challenge Year 1 Strategies

Outcome Indicator (From CHNA):

Indicator	Trend	Most Recent Year	Outcome Indicator Change Desired
Adolescents that felt sad or hopeless	~	33.5% (2015)	Decrease
Adolescents that seriously considered suicide	~	18.8% (2015)	Decrease
Number of intentional self-harm deaths (age 15-24)	~	5 (2015)	Decrease
Death due to suicide (age 65-74, rate per 100,000)		30.4 (2013-2017 aggregate data)	Decrease

Robert Wood Johnson County Health Ranking Indicator Impacted: Premature death, injury deaths

Objective 1	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By April 1, 2020 increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care.	Implement Signs of Suicide education and screening program for all 7 th 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	Sept 1, 2018	<u>Owners:</u> Washoe County School District, Children's Cabinet
		Identify stable funding sources for Signs of Suicide education and screening program	Funding sources secured for 3 years of programming	April 1, 2020	
		Identify strategies to build support for consent for screening	Document reflecting strategies that could be employed to build support for screening consent	April 1, 2020	
	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
	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 Work with stakeholders to identify ways to overcome barriers	Pilot behavioral health provider workspace at 2 elementary, middle and high schools in the district	April 1, 2020	<u>Owners:</u> Washoe County School District <u>Supporter:</u> Communities in Schools, Northern Nevada HOPES, Children's Cabinet, Community Health Alliance

Objective 2	Strategy 1	Tactic	Performance Indicator	Target Date	Owner
By December 15 th , 2020 implement BUILD Health Challenge Year 1 Strategies	Support implementation of objectives/strategies outlined in the BUILD Health Challenge grant collaborative.	Identify funding source	Funding for year one of implementation identified	Dec 15 th , 2020	<u>Owners:</u> Renown Institutes, TMHC, NNBHLC, Community Health Alliance
		Assemble working groups, determine governance structure and leadership	Working group identified		
		Develop implementation plans to align with available funding	Implementation plan developed and shared with all working group members		

Focus Area 3—Nutrition and Physical Activity

Obesity is a chronic problem of individual and public health affecting a large number of people all over the nation. According to the 2018-2020 Washoe County Community Health Needs Assessment, the percentage of adults, seventh graders, and tenth graders in Washoe County classified as overweight or obese is steadily increasing. Overweight and obesity is a health condition that occurs when a person's Body Mass Index (BMI) is over 25.0. A BMI above 25.0 is a concern because it is strongly correlated with adverse health outcomes and reduced quality of life.¹⁰ Overweight and obesity in children are among the most important risks to children's long and short-term health. Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes and asthma and they are more likely to have increased blood pressure and high cholesterol levels. In addition, the majority of children and adolescents who are overweight are likely to remain overweight throughout adulthood.¹¹

There is strong scientific evidence that supports the benefits of eating a healthful diet, participating in regular physical activity and maintaining a healthy body weight to decrease a person's risk of developing serious health conditions. The U.S. Department of Health and Human Services has physical activity guidelines for children, adolescents, adults, and older adults that recommend the quantity and type of physical activity ideal for each population subgroup.¹² Similar to physical activity, dietary guidelines have been established. Though we know that these behaviors combined can lead to positive health outcomes, a large segment of Washoe County residents struggle to achieve recommended daily amount of physical activity and consume recommended amounts of fruits and vegetables. Adults and children are regularly faced with unhealthy food and beverage options in their daily lives.

Residents and service agencies within Washoe County identified increasing physical activity and optimal nutrition for all as a key priority because of the current state of these concerns in our community. The 5210 Framework will guide the Physical Activity and Nutrition Committee's work to combat chronic conditions and improve health behaviors related to physical activity and nutrition for youth and adults. The educational campaign adapted from Maine's LetsGo! 5210 program aims to help kids and families recognize healthy choices.

¹⁰ Center for Disease Control and Prevention. Healthy Weight. Accessed https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

¹¹ Center for Disease Control and Prevention. Childhood Obesity Causes & Consequences. Accessed <https://www.cdc.gov/obesity/childhood/causes.html>

¹² U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. Accessed <http://health.gov/dietaryguidelines/2015/>

By promoting physical activity and nutrition across sectors, partners will increase awareness of their role in fostering positive health outcomes and increase their active participation in this role. Health and wellness (behaviors) are shaped by the places where community members live, work, learn and play. The community environment, including homes, schools, worksites, parks, and streets can be transformed to make healthy choices easy and accessible for all.

The importance of a consistent message about healthy habits will increase our community's knowledge on how to make healthier decisions. Policy and environmental changes implemented in locations such as worksites, health care providers and locations frequented by youth can likely influence desired behavior change related to nutrition and physical activity. The PA/N CHIP Committee will also advocate for organizational changes in regards to the types of food offered to our residents whether it be in a school vending machine, a park's concession stand, or during workplace events.

Community Health Improvement Plan

Physical Activity and Nutrition Action Plan

Focus Area: Physical Activity and Nutrition

Goal 1: To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.

Objective (SMART Format):

1. By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.
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.
3. By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.
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.

Outcome Indicator (From CHNA):

Indicator	Most Recent Year	Outcome Indicator Change Desired
Physical Activity among adolescents	27.0% (2015) 7+ days/week	Increase
Adults that met aerobic and strength guidelines	28.5% met both (2015)	Increase
Adults that met aerobic guidelines	32.5% (2015)	Increase
Adults that met strength guidelines	7.9% (2015)	Increase
Fruit consumption among adolescents	32.2% 2+ times/day (2015)	Increase
Vegetable consumption among adolescents	27.2% 2+ times/day (2015)	Increase
Fruit consumption among adults	80.8% 1+ servings/day (2015)	Increase
Vegetable consumption among adults	80.8% 1+ servings/day (2015)	Increase

Robert Wood Johnson County Health Ranking Indicator Impacted:

Percent of adults that report a BMI \geq 30, Percent of adults aged 20 and over reporting no leisure-time

Objective 1	Strategy	Tactic	Performance Indicator	Target Date	Owner
By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.	1. Develop 5210 Let's Go! infrastructure to support program implementation	Organize a 5210 Let's Go! Advisory Board	Advisory Board established	August 31, 2018	Owner: Community Health Alliance Supporter: PA/N CHIP Committee
		Determine branding of local 5210 efforts	Local brand approved by advisory board	September 30, 2018	Owner: Community Health Alliance (CHA) Supporters: WCHD, Advisory Board
		Identify a minimum of three ways to market and educate the public on the 5210 program efforts	# of marketing strategies identified	October 31, 2018	
		Identify and develop appropriate and consistent evaluation measures for use by organizations that implement 5210	Evaluation measures/ toolkit developed	September 30, 2018	
	2. 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	# of learning opportunities planned	September 30, 2018	Owner: Community Health Alliance (CHA) Supporter: WCHD, Advisory Board
		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	# of 5210 learning opportunities offered # of organizations/health care practices educated	December 31, 2018	
	3. 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	June 30, 2019	Owner: Community Health Alliance (CHA) Supporter: WCHD, Advisory Board

Objective 2	Strategy 2	Tactic	Performance Indicator	Target Date	Owner
By July 2019, increase the number of community organizations implementing aspects of the 5210 program from 1 to 11.	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	# of organizations implementing 5210 # of youth impacted by 5210	June 30, 2019	Owners: Community Health Alliance (CHA) Supporters: WCHD, Advisory Board
		Recruit 1 health care provider to implement 5210 program	# of health care providers implementing 5210 # of families impacted by 5210	June 30, 2019	Owners: Community Health Alliance (CHA) Supporters: WCHD, Advisory Board
		Coordinate with Reno/Sparks Chamber of Commerce (Chamber) to reach 100% of their member organizations (~1500) with information about Let's Go 5210	# of organizations reached	September 30, 2018	Owners: Community Health Alliance (CHA) Supporters: Reno/Sparks Chamber of Commerce, WCHD, Advisory Board
		Recruit a minimum of 5 organizations from the Chamber to participate in the implementation of Let's Go 5210 with their employees.	# of organizations implementing 5210 # of employees impacted by 5210	June 30, 2019	
		Educate and provide technical assistance (TA) to organizations about 5210 and how to implement	# of organizations reached with education and TA about 5210 components	Through June 2019	

	Strategy 3	Tactic	Performance Indicator	Target Date	Owner
By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores.	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	By September 28, 2018	Owner: FHF sub-committee Supporters: FBNN, WCHD, Renown Health, Community Health Alliance, High Sierra AHEC
		Coordinate three FHF/year with at least 100 attendees at each event	# of FHF # of attendees participating	By June 30, 2019	Owner: FHF sub-committee Supporters: WCHD, FBNN, Renown Health

Objective 4	Strategy	Tactic	Performance Indicator	Target Date	Owner
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.	2.1 Complete a series of pre/post assessments to measure one's knowledge and skills to engage in physical activity	# of assessments completed	By June 30, 2019	Owners: FHF sub-committee Supporters: FBNN, WCHD, Renown Health * WCHD can lead efforts, but will need help with assessments from 2-4 additional agencies
		Complete a series of pre/post assessments to measure one's knowledge and skills to prepare nutritious foods.	# of assessments completed	By June 30, 2019	

Appendices

The following appendices are included within the CHIP:

Appendix One: Acronyms

Appendix Two: Community Assets and Resources

Appendix One: Acronyms

ACA	Affordable Care Act
ADA	Americans with Disabilities Act
BRFSS	Behavior Risk Factor Surveillance System
CDC	Centers for Disease Control
CHA	Community Health Alliance
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CHP	Community Health Program
CSA	Community Services Agency
ED	Emergency Department
FBNN	Food Bank of Northern Nevada
NN HOPES	Northern Nevada HOPES
SMI	Serious Mental Illness
SNAP	Supplemental Nutrition Assistance Program
SOS	Signs of Suicide
UNR	University of Nevada Reno
WCHD	Washoe County Health District
WCSD	Washoe County School District
YRBS	Youth Risk Behavior Survey

Appendix Two: Community Assets and Resources

The following community assets and resources were taken from the Community Health Needs Assessment for the focus areas identified in the CHIP.

Organization	Community Health Improvement Plan Focus Area: Housing
Reno Housing Authority	Affordable Housing
ActionNN	Housing Support Services
Children in Transition (WCSD)	Housing Support Services
Committee to Aid Abused Women (CAAW)	Housing Support Services
Community Assistance Center	Housing Support Services
Footprints Counseling Service	Housing Support Services
Healthcare for Homeless Veterans	Housing Support Services
Inter-Tribal Council of Nevada (ITCN)	Housing Support Services
Northern Nevada HOPES	Housing Support Services
Reno-Sparks Indian Colony Housing Department	Housing Support Services
Sierra Regional Center	Housing Support Services
St. Vincent's Resource Network (CCNN)	Housing Support Services
Veterans Center	Housing Support Services
Washoe Legal Services	Housing Support Services
Project ReStart, Inc.	Housing Support Services/ Supportive Housing

Community Services Agency	Housing Support Services/Affordable Housing
Reno-Sparks Indian Colony Housing Department	Housing Support Services/Affordable Housing
Northern Nevada Community Housing Resource Board	Housing Support Services/Affordable Housing/Supportive Housing
Crossroads (CCNN & WCSS)	Supportive Housing
The Park House (CCNN & WCSS)	Supportive Housing
WCSS	Supportive Housing
A Safe Embrace	Transitional Housing
Casa de Vida	Transitional Housing
Nevada Youth Empowerment Project	Transitional Housing
North Star Treatment & Recovery Center	Transitional Housing
Quest House	Transitional Housing

Organization	Community Health Improvement Plan Focus Area: Behavioral Health
Children's Cabinet	Behavioral Health
Victims of Crime Treatment Center	Behavioral Health
ACCEPT	Behavioral Health
Behavioral Health at Renown	Behavioral Health
Big Brothers Big Sisters	Behavioral Health
Bristlecone Family Resources	Behavioral Health
Bristlecone Family Resources	Behavioral Health
Community Health Alliance	Behavioral Health
Family Resource Centers	Behavioral Health

Human Behavior Institute	Behavioral Health
Nevada Division of Public & Behavioral Health, OPHIE	Behavioral Health
Northern Nevada HOPES	Behavioral Health
Project ReStart, Inc.	Behavioral Health
Quest Counseling	Behavioral Health
Safe Embrace	Behavioral Health
Sequel Alliance Family Services	Behavioral Health

Organization	Community Health Improvement Plan Focus Area: Physical Activity and Nutrition
ACCEPT	General Health and Wellness
Access to Healthcare Network (AHN)	General Health and Wellness
Casa de Vida	General Health and Wellness
Community Health Alliance	General Health and Wellness
Crisis Pregnancy Center	General Health and Wellness
Family Counseling Service	General Health and Wellness
Girls on the Run-Sierras	General Health and Wellness
Immunize Nevada	General Health and Wellness
Nevada Urban Indians, Inc.	General Health and Wellness
Northern Nevada HOPES	General Health and Wellness
Northern Nevada Outreach Team	General Health and Wellness
Regional Emergency Medical Services Authority	General Health and Wellness
Reno + Sparks Chamber of Commerce	General Health and Wellness

Reno-Sparks Indian Tribal Health Center	General Health and Wellness
Sanford Center Geriatric Clinic	General Health and Wellness
St. Mary's Low Cost Clinic	General Health and Wellness
Teen Health Mall (WCHD)	General Health and Wellness
The Healthcare Center	General Health and Wellness
Washoe County School District Safe and Healthy Schools Commission	General Health and Wellness
Catholic Charities of Northern Nevada	Nutrition
Food Bank of Northern Nevada	Nutrition
Urban Roots	Nutrition
Washoe County Human Services	Nutrition
Education Alliance	Physical Activity
Boys and Girls Club	Physical Activity
High Sierra AHEC	Physical Activity
Regional Transportation Commission	Physical Activity
Children's Cabinet	Physical Activity and Nutrition
Nevada Department of Health and Human Services	Physical Activity and Nutrition
Renown Health	Physical Activity and Nutrition
Washoe County Health District- CCHS	Physical Activity and Nutrition
Washoe County School District- Wellness Advisory Committee	Physical Activity and Nutrition

Staff Report
Board Meeting Date: September 26, 2019

TO: District Board of Health
FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, lgriffey@washoecounty.us
THROUGH: John Novak, DBOH Chair
SUBJECT: Discussion of Process and Presentation of Evaluation Forms for the District Health Officer's Annual Review and Possible Direction to Staff to conduct the evaluation.

SUMMARY

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer (Mr. Kevin Dick) prior to, or as near as possible to, the anniversary / evaluation date of October 24th, as approved by the District Board of Health meeting on April 24, 2014. The District Board of Health reviews the performance evaluation questions and if in agreement, approves the use of the questions for the District Health Officer's annual evaluation. The board also reviews the list of proposed evaluation participants. If the questions and list of participants are acceptable the board grants approval for the Health District Human Resource Representative to conduct the 360 evaluation electronically utilizing the (Survey Monkey) on-line survey program. Evaluation results are provided to the board and a public hearing is held during the next Board of Health meeting (October 24, 2019) to conduct the District Health Officer's performance evaluation.

District Health Strategic Priority supported by this item:

6. Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

Washoe County Strategic Objective supported by this item: Valued, engaged employee workforce.

PREVIOUS ACTION

On October 25, 2018, the Washoe County District Board of Health conducted the District Health Officer's (Mr. Dick) annual performance evaluation in open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2018. The Board accepted the performance evaluation as presented.

On September 27, 2018, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2018 Performance Evaluation, as well as the

questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation. The evaluation results will be provided to the board and a public hearing will be held during the next Board of Health meeting to conduct the District Health Officer's evaluation.

On October 26, 2017, the Washoe County District Board of Health conducted the District Health Officer's (Mr. Dick) annual performance evaluation in open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2017. The Board accepted the performance evaluation as presented, and approved the one point six two percent (1.62%) merit increase.

On September 28, 2017, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2017 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation. The evaluation results will be provided to the board and a public hearing will be held during the next Board of Health meeting to conduct the District Health Officer's evaluation.

BACKGROUND

The Washoe County District Board of Health conducts an annual performance evaluation of the District Health Officer (Mr. Kevin Dick).

The board reviews the proposed evaluation questions. The questions presented for the 2019 evaluation are the same evaluation questions used last year to evaluate both the District Health Officer and the Washoe County Manager, and have been reviewed by the District Board of Health Chair for 2019. If the board chooses to add, adjust or remove any of the recommended questions, the board can provide the acceptable wording for the additional question and approve the evaluation to proceed with the proposed changes. If significant changes are requested, the agenda item can be continued to the October meeting to allow time for the new evaluation to be created. If the evaluation process is continued to the October meeting, the District Health Officer's evaluation would be moved to the November or December 2019 Board of Health meeting.

The board also reviews the list of proposed evaluation participants and determines if the list of participants is acceptable; the board can choose to add or remove names from the list. Once the board approves the performance evaluation questions and participant list, they grant approval for the Health District Human Resource Representative to conduct the 360 evaluation electronically utilizing the (Survey Monkey) on-line survey program. The electronic (Survey Monkey) process has been successfully used for the District Health Officers evaluation since 2010.

The evaluation will be conducted and results provided to the Board of Health for the October, 2019 meeting. A public hearing is held during the next Board of Health meeting (October 2019) to conduct the District Health Officer's evaluation.

FISCAL IMPACT

There is no fiscal impact. The District Health Officer is at the top of the pay range and is not seeking an increase this year.

RECOMMENDATION

Staff recommends the Board approve the District Health Officer's annual performance evaluation questions and list of participants as presented, and authorize the Health District Human Resource Representative to conduct the District Health Officer's annual 360 evaluation utilizing the (Survey Monkey) on-line survey program.

POSSIBLE MOTION

Possible motions could be "Move to approve the District Health Officer's annual performance evaluation questions and list of participants as presented, and authorize the Health District Human Resource Representative to conduct the 360 evaluation utilizing the on-line survey program."

Or

"Move to approve the District Health Officer's annual performance evaluation questions and list of participants with the proposed changes [changes proposed], and authorize the Health District Human Resource Representative to conduct the 360 evaluation utilizing the on-line survey program."

District Health Officer 2019 Evaluation

1. Introduction

Dear Participant,

You are being requested to offer feedback for the performance evaluation of **Mr. Kevin Dick**, Washoe County District Health Officer. Please complete the following evaluation as soon as possible. Your answers will be compiled with feedback from other participants and the ratings/comments will remain anonymous. The input you provide will be used to help set goals and objectives for the District Health Officer for the coming year.

Please complete this short evaluation as soon as possible. The survey will close at 5:00 p.m. on October 9, 2019. The evaluation should only take about 10 minutes to complete.

We recognize you're very busy and thank you for your participation in this important evaluation process.

Next

Powered by



See how easy it is to [create a survey](#).

District Health Officer 2019 Evaluation

2. Instructions

Rate the proficiency in each competency using the following guidelines:

Exceeds your expectations: Performance is consistently exceptional. This person is a role model of competency.

Meets your expectations: Performance meets and periodically exceeds expectations. The person is a strong contributor to the organization.

Area for growth: Performance does not consistently meet reasonable expectations and standards. Immediate steps must be taken to improve.

Evaluator has no basis for judgement: This is an acceptable answer if you are not familiar with the District Health Officer's effectiveness in a particular area.

1. SELECT RELATIONSHIP - What is your relationship to the District Health Officer

- District Board of Health Member
- Health District Staff
- Peer from an Outside Agency

[Back](#)[Next](#)

District Health Officer 2019 Evaluation

3. LEADERSHIP

1. Leadership - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Area for growth"	"Evaluator has no basis for judgement"
Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspires trust and confidence with staff, the District Board of Health and the public.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functions as an effective leader of the organization, gaining respect and cooperation from others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Values staff, helps staff develop a passion for their work and recognizes their contributions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops a talented team and challenges them to perform to their highest level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding Leadership:

Prev

Next

District Health Officer 2019 Evaluation

4. COMMUNICATION

1. COMMUNICATION - Select the appropriate rating for each category.

	"Exceeds your expectations"	"Meets your expectations"	"Areas for growth"	"Evaluator has no basis for judgment"
Practices timely and effective communication with District Board of Health, other elected officials, outside agencies, department heads and staff regarding issues and concerns of the Health District.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listens attentively and effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaks and writes logically, clearly and concisely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delivers logical and well-organized presentations (formal and informal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages and uses feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding Communication:

Prev

Next

District Health Officer 2019 Evaluation

5. COMMUNITY RELATIONS

1. COMMUNITY RELATIONS - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Areas for growth"	"Evaluator has no basis for judgment"
Effectively represent the Health District in public; projects a positive public image based on courtesy, professionalism and integrity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a successful working relationship with the news media.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a successful working relationship with community stakeholders and community organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages and considers community input on issues the Health District can impact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strives to maintain citizen satisfaction with Health District services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding Community Relations:

District Health Officer 2019 Evaluation

6. INTERGOVERNMENTAL RELATIONS

1. INTERGOVERNMENTAL RELATIONS - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Area for growth"	"Evaluator has no basis for judgment"
Accessible to leadership of other agencies and jurisdictions; displays appropriate diplomacy and tact in relationships with other agencies and jurisdictions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensures the Health District is represented and appropriately involved in projects and programs sponsored by other jurisdictions and agencies that have impact on the Health District and/or that the Health District can impact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments regarding Intergovernmental Relations:

Prev

Next

District Health Officer 2019 Evaluation

7. DISTRICT BOARD OF HEALTH RELATIONS

1. DISTRICT BOARD OF HEALTH RELATIONS - Select the appropriate rating for each competency.

	"Exceeds your expectations"	"Meets your expectations"	"Areas for growth"	"Evaluator has no basis for judgment"
Effectively implements the Board's policies, procedures and philosophy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disseminates complete and accurate information to all board members in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds well to requests, advice and constructive criticism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides support to the boards' meeting process that allows for open, transparent decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitates the board's decision making without usurping authority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments regarding District Board of Health Relations:

District Health Officer 2019 Evaluation

8. COMPLETION

Thank you!

Your time and input on the District Health Officer's annual evaluation is greatly appreciated.

[Prev](#)[Done](#)

Draft - Email List of Participants for 2019 DHO Evaluation

Name	Position/Organization	E-mail
1. Oscar Delgado	Board of Health	delgadoo@reno.gov ;
2. Dr. John Novak	Board of Health	jnovakdmd@aol.com ;
3. Tom Young	Board of Health	gbbrewery@gmail.com ;
4. Kristopher Dahir	Board of Health	kdahir@cityofsparks.us ;
5. Marsha Berkbigler	Board of Health	mberkbigler@washoecounty.us ;
6. Michael Brown	Board of Health	mike.brown@rrpartners.com ;
7. Dr. Reka Danko	Board of Health	rdanko@med.unr.edu ;
8. Anna Heenan	Admin Health Service Officer	aheenan@washoecounty.us ;
9. Charlene Albee	Env. Health Services Division Director	calbee@washoecounty.us ;
10. Lisa Lottritz	Community and Clinical Health Division Director	LLottritz@washoecounty.us
11. Randall Todd	Epi Center Director	rtodd@washoecounty.us ;
12. Sabra Newby	Reno City Manager	newbys@reno.gov ;
13. Neil Krutz	Sparks City Manager	nkrutz@cityofsparks.us ;
14. Dave Solaro	Acting Washoe County Manager	dsolaro@washoecounty.us ;
15. Darin Balaam	Sheriff	dbalaam@washoecounty.us
16. Dr. Trudy Larson	Dean, College of Community Health Science UNR	tlarson@unr.edu ;
17. Catherine Omara	Exec Dir NV State Medical Assoc.	Catherine@nvdoctors.org ;
18. Niki Aaker	Director - Carson City Hlth & Human Services	naaker@carson.org ;
19. Greg Lovato	Administrator NV Div of Environmental Protection	glovato@ndep.nv.gov ;
20. Don Tatro	Exec Dir Builders Assoc of Northern Nevada	dont@thebuilders.com ;
21. Jeremy Smith	Truckee Meadows Regional Planning Agency	jsmith@tmrpa.org ;
22. Lee Gibson	Regional Transportation Commission	lgibson@rtcwashoe.com ;

23. Julia Peek	Deputy Administrator, Nevada Division of Public and Behavioral Health	jpeek@health.nv.gov ;
24. Rota Rosachi	Exec Dir NV Public Health Foundation	rota@nphf.org ;
25. Kindle Craig	Sr. Director, Renown Institutes	KCraig2@renown.org ;
26. Nicole Lamboley	Food Bank of Northern Nevada	nlamboley@fbnn.org ;
27. Kristen McNeil	Washoe County School District	kmcneill@washoeschools.net ;
28. Nancy Brown	Community Development, Charles Schwab Bank	Nancy.E.Brown@schwabbank.com
29. Sharon Chamberlain	CEO Northern Nevada HOPES	Sharon@nnhopes.org ;
30. Michele Montoya	Nevada Women's Fund	michele@nevadawomensfund.org ;
31. Chris Askin	CEO, Community Foundation of Western Nevada	Caskin@nevadafund.org ;
32. Ann Silver	Reno –Sparks Chamber of Commerce	asilver@thechambernv.org ;
33. JD Klippenstein	ACTIONN	jd@actionn.org
34. Dr. John Packham	Nevada Public Health Association	jpackham@medicine.nevada.edu ;

**Air Quality Management
Division Director Staff Report
Board Meeting Date: September 26, 2019**

DATE: September 13, 2019
TO: District Board of Health
FROM: Daniel Inouye, Acting Division Director
775-784-7214; dinouye@washoecounty.us
SUBJECT: Program Update - Truckee Meadows Regional Plan Update, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)

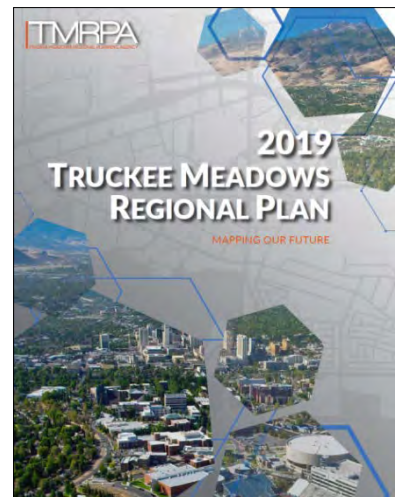
1. Program Update

AQMD Calendar	
Oct 24:	Odor Regulation Public Hearing
Nov 1:	Know the Code Season Begins

a. Truckee Meadows Regional Plan Update

The Truckee Meadows Regional Plan provides the framework for growth in our region for the next 20 years. It directs where growth will occur and shapes our land use pattern and form. The Regional Plan is going through a major update and is expected to be presented for possible adoption by the Regional Planning Governing Board in October 2019. The Regional Plan is very important to the Health District, especially AQM, because our future growth patterns will determine how automobile dependent we will be. When new growth occurs away from existing services and infrastructure, it reduces most transportation choices other than an automobile.

The Truckee Meadows Regional Planning Agency (TMRPA) hosted community workshops to gather feedback on several different growth scenarios. The Infill and Smart Greenfield scenarios attracted the most interest from attendees. They were consistent in the regional needs they identified - namely infrastructure provision, preserving our natural resources, and accommodating growth. These sentiments were echoed by elected and appointed officials serving on the Regional Planning Governing Board and Regional Planning Commission. In the end, TMRPA developed a map illustrating that density and intensity should be encouraged towards the core of the Region, especially along the Virginia Street and 4th/Prater corridors. These corridors have many transportation options, including transit, which should reduce the number and length of automobile trips.

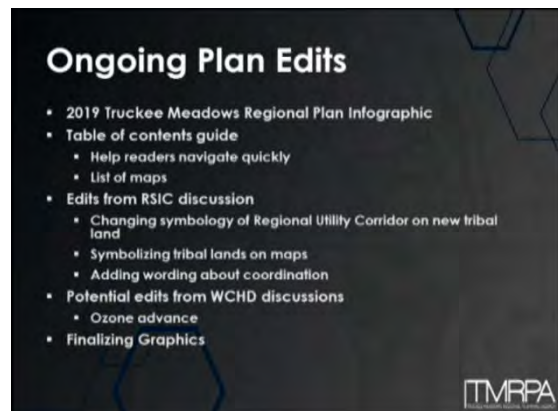


The Regional Plan has several key policies supporting the Health District's Ozone Advance program, specifically:

- NR 1- Natural Resources Plan TMPRA will facilitate a cooperative approach to developing a plan that addresses natural resources regionally, by working in conjunction with regional partners and the wider region.
- NR 9 - Parks and Open Space Connectivity encourages connected multi-modal networks
- NR 10 - Urban Heat Island encourages strategies that reduce the impacts of UHI's such as increasing the region's tree canopy, cool roof practices, and creating cool islands and corridors.
- NR 11 - Air Quality encourages land use pattern and form that reduces vehicle miles traveled, non-motor vehicle transportation, and infrastructure that supports electric vehicles.
- NR 14 - Sustainable Development encourages energy-efficient building technology for residential and non-residential development.

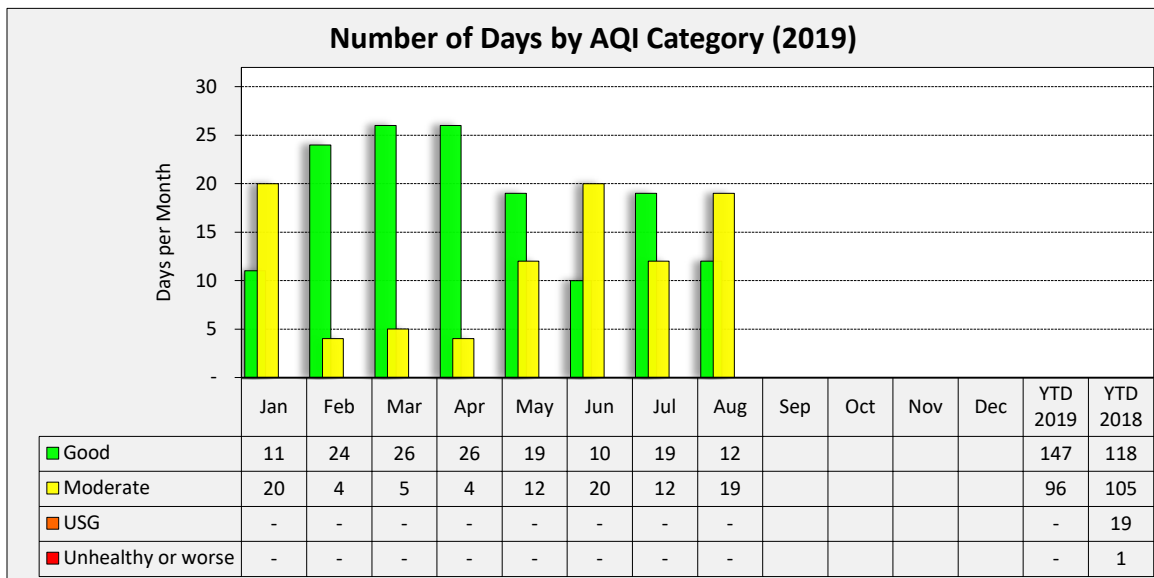
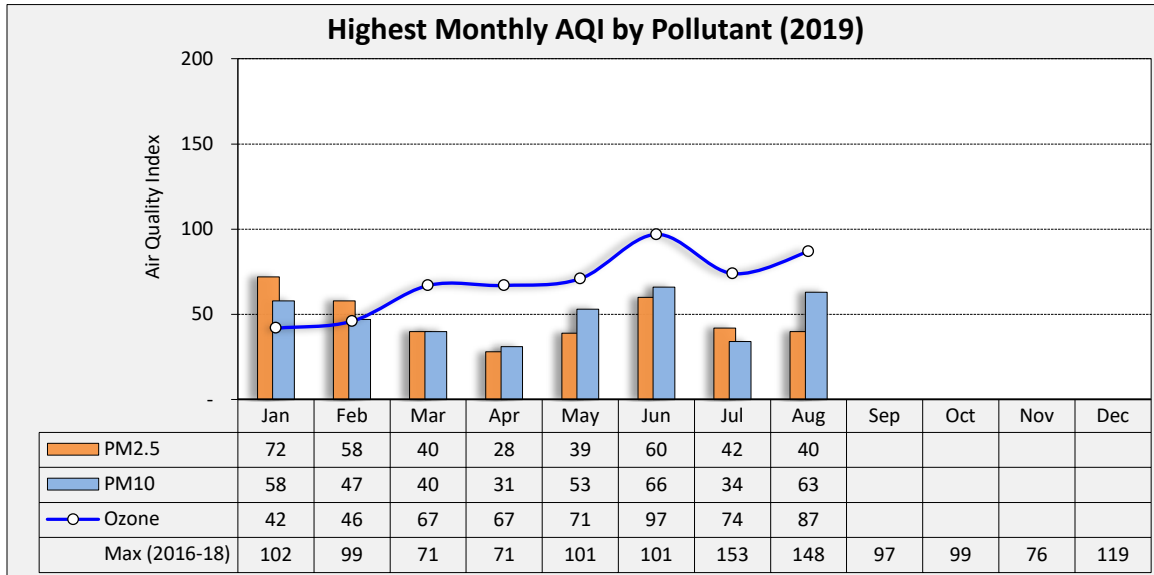
The "Ongoing Plan Edits" slide was presented at the September 11 Regional Planning Commission meeting. TMRPA is finalizing the Regional Plan and through discussions with the Health District, is incorporating the Ozone Advance program into the plan. The plan will be an additional tool for local jurisdictions to use to when planning the expansion and growth for our community.

Daniel Inouye, Acting Director



2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit OurCleanAir.com.

3. Program Reports

a. Monitoring and Planning

August Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of August.

Audit of Ambient Air Monitoring Program: EPA Region 9 completed a three-day Technical System Audit (TSA) of the AQMD Monitoring program on August 13-15, 2019. The purpose of the audit is to improve the quality and performance of the ambient air monitoring program. EPA scrutinized every aspect of the program to ensure it meets current EPA and Code of Federal Regulation requirements. EPA conducts TSA's every three years and last audited the AQMD's program in May 2016. A report of the TSA findings and recommendations is expected to be completed by the end of this calendar year.

Reno4 Monitoring Station Update: Footings, underground utility work, and fencing is complete. Unplanned engineering requirements caused a delay in ordering the customized monitoring shelter. The shelter is expected to be completed and delivered in early November. EPA is providing approximately \$64,000 of one-time funding through the Section 103 grant to assist with the Reno3 relocation to Libby Booth Elementary.

Daniel Inouye, Acting Director



a. Permitting and Compliance

Staff reviewed sixty-three (63) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Permitting and compliance staff have been working with Washoe County Community Services Department on the Northern Nevada Adult Mental Health Services project located on Galletti Way. The NNAMHS project will greatly increase the abilities of the County with regard to homeless care. AQMD is providing guidance and oversight for the removal of asbestos from all the structures that will be associated with the project, both to save time and money for the County.

Compliance staff is working with Nevada Division of Environmental Protection, Storm Water Pollution Prevention Program (SWPP) to better align AQMD dust mitigation measures and SWPP requirements. This will allow the regulated community to comply with both programs more easily, and attempt to remove any conflicting program components.

In August 2019, Staff conducted sixty-six (66) stationary source inspections and fifteen (15) gasoline station inspections. Staff was also assigned fifteen (15) new asbestos abatement projects, overseeing the removal of over 63,000 square feet of asbestos-containing materials. Staff received seven (7) new building demolition projects to monitor. Further, there were twenty two (22) new construction/dust projects to monitor, totaling 265 new acres of land being worked for various projects. Staff documented forty-three (43) 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 seventeen (17) complaints.

Type of Permit	2019		2018	
	August	YTD	August	Annual Total
Renewal of Existing Air Permits	77	787	82	1064
New Authorities to Construct	11	42	5	50
Dust Control Permits	22 (265 acres)	139 (1681 acres)	24 (239 acres)	279 (3129 acres)
Wood Stove (WS) Certificates	54	315	36	403
WS Dealers Affidavit of Sale	15 (12 replacements)	51 (35 replacements)	1 (0 replacements)	84 (55 replacements)
WS Notice of Exemptions	872 (9 stoves removed)	5535 (51 stoves removed)	1010 (9 stoves removed)	8334 (87 stoves removed)
Asbestos Assessments	72	735	97	1129
Asbestos Demo and Removal (NESHAP)	24	192	24	309

COMPLAINTS	2019		2018	
	August	YTD	August	Annual Total
Asbestos	0	10	1	16
Burning	2	8	0	11
Construction Dust	6	57	13	58
Dust Control Permit	1	5	0	2
General Dust	6	27	2	56
Diesel Idling	1	4	0	2
Odor	0	8	0	17
Spray Painting	0	3	0	6
Permit to Operate	1	7	0	4
Woodstove	0	2	0	6
TOTAL	17	127	16	178
NOV's	August	YTD	August	Annual Total
Warnings	3	14	4	16
Citations	2	8	3	13
TOTAL	5	22	7	29

Mike Wolf
 Chief, Permitting and Enforcement

DD	LL	-
DHO		-

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: September 26, 2019**

DATE: September 12, 2019
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – Severe Pulmonary Disease Associated with E-Cigarette Use; 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. Severe Pulmonary Disease Associated with E-Cigarette Use

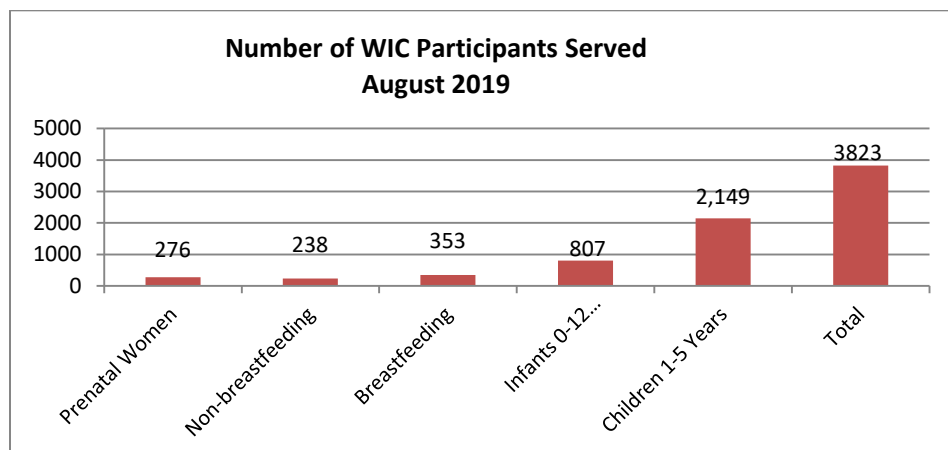
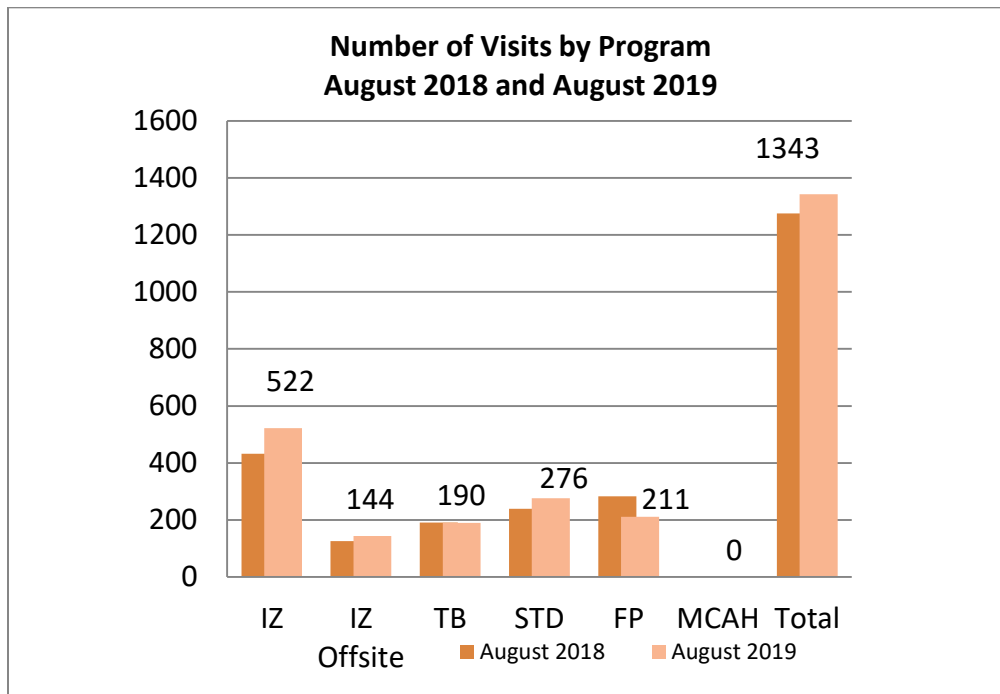
There is a nationwide investigation into cases of severe pulmonary disease associated with using e-cigarette products. E-cigarettes are devices that produce an aerosol by heating a liquid containing various chemicals, including nicotine, flavorings, and other chemicals; some may contain marijuana or other substances. Some e-cigarette products are used to deliver illicit substances. These products may be acquired from unknown or unauthorized (i.e., “street”) sources and may be modified for uses that could increase their potential for harm to the user.

Symptoms of severe pulmonary disease include cough, shortness of breath, fatigue, fever, and weight loss. Gastrointestinal symptoms such as nausea, vomiting, and diarrhea may also be present at illness onset. The illness is often mistaken for an infection upon first examination and may later lead to hospitalization and in some cases intensive care and/or death.

While all reported cases have a history of e-cigarette product use, no one cause has been identified. However, chemical exposure is expected. Investigators continue to test for various products and compounds, including cannabinoid products (THC), vitamin E acetate, as well as, cutting agents. Healthcare providers are being encouraged to report cases of severe pulmonary disease of unclear etiology and a history of e-cigarette product use within the past 90 days. Staff are conducting case investigations on reported cases.

Recently passed, Nevada Senate Bill 263 will allocate funds for local e-cigarette control and prevention.

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** – Syphilis cases continue to rise. In calendar year 2018, there were a total of 234 syphilis cases in which four were congenital syphilis. To date, in calendar year 2019, we have already surpassed last year with 241 cases in which five are congenital syphilis. The numbers of reported primary and secondary syphilis cases have reached outbreak levels for the past three weeks, starting on August 22, 2019. State STD program staff has been notified per the program's outbreak response plan. Syphilis and Congenital Syphilis Epi News was distributed on August 29, 2019. See below for article.

Two clinical staff will be attending the Southern Nevada Health District's STD and Tuberculosis training September 30, 2019 – October 1, 2019. An STD Update training will be held for WCHD staff and community provider on December 7, 2019, organized by the AIDS Education and Training Center at the University of Nevada, School of Medicine.

On September 16, 2019, Heather Holmstadt will be joining the HIV team of the Sexual Health Program. Heather is transferring from the Epidemiology & Public Health Preparedness division. This fills a vacancy created by Sonya Smith's transfer to the TB program.

- b. **Immunizations** – On August 10, 2019, staff vaccinated 144 kids and gave 456 vaccine doses during the Give Kids a Boost event in partnership with Immunize Nevada.

A POD exercise will be held on October 16, 2019 in conjunction with a Family Health Festival at North Valley's High School. Multiple community vaccine events are also being planned in October including flu vaccination at Binational Health Week, Northern Nevada Children's Cancer Foundation and Discovery Museum in partnership with Immunize Nevada. School Located Vaccination Clinics are also being scheduled in partnership with Immunize Nevada and the Washoe County School District starting in October.

Windi Altemeyer is orienting to the Immunization program as a Public Health Nurse.

- c. **Tuberculosis (TB) Prevention and Control Program** – There are currently seven active cases on Direct Observed Therapy (DOT) and one active extra pulmonary case that is not on DOT. There have been eight active cases diagnosed this calendar year. Staff are conducting three large community investigations with approximately 400 contacts.

Southern Nevada Health District is offering a one day of "Clinical Updates on TB" Monday September 30th; two TB Program staff will be attending. Staff continue to provide clinical experiences for new Orvis School of Nursing Students, University of Nevada, Reno Medical Students and Residents.

- d. **Family Planning/Teen Health Mall** – Family Planning and Sexual Health are in the process of integrating clinics in order to provide comprehensive services to clients at the time of their appointment. Advanced Practice Registered Nurses, Registered Nurses, and Community Health Aides have cross trained between the Sexual Health and Family Planning Clinics. The two clinics now operate under one schedule.

Since June 2018, 97 Long Acting Reversible Contraceptives (LARCs) have been placed at the Washoe County Sheriff's Office (WCSO). Staff continue to provide services at the WCSO twice a month.

Changes related to the Title X Final Rule have been a top priority for the management team. Updates to policies and procedures, scripting, referral information, and education have been completed. Additionally, grantees are required to submit an action plan along with supporting documentation by September 18, 2019. Requirements include the prohibition of the use of Title X funds to perform, promote, refer for, or support abortion as a method of family planning and enhanced adolescent screening related to mandatory reporting, victimization, coercion, and family participation.

The Family Planning program is conducting program promotion at Galaxy and Century theatres for the next six months.

- e. **Chronic Disease Prevention Program (CDPP)** – On August 7th two CDPP staff and the CDPP VISTA member traveled to Las Vegas for a Baby and Me Tobacco Free training. The B&MTF program works with pregnant women to help them quit smoking during pregnancy and stay quit after the baby is born. The program is sponsored by Anthem, who provides gift certificates for diapers and wipes for women who are successful at quitting smoking.

On August 19th the CDPP planned a joint media event with Reno, Sparks and Washoe County to educate and inform about the region's Smoke Free/Vape Free parks and open spaces. Over 400 signs were provided to parks in Reno, Sparks, Washoe County and Sun Valley to help with education efforts.

August 29th the community celebrated the third annual Overdose Awareness Day. CDPP staff worked with community partners on the event which received media attention and had over 100 attendees.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff submitted the FY 2019 Annual Report. The FIMR team is currently entering into the new Case Reporting System put forth by

the National Center for Fatality Review and Prevention. The team's new Public Health Nurse, Lisa Iacoboni, is currently abstracting cases and learning about FIMR reporting.

- g. **Women, Infants and Children (WIC)** – The WIC program is happy to announce that Kelcie Atkin has joined our team as a Registered Dietician. She will be seeing high risk clients and overseeing the 9th street clinic operations and team.



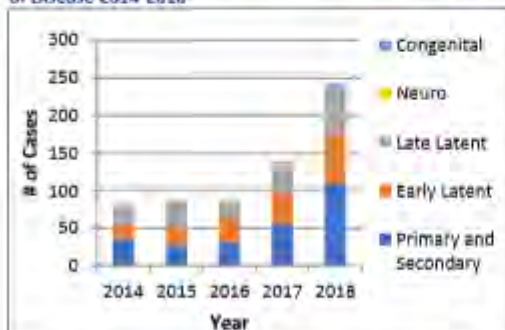
IN THIS ISSUE: Syphilis and Congenital Syphilis in Washoe County

Syphilis and Congenital Syphilis

Introduction

Syphilis and congenital syphilis are on the rise in Washoe County. Nevada ranks #1 for primary and secondary syphilis and #2 for congenital syphilis nationally. From 2013-2017, there was a 362.5% increase for congenital syphilis in the Western region of the United States¹. Over 80% of the Washoe County cases have been among men. However, from 2016 to 2018, infectious syphilis, which includes the primary, secondary and early latent stages of disease, among females increased by 429% in Washoe County. In Washoe County alone, cases of congenital syphilis have doubled from 2017 to 2018. From 2014 to 2018 rates of all stages of syphilis have almost tripled in Washoe County, going from 82 total reported cases to 242 total reported cases. Today, these rates are continuing to increase.

Figure 1. Reported Syphilis Cases in Washoe County by Stage of Disease 2014-2018



With these growing rates, it is critical to remind providers about the testing, treatment, and reporting recommendations and protocols.

Syphilis Overview

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. If syphilis is not treated appropriately, it may cause serious health complications. The average time

between acquisition of syphilis and the start of the first symptoms is 21 days, but can range from 10 to 90 days. Syphilis is transmitted from person to person via vaginal, anal, or oral sex by direct contact with infectious sores or lesions. Syphilis may also be passed from an infected mother to her unborn infant through the bloodstream.

Congenital Syphilis

If a pregnant woman has syphilis, she may pass it to her baby. Congenital syphilis can have many adverse effects on a fetus including miscarriage, stillbirth, prematurity, low birth weight, or death shortly after birth. Nationwide, up to 40% of infants with congenital syphilis are stillborn⁴. Babies who survive may have many complications. These complications include deformed bones, enlarged liver and spleen, brain and nerve problems, blindness, deafness, skin rashes, developmental delays, or seizures⁴.

Congenital syphilis is preventable. [NRS 442.010](#) was passed in Nevada in 2009 requiring that all pregnant women are to be tested for syphilis during their first and third trimesters. If a woman is diagnosed with syphilis during pregnancy, proper treatment and post treatment protocols should be followed to assure the infection is treated as soon as possible. The only appropriate treatment for pregnant women infected with syphilis is benzathine penicillin (see page 3 for the Centers for Disease Control and Prevention (CDC) treatment and post treatment guidelines).

The CDC recommends retesting high risk pregnant women at delivery. High risk includes:

- Women with signs or symptoms.
- Women who live in areas with high rates of syphilis, which includes Washoe County.
- Women with a history of syphilis.
- Women who had late, limited, or no prenatal care.

- Women who have not been tested during their pregnancy.
- Women who exchange sex for money and/or other resources.
- Women who are homeless.
- Women with a history of delivering a stillborn baby.
- Women with a history of substance abuse.
- Women who have had multiple pregnancies and have avoided prenatal care.
- Pregnant women who present at the emergency department and who do not have a history of prenatal care.

Lack of prenatal care has been identified as a significant risk factor in the transmission of syphilis from mother to infant. This is why it is important to talk to your patients and ask about their prenatal care. If a pregnant woman does not have access to prenatal care, the CDC recommends testing for syphilis, and treating if positive, at the time that the pregnancy was confirmed.

Congenital Syphilis Awareness Campaign



Congenital syphilis is on the rise. In Nevada there were 10 cases of congenital syphilis reported in 2016, 22 in 2017, and 30 in 2018. Nevada launched a congenital syphilis awareness campaign in the Spring of 2019. With a focus on providers and pregnant females, the campaign encourages appropriately testing and treating pregnant women for syphilis.

Printed materials and mass emails are being distributed to social services and medical providers. Printed material consists of folders containing a flyer, referral card, CDC treatment guidelines, reporting forms, and a packet on how

to talk with patients about syphilis. The state partnered with the Nevada 211 resource center, as a resource for community members to find a location to receive syphilis testing. For more information about this campaign and how to obtain the material contact the WCHD at 775-328-6147.

Who and When to Test For Syphilis

Knowing when to test patients is the first step in reducing the rates of syphilis and congenital syphilis. Below is a list of recommendations from the CDC about who should be tested for syphilis⁴.

- Any person who has signs and symptoms of syphilis (sore(s), rash, alopecia, mucous patches).
- Any person who has a sex partner who is positive for syphilis.
- All pregnant women should be tested during their first and third trimesters. High risk pregnant women should be tested again at delivery.
- Women who deliver a stillborn baby.
- All women asking for a pregnancy test.
- Men who have sex with men.
- HIV positive and sexually active individuals.
- Individuals who have unprotected sex with multiple partners.
- Individuals who are homeless.
- Individuals with a history of substance abuse.
- Individuals with a history of incarceration.

Staging

The stages of syphilis are characterized by the symptoms and duration of the infection. Signs of primary syphilis consist of a usually painless ulcer(s), called a chancre, at the infection site². Chancres can last about 3-6 weeks and often go unnoticed, therefore untreated. Secondary syphilis occurs six weeks to six months after exposure and often includes skin rashes, hair loss or thinning, rough reddish brown spots on palmer-plantar surfaces, and painful lesions around the mouth, genitals, or anus. Latent syphilis lacks clinical signs. Early latent is when the infection has occurred for less than one year and late latent is when the infection has occurred for more than one year or if the duration or stage of infection cannot be

determined^{2,3}. Treatment is dependent on the stage of infection so it is important to diagnose patients in the proper stage.

Treatment

Treatment for syphilis depends on the stage of the infection and on the age of the patient. The dose of medication is less for the earlier stages. Treatment guidelines are specifically listed in the CDC's Morbidity and Mortality Weekly Report. Below is a summary of these guidelines:

CDC Treatment Guidelines ⁴		
	Primary, Secondary, or Early Latent	Late Latent or Latent of Unknown Duration
Infants and Children	Benzathine penicillin 50,000 units/kg IM, up to the adult dose of 2.4 million units in a single dose	Benzathine penicillin 50,000 units/kg IM, up to the adult dose of 2.4 million units, administered as three doses each at one week intervals, total 150,000 units/kg up to the adult total dose of 7.2 million units
Adults	Benzathine penicillin G 2.4 million units IM in a single dose *	Benzathine penicillin G 7.2 million units total given in three doses each at one week intervals *

*Benzathine penicillin is the only appropriate treatment for pregnant women.

Post Treatment

After an adult patient has been treated for primary or secondary syphilis, follow up clinical and serologic tests should be done at 6 and 12 months, with HIV testing every 3 months for 24 months. For latent syphilis, clinical and serologic tests should be done at 6, 12, and 24 months, with HIV testing every 6 months for 24 months post treatment⁴. At follow up, the titer should be compared with the titer at the time of treatment. If there is a fourfold increase in nontreponemal test titer or if signs and symptoms continue for more than two weeks, treatment might have failed or the patient may have become infected again⁴. If this happens, the

patient will need to be treated again following the CDC guidelines. For infants and children, conduct follow up RPR testing every 2-3 months until the test is nonreactive⁴.

What Can Providers Do?

- Encourage people to get tested and treated for STDs.
- Highlight the resurgence of syphilis and the increase of disease in the populations most impacted; men, including men who have sex with men, pregnant women, and newborn babies.
- Take action by talking with patients about their sexual risk history, then testing and treating appropriately.
- Address the stigma and rising STD burden through the development of strong relationships between providers and patients.
- During emergency department visits, ask your patients about their access to primary care.
- Work with the hospital emergency and labor and delivery triage departments to encourage syphilis screening on all pregnant women who present without an OB provider.
- Fax your case report to the Washoe County Health District (WCHD) at 775-328-3764 within 24 hours of diagnosis. The reporting form can be found at this link <https://www.washoecounty.us/health/files/sphhp/communicable-diseases/forms/STD%20Reporting%20Form%20Jan%2019.pdf>.
- Contact the WCHD with questions or for more information.

References

1. <https://www.cdc.gov/std/state17/syphilis.htm>
2. <https://www.std.uw.edu/wp/biobogen-based/syphilis/core-concept/all>
3. <https://www.cdc.gov/std/syphilis/stdfast-syphilis.htm>
4. <https://www.cdc.gov/std/ce2015/syphilis.htm>

DD	CA	
DHO		KD

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: September 26, 2019**

DATE: September 13, 2019
TO: District Board of Health
FROM: Charlene Albee, Director
775-328-2644; calbee@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division Program Updates – Child Care, Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Schools, Vector, Waste Management, and Inspections.

Program Updates

Child Care

- An additional staff member was trained in August to conduct Child Care Inspections independently. Rather than waiting for licenses to come due for the assigned facilities, the remaining staff that are untrained will be provided this education during inspections toward the end of this inspection year.
- A new Child Care Facility opened in August and three expanded in either capacity or age range.

Community Development

- Staff is working with TS to begin the installation of new plan review work stations capable of reviewing electronic plans.
- Staff continues to work with all three entities on the streamlining of both business license and a plan review processes.

Epidemiology

- EHS Epidemiology Program staff conducted an investigation of a Hand, Foot and Mouth Disease Outbreak at a local child care facility in August. The facility was still sharing soft toys among the children, which is a potential contributory factor. They were required to discontinue use of these toys until the outbreak was declared over.
- There were two exclusions from work for potentially infectious food service employees in August, both for Salmonella. One of the exclusions was in a local restaurant and the other at a school kitchen. By the end of the month, EHS cleared both individuals to return to work based on negative test results.

- Staff attended a conference on Outbreak Investigations hosted by our counterparts at the Southern Nevada Health District. The two-day conference was informative and included presentations on Norovirus outbreaks, Foodborne Illness Litigation and Foodborne Illness response in Southern Nevada.

Food

- One staff member was selected to serve on Council III - Science and Technology for the 2018-2020 Biennial Conference for Food Protection (CFP). CFP councils are comprised of stakeholders with an interest in food safety and are responsible for debating and voting on emerging food safety issues to be passed to the U.S. Food and Drug Administration (FDA) for possible incorporation into future editions of the FDA Food Code. Participation in forums that foster two way communication and information exchange among regulators, industry and consumers meets criteria of Standard 7 – Industry and Community Relations.
- Proposed revisions to the Washoe County District Board of Health Regulations Governing Food Establishments (food establishment regulations) were approved by the State Board of Health during their September meeting. Adoption of the regulations will ensure consistency with the most recent version of the 2017 FDA Food Code. Revisions to the food establishment regulations is one of the intervention strategies identified in the 2017 Risk Factor Study to decrease the occurrence of foodborne illness risk factors in Washoe County food establishments. Adoption of a sound, science-based regulatory foundation for the public health program and the uniform regulation of industry meets the requirement of Standard 1 – Regulatory Foundation.
- **Special Events** – August is historically the biggest month annually for inspection totals in the Special Events Program. This is primarily due to Hot August Nights and the Best in the West Nugget Rib Cook-off, two of Washoe County's largest special events. September continues the busy season with The Great Reno Balloon Race, The National Championship Air Races, and Street Vibrations Fall Rally following in close succession.

Land Development

- Septic plan review intake numbers remain elevated. Year to date in 2019, 628 plans were taken in compared to 543 in the same period of 2018, representing a 16% increase. As August progressed, inspection counts also began to increase as the season moved towards winter. It is expected that inspection counts will remain high until cold weather sets in.
- The new option to request property records has been designed and will be in place by mid-September. The design followed the form approach that is utilized for pool inspections. It is expected to reduce the number of phone calls to both inspectors and front desk staff, as customers will be able to easily find the request form online. The link will be placed on several different pages and will also include some basic guidance regarding the accuracy of records. The group will continue to look for ways to improve the Land Development website and provide additional guidance for customers on that efficient platform.
- Land Development has begun placing incoming plans into bins, consistent with other plan review teams. The process of transitioning all of the old plans into the new system will be conducted over time. Eventually, all plans will be stored in the bins and reside there throughout the inspection process until complete. The reorganization of the plan review area is approximately 90% complete.

Land Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	2019 YTD	2018 TOTAL
Plans Received (Residential/Septic)	85	43	80	85	88	107	69	92	649	890
Residential Septic/Well Inspections	71	20	77	100	98	114	114	105	699	987
Well Permits	11	3	4	4	6	9	5	10	51	108

Safe Drinking Water

- The Safe Drinking Water Program is dealing with several non-responsive water systems on a variety of issues from deficiencies to chemical exceedances. The recently developed enforcement approach developing in conjunction with the State continues to function between the two agencies, though actual results are slow.
- Discussions have begun with both backflow specialists in the County and the State to determine an appropriate approach to “stop and waste” valves on yard hydrants. These fixtures are considered indirect cross connections but exist everywhere; the practicality of having them removed across the board is not realistic. The discussions are attempting to find a solution where backflow specialists can properly document the risk, while at the same time allowing for a reasonable regulatory approach to an issue which is generally not considered a huge risk.

Schools

- Staff started conducting inspections of schools for the fall 2019 semester in August. Each school is required to be inspected twice annually.
- Two new schools were opened by inspection in August within the Washoe County School District.

Vector-Borne Diseases (VBD)

- The program will conduct their final aerial larviciding application on September 18, 2019, at the Stead airport beginning at 6:00 am. The product being used is Vectolex FG which is particularly effective in controlling mosquito larvae in waters high in organic matter such as catch basins, animal waste lagoons, stagnant ponds, and works effectively in polluted waters. The product offers extended control of all Culex species and is target-specific for residual control of West Nile Virus vectors. The larvicide mode of action is through larvae ingestion of the insecticide, consisting of Bs spores produced by the bacteria. The spores only become toxic when activated by the larva's specific gut pH and enzymes. Mortality rate is dependent on consumption of the Bs by 1st through early 4th instar larvae. The product is quick acting and highly effective against a number of mosquito species and its long term residual makes it ideal for use in a wide number of permanent aquatic habitats.
- Staff received results of resistance testing from EcoZone International, LLC. Mr. Tianyun (Steven) Su, Ph.D., Consulting Medical Entomologist, provided an “Evaluation on resistance to s-methoprene in field population of Culex pipiens from Washoe County. The field collection compared with susceptible laboratory colony of the same species showed resistance as tolerance and warrants to observe further in the future and ratio levels were below the level of concern.” Staff will continue to collaborate with Mr. Steven Su for resistance testing in monitoring the effectiveness of rotating larvicides used in the fight against mosquito-borne diseases.
- Animal Diseases Laboratory and program staff confirmed five additional mosquito samples testing positive for West Nile Virus (WNV). This is the third positive sample set found in Washoe County this summer with no human cases of WNV reported.

- Two confirmed cases of Hantavirus occurred in Washoe County resulting in the second Washoe County resident who contracted Hantavirus passing away. The program submitted press releases urging the public to take precautions. The program received Communicable Disease (CD) referrals to both cases and reached out to the case victims and families who were provided with precautionary measures and specific guidelines to follow when cleaning areas with rodent activity. This included recommendations for acquiring licensed pest control operators for trapping and cleaning.
- The program continues to respond to high volumes of bat and potential rabies exposures to both humans and pets, including dogs and cats. Program staff and Washoe County Regional Animal Control Services (WCRAS) have been working jointly to transport rabies susceptible bats and wild mammals that are involved with possible human exposure to the Nevada State Department of Agriculture Animal Diseases Laboratory for rabies testing.
- During the week of September 2-6, Vector posted messages for public outreach on Social Media (<https://www.facebook.com/wchdehs/>). Topics ranged from Hantavirus Pulmonary Syndrome, tick diseases including Lyme disease, Rocky Mountain Spotted Fever, Tularemia, and West Nile Virus. The information included awareness, identification, selecting proper insect repellent products and information on the last local aerial application.

Waste Management

- Staff held meetings with KTMB and the One Truckee River regarding ongoing homeless encampments and how best to provide a safe and clean environment along the Truckee River.
- Staff continues to see an uptick in illegal dumping associated with homeless camps and squatters. This has included the recent issuance of a citation into Reno District Court.
- KTMB conducted recycling and reuse training for all EHS field staff as required by their contract.

EHS 2019 Inspections

	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	2019 YTD	2018 TOTAL
Child Care	16	6	8	5	12	12	12	9	80	116
Complaints	57	34	69	75	73	68	76	87	539	756
Food	477	596	863	409	464	626	277	344	4,056	5,810
General*	65	97	97	90	405	159	291	374	1,578	2,254
Temporary Foods/Special Events	9	16	17	32	103	222	154	565	1,118	1,630
Temporary IBD Events	0	4	0	76	0	0	0	0	80	99
Waste Management	10	25	16	13	4	13	7	8	96	141
TOTAL	634	778	1,070	700	1,061	1,100	817	1,387	7,547	10,806
EHS Public Record Requests	282	184	467	194	317	301	690	318	2,753	2,123

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: September 26, 2019**

DATE: September 12, 2019
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Outbreaks, Hantavirus, West Nile Virus, Measles, Hepatitis A, PHP Program, Upcoming Exercises, Emergency Medical Services, REMSA Response Data

Communicable Disease (CD)

Outbreaks – Since the last District Board of Health meeting in August of 2019, the Communicable Disease (CD) Program has been investigating two outbreaks of hand, foot, and mouth disease (HFMD) at daycare centers. One of these investigations has been completed and the other one is ongoing. Also, a gastrointestinal illness (GI) outbreak at a middle school is under investigation. A multi-state outbreak of *Salmonella* serotype Enteritidis associated with backyard poultry, such as chicks and ducklings is ongoing. A total of 1003 people from 49 states have been linked to this outbreak. Six cases have been reported in Nevada. Five of these cases are in the jurisdiction of the Washoe County Health District.

Hantavirus – The CD program investigated two confirmed cases of Hantavirus Pulmonary Syndrome (HPS) reported in August. One of these cases was a fatality. The CD program distributed two Epi-News publications on this topic and participated in a press interview. Both investigations are now closed.

West Nile Virus – The CD program investigated a recent report of West Nile Virus in an adult male. This report has been confirmed as the first human West Nile Virus case for this year. The investigation is ongoing and a press release is being prepared.

Measles – Since the last District Board of Health meeting in August of 2019, the CD Program initiated follow-up on an individual that was exposed to a confirmed measles case during an international flight to New Zealand. This process is ongoing but at this point, no cases have been identified associated with the exposure. The CD Program has investigated a total of 19 suspect measles cases so far this year. We continue to have no confirmed cases of measles in Washoe County in 2019. In contrast, in the United States, from January 1 to September 5, 2019, 1,241

individual cases of measles have been confirmed in 31 states. This represents an increase of 7 cases from the previous week and the greatest number of cases reported in the U.S. since 1992.

Hepatitis A

Although Washoe County has had virtually no recent hepatitis A activity, the Southern Nevada Health District has seen a significant number of cases and this is a number that has been rising significantly over the last few years. They have reported 49 outbreak-associated cases through June 30, 2019. For all of 2018 they reported 39 cases. In 2017 there were 13 cases, and in 2016 there were 12 cases. Of the outbreak cases reported in 2019, 94% were among people who use drugs and 80% were among those experiencing homelessness.

Public Health Preparedness (PHP)

On August 20, PHEP staff and members of the Health District Community Reception Center (CRC) team participated in a radiation exercise with the Consolidated Law Enforcement All-Hazards Response (CLEAR) team and the Nevada Division of Emergency Management (NVDEM). Staff was able to train on recently acquired portal radiation monitors in conjunction with local law enforcement. This training is designed to increase the capacity of the public health response in a radiation emergency.

A workgroup convened on August 29 to look at the data received by home health, hospice and dialysis partners during an emergency. The purpose of the data submission to provide emergency management officials with information on citizens who may need assistance evacuating during an emergency. The data is not received and processed by GIS in a timeframe that would be conducive to fast-moving emergencies, but in a longer term emergency, this data will provide useful information.

The EMS Coordinator met with the Language Bank on August 20 to discuss how our agencies could collaborate during a disaster. A goal of the Public Health Preparedness grant objectives this fiscal year is to ensure all messaging is accessible and available to the citizens of Washoe County. Consensus was reached on language that could be used within our plans for creating messages/information in other languages during an incident.

On September 14th, PHEP staff is conducting a preparedness presentation at the Latter Day Saints Emergency Prep Fair.

October 15, 2019 is Global Handwashing Day. It is an annual day dedicated to advocating for handwashing with soap as an easy, effective, and affordable way to prevent diseases and save lives. [Handwashing](#) is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many germs that can make people sick are spread by not washing hands with soap and clean, running water. Staff is working to develop a press release regarding Global Handwashing Day and the importance of proper handwashing to mitigate contagions as the community enters into the flu season.

Exercise planning continues for the multi-day statewide exercise in November. Two subcommittees are being led by Washoe County Health District: Mass Casualty Incident and the Family Assistance Center. The planning team is meeting twice a month to plan out the exercise timeline, logistics, and volunteer ask for the community.

The Program Manager is part of a team of individuals representing Nevada for the development of Maternal Child Health emergency preparedness guidelines. The State of Nevada applied for and received a grant to integrate MCH efforts with Public Health Preparedness. There were only nine states nationwide approved to work on this project. The kick-off meeting is set for October 2019.

Upcoming Exercises

Preparedness Fair, September 20: PHP, in conjunction with staff from Living with Fire, the Washoe County Emergency Manager's Office, WCSO, and other partner agencies are planning a Preparedness Fair to showcase the preparedness capabilities of the region. The Fair will be held at Idlewild Park with the Reno Food Truck Friday event.

CHEMPACK Game, September 26: PHP staff is working with Fire, Law Enforcement, GIS, National Guard and other local agencies to prepare a Chempack Game. The scenario provides response agency participants an opportunity to address an accident that includes a chemical spill.

Silver Crucible Full Scale Exercise, November 12-14: – This is a three-day statewide full scale FEMA-sponsored exercise will occur and exercise multiple plans to include the mass casualty incident plan, mass casualty alpha plan, the family reunification annex, and the family assistance center plan.

Emergency Medical Service (EMS)

The EMS Coordinator presented to airport staff and carrier station managers on August 13. The presentation included an overview of the response structures should a multi-casualty incident (MCI) occur in Washoe County. There was also discussion about legislative events and how the Health District would work in conjunction with airport staff if an MCI occurred on airport grounds.

The EMS protocols task force held its quarterly meeting on August 15. Agencies reported positive feedback about the changes implemented in July. The group brought three revisions for discussion: updating the medication list, revising pediatric fever, and enhancing the ACS protocol. These changes will be effective January 2020.

The EMS Program is working with REMSA to develop an enhanced public service announcement on reducing the number of non-emergency medical calls to the 911 system. The first advertisement will be showcased in the Reno News and Review Health Guide, which will be produced in late September. This project was an approved expenditure of penalty funds, which is part of the franchise agreement.

The Program Manager presented the annual EMS Oversight Program review to the City of Reno and City of Sparks City Councils on Monday, August 26. The presentation to the Truckee Meadows Board of Fire Commissioners was scheduled for September 17 but has been pushed back to October 15.

The CAD-to-CAD project, interfacing the City of Reno Dispatch Center with the REMSA Dispatch Center began testing on September 9. There will be eight weeks of testing, a Functional Acceptance Test, several trainings, and a "go live" date of January 21, 2020. This project timeline was fine-tuned and provided to the City of Reno and REMSA by Central Square. The successful implementation of this project will partially meet EMS Strategic Plan Goal 3, Objective 3.2: Establish CAD-to-CAD

interface between the three PSAPs and REMSA dispatch center. The detailed timeline is attached for your reference.

REMSA Percentage of Compliant Responses




































Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2019	92%	96%	94%	100%	96%	92%
August 2019	90%	88%	96%	100%	91%	90%
Year to Date	91%	93%	95%	100%	94%	91%

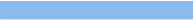


















FY 2019 -2020






















REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2019	8:37	14:00	16:46	N/A*
August 2019	8:52	16:19	16:52	N/A*




















*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

ID		Task Mode	Task Name	Duration	Start	Finish	Predecessors
1							
2			Site Preparations	14 days	Tue 8/6/19	Fri 8/23/19	
3			Build a VM for the EDC database	9 days	Tue 8/6/19	Fri 8/16/19	
4			EDC set-up their Environment	5 days	Mon 8/19/19	Fri 8/23/19	3
5			Set-up the Reno Test environment	5 days	Mon 8/19/19	Fri 8/23/19	3
6			Set-up the REMSA Test environment	5 days	Mon 8/19/19	Fri 8/23/19	3
7							
8			Software Installation	12 days	Thu 8/22/19	Fri 9/6/19	
9			Deploy the build to the Reno system	2 days	Thu 8/22/19	Fri 8/23/19	4FS-2 days,5FS-2
10			Deploy the build to the REMSA system	12 days	Thu 8/22/19	Fri 9/6/19	4FS-2 days,5FS-2
11			Install the latest software on the EDC servers	7 days	Thu 8/22/19	Fri 8/30/19	4FS-2 days,5FS-2 days,6FS-2 days
12							
13			Testing	40 days	Mon 9/9/19	Fri 11/1/19	
14			Integration Testing	8 wks	Mon 9/9/19	Fri 11/1/19	9,10,11
15							
16			FAT (Functional Acceptane Test)	31 days	Mon 10/7/19	Mon 11/18/19	
17			Develop the FAT plan	2 wks	Mon 10/7/19	Fri 10/18/19	14FF-2 wks
18			Internal review the FAT plan	6 days	Mon 10/21/19	Mon 10/28/19	17
19			Finalize the FAT plan	4 days	Tue 10/29/19	Fri 11/1/19	18
20			Functional Acceptance Test	10 days	Tue 11/5/19	Mon 11/18/19	14FS+1 day
21							
22			Training	47 days	Tue 11/5/19	Tue 1/14/20	
23			Reno CAD to CAD Admin Train the Trainers	4 hrs	Tue 11/19/19	Tue 11/19/19	20

Project: Project Schedule Date: Fri 9/6/19	Task		Inactive Summary		External Tasks	
	Split		Manual Task		External Milestone	
	Milestone		Duration-only		Deadline	
	Summary		Manual Summary Rollup		Progress	
	Project Summary		Manual Summary		Manual Progress	
	Inactive Task		Start-only			
	Inactive Milestone		Finish-only			

ID		Task Mode	Task Name	Duration	Start	Finish	Predecessors
24			REMSA CAD to CAD Admin Train the Trainers	4 hrs	Tue 11/19/19	Tue 11/19/19	23FF+4 hrs
25			EDC Train the Trainers	4 hrs	Wed 11/20/19	Wed 11/20/19	24
26			Filler	4 hrs	Wed 11/20/19	Wed 11/20/19	25FF+4 hrs
27			Reno CAD to CAD User Train the Trainers	4 hrs	Tue 11/5/19	Tue 11/5/19	20SF+4 hrs
28			REMSA CAD to CAD User Train the Trainers	4 hrs	Tue 11/5/19	Tue 11/5/19	20SF+4 hrs
29			Reno User Training	35 days	Thu 11/21/19	Tue 1/14/20	26
30			REMSA User Training	35 days	Thu 11/21/19	Tue 1/14/20	26
31							
32			Final Preparations	15 days	Wed 11/20/19	Thu 12/12/19	
33			Reno Admin enter all data in the Production system and the EDC System	15 days	Wed 11/20/19	Thu 12/12/19	23FS+4 hrs
34			REMSA Admin enter all data in the Production system and the EDC System	15 days	Wed 11/20/19	Thu 12/12/19	24
35							
36			Cutover	1 day	Tue 1/21/20	Tue 1/21/20	
37			Start Live Operation	1 day	Tue 1/21/20	Tue 1/21/20	

Project: Project Schedule
Date: Fri 9/6/19

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

HEPATITIS A OUTBREAK

Hepatitis A cases have been steadily increasing in Clark County. Between January 1 and June 30, 2019, there were 49 outbreak-associated cases of hepatitis A. In 2018 there were 39 cases, in 2017 there were 13 cases, and in 2016 there were 12 cases. Of the outbreak cases reported in 2019, 94 percent were among people who use drugs and 80 percent were among those experiencing homelessness.

For updated outbreak information go to www.snhd.info/hep-a-control





PEOPLE WHO ARE AT INCREASED RISK FOR INFECTION

-  Men who have sex with men
-  People who use injection and non-injection drugs
-  People who have chronic liver disease
-  People who have clotting-factor disorders
-  People who are experiencing homelessness
-  People who have occupational risk for infection
-  People with direct contact with people who have hepatitis A
-  People traveling to or working in countries that have a high or intermediate endemicity of hepatitis A
-  Household members and other close personal contacts of adopted children newly arriving from countries with high or intermediate hepatitis A endemicity

HOW IS THE VIRUS SPREAD?

The hepatitis A virus is found in the feces (stool) of an infected person and is usually spread by the fecal-oral route. Hepatitis A may be spread by food prepared or handled by an infected person who does not wash his/her hands properly. Hepatitis A may be spread by water contaminated with human feces or by consumption of raw oysters. It may also be spread by close intimate contact (household or sexual) and by changing the diaper of an infected child.

SYMPTOMS OF HEPATITIS A CAN INCLUDE

-  Yellow eyes or skin
-  Pale stools
-  Abdominal pain
-  Dark urine

Southern Nevada Health District is encouraging community partners to provide hepatitis A vaccine to homeless individuals, people who use illicit drugs, and others with established risk factors who are not yet immunized.

Per Centers for Disease Control and Prevention recommendations, the Health District is also asking agencies and providers to consider hepatitis A vaccination for people with ongoing, close contact with homeless individuals or those who use illicit drugs.

 Learn more about hepatitis A at <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>

Hepatitis A vaccinations are available at

Southern Nevada Health District
280 S. Decatur Blvd. • Las Vegas, NV 89107
(702) 759-1000 • www.SNHD.info



**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: September 26, 2019**

DATE: September 26, 2019
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us
SUBJECT: District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Quality Improvement, Performance Management, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Other Events and Activities and Health District Media Contacts

Public Health Accreditation (PHAB)

The Public Health Accreditation Board (PHAB) awarded the Washoe County Health District national accreditation during their August 20, 2019 meeting based on the results and report from the site visit of the Health District conducted June 25 and 26. PHAB is a nonprofit organization that has overseen and implemented national public health department accreditation for state, tribal and local health departments since 2011. With support from the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, PHAB’s accreditation program is the national standard for public health in the United States.

In celebration of our achievement of national accreditation, an all staff luncheon was held on September 6th. Staff was recognized for their achievement in making the needed improvements to meet the national standards of accreditation and the work of gathering and preparing all the documents for submission.

Now that submission and accreditation are complete, an annual report will be required to be submitted to PHAB that details how we are working to address the eight measures that were only slightly demonstrated. Work is underway to address those eight measures in anticipation of the annual report that will be due in September of 2020.

Community Health Improvement Plan

As the majority of the items in the Behavioral Health portion of the CHIP are complete, the 2018-2020 CHIP was revised to include expanded action plans and will be submitted to the DBOH for review and approval at the September meeting.

Progress has continued with implementation of the worksite component of the 5210 Healthy Washoe initiative as a pilot for the worksite program expansion through our partnership with the Reno-Sparks

Chamber of Commerce. Four on-site cooking demonstrations were held at the County complex in August to highlight how to prepare quick, healthy dinners and easy, healthy packed lunches. Washoe County HR has continued to partner with ODHO staff to develop the roll out of the initiative to all WC employees including upcoming in-person trainings for County Department designed “wellness champions.” The 5210 worksite program and an implementation plan and timeline, were discussed during a meeting with Washoe County Department Heads on September 11.

Quality Improvement

Several of our QI Team members have termed out and several new members have been added and are being trained. The Team is looking forward to implementing new QI projects to increase organizational efficiency.

Performance Management

Implementation of our new performance management system is underway to better track operations across Divisions. A kick off meeting with Supervisors and Division Directors was held on Sept 9th to review the process to identify the performance information that will be tracked for each Division in addition to outlining the timeline for implementation.

Washoe Regional Behavioral Health Policy Board

The Policy Board met on September 9. We were awaiting member appointments from Legislative Council Bureau, the NDPBH Administrator, and the legislative leaders, so a quorum was not possible. An updated *Washoe Regional Behavioral Health Profile, 2019* was presented. The profile was prepared by an MPH intern, Heather Redman, who was employed by the Health District for this project.

Substance Abuse Task Force

The Task Force met on September 9. Updates were provided by Sheriff Balaam and others that attended the Opioid Summit held in Las Vegas in August. A SharePoint site has been established to improve communications and information sharing with the group.

Truckee Meadows Healthy Communities (TMHC)

Housing Affordability: TMHC continues to work with TMRPA and Enterprise Community Partners to support the *Regional Strategy for Housing Affordability*. The strategy will be presented at the Reno and Sparks City Council meetings on September 23 and at the Board of County Commissioners meeting on September 24. The strategy provides a number of policies and tools that can be implemented in the region that will assist the preservation and construction of housing that is affordable to meet low income and workforce needs.

Behavioral Health: Truckee Meadows Healthy Communities is hosting its second behavioral health forum, *More Powerful Together – Tackling our Region’s Behavioral Health Crisis*, which will be held at the County Chambers on the morning of October 2. Speakers will include: Senator Ratti, Sheriff Balaam, Acting Superintendent McNeill, HSA Director Howell, and others. The *Washoe Behavioral*

Health Profile 2019 as well as actions underway at the state and local level to address behavioral health needs will be presented.

Other Events and Activities

8/23/19	Emergency Operations Plan Meeting
8/26/19	Kevin Dick - Leave
8/29/19	International Overdose Awareness Day Event
9/4/19	Crisis Action Team Quarterly Meeting
9/4/19	Division Directors and Supervisors Meeting
9/4/19	Reno Housing Town Hall
9/5/19	NV Health Authority Conference Call
9/6/19	State Board of Health Meeting
9/6/19	Accreditation Celebratory Luncheon
9/9/19	Washoe Regional Behavioral Health Policy Board Meeting
9/9/19	Health District Performance Management Kick Off Meeting
9/9/19	Substance Abuse Task Force
9/10/19	5210 Healthy Washoe Meeting
9/11/19	Department Heads Meeting
9/12/19	Monthly Meeting w/Dave Solaro
9/16/19	Introduction to the Health District Meeting
9/17/19	DBOH Agenda Review Meeting
9/17/19	Division Directors Meeting
9/18/19	County Manager Interview Panel
9/19/19	AQM Division Director Interviews
9/20/19	NPHA Advocacy Call
9/20/19	AQM Division Director Interviews
9/23/19	Sparks and Reno City Councils/Housing Affordability
9/24/19	BCC Meeting/Housing Affordability
9/26/19	TMHC Board of Directors Meeting

Health District Media Contacts: August 2019

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
8/30/2019	KOLO	Mary Jane	Nugget Rib Cook-Off - Nicholas Florey
8/30/2019	KOLO	Denise Wong	Hantavirus - Dr. Todd
8/21/2019	Univision	Issmar Ventura	Hantavirus - Dr. Todd, Aurimar Ayala
8/19/2019	Fox 11	Luis and Scott McGrueder	Vaping Among Youth - Kelli Seals
8/19/2019	Channels 2, 4, 8, 11 and RGJ	various	Smoke Free Parks - Kelli Seals
8/19/2019	Newsprint	Ryan Hoffman	Hantavirus - Dr. Todd
8/16/2019	Channel 2	Paul Nelson	Hantavirus - Dr. Todd
8/14/2019	Fox 11 and KRNV News 4	Scott McGrueder	Blue Green Algae - Jim English
8/8/2019	KKFT 99.1 FM	Rich Hancock	Rabies - Brittany Dayton, Kim Tran Franchi
8/6/2019	Nevada Newsmakers	Sam Shad	Gun Violence - Joelle Gutman
8/1/2019	Univision	Issmar Ventura	Mosquito Control - Kim Tran Franchi, Kelli Seals
8/1/2019	KOLO	Abel Garcia	Food Inspection Process - Michael Touhey
8/1/2019	KRNV	Molly	PFOA's - David Kelly
8/1/2019	Univision	Issmar Ventura	West Nile Virus - Dr. Todd

Press Releases/Media Advisories/Editorials/Talking Points

8/19/2019	Washoe County - Second Hantivirus Case	Dr. Todd
8/16/2019	Additional Mosquitoes test positive for WNV	Charlene Albee
8/15/2019	Hantavirus Confirmed in Washoe County	Dr. Todd
8/9/2019	Additional Mosquitoes test positive for WNV	Charlene Albee
8/5/2019	WCHD Conducts Fifth Mosquito Larviciding	Charlene Albee

Social Media Postings

Facebook	AQMD/CCHS/ODHO/EHS	63 (CCHS 17, EHS 14, AQM 10, WCHD 22)
Twitter	AQMD/CCHS	45 (AQM 32, CCHS 13)