

AMENDED
Washoe County District Board of Health
Teleconference Meeting Notice and Agenda

Members

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

Thursday, March 26, 2020
1:00 p.m.

Washoe County Health District
Building B
1001 East Ninth Street
Reno, NV

TO ENCOURAGE SOCIAL DISTANCING

please be sure attend this meeting via the number listed below.
(be sure to keep your phones on mute, and do not place the call on hold)

Phone: 1-636-651-3141
(Access Code: 7361073)

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

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)

March 26, 2020

5. 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. February 27, 2020

B. *Recognitions

Years of Service

i. Richard Sanchez, 20 years, Hired 03/27/2000 – EHS

ii. Brenda Wickman, 20 years, Hired 03/27/2000 – EHS

Promotions

- i. Kristen DeBraga from Environmental Health Trainee to Environmental Health Specialist - EHS

New Hires

- i. Julia Ratti, 03/16/2020, Health Educator II, part time, ODHO
- ii. Alejandra Rosales, 03/16/2020, Community Health Aide - CCHS

Accomplishments

- i. Maricela Caballero – ALTA Certificate of Qualification as a Beginner Spanish Medical Interpreter

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

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective April 1, 2020 through March 31, 2021 in the total amount of \$168,633.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White HIV/AIDS –Part B Early Intervention Services Program and authorize the District Health Officer to execute the Notice of Subaward. **(For possible action)**

Staff Representative: Nancy Kerns-Cummins

- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to February 1, 2020 through August 31, 2020 in the total amount of \$142,124.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program for opioid overdose prevention; authorize the creation of a 1.0 FTE, fully benefitted, full-time Health Educator position as evaluated by the Job Evaluation Committee; and authorize the District Health Officer to execute the Notice of Subaward. **(For possible action)**

Staff Representative: Nancy Kerns-Cummins

D. Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report for Calendar Year 2019. - **(For possible action)**

Staff Representative: Francisco Vega

E. Acceptance of the 2019 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority. - **(For possible action)**

Staff Representative: James English

F. Affirm the recommendation by the Food Protection Hearing and Advisory Board for the Approval of Variance Case No. 2-20FP Levy Premium Food Service Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the regulations of the Washoe County District Board of Health Governing Food Establishments.]. - **(For possible action)**

Staff Representative: Charlene Albee

G. Affirm the recommendation by the Food Protection Hearing and Advisory Board for the Approval of Variance Case No. 1-20FP Rocky Mountain Chocolate Factory Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing

system) of the Regulations of the Washoe County District Board of Health Governing Food Establishments. **(For possible action)**

Staff Representative: Charlene Albee

H. Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2020. **(For possible action)**

Staff Representative: Anna Heenan

6. Possible approval of the Interlocal Agreement for Incident Command and Coordinated Response to COVID-19. (For Possible Action)

Staff Representative: Kevin Dick

7. 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 040.037 Prescribed Burning 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 April 23, 2020 at 1:00 pm. – (For Possible Action)

Staff Representative: Francisco Vega

8. Discussion and possible direction regarding potential deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency for the Environmental Health Services and Air Quality Management Divisions. – (For possible Action)

Staff Representative: Charlene Albee and Francisco Vega

9. *Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update – EPA Comments, RENOVation, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement

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

Divisional Update – 2020 World TB Day; Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, 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 – Consumer Protection (Food, Food Safety, Permitted Facilities, Commercial Plans) and Environmental Protection (Land Development, Safe Drinking Water, Vector, Waste Management/UST), and Inspections.

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

Communicable Disease, Public Health Preparedness, Emergency Medical Services

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

Health Officer Report – COVID-19, Ozone Advance, Community Health Improvement Plan, and Family Health Festival.

10. *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)

11. *Public Comment

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.

12. 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: Members of the public may make public comment by submitting an email comment to SValdespin@washoecounty.us, which includes the name of the commenter and the agenda item number for which the comment is submitted. During the “Public Comment” items, emails may be submitted 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 emails 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.

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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at svaldespin@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, February 27, 2020
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 1:03 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair
Michael Brown, Vice Chair
Marsha Berkbigler
Dr. Reka Danko
Tom Young

Members absent: Kristopher Dahir (arrived at the meeting at 2:37 p.m.)
Oscar Delgado

Mrs. Valdespin verified a quorum was present.

Staff present: Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Anna Heenan
Charlene Albee
Lisa Lotritz
Dr. Randall Todd
Francisco Vega
Rayhona LaVoie

2. *Pledge of Allegiance

Ms. Rogers led the pledge to the flag.

3. *Public Comment

Chair Novak opened the public comment period.

No public Comment.

Chair Novak closed the public comment period.

4. Approval of Agenda

February 27, 2020

Vice-Chair Brown moved to approve the agenda for the February 27, 2020, District Board of Health regular meeting. Dr. Danko seconded the motion which was approved unanimously.

5. Recognitions

A. Retirements

i. Laura Rogers, 02/28/2020, Administrative Secretary – ODHO

Mr. Dick informed that Ms. Rogers is due to retire after her service from her position as Administrative Secretary with the ODHO. Mr. Dick thanked her for her service and presented her with a commemorative clock from the Health District. On behalf of the Board, Chair Novak thanked Ms. Roger's excellent service to the Board.

B. Resigned

i. Christina Conti Rodrigues, 01/25/2020, Preparedness and EMS Program Manager – EPHP

Mr. Dick informed that Ms. Conti Rodriguez resigned as the Preparedness and EMS Program Manager for the Health District and thanked her for over fourteen years of service.

C. Years of Service

i. Maria Magana, 25 years, Hired 2/13/1995 – CCHS

Ms. Magana was not in attendance

ii. Paula Valentin, 20 years, Hired 2/3/2000 – EHS

Mr. Dick congratulated Ms. Valentin and thanked her for her service.

iii. Heather Kerwin, 5 years, Hired 2/17/2015 – EPHP

Mr. Dick noted that Ms. Kerwin has worked with the department longer than five years, since her career began as a contractor. Mr. Dick congratulated and thanked her for her service.

D. New Hires

i. Anastasia Gunawan, 2/3/2020, Statistician, part time – EPHP

Ms. Gunawan was not in attendance.

ii. Susy Valdespin, 2/17/2020, Administrative Secretary – ODHO

Mr. Dick introduced Ms. Valdespin informing the various County departments and roles she has served in. Mr. Dick welcomed Ms. Valdespin to his team.

iii. Maricruz Schaefer, 2/18/2020, Public Health Nurse I – CCHS

Ms. Lotritz welcome Ms. Schaefer, informing the Board of Ms. Schaefer's experience as a labor and delivery nurse and a med-surg nurse. Ms. Schaefer graduated from the University of Nevada, Reno.

E. Shining Stars

i. Frank Cauble

ii. Christine Ballew

Mr. Dick noted Mr. Cauble is retired but continues to receive recognition for his work. Mr. Dick noted that, since the inception of the County's Shining Star Recognition Program in 2017, the Health District has received 679 Shining Star Awards.

Mr. Cauble and Ms. Ballew were not in attendance. Chair Novak thanked everyone and called on County Manager Brown to address the Board.

6. Presentation on Updates to the Air Quality Management Division Enforcement Process and Penalty Calculation Worksheet and possible direction from the Board.

Staff Representative: Francisco Vega

Mr. Vega summarized the supporting staff report. The Air Quality Management division conducted a review of the compliance and enforcement and penalty calculation worksheet. It was determined the worksheet was not being used consistently and appropriately to determine penalties; therefore, changes were made, and Mr. Vega is now seeking approval of the new worksheet.

Mr. Young was interested in the amount of appeals and/or resistance this department receives regarding penalties. Mr. Vega explained that per the reports he receives from his staff, appeals are very rare and applicants are usually accepting of their responsibility.

Mr. Dick voiced councilman Dahir's comment in his absence. Mr. Dick stated that councilman Dahir had requested this item to be heard on this agenda before the Board discussed changes or updates to fees.

Commissioner Berkgigler moved to accept the report on Updates to Air Quality Management Division Enforcement Process and Penalty Calculation Worksheet. Vice Chair Brown seconded the motion which was approved unanimously.

7. Consent Items

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

Chair Novak inquired if there were any items the Board wanted to add and/or pull from the Consent agenda.

A. Approval of Draft Minutes

i. January 23, 2020

B. Budget Amendments/Interlocal Agreements

i. Recommendation to approve a Subaward Amendment totaling an increase of \$20,659 for a cumulative grant value of \$180,788 to the FY20 Epidemiology and Laboratory Capacity (ELC) grant retroactive to August 1, 2019 through July 31, 2020 in support of the Centers for Disease Control and Prevention (CDC); and if approved authorize the District Health Officer to execute the Subaward Amendment.

Staff Representative: Jennifer Hoekstra

ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to February 1, 2020 through June 30, 2021 in the total amount of \$402,182.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tobacco Control Program for youth tobacco and e-cigarette/vaping use and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

C. Authorize the abolishment of vacant Community Health Aide PC# 70002123.

Staff Representative: Nancy Kerns Cummins

- D. Authorize FY20 Purchase Order #7500003961 to Merck Sharp & Dohme Corporation in the amount of \$130,000.00 to purchase vaccines for the Immunization and Family Planning Programs
Staff Representative: Nancy Kerns Cummings
- E. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.
 - i. Jacksons Food Stores, Inc. – Case No. 1220, NOV No. 5775
 - ii. McCarran Mart – Case No. 1221, NOV No. 5780
 - iii. JC NV Flats LLC – Case No. 1223, NOV No. 5852Staff Representative: Francisco Vega
- F. Acknowledge receipt of the Health Fund Financial Review for January, Fiscal Year 2020
Staff Representative: Anna Heenan

Mr. Young moved to accept Consent Agenda items A through F. Commissioner Berkbigler seconded the motion which was approved unanimously.

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

Presented by: Tammy Oliver, IHCC Chair

Jessie Latchaw, WCHD, Public Health Emergency Response Coordinator

Ms. Latchaw informed that this presentation would be a highlight of the accomplishments of the IHCC in the past year. The accomplishments included the completion the Coalition Response Guide, the Alpha & Commands Kits went out to the community, the Care Site Plan was built and tested, they received NACCHO Award, implementation a new Clinical Advisor position, and the Resource & Gap Analysis Provider Plan Updates.

Ms. Latchaw also spoke of the coalition exercises which included the Silver Crucible full scale exercise and the No-Notice Coalition Surge and tested the system during off hours. Presenters made reference to an evaluation survey they conducted to measure partner's satisfaction with their services, including but not limited to trainings, exercises, etc. The overall response has been positive per the feedback that was included in this presentation.

Chair Novak spoke as to the recognition people have given all the exercises, particularly the full-scale exercises, facilitated through IHCC. He thanked the presenters for their efforts and asked them to thank the group on his behalf.

9. Regional, Emergency Medical Services Authority

Presented by: Dean Dow and Alexia Jobson (Mr. Dow was not in attendance)

A. Review and Acceptance of the REMSA Operations Report for January 2020

Ms. Alexia Jobson, Public Affairs Manager of REMSA and Care Flight, highlighted the positive feedback on their services. Ms. Jobson informed she was available to answer any questions.

Dr. Danko moved to accept the REMSA Operations Reports for January 2020. Vice Chair Brown seconded the motion which was approved unanimously.

B. *Update of REMSA's Public Relations during January 2020

Ms. Jobson informed that earlier that week they conducted an interview with KTVN regarding their Bleeding Control class held on February 26, 2020. In mid-February REMSA hosted a new program 'Beyond the Lights and Sirens', REMSA's executive experience, which offers executives across the region the opportunity to tour and experience REMSA

behind the scenes. REMSA estimates hosting five more similar events throughout the remainder of the year.

10. **Presentation, discussion and possible action to affirm the recommendation by the Food Protection Hearing and Advisory Board to continue the hold order issued pursuant to Section 240.045 of the Regulations of the Washoe County District Board of Health Governing Food Establishments, permitting the secure storage of food product produced by Dorinda's Chocolates and packaged by LiveKaya until such time as the State of Nevada Department of Health and Human Services (DHHS) adopts regulations relating to the testing and labeling of products containing hemp and certain other products containing cannabidiol (CBD) intended for human consumption. It is further recommended that entry of a final decision regarding disposition of the food product be stayed until after August 1, 2020 or when the State's regulations have been adopted if that date is earlier.**

Staff Representative: Charlene Albee

Ms. Albee explained this immediate item comes from the Food Protection Hearing and Advisory Board. The hearing happened on July 9, 2019 and extensive communication has happened regarding the recommendation. Due to the length of the process and the conversations there was an overlap in between processes.

Mr. Dick clarified that this item maintains the status quo where Dorinda's Chocolates is storing the manufactured product waiting for the State Regulation to be expected to come out at the beginning of July. Once the regulations are out the Board can take action on this matter.

Commissioner Berkbigler spoke regarding the cleanliness of Dorinda's Chocolates, during an event she attended with the governor.

Dania Reid, Deputy District Attorney (DDA) suggested that given the language of this item and the circumstances with the regulations, it may suit the Board to maintain the status quo. Dania informed that this Board only has one opportunity to refer the matter back to the Advisory Board, which may not be right to decide on today's meeting.

Chair Novak inquired about public comment and DDA recommended public comments to be permitted before a vote was casted.

Commissioner Berkbigler moved to maintain the status quo until the State's regulations are adopted. Vice-Chair Brown seconded the motion which was carried unanimously.

Will Adler, representing Silver State Government Relations who represents Dorinda's Chocolates, provided comment regarding the motion. He cautioned that regulations may be adopted sooner than August.

Ms. Reid highlighted the language in this item provides for those expected delays or changes. The intention is to keep an open dialogue in the event that the Board is in a position where an early decision is necessary or in the event that there's information about delays with the regulations or not quite ready on the expected date.

11. **Presentation and possible acceptance of the 2018-2020 Community Health Improvement Plan Annual Report.**

Staff Representative: Rayona LaVoie

Ms. LaVoie informed the Board that the acronym CHIP (Community Health Improvement Plan) will be used throughout her report when referring to the Community Health Improvement Plan. Ms. LaVoie mentioned this Improvement Plan is community

driven, but the Health District is responsible for collecting the data, tracking the activity and producing the annual report.

Ms. LaVoie stated that the 2019 focus was on housing and homelessness, behavioral health, and physical activity and nutrition. Each focus area had a committee that met quarterly and focused in participating in the activities required to meet the action plan.

The first focus is Housing and Homelessness. The committees that were assigned to the Housing and Homelessness accomplished 9 out of 9 strategies. The biggest accomplishment was the completion of the Regional Strategy for Housing Affordability led by Truckee Meadows Healthy Communities. A comprehensive analysis of housing needs in the region and identified strategies to meet the needs. The Reno Housing Authority was proposed as the lead agency to implement the strategy. Additionally, the Youth Homeless Roadmap adopted by RAAH leadership lead to the fruition of the 24-hour drop-in center also known as the Eddy House, available to youth in Washoe County.

The second focus is Behavioral Health. The committee assigned to this focus has accomplished 7 of the 12 strategies of second action plan. Ms. LaVoie highlighted the efforts being made to complete screening and referrals to treatment services. As part of these efforts, Ms. LaVoie explained that Good Grid, a case management system for partners that provide behavioral health services, is being implemented by Phase I pilot partners and are on track to implement with Phase II pilot partners.

Ms. LaVoie spoke of the money the Health District provided to fund the Signs of Suicide program in Washoe County schools. As a result, the program has been implemented in 14 middle schools and presents positive results such as an increase in program enrollment. Initially, getting permission slips signed by the parents posed a barrier, however, the slip is now included in the school's enrollment packet, which increased the number of slips being returned.

The third focus is Physical Activity and Nutrition. The committee has accomplished 8 out of 8 strategies. The 5210 Healthy Washoe committee offered a training series to the 12 pilot sites that have been implemented within this program, including school, health care office, and chamber members. Ms. LaVoie briefly spoke of the Family Health Festivals, a trait of the Physical Activity and Nutrition focus. These festivals have provided resources and/or services to just under 2,000 residents. The program has further their partnerships, so services now include dental screenings and fluoride varnish, resulting in 70 clients receiving those services. Ms. LaVoie commended the Immunization clinic for participating and providing 696 immunizations, thus far.

Mr. LaVoie informed that they are committed to continue implementing the strategies outlined in the CHIP. Ms. LaVoie thanked all her partners and opened it for questions from the Board.

Commissioner Berkbigler moved to accept the 2018-2020 Health Improvement Plan Annual Report. Vice-Chair Brown seconded the motion which was carried unanimously.

12. Approval of the Fiscal Year 2020-2021 Budget.

Staff Representative: Kevin Dick

Mr. Dick initiated his presentation with an explanation that a conceptual budget is presented to allow time for the Health District to submit this department's budget to the County Budget Manager that is presented to the Board of Commissioners.

Mr. Dick spoke of Health District's accomplishments for the year such as the National Public Health Accreditation, progress with CHIP, participation in Emergency Preparedness exercises, financial support for different community partners in areas of priorities for the Health District and the Board through IHCC, school district's nutrition services via healthy eating initiatives, Rescue Organization for e-cigarette which addresses the youth epidemic, and Washoe Eats just to mention a few. Mr. Dick added that the Washoe Eats mobile app received the Impact Award in October 2018. Mr. Dick added that the current budget reflects the Health District's continued participation in the aforementioned.

Mr. Dick spoke of how the budget is allocated throughout the different offices. He also presented the budgeted revenues and expenditures. Mr. Dick explained that due to the needs of the community, including COVID-19, there will be above base requests included but not limited to positions like Health Educator Coordinator, Health Educator II, and an Epidemiologist. The epidemiology position was discussed with County Manager Brown and Mr. Brown has approved the filling of such position outside of the budget cycle due to needs the Health District has, as a result of COVID-19. Additionally, Mr. Dick informed that a review was submitted to Human Resources for the current Statistician classification. Mr. Dick hopes to get clarification as to whether this position is classified properly, as far as grade and salary range. Otherwise, this classification will need to be modified.

Commissioner Berkbigler asked for clarification on the Intermittent Office Assistant position that is being eliminated. Anna Heenan clarified that the Office Assistant position that is being eliminated is from the Vector program. She added that the funds from this position will be applied to a full time Office Assistant position that assists in all areas of the Environmental Health department. Mr. Dick concluded the above base request discussion by mentioning that a request was also made for services and supplies due to the loss of grant funding in immunizations.

Mr. Dick informed the Board about the plans for the budget in 2021, explaining the Projected Fund Balance. A meeting is scheduled on March 3, 2020 where the Health District will be presenting their budget to the County Budget Office and Assistant County Manager. On March 6, 2020, the Health District will be presenting their budget to County and City managers, an update will be provided to the Board on March 26, 2020 Mr. Dick. On April 21, 2020 County Budget Manager will present the County Budget to Board of Commissioners and the fund support will be finalized. On May 19, 2020 a public hearing will be held in front of the Board of County Commissioners and if adopted, County Budget Manager will deliver it to the Department of Taxation on June 1, 2020. In conclusion, Mr. Dick thanked the staff that collaborated on putting together the budget.

Commissioner Berkbigler asked for clarification on the number of new positions being requested in the budget. Anna Heenan confirmed it is 4 new positions.

Commissioner Berkbigler voiced her concerns about cutting services in the future because the Health District is using reserves to balance the budget. Mr. Dick responded by stating that the Health District continues to include half-a-million dollars for one-time expenditures to cover some of the projects like the Eddy House; however, those funds could be used as a cushion to prevent losing staff. Additionally, the budget as it's presented is very conservative which means the fund balances will probably be coming in above in the way the budget needs to be done for government purposes. Commissioner Berkbigler commanded the Health District for how they manage the budget, however, suggests having some flexibility in their reserve funds.

Chair Novak commented on his reluctance to cut down the Health District's reserve funds. He made note that after his trip to Washington D.C., he does not know how quickly the federal funds, for purposes of COVID-19, would be available.

Vice Chair Brown moved to maintain the status quo until the State's regulations are adopted. Dr. Danko seconded the motion which was carried unanimously.

13. *Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update – Celebrating the Completion of Reno4, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement

Mr. Vega noted that he did not have anything to add to his report but wanted to bring focus to a lawn mower exchange that is being developed and will be brought to the Board on next month's meeting

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

Divisional Update – WIC Program Update; Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

Ms. Lottritz stated that she had nothing to add to her report, but she was ready to answer questions. The Board did not have questions and commended her on a concise report.

C. Environmental Health Services, Charlene Albee, Division Director

Environmental Health Services (EHS) Division Program Updates – **Consumer Protection** (Food, Food Safety, Permitted Facilities, Commercial Plans) and **Environmental Protection** (Land Development, Safe Drinking Water, Vector, Waste Management/UST), and Inspections.

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

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

Communicable Disease, Public Health Preparedness, Emergency Medical Services

Dr. Todd informed the Board that his focus has been COVID-19 and his team has been providing updated information to multiple partners such as Washoe County School District, Infection Control Providers, hospitalist, Inter-Hospital Coordinating Counsel, State Public Health laboratory, and CDC to mention a few.

Dr. Todd also informed the Board about a Frequently Asked Questions infographic that was put together. The Health District has been coordinating with the District Attorney's office and medical providers on the implementation of isolation and quarantine processes, should the need arise.

Dr. Todd informed they had the first Nevada case of candida auris reported, which is still under investigation.

Dr. Todd stated he had nothing to else to add, but made himself available to entertain questions.

Commissioner Berkbigler took time to commend Dr. Todd and his team, for all the work they have done with the community.

Chair Novak asked if the CDC has approved the Health District to perform their own tests.

Dr. Todd explained that the tests can be performed, however, a test cannot be performed without CDC approval. Mr. Dick added that CDC has restricted criteria before a person can be tested and he is hopeful that this criteria will change soon and the Health District is provided with flexibility from CDC.

Commissioner Berkbigler stated that a concern in the community currently is whether there will be enough test kits.

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

District Health Officer Report – COVID-19, Homelessness, Government Affairs Update, Community Health Improvement Plan, Quality Improvement, Workforce Development, Other Events and Activities, and Health District Media Contacts

Mr. Dick spoke about a special meeting the City of Reno had on February 10, 2020 regarding a review of the Reno Fire Department by the Center for Public of Safety Management and had several recommendations on improvements. The focus of the meeting was on one recommendation mainly regarding Dispatch and Emergency Medical Dispatch (EMD), the proposal was made that Reno should take over the EMD.

Mr. Dick informed that REMSA emergency Medical Dispatch process as a part of the re-negotiated franchise agreement. However, City of Reno is talking about creating a work group, that would include council members and regional partners, to discuss their plan and come back with a final recommendation in 4 months. Dean Dow has offered REMSA's availability to participate with this work group, if desired. Chief Brown has also expressed his desire to participate with this group on behalf of the District Board of Health, but to date no plans have been made to meet.

Mr. Dick discussed housing and homelessness and Manager Brown's understanding of public health and the issues that affect health in our community. Mr. Dick has had conversations with Manager regarding this subject and have arranged a conference call with Manager Brown and Enterprise Community Partners that worked on the Regional Strategy for Housing Affordability. Mr. Dick mentioned the Health District has been working with some of the funds they have for improving public health communication and a housing insert will coming out on the Reno News and Review around March 6, 2020. Mr. Dick made note as to how Manager Brown has had experience with different partners assisting with funding housing initiatives and one of those was United Health Care.

Mr. Dick shared that one of the things that came up at the Homeless Advisory Board was a presentation from by Mike Kazmierski from EDAWN, regarding Built for Zero Initiative that is ran by a not for profit. Built for Zero engages over 80 communities nationally whose purpose is to bring the homeless population down to zero. A cohort meeting to address this issue regionally is scheduled for April, 2020 in Washington DC and a discussion was had for this region to participate this year. The Health District agreed to pay \$10,000 for this region to join and work with Built for Zero.

Mr. Dick spoke about COVID-19 and how active the Department has been in putting an Emergency Operations Plan in place since January 27, 2020. Mr. Dick elaborated on the efforts that have been made to address concerns regarding people that are traveling back to the community. He also highlighted the shifts the CDC has made in the past week from border control and keeping Coronavirus from coming into the country to asking for local preparedness to prevent community transmission.

The Health District has discussed preparedness with community partners and will be meeting with County Manager and key leaders of Washoe County to discuss activating the Regional Emergency Operation Center as a Level 1 activation. A briefing will be provided for regional partners in the event that we have community transmission.

Mr. Dick informed about a meeting being held by the Governor's office in Las Vegas on February 28, 2020. Along with this meeting, there is plan to have a press conference that will allow to demonstrate to the public that we are engaged and all working together on this issue. Mr. Dick stated that Chair Novak has volunteered to travel to Las Vegas to represent the Health District.

Chair Novak reported he spoke to senators directly regarding COVID-19 and they all understand the gravity of the situation and the need for support.

14. *Board Comment

Chair Novak opened the Board comment period.

As there were no Board comments, Chair Novak closed the Board comment period.

15. *Public Comment

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

16. Adjournment

Chair Novak adjourned the meeting at 2:49 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. Susy Valdespin, 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 svaldespin@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: March 26, 2020

TO: District Board of Health

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

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective April 1, 2020 through March 31, 2021 in the total amount of \$168,633.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White HIV/AIDS –Part B Early Intervention Services Program and authorize the District Health Officer to execute the Notice of Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on March 10, 2020 to support the HIV Prevention Program. The funding period is effective April 1, 2020 through March 31, 2021. A copy of the Notice of Subaward is attached.

Health District Strategic Priority supported by this item:

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

The focus of the Early Intervention Services Program is to identify high-risk individuals and communities of color to provide targeted HIV testing, counseling and referral services to enable clients to navigate the HIV system of care. In addition, there is funding to identify people living with HIV in Washoe County that are out of care in order to provide linkages to care and health education. Funding for this program includes personnel, local travel, operating expenses, laboratory and testing supplies and indirect expenses.

FISCAL IMPACT

The District anticipated this award and included funding in the adopted FY20 budget. As such, there is no fiscal impact to the FY20 adopted budget should the Board approve the Notice of Subaward.

Subject: Approve Ryan White Subaward

Date: March 26, 2020

Page 2 of 2

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective April 1, 2020 through March 31, 2021 in the total amount of \$168,633.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White HIV/AIDS –Part B Early Intervention Services Program and authorize the District Health Officer to execute the Notice of Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be “move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective April 1, 2020 through March 31, 2021 in the total amount of \$168,633.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White HIV/AIDS –Part B Early Intervention Services Program and authorize the District Health Officer to execute the Notice of Subaward.”



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

Agency Ref. #: **HD17604**
 Budget Account: 3215
 Category: 24
 GL: 8516
 Job Number: _____

NOTICE OF SUBAWARD

Program Name: Ryan White HIV/AIDS Program – Part B Office of HIV Tory Johnson/tojohnson@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD) Kevin Dick, District Health Officer (775) 328-2400
Address: 4126 Technology Way, Suite 200 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street, Building B Reno, NV 89512
Subaward Period: April 1, 2020 through March 31, 2021	Subrecipient's: EIN: <u>88-60000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Early Intervention Services (EIS)

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

Approved Budget Categories:	
1. Personnel	\$146,597.00
2. Travel	\$621.00
3. Supplies	\$540.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$0.00
6. Training	\$0.00
7. Other	\$5,545.00
TOTAL DIRECT COSTS	\$153,303.00
8. Indirect Costs	\$15,330.00
TOTAL APPROVED BUDGET	\$168,633.00

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 168,633.00
Cumulative Prior Awards this Budget Period:	\$ 0
Total Federal Funds Awarded to Date:	\$ 168,633.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Federal Budget Period: April 1, 2020 through March 31, 2021	
Federal Project Period: April 1, 1991 through March 31, 2022	
FOR AGENCY USE, ONLY	

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
1. Pharmaceutical Rebates	10%	N/A	N/A	N/A	
2. Health Resources and Services Administration (HRSA)	90%	93.917	X07HA00001		

Agency Approved Indirect Rate: 7.90

Subrecipient Approved Indirect Rate: 10%

Terms and Conditions:

In accepting these grant funds, it is understood that:

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

Incorporated Documents:

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

Section E: Audit Information Request;
 Section F: Current/Former State Employee Disclaimer;
 Section G: DHHS Business Associate Addendum; and

	Signature	Date
Kevin Dick District Health Officer		
For Julia Peek, MHA, CPM Deputy Administrator		
For Lisa Sherych Administrator, DPBH		

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**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The 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

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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.

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SECTION B

Washoe County Health District, 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

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<p>Service Category:</p> <p>Early Intervention Services (EIS)</p>	<p>Estimated number of unique clients to be served:</p> <p>HIV Testing: 300 clients</p> <p>Units determined by FY19/20 tests provided and forecasting based on level funding and increased cost and time effort that was determined during FY19/20 funding period</p> <p>Estimated number of service units (contacts) to be provided:</p> <p>HIV Testing: 300 units</p>
<p>Service Category Goal: State the purpose of this service category, as provided in HRSA PCN 16-02 or the National Monitoring Standards</p> <p>To identify individuals at points of entry and access to services and provision of HIV testing and targeted counseling, referral services, linkage to care, and health education and literacy training that enables clients to navigate the HIV system of care in Washoe County.</p>	
<p>SMART Objective: List a SMART objective that supports the service category goal listed above</p> <p>By March 30, 2021, Rapid HIV testing will be provided to at least 300 people through offsite events targeting high-risk populations and communities of color.</p>	<p>Documentation: Provide the data source(s) for tracking progress</p> <ul style="list-style-type: none"> • Meeting minutes • # community partners contacted per priority population • # community partners engaged in project through hosting/assisting with HIV testing event • Approved ads, social media postings • Listing of media outlets • Proof of publishing • # media posts, impressions • Client testing record • Tracking of testing sites • Tracking of number of tests provided at each site • Tracking of HIV tests • Community referral tracking

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	<ul style="list-style-type: none"> • CAREWare • RW Client Form/tracking/spreadsheet • Evaluation Web • eHARS
<p>Activities: <i>Provide a high-level overview of how your agency will accomplish the SMART Objective</i></p>	
<ol style="list-style-type: none"> 1. Identify partners within communities of color to provide locations and support for HIV testing 2. Develop, receive approval, and publish social media and advertising to promote HIV testing among people of color. 3. Provide Rapid and confirmatory HIV testing at identified, non-clinical, new or not-currently utilized sites, identified by community partners as sites where high-risk and people of color are known to congregate 4. Offer referrals for medical and supportive services to individuals contacted through testing events including linkage to HIV care for newly diagnosed individuals. 5. Track HIV testing data in Evaluation Web. Identified HIV positive individuals will also be entered in CAREWare and eHARS. 	
<p>Evaluation: <i>Name (2) two client-level performance measurements to be tracked and evaluated.</i></p> <ul style="list-style-type: none"> • Performance Measurement: # HIV tests provided • Measurement Definition: The number of offsite-, non-clinical HIV tests provided through this funding during the reporting period. • Anticipated Benchmark: 300 • Performance Measurement: # newly diagnosed cases from RWPB HIV testing linked to HIV care • Measurement Definition: Linkage to HIV care for any newly diagnosed HIV case who was tested through RWPB program • Anticipated Benchmark: 5 clients 	

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<p>Service Category:</p> <p>Early Intervention Services (EIS)</p>	<p>Estimated number of unique clients to be served:</p> <p>75 PLHIV that may be out of care</p>
<p>Estimated number of service units (contacts) to be provided:</p> <p>75 units</p>	
<p>Service Category Goal: <i>State the purpose of this service category, as provided in HRSA PCN 16-02 or the National Monitoring Standards</i></p> <p>To identify individuals at points of entry and access to services and provision of HIV testing and targeted counseling, referral services, linkage to care, and health education and literacy training that enables clients to navigate the HIV system of care in Washoe County.</p>	
<p>SMART Objective: <i>List a SMART objective that supports the service category goal listed above</i></p> <p>By March 30, 2021, WCHD will identify 75 people living with HIV in Washoe County that may be out of HIV care (OUT OF CARE).</p>	<p>Documentation: <i>Provide the data source(s) for tracking progress</i></p> <ul style="list-style-type: none"> • eHARS • CAREWare • LexisNexis/TLO searches • CSTE record searches • Medicaid searches • RWPB spreadsheet notes • Daily detention facility booking report emails • Disease reporting forms • Client hospital records • Review of labs through HIV surveillance activities • RW Client Form/tracking/spreadsheet
<p>Activities: <i>Provide a high-level overview of how your agency will accomplish the SMART Objective</i></p> <p>1. Continue to receive from the DPBH's HIV Surveillance program and receive eHARS report on PLWH in Washoe County that have not had a lab report in 15 months. Receive and research status of clients in RWPB disseminated client lists (certification lapse, upcoming certification due, 45-day RX list). Determine actual status of client (OUT OF CARE, moved out of jurisdiction, deceased) and document in CAREWare and eHARS.</p>	

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<p>2. Daily check of Washoe County Detention Center booking report for PLWHA who have been identified as OUT OF CARE</p> <p>3. Review of reported hospital records identifying PLWHA that have been admitted to local hospitals to identify HIV care status</p> <p>4. Review incoming HIV related labs to identify OUT OF CARE or re-engaged client's HIV care status based on viral load and CD4 activity.</p> <p>5. Collect data on linkage, retention, and engagement activities for each PLWHA identified as OUT OF CARE</p> <p>Evaluation: Name (2) two client-level performance measurements to be tracked and evaluated.</p> <ul style="list-style-type: none"> • Performance Measurement: # potential OUT OF CARE clients researched • Measurement Definition: The number of clients identified through RWPB, surveillance, and provider reports that need their HIV care status identified. • Anticipated Benchmark: 200 clients • Performance Measurement: # clients identified as not engaged in HIV care • Measurement Definition: The number of clients identified as not being engaged in HIV care. • Anticipated Benchmark: 75 • Performance Measurement: # clients identified as not engaged in HIV care that are linked to HIV care • Measurement Definition: The number of clients identified as not being engaged in HIV care that are linked to HIV care. • Anticipated Benchmark: 68 	
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Required Deliverables Chart

Deliverable	Due Date	Reference Section (review for more information)	Responsible Party
Request for Reimbursement (RFR)	No later than fifteen (15) calendar days following the end of the month.	Financial Reporting Requirements	Subrecipient
CAREWare Data Entry	Encounters, services, referral data, and all other client interactions must be entered into CAREWare correctly within three (3) business days of the delivery of client service.	Program Requirements <i>and</i> Reporting Requirements	Subrecipient
Ryan White Services Report (RSR)	March 29, 2021	Reporting Requirements	Subrecipient
Quarterly Report (QR) Submission to Office of HIV/AIDS (OHA)	OHA will send the QR to the Subrecipient each quarter to complete. Submission is due within 10 business days.	Reporting Requirements	Subrecipient
Quality Improvement Project NEW Quality Management Plan	Within sixty (60) days of the executed sub-award.	Quality Management (QM) Requirements	Subrecipient
Notify the Office of HIV/AIDS of preexisting websites, social media pages, blogs, etc. and of future marketing plans Communications and marketing materials pre-approval	No later than one (1) month after the start of the grant year. No later than ten (10) business days prior to press deadline, printing submission, or display date.	Media, Marketing, and Communication Requirements	Subrecipient

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Program Requirements

- **Subrecipient** shall provide Core and Support Services to people living with HIV/AIDS regardless of age, race, color, national origin or ethnicity, religion, veteran status, disability, genetic information, sex (including pregnancy), gender, gender identity or gender expression and sexual orientation which services are culturally sensitive, linguistically appropriate and appropriate to patients' functional acuity level.
- **Subrecipient** must establish a system of written procedures through which a client or their representative may present grievances about the operation of services. Upon request, provide advice to such person as to the grievance procedure. Subrecipient shall submit resolved grievances to the Ryan White Part B Grantee (RWPB) staff quarterly by the 15th of the month following the end of the quarter.
- **Subrecipient** shall obtain written approval from RWPB prior to making programmatic changes in the scope of the project.
- **Subrecipient** shall obtain written approval for budget redirects between budget categories within the 10% of the total budget limit; if over the 10%, an amendment is required.
- **Subrecipient** will utilize the CAREWare system to manage eligible client data, provided by RWPB. Encounter or service data must be entered within three (3) business days of delivery of service to client or if given written permission from the Office of HIV/AIDS all previous month's data must be entered by a mutually agreed upon schedule.
- **Subrecipient** shall ensure that 100% of clients served are eligible and enrolled in RWPB.
- **Subrecipient** shall check eligibility status on 100% of clients prior to the delivery of services.
- **Subrecipient** must work in partnership with all Ryan White HIV/AIDS Program providers, local health authorities or districts, HIV Prevention/Surveillance programs, and Housing Opportunities for Persons with AIDS (HOPWA) funded programs. Upon enrollment each client signs a consent for release of information for all named providers.
- **Subrecipient** shall present to RWPB a copy of the most recent Office of Management and Budget Single Audit in compliance with 2 CFR 200 / 45 CFR 75 and compliance supplement for CFDA 93.917 within three (3) months of start of sub-award period or immediately upon receipt of audit if this sub-award places the agency within the scope of 2 CFR 200 / 45 CFR 75.
 - Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 4571551, (800) 2530696 toll free <https://harvester.census.gov/facweb/default.aspx/> and to the Section Manager of the Nevada Office of HIV/AIDS.
- **Subrecipient** and its employees or subcontractors, if applicable, shall avoid real or perceived conflicts of interest. Furthermore, no employee, agent, consultant, officer, board member, or subcontractor of the Subrecipient should be able to obtain a financial interest or benefit from an activity or performance of work. The Subrecipient warrants that it is not now aware of any facts that create a conflict of interest. If the Subrecipient hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the grantee office. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances.
- **Subrecipient** shall engage in ethical practices when exercising any functions or responsibilities in connection with the carrying out of the project. As such, the following are specific prohibitions: accepting gifts, favors, employment or economic opportunities from unethical behavior; accessing unwarranted privileges; using confidential information for personal gain; suppressing information for pecuniary interests; and using government resources for personal use.

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- **Subrecipient** shall not engage in prohibited “marketing” activities, as defined in 45 CFR 164.508, outlined hereunto, the Subrecipient may not sell protected health information to a business associate or any other third party for that party’s own purposes. Moreover, the Subrecipient may not sell lists of clients or enrollees to third parties without obtaining written authorization from the grantee and written authorization from each person on the list each time disclosure is expected to be made. As such, an annual and broad release of information, that does not specifically disclose the sale of client information to a specific entity on a specific occasion, does not constitute a client’s consent to the sale of client information for marketing purposes. Further, in accordance with Program Policy No. 12-01, grant funds may not be used for: 1) outreach programs which have HIV prevention education as their exclusive purpose, or 2) broad-scope awareness activities about HIV services that target the general public.
- **Subrecipient** shall not use RWHAP funds to make cash payments to the intended recipients of services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g. food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are allowable as incentives or to provide services to eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
- **Subrecipient** must use RWPB funds in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau (HAB). These policies can be reviewed on the HAB website at <http://hab.hrsa.gov/programgrantsmanagement/policynoticesandprogramletters>.

Subrecipient shall comply with all Federal, State, and local laws, ordinances, rules, and regulations.

- **Subrecipient** shall acknowledge funds may not be used for the following: purchasing or construction of real property, international travel, or payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services), per the HRSA Notice of Grant Award.
- **Subrecipient** shall acknowledge Executive Order 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services, per the HRSA Notice of Grant Award. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
- **Subrecipient** shall acknowledge this award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
- **Subrecipient** shall acknowledge the Consolidated Appropriations Act, 2017, Division H, § 202, (P.L.115-31) enacted May 5, 2017, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$189,600, effective January 2018. This amount reflects an individual’s base salary exclusive of fringe benefits. An individual’s institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties.

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HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to subrecipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.

Financial Reporting Requirements

- **Subrecipient** Request for Reimbursements are due on a **monthly** basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- **Subrecipient** reimbursements are based on actual expenditures incurred during the period being reported.
- **Subrecipient** payments will not be processed without all reporting being current.

Subrecipient reimbursements may only be claimed for expenditures approved within the Notice of Subaward

- **Subrecipient** Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- **Subrecipient** will report Program Income (if applicable) by charges, collections, and adjustment reports or by the application of a revenue allocation formula per The National Monitoring Standards.
- **Subrecipient** shall submit a Time & Effort Form with each Request for Reimbursement per the HIV/AIDS Bureau, Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White B Grantees; Fiscal Part B, Section K.
- **Subrecipient** Shall submit any additional expenditure detail upon request from the Department.

Other Reporting Requirements

- **Subrecipient** will utilize the CAREWare system to manage eligible client data, provided by RWPB. Encounter or service data must be entered within three (3) business days of delivery of service to client or if given written permission from the Office of HIV/AIDS all previous month's data must be entered by a mutually agreed upon schedule.
- **Subrecipient** shall complete and submit to RWPB and/or HRSA all federally mandated program data no later than the due dates specified by RWPB and/or HRSA.
- **Subrecipient** shall submit the following reports to RWPB electronically in the format provided and/or requested by RWPB.

Ryan White Part B Quarterly Reports – After the grant-year quarter has ended, Subrecipients have until the 10th of the month, following the close of the quarter, to enter all outstanding CAREWare data. The Quarterly Report will be generated by the State office using the data within CAREWare and distributed to providers. Subrecipients are required to submit the completed reports to the Quality Assurance and Evaluation Analyst by the 10th business day from the date the report was sent to Subrecipient by email.

RSR – This report covers the calendar year from January 1, 2020 – December 31, 2020. HRSA's submission due date for all providers will be expected before or on March 29, 2021.

*This date is subject to change pending HRSA's guidelines for the 2021 RSR data submission timeline.

Quality Management (QM) Requirements

- **Subrecipient** shall actively engage in at least one Quality Improvement Project at the Subrecipient's agency per grant year. A subrecipient funded by multiple Ryan White Part B funding streams (Part B base, ADAP, Part B Supplemental) may create one Quality Improvement Project to be inclusive of all funding streams. The Subrecipient is responsible to document and monitor the Quality Improvement Project's progress throughout the grant year.
- **Subrecipient** shall encourage their clients to participate in various client opinion sampling opportunities which may include ongoing written client satisfaction surveys, personal onsite interviews or focus

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groups, and/or needs assessment for the purpose of ongoing or periodic assessment of client needs to improve the quality of care.

- **Subrecipient** shall provide the RWPB with an updated annual Quality Management Plan within sixty (60) days of the executed sub-award.
- **Subrecipient** agrees, pursuant to Health Resources and Services Administration and HIV/AIDS Bureau (HRSA/HAB) and the RWPB Quality Management requirements, to maintain and annually update a written Quality Management Plan. The plan shall integrate culturally relevant, client-centered services as defined and outlined in the RWPB's Quality Management Plan Review Tool and in accordance HAB/HRSA's Clinical Quality Management Policy Clarification Notice (PCN) #15-02. The work plan shall have a planned, systematic process for monitoring, evaluating, improving, and a measurement methodology for the following domains: accessibility of care, appropriateness of care, continuity of care, effectiveness of care, and efficacy of care. Subrecipient shall demonstrate that findings are used to improve access and remove barriers to services; improve capacity to provide services in a timely manner; improve the quality of care provided and the coordination of benefits. The Quality Management Plan will identify the population served, objectives, indicators, performance goals and measurement method for each of the domains listed above.
- **Subrecipient** shall ensure that services are provided in accordance with HIV/AIDS Bureau, Division of State HIV/AIDS Programs, National Monitoring Standards for Ryan White Part B Program, and Fiscal services.
- **Subrecipient** shall provide Quality Management updates in the Ryan White Part B Quarterly Reports and Final Year-End Report.

Media, Marketing, and Communication Requirements

- **Subrecipient** shall not engage in broad scope awareness activities or campaigns about HIV services that target the general public. Outreach and marketing activities may be funded if they are targeted and contain HIV information with explicit and clear links to health care services and assist to optimize health outcomes.
- **Subrecipient**, within one (1) month of the start of the grant year or no later than one (1) month after the start of the grant year, must notify the Office of HIV/AIDS Marketing Coordinator of any preexisting websites, social media pages, blogs, etc. and of any future marketing plans targeted at Ryan White Part B clientele.
- **Subrecipient** will have their websites, social media pages, blogs, etc. reviewed on a monthly basis and/or without prior notice. Advice and technical assistance to increase engagement will be provided, if necessary.
- **Subrecipient** must target all publications to intended audience, speaking to the Ryan White clientele. Publications must be well-designed, easily readable, without typographical errors, and have a clear plan for distribution. For design and creation assistance, contact the Office of HIV/AIDS Marketing Coordinator.
- **Subrecipient** shall apply the Ryan White All Parts logo to all printed and published marketing materials.
- **Subrecipient** shall identify the source of funding on all products produced by HRSA grant funds:
 - *"This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under X07HA00001- (Ryan White Care Act Title II) through the Nevada State Division of Public and Behavioral Health Grant Number HD#17604 from the Nevada Office of HIV/AIDS. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, the U.S. Government, nor the Nevada Department of Health and Human Services or any of its subsidiaries."*
- Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or

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programs funded in whole or in part with HRSA funding. Examples of HRSA supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

- **Subrecipient** shall submit for prior approval of *any* Ryan White-funded communications or marketing materials, no later than ten (10) business days prior to press deadline, printing submission, or display date. This includes, but is not limited to promotional items, advertisements, reprints of current materials, public service announcements, or website/blog/social media posts. Failure to get pre-approval on materials may result in a denial of reimbursement for that item.
- **Subrecipient** must return updated materials with any corrections to the Office of HIV/AIDS Marketing Coordinator no later than three (3) business days after notification.
- **Subrecipient** shall not add/edit/update any Ryan White Part B-funded publications without prior approval of the Marketing Coordinator.
- **Subrecipient** must report anticipated places and quantities of distribution at the time of materials approval.
- **Subrecipient** shall not order and/or distribute materials without final approval. This applies to all new materials and reprints of existing materials, as well as web sites, public service announcements, advertisements, promotional items, and health communications campaigns.

Outcome Measures

State of Nevada, Ryan White Part B has adopted and aligned the Subrecipient measured outcomes with national, state, and local initiatives. These initiatives include, but are not limited to:

- Nevada Integrated HIV Prevention and Care Plan 2017-2021
- National HIV/AIDS Strategy for the United States; Updated to 2020

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

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under **X07HA00001-30**. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor HRSA."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number X07HA00001-30 from HRSA.

Subrecipient agrees to adhere to the following budget:

Applicant Name: WASHOE COUNTY HEALTH DISTRICT

**BUDGET NARRATIVE
(Form Revised June 2019)**

<u>Total Personnel Costs</u>			including fringe	Total:			
						<u>Percent of Months worked</u>	<u>Amount Requested</u>
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>			
<u>J Howell, Health Education Coordinator</u> 3739	\$86,600.00	51.500%	15.000%	12		100.00%	\$19,680
Provides project oversight, coordination, planning and implementation as well as monitoring and evaluation activities. Participates in testing and case finding activities.							
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>		<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>J. Conner, Public Health Investigator</u> 10370	\$63,600.00	44.600%	70.000%	12		100.00%	\$64,376
Provides active case finding for clients that are out of HIV care, links clients to care and performs modified case management to achieve client retention in care. Provides HIV testing to high-risk and communities of color at non-traditional, non-clinical sites to identify new HIV cases. Provides linkage to care services for newly diagnosed and out of care clients as a liaison between the client and HIV care provider.							
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>		<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>H. Holmstadt, Public Health Investigator</u> 7576	\$78,000.00	43.650%	35.000%	12		100.00%	\$39,216
Provides active case finding for clients that are out of HIV care, links clients to care and performs modified case management to achieve client retention in care. Provides HIV testing to high-risk and communities of color at non-traditional, non-clinical sites to identify new HIV cases. Provides linkage to care services for newly diagnosed and out of care clients as a liaison between the client and HIV care provider.							
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>		<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Hourly Health Educators</u>	\$59,000.00	1.800%	20.000%	12		100.00%	\$12,012
Provides program planning, implementation, and evaluation to engage and provide HIV testing to high-risk and communities of color to identify new HIV cases including documentation time.							
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>		<u>Percent of Annual</u>	<u>Amount Requested</u>
<u>Hourly Registered Nurses</u>	\$63,500.00	1.800%	17.500%	12		100.00%	\$11,313
Provides HIV testing to high-risk and communities of color at non-traditional, non-clinical sites to identify new HIV cases, including documentation time.							
Total Fringe Cost		\$38,874			Total Salary Cost:		\$107,723
		Total Budgeted FTE	1.57500				
Travel				Total:		\$621	

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Out-of-State Travel

\$0

<u>Title of Trip & Destination such as CDC Conference: San Diego, CA</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Ground Transportation: \$ per r/trip x # of trips x # of staff	\$0	0	0	0	\$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0.000	0		0	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

Justification:

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

In-State Travel

\$621

<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$0	0		0	\$0
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$0	0	0	0	\$0
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$0.00	0	0		\$0
Mileage: (.575/mile x 12 miles/trip) x 30 trips x 3 staff	\$6.90	30		3	\$621
Parking: \$ per day x # of trips x # of days x # of staff	\$0	0	0	0	\$0

Justification:

Mileage for HIV testing, site and provider meetings, locating clients

Supplies **Total: \$540**

Office supplies \$10 x 2 staff x 12 mo.	\$240.00
Medical supplies \$25/mo. x 12 mo.	\$300.00
Communications	\$0.00
Justification: Office supplies to support offsite testing events and Out of Care activities such as, tape, scissors, writing tools, chart paper, easel, paper. Medical supplies to support offsite testing such as, test material organizers, gauze, band aids, hand warmers, lancets, hand sanitizer, gloves, bags, test tubes, blood collection materials. Should items fall outside of these lists, WCHD will seek approval from OoH fiscal staff.	

Equipment **Total: \$0**

Describe equipment	\$0.00
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Contractual **\$0**

<u>Name of Contractor, Subrecipient:</u>	Total	\$0
<u>Method of Selection:</u> explain, i.e. sole source or competitive bid		
<u>Period of Performance:</u> June 30, 2014 - June 29, 2015		

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Scope of Work: Define scope of work

What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to your goals and objectives, how will deliverables achieve your objective(s)?

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

Budget

Personnel	\$0.00
Travel	\$0.00
Total Budget	\$0.00

Method of Accountability:

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

Training	Total:	\$0
Describe training	\$0.00	

Other	Total:	\$5,545
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Lab & Outpatient Services	\$4,057
Printing Services: \$5/mo. x 12 months	\$60
Copier/Printer Lease: \$10/mo. x 12 months	\$120
Advertising: \$50/mo. x 12 months	\$600
Postage: \$5/mo. x 12 months	\$60
Cell phone: \$54/mo. x 12 months	\$648

Justification: Lab & outpatient services such as rapid HIV tests, other HIV-related laboratory testing, testing controls, lab mandated proficiency testing to maintain quality assurance. Rapid HIV tests are used for preliminary testing and if the test result is reactive or indeterminate, require additional confirmatory testing sent to the Nevada State Public Health Laboratory. Printing and copier costs for flyers, health literacy info for PLHIV. Advertising to promote testing events and engage Out of Care clients for linkage to HIV care. Postage to send mail related to testing and/or Out of Care engagement. Cell phone for communication while offsite to include communication with client, access to language line and social media accounts.

TOTAL DIRECT CHARGES	\$153,303
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Indirect Charges	Indirect Rate:	10.000%	\$15,330
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Indirect Methodology: 10% of total direct charges. An annual indirect cost rate proposal is prepared in compliance with 2 CFR 225 Subpart A.

TOTAL BUDGET	Total:	\$168,633
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Form 2

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

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

<u>FUNDING SOURCES</u>	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED								
ENTER TOTAL REQUEST	\$168,633							\$168,633

EXPENSE CATEGORY

Personnel	\$146,597							\$146,597
Travel	\$621							\$621
Operating	\$540							\$540
Equipment	\$0							\$0
Contractual/Consultant	\$0							\$0
Training	\$0							\$0
Other Expenses	\$5,545							\$5,545
Indirect	\$15,330							\$15,330

TOTAL EXPENSE	\$168,633	\$0	\$0	\$0	\$0	\$0	\$0	\$168,633
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$15,330							\$168,633
							Total Agency Budget	\$168,633
							Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- 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 \$168,633.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- 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:

- To provide technical assistance, upon request from the Subrecipient;
- To provide prior approval of reports or documents to be developed;
- The Division shall provide the Health Resources and Services Administration (HRSA) with all Single Audit Reports submitted by the subrecipient, as applicable.
- 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:

- Annual program monitoring will occur with technical assistance available throughout the grant period. Site monitoring tools will be provided prior to the annual subrecipient site review.
- 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
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NOTICE OF SUBAWARD
SECTION D**

Agency Ref. #: **HD17604**
 Budget Account: 3215
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Ryan White HIV/AIDS Program – Part B Office of HIV Tory Johnson/tojohnson@health.nv.gov	Subrecipient Name: Washoe County Health District (WCHD) Kevin Dick, District Health Officer (775) 328-2400
Address: 4126 Technology Way, Suite 200 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street, Building B Reno, NV 89512
Subaward Period: April 1, 2020 through March 31, 2021	Subrecipient's: EIN: 88-60000138 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	\$146,597.00	\$0.00	\$0.00	\$0.00	\$146,597.00	0.0%
2. Travel	\$621.00	\$0.00	\$0.00	\$0.00	\$621.00	0.0%
3. Supplies	\$540.00	\$0.00	\$0.00	\$0.00	\$540.00	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	\$5,545.00	\$0.00	\$0.00	\$0.00	\$5,545.00	0.0%
8. Indirect	\$15,330.00	\$0.00	\$0.00	\$0.00	\$15,330.00	0.0%
Total	\$168,633.00	\$0.00	\$0.00	\$0.00	\$168,633.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

FOR 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**

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.

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15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

**STATE OF NEVADA
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10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
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: March 26, 2020

TO: District Board of Health

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

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to February 1, 2020 through August 31, 2020 in the total amount of \$142,124.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program for opioid overdose prevention; authorize the creation of a 1.0 FTE, fully benefitted, full-time Health Educator position as evaluated by the Job Evaluation Committee; and authorize the District Health Officer to execute the Notice of Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on March 6, 2020 to support the Chronic Disease Prevention Program. The funding period is retroactive to February 1, 2020 through August 31, 2020. A copy of the Notice of Subaward is attached.

Health District Strategic Priority supported by this item:

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

PREVIOUS ACTION

There has been no previous action this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

The State of Nevada recently received Opioid Overdose Data to Action funding from the Centers for Disease Control and Prevention in support of prevention activities related to the opioid overdose epidemic. States and local partners need access to complete and timely data to understand the scope of the epidemic in their community. Funding will support implementation of Good Grid, a community platform for requesting and delivering social services, with linkages to OpenBeds, to measure and monitor treatment outcomes. It will also support a communitywide education campaign and staff travel.

The Subaward provides funding for personnel, travel and training, operating expenses, advertising, non-capital equipment and indirect expenses.

FISCAL IMPACT

Should the Board approve this Subaward, the adopted FY20 budget will be increased by \$129,204.00 (\$12,920.00 indirect expense) in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002- IO-11685 – 431100	Federal Grants	\$129,204.00
2002- IO-11685 – 701412	Salary Adjustment	\$54,404.00
2002- IO-11685 – 705360	Benefit Adjustment	\$21,235.00
2002- IO-11685 – 710100	Professional Services	\$3,850.00
2002- IO-11685 – 710300	Operating Supplies	\$2,000.00
2002- IO-11685 – 710334	Copy Expenses	\$120.00
2002- IO-11685 – 710350	Office Supplies	\$401.00
2002- IO-11685 – 710360	Postage	\$50.00
2002- IO-11685 – 710502	Printing	\$425.00
2002- IO-11685 – 710508	Telephone	\$72.00
2002- IO-11685 – 710546	Advertising	\$39,500.00
2002- IO-11685 – 711210	Travel	\$3,147.00
2002- IO-11685 – 711504	Non-Capital Equipment	\$4,000.00

RECOMMENDATION

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to February 1, 2020 through August 31, 2020 in the total amount of \$142,124.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program for opioid overdose prevention; authorize the creation of a 1.0 FTE, fully benefitted, full-time Health Educator position as evaluated by the Job Evaluation Committee; and authorize the District Health Officer to execute the Notice of Subaward.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to February 1, 2020 through August 31, 2020 in the total amount of \$142,124.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program for opioid overdose prevention; authorize the creation of a 1.0 FTE, fully benefitted, full-time Health Educator position as evaluated by the Job Evaluation Committee; and authorize the District Health Officer to execute the Notice of Subaward.”



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

Agency Ref. #: **HD 17513**
 Budget Account: 3219
 Category: 15
 GL: 8516
 9313620D
 Job Number: P1

NOTICE OF SUBAWARD

Program Name: Office of Public Health Investigations and Epidemiology	Subrecipient's Name: Washoe County Health District Kevin Dick kdick@washoecounty.us
Address: 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	Address: 1001 E. Ninth Street Reno, NV 89512
Subaward Period: February 1, 2020, through August 31, 2020	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 07-378-6998

Purpose of Award: Overdose Data to Action education and outreach. Support and coordination of GoodGrid case management and data collection. RX Aware Campaign.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$75,639.00	Total Obligated by this Action:	\$ 142,124.00
2. Travel	\$3,147.00	Cumulative Prior Awards this Budget Period:	\$ 0.00
3. Operating	\$7,068.00	Total Federal Funds Awarded to Date:	\$ 142,124.00
4. Equipment		Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
5. Contractual/Consultant	\$43,350.00	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	\$129,204.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
8. Indirect Costs	\$12,920.00	Federal Budget Period: September 1, 2019, through August 31, 2020	
TOTAL APPROVED BUDGET	\$142,124.00	Federal Project Period: September 1, 2019, through August 31, 2020	
		FOR AGENCY USE, ONLY	

Source of Funds: Centers for Disease Control and Prevention	% Funds: 100%	CFDA: 93.136	FAIN: NU17CE925001	Federal Grant #: NU17CE925001	Grant Award Date by Federal Agency: 11/13/2019
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Agency Approved Indirect Rate: 7.9% **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
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Name	Signature	Date
Kevin Dick, District Health Officer Washoe County Health District		
Melissa Peek-Bullock Bureau Chief/Deputy for Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The 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

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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.

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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District, 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

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>Goal 1: Support linkages to care and determine feasibility of data collection on electronic community wide case management, and integration with OpenBeds, to measure and monitor treatment outcomes.</p> <ol style="list-style-type: none"> 1. Implement Good Grid with Phase II Pilot partners 2. Determine feasibility of outcome tracking, and Good Grid OpenBeds integration 	<ol style="list-style-type: none"> 1. Outreach to Phase II Pilot partners 2. All activities related to feasibility of outcomes measure data collection and integration of Good Grid and OpenBeds 3. Identify system barriers and gaps. 	08/31/2020	<ol style="list-style-type: none"> 1. Report of quarterly on the process on Good Grid Implementation
<p>Goal 2: Support community wide opioid abuse prevention initiatives by coordination of regional substance efforts.</p> <p><u>Objective</u></p> <ol style="list-style-type: none"> 3. Coordinate regional substance use efforts including opioid misuse prevention 4. Determine feasibility of outcome tracking, and Good Grid OpenBeds integration 	<ol style="list-style-type: none"> 1. Outreach to Phase II Pilot partners 2. All activities related to feasibility of outcomes measure data collection and integration of Good Grid and OpenBeds. 3. Identify system barriers and gaps. 	08/31/2020	<ol style="list-style-type: none"> 2. Report quarterly on all opioid related activities

Goal 3: Implement and evaluation education on opioids and poly substance use.

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<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<ul style="list-style-type: none"> 5. Implement education on opioids and poly substance use 6. Evaluate education on opioids and poly substance use implemented under this award 	<ul style="list-style-type: none"> 1. Develop Campaign strategy. 2. All activities related to feasibility of outcomes measure data collection and integration of Good Grid and OpenBeds. 3. Identify system barriers and gaps 	08/31/2020	<ul style="list-style-type: none"> 3. Report of quarterly on the media campaign outcomes

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

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number NU17CE925001 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number NU17CE925001 from the Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs	including fringe	Total:	\$75,639
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>
<u>Health Educator</u>	\$78,707.00	40.000%	100.000%	6	50.00%	\$55,095
<u>Director of Program and Projects</u>	\$80,000.00	35.000%	30.000%	3	25.00%	\$8,100
<u>District Health Officer</u>	\$181,000.00	37.500%	10.000%	6	50.00%	\$12,444

Total Fringe Cost	\$21,235	Total Salary Cost:	\$54,404
Total Budgeted FTE	1.40000		

Travel	Total:	\$3,147
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Out-of-State Travel

National RX Drug Abuse & Heroin Summit Registration April 13-16 Nashville TN (Health Educator)

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$500	1		1	\$500
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	1		1	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$61	1	5	1	\$305
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$223	1	4	1	\$892

\$2,496

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Ground Transportation: \$ per r/trip x # of trips x # of staff	\$50	1	1	1	\$50
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$0	1		1	\$0
Parking: \$ per day x # of trips x # of days x # of staff	\$10	1	5	1	\$50
Registration fee for Summit	\$699	1	1	1	\$699

Justification:

Health Educator travel to National Drug Abuse Summit

In-State Travel

\$651

<u>Southern Nevada Opioid Advisory Council Meeting (Health Educator)</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	\$400	1		1	\$400
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff	\$61	1	1	1	\$61
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff	\$0	0	0	0	\$0
Motor Pool:(\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days	\$35	1	1		\$35
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	\$145	1		1	\$145
Parking: \$ per day x # of trips x # of days x # of staff	\$10	1	1	1	\$10

Justification:

Health Educator travel to Nevada Opioid Advisory Meeting

<u>Operating</u>	Total:	\$7,068
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Support materials for Regional Substance Misuse Strategy workgroups	\$2,000
Printing (e.g., alternative pain management therapy and partial fill prescriptions educational material, evaluation, etc.)	\$425
Non-capital equipment - furniture/computer for new staff	\$4,000
Copy Machine: \$20/mo. X 6 months*	\$120
Postage	\$50
Phone line: \$12/mo. X 6 months	\$72
Office Supplies	\$401

<u>Contractual</u>		\$43,350
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<u>CDC's Rx Awareness Campaign</u>		Total \$39,500
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<u>Good Grid</u>		\$3,850
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TOTAL DIRECT CHARGES			\$129,204
Indirect Charges	Indirect Rate:	10.000%	\$12,920
Indirect Methodology: Indirect costs @ 10%. Fixed indirect cost rate as allowed in accordance with the requirements of 2 CFR Part 200.57			
TOTAL BUDGET			Total: \$142,124

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Form 2

Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY - SFY20

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

FUNDING SOURCES	OPHIE	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$148,585	\$	-	\$	-	\$	-	\$	\$148,585

EXPENSE CATEGORY

Personnel	\$75,639								\$75,639
Travel	\$3,147								\$3,147
Operating	\$7,068								\$7,068
Equipment	\$0								\$0
Contractual/Consultant	\$43,350								\$43,350
Training	\$0								\$0
Other Expenses	\$0								\$0
Indirect	\$12,920								\$12,920

TOTAL EXPENSE	\$142,124	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$142,124
These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Total Indirect Cost	\$12,920
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Total Agency Budget	\$142,124
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

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- 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 \$148,584;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Quarterly reports and other supporting documentation outlined within the scope of work are required to request reimbursement; 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 STD Prevention and Control Program will provide or accomplish the following items to ensure the successful completing of this project, such as:
 - Provide reimbursement of activities related to this subaward, not to exceed **\$135,000.00** during the subaward period, given a receipt of appropriate documentation;
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed; and
 - Forwarding reports to the Centers for Disease Control and Prevention.
- 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 STD Prevention and Control Program reserves the right to conduct a site visit regarding this subaward and deliverables. If deliverables are not met for this subaward period, then the STD Prevention and Control Program is not obligated to issue continuation funding.
- 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.

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Agency Ref. #: **HD 17513**
 Budget Account: 3219
 GL: 8516
 Draw #: _____

SECTION D

Request for Reimbursement

Program Name: Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subrecipient Name: Washoe County Health District (WCHD)
	Address: PO Box 11130 Reno, NV 89520
	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	\$75,639.00	\$0.00	\$0.00	\$0.00	\$75,639.00	0.0%
2. Travel	\$3,147.00	\$0.00	\$0.00	\$0.00	\$3,147.00	0.0%
3. Operating	\$7,068.00	\$0.00	\$0.00	\$0.00	\$7,068.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$43,350.00	\$0.00	\$0.00	\$0.00	\$43,350.00	0.0%
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	\$12,920.00	\$0.00	\$0.00	\$0.00	\$12,920.00	0.0%
Total	\$142,124.00	\$0.00	\$0.00	\$0.00	\$142,124.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

FOR 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
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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time-period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

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

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SECTION F

Current or Former State Employee Disclaimer

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
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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 (WCHD)

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.

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15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
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.

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IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
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: March 26, 2020

TO: District Board of Health

FROM: Francisco Vega, AQM Division Director
775-784-7211, fvega@washoecounty.us

SUBJECT: Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report for Calendar Year 2019.

SUMMARY

As a local government or affected entity, Nevada Revised Statutes (NRS) 278.0286 requires that an annual report be submitted to the Regional Planning Commission and the Regional Planning Governing Board indicating how actions in the previous year have furthered or assisted in implementing the Regional Plan. This report satisfies the requirement for Calendar Year 2019.

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 DBOH has accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report each year since 2013 and most recently on March 28, 2019.

BACKGROUND

The requirements for regional plan annual reporting are drawn from NRS 278.0286. The statute requires each local planning commission responsible for the preparation of a city or county master plan and each affected entity to prepare and submit to the Regional Planning Commission and the Governing Board a complete report on progress to implement the Regional Plan by April 1 of each year.

The attached report summarizes the progress made in Calendar Year 2019 by the Washoe County Health District, Air Quality Management Division (AQMD) to implement the Truckee Meadows Regional Plan. It also includes a section that identifies ongoing projects or policies scheduled for completion in early 2020. Additionally, the report includes projects or policies that are planned to begin in early 2020 that further or assist in carrying out the Regional Plan.

FISCAL IMPACT

There will be no fiscal impact from the Board accepting this report.

RECOMMENDATION

Staff recommends the Board accept the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report for Calendar Year 2019.

POSSIBLE MOTION

Should the Board concur with staff's recommendation, a possible motion would be:

“Move to accept the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report for Calendar Year 2019.”

2019 Regional Plan Annual Report
Washoe County Health District - Air Quality Management Division
(Reporting Period: January - December 2019)

The Clean Air Act requires the U.S. Environmental Protection Agency (EPA) to establish and review the health-based National Ambient Air Quality Standards (NAAQS) for six pollutants (ozone, particulate matter, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead). The goal of the Washoe County Health District, Air Quality Management Division (AQMD) is to develop and implement programs to meet these NAAQS. As of February 2020, all areas of Washoe County meet all NAAQS for all pollutants and averaging times.

Ozone is our local air pollutant that is closest to violating the NAAQS. The standard is 0.070 ppm and preliminary monitoring data for 2019 shows that we are at 0.070 ppm. EPA is evaluating several additional days in 2017 and 2018 that could be eligible for Exceptional Events and lower the 2017-2019 design value calculation.

AQMD's efforts in 2019 were focused on implementing Ozone Advance, which is a collaborative effort to encourage voluntary initiatives that improve air quality. Ozone Advance's five primary goals are to:

1. Reduce ozone precursor emissions from on-road motor vehicles
2. Reduce ozone precursor emissions from non-road motor vehicles and equipment
3. Reduce impacts from heat island effects that contribute to ozone formation
4. Increase efficiency of buildings
5. Educate and empower local jurisdictions to make good long-term decisions that improve air quality

A successful Ozone Advance program requires a variety of policies that directly and indirectly reduce our region's dependency on the automobile.

Topic A: Population Growth (PG)

PG 3 - Use of the Consensus Forecast for Planning: The Clean Air Act requires that the AQMD and Metropolitan Plan Organization (MPO) use consistent planning assumptions, such as population and employment, when developing State Implementation Plans. These assumptions are used to develop the Transportation Conformity Motor Vehicle Emissions Budgets in the Regional Transportation Plan.

Topic B: Regional Form (RF)

RF 2 - Priority Hierarchy for Development in the Region: The AQMD encourages a more compact land use pattern and form to reduce Vehicle Miles Traveled (VMT).

Topic C: Public Facilities and Services (PF)

PF 10 - Regional Transportation Plan (RTP) Requirements: The RTP must conform to air quality State Implementation Plans to ensure attainment of federal air quality standards. A transportation conformity analysis is conducted for the RTP, the Regional Transportation Improvement Plan, and any substantive amendment. The analysis is conducted through regularly scheduled inter-agency consultation meetings that include the AQMD, Regional Transportation Commission, Truckee Meadows Regional Planning Agency, Nevada Department of Transportation, Nevada Division of Environmental Protection, Federal Highway Administration, and U.S. Environmental Protection Agency.

Topic D: Natural Resources (NR)

NR 1 - Natural Resources Plan: The Health District's Ozone Advance program encourages educating and empowering partners, such as TMRPA, to make good long-term decisions to protect air resources.

NR 2 - Resilient Region: AQMD staff was an active member of the steering committee for the City of Reno's Sustainability and Climate Action Plan.

NR 9 - Parks and Open Space Connectivity: The Health District's Ozone Advance program encourages connected parks and open spaces as an active transportation network to reduce VMT.

NR 10 - Urban Heat Island: The Health District's Ozone Advance program encourages all the strategies in NR 10.

NR 11 - Air Quality: Air monitoring data determines compliance with federal air quality standards. Every land use decision can positively or negatively impact air quality levels. The AQMD has encouraged local jurisdictions to incorporate voluntary Ozone Advance strategies in these land use decisions.

NR 14 - Sustainable Development: The Health District's Ozone Advance program supports and encourages incentives for sustainable development.

Topic E: Regional Coordination (RC)

Air quality is a regional issue. The AQMD encourages solutions that are implemented across the local jurisdictions. This is done through agency review and comment on development proposals, presentations to boards and commissions, and preparation of annual reports. While the bottom line for Ozone Advance is to meet the federal air quality standard, solutions also have co-benefits for the environment, public health, and the economy.

Topic F: Implementing the Regional Plan in 2020

The Clean Air Act has statutory timelines for "Non-Attainment" areas to improve air quality and meet the federal standards. Long-term "Non-Attainment" not only means an increase in chronic

disease rates, our area could be at an economic disadvantage compared to neighboring counties for businesses seeking to expand or relocate to Washoe County.

In 2020, the AQMD will be implementing a lawn mower exchange program. The goal is to replace gasoline powered lawn mowers with new, battery powered mowers. Gasoline lawn mowers contribute to higher ozone levels in three ways: 1) Lawn mower exhaust contains nitrogen oxides (NO_x) and volatile organic compounds (VOC) which are ozone precursors, 2) refueling causes VOC emissions, and 3) lawn mower usage peaks during the summer months when we typically experience our highest ozone levels.

2019 Regional Plan Annual Report
Washoe County Health District - Air Quality Management Division
(Reporting Period: January - December 2019)

The Clean Air Act requires the U.S. Environmental Protection Agency (EPA) to establish and review the health-based National Ambient Air Quality Standards (NAAQS) for six pollutants (ozone, particulate matter, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead). The goal of the Washoe County Health District, Air Quality Management Division (AQMD) is to develop and implement programs to meet these NAAQS. As of February 2020, all areas of Washoe County meet all NAAQS for all pollutants and averaging times.

Ozone is our local air pollutant that is closest to violating the NAAQS. The standard is 0.070 ppm and preliminary monitoring data for 2019 shows that we are at 0.070 ppm. EPA is evaluating several additional days in 2017 and 2018 that could be eligible for Exceptional Events and lower the 2017-2019 design value calculation.

AQMD's efforts in 2019 were focused on implementing Ozone Advance, which is a collaborative effort to encourage voluntary initiatives that improve air quality. Ozone Advance's five primary goals are to:

1. Reduce ozone precursor emissions from on-road motor vehicles
2. Reduce ozone precursor emissions from non-road motor vehicles and equipment
3. Reduce impacts from heat island effects that contribute to ozone formation
4. Increase efficiency of buildings
5. Educate and empower local jurisdictions to make good long-term decisions that improve air quality

A successful Ozone Advance program requires a variety of policies that directly and indirectly reduce our region's dependency on the automobile.

Topic A: Population Growth (PG)

PG 3 - Use of the Consensus Forecast for Planning: The Clean Air Act requires that the AQMD and Metropolitan Plan Organization (MPO) use consistent planning assumptions, such as population and employment, when developing State Implementation Plans. These assumptions are used to develop the Transportation Conformity Motor Vehicle Emissions Budgets in the Regional Transportation Plan.

Topic B: Regional Form (RF)

RF 2 - Priority Hierarchy for Development in the Region: The AQMD encourages a more compact land use pattern and form to reduce Vehicle Miles Traveled (VMT).

Topic C: Public Facilities and Services (PF)

PF 10 - Regional Transportation Plan (RTP) Requirements: The RTP must conform to air quality State Implementation Plans to ensure attainment of federal air quality standards. A transportation conformity analysis is conducted for the RTP, the Regional Transportation Improvement Plan, and any substantive amendment. The analysis is conducted through regularly scheduled inter-agency consultation meetings that include the AQMD, Regional Transportation Commission, Truckee Meadows Regional Planning Agency, Nevada Department of Transportation, Nevada Division of Environmental Protection, Federal Highway Administration, and U.S. Environmental Protection Agency.

Topic D: Natural Resources (NR)

NR 1 - Natural Resources Plan: The Health District's Ozone Advance program encourages educating and empowering partners, such as TMRPA, to make good long-term decisions to protect air resources.

NR 2 - Resilient Region: AQMD staff was an active member of the steering committee for the City of Reno's Sustainability and Climate Action Plan.

NR 9 - Parks and Open Space Connectivity: The Health District's Ozone Advance program encourages connected parks and open spaces as an active transportation network to reduce VMT.

NR 10 - Urban Heat Island: The Health District's Ozone Advance program encourages all the strategies in NR 10.

NR 11 - Air Quality: Air monitoring data determines compliance with federal air quality standards. Every land use decision can positively or negatively impact air quality levels. The AQMD has encouraged local jurisdictions to incorporate voluntary Ozone Advance strategies in these land use decisions.

NR 14 - Sustainable Development: The Health District's Ozone Advance program supports and encourages incentives for sustainable development.

Topic E: Regional Coordination (RC)

Air quality is a regional issue. The AQMD encourages solutions that are implemented across the local jurisdictions. This is done through agency review and comment on development proposals, presentations to boards and commissions, and preparation of annual reports. While the bottom line for Ozone Advance is to meet the federal air quality standard, solutions also have co-benefits for the environment, public health, and the economy.

Topic F: Implementing the Regional Plan in 2020

The Clean Air Act has statutory timelines for "Non-Attainment" areas to improve air quality and meet the federal standards. Long-term "Non-Attainment" not only means an increase in chronic

disease rates, our area could be at an economic disadvantage compared to neighboring counties for businesses seeking to expand or relocate to Washoe County.

In 2020, the AQMD will be implementing a lawn mower exchange program. The goal is to replace gasoline powered lawn mowers with new, battery powered mowers. Gasoline lawn mowers contribute to higher ozone levels in three ways: 1) Lawn mower exhaust contains nitrogen oxides (NO_x) and volatile organic compounds (VOC) which are ozone precursors, 2) refueling causes VOC emissions, and 3) lawn mower usage peaks during the summer months when we typically experience our highest ozone levels.

2018 Regional Plan Annual Report
Washoe County Health District - Air Quality Management Division
(Reporting Period: January - December 2018)

The Clean Air Act requires the U.S. Environmental Protection Agency (EPA) to establish and review the health-based National Ambient Air Quality Standards (NAAQS) for six pollutants (ozone, particulate matter, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead). The goal of the Washoe County Health District, Air Quality Management Division (AQMD) is to develop and implement programs to meet these NAAQS. As of February 2019, all areas of Washoe County meet all NAAQS for all pollutants and averaging times with the exception of ozone.

Ozone is our local air pollutant that is closest to violating the NAAQS. The standard is 0.070 ppm and preliminary monitoring data for 2018 shows that we are at 0.071 ppm. (Note: This excludes six days in 2015 and 2016 that EPA agrees were influenced by wildfire smoke.) EPA is evaluating several additional days in 2017 that could be eligible for Exceptional Events and lower the 2016-2018 design value calculation.

AQMD's efforts in 2018 were focused on implementing Ozone Advance, which is a collaborative effort to encourage voluntary initiatives that improve air quality. Ozone Advance's five primary goals are to:

1. Reduce ozone precursor emissions from on-road motor vehicles
2. Reduce ozone precursor emissions from non-road motor vehicles and equipment
3. Reduce impacts from heat island effects that contribute to ozone formation
4. Increase efficiency of buildings
5. Educate and empower local jurisdictions to make good long-term decisions that improve air quality

Incorporating Ozone Advance goals in the Regional Plan Update will further support these plans, policies, and priorities.

A: Regional Form and Patterns
B: Natural Resource Management
C: Public Services and Facilities

The built environment determines transportation choices in our area. On-road motor vehicles such as cars and trucks are the largest category of ozone precursors. Managing vehicle trips and vehicle miles traveled (VMT) will have the greatest impact on ozone concentrations. The AQMD has continued to collaborate with stakeholders that influence the Truckee Meadows' regional form and pattern. These stakeholders include community development departments, planning commissions, governing boards, and other organizations. The primary goals of AQMD's collaboration with stakeholders are to: 1) Emphasize the connection between the built environment, transportation, and air quality; and 2) ensure “. . . public health impacts related to land use decisions” (Policy 1.2.21) are included in the planning process.

AQMD has collaborated with local jurisdictions to incorporate Ozone Advance goals into their master, comprehensive, and long-range plans. Implementation relied on the collective impact of including Ozone Advance's five goals into other plans, policies, and priorities. The City of Reno Planning Commission has included air quality as one of its top priorities since 2016.

The Ozone Advance program encourages increasing transportation choices to reduce our community's dependence on the automobile. Strategically expanding the open space and greenway network provides active transportation options such as walking and biking. Strategies that address stormwater management (i.e., managing impervious surfaces) and food desert (i.e., edible landscaping) issues also support Ozone Advance's goal to reduce urban heat island impacts.

While the bottom line for Ozone Advance is to meet the federal air quality standard, solutions have co-benefits for the environment, public health, and the economy.

Topic D: General Review of 2012 Truckee Meadows Regional Plan

Historically, portions of Washoe County have not met federal air quality standards for ozone (1-hour), carbon monoxide (8-hour), and particulates (24-hour). Local control strategies implemented in the 1980's such as the smog check and woodstove programs helped improve air quality and we currently meet all air quality standards.

Since motor vehicles are the largest category of air pollutants in our area, the Regional Transportation Plan (RTP) includes motor vehicle emission budgets (MVEB) for carbon monoxide and particulates. These budgets were approved by EPA and ensure that transportation related emissions do not contribute to another "non-attainment" designation. Transportation conformity must be demonstrated before the Federal Highway Administration can approve the RTP.

Budgets for ozone (1-hour) were not developed because the 1-hour standard was rescinded when the 8-hour standard was promulgated in 1997. If our area violates the 2015 ozone standard and designated as "non-attainment", then a MVEB for ozone will be developed. The MVEB will likely force a reduction of VMT in the RTP.

The next Regional Plan update should acknowledge the impact of VMT and transportation related emissions with respect to future growth.

Topic E: A Preview of 2019

The federal standard for ozone is 0.070 ppm and the certified 2015-2017 monitoring data is 0.070 ppm. All areas of Washoe County are designated as “Attainment/Unclassifiable” for the 2015 ozone standard. Based on preliminary 2016-2018 air monitoring data, three monitors (Reno3, Sparks, and Lemmon Valley) have design values of 0.071 ppm and will violate the standard. EPA is evaluating several additional days in 2017 that could be eligible for Exceptional Events and lower the 2016-2018 design value calculation.

The AQMD is committed to providing input to ensure region-wide, master, and long-range plans support Ozone Advance goals. The AQMD will also provide comments on land-use projects to incorporate specific Ozone Advance initiatives that improve air quality. Two examples are recommendations to include conditions for: 1) Smart Trips (aka, Employee Trip Reduction) programs for all businesses, and 2) all new residential construction to be Electric Vehicle charging ready. These recommendations will reduce the vehicle trips, vehicle miles traveled, and tailpipe emissions.

The Clean Air Act has statutory timelines for “non-attainment” areas to improve air quality and meet the federal standards. Long-term “non-attainment” not only means an increase in chronic disease rates, our area could be less attractive than neighboring counties to businesses seeking to expand or relocate to Washoe County.

DD	CA	___
DHO	___	___

Staff Report
Board Meeting Date: March 26, 2020

DATE: March 26, 2020

TO: District Board of Health

FROM: Charlene Albee, Director
775-328-2644; calbee@washoecounty.us

SUBJECT: Acceptance of the 2019 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority

SUMMARY

In accordance with the Nevada Revised Statutes 278.0286, the Division of Environmental Health Services of the Washoe County Health District, acting as the Solid Waste Management Authority for Washoe County has completed the 2019 Annual Report for the Truckee Meadows Regional Planning Agency (TMRPA). The report is due to the TMRPA by April first of each year with a reporting period of the preceding calendar year.

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

The 2018 Annual Report was approved on March 28, 2019.

BACKGROUND

The Washoe County Health District, acting as the Solid Waste Management Authority is required to submit various reports to different agencies related to solid waste activities within the Health District. The annual report submitted to the TMRPA provides an update on solid waste facilities and the implementation of the solid waste management plan for the community. Data used within the report is from 2018 as the current recycling and tonnage reports are not calculated until on or after April 1 for the previous year.



Date: March 26, 2020

Subject: Acceptance of the 2019 Annual Report to the Truckee Meadows Regional Planning Agency

Page: 2 of 2

FISCAL IMPACT

There is no additional fiscal impact to the FY19 budget should the Board approve this annual report.

RECOMMENDATION

Environmental Health Services Staff recommends that the Washoe County District Board of Health (Board) accept the 2019 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be “Move to accept the 2019 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.”

**2019 ANNUAL REPORT TO
THE REGIONAL PLANNING COMMISSION**
(Reporting Period: January – December 2018)

By the Washoe County Health District (WCHD) as the Solid Waste Management Authority

C. Public Services and Facilities

3. Solid Waste Management (Appendix I, 2012 Regional Plan Version 13)

Solid waste collected in Washoe County is disposed primarily in the Lockwood Regional Landfill with a small amount of waste going to the Russel Pass and Carson City Landfills. The cities and the unincorporated areas have franchise agreements to provide for solid waste collection, transportation, disposal and recycling services. The franchised waste hauler pays franchise fees to the cities of Reno and Sparks, Washoe County and the Incline General Improvement District.

At the present rate of waste generation, the existing transfer stations are adequate. WCHD has been in discussions with Waste Management about the need for additional transfer stations and Waste Management is in the planning and design phase for a new transfer station in South Reno. The Stead Transfer Station continues to have capacity for the ongoing growth in the northern valleys.

The data below continues to demonstrate the growth in the region's economy. With the ongoing growth and limited recycling markets in the community the overall Washoe County recycling rate has decreased year over year. The recycling rate has seen an ongoing decrease since 2016.

2018 Dataset Inventory:

The amount of domestic solid waste disposed at the landfill: MSW = 787,224.00 T

The amount of industrial and special waste generated: I & P = 580,575.00 T

The total amount of MSW generated in the county: 990,906.99 T

The total waste generated in the county: 2,079,884.37 T

(Note: Total waste generated is the sum of the recycled MSW and C & D, plus the quantity of MSW which was reported as generated in the county plus the I & P and special wastes disposed of in the county.)

The amount of recycled material diverted from disposal at the landfill: Recycled MSW = 203,682.99 T

The amount of construction and demolition debris diverted from disposal at the landfill: Recycled C & D = 304,719.39 T

The total recycled material collected: Recycled MSW + C&D = 508,402.38T

MSW recycling rate = 21%

MSW + C & D recycling rate = 27%

DD	CA	_____
DHO		_____ <i>KD</i>
DDA		_____

Staff Report
Board Meeting Date: March 26, 2020

TO: District Board of Health

FROM: Charlene Albee, EHS Division Director
775-328-2644 , calbee@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775-328-2615, kdick@washoecounty.us

SUBJECT: Affirm the recommendation by the Food Protection Hearing and Advisory Board for the Approval of Variance Case No. 2-20FP Levy Premium Food Service Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the regulations of the Washoe County District Board of Health Governing Food Establishments.

SUMMARY

The District Board of Health has the authority to affirm the recommendation by the Food Protection Hearing and Advisory Board (FPHAB) to the Approval of Variance Case No. 2-20FP Levy Premium Food Service Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the regulations of the Washoe County District Board of Health Governing Food Establishments.

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

On February 25, 2020 the Food Protection Hearing and Advisory Board held a Public Hearing to consider Staff's Recommendation for Approval of Variance Case No. 2-20FP Levy Premium Food Service Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the regulations of the Washoe County District Board of Health Governing Food Establishments.

BACKGROUND

On July 17, 2019, July 24, 2019, August 3, 2019 and August 24, 2019 Washoe County Health District (WCHD) staff conducted routine inspections of various Levy Premium Food Service food establishments located inside Greater Nevada Field at 250 Evans Ave in Reno. Many of these food establishments had been previously classified as Portable Units for the Service of Food. Due to the business demands of the facility, additional equipment was frequently utilized in order to supply the units.

Therefore, it was noted during the inspections of specific units that they no longer met the definition of a Portable Unit because the food operations were not contained to a single unit. It was noted that the food establishments more closely met the definition of an Outdoor Food Establishment and required a written Operational Plan to be submitted to WCHD. It was also noted during the inspections that the Regulations of the Washoe County District Board of Health Governing Food Establishments were in the process of being revised and the proposed changes included disallowing portable hand sinks to be utilized at Outdoor Food Establishments. The proposed changes would also require all equipment to be ANSI certified and all plumbing systems to have individual sewage disposal system piping. With respect to Levy Premium Food Service, this meant that all Outdoor Food Establishments would be required to have a plumbed hand sink, rather than a portable unit with fresh and gray water tanks. Since these food establishments did not have a plumbed hand sink it was noted that the operators would be required to either install plumbed hand sinks or request a variance from the Food Protection Hearing and Advisory Board if the revisions to the regulations were approved.

The proposed changes to the Regulations were approved and became effective September 13, 2019. Therefore, Levy Premium Food Service operators have submitted a variance request to allow a portable hand sink. Additionally, Levy Premium Food Service operators have prepared and submitted an Operational Plan for their Outdoor Food Establishment and the plan has been conditionally approved by WCHD. The Operational Plan includes procedures for the maintenance of the proposed portable handwashing sink

Pursuant to Section 240.085 of the regulations of the Washoe County District Board of Health Governing Food Establishments, the Food Protection Hearing and Advisory Board shall hold hearings to consider variance requests to any section of the regulations.

Section 240.110 Hearings, variances; conditions for approval, documentation, and justification

- A. After considering the recommendations of the Food Protection Hearing and Advisory Board, the District Board of Health may grant a variance to these regulations if it is determined that:
 1. Strict application of the regulation would result in exceptional and undue hardship to the person requesting the variance; and
 2. The variance, if granted, would not:
 - a) Cause substantial detriment to the public health; or

- b) Substantially impair the purpose of that regulation

Section 200.005 Outdoor food establishments must comply with all applicable requirements of these regulations. When facilities or equipment are inadequate to protect the public health, the Health Authority may impose operational and/or menu restrictions on an outdoor food establishment to protect against potential health hazards.

Section 060.205(A) Except as provided in Subsections B and C of this section, food equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program is deemed to comply with these regulations.

Section 070.020 Except as otherwise provided in these regulations, all plumbing systems including individual sewage disposal system piping, must be sized, constructed, installed, located and maintained according to the requirements in the most recent edition of the Uniform Plumbing Code or pursuant to the authority having jurisdiction.

FISCAL IMPACT

There are no fiscal impacts to the Health District resulting from the Board deciding to ratify the recommendation by the Food Protection Hearing and Advisory Board.

RECOMMENDATION

Staff recommends the Board affirm the recommendation by the Food Protection Hearing and Advisory Board (FPHAB) to the Approval of Variance Case No. 2-20FP Levy Premium Food Service Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the regulations of the Washoe County District Board of Health Governing Food Establishments.

POSSIBLE MOTION

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

“Move to affirm the recommendation by the Food Protection Hearing and Advisory Board (FPHAB) to the Approval of Variance Case No. 2-20FP Levy Premium Food Service Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the regulations of the Washoe County District Board of Health Governing Food Establishments.

DD _____
DHO _____
DDA _____

Staff Report
Board Meeting Date: March 26, 2020

TO: District Board of Health

FROM: Charlene Albee, EHS Division Director
775-328-2644 , calbee@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775-328-2615, kdick@washoecounty.us

SUBJECT: Affirm the recommendation by the Food Protection Hearing and Advisory Board for the Approval of Variance Case No. 1-20FP Rocky Mountain Chocolate Factory Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the Regulations of the Washoe County District Board of Health Governing Food Establishments.

SUMMARY

The District Board of Health has the authority to affirm the recommendation by the Food Protection Hearing and Advisory Board (FPHAB) to the Approval of Variance Case No. 1-20FP Rocky Mountain Chocolate Factory Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the Regulations of the Washoe County District Board of Health Governing Food Establishments.

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

On February 25, 2020 The Food Protection Hearing and Advisory Board held a Public Hearing to consider Staff's Recommendation for Approval of Variance Case No. 1-20FP Rocky Mountain Chocolate Factory Application for Variance to Sections 200.005 (Outdoor food establishment,

applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the Regulations of the Washoe County District Board of Health Governing Food Establishments. Case #1-20FP

BACKGROUND

On May 13, 2019 Washoe County Health District (WCHD) staff met with Rocky Mountain Chocolate Factory owner Greg Zrinyi at his store located at 5100 Mae Anne Ave in Reno to explain proposed changes to the Regulations Governing Food Establishments. The proposed changes included disallowing portable hand sinks to be utilized at Outdoor Food Establishments. The proposed changes would also require all equipment to be ANSI certified and all plumbing systems to have individual sewage disposal system piping. WCHD staff presented the possibility of Rocky Mountain Chocolate Factory relocating within Greater Nevada Field to Mr. Zrinyi at that time and suggested he work with Levy Premium Food Services staff to explore that option.

On October 10, 2019, WCHD staff conducted a routine inspection of the Rocky Mountain Chocolate Factory food establishment located inside Greater Nevada Field at 250 Evans Ave in Reno. It was noted during the inspection that the food establishment met the definition of an Outdoor Food Establishment and required a written Operational Plan to be submitted to the WCHD. It was also noted during that inspection that the Regulations of the Washoe County District Board of Health Governing Food Establishments require all Outdoor Food Establishments to have a plumbed hand sink, rather than a portable unit with fresh and gray water tanks. Since this outlet does not have a plumbed hand sink, it was noted that the operators will be required to request a variance from the Food Protection Hearing and Advisory Board or relocate to an area within Greater Nevada Field where adequate plumbing is available.

Rocky Mountain Chocolate Factory owners, Greg and Brita Zrinyi have indicated to WCHD that due to the length of time their food establishment has been located on the walkway in front of Concession Stand #4 at Greater Nevada Field they preferred to not relocate and pursue the variance. They have prepared and submitted an Operational Plan for their Outdoor Food Establishment and the plan has been conditionally approved by WCHD. The Operational Plan includes procedures for the maintenance of the proposed portable handwashing sink.

Pursuant to Section 240.085 of the regulations of the Washoe County District Board of Health Governing Food Establishments, the Food Protection Hearing and Advisory Board shall hold hearings to consider variance requests to any section of the regulations.

Section 240.110 Hearings, variances; conditions for approval, documentation, and justification

- A. After considering the recommendations of the Food Protection Hearing and Advisory Board, the District Board of Health may grant a variance to these regulations if it is determined that:
 1. Strict application of the regulation would result in exceptional and undue hardship to the person requesting the variance; and
 2. The variance, if granted, would not:

- a) Cause substantial detriment to the public health; or
- b) Substantially impair the purpose of that regulation

Section 200.005 Outdoor food establishments must comply with all applicable requirements of these regulations. When facilities or equipment are inadequate to protect the public health, the Health Authority may impose operational and/or menu restrictions on an outdoor food establishment to protect against potential health hazards.

Section 060.205(A) Except as provided in Subsections B and C of this section, food equipment that is certified or classified for sanitation by an American National Standards Institute (ANSI) accredited certification program is deemed to comply with these regulations.

Section 070.020 Except as otherwise provided in these regulations, all plumbing systems including individual sewage disposal system piping, must be sized, constructed, installed, located and maintained according to the requirements in the most recent edition of the Uniform Plumbing Code or pursuant to the authority having jurisdiction.

FISCAL IMPACT

There are no fiscal impacts to the Health District resulting from the Board deciding to ratify the recommendation by the Food Protection Hearing and Advisory Board.

RECOMMENDATION

Staff recommends the Board affirm the recommendation by the Food Protection Hearing and Advisory Board (FPHAB) to the Approval of Variance Case No. 1-20FP Rocky Mountain Chocolate Factory Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the Regulations of the Washoe County District Board of Health Governing Food Establishments.

POSSIBLE MOTION

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

“Move to affirm the recommendation by the Food Protection Hearing and Advisory Board (FPHAB) to the Approval of Variance Case No. 1-20FP Rocky Mountain Chocolate Factory Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the Regulations of the Washoe County District Board of Health Governing Food Establishments.

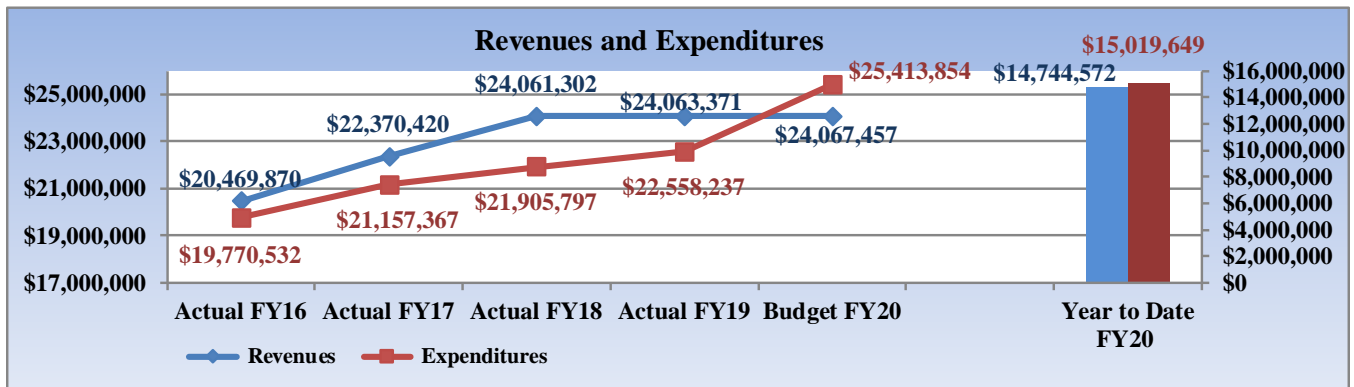
DD	NA	___
DHO	KS	___
DA	NA	___
Risk	NA	___

Staff Report
Board Meeting Date: March 26, 2020

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 February, Fiscal Year 2020

SUMMARY

The eighth month of fiscal year 2020, (FY20) ended with a cash balance of \$7,669,601. Total revenues of \$14,744,572 were 61.3% of budget and an increase of \$43,633 over FY19. The expenditures totaled \$15,019,649 or 59.1% of budget and up \$596,143 compared to FY19.



District Health Strategic Priority supported by this item:

6. 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.

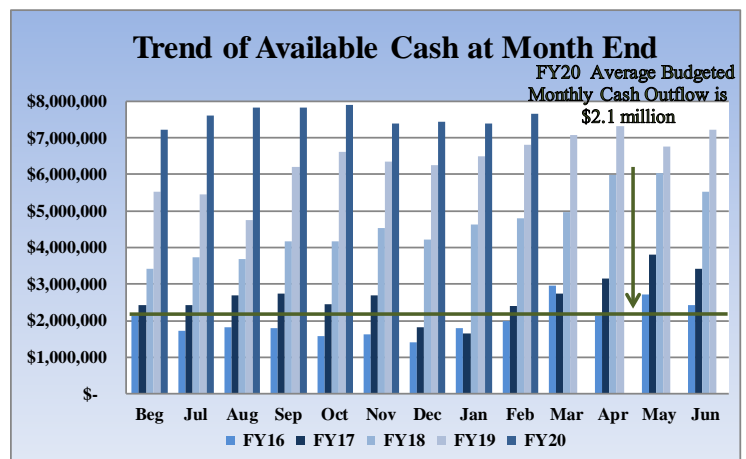
PREVIOUS ACTION

Fiscal Year 2020 Budget was adopted May 21, 2019.

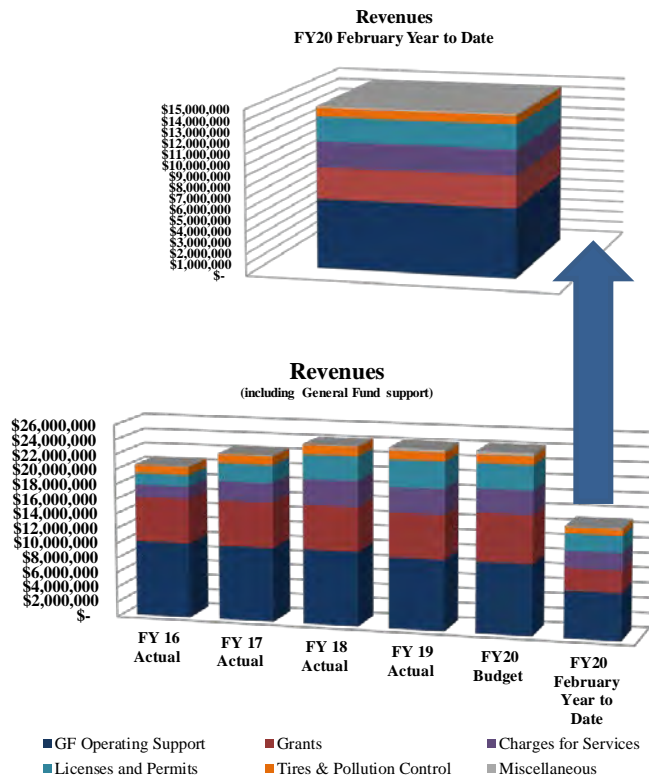
BACKGROUND

Review of Cash

The available cash at the end of February, FY20, was \$7,669,601 which is enough to cover approximately 3.6 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.5 million; the cash restricted as to use is approximately \$1.7 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 \$4.5 million.

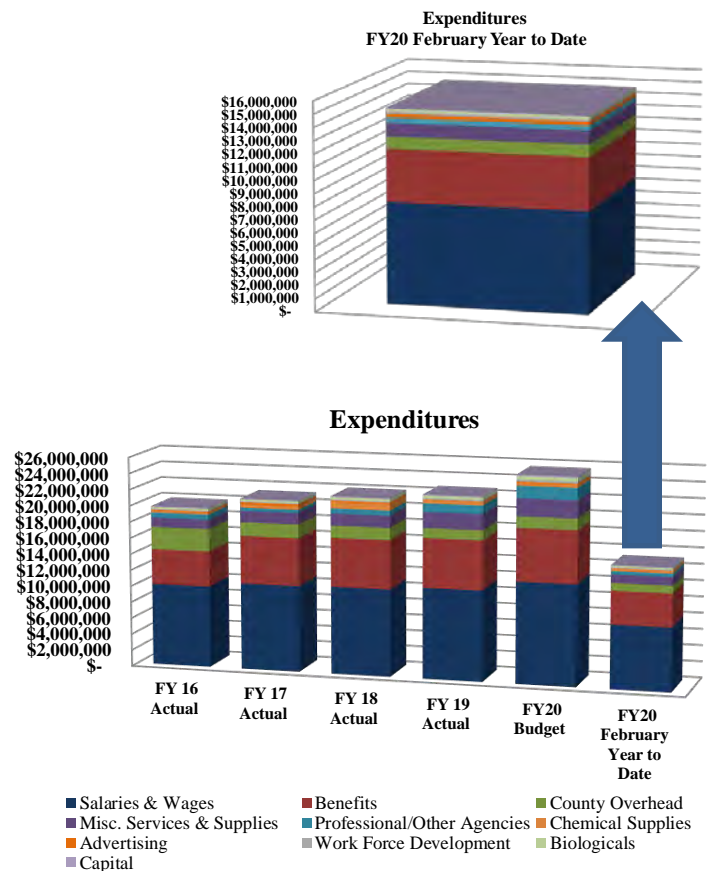


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$14,744,572 up \$43,633 or 0.3% compared to February FY19. The revenue categories up over FY19 were: licenses and permits of \$2,212,797 up \$59,624; and charges for services of \$2,355,909 up \$128,799. The revenue categories down compared to FY19 were: tire and pollution control funding of \$825,639 down \$3,114; Federal and State grants of \$2,916,440 down \$87,113; and, miscellaneous revenues of \$89,216 down \$54,564. The County General Fund support of \$6,344,571 is level at the FY19 funding.

The total year to date **expenditures** of \$15,019,649 increased by \$596,143 or 4.1% compared to FY19. Salaries and benefits expenditures for the fiscal year were \$11,934,983 up \$302,740 or 2.6% over the prior year and 62.8% of budget. The total services and supplies of \$3,025,081 up \$237,132 or 8.5% compared to FY19 and 48.6% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$392,309 up \$55,047 over FY19; chemical supplies of \$294,450 up \$63,398; the biologicals of \$191,910, were down \$32,119; and, County overhead charges of \$933,861 were up \$121,808. There has been \$59,585 in capital expenditures up \$56,270 compared to FY19.



Review of Revenues and Expenditures by Division

ODHO has spent \$807,188 up \$18,432 or 2.3% over FY19 and includes funding for public service announcements for suicide awareness and funding for workforce development in leadership training.

AHS has spent \$810,287 up \$81,292 or 11.2% compared to FY19 mainly due to County overhead charges, safety expenditures and increased utilities costs for the District.

AQM revenues were \$2,219,353 up \$104,217 or 4.9% mainly due to and increase in air pollution permits. The Division spent \$1,991,141 up \$56,333 or 2.9% over FY19 mainly due to the cost of the new Reno4 Monitoring Station.

CCHS revenues were \$2,285,219 up \$13,415 or 0.6% over FY19 mainly due to a decline in federal and state grants over FY19. The division spent \$5,269,779 or \$280,973 or 5.6% more than FY19 mainly due to an increase in employee retirement payouts for accrued benefits; an increase in part-time and on-call staff; and, funding to support a youth prevention campaign that focuses on education and prevention of use of e-cigarettes.

EHS revenues were \$2,804,658 down \$57,237 or 2.0% over FY19. The decline is due to a one-time payment from closing a bank account that was previously set up for hazardous mitigation issues; excluding the one-time funding in FY19 the revenues are up \$51,189 or 1.9%. EHS spent \$4,386,816 an increase of \$108,021 over last year mainly due to temporary staff for a digital scanning project for historical records and chemical supplies for the Vector program.

EPHP revenues were \$1,090,771 down \$16,762 or 1.5%. The division spent \$1,754,439 up \$51,093 over FY19 due to increased expenditures for the Public Health Preparedness program for supplies and temporary help for a statewide preparedness exercise.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2015/2016 through February 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	February Year to Date	Adjusted Budget	February 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	2,115,136	3,581,031	2,219,353	62.0%	4.9%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	2,271,804	4,390,137	2,285,219	52.1%	0.6%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	2,861,895	4,379,323	2,804,658	64.0%	-2.0%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	1,107,533	2,200,110	1,090,771	49.6%	-1.5%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	6,344,571	9,516,856	6,344,571	66.7%	0.0%
Total Revenues	\$20,469,870	\$22,370,420	\$24,061,302	\$24,063,371	\$14,700,939	\$24,067,457	\$14,744,572	61.3%	0.3%
Expenditures (all uses of funds)									
ODHO	594,672	904,268	826,325	1,336,494	788,756	1,570,329	807,188	51.4%	2.3%
AHS	996,021	1,119,366	1,016,660	1,059,669	728,995	1,312,474	810,287	61.7%	11.2%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	1,934,808	3,842,317	1,991,141	51.8%	2.9%
CCHS	6,880,583	7,294,144	7,538,728	7,700,440	4,988,806	8,449,993	5,269,779	62.4%	5.6%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	4,278,795	7,148,095	4,386,816	61.4%	2.5%
EPHP	2,688,659	2,616,411	2,557,352	2,856,024	1,703,346	3,090,647	1,754,439	56.8%	3.0%
Total Expenditures	\$19,770,532	\$21,157,367	\$21,905,797	\$22,558,237	\$14,423,506	\$25,413,854	\$15,019,649	59.1%	4.1%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	(788,756)	(1,570,329)	(807,188)		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	(728,995)	(1,312,474)	(810,287)		
AQM	(150,184)	122,763	607,078	507,427	180,328	(261,286)	228,212		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,595,566)	(2,717,002)	(4,059,856)	(2,984,560)		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	(1,416,900)	(2,768,772)	(1,582,158)		
EPHP	(547,325)	(589,169)	(702,490)	(729,444)	(595,813)	(890,537)	(663,668)		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	6,344,571	9,516,856	6,344,571		
Surplus (deficit)	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	\$ 277,433	\$ (1,346,397)	\$ (275,077)		
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%		25.6%			

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 February, Fiscal Year 2020.

POSSIBLE MOTION

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

Attachment:
Health District Fund financial system summary report

Period: 1 thru 8 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%
460529 Assessments-AQM	132,000-	58,360-	73,640-	44	111,765-	80,379-	31,386-	72
460530 Inspector Registr-AQ	3,328-	963-	2,365-	29	4,175-		4,175-	
460531 Dust Plan-Air Quality	659,365-	403,808-	255,557-	61	362,521-	418,047-	55,526	115
460532 Plan Rvw Hotel/Motel		3,948-	3,948			6,507-	6,507	
460534 Child Care Inspection	23,234-	16,449-	6,785-	71	22,470-	15,392-	7,078-	68
460535 Pub Accomod Inspectn	29,345-	18,602-	10,743-	63	28,380-	29,456-	1,076	104
460570 Education Revenue		158,036-	50,147-	76	193,032-	147,187-	45,845-	76
460723 Other Fees	3,228,052-	2,355,909-	872,143-	73	2,906,932-	2,227,110-	679,822-	77
* Charges for Services						4-	4	
481150 Interest-Non Pooled	4,500-	4,500-		100	10-	10-		100
484000 Donations, Contributions	6,721-	4,044-	2,677-	60	6,500-	5,035-	1,465-	77
484050 Donation Fed Pgm Inc	195,438-	38,052-	157,386-	19	143,838-	22,838-	143,838-	13
484195 Non-Govt'l Grants	30,604-	10,348-	20,256-	34	26,311-	3,473-	22,838-	13
484197 Non-Gov. Grants-Ind.	48,854-	32,148-	16,705-	66	48,283-	26,823-	21,460-	56
485100 Reimbursements	150,000-	123-	149,877-	0	258,426-	108,426-	150,000-	42
485300 Other Misc Govt Rev	436,116-	89,216-	346,900-	20	483,368-	143,772-	339,597-	30
* Miscellaneous	14,550,601-	8,400,001-	6,150,600-	58	13,908,338-	8,356,361-	5,551,977-	60
** Revenue	10,815,100	6,820,734	3,994,367	63	10,335,661	6,705,990	3,629,670	65
701110 Base Salaries	351,414	295,467	55,948	84	245,924	230,429	15,495	94
701120 Part Time	445,526	295,552	149,974	66	546,723	297,150	249,573	54
701130 Pooled Positions	4,319	935	3,383	22	4,319	1,868	2,451	43
701140 Holiday Work								
701150 xcContractual Wages	157,065	72,411	84,655	46	160,607	76,533	84,074	48
701199 Lab Cost Sav-Wages	63,517	44,174	19,343	70	114,569	54,383	60,186	47
701200 Incentive Longevity	300	178	122	59	300	173	127	58
701403 Shift Differential	38,000	24,698	13,302	65	38,000	21,389	16,611	56
701406 Standby Pay	5,000	642	4,358	13	5,000	1,257	3,743	25
701408 Call Back	377,314	3,709	373,605	1	526,768		526,768	
701412 Salary Adjustment	199,393	244,245	44,851-	122	67,722	78,124	10,403-	115
701413 Vac Payoff Sick Term	1,226	16,398	15,171-	1,337				
701414 Vacation Denied-Payoff	28,350	31,163	2,813-	110	16,320	20,141	3,822-	123
701417 Comp Time								
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	12,486,526	7,850,305	4,636,221	63	12,061,912	7,487,438	4,574,474	62
705110 Group Insurance	1,477,850	914,749	563,102	62	1,611,044	992,211	618,832	62
705115 ER HSA Contribs	149,160	161,129	11,969-	108	85,200	149,782	64,582-	176
705190 OPEB Contribution	1,118,614	745,743	372,871	67	1,286,542	857,695	428,847	67
705199 Lab Cost Sav-Benef								
705210 Retirement	3,303,746	2,100,118	1,203,628	64	3,016,966	1,968,895	1,048,071	65
705215 Retirement Calculation								
705230 Medicare April 1986	157,625	108,349	49,276	69	147,346	103,273	44,073	70

Period: 1 thru 8 2020
 Accounts: GO-P-L
 Business Area: *
 Fund: 202
 Fund Center: 000
 Functional Area: 000
 Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
705240 Insur Budgeted Incr	36,465		36,465		47,094		47,094	
705320 Workmens Comp	77,087	47,652	29,435	62	97,909	66,804	31,105	68
705330 Unemploy Comp	9,982	6,899	3,083	69	9,361	6,144	3,217	66
705360 Benefit Adjustment	179,302	39	179,262	0	229,230		229,230	
* Employee Benefits	6,509,830	4,084,678	2,425,152	63	6,530,691	4,144,805	2,385,886	63
710100 Professional Services	546,994	118,299	428,695	22	604,188	106,415	497,773	18
710101 Lab Testing Services		277	277-					
710103 Radiology		37	37-					
710105 Medical Services	12,948	3,825	9,123	30	10,421	5,647	4,774	54
710108 MD Consultants	51,211	34,658	16,553	68	54,311	34,766	19,545	64
710110 Contracted/Temp Svcs	271,145	88,460	182,685	33	128,538	21,305	107,233	17
710119 Subrecipient Payments								
710155 Lobbying Services	600		600		600	600		100
710200 Service Contract	80,047	38,410	41,638	48	92,962	37,643	55,319	40
710201 Laundry Services	1,850	922	928	50	650	1,113	463-	171
710205 Repairs and Maintenance	13,450	6,306	7,144	47	9,145	7,660	1,485	84
710210 Software Maintenance	11,151	7,796	3,355	70	3,000	1,698	1,302	57
710215 Operating Contracts					25-		25-	
710300 Operating Supplies	177,284	106,589	70,696	60	216,000	89,963	126,037	42
710302 Small Tools & Allow	1,300	1,053	247	81	1,435	334	1,101	23
710308 Animal Supplies	1,535		1,535		1,600	880	720	55
710319 Chemical Supplies	297,250	294,450	2,800	99	392,700	231,052	161,648	59
710323 Asphalt					16,000		16,000	
710325 Signs and Markers								
710334 Copy Machine Expense	26,848	13,482	13,365	50	23,175	12,344	10,831	53
710335 Copy Mach-Copies	10,215	5,646	4,569	55	7,642	4,901	2,741	64
710350 Office Supplies	32,780	23,326	9,455	71	52,476	32,520	19,956	62
710355 Books and Subscriptions	6,940	6,408	532	92	7,508	8,811	1,303-	117
710360 Postage	18,169	10,985	7,184	60	16,656	10,339	6,317	62
710361 Express and Courier	100		100		100		100	
710391 Fuel & Lube					125		125	
710400 Fmts to O Agencies	606,085	146,753	459,332	24	743,421	169,129	574,291	23
710412 Do Not Use								
710500 Other Expense	107,210	39,830	67,379	37	186,491	49,833	136,658	27
710502 Printing	36,525	14,438	22,087	40	30,484	15,011	15,472	49
710503 Licenses & Permits	8,480	3,029	5,451	36	7,195	8,087	892-	112
710504 Registration		706	706-			750	750-	
710505 Rental Equipment	200		124	38	200		200	
710506 Dept Inseductible	150	800	650-	533		600	600-	
710507 Network and Data Lines	12,730	11,283	1,447	89	6,540	7,505	965-	115
710508 Telephone Land Lines	35,023	23,760	11,263	68	34,645	23,875	10,770	69
710509 Seminars and Meetings	78,814	35,247	43,567	45	72,883	47,665	25,218	65
710512 Auto Expense	11,728	4,074	7,654	35	11,346	4,255	7,091	38

Period: 1 thru 8 2020 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
710513 Property Losses		3,321	3,321-					
710514 Regulatory Assessments	25,000	11,696	13,304	47	20,000	18,395	1,605	92
710519 Cellular Phone	15,279	9,865	5,414	65	14,697	9,042	5,655	62
710529 Dues	25,080	14,608	10,472	58	20,855	13,261	7,594	64
710535 Credit Card Fees	67,640	40,775	26,865	60	51,981	40,648	11,333	78
710546 Advertising	194,481	44,639	149,842	23	174,637	30,982	143,656	18
710551 Cash Discounts Lost						48	48-	
710563 Recruitment		978	978-					
710571 Safety Expense	74,611	57,261	17,350	77	56,279	28,186	28,093	50
710577 Uniforms & Special C	3,200	2,046	1,154	64	2,700	1,849	851	68
710585 Undesignated Budget	553,436		553,436		543,923		543,923	
710594 Insurance Premium	5,815	5,605	210	96	5,815	5,605	210	96
710600 IT Lease-Office Space	70,532	47,888	22,644	68	75,813	51,071	24,742	67
710620 IT Lease-Equipment								
710703 Biologicals	371,940	191,910	180,030	52	325,190	224,029	101,160	69
710713 Post Adoption Refer								
710714 Referral Services	6,780	4,520	2,260	67	9,068	7,232	1,836	80
710721 Outpatient	91,275	75,961	15,314	83	99,424	69,998	29,426	70
710852 Investigation		882	882-					
710872 Food Purchases	7,910	2,902	5,008	37	3,170	1,458	1,712	46
711008 Combined Utilities	105,282	70,188	35,094	67	71,118	47,412	23,706	67
711010 Utilities								
711100 ESD Asset Management	44,980	33,120	11,860	74	50,274	33,858	16,416	67
711113 Equip Srv Replace	58,429	31,729	26,700	54	60,891	31,020	29,871	51
711114 Equip Srv O & M	52,608	35,487	17,121	67	61,103	38,088	23,014	62
711115 Equip Srv Motor Pool	5,000	5,469	469-	109	5,000	6,750	1,750-	135
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	29,193	18,457	10,736	63	31,839	19,360	12,479	61
711119 Prop & Liab Billings	95,845	63,897	31,948	67	79,274	54,671	24,602	69
711210 Travel	189,668	81,088	108,580	43	186,847	58,551	128,296	31
711212 Meals and Lodging								
711213 Travel-Non Cnty Pers	15,827	5,017	10,810	32	32,500	1,718	30,782	5
711300 Cash Over Short						3-		
711399 ProCard in Process		1,465	1,465-					
711400 Overhead - General Fund	1,400,792	933,861	466,931	67	1,218,080	812,053	406,027	67
711410 Overhead - Admin								
711502 Build Imp nonCapital		598	598-					
711504 Equipment nonCapital	113,799	95,007	18,792	83	155,459	98,761	56,697	64
711508 Computers nonCapital	56,517	13,703	42,814	24	220,130	79,626	140,504	36
711509 Comp Sftw nonCap	9,281	25,857	16,576-	279	4,281	18,362	14,081-	429
* Services and Supplies	6,148,962	2,970,721	3,178,241	48	6,312,759	2,736,734	3,576,025	43
781001 Land Imprv Capital		12,383	12,383-					
781002 Build Imprv Capital	16,000		16,000		35,000		35,000	

Period: 1 thru 8 2020 P&L Accounts Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
781004 Equipment Capital	154,413	47,202	107,211	31	100,000		100,000	
781007 Vehicles Capital	25,000		25,000		45,000	3,315	41,686	7
* Capital Outlay	195,413	59,585	135,828	30	180,000	3,315	176,686	2
** Expenses	25,340,731	14,965,289	10,375,442	59	25,085,362	14,372,292	10,713,070	57
485192 Surplus Equipment Sales						8-	8	
* Other Fin. Sources						8-	8	
621001 Transfer From General	9,516,856-	6,344,571-	3,172,285-	67	9,516,856-	6,344,571-	3,172,285-	67
* Transfers In	9,516,856-	6,344,571-	3,172,285-	67	9,516,856-	6,344,571-	3,172,285-	67
812230 To Reg Permits-230	73,123	54,360	18,763	74	73,123	51,215	21,908	70
814430 To Reg Permits Capit								
* Transfers Out	73,123	54,360	18,763	74	73,123	51,215	21,908	70
** Other Financing Src/Use	9,443,733-	6,290,210-	3,153,523-	67	9,443,733-	6,293,364-	3,150,369-	67
*** Total	1,346,397	275,077	1,071,320	20	1,733,291	277,433-	2,010,724	16-

Staff Report
Board Meeting Date: March 26, 2020

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us

SUBJECT: Possible approval of the Interlocal Agreement for Incident Command and Coordinated Response to COVID-19.

SUMMARY

The representatives of the Cities of Reno and Sparks, Washoe County, and the Washoe County Health District have met and discussed the public health, safety and welfare issues and concerns presented by COVID 19 and have determined that a unified response by the Parties to the emergency situation created by COVID 19 is beneficial to the health, safety and welfare of the citizens within the territorial limits of Washoe County. The City and County Managers and District Health Officer signed the agreement on March 20, 2020. The Parties agreed to each present this Agreement to their governing boards at the earliest practicable opportunity for approval.

District Health Strategic Priorities supported by this item:

1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
5. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

There has been no previous action by the District Board of Health in regard to this matter.

Date: March 26, 2020

Subject: DBOH possible approval of Interlocal Agreement for Incident Command and Coordination for COVID-19

Page: 2 of 2

BACKGROUND

The U.S. President, the Governor of Nevada, the Cities of Reno and Sparks, and Washoe County have all issued emergency declarations regarding COVID-19. In order to coordinate a regional response to COVID-19 in Washoe County the Interlocal Agreement for Incident Command and Coordinated Response to COVID-19 was developed to allow the parties to operate in a unified response under one Incident Command in alignment with the National Incident Management System (NIMS). The Incident Commander shall conduct all duties delegated by this Agreement consistent with the following objectives for the management of this incident:

- A. Public and Responder Safety
- B. Protecting public health and mitigating impacts of a COVID-19 outbreak
- C. Serve as central point to coordinate emergency management disciplines to include- legal, fire, EMS, health, public-private partners and volunteer agencies.
- D. Providing daily updates
- E. Providing robust, coordinated public affairs as necessary

FISCAL IMPACT

The Fiscal Impact to the Health District will be determined through the cost-sharing agreement to be developed between the other Parties to the Agreement and the Health District. Total costs of the COVID response remain unknown. The Parties will submit the costs of the COVID-19 response to the federal government to request reimbursement of these costs at a ratio of 75:25 percent federal to local-state cost share.

RECOMMENDATION

Staff recommends the Board approve the Interlocal Agreement for Incident Command and Coordinated Response to COVID-19.

POSSIBLE MOTION

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

“Move to approve the Interlocal Agreement for Incident Command and Coordinated Response to COVID-19.”

**INTERLOCAL AGREEMENT FOR INCIDENT COMMAND AND COORDINATED
RESPONSE TO COVID 19**

WHEREAS, NRS 277.180(1) provides that any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the contracting agencies is authorized by law to perform;

WHEREAS, the Parties to this interlocal agreement are the City of Reno, the City of Sparks, Washoe County and the Washoe County Health District;

WHEREAS, each of the Parties hereto is a public agency as defined at NRS 277.050;

WHEREAS, the President of the United States, the Governor of the State of Nevada and the Parties hereto have all issued emergency declarations concerning the coronavirus (COVID-19) virus;

WHEREAS, NRS 414.160 requires local organizations for emergency management established pursuant to NRS Chapter 414 and the officers thereof to execute and enforce the orders and regulations made by the Governor under authority of Chapter 414;

WHEREAS, to the extent required each Party has established a resource for emergency management pursuant to NRS 414.090(1);

WHEREAS, NRS 414.090(3) provides “[i]n carrying out the provisions of this chapter, each political subdivision in which any emergency or disaster described in NRS 414.020 occurs may enter into contracts and incur obligations necessary to combat such an emergency or disaster, protect the health and safety of persons and property and provide emergency assistance to the victims of such an emergency or disaster. Each political subdivision may exercise the powers vested under this section in the light of the exigencies of the extreme emergency or disaster without regard to time-consuming procedures and formalities prescribed by law, except constitutional requirements, pertaining to the performance of public work, entering into contracts, the incurring of obligations, the employment of temporary workers, the rental of equipment, the purchase of supplies and materials, the levying of taxes, and the appropriation and expenditure of public funds.”;

WHEREAS, representatives of the Parties hereto have met and discussed the public health, safety and welfare issues and concerns presented by COVID 19 and have determined that a unified response by the Parties to the emergency situation created by COVID 19 is beneficial to the health, safety and welfare of the citizens within the territorial limits of Washoe County;

WHEREAS, in furtherance of the goal of a unified response the Parties seek to coordinate the acquisition of goods and services necessary to avoid duplication of efforts and

purchases by the Parties individually which could result in shortages of those items for the Parties individually;

WHEREAS, in alignment with the National Incident Management System (NIMS), the Parties seek to delegate the authority and responsibility described herein to the Incident Commanders identified below (referred to herein as "IC") who shall have the powers and duties described herein; and,

WHEREAS, the Parties seek to share the costs of such incident command and any actions taken by the IC as further described in a Cost Sharing Agreement which will be negotiated and agreed to by the County Manager, City Managers, and District Health Officer, and incorporated into this Agreement upon finalization

NOW, THEREFORE, based on the foregoing premises and the following covenants, terms and conditions, the Parties do hereby agree as follows:

1. This agreement shall commence only after all Parties have signed and shall terminate as described herein.

2. Any party may terminate this Agreement without cause, solely as to its duty and obligation hereunder, upon 14 days written notice to all other parties. The Agreement will terminate as to any Party whose governing body does not approve the Agreement as described herein. In either circumstance, the Agreement shall remain in full force and effect as to the remaining Parties, and the terminating Party shall remain liable for its proportionate cost share hereunder through the effective date of that Party's termination.

3. The Parties hereby delegate the authority and responsibility granted to them by NRS Chapter 414 and any other applicable law relevant to this incident for the operational control and management of the COVID 19 response by all Parties as described and limited herein to Incident Commander Sam Hicks who shall take the oath provided for in NRS 414.150. Nothing in this Agreement is intended or should be construed to delegate the authority to make medical or health related decisions or determinations which are within the jurisdiction of the District Board of Health or its Health Officer, Kevin Dick, including but not limited to decisions or determinations originating in NRS Chapters 439, 441A, 392 and 394. Delegation for purchasing authority by each of the Parties is provided, but remains subject to County Code, the Reno and Sparks Municipal Codes, and applicable provisions of State law. Costs will be contained to efficiently manage the incident with the goal of minimizing impacts to responder or public safety.

- A. As this incident is a public health pandemic, Kevin Dick, will be a key liaison and will remain responsible for the Washoe County Health District.
- B. Eric Brown, County Manager will remain the Washoe County Administrator for this incident.
- C. Sabra Newby will remain the Reno City Manager for this incident.
- D. Neil Krutz will remain the Sparks City Manager for this incident.

4. The IC will be the head of the Incident Management Team (“IMT”) and will be accountable for effective cost management of the incident. To the extent practicable, the IMT shall function consistently with the manner of an incident management assistance team formed at the state level under NRS 414.080 and in alignment with NIMS.

5. The IC shall conduct all duties delegated by this Agreement consistent with the following objectives for the management of this incident:

- A. Public and Responder Safety
- B. Protecting public health and mitigating impacts of a COVID-19 outbreak
- C. Serve as central point to coordinate emergency management disciplines to include- legal, fire, EMS, health, public-private partners and volunteer agencies.
- D. Providing daily updates
- E. Providing robust, coordinated public affairs as necessary

6. The IC and any lawful designee shall adhere to all federal, state, and local laws, regulations and ordinances.

7. Upon execution of this agreement, the IC is responsible for all accountable property purchased by, or otherwise assigned to, the incident by the IC. The IC must discuss current accountable property status with the City and County Managers and the Health Officer immediately upon the delegation of authority. All items purchased by the IC shall be distributed to the Parties on a pro-rata basis pursuant to the Cost Sharing Agreement upon conclusion of the incident. The Parties agree to negotiate in good faith concerning the distribution of items purchased hereunder upon the conclusion of the incident.

8. The IC shall coordinate with the Incident Management Finance Section Chief who will be determined by the IMT, and who is responsible for transfer of a complete and accurate fiscal package to the Parties’ finance department employees listed below. Financial documents will be reviewed for completeness prior to release.

- A. Washoe County: Comptroller Cathy Hill.
- B. Health District
- C. Reno
- D. Sparks

9. Washoe County shall provide the initial funding for any purchases made by the IC but shall be entitled to reimbursement by the other Parties hereto as described in the Cost Sharing Agreement.

10. The IC will strictly adhere to and coordinate all public messaging, media contacts, and releases via the usage of the Joint Information Center (JIC) as circumstances allow, press releases should be made with prior approval of all parties or their designated representatives from each of the signatory agencies of this agreement.

11. The IC will communicate critical information in a timely manner to the County and City Manager(s) and District Health Officer, or Duty Officer, or their representatives, such as

changes in incident complexity, resource availability, critical resource needs, etc. The IC will maintain daily communication with the Parties.

12. The Parties will not waive and intend to assert available immunities, including but not limited to NRS Chapter 41 and NRS Chapter 414 immunities, defenses and liability limitations in all cases. To the extent limited in accordance with NRS 41.0305 to NRS 41.039, each Party agrees to indemnify, hold harmless and defend the other Parties, their officers, employees and agents from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful act or omissions of that Party, its officers, employees and agents arising out of or related to the performance of this Agreement. Each Party may assert all available defenses, including but not limited to the defense of sovereign immunity as appropriate in all cases. Each Party's obligation for actions sounding in tort is limited in accordance with the provisions of NRS 41.035.

13. The signatories hereto hereby certify and affirm they have been duly authorized by express act of their governing bodies whether by public body action, or county or municipal ordinance or other applicable law to enter into this Agreement and to delegate the powers and duties described herein. The Parties shall each present this Agreement to their governing boards at the earliest practicable opportunity for approval. If a governing body does not approve the Agreement, the relevant signatory shall immediately notify the other Parties and the Agreement shall have no effect as to that Party.

14. If there is a dispute over the interpretation or performance of this Agreement the Parties agree to meet and engage in good faith discussions to resolve the dispute prior to the filing of any legal action.

15. The Parties reasonably believe that funds can be obtained sufficiently to make any necessary payments during the term of this Agreement. If a Party does not allocate funds to continue the duties described in this Agreement beyond the current term of any member of the governing body of that Party, this Agreement shall be terminated as to that Party when appropriated funds expire, without penalty, charge or sanction to the Party.

16. If any provision of this Agreement is determined to be illegal, invalid, or unenforceable, the provision shall be deleted and the parties shall, if possible, agree on a legal, valid, and enforceable substitute provision that is as similar in effect to the deleted provision as possible. The remaining portion of the Agreement not determined to be illegal, invalid, or unenforceable shall, in any event, remain valid and effective for the term remaining unless the provision found illegal, invalid, or unenforceable goes to the essence of this Agreement.

17. This Agreement is governed, interpreted and construed in accordance with Nevada law, without regard for choice of law principles. Each party consents to personal jurisdiction and exclusive venue in the Second Judicial District Court in and for the County of Washoe located in Washoe County, Nevada. All rights and remedies specified herein are in addition to any other rights or remedies at law or in equity, unless designated as an exclusive remedy in this Agreement.

Chris A. Deal 3/20/2020
District Health Officer DATE

Sabra Jewley 3/20/2020
City of Reno Manager DATE

Eric P. B.
Washoe County Manager DATE

John 3/20/2020
City of Sparks Manager DATE

Accepted By Incident Commander, Sam Hicks:

Sam Hicks

3-20-2020



DD	EV	_____
DHO	— KD —	_____
DA	_____	_____
Risk	_____	_____

STAFF REPORT
BOARD MEETING DATE: March 26, 2020

TO: District Board of Health

FROM: Francisco Vega, Division Director, Air Quality Management Division 775-784-7214, fvega@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 040.037 Prescribed Burning 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 April 23, 2020 at 1:00 pm.

SUMMARY

The Washoe County District Board of Health must adopt any revisions 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

Prescribed burning requirements were last revised on August 25, 1993 when they were part of Section 040.035 (Open Burning).

BACKGROUND

Prescribed burning requirements were originally part of Section 040.035 (Open Fires). Section 040.035 was revised and renamed on September 26, 2019 and removed the prescribed burning portions from the regulation. This revision of Section 040.037 creates a new rule for prescribed burning and distinct from Section 040.035 (Open Burning). Below is a summary of the major revisions being proposed:

- 1. The regulation applies to any federal, state and local fire control agencies and land management agencies that conduct prescribed burns in Washoe County;



2. Agencies conducting prescribed burning in Washoe County shall consider all reasonable alternatives to prescribed burning prior to the issuance of a Smoke Management Permit;
3. Compliance with the Smoke Management Program;
4. A Smoke Management Permit (revised from “prescribed burning permit”) must be obtained for all prescribed burns. Smoke Management Permits may only be issued to federal, state, and local fire control agencies and land managers for lands under their control and jurisdiction. The Control Officer shall review the burn plan and set forth conditions of operation to limit the air quality impacts of prescribed burn related emissions;
5. All prescribed burns must follow the Smoke Management Permit conditions:
 - a. Permits will not be valid during an air pollution alert, warning, or emergency (as defined by the “District Board of Health Regulations Governing Air Quality Management” Section 050.001.C.1, Emergency Episode Plan). At the determination of such an episode, the Control Officer shall notify each Permittee.
 - b. The land manager must notify the Control Officer on the calendar day preceding the burn before the prescribed burn can be ignited.
 - c. To minimize smoke impacts and emissions, each land manager will apply the best smoke management and emission reduction techniques.
 - d. The approved permit, or copy thereof, shall be kept at the prescribed fire site and made available upon request of the Control Officer or their representative.
 - e. All prescribed burn operations shall be subject to inspection by the Control Officer.
 - f. The permit is for compliance with Washoe County air pollution control requirements only and is not a permit to violate any existing state laws, rules, regulations, or ordinances regarding fire, zoning, or building.
 - g. If at any time the Control Officer determines that any condition of the permit is not being complied with, the permit may be revoked for the specific project where non-compliance is occurring. At such time, all burning activities at the site of non-compliance shall be terminated. In addition to revocation of the permit, the Control Officer may take any other enforcement action authorized under state statutes, rules and regulations.

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 January 3, 8 and 17, 2020 and again on February 7, 12 and 21, 2020.
2. The proposed revisions and workshop information was posted in the “Current Topics” section of the AQMD website (OurCleanAir.com).
3. The notifications were emailed to fire control agencies and land management agencies that conduct prescribed burning in Washoe County, canal and irrigation companies, and the Tahoe Sierra Clean Air Coalition.

One public workshop was held on January 15, 2020. Two individuals attended the workshop with comments related to the Open Burning regulation, Section 040.035. Two public workshops were held on February 19, 2020. Two individuals from a land management agency attended the morning workshop for the presentation and discussion of the revisions. They did not provide public comment. One individual from a local fire protection district attended the afternoon workshop for

the presentation and discussion of the revisions and did not provide public comment. Additional attendees at each meeting included AQMD staff. During the workshops, a presentation was prepared to discuss the background and proposed regulatory revisions. A sign-in sheet, hard copies of the proposed revision and public comment forms were available at the workshop and a link to the location of the draft Smoke Management Plan was provided. A copy of the workshop presentation and Smoke Management Plan is attached.

FISCAL IMPACT

The fee for a Smoke Management Permit did not increase, therefore there are no fiscal impacts resulting from the Board accepting the Business Impact Statement.

RECOMMENDATION

Staff recommends the District Board of Health approve and adopt the Business Impact Statement for the proposed revisions to District Board of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning, and set a public hearing for possible adoption of said revisions for April 23, 2020 at 1:00 pm.

POSSIBLE MOTION

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

“Move to approve and adopt the Business Impact Statement for the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning. Further move to set a public hearing for possible adoption of the District Board of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning for April 23, 2020 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 040.037 (Prescribed Burning).

1. The following constitutes a description of the manner in which comment was solicited from affected businesses and citizens, 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 proposed regulation revision were posted on the Air Quality Management Division (AQMD) website and emailed to Fire Protection Districts, Land Managers, ditch and irrigation companies that conduct prescribed burns within Washoe County, and the Tahoe Sierra Clean Air Coalition. Notification of the public hearing to address the proposed revisions were published on January 3, 8 and 17, 2020 and again on February 7, 12 and 21, 2020, in the Reno Gazette-Journal. Three public workshops were held in January and February to solicit feedback.

Written comments were received from five individuals. In summary, the comments were:

- Suggested additional language added to the Prescribed Burn regulation and Smoke Management Plan regarding additional monitoring.
- Suggested additional language added to the Prescribed Burn regulation Smoke Management Plan regarding public notification.
- Suggested additional language added to the Prescribed Burn regulation Smoke Management Plan regarding pile burning.
- Reducing the time period for a valid Smoke Management Permit.
- The addition of a "Smoke Pollution Complaint" form.
- Questions regarding clarification of items in Section E of the proposed regulation revision.

2. The estimated economic effect of the proposed rule on businesses and citizens, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse effects: None.

Beneficial effects: The regulation has been revised from the District Board of Health Regulations Governing Air Quality Management Section 040.035 (Open Burning) to separate Open Burning from Prescribed Burning.

Direct effects: Fire control agencies and land management agencies conducting prescribed burns must justify alternatives to burning for a burn plan to be approved.

Indirect effects: Fire control agencies and land management agencies conducting prescribed burns must still comply with the AQMD Smoke Management Program.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and citizens and a statement regarding whether any, 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 or citizen; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

- The rule was simplified by separating residential open burning from prescribed burning.
- The rule establishes compliance with the Smoke Management Plan and the consideration of alternatives to burning.

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 as the work is already being conducted.

5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: No new fees or increases to the fees are proposed.

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: *The proposed rule will have no impacts on businesses.*

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

Date

December 31, 2019

Subject: Revision to the District Board of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires)

The Washoe County Health District, Air Quality Management Division is issuing the following Notice of Proposed Action pursuant to the Health District Regulations Governing Air Quality Management and the Federal Clean Air Act.

The Director is proposing amendments to the District Board of Health Regulations Governing Air Quality Management Section 040.037, Prescribed Burning (revised from 040.035 Open Fires). The proposed revision to Section 040.037 include compliance with the Air Quality Management Division's Smoke Management Program and require federal, state, local agencies conducting prescribed burning to obtain a Smoke Management Permit for prescribed burns occurring in Washoe County. The complete language for the proposed revision is available on the Washoe County Air Quality Management Division website (OurCleanAir.com). A public workshop will be held to provide individuals affected by these revisions with additional information and opportunity for input. Interested persons who may be affected or wish to comment should appear at the workshop to submit oral testimony, or may submit comments, data, views, or arguments in written form to Daniel Inouye, Branch Chief by:

Mail to: Washoe County Health District, Air Quality Management Division
1001 East Ninth Street, B-171
Reno, NV 89512, or

Email to: KeepItClean@washoecounty.us, or

FAX to: 775-784-7225.

The public workshop will be held:

Wednesday, January 15, 2020 from 12:30 to 2:30 pm at 1001 East Ninth Street, Building B, South Auditorium

Written comments will be accepted until the close of business on Monday, February 3, 2020, 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 February 27, 2020, at the Board of County Commissioners Chambers, located at 1001 East Ninth Street, Building A, Reno, NV. If the Business Impact Statement is accepted, adoption of the proposed regulations will be considered at the next District Board of Health meeting scheduled at 1:00 pm on March 26, 2020, at the same location. If adopted, this revision will be submitted to the U.S. Environmental Protection Agency.

February 7, 2020

Subject: Revision to the District Board of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires)

The Washoe County Health District, Air Quality Management Division is issuing the following Notice of Proposed Action pursuant to the Health District Regulations Governing Air Quality Management and the Federal Clean Air Act.

The Director is proposing amendments to the District Board of Health Regulations Governing Air Quality Management Section 040.037, Prescribed Burning (revised from 040.035 Open Fires). The proposed revision to Section 040.037 include justification to alternative methods to burning, compliance with the Air Quality Management Division's Smoke Management Program and requires federal, state, local agencies conducting prescribed burning to obtain a Smoke Management Permit for prescribed burns occurring in Washoe County. The complete language for the proposed revision is available on the Washoe County Air Quality Management Division website (OurCleanAir.com). A public workshop will be held to provide individuals affected by these revisions with additional information and opportunity for input. Interested persons who may be affected or wish to comment should appear at the workshop to submit oral testimony, or may submit comments, data, views, or arguments in written form to Daniel Inouye, Branch Chief by:

Mail to: Washoe County Health District, Air Quality Management Division
1001 East Ninth Street, B-171
Reno, NV 89512, or

Email to: KeepItClean@washoecounty.us, or

FAX to: 775-784-7225.

The public workshop will be held:

Wednesday, February 19, 2020 from 10:00 to 12:30 pm and 3:00 to 5:00pm at 1001 East Ninth Street, Building B, South Auditorium

Written comments will be accepted until the close of business on Monday, March 2, 2020 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 March 26, 2020, at the Board of County Commissioners Chambers, located at 1001 East Ninth Street, Building A, Reno, NV. If the Business Impact Statement is accepted, adoption of the proposed regulations will be considered at the next District Board of Health meeting scheduled at 1:00 pm on April 23, 2020, at the same location. If adopted, this revision will be submitted to the U.S. Environmental Protection Agency.

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.



040.037 PRESCRIBED BURNING (Revised from 040.035)

SECTION A – GENERAL

1. **PURPOSE:** To limit particulate material (PM) emissions and other pollutants released into the ambient air from prescribed burning.
2. **APPLICABILITY:** The provisions of this Rule shall apply to any persons conducting prescribed 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. **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.
3. **Prescribed Burning.** Means any fire purposefully ignited by land management agencies to meet specific land management objectives with controlled application under specified conditions. The definition does not include fire training, residential open burning, or any other type of burning that is not specifically listed in the applicability section of this rule.
4. **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.
5. **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. Prescribed burns include all outdoor fires with the exception of:
 - i. Residential open burning;
 - ii. Recreational 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 prescribed burning shall not contribute to exceedances or violations of any National Ambient Air Quality Standards (NAAQS). Prescribed burning will not be allowed if concentrations of any pollutant are exceeded or expected to exceed any NAAQS.
4. Prescribed 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 prescribed 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. Agencies conducting prescribed burning in Washoe County shall consider reasonable alternatives to burning prior to conducting a prescribed burn.
2. Prescribed burning within Washoe County is applicable to the following agencies:
 - a. Divisions of federal, state, and local fire control agencies;
 - b. Divisions of local municipalities; and
 - c. Canal and irrigation companies.

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

1. Prescribed burning within Washoe County shall comply with the Washoe County Health District, Air Quality Management Division's Smoke Management Program.
2. Prescribed burning is allowed 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 limitations of Section 040.035.
3. A Smoke Management Permit must be obtained for all prescribed burns. Smoke Management Permits may only be issued to federal, state, and local fire control agencies and land managers for lands under their control and jurisdiction. The Control Officer shall review the burn plan and set forth conditions of operation to limit the air quality impacts of prescribed burn related emissions.
4. Any application for a Smoke Management Permit must be submitted at least ten (10) calendar 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 plan and any other information as required by the Control Officer.
5. All prescribed burns must follow the following Smoke Management Permit conditions:
 - a. Permits will not be valid during an air pollution alert, warning, or emergency (as defined by the "District Board of Health Regulations Governing Air Quality Management" Section 050.001.C.1, Emergency Episode Plan). At the determination of such an episode, the Control Officer shall notify each Permittee.
 - b. The land manager must notify the Control Officer on the calendar day preceding the burn before the prescribed burn can be ignited.
 - c. To minimize smoke impacts and emissions, each land manager will apply the best smoke management and emission reduction techniques.
 - d. The approved permit, or copy thereof, shall be kept at the prescribed fire site and made available upon request of the Control Officer or their representative.
 - e. All prescribed burn operations shall be subject to inspection by the Control Officer.
 - f. The permit is for compliance with Washoe County air pollution control requirements only and is not a permit to violate any existing state laws, rules, regulations, or ordinances regarding fire, zoning, or building.
 - g. If at any time the Control Officer determines that any condition of the permit is not being complied with, the permit may be revoked for the specific project where non-compliance is occurring. At such time, all burning activities at the site of non-compliance shall be terminated. In addition to revocation of the permit, the Control Officer may take any other enforcement action authorized under state statutes, rules and regulations.

040.037 PRESCRIBED BURNING (Revised from 040.035)

SECTION A – GENERAL

1. **PURPOSE:** To limit particulate material (PM) emissions and other pollutants released into the ambient air from prescribed burning.
2. **APPLICABILITY:** The provisions of this Rule shall apply to any persons conducting prescribed 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. **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.
3. **Prescribed Burning.** Means any fire purposefully ignited by land management agencies to meet specific land management objectives with controlled application under specified conditions. The definition does not include fire training, residential open burning, or any other type of burning that is not specifically listed in the applicability section of this rule.
4. **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.
5. **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. Prescribed burns include all outdoor fires with the exception of:
 - i. Residential open burning;
 - ii. Recreational 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 prescribed burning shall not contribute to exceedances or violations of any National Ambient Air Quality Standards (NAAQS). Prescribed burning will not be allowed if concentrations of any pollutant are exceeded or expected to exceed any NAAQS.
4. Prescribed 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 prescribed 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. Agencies conducting prescribed burning in Washoe County shall consider reasonable alternatives to burning prior to conducting a prescribed burn.
2. Prescribed burning within Washoe County is applicable to the following agencies:
 - a. Divisions of federal, state, and local fire control agencies;
 - b. Divisions of local municipalities; and
 - c. Canal and irrigation companies.

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

1. Prescribed burning within Washoe County shall comply with the Washoe County Health District, Air Quality Management Division's Smoke Management Program.
2. Prescribed burning is allowed 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 limitations of Section 040.035.
3. A Smoke Management Permit must be obtained for all prescribed burns. Smoke Management Permits may only be issued to federal, state, and local fire control agencies and land managers for lands under their control and jurisdiction. The Control Officer shall review the burn plan and set forth conditions of operation to limit the air quality impacts of prescribed burn related emissions.
4. Any application for a Smoke Management Permit must be submitted at least ten (10) calendar 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 plan and any other information as required by the Control Officer.
5. All prescribed burns must follow the following Smoke Management Permit conditions:
 - a. Permits will not be valid during an air pollution alert, warning, or emergency (as defined by the "District Board of Health Regulations Governing Air Quality Management" Section 050.001.C.1, Emergency Episode Plan). At the determination of such an episode, the Control Officer shall notify each Permittee.
 - b. The land manager must notify the Control Officer on the calendar day preceding the burn before the prescribed burn can be ignited.
 - c. To minimize smoke impacts and emissions, each land manager will apply the best smoke management and emission reduction techniques.
 - d. The approved permit, or copy thereof, shall be kept at the prescribed fire site and made available upon request of the Control Officer or their representative.
 - e. All prescribed burn operations shall be subject to inspection by the Control Officer.
 - f. The permit is for compliance with Washoe County air pollution control requirements only and is not a permit to violate any existing state laws, rules, regulations, or ordinances regarding fire, zoning, or building.
 - g. If at any time the Control Officer determines that any condition of the permit is not being complied with, the permit may be revoked for the specific project where non-compliance is occurring. At such time, all burning activities at the site of non-compliance shall be terminated. In addition to revocation of the permit, the Control Officer may take any other enforcement action authorized under state statutes, rules and regulations.

040.037 PRESCRIBED BURNING (Revised from 040.035)

SECTION A – GENERAL

1. **PURPOSE:** To limit particulate material (PM) emissions and other pollutants released into the ambient air from prescribed burning.
2. **APPLICABILITY:** The provisions of this Rule shall apply to any federal, state and local fire control agencies and land management agencies conducting prescribed 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 is identified in the burn plan or project ~~grew on the property~~ where the burn is to be conducted.
2. **Fire Control Agency:** Agencies that are qualified to conduct prescribed burns.
3. **Land Management Agency:** Agencies that are qualified to conduct prescribed burns.
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. Open burning is defined in Section 040.035.
5. **Prescribed Burning.** Means any fire purposefully ignited by land management agencies to meet specific land management objectives with controlled application under specified conditions. The definition does not include fire training, residential open burning, or any other type of burning that is not specifically listed in the applicability section of this rule.
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. Prescribed burns include all outdoor fires with the exception of:
 - a. Residential open burning (defined in Section 040.035);
 - b. Recreational fires; and
 - c. 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 prescribed burning shall not contribute to exceedances or violations of any National Ambient Air Quality Standards (NAAQS). Prescribed burning will not be allowed if concentrations of any pollutant are exceeded or expected to exceed any NAAQS.
4. Prescribed 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 prescribed 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. Agencies conducting prescribed burning in Washoe County shall consider all reasonable alternatives to prescribed burning prior to the issuance of a Smoke Management Permit.
- ~~2. Prescribed burning within Washoe County is applicable to the following agencies:
 - ~~a. Divisions of federal, state, and local fire control agencies;~~
 - ~~b. Divisions of local municipalities; and~~
 - ~~c. Canal and irrigation companies.~~~~

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

1. Prescribed burning within Washoe County shall comply with the Washoe County Health District, Air Quality Management Division's Smoke Management Program.
2. Prescribed burning is allowed 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 limitations of Section 040.035.
3. A Smoke Management Permit must be obtained for all prescribed burns. Smoke Management Permits may only be issued to federal, state, and local fire control agencies and land managers for lands under their control and jurisdiction. The Control Officer shall review the burn plan and set forth conditions of operation to limit the air quality impacts of prescribed burn related emissions.
4. Any application for a Smoke Management Permit must be submitted at least fourteen (14) calendar 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 plan and any other information as required by the Control Officer.
5. All prescribed burns must follow the following Smoke Management Permit conditions:
 - a. Permits will not be valid during an air pollution alert, warning, or emergency (as defined by the "District Board of Health Regulations Governing Air Quality Management" Section 050.001.C.1, Emergency Episode Plan). At the determination of such an episode, the Control Officer shall notify each Permittee.
 - b. The land manager must notify the Control Officer on the calendar day preceding the burn before the prescribed burn can be ignited.
 - c. To minimize smoke impacts and emissions, each land manager will apply the best smoke management and emission reduction techniques.
 - d. The approved permit, or copy thereof, shall be kept at the prescribed fire site and made available upon request of the Control Officer or their representative.
 - e. All prescribed burn operations shall be subject to inspection by the Control Officer.

- f. The permit is for compliance with Washoe County air pollution control requirements only and is not a permit to violate any existing state laws, rules, regulations, or ordinances regarding fire, zoning, or building.
- g. If at any time the Control Officer determines that any condition of the permit is not being complied with, the permit may be revoked for the specific project where non-compliance is occurring. At such time, all burning activities at the site of non-compliance shall be terminated. In addition to revocation of the permit, the Control Officer may take any other enforcement action authorized under state statutes, rules and regulations.

DRAFT FEBRUARY 7, 2020

From: [Doug Flaherty](#)
To: [KeepItClean](#); [Inouye, Daniel](#); [Vega, Francisco](#)
Subject: Comments Regarding Washoe County Proposed Revisions to Section 040.037 Prescribed Burning
Date: Monday, February 3, 2020 2:05:04 PM
Attachments: [EZ Form Comments Proposed Washoe Prescribed Burn Ordinance 040.037\(2\).pdf](#)
[040.037 PRESCRIBED BURNING Suggested Track Changes.doc](#)

[**NOTICE:** This message originated outside of Washoe County -- **DO NOT CLICK** on **links** or open **attachments** unless you are sure the content is safe.]

Dear AQMD:

Please find attached, 2 files attached containing my comments regarding Washoe County's Proposed Revision of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires).

My emphasis is on suggested improvements to help protect public health in [Residential Areas](#) during Agency Prescribed Burning.

One attached file contains suggested changes to your proposed ordinance in **WORD TRACK CHANGES**.

The second file contains a letter to your office containing comments and specifics regarding the proposed ordinance.

Along with all of the comments provided, I am concerned that your office did not take the time to revise current section 040.035. The proposed wording offered in 040.037 as written could serve to create some conflict on precisely what limitations may or may not apply to prescribed burns.

Therefore, I have offered suggested language in the WORD Track Changes document Line E 2. concerning this item.

Additionally, as an interested party and full time resident of Incline Village, NV I wish to be placed on any interested party list you may have concerning Washoe County prescribed burning discussions, meetings or notifications concerning this topic going forward.

Sincerely
Doug Flaherty
Resident
774 Mays Blvd 10-691
Incline Village, NV 89451

To: Washoe County Health District, Air Quality Management Division
1001 East 9th Street, B-171
Reno, NV 89512

KeepItClean@WashoeCounty.us

Fax: 775-784-7225

RE: Comments regarding Washoe County Proposed Revision of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires) - My emphasis is on basic Residential Area and Smoke Sensitive Site Health and Safety during Agency Prescribed Burning

Dear Washoe County AQMD,

In the spirit of helping to ensure public health and safety during agency prescribed burning in residential and smoke sensitive areas, the proposed Washoe County Prescribed Burn regulation 040.035 as written, is void of prescribed burn agency basic accountability and responsibility as follows:

- Void of a basic, reasonable and prudent requirement that prescribed burn agencies have the responsibility to adequately mechanically monitor, gather and record real time transparent smoke/emission data during prescribed burns in or near residential neighborhoods/areas and other smoke sensitive sites.
- Void of prescribed burn agency responsibility to ensure reasonable, timely and adequate advanced notification of potentially smoke impacted residential neighborhoods/areas and other smoke sensitive sites before a prescribed burn is carried out.

In the spirit of prioritizing public health and safety in and around residential neighborhoods/areas and other smoke sensitive sites before and during Public Agency prescribed burning, I am requesting that Washoe County add the following **prudent and very reasonable items** to the County's proposed Prescribed Burn Regulation 040.037.

1. Prescribed Burn agencies must record their reason(s) for choosing burning over other alternatives as part of their burn plan or smoke management plan in or within ¼ mile of residential neighborhoods/areas, schools, school bus stops, public transportation bus stops, businesses or other smoke sensitive sites. When vegetation can be reasonably chipped or removed within these areas utilizing close proximity transportation roadway access, or spread on site, cost shall not be considered to be a reasonable justification to burn over other alternatives.
2. Prescribed burn agencies shall be required to accurately and mechanically monitor and minimize smoke impact emissions that may potentially impact residential neighborhoods/areas and other smoke sensitive sites. Each land manager will apply the best and latest technology real time smoke management mechanical air monitoring and smoke/emission reduction techniques.

3. A minimum of two Washoe County Air Management Division approved mechanical air monitors or portable mechanical air monitors that have the capability to accurately measure PM10 and PM2.5 emissions in real and transparent time from prescribed burns shall be deployed in downwind proximity of all prescribed burn sites potentially causing smoke impacts to residential neighborhoods/areas schools, school bus stops, public transportation bus stops, businesses or other smoke sensitive sites and shall be present and actively operational from the time of prescribed burn ignition and until burndown is complete.
 - a. Planned locations of the approved mechanical air monitors shall be included in and as part of the approved agency prescribed burn smoke management plan and fire control agency representatives shall continually observe and record smoke impacts and immediately report those smoke impacts to the Washoe County Air Quality Control Officer as soon as possible.
 - b. If during agency prescribed burn operations including burndown, the direction of planned prescribed burn smoke emissions shifts away from the original smoke management plan projected locations, the required portable mechanical smoke monitors will be immediately re-positioned in anticipation of gathering more accurate smoke emission data in the interest of residential neighborhood/area and other smoke sensitive site public health and safety.
 - c. Prescribed burn agencies shall perform good faith efforts to deploy the approved portable mechanical air monitors during prescribed burns potentially affecting residential neighborhoods/areas and other smoke sensitive sites in order to gather real time accurate smoke emissions data in the interest of public health and safety.
4. Prescribed burn agencies shall make a reasonable and good faith effort to notify the public within ¼ mile of all plan prescribed burns within 24 hr of planned ignition. Simply placing prescribed burn signs on roadways is to be considered as only one aspect of public notification but does not alone satisfy a reasonable and good faith effort to make public notifications.

Thank you for considering these prudent and very reasonable additions to your proposed Prescribed Burn regulation 040.035 in the interest of prioritizing public health and safety.

Name	Date (MM/DD/YYYY)	Email Address
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SUGGESTED MODIFICATIONS TO PROPOSED 040.037

~~40.37~~ 040.037 PRESCRIBED BURNING (Revised from 040.035)

SECTION A – GENERAL

1. PURPOSE: To limit particulate material (PM) emissions and other pollutants released into the ambient air from prescribed burning.
2. APPLICABILITY: The provisions of this Rule shall apply to any persons conducting prescribed 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. 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.
3. Prescribed Burning. Means any fire purposefully ignited by land management agencies to meet specific land management objectives with controlled application under specified conditions. The definition does not include fire training, residential open burning, or any other type of burning that is not specifically listed in the applicability section of this rule.
4. 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.
5. 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. Prescribed burns include all outdoor fires with the exception of:
 - i. Residential open burning;
 - ii. Recreational 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 prescribed burning shall not contribute to exceedances or violations of any National Ambient Air Quality Standards (NAAQS). Prescribed burning will not be allowed if concentrations of any pollutant are exceeded or expected to exceed any NAAQS.
4. Prescribed 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 prescribed burning shall be suspended in accordance with the requirements of Section 050.001.C.

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

1. Agencies conducting prescribed burning in Washoe County shall consider reasonable alternatives to burning prior to conducting a prescribed burn. Agencies must record their reason(s) for choosing burning over other alternatives in their burn plan or smoke management plan. When vegetation can be reasonably chipped or removed utilizing close proximity transportation roadway access, or spread on site. Cost shall not be considered to be a reasonable justification to burn over other alternatives.
- a. 2. Mechanical smoke monitors as described below shall be deployed and utilized during all prescribed burns within residential areas or within ¼ mile of residential areas, schools, school or public transportation bus stops, businesses or smoke sensitive sites.
- b. 3. Prescribed burning within Washoe County is applicable to the following agencies:
 - e.a. Divisions of federal, state, and local fire control agencies;
 - d.b. Divisions of local municipalities; and
 - c. Canal and irrigation companies.
4. A minimum of two Washoe County Air Management Division approved mechanical air monitors or portable mechanical air monitors that have the capability to accurately measure PM10 and PM2.5 emissions from prescribed burns shall be deployed in downwind proximity of all prescribed burn sites and shall be present and operational from the time of prescribed burn ignition and until burndown is complete.
 - a. Planned locations of the approved mechanical air monitors shall be included in and as part of the approved prescribed burn smoke management plan and fire control agency representatives shall continually observe and record smoke impacts as defined herein from prescribed burns and report smoke impacts as defined herein to the Control Officer as soon as possible.
 - b. If during prescribed burn operations including burndown, the direction of planned prescribed burn emissions shifts away from the original smoke management plan projected locations, the portable mechanical smoke monitors will be immediately re-positioned in anticipation of gathering more accurate smoke emission data in the interest of public health and safety.
 - c. Agencies shall perform good faith efforts to deploy the approved portable mechanical air monitors during prescribed burns in the interest of gathering accurate emissions data in the interest of public health and safety.

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

1. Prescribed burning within Washoe County shall comply with the Washoe County Health District, Air Quality Management Division's Smoke Management Program.
2. Prescribed burning is allowed 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. This ordinance supersedes the ~~Prescribed burns shall not be subject to the burn~~ limitations of Section 040.035.
3. A Smoke Management Permit must be obtained for all prescribed burns. Smoke Management Permits may only be issued to federal, state, and local fire control agencies and land managers for lands under their control and jurisdiction. The Control Officer shall review the burn plan ~~and including the Smoke Management Plan~~ set forth conditions of operation to limit the air quality impacts of prescribed burn related emissions.
4. Any application for a Smoke Management Permit must be submitted at least ten (10) calendar 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, location and type of mechanical air monitoring devices, a copy of the burn plan and any other information as required by the Control Officer.

5. All prescribed burns must follow the following Smoke Management Permit conditions:
 - a. Permits will not be valid during an air pollution alert, warning, or emergency (as defined by the "District Board of Health Regulations Governing Air Quality Management" Section 050.001.C.1, Emergency Episode Plan). At the determination of such an episode, the Control Officer shall notify each Permittee.
 - b. The land manager must notify the Control Officer on the calendar day preceding the burn before the prescribed burn can be ignited.
 - c. To more accurately monitor and minimize potential smoke impacts ~~minimize smoke impacts~~ and emissions, each land manager will apply the best and latest technology smoke management mechanical emission monitoring and emission reduction techniques.
 - d. The approved permit, or copy thereof, shall be kept at the prescribed fire site and made available to the public and upon request of the Control Officer or their representative.
 - e. All prescribed burn operations shall be subject to inspection by the Control Officer.
 - f. The permit is for compliance with Washoe County air pollution control requirements only and is not a permit to violate any existing state laws, rules, regulations, or ordinances regarding fire, zoning, or building.
 - g. If at any time the Control Officer determines that any condition of the permit is not being complied with, the permit may be revoked for the specific project where non-compliance is occurring. At such time, all burning activities at the site of non-compliance shall be terminated. In addition to revocation of the permit, the Control Officer may take any other enforcement action authorized under state statutes, rules and regulations.

From: [Doug Flaherty](#)
To: [KepttClean](#); [Inouye, Daniel](#); [Washoe311](#); [Vega, Francisco](#)
Subject: Comments Washoe County Proposed Prescribed Burn Regulations and SMP
Date: Monday, March 2, 2020 3:17:47 PM
Attachments: [Washoe County NV Smoke Complaint Form.pdf](#)
[Comments Proposed Washoe Cnty Prescribed Burn Regulation and SMT Feb 7 2020 040.037\(1\).pdf](#)

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Dear AQMD:

As a resident of Incline Village, NV and outdoor enthusiast in Washoe County and the Lake Tahoe Basin, please find attached:

1. My comments in PDF regarding Washoe County's Proposed Revision of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires) and Smoke Management Plan both watermark dated February 7, 2020.

and

2. A sample of an EZ Citizen Smoke Pollution Complaint Form

Additionally, as an interested party and full time resident of Incline Village, NV I wish to be placed on any interested party

list you may have concerning Washoe County prescribed burning discussions, meetings or notifications concerning this topic going forward.

Please let me know if you have any questions.

Sincerely

Doug Flaherty

Resident

774 Mays Blvd 10-691

Incline Village, NV 89451

To: Daniel Inouye, Branch Chief,

KeepitClean@Washoe.County.US

Washoe County Health District, Air Quality Management Division
1001 East 9th Street, B-171
Reno, NV 89512

Comments Due By Close of Business Today 3/2/2020

RE: Comments regarding Washoe County Proposed Revision of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires) and the Draft Washoe County Smoke Management Plan **both watermarked draft and both dated February 7, 2020**

Dear Washoe County AQMD,

Thank you for the revised copy of the Washoe County Health District proposed Prescribed Burn Regulation and Smoke Management Plan draft both watermark dated February 7, 2020.

These comments are being provided by me as a resident of Incline Village, NV and as a recreational enthusiast in and around Washoe County, NV and the Lake Tahoe Basin.

While I understand and appreciate your efforts regarding the complicated issues surrounding Burn Agency Managers created smoke management, unfortunately, the Washoe County Health District proposed Air Quality Regulation and Smoke Management Plan draft as written, is heavily weighted in favor of prioritizing government Burn Agency Managers created pollution and carbon production over the health and safety of our citizens here in Washoe County.

Unfortunately, the Washoe County Health District proposed Prescribed Burn and Smoke Management Plan regulations as written fall short when comes to protecting our health and clean air against unfortunate unhealthy agency created smoke generation as follows:

- Washoe County Health District and public Burn Agency Managers have known for quite some time that wildland fire smoke **in any amount, including smoke from agency created pile burning** contains dangerous levels of **PM1**. You are aware that **PM1** is proven to be even more invasive and dangerous than PM 2.5 and PM10. Yet, the Washoe County Health District refuses to provide adequate **PM1** mechanical government monitors throughout Washoe County including Incline Village, NV. The proposed documents as written are void of any requirements that agencies must educate the public on the heightened health dangers of **PM1** during agency created burning and provide adequate, real time mechanical smoke monitoring especially when burning in or near smoke sensitive areas including residential areas like Incline Village, NV and the Washoe County portions of the Lake Tahoe Basin.

The proposed “paper tiger” Regulation and Smoke Management Plan language purposely avoids discussion regarding any specific requirement that would require burn agencies to provide even the most basic adequate and prudent mechanical air quality monitoring of PM1, PM2.5, PM10 and ozone in or near smoke sensitive areas including residential areas like Incline Village, NV as well during agency created smoke generation affecting Washoe County portions of the Lake Tahoe Basin.

This lack of avoidance on the part of Washoe County Health District to provide a very basic and reasonable requirement that burn agencies provide mechanical smoke monitoring to help adequately monitor, measure and control public health exposure will continue to degrade our air quality, continue to release unnecessary dangerous and massive amounts of unhealthy PM1, PM2.5, PM10 and carcinogenic Carbon Black, all resulting in the purposeful release of 1000's of tons of **harmful carbon** within Washoe County, Washoe Valley and the Washoe County Portion of the Lake Tahoe Basin.

- Washoe County Health District's stated goals within your proposed Smoke Management plan are inadequate and heavily weighted in favor of Burn Agency Managers degradation of public health when burning in or near smoke sensitive areas.

As an example, the Washoe County Air Management District proposed Smoke Management Plan states two goals and two goals only (as follows):

1) **"to allow fire to function, as nearly as possible, in its natural role in maintaining healthy wildland ecosystem's, and**

2) **"to protect public health and welfare by mitigating the impacts of smoke on air quality and visibility"**

These two stated goals are interesting since the burning of slash piles has absolutely nothing to do with "allowing fire to function, as nearly as possible, in its "natural" role in maintaining wildland ecosystems".

A third goal should be added as a first line to the existing stated two goals of the Districts proposed Smoke Management Plan as follows: **"To protect the public from EPA pollution exceedance levels by prioritizing human air quality health over forest health whenever possible"**. Please add this language to your stated goals.

The Washoe County Health District has failed to recognize that the **subjective burning of slash piles, in or near smoke sensitive areas or not, including residential and recreational areas like Incline Village and the Washoe County portions of the Lake Tahoe Basin are not subject to the EPA "Exceptional Event" rule and are easily preventable and controllable.**

Additionally, the subjective burning of slash piles, especially in or near smoke sensitive areas where roadways and access provides for easy alternatives like chipping and removal (especially in residential and business parcels less than 5 acres in size) **do not fall within your first stated Smoke Management Plan goal and is actually contrary to your goal of:..... "Allowing fire to function, as nearly as possible, in its natural role in maintaining healthy wildland ecosystems".....**Subjective Agency Burning of slash piles, especially those within or near smoke sensitive areas including residential areas like Incline Village, NV and the Lake Tahoe Basin, have nothing to do with allowing fire to function "in it's natural role" and does not fit the often utilized theoretical concept of re-introducing a regimen of fire for forest health purposes.

There is nothing natural about the subjective agency burning of slash piles especially in or near smoke sensitive areas, including recreation areas, scenic byways including neighborhoods like Incline Village, Nv. Once burned, this dangerous process promotes unhealthy extension of smoldering pollution for days and sometimes weeks polluting our communities including Incline

Village, NV, and the Lake Tahoe Basin. The agency burning of these slash piles are the number 1 Lake Tahoe Basin source polluter along with agency created and purposely grown managed burns.

Further, the proposed Regulation and Smoke Management Plan completely avoids any discussion of the repeated and very real long and short term pollution health impacts from unmonitored extended burn down of agency created slash piles inside Washoe County and particularly Incline Village, Nv and Washoe County portions of the Lake Tahoe Basin.

This avoidance and failure on the part of the Washoe County Health District to acknowledge natural Lake Tahoe Basin inversion layering and the adverse effects on public health during and after pile burning burn down seems purposeful and seems to be a further indication of continued bias favoring Burn Agency Managers created slash pile burning pollution in or near sensitive areas over public health.

This type of agency burn down pollution abuse continues regularly in the Lake Tahoe basin without adequate regulation, required mechanical monitoring, data or any real accountability. Please ban agency created slash pile burning in Washoe County in or near Smoke Sensitive areas. If the forest can be chipped and piled safely and effectively by land management agencies, then most assuredly slash can be removed or chipped safely and effectively with fiscal planning, safety planning leadership and the acknowledgement that current slash pile burning is an unacceptable form of pollution and a dangerous choice.

Additionally, as far as forest health is concerned, the NWCG Smoke Management Guide for Prescribed Fires, **which the proposed Smoke Management Plan references**, states that **“the burning of piles and windrows also causes temperature extremes in the soils directly underneath (the burn) and can sterilize soil. If fuels in piles or windrows are wet or mixed with dirt, extended smoldering can result in residual smoke problems.....Note: This is especially true in the Lake Tahoe Basin.**

A Burn Agency Managers decision to burn slash piles after a forest area has been thinned **is simply a subjective pollution and carbon introducing choice pure and simple, not natural, not an exceptional event and easily preventable and controllable with options.** This choice is often made without considering the priority of public health, the damaging effects of releasing tons of particulate carbon over what amounts to be a budgetary consideration to be able to cheaply pollute rather than spending the money and providing necessary alternative to do what is right.

In order then to accomplish the second stated goal of the Washoe County Health District proposed smoke management plan i.e. “to protect public health and welfare by mitigating the impacts of smoke on air quality and visibility”....please include in your proposed regulations that slash pile burning not be considered prescribed burning “for the purpose of allowing fire to function, as nearly as possible, in its natural role in maintaining healthy wildland ecosystems”. And that slash pile burning either be banned or not be allowed within two miles of any smoke sensitive area and that “suppression” of out of control slash pile burning takes place in an aggressive and decisive manner and USFS MIST techniques not be considered as “suppression”.

We only need to look at the recent escaped Caples wildfire slash pile burning debacle in El Dorado County to validate the unacceptable results driven by the incompetent and dangerous “must burn”, “just burn”, “just let it burn” mindset of our El Dorado County burn agencies and Air Quality District. This tragic outcome, aided and abetted by weak and weakly enforced El Dorado County Air Pollution regulations continued to reveal a dangerous outcome promoted by theory and regulatory weakness.

The massive pollution from this “out of control” slash burning project heavily affected the Lake Tahoe Basin and Nevada.

Public records indicate that the firebombed burn piles resulted in USFS incompetent non responsibility immunity attitude memos like this one..... “Looks like the burn piles made a run last night”. This line speaks volumes in helping to define an out of control mindset of non-responsibility and accountability on the part of our “Must Burn”, “Just Burn”, and “Just Let It Burn” mindset of many of our burn agencies.

The same mindset by the way, that gave us the tragic Little Valley catastrophe and the recent “Baseball” fire last month on February 25, 2020 that took place on the Covelo Ranger District of the Mendocino National Forest **caused by a recent smoldering “pile burn” on the Baseball prescribed Fire Project.**

The proposed Washoe County Health District regulations as written do not in any way provide for a the prevention of a similar very real potential pile burning incident here in Washoe County.

The Washoe County Health District proposed regulations and Smoke Management Plan do not provide for adequate 24 hour visual specific monitoring, 24 hour mechanical air monitoring, size and scope limitations (i.e. Little Valley deficiencies) or suppression protection resource requirements needed to protect the public from the Burn Agency Managers reckless impunity mindset we are living with today.

To further demonstrate the Washoe County Health District regulatory shaped bias in favor of agency burning over public health, your regulations are however quick to give the burn agencies a pass to allow burn agencies to utilize Minimal Impact Suppression Tactics (MIST) as part of fire “suppression” by allowing natural barriers to be utilized during fire suppression rather than aggressive suppression action. We all know that MIST activities prolong smoldering prolong the fire size and burn time and create extensive additional dangerous regional pollution that would not have otherwise occurred with aggressive fire suppression. Yet, the Health Districts proposed Smoke Management Plan promotes this behavior.

- Additionally and unbelievably, in favor of the burn agencies agenda over public health and safety, the Washoe County Health District proposed regulations and Smoke Management Plan allow the Prescribed Burn Permit time period to run up to 18 months. This is purely unconscionable and diminishes any real control or accountability on the part of burn agencies or regulators over the scope and scale of near term agency burns created burns simply based on changing conditions and environments. The public expects this type of reasonable and responsible planning and accountability.

Please shorten your Prescribed Burn Permit language which now favors Burn Agency Managers “must burn” agendas In favor of public health and safety, to a six month to a one year Prescribed Burn Permit with a 10 day pre burn re-assessment addendum, that each burn agency should complete within 10 days. The 10 day advanced burn re-assessment for any agency created planned burn should contain written limitations regarding specific no go conditions, 24 hr mechanical and visual smoke monitoring, an updated SMP, specific discussions for prevention of escaped fire like slope topography for each burn project including specifics in burn size amounts tonnage, adequate 24 hr fire suppression resource standby as well as potential changing conditions.

During a recent public address to a governing body here in Washoe County a fire official indicated on the record something to effect that “We can’t do anything (during a fire) about slope and wind” conditions. If that is true, considering the potential of agency escaped burns, in the name of common sense public safety, why wouldn’t we simply update the agency burn permit concerning monitoring and escaped fire resource preparedness during any agency created burn. **If Washoe County Health District is going to address and bless fire tactics like MIST to support the burn agency managers “Must Burn” agenda, you may be negligent in your responsibilities not to address preparedness during near term upcoming agency created burns.**

- Language needs to be added and strengthened in the proposed Prescribed Burn Regulation and Smoke Management Plan that agency responsibility to ensure reasonable, timely and adequate advanced notification of potentially smoke impacted residential neighborhoods/areas and other smoke sensitive sites before a prescribed burn is successfully carried out.
- More space and emphasis on prescribed burning alternatives should be included in the proposed Burn Permit Application. Prescribed Burn agencies must provide an in depth record their reason(s) for choosing burning over other alternatives as part of their burn plan, permit application or Smoke Management Plan.
- Prescribed burn agencies shall be specifically required to accurately and mechanically monitor and minimize smoke impact emissions that may potentially impact any smoke sensitive areas. Each land manager will apply the best and latest technology real time smoke management mechanical air monitoring and smoke/emission reduction techniques.
- A minimum of two Washoe County Air Management Division approved mechanical air monitors or portable mechanical air monitors that have the capability to accurately measure PM1, PM10 and PM2.5 emissions in real and transparent time from prescribed burns shall be deployed in downwind proximity of all prescribed burn sites potentially causing smoke impacts to any smoke sensitive areas and shall be present and actively operational from the time of prescribed burn ignition and until burndown is complete.
 - a. Planned locations of the approved mechanical air monitors shall be included in and as part of the approved agency prescribed burn Smoke Management Plan and fire control agency representatives shall continually observe and record smoke impacts and immediately report those smoke impacts to the Washoe County Air Quality Control Officer as soon as possible.
 - b. If during agency prescribed burn operations including burndown, the direction of planned prescribed burn smoke emissions shifts away from the original smoke management plan projected locations, the required portable mechanical smoke monitors will be immediately re-positioned in anticipation of gathering more accurate smoke emission data in the interest of residential neighborhood/area and other smoke sensitive site public health and safety.
 - c. Prescribed burn agencies shall perform good faith efforts to deploy the approved portable mechanical air monitors during prescribed burns potentially affecting smoke sensitive areas in order to gather real time accurate smoke emissions data in the interest of public health and safety.
- Prescribed burn agencies shall make a reasonable and good faith effort to notify the public

within 1 mile of all plan prescribed burns within 24 hr of planned ignition. Simply placing prescribed burn signs on roadways is to be considered as only one aspect of public notification but does not alone satisfy a reasonable and good faith effort to make public notifications.

- And finally the mechanism for the public to easily access and completely described the impact from Burn Agency created smoke and carbon pollution is inadequate and undermines the ability of the public to make accurate smoke pollution complaints. I have attached a sample Citizen EZ Smoke Pollution Complaint for Washoe County. I understand that there are planned mechanism to distribute this form far and wide on Social Media to our fellow citizens to help describe and express the adverse impact of agency generated unhealthful smoke pollution, including those who must commute and travel on foot.

Thank you for considering these prudent and very reasonable additions to your proposed February 7, 2020 draft. Prescribed Burn regulation 040.035 and Smoke Management Plan in the interest of prioritizing public health over Agency Burn Managers “must burn”, “just burn” “just let it burn” agendas.

Doug Flaherty
Resident
Incline Village, NV
TahoeBlue365@gmail.com

Instructions:

- Save Complaint form to your computer
- Complete form
- Click on save
- Email completed form to; KeepItClean@washoecounty.us

**SMOKE POLLUTION COMPLAINT
TO
WASHOE COUNTY AIR QUALITY MANAGEMENT DISTRICT**
(775) 784-7200 (24 hrs per day)
FAX (775) 784-7225
KeepItClean@washoecounty.us

Dear Washoe County Air Quality Management Officer:

As you know, Burn Agencies are required to comply with the Clean Air Act even during prescribed burn operations.

Valid smoke pollution complaints are Important to protect our health and our families health from dangerous PM1, PM2.5 and PM10 smoke emissions. **Please help protect our health.**

Please consider this a **formal** smoke emission air pollution complaint in connection with the burning/smoldering that is being conducted, or has recently been conducted **in the vicinity of (check all that apply):**

- | | | |
|---|--|--|
| <input type="checkbox"/> Washoe Valley | <input type="checkbox"/> Mt Rose Hwy | <input type="checkbox"/> North Valleys |
| <input type="checkbox"/> Reno | <input type="checkbox"/> Sand Harbor | <input type="checkbox"/> Other location: |
| <input type="checkbox"/> Northern Washoe County | <input type="checkbox"/> Incline Village / Crystal Bay | |

Provide additional location information or comments:

The smoke is impacting and/or polluting (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> My Health / My families health | <input type="checkbox"/> Residential neighborhoods | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Bus stops | <input type="checkbox"/> Businesses | <input type="checkbox"/> Recreation or recreation events |
| <input type="checkbox"/> Public streets, roadway or highways | <input type="checkbox"/> Portions of the Lake Tahoe Basin | <input type="checkbox"/> My pets, livestock or wildlife |
| <input type="checkbox"/> I am having a difficult time breathing. | | |
| <input type="checkbox"/> The smoke is preventing me from going outside or recreating. | | |
| <input type="checkbox"/> I am a COPD, heart lung, Asthma patient or disabled and the smoke is making it difficult or painful to breath. | | |
| <input type="checkbox"/> The smoke has gotten into my house even though my windows are closed. | | |
| <input type="checkbox"/> I do not have a car. I must walk or bicycle wherever I go. The smoke is making it hard for me to breathe, travel to my job, walk my kids to school, go to the store, or perform other daily tasks. | | |

I have attached a photograph(s)

I am unable to attach a photograph

_____	_____	_____
Name	Date (MM/DD/YYYY)	Phone
_____		_____
Street address or PO Box		City/Zip Code

Please ensure that an Air Quality Notice of Violation is issued to the burn agency or persons responsible for this pollution/smoke emission event if they are found to be creating unhealthful smoke impacts to persons. Please keep me informed of the outcome of my formal smoke/pollution complaint. Please do not try to dissuade me that this is just a temporary prescribed burn and it's just something we need to live with. The human lung is not smoke adapted. We have a right to Clean Air.

Comments on: 040.037 PRESCRIBED BURNING (2/7/20 draft)

By: Anna Higgins, Resource Management Officer, Nevada Division of Forestry

Section C 2. What about soil, other debris, and/or organic matter that may be pushed into burn piles during logging operations?

Section D.1 – what does ‘consider’ cover?

Section E.2 – Definition of ‘favorable air dispersion conditions’?

Section E.2 – If the ‘Control Officer’ is adding ‘conditions’ to the burn plan is that then altering the burn plan? A burn plan is a legal document that sets the parameters for burning conditions as approved by the burn plan preparer, the agency administrator, and the technical reviewer. The ‘Control Officer’ is not a signature of an approved burn plan. Also, who is the ‘Control Officer’?

Section E.3 – Is there a time limit for the ‘Control Officer’ to request information related to the burn plan application?

Section E.4 – 2 weeks seems like a lengthy time to get a burn permit approved as NDEP sometimes approves a permit within 1 day & burn conditions may change drastically in 2 weeks.

Section E.5.a – ‘Permits will not be valid during an air pollution alert, warning, or emergency.’ What is the geographic range/area for the air pollution alert, warning, or emergency? When Reno has degraded air quality due to an inversion that should not affect prescribed burn operations in Lake Tahoe or northern Washoe County, especially if the areas outside of Reno have good dispersion conditions.

Section E.5.e – ‘All prescribed burn operations **shall** be subject to inspection by the Control Officer’ – Can a weekend burn occur if the ‘Control Officer’ is not available to inspect the operations? The ‘Control Officer’ may need to be escorted by a qualified firefighter during operations and this should be scheduled in advance of the prescribed burn.



Sign-In Sheet

Air Quality Management Division
040.037 Prescribed Burning Regulation Revision Workshop
 January 15, 2020 12:30 to 2:30 · Health District, South Auditorium

Name	Organization	E-mail
Tony Machabek	Home owner (Sierra Manor)	TMACH530@GMAIL.COM
DANIEL INOYE	WCHD - AQMD	dinoeye@washoe-county.us
Brendan Schneider	WCHD - AQMD	bschneider@washoe-county.us
Jolic Hunter	WCHD - AQMD	jdhunter@washoe-county.us



Sign-In Sheet

Air Quality Management Division
040.037 Prescribed Burning Regulation Revision Workshop
 February 19, 2020 10:00 to 12:30 · Health District, South Auditorium

Name	Organization	E-mail
Anna Belle Monti	USFS	annabelle.monti@usda.gov
Steve Howell	USFS	Steven.Howell@usda.gov
Francisco Veiga	WCAQMD	fveiga@washoecounty.us
Daniel Nowye	WCAQMD	dnowye@washoecounty.us
Julie Hunter	WCAQMD	jdhunter@washoecounty.us



Sign-In Sheet

Air Quality Management Division
040.037 Prescribed Burning Regulation Revision Workshop
 February 19, 2020 3:00 to 5:00 · Health District, South Auditorium

Name	Organization	E-mail
Isaac Poinning	NLTFRD	ipoinning@nltfrd.net
Brendan Schnieder	WCAQMD	bschnieder@washoe-county.us
Julie Hunter	WCAQMD	jdhunter@washoe-county.us
DANIEL HOWE	WCAQMD	dhowe@washoe-county.us

Proposed Revisions to District Board of Health Regulations Governing Air Quality Management Section 040.037 Prescribed Burning

February 19, 2020

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

040.037 Prescribed Burning

- Revised from 040.035 Open Fire Regulation (Section E)
 - Prescribed burning is allowed in forested areas during favorable air dispersion conditions
 - A prescribed burn permit shall be required for all prescribed burns
 - Permits may be issued to local fire control authorities or managers of the Forest Service, BLM, and NDF for lands under their control and jurisdiction
 - The smoke management portion of the burn prescription shall be reviewed and conditions set to limit air quality impacts
 - Applications for a prescribed burn permit and burn plan must be submitted at least 10 days prior to the burn

040.037 Prescribed Burning

- Agencies shall consider reasonable alternatives
- Regulations applicable to the following agencies
 - Divisions of federal, state and local fire control agencies
 - Divisions of local municipalities
 - Canal and irrigation companies
- Prescribed burning shall comply with the Division's Smoke Management Program
- A “smoke management” permit must be obtained for all prescribed burns
- Prescribed burns must follow the Smoke Management Permit Conditions

Revision Summary

- Separated from Open Fires (040.035)
- Applies to federal, state, local fire control agencies, local municipalities, and canal and irrigation companies
- Compliance with Smoke Management Program
- Obtain a “Smoke Management” permit (previously called “prescribed burning”)
- Follow Smoke Management Permit conditions

What's next?

- Public comments – Business Impact Statement
- Business Impact Statement
 - District Board of Health March 26, 2020
- Adoption of revised regulation
 - District Board of Health April 23, 2020

Discussion and Questions

Contact Information:

Daniel Inouye

Monitoring and Planning Branch Chief

1001 E. 9th Street, B171

dinouye@washoecounty.us

(775) 784-7214

Revised Regulation: OurCleanAir.com

Proposed Revisions to District Board of Health Regulations Governing Air Quality Management Section 040.037 Prescribed Burning

January 15, 2020

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

040.037 Prescribed Burning

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What's next?

- Public comments – Business Impact Statement
- Business Impact Statement
 - District Board of Health February 27, 2020
- Adoption of revised regulation
 - District Board of Health March 26, 2020

Discussion and Questions

Contact Information:

Daniel Inouye

Monitoring and Planning Branch Chief

1001 E. 9th Street, B171

dinouye@washoecounty.us

(775) 784-7214

Revised Regulation: OurCleanAir.com

Staff Report
Board Meeting Date: March 26, 2020

TO: District Board of Health

FROM: Charlene Albee, Director
775-328-2644; calbee@washoecounty.us
Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775-328-2644; kdick@washoecounty.us

SUBJECT: Discussion and possible direction regarding potential deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency for the Environmental Health Services and Air Quality Management Divisions.

SUMMARY

The Environmental Health Services Division and the Air Quality Management Division is requesting the District Board of Health (Board) consider deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency. The intent of this is to assist business owners who have been or may be negatively impacted by this emergency.

District Health Strategic Priorities supported by this item:

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

PREVIOUS ACTION

There has been no previous action.

BACKGROUND

The Washoe County area has been affected by the COVID-19 emergency. The full effects of this emergency have yet to be seen by local businesses. As a part of being prepared for the possible economic impacts on businesses staff is requesting the Board give direction regarding potential deferral of annual renewal fees.

Subject: DBOH consideration deferral of annual renewal fee collection
Date: March 26, 2020
Page 2 of 2

FISCAL IMPACT

Should the Board give direction to defer fees, the result would be a temporary loss of revenue. Most of this revenue would be collected at a later date.

RECOMMENDATION

Staff recommends the Board provide direction to both the Environmental Health Services and Air Quality Management Divisions regarding potential deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency for some period of time. The Board should consider what period of time they believe is appropriate. It is recommended to consider a 60-day deferral at this point in time.

POSSIBLE MOTION

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

“Move to allow the deferral of annual renewal fee collection [*for period of time proposed*] for businesses impacted by the COVID-19 Emergency for both the Environmental Health Services and Air Quality Management Divisions.”

**Air Quality Management
Division Director Staff Report
Board Meeting Date: March 26, 2020**

DATE: March 26, 2020
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
 775-784-7211; fvega@washoecounty.us
SUBJECT: Program Update – EPA Comments, RENOvation, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement

1. Program Update

- a. Recently, the Air Quality Management Division (AQMD) submitted comments on the U.S. Environmental Protection Agency’s (EPA) Advanced Notice of Proposed Rulemaking (ANPRM) “Control of Air Pollution from New Motor Vehicles: Heavy-Duty Engine Standards,”. On-road motor vehicles, including heavy-duty trucks, represent the largest category of NOx emissions in Washoe County. Freight/goods movement by heavy-duty trucks is a major factor in Northern Nevada’s economy. Washoe County is home to many warehouses and distribution centers that generate heavy-duty truck trips. Just east of Reno/Sparks is the world’s largest industrial center (Tahoe-Reno Industrial Center) which also generates heavy-duty truck trips. In addition, Interstate-80 is the primary east/west transportation corridor for goods moving through the Port of Oakland in California, generating even more heavy-duty truck trips through the Reno/Sparks area. In summary, on-road heavy-duty trucks are a large category of ozone precursor emissions and are outside the jurisdiction of the AQMD. As such, the AQMD strongly supports EPA’s effort with the Cleaner Trucks Initiative to establish new emission standards for NOx and other pollutants for highway heavy-duty trucks and engines.

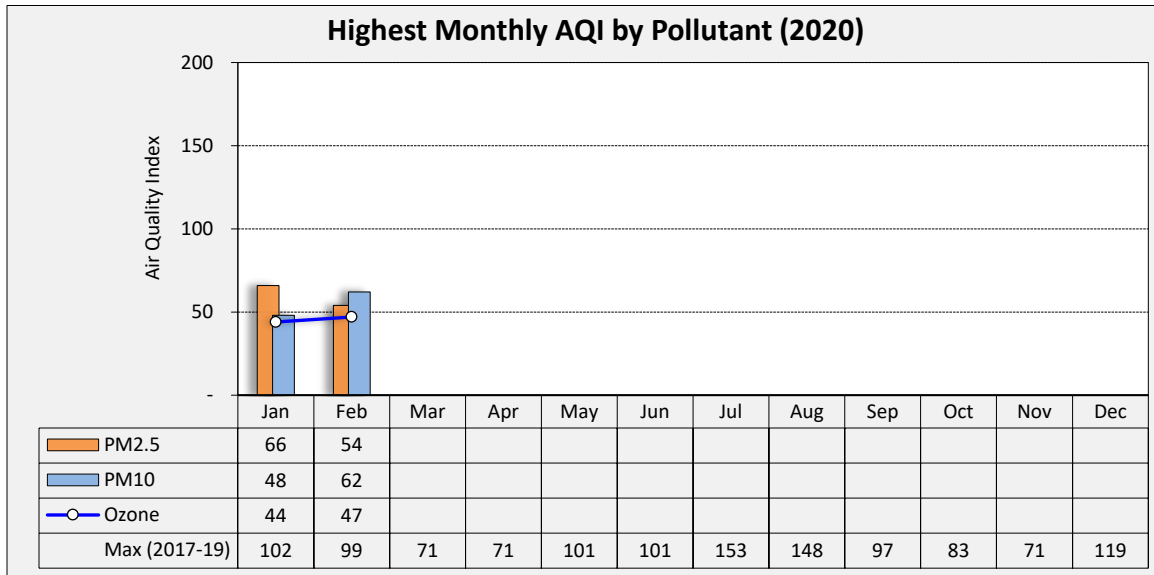
The AQMD has also been heavily involved in the City of Reno’s RENOvation Zoning Code Update. The AQMD has presented information and provided comment at Reno City Council meetings in regard to the importance of incorporating Ozone Advance and sustainability measures into the code. In addition, the AQMD has participated in the technical working group meetings. Having these sustainability measures written into code is important in addressing the county’s ozone pollution issue.

Francisco Vega, P.E.,
Division Director



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.



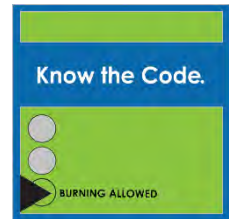
Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit OurCleanAir.com.

3. Program Reports

a. Monitoring and Planning

February Air Quality and Know the Code: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of February. For the 2019-2020 Know the Code season, AQM issued 121 Green burn codes, 0 Yellows, and 0 Reds.

Know the Code Season: Green. That summarizes the 2019-2020 season. For the second consecutive winter season, Washoe County residents were allowed to use their woodstoves, pellet stoves, and fireplaces every day between November and February. Weather is the primary factor related to the burn code. We did not have any long periods of stagnant conditions which lead to strong temperature inversions that trap pollution in our valley.

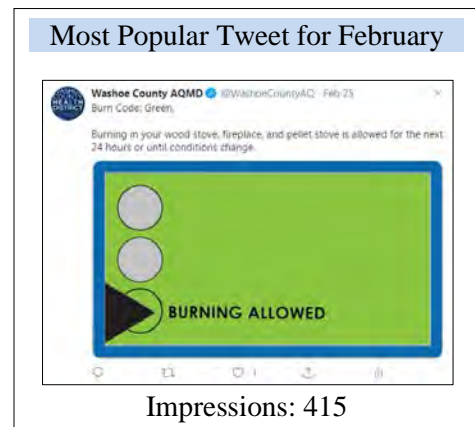


While weather is the primary element influencing our burn code, several other factors were just as important in contributing to our Green burn codes.

- The Health District's Woodstove program has been in place since the late 1980's. It was the first of its kind in the nation and required: 1) Removal of old, high polluting stoves when a property was sold, 2) a minimum 1-acre parcel size for new construction for any woodburning device, and 3) a mandatory burning curtailment during high pollution episodes.
- Woodstove and pellet stove design has improved resulting in more complete combustion and less smoke (aka, pollution). This also means stoves generate more heat while burning less wood.
- Our media partners and National Weather Service do a great job communicating our burn code to the public. Getting this information to the public is critical in making good decisions to reduce pollution and avoid exposure.
- The public is our most important partner. They make good decisions based on our burn code, use seasoned wood, and keep their stoves in good running condition.

The best measure of success is that our area was in the worst air quality classification and is now in compliance with both the PM₁₀ and PM_{2.5} NAAQS. The District Board of Health made a progressive, yet unpopular decision in the 1980's to tackle woodstove pollution. Thirty plus years of the woodstove program and air monitoring data shows that was the right decision.

Daniel Inouye
Chief, Monitoring and Planning



a. Permitting and Compliance

February

Staff reviewed thirty-four (34) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In February 2020, Staff conducted forty-eight (48) stationary source inspections with two initial compliance inspections and twelve (12) gasoline station inspections. Staff was also assigned eleven (11) new asbestos abatement projects, overseeing the removal of over 67,000 square feet of asbestos-containing materials. Staff received four (4) new building demolition projects to monitor. Further, there were fourteen (14) new construction/dust projects to monitor. Staff documented forty-eight (48) construction site inspections, with almost 200 acres of new acreage opened. Each asbestos, demolition and construction notification project are monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to eleven (11) complaints.

Type of Permit	2020		2019	
	February	YTD	February	Annual Total
Renewal of Existing Air Permits	100	178	97	1,086
New Authorities to Construct	2	6	7	52
Dust Control Permits	14 (197 acres)	36 (399 acres)	8 (267 acres)	197 (2436 acres)
Wood Stove (WS) Certificates	38	78	20	442
WS Dealers Affidavit of Sale	9 (8 replacements)	26 (20 replacements)	2 (1 replacements)	118 (83 replacements)
WS Notice of Exemptions	507 (1 stove removed)	993 (4 stoves removed)	374 (2 stoves removed)	8,353 (80 stoves removed)
Asbestos Assessments	51	101	85	1,034
Asbestos Demo and Removal (NESHAP)	11	21	21	300

COMPLAINTS	2020		2019	
	February	YTD	February	Annual Total
Asbestos	0	0	2	11
Burning	3	6	1	14
Construction Dust	4	7	1	74
Dust Control Permit	0	0	1	6
General Dust	1	4	0	35
Diesel Idling	0	0	0	4
Odor	2	2	1	31
Spray Painting	0	0	0	3
Permit to Operate	1	1	0	8
Woodstove	0	0	0	2
TOTAL	11	20	6	188
NOV's	February	YTD	February	Annual Total
Warnings	0	0	1	27
Citations	0	0	1	15
TOTAL	0	0	2	42

Mike Wolf
 Chief, Permitting and Enforcement

DD	LL	KD
DHO		

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: March 26, 2020**

DATE: March 13, 2020
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
 775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – 2020 World TB Day; Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

1. Divisional Update –

a. 2020 World TB Day - Washoe County Tuberculosis and Control Program Report



One hundred and thirty-eight years ago on March 24, 1882, Dr. Robert Koch announced his discovery of the TB bacillus, the cause of Tuberculosis. Annually we recognize this day to educate the public about the devastating impact of TB around the world.

- One fourth of the world’s population is infected with TB.
- In 2018, 10 million people around the world became sick with TB disease. There were 1.49 million TB related deaths worldwide.
- TB continues to be the leading killer of people who are HIV infected.

“**It’s TIME**”, continues its second year as the theme for World TB Day. Within this theme CDC, National TB Controllers Association, Stop TB USA, and the global Stop TB Partnership continue to focus on four primary goals as we work to end this deadly disease:

- **It’s time** to test and treat latent TB infection
- **It’s time** we strengthen TB education and awareness among health care providers
- **It’s time** to speak up
- **It’s time** to end stigma

The WCHD TB Program prioritizes the “**It’s Time**” goals for those affected by Tuberculosis in Washoe County and is the program’s number one priority. The program provides coordination of care for all active Tuberculosis cases; by overseeing the care of these cases the program ensures appropriate treatment and thorough contact investigations are completed.

Since more than 80% of active Tuberculosis comes from untreated latent Tuberculosis infection (LTBI), the program’s next efforts are focused on assessment, diagnosis, and treatment of LTBI in **high risk** populations including immigrants, individuals with immune system disorders/chronic health conditions, and those taking certain medications. The WCHD TB program provides coordination of care for these groups with many treated by the program and others treated through their primary provider.

For **low risk** LTBI patients are encouraged to access preventive treatment through their primary provider. The WCHD TB program does not have the capacity to treat all lower risk individuals but does provide support for treatment with local hospitals, health care agencies, and community-based clinicians. Since treatment for LTBI is almost always optional, many patients decline treatment and many primary care providers do not encourage treatment. These barriers continue to be the primary reason LTBI is not treated and why treating LTBI remains the number one goal for the “**It’s Time**” movement. Efforts by the WCHD TB program to educate community providers continue in a variety of ways, including direct correspondence, Epi-News, cohort reviews and continuing education programs. Many providers consult with WCHD TB program regarding cases and all providers are encouraged to seek Tuberculosis support through the program.

The WCHD TB program continues to spread the motto “**Think TB**”, as active disease can still be overlooked, and latent infection continues to go untreated. The WCHD TB program provides strong support and education to patients. Staff work with patients to address their needs and decrease the stigma associated with TB disease. Continued education is needed as stigma persists in the larger community. The WCHD TB program routinely communicates the message that, “no one chooses this infection” and “appropriate treatment provides a cure”. As we continue to send these types of messages and to educate the public barriers to eliminating this disease will decrease. The WCHD TB program is truly working hard to make Tuberculosis elimination a reality.

The WCHD TB program utilizes a set of objective targets from the **National Tuberculosis Indicators Project** (NTIP) to highlight TB care and treatment provided to Washoe County residents diagnosed with TB. The NTIP objectives were created as a monitoring system for tracking the progress of U.S. Tuberculosis Control Programs toward achieving national TB program objectives.

Goals for Reducing TB Incidence

Goal	2020 Target	National 2018	Nevada 2018	WCHD 2017	WCHD 2018
Reduce the incidence of TB disease.	1.4 cases/100,000	2.8 cases/100,000	2.3 cases/100,000	3.7 cases/100,000	2.0 cases/100,000
Decrease the incidence of TB disease among U.S. born persons.	0.4 cases/100,000	1.0 cases/100,000	20% 14/69	6% (1/17)	22% (2/9)
Decrease the incidence of TB disease among foreign born persons.	11.1 cases/100,000	14.3 cases/100,000	80% (55/69)	94% (16/17)	78% (7/9)
Decrease the incidence of TB disease among U.S. born non-Hispanic blacks or African Americans.	1.5 cases/100,000	4.4 cases/100,000 blacks	1.2 cases/100,000	0% (0/17)	0% (0/9)
Decrease the incidence of TB disease among children younger than 5 years of age.	0.3 cases/100,000	0.9 cases/100,000	2.1 cases/100,000 (4 cases)	0 cases	1 case

Objectives: Case Management and Treatment

Goal	2020 Target	WCHD 2017	WCHD 2018
Increase the proportion of TB patients who have a HIV test result reported.	98%	100%	100%
For TB patients with positive AFB sputum smear results, increase the proportion who initiated treatment within 7 days of specimen collection.	97%	100% (3/3)	100% (3/3)
For patients whose diagnosis is likely to be TB disease, increase the proportion who are started on the recommended initial 4 drug regimen.	97%	94% (16/17)**	100% (9/9)
For TB patients ages 12 years or older with a pleural or respiratory site of disease, increase the proportion who have a sputum culture result reported.	98%	100% (11/11)	100% (5/5) 1 case sputum NAAT+ / No growth in Culture
For TB patients with positive sputum culture results, increase the proportion who have documented conversion to negative results within 60 days of treatment initiation.	73%	88% (8/9)**	100% (2/3) One delayed conversion
For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, increase the proportion who complete treatment within 12 months.	95%	94% (16/17)**	100% 9/9
<ul style="list-style-type: none"> *Client with prior treatment in 2013 – lost to follow-up. **One death prior to treatment 			

Contact Investigations

Goal	2020 Target	WCHD 2017	WCHD 2018
For TB patients w/positive AFB sputum smear results, increase the proportion who have contacts elicited.	100 %	100% (3/3)	100% (3/3)
For contacts to sputum AFB smear positive TB cases, increase the proportion who are examined for infection and disease.	93%	95% (42/44) *	51% (104/203) Large shelter investigation, yielded few evaluations.
For contacts to sputum AFB smear positive TB cases diagnosed with LTBI, increase the proportion who start treatment.	91%	100% (10/10)	67% (2/3) One lost to f/u.
For contacts to sputum AFB smear positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment.	81%	90% (9/10)**	100% (2/2)
<ul style="list-style-type: none"> • * Two refused 2nd tests • ** 1 non-adherent-lost to f/u 			

Laboratory Reporting

Goal	2020 Target	WCHD 2016	WCHD 2017	WCHD 2018
For TB patients w/positive culture result, increase the proportion who have a M.tbc genotyping result reported.	100%	100%	100%	100%
For TB patients w/positive culture results, increase the proportion who have initial drug susceptibility results reported.	100%	100%	100%	100%
For TB patients' w/cultures of respiratory specimens identified w/M.tbc, increase the proportion reported by the lab w/in 25 days from the date the specimen was collected.	78%	100%	100%	100%
For TB patients w/respiratory specimens positive for M.tbc by NAAT, increase the proportion reported by the laboratory w/in 6 days from the date the specimen was collected.	92%	100%	100%	100%

Examination of Immigrants

Goal	2020 Target	WCHD 2016	WCHD 2017	WCHD 2018
For TB patients w/positive AFB sputum smear results, increase the proportion who have contacts elicited.	100 %	100% (3/3)	100% (3/3)	100% (3/3)
For contacts to sputum AFB smear positive TB cases, increase the proportion who are examined for infection and disease.	93%	100% (3/3)	95% (42/44) *	51% (104/203) Large shelter investigation yielded few evaluations.
For contacts to sputum AFB smear positive TB cases diagnosed with LTBI, increase the proportion who start treatment.	91%	67% (2/3)	100% (10/10)	67% (2/3) One lost to f/u.
For contacts to sputum AFB smear positive TB cases who have started treatment for LTBI, increase the proportion who complete treatment.	81%	100% (2/3)	90% (9/10)**	100% (2/2)
<ul style="list-style-type: none"> • * Two refused 2nd tests • ** 1 non-adherent-lost to f/u 				

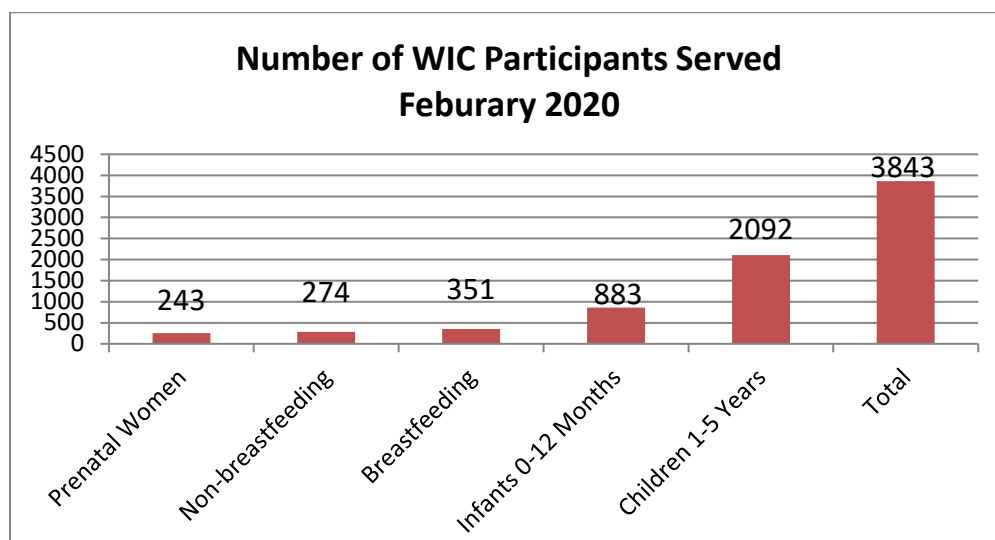
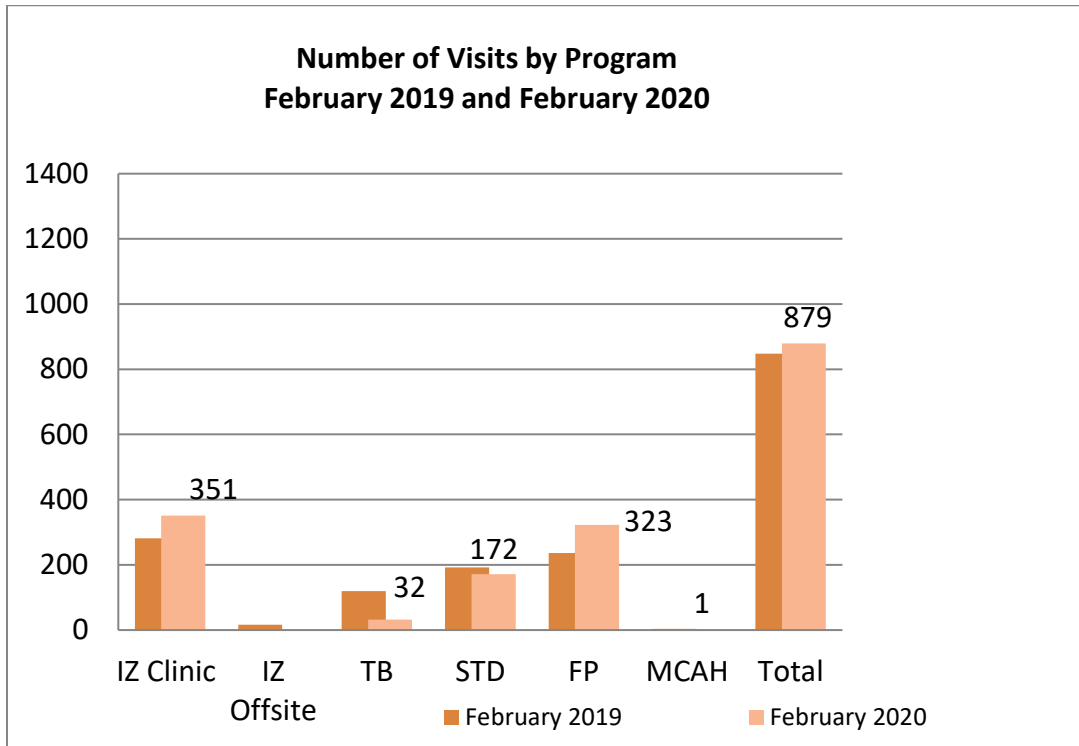
Challenges to meeting NTIP goals include:

- Collaboration with primary providers.
- Treatment of high risk LTBI by primary providers.
- Educating/enabling community providers with tools for LTBI treatment.
- Staff capacity to conduct outreach.
- Delayed evaluation of high-risk contacts.
- Resources for contact investigations.

Successes

- Positive immigration outcomes for evaluation and LTBI treatment.
- Overall high case initiation, DOT, and COT success rate.
- Consistently obtain HIV status for clients with TB disease.
- Consistent NSPHL reporting.
- Positive relationship/communication with hospital infection control programs (Saint Mary's, Renown, NNMC, and VAMC).

2. 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.

3. Program Reports – Outcomes and Activities

- a. **Sexual Health (Outreach and Disease Investigation)** – Sexual Health Disease Investigation Specialist (DIS) staff received Washoe County's first two congenital syphilis cases for 2020 in February. These cases, as well as diagnosed/treated pregnant women, are being followed by our congenital syphilis case manager. DIS staff continue to be very busy investigating ever increasing numbers of sexually transmitted disease. All 2019 STD cases have been entered into the NBS data base and reconciled; to date the program has not received any notifications from the State regarding any entered data requiring updating. Staff have been planning on moving to a paperless investigation process with July 1, 2020 as the go-live target date and may be able to move that date forward to 5/1/20 depending on the impact COVID-19 has on program goals.
- b. **Immunizations** – An offsite clinic was held at the Family Health Festival on March 4, 2020 at the Boys and Girls Club, in partnership with Immunize Nevada and Walmart. Forty-four people were seen, and 114 doses of vaccine administered. All recommended vaccines were offered to anyone 2 months and over and flu vaccines were offered to anyone 6 months and over.
- c. **Tuberculosis Prevention and Control Program** - Of immediate interest WCHD TB and CCHS staff have been busy conducting testing for COVID-19. Testing began on March 2, 2020 and was initially completed by TB program staff inside negative air pressure exam rooms located within the TB clinic. Friday, March 6, 2019 saw the beginning of drive through testing conducted from the building's back entrance with clients remaining in their vehicle or seated outside and continues to be the testing process utilized.

No active TB cases have been reported in 2020.

- d. **Reproductive and Sexual Health Services** – Reproductive and Sexual Health Services hired a new per diem APRN, Sarah Sudtell. Sarah was hired to help the clinic serve a higher number of walk-in clients under the State grant funded by Senate Bill 94. Sarah comes from Alma Clinic in Sparks, which also serves an at-risk population.

Clinic staff have been training in the Immunization Clinic in order to implement immunization services for clients. Staff is in the process of updating, adding resource materials, and evaluating materials for reading levels as required by Title X.

Kelly Verling, Public Health Nurse Supervisor, attended the 2020 National Family Planning Reproductive Health Association (NFPRHA) Conference in Washington DC, March 8-11.

Staff continue to provide reproductive health services to female inmates at the Washoe County Sheriff's Office twice a month.

- e. **Chronic Disease Prevention Program (CDPP)** – Staff participated in learning and collaboration with statewide tobacco partners at the annual Nevada Tobacco Partner meeting. As the current Nevada Tobacco Prevention Coalition president, Kelli Goatley-Seals presented to partners about coalition history, activities, challenges and opportunities. Statewide discussions were held about key tobacco issues including Tobacco 21, youth use of e-cigarettes and second-hand smoke exposure (including threats to clean indoor air from indoor smoking of marijuana).

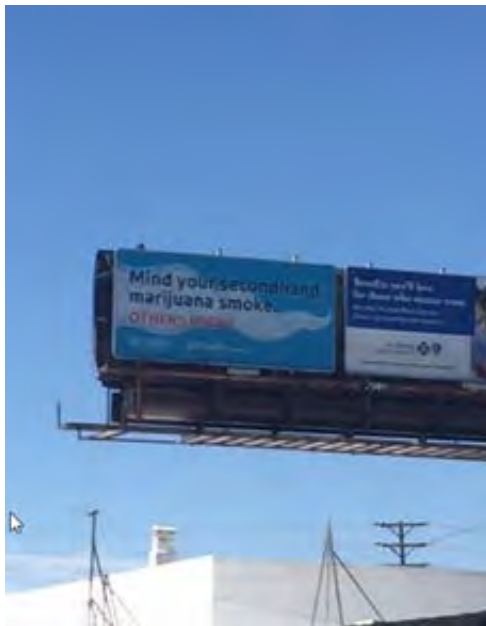
CDPP staff collaborated with CCHS and ODHO staff to coordinate a training for Health District staff on health equity and form a Health District Health Equity Committee to explore improvements in health equity at the Health District.

Staff contributed to the Nevada Cancer Plan by participating in a workgroup looking at cancer prevention activities appropriate for Nevada communities.

The 2020 Wolf Pack Coaches Challenge program was completed among 38 Title I elementary classrooms for a total of 743 student participants. During the four-week program students were challenged to eat more fruits and vegetables in and out of school and to also be more active.

CDPP welcomed Brian Fullgraf to the team in February. Brian is a Public Service Intern who will be completing his graduate-level project with WCHD on the topic of behavioral health and homelessness, as he is working towards his Master's in Public Health from UNR.

CDPP's secondhand marijuana smoke outdoor and digital educational media campaign began and will run through March.



- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff are working on the Executive Summary report for FIMR and entering cases as needed.

The FIMR Board acquired Dr. David Jackson from the High-Risk Pregnancy Center as a member in February. Dr. Jackson has previous experience on a FIMR Board.

Staff distributed congenital syphilis algorithms to all FIMR members. FIMR staff viewed a recorded webinar on “Review of Infant Deaths due to Congenital Anomalies”.

Staff continue to attend and provide updates at the Northern Nevada Maternal Child Health meetings, Pregnancy & Infant Loss Support Organization (PILSOS), and Child Death Review meetings. Cribs for Kids classes continue. Newborn screening and lead cases are investigated as needed.

- g. **Women, Infants and Children (WIC)** – WIC will roll out the Developmental Milestone Check list program. This program is based on the CDC's, “Learn the Signs, Act Early” (LTSAE) public health campaign. This WIC developmental program started as a partnership between University of Missouri (MU) and Missouri WIC program and was refined to address disparities and facilitate healthy development for all children. Due to the success seen in Missouri, CDC funded a grant to pilot the model at WIC programs and in 2019, Nevada was chosen as one of 3 states for the national pilot. Research shows that one of every four children is at risk for developmental, behavioral or social delay. This is particularly true among low income families and nutritionally at-risk children such as those served by WIC. These children often miss out on critical services at a time when those interventions would have the greatest impact on their quality of life. Early identification can lead to better outcomes and WIC is proud to be a part of the national pilot.

WIC program has refilled the position created by the transfer of Nancy Ramirez to the Family Planning/STD program. The new hire is expected to join the program on March 16th. This position is trained to provide nutrition education, foods and referrals after reviewing health, medical, lifestyle and social factors.

DD	CA
DHO	KD

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: March 26, 2020**

DATE: March 26, 2020
TO: District Board of Health
FROM: Charlene Albee, Director
 775-328-2644; calbee@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division Program Updates – **Consumer Protection** (Food, Food Safety, Permitted Facilities, Commercial Plans) and **Environmental Protection** (Land Development, Safe Drinking Water, Vector, Waste Management/UST), and Inspections.

Program Updates

A. Consumer Protection

Food/Food Safety

- The Food Program created a quarterly newsletter that will be sent out to our email listing starting this month. The newsletter will cover important issues in Food Safety and be another tool to help educate and inform the public about food safety regulations and upcoming workshops. Having a quarterly newsletter will add to our continued conformance with Standard 7, Industry and Community Relations, for the Food and Drug Administration (FDA) Retail Program Standards.
- The Food Safety Program sent out a guidance document to food establishments in Washoe County about the COVID-19 outbreak. This guidance document is intended to help food facilities prevent the virus from spreading by using approved sanitizers and serves as a reminder for food managers to focus on employee health and hygiene as a method of disease prevention.
- Epidemiology – The number of School and Childcare outbreaks increased significantly in February and staff collected six stool samples from an elementary school Gastrointestinal Illness outbreak. Program staff presented at the Washoe County School District’s monthly nurses meeting on the importance of reporting outbreaks and how to prevent future outbreaks. The presentation was in conjunction with the Communicable Disease staff and was well received.

Epidemiology	JAN 2020	FEB 2020	2020 YTD
Foodborne Disease Complaints	20	20	40
Foodborne Disease Interviews	14	12	26
Foodborne Disease Investigations	0	1	1
CD Referrals Reviewed	12	9	21
Product Recalls Reviewed	3	1	4
Child Care/School Outbreaks Monitored	13	22	35

- Special Events/Temporary Food –Temporary food permits increased in the month of February and two Promoter permit applications were submitted. New staff members continue to train on all aspects of the program in order to be fully cross trained in time for the busy summer season.

Commercial Plans

- Commercial plan reviews and inspection load remains relatively similar to the past couple of months. Program staff are currently planning a Cross Connection/Backflow course for all EHS staff to attend on March 30. This training is intended to provide staff with a basic background of backflow protection and how it is applied in various facilities regulated by EHS (e.g., food establishments, public bathing, schools, mobile home parks, etc.).

Community Development	JAN 2020	FEB 2020	2020 YTD	2019 TOTAL
Development Reviews	15	11	26	373
Commercial Plans Received	96	91	187	1,325
Commercial Plan Inspections	21	27	48	395
Water Projects Received	8	5	13	87
Lots/Units Approved for Construction	95	108	203	1,337

Permitted Facilities

- Hotel/Motel – Staff conducted Change of Ownership inspections on two motels with approximately 100 rooms each. Every room was inspected and a compliance order was issued to resolve all violations before a new permit can be approved and issued.
- Schools – Staff assisted with COVID-19 response in meetings with the Washoe County School District. Topics covered included sanitizing and exclusions. Staff also started school facility inspections for the 2020 spring semester. As of this report, the inspections are nearing 10% completion.
- Training – One of the new staff members began training on inspections for Permitted Facilities to include Hotels/Motels, Mobile Home/RV Parks, Schools, Child Care, Pools/Spas and Invasive Body Decorations. As of early March the new inspector has completed trainings in Mobile Home and RV Parks, Schools, Child Care Facilities and Hotels/Motels. The new inspector is on track to finish all Permitted Facilities inspection training by mid-April.

B. Environmental Protection

Land Development

- Training for the new team members has moved into a new phase. After just being exposed to the different types of inspections, over the course of March the trainees will begin taking the lead on septic and well inspections. Different types of inspections have been assigned a priority based on level of difficulty. Each trainee will see a minimum of three of each inspection type and then be signed off by the Senior. This will prepare the team to distribute inspection work more evenly in April which will be crucial as construction season starts up. Currently the team is working with only one trained staff member for construction inspections each day and due to the lack of inclement weather, daily inspection workload has remained elevated.
- Through February, the program has taken in 111 plans in 2020 versus 89 for 2019. Plan review times remain on average just at or over two weeks.

Land Development	JAN 2020	FEB 2020	2020 YTD	2019 TOTAL
Plans Received (Residential/Septic)	53	58	111	913
Residential Septic/Well Inspections	72	99	171	1,051
Well Permits	10	14	24	72

Safe Drinking Water (SDW)

- Washoe County Health District (WCHD) and Bureau of Safe Drinking Water (BSDW) have begun discussions regarding the permitting of new water systems. Over the last few years, there have been several “found” systems that BSDW took the lead in getting permitted but that role is switching to WCHD. There are certain portions of responsibility that are still the purview of the State and formalizing those processes and roles will allow for smoother permitting for clients.
- Sanitary surveys have not begun yet this year as training in Land Development has taken precedence. The team is hoping to begin in March or by the end of April at the latest. Once new staff is trained and Land Development workload is begin spread out, work will begin on annual surveys.

Vector-Borne Diseases (VBD)

- The Program started the recruiting process to hire a fifth public service intern for the 2020 mosquito season. Four public service interns are returning from the previous season.
- The current mosquito control product inventory will facilitate a preliminary April growth regulator treatment followed up with two bacterial larvicide treatments in May and June.

Service Requests	JAN 2020	FEB 2020	2020 YTD
Tick Identifications	4	2	6
Rabies (Bat testing)	1	1	2
Mosquito Fish Requests	2	1	3

Waste Management (WM)/Underground Storage Tanks (UST)

- Sun Valley General Improve District (SVGID) is hosting an E-waste and appliance recycling event on Saturday, April 18, 2020, from 9am-1pm at 110 West 4th Avenue, Sun Valley.
- Keep Truckee Meadows Beautiful (KTMB) is hosting the Great Community Cleanup on Saturday, May 2, 2020, from 8am to noon. Please visit their website to register to volunteer @ ktmb.org.

EHS 2020 Inspections

	JAN 2020	FEB 2020	2020 YTD	2019 TOTAL
Child Care	13	4	17	129
Complaints	76	67	143	817
Food	369	535	904	5,819
General*	39	71	110	2,051
Temporary Foods/Special Events	3	25	28	1,541
Temporary IBD Events	1	0	1	86
Waste Management	5	26	31	136
TOTAL	506	728	1,234	10,579
EHS Public Record Requests	204	274	478	3,508

* **General Inspections Include:** IBD; Mobile Home/RV; Public Accommodations; Pools/Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

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

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: March 26, 2020**

DATE: March 17, 2020
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
 775-328-2443, rtodd@washoecounty.us
SUBJECT: Communicable Disease, Public Health Preparedness, Emergency Medical Services

Communicable Disease (CD)

2019 Novel Coronavirus (COVID-19)

The Epidemiology Program is staying up-to-date with the evolving 2019 Novel Coronavirus (2019-nCoV) situation, which has been renamed COVID-19 by the World Health Organization. To date there have been a number of cases of COVID-19 in Washoe County. This number changes daily.

The Communicable Disease Program, Public Health Preparedness staff, and Washoe County Health District leadership have continued holding weekly meetings to plan and provide updates for the rapidly evolving 2019 novel coronavirus situation.

Influenza – Thus far, there have been 215 influenza-associated hospitalizations for the 2019-2020 flu season in Washoe County. Among these cases, 62 hospitalized patients received the seasonal flu vaccine before onset of symptoms. There have been 7 confirmed flu-related deaths reported thus far (week 8) and the CD team is currently investigating 1 additional influenza-associated death.

During week 8, the percentage of persons seen locally with influenza-like illness (ILI) increased to 3.4%, which is above the regional baseline of 2.4%. In Washoe County the pneumonia and influenza (P&I) mortality for week 8 was 98. This reflects a P&I ratio of 2.0%.

Carbapenemase Producing Organisms (CPO) - CD Program staff are continuing to hold the monthly statewide call for updates related to Carbapenemase producing organisms (CPO). Hospitalists, laboratory personnel, epidemiologists, and infection prevention staff from across the state regularly attend these calls.

Public Health Preparedness (PHP)

Stop the Bleed Training – PHP conducted Stop the Bleed Training for Washoe County employees and community partners on March 3, 5, and 11. A total of 68 people were trained over five training sessions.

Integrated Emergency Management Course (IEMC) - The PHERC had been identified as an attendee for this training in Emmitsburg, MD on March 16-20. This event is a unique and very special opportunity to enhance our regional preparedness. Communities who have engaged in this process report that it has really paid off in times of crisis. Unfortunately, this event has been canceled due to the COVID-19 situation across the country.

Emergency Medical Service (EMS)

Interviews for the EMS Coordinator position took place on February 11 - 13, 2020. A successful candidate was identified and will begin working on March 30.

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: March 26, 2020**

DATE: March 18, 2020
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 775-328-2416; kdick@washoecounty.us
SUBJECT: District Health Officer Report – COVID-19, Ozone Advance, Community Health Improvement Plan, and Family Health Festival.

COVID-19

The Health District activated the Department Emergency Operations Center on January 27, 2020 at Level 1 and raised the activation to Level 2 on March 6, 2020. The Regional Emergency Operations Center was activated at Level 1 on February 28, 2020, this activation was increased to a Level 1+ on March 6, 2020 to Level 2 on March 13, 2020 and to Level 2+ on March 17, 2020. The Health District has coordinated with our EMS and healthcare system, schools, other health authorities, and the Governor’s office throughout these emergency management efforts. The Health District has provided website resources and numerous press releases and press briefings to inform the public. A call center was established to screen and conduct risk assessment of callers, so that the epidemiology program could provide appropriate direction for isolation, monitoring, and testing. A drive-through sample collection process for testing at the State Public Health Lab was developed and implemented, with samples collected by Health District Public Health Nurses. Case contact investigations of positive COVID-19 cases have been conducted, with self-isolation and monitoring of close contact occurring and lab testing of individuals that developed symptoms. Health District personnel coordinated closely with the Governor’s office, State preparedness personnel, and the Washoe County Grand Princess passengers to meet and screen them upon their return to the airport and transport them back to their residences.

Ozone Advance

On March 5, 2020 a follow-up Ozone Advance meeting was held with community stakeholders to discuss future steps that need to be taken to remain in EPA ozone attainment. Chair Novak and board member Kristopher Dahir suggested the creation of an Ozone Task Force. Ozone Task Force includes community and industry leaders to create tangible steps towards maintaining ozone attainment. Further steps towards the creation of the task force have been postponed due to COVID-19.

City of Reno Title 18 (Building and Development Code) Technical Working Group meetings are being regularly and are attended by Director Francisco Vega and Branch Chief Dan Inouye to provide comments

regarding Reno's code changes that support the Ozone Advance Program. Specifically, Division Director Vega and Branch Chief Inouye have reviewed and are recommending some elements of the City of Henderson's (Nevada) updated development code, which includes a menu of options for developers to support sustainability.

Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) implementation has continued and the 2019 CHIP report will be shared with various audiences to increase awareness of the implementation successes seen in 2019.

Regarding 5210 Healthy Washoe, the Nutrition and Physical Activity focus area, continues to progress with implementation of the 5210 Healthy Washoe initiative. For the worksite component of the initiative, the 5210 coordinators provided a champion training to the Washoe County Champions. All 24 departments held a kickoff meeting or celebration and state that about 90% of their staff know of the program or know where to find information. The business pilot sites have continued implementation and are most interested in healthy vending and establishing a smoke-free workplace. For the healthcare components, Northern Nevada HOPES, Renown Health, and Community Health Alliance continues to implement the 5210 strategies during patient appointments. For the school components, all five pilot schools have completed an action plan and are taking steps to begin implementation. Schools met with their cafeteria managers and Washoe County School District Nutrition Services to improve cafeteria efforts to increase fruit and vegetable consumption among students. In addition, Urban Roots continues to provide services which includes 5210 programming in five schools.

Family Health Festival

The Family Health Festival (FHF) committee partnered with Immunize Nevada and the Washoe County Health District's (WCHD) Immunization team to provide an event at the Boys and Girls Club, Carano Teen Facility on March 4, 2020 from 3:30p.m. - 6 :30 p.m. The FHF focused on providing vaccines to children 6mo-18yrs, who are going into kindergarten and/or had siblings that needed routine vaccines. In addition, Renown Health, Northern Nevada HOPES and Community Health Alliance were present to establish primary care for those without a doctor or insurance. Additionally, NV Energy mailed letters to families who qualify for the energy assistance program and who were near the event location. As a result, over 20 families attended the event and received additional services in conjunction to receiving energy assistance. The total numbers are being finalized and will be included in the event report. The next Family Health Festival will be in May.