

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Denis Humphreys, OD, Chairman
Matt Smith, Vice Chairman
George Furman, MD,
Councilman Dan Gustin
Commissioner Kitty Jung
Amy J Khan, MD, MPH
Councilwoman Julia Ratti

ANNOTATED AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Building B
South Auditorium
1001 East Ninth Street
Reno, Nevada
January 28, 2010
1:00 PM
NOTICE

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ WWW.WASHOECOUNTY.US/HEALTH. PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as “(action)”.

Business Impact Statement – A Business Impact Statement is available at the Washoe County Health District for those items denoted with a \$

1. Call to Order, Pledge of Allegiance Led by Invitation	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	NO COMMENT PRESENTED
4. Approval/Deletions to the Agenda for the January 28, 2010 (action)	APPROVED AS AMENDED
5. Approval/Additions/Deletions to the Minutes of the October 8, 2009 Strategic Planning Session and the Regular Meeting of December 17, 2009 (action)	APPROVED APPROVED

- 6. Recognitions
 - A. Introduction of New Employee
 - 1. Betsy Hambleton - EPHP
 - B. Years-of-Service
 - 1. Jessica Cabrales – CCHS – 5 Years
 - 2. Lori Cooke – AHS - 10 Years
 - 3. Rebecca Koster – CCHS - 10 Years

- 7. Consent Agenda

Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

 - A. Air Quality Management Cases
 - 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month
 - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month
 - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board
 - 1. No Cases This Month
 - C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers
 - 1. Retroactive Approval of the District Health Officer's Acceptance of the Subgrant Amendment #1 from the Nevada State Health Division in the Amount of \$585,283 in Support of the Public Health Preparedness H1N1Focus Area 1 Grant Program for the Period of July 31, 2009 to July 30, 2010 (action)
 - 2. Retroactive Approval of the District Health Officer's Acceptance of Notice of Subgrant Award from the Nevada State Health Division in the Amount of \$58,000 in Support of the Maternal and Child Health (MCH) Program for the Period of January 1, 2010 to June 30, 2010; Approval of Amendments Totaling an Increase of \$50,000 in Both Revenue and Expense to the FY 10 MCH Federal Grant Program, IO 10828; and Approval of Amendments Totaling an Increase of \$8,000 in Both Revenue and Expense to the MCH State Grant Program IO 10007, to Bring the FY 10 Adopted Budget Into Alignment with the Grant (action)
 - 3. Retroactive Approval of the District Health Officer's Acceptance of Subgrant Amendment #1 from the Nevada State Health Division in the Amount of \$1,052,883 in Support of Public Health Preparedness H1N1 Phase 3 Grant Program, IO-10782 for the Period of July 31, 2009 to July 30, 2010 (action)

INTRODUCTION OF NEW EMPLOYEE
BETSY HAMBELTON

YEARS-OF-SERVICE
JESSICA CABRALES – 5 YEARS

APPROVED

APPROVED

APPROVED

<p>4. Ratification of an Interlocal Contract Between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District in the Total Amount of \$93,504 (\$46,752 Annually) in Support of the HIV Prevention Fiscal Agent Program for the Period of January 1, 2010 Through December 31, 2011, Contingent Upon Approval by the Washoe County's Risk Manager and the District Attorney; Approval of Amendments Totaling an Increase of \$14,713 in Both Revenue and Expense to the HIV Fiscal Agent Grant Program, IO 10187; and Approval of Amendments Totaling a Decrease of \$14,713 in Both Revenue and Expense to the HIV Prevention Grant Program, IO 10013 to Bring the FY 10 Adopted Budget Into Alignment with the Grants (action)</p>	<p>APPROVED</p>
<p>5. Approval of Notice of Subgrant Award from the Nevada State Health Division in the Amount of \$115,022 in Support of the Sexually Transmitted Disease (STD) Program for the Period of January 1, 2010 to December 31, 2010 (action)</p>	<p>APPROVED</p>
<p>6. Approval of the Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the Amount of \$69,606 in Support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016) for the Period of January 1, 2010 Through December 31, 2010 (action)</p>	<p>APPROVED</p>
<p>7. Approval of the Notice of Subgrant Award from the Nevada State Health Division in the Amount of \$53,000 in Support of the Assistant Secretary for Preparedness and Response (ASPR) Grant Program IO TAB for the Period of July 31, 2009 to July 30, 2010; and Approval of Amendments Totaling an Increase of \$53,000 in Both Revenue and Expense to the FY 10 ASPR H1N1 Grant Program Budget (action)</p>	<p>APPROVED</p>
<p>8. Approval of Notice of Subgrant Award from the Nevada State Health Division in the Amount of \$79,634 in Support of the HIV Surveillance Program for the Period of January 1, 2010 to December 31, 2010 (action)</p>	<p>APPROVED</p>
<p>D. Donation 1. Acceptance of Donation of \$3,360 from Catholic Healthcare West for the Washoe County Immunization Program (action)</p>	<p>ACCEPTED</p>
<p>8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health A. No Cases This Month</p>	
<p>9. Regional Emergency Medical Services Authority A. Review and Acceptance of the Operations and Financial Report for November and December 2009 (action) B. Update of REMSA's Community Activities Since December 2009</p>	<p>ACCEPTED PRESENTED</p>
<p>10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for December 2009 (action)</p>	<p>ACCEPTED</p>
<p>11. Presentation of the Fiscal Year 2011 Budget Update</p>	<p>PRESENTED</p>
<p>12. Re-Appointment of Mr. Ronald Anderson, PE., to the Sewage, Wastewater and Sanitation Hearing Board for a Three (3) Year Term (action)</p>	<p><u>REAPPOINTED</u> MR RON ANDERSON – 3 YEARS</p>
<p>13. Appointment of Mr. Andrew Sato as the At-Large Appointee to the Air Pollution Control Hearing Board for a Three (3) Year Term (action)</p>	<p><u>APPOINTED</u> MR ANDREW SATO – 3 YEARS</p>
<p>14. Update - District Board of Health Marketing Committee</p>	<p>PRESENTED</p>
<p>15. Staff Reports and Program Updates A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities</p>	<p>PRESENTED</p>

- B. Director, Community and Clinical Health Services – CCHS HIV Prevention Program
"HIV 101" Community Classes; Childcare Health Consultation; Sexual Health Program
RESPECT Model Evaluation
- C. Director, Environmental Health Services – Recycling Activities; Vector-Borne Diseases
Prevention Program
- D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green,
Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and
Enforcement Activity
- E. Administrative Health Services Officer – Inter-Hospital Coordinating Council 2009
Calendar Year Accomplishments
- F. District Health Officer – Nevada Public Health Commission; Nevada Public Health
Foundation Strategic Planning Session; National Association of Local Boards of Health Annual
Conference Reminder; Health Officer's Vacation Compensation Offer Declined

- 16. Board Comment – Limited to Announcements or Issues for Future Agendas
- 17. Adjournment (action)

COMMENTS RECEIVED

ADJOURNED

NOTE: 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, PO Box 11130 Building "B", Reno, NV 89520-0027 or by calling 328-2416.

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|---------|----|---|---------------|
| 1:00 PM | 1. | Call to Order, Pledge of Allegiance Led by Invitation | Dr. Humphreys |
| | 2. | Roll Call | Ms. Smith |
| | 3. | Public Comment (3 minute time limit per person) | Dr. Humphreys |
| | 4. | Approval/Deletions to the Agenda for the January 28, 2010 (action) | Dr. Humphreys |
| | 5. | Approval/Additions/Deletions to the Minutes of the October 8, 2009 Strategic Planning Session and the Regular Meeting of December 17, 2009 (action) | Dr. Humphreys |

6. Recognitions Dr. Humphreys
- A. Introduction of New Employee
 - 1. Betsy Hambleton - EPHP
 - B. Years-of-Service
 - 1. Jessica Cabrales – CCHS – 5 Years
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- Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.
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 - a. No Cases This Month
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 - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
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 - C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers
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4. Ratification of an Interlocal Contract Between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District in the Total Amount of \$93,504 (\$46,752 Annually) in Support of the HIV Prevention Fiscal Agent Program for the Period of January 1, 2010 Through December 31, 2011, Contingent Upon Approval by the Washoe County's Risk Manager and the District Attorney; Approval of Amendments Totaling an Increase of \$14,713 in Both Revenue and Expense to the HIV Fiscal Agent Grant Program, IO 10187; and Approval of Amendments Totaling a Decrease of \$14,713 in Both Revenue and Expense to the HIV Prevention Grant Program, IO 10013 to Bring the FY 10 Adopted Budget Into Alignment with the Grants (action)
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D. Donation

1. Acceptance of Donation of \$3,360 from Catholic Healthcare West for the Washoe County Immunization Program (action)
8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
 - A. No Cases This Month Mr. Bonderson
9. Regional Emergency Medical Services Authority Mr. Smith
 - A. Review and Acceptance of the Operations and Financial Report for November and December 2009 (action)
 - B. Update of REMSA's Community Activities Since December 2009
10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for December 2009 (action) Ms. Coulombe
11. Presentation of the Fiscal Year 2011 Budget Update Ms. Coulombe
12. Re-Appointment of Mr. Ronald Anderson, PE., to the Sewage, Wastewater and Sanitation Hearing Board for a Three (3) Year Term (action) Mr. Coulter
13. Appointment of Mr. Andrew Sato as the At-Large Appointee to the Air Pollution Control Hearing Board for a Three (3) Year Term (action) Mr. Bonderson
14. Update - District Board of Health Marketing Committee Dr. Furman
15. Staff Reports and Program Updates Dr. Todd
 - A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities

- | | |
|---|--|
| <p>B. Director, Community and Clinical Health Services – CCHS HIV Prevention Program “HIV 101” Community Classes; Childcare Health Consultation; Sexual Health Program RESPECT Model Evaluation</p> <p>C. Director, Environmental Health Services – Recycling Activities; Vector-Borne Diseases Prevention Program</p> <p>D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity</p> <p>E. Administrative Health Services Officer – Inter-Hospital Coordinating Council 2009 Calendar Year Accomplishments</p> <p>F. District Health Officer – Nevada Public Health Commission; Nevada Public Health Foundation Strategic Planning Session; National Association of Local Boards of Health Annual Conference Reminder; Health Officer’s Vacation Compensation Offer Declined</p> | <p>Ms. Brown</p> <p>Mr. Sack</p> <p>Mr. Goodrich</p> <p>Ms. Coulombe</p> <p>Dr. Anderson</p> |
| <p>16. Board Comment – Limited to Announcements or Issues for Future Agendas</p> | <p>Dr. Humphreys</p> |
| <p>17. Adjournment (action)</p> | <p>Dr. Humphreys</p> |

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
 Board Room - Health Department Building
 Wells Avenue at Ninth Street

January 28, 2010

	<u>Page</u>
Roll Call	1
Public Comment	1
Approval/Additions/Deletions – Agenda –	2
Review – Approval of Minutes – Strategic Planning Session – October 8, 2009 and Minutes of December 17, 2009	2
Recognitions	2
Consent Agenda – Budget Amendments/Interlocal Agreements	
Retroactive Approval – DHO's Acceptance – Subgrant Amendment #1 – Nevada State Health Division – Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO 10780	2 - 3
Retroactive Approval – DHO's Acceptance – Subgrant Award – NV State Health Division – Maternal and Child Health (MCH) Program; Amendments to FY 10 MCH Federal Grant Program, IO 10828 and MCH State Grant Program, IO 10007	3
Retroactive Approval – DHO's Acceptance – Subgrant Amendment #1 – Public Health Preparedness H1N1 Phase 3 Grant Program, IO 10782	3
Ratification - Interlocal Contract – State of NV, Department of Health and Human Services, Health Division - Washoe County Health District – HIV Prevention Fiscal Agent Program; Amendments HIV Fiscal Agent Grant Program, IO 10187; Amendments HIV Prevention Grant Program, IO 10013	3
Approval – Notice of Subgrant Award – NV State Health Division – Sexually Transmitted Disease (STD) Program	3
Subgrant Award – NV Department of Health and Human Services – Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program, IN 10016	3
Approval – Notice of Subgrant Award – NV State Health Division – Assistant Secretary for Preparedness and Response (ASPR) H1N1 Grant Program, IO TBA; Amendments FY 10 ASPR H1N1 Grant Program Budget	4
Notice of Subgrant Award – NV State Health Division – HIV Surveillance Program	4
Consent Agenda - Donation - \$3,360 – Catholic Healthcare West	4

WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

January 28, 2010

Page 2

	<u>Page</u>
Re-Appointment – Mr. Ron Anderson, PE – Sewage, Wastewater and Sanitation Hearing Board	4 - 5
Appointment – Mr. Andrew Sato – Air Pollution Control Hearing Board	5
Regional Emergency Medical Services Authority	
A. Review and Acceptance of Operations and Financial Report for November and December 2009	5 – 6
B. Update on REMSA’s Activities Since December 2009	6 – 7
Acceptance of District Health Department Monthly Public Health Fund Revenue and Expenditures for December 2009	7 – 9
Presentation – Fiscal Year 2010/2011 Budget Update	9 – 11
Update – DBOH – Marketing Committee	11 - 15
Staff Reports	
Division Director – Epidemiology and Public Health Preparedness	15 - 18
Division Director – Community and Clinical Health Services	18
Division Director – Environmental Health Services	18
Division Director – Air Quality Management	18 - 19
Division Director – Administrative Health Services Officer	19
District Health Officer	20
Board Comment	20 – 21
Adjournment	21

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
January 28, 2010

PRESENT: Mr. Matt Smith, Vice Chairman; George Furman, MD (arrived at 1:07 pm); Councilman Dan Gustin; Commissioner Kitty Jung (arrived at 1:10 pm); Amy Khan, MD; and Councilwoman Julia Ratti

ABSENT: Denis Humphreys, OD, Chairman

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Mr. Bob Sack, Director, Environmental Health Services; Mr. Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant II; Noel Bonderson, Air Quality Supervisor; Steve Fisher, Department Computer Application Specialist; Doug Coulter, PE, Senior Engineer; Jeff Whitesides, Public Health Preparedness Program Manager; Betsy Hambleton, Coordinator, Medical Reserve Corp Program; Bev Bayan, WIC Program Manager; Judy Davis, Public Information Officer; Jessica Cabrales, Office Assistant; Jennifer Hadayia, Public Health Program Manager; Jeff Jeppson, Vector-Borne Diseases Specialist; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:05 pm, Vice Chairman Smith called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Dr. Amy Khan, District Board of Health member.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary, advised that Chairman Humphreys is excused.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/ADDITIONS – AGENDA – JANUARY 28, 2010

Vice Chairman Smith advised that item 12. Re-Appointment of Mr. Ronald Anderson to the Sewage, Wastewater and Sanitation Hearing Board; and item 13. Appointment of Mr. Andrew Sato to the Air Pollution Control Hearing Board, will be considered after the consent agenda items.

**MOTION: Ms. Ratti moved, seconded by Dr. Khan, that the agenda for the District Board of Health January 28, 2010 meeting be approved as amended.
Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – STRATEGIC PLANNING SESSION – OCTOBER 8, 2009 AND MEETING OF DECEMBER 17, 2009

Vice Chairman Smith called for any additions, deletions or corrections to the minutes of the District Board of Health's Strategic Planning Session of October 8, 2009; and the regular monthly meeting of December 17, 2009.

**MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the minutes of the District Board of Health's October 8, 2009 Strategic Planning Session; and the regular monthly meeting of December 17, 2009, be approved as received.
Motion carried unanimously.**

RECOGNITIONS

Mr. Jeff Whitesides, Public Health Preparedness Program Manager, introduced Ms. Betsy Hambleton, advising that Ms. Hambleton is the new Coordinator, Medical Reserve Corps Program with the Epidemiology and Public Health Preparedness Division. Mr. Whitesides stated that Ms. Hambleton served as a MRC volunteer prior to assuming the MRC Coordinator position and worked at the H1N1 Clinics.

Vice Chairman Smith and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to Ms. Jessica Cabrales for 5 Years-of-Service.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of the **Subgrant Amendment #1** from the **Nevada State Health Division** in

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 28, 2010

Page 3

the amount of **\$585,283** in support of the **Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO 10780** for the period of July 31, 2009 through July 30, 2010.

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of the **Notice of Subgrant Award** from the **Nevada State Health Division**, in the amount of **\$58,000** in support of the **Maternal and Child Health (MCH) Program** for the period of January 1, 2010 through June 30, 2010; **approval of amendments totaling an increase of \$50,000** in both revenue and expense to the **FY 10 MCH Federal Grant Program, IO 10828**; and **approval of amendments totaling an increase of \$8,000** in both revenue and expense to the **MCH State Grant Program, IO 10007**, to bring the FY 10 adopted budget into alignment with the grant.

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of the **Subgrant Amendment #1**, in the amount of **\$1,052,883** in support of the **Public Health Preparedness H1N1 Phase 3 Grant Program, IO 10782**, for the period of July 31, 2009 through July 30, 2010.

The Board was advised that Staff recommends **ratification** of an **Interlocal Contract** between the **State of Nevada, Department of Health and Human Services, Health Division** and the **Washoe County Health District**, in the **total amount of \$93,504 (\$46,752 annually)** in support of the **HIV Prevention Fiscal Agent Program**, for the period of January 1, 2010 through December 31, 2011, contingent upon the approval of the Washoe County Risk Manager and the District Attorney; **approval of amendments totaling an increase of \$14,713** in both revenue and expense to the **HIV Fiscal Agent Grant Program, IO 10187**; and **approval of amendments totaling a decrease of \$14,713** in both revenue and expense to the **HIV Prevention Grant Program, IO 10013** to bring the FY 10 adopted budgets into alignment with the grants.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$115,022** in support of the **Sexually Transmitted Disease (STD) Program** for the period of January 1, 2010 through December 31, 2010.

The Board was advised that Staff recommends **approval** of the **Subgrant Award** from the **Nevada Department of Health and Human Services, Health Division** in the amount of **\$69,606** in support of the **Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016)** for the period of January 1, 2010 through December 31, 2010.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$53,000** in support of the **Assistant Secretary for Preparedness and Response (ASPR) H1N1 Grant Program, IO TBA**, for the period of July 31, 2009 through July 30, 2010; and **approval** of **amendments totaling an increase of \$53,000** in both revenue and expense to the **FY 10 ASPR H1N1 Grant Program budget**.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$79,634** in support of the **HIV Surveillance Program**, for the period of January 1, 2010 through December 31, 2010.

MOTION: Dr. Khan moved, seconded by Mr. Gustin, that the retroactive approval of the District Health Officer's acceptance of the Subgrant Amendments #1; and the Notice of Subgrant Award, with the corresponding budget amendments; be approved as submitted; that the Interlocal Contract; the Notice of Subgrant Awards, with the corresponding budget amendments, be approved and the Vice Chairman be authorized to execute on behalf of the Board where applicable.
Motion carried unanimously.

CONSENT AGENDA – DONATION

The Board was advised that Staff recommends approval of the donation of \$3,360 from Catholic Healthcare West for the Washoe County Immunization Program, specifically for participation in providing seasonal influenza vaccinations to the at risk population of Washoe County on the *Kids to Senior Korner Van*.

MOTION: Dr. Khan moved, seconded by Mr. Gustin, that the donation, in the amount of \$3,360 for the Washoe County Health District's Immunization Program, be accepted as presented.
Motion was carried.

RE-APPOINTMENT – MR. RON ANDERSON, PE – SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

Mr. Doug Coulter, PE, Senior Registered Engineer, advised that Staff recommends the Board re-appoint Mr. Ronald Anderson, PE, to the Sewage, Wastewater and Sanitation (SWS) Hearing Board for a three (3) year term, serving from January 28, 2010 through January 28, 2013.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that Mr. Ronald Anderson, PE, be re-appointed to the Sewage, Wastewater and Sanitation Hearing Board

for a three (3) year term, serving from January 28, 2010 through January 28, 2013.

Motion carried unanimously.

APPOINTMENT – MR. ANDREW SATO – AIR POLLUTION CONTROL HEARING BOARD

Mr. Noel Bonderson, Air Quality Supervisor, advised that Staff recommends the Board appoint Mr. Andrew Sato, President of Sato Environmental Consultants, Inc., to the at-large position on the Air Pollution Control Hearing Board for a three (3) year term, serving from January 28, 2010 through January 28, 2013. Mr. Bonderson stated that Mr. Sato "should be an outstanding asset to the Hearing Board."

MOTION: Dr. Khan moved, seconded by Mr. Gustin, that Mr. Andrew Sato be appointed to the at-large position on the Air Pollution Control Hearing Board, for a three (3) year term, serving from January 28, 2010 through January 18, 2013.

Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operational and Financial Report – November and December 2009

Mr. Patrick Smith, President, REMSA, advised that the Board members have been provided with a copy of the November 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in November was 93% and 96% for non-life threatening calls, with an overall average response time of six minutes and three seconds (6:03); and an overall average travel time of four minutes and fifty-eight seconds (4:58). Mr. Smith advised that the monthly average bill for air ambulance service for November 2009 was \$6,690, with a year-to-date average of \$6,989. Mr. Smith advised that the monthly average bill for ground ambulance service for November 2009 was \$945, with a year-to-date average of \$945.

Mr. Smith advised that the Board members have been provided with a copy of the December 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in December was 92% and 91% for non-life threatening calls, with an overall average response time of six minutes and fifty-four seconds (6:54); and an overall average travel time of five minutes and forty-seven seconds (5:47). Mr. Smith advised that the monthly average bill for air ambulance service for December 2009 was \$5,977, with a year-to-date average of \$6,889. Mr. Smith advised

that the monthly average bill for ground ambulance service for December 2009 was \$944, with a year-to-date average of \$944.

MOTION: Dr. Khan moved, seconded by Mr. Gustin, that the REMSA Operational and Financial Reports for November and December 2009 be accepted as presented.

Motion carried unanimously.

B. Update of REMSA's Community Activities Since December 2009

Mr. Smith stated that at the November meeting he advised the Board of REMSA being contacted by the Department of Defense (DOD) and the Pentagon regarding the five (5) REMSA Paramedics, who serve in the National Air Guard, having the "highest save rate of all the Air Guard units, while stationed in Afghanistan." Mr. Smith stated that these discussions have been regarding REMSA providing training for all medical Air Guard units regarding utilizing REMSA's medical protocols. Mr. Smith stated that three (3) of those five (5) Paramedics are present, introducing Sergeant Steve Parks; Sergeant Nick Hammond; and Specialist Mike Roen. Mr. Smith stated that these are the same individuals "who take care of the people of this community everyday; that they are to be commended"; that it was because of their performance that REMSA is "known by the DOD and the Pentagon."

Mr. Smith stated that REMSA worked with the Health District during the flu season, which has not been as bad as was anticipated due to the "push for inoculations" in the community by several agencies, including REMSA, the Health District, the hospitals, etc. Mr. Smith stated REMSA "has completed its role in providing immunizations; that REMSA provided 827 immunizations, including REMSA's partnering agencies within the community. Mr. Smith stated that REMSA provided "an extra week of immunizations, immunizing 230 homebound individuals who do not have the capabilities of getting to a community clinic; that REMSA provided seasonal influenza vaccinations, the H1N1 vaccinations and pneumococcal vaccinations. Mr. Smith stated that part of REMSA's mission in addition to "practicing medicine is public health."

Mr. Smith stated that recently the Care Flight helicopter "experienced a 'hard landing' at the Renown ground helipad"; that all aboard are "fine; that the helicopter is in Texas for an evaluation." Mr. Smith described the incident, advising that this resulted in structural damage to the tail rotor and skids; that this helicopter had been refurbished for "upgrading and safety features, including new 20-G crash absorbing seats, which took the bulk of the G-force in the hard landing."

In response to Dr. Khan regarding the increased response and travel times during the month of December as compared to November and previous months, Mr. Smith stated it was weather

related; that it is important to arrive on-scene not only as "quickly as possible but as safely as possible."

Dr. Khan stated that she commends REMSA for offering both the seasonal and H1N1 immunizations; that she appreciates REMSA providing the pneumococcal vaccine also, as "that is one which 'under recognized' in terms of its importance."

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE –
DECEMBER 2009

Ms. Eileen Coulombe, Administrative Health Services Officer, advised that the Board members have been provided with a copy of the Health Fund Revenue report for the month of December 2009. Ms. Coulombe reviewed the Report in detail, advising that contractual wages, in the amount of \$34,693.95 are "primarily in Vector and H1N1"; that it was necessary to contract for the services of a former staff Epidemiologist for assistance and an individual for the significant amount of data entry; that these are budgeted items. Ms. Coulombe stated that Staff recommends the Board accept the Report as presented.

In response to Mr. Gustin regarding the expenditures of "software maintenance", Ms. Coulombe stated that "in balancing its budget, the Tech Services Division, after the Health District's budget activity was 'closed', required other Departments to pay for the software licenses and the maintenance fees, which had to be absorbed in the [Health District's] budget." Ms. Coulombe stated that Staff will be conferring with the Tech Services Division to determine if the Health District will again be required to pay for those costs; that Staff anticipates it will have to adjust the budget to pay these costs.

In response to Mr. Gustin regarding "equipment and non-capital" expenses "all exceed the budget and are higher than anticipated in most Divisions", Ms. Coulombe advised that in considering equipment purchases it is necessary to ensure sufficient capital authority; that there is "operating equipment versus capital equipment"; that the District has the authority to "overspend operating line items"; however, the District "cannot spend in the capital line item unless there is the appropriations and the authority; that totaled together it balances out."

In response to Mr. Gustin regarding the "overtime budget and where the overtime occurred", Ms. Coulombe stated that Administration was at 80% for overtime; that this is a result of vacant positions and "work which has to be completed." Ms. Coulombe stated that Staff is only allowed to

accrue 240 hours of compensatory time, after which the individual must be paid cash for overtime; that these individuals "are maxed out on compensatory hours." In response to Mr. Gustin regarding compensatory time, Ms. Coulombe stated that when overtime is required an employee, by contract, has the choice of "taking compensatory time or being paid for the time"; however, as she advised, when an employee has 240 hours of compensatory time on the books the employee is paid cash for any overtime. Ms. Coulombe advised that the Air Quality Management Division incurred "no overtime"; that the CCHS Division was at 198%; however, this is due to a number of "CCHS Staff members being maxed out on compensatory time"; that another factor is "client services." Ms. Coulombe stated that when a Staff member is with a client it is not possible to end the client visit because the Staff member's work day is over ~ the client visit has to be completed. Ms. Coulombe stated that "some of the grants do provide appropriations for overtime for a number of the deliverables." Ms. Coulombe advised that the Environmental Health Services Division was "at 52%, which is correct for this time"; and EPHP was at approximately 15%. Ms. Coulombe advised that the finance team has received "an overtime report, which will be reviewed with the Division Directors."

In response to Mr. Gustin regarding "the cost of repairs and maintenance being greater than the amount budgeted", Ms. Coulombe advised that Staff will investigate this further; however, typically it isn't possible to "plan for the equipment to break"; therefore, historically, the amount budgeted has remained minimal. Ms. Coulombe stated that during the next two (2) weeks of budget preparation, Staff will review each of these line items; that she can report back to the Board regarding this question.

In response to Mr. Gustin, Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, advised that the "exceedance of repairs and maintenance within the CCHS Division includes the negative pressure rooms for the Tuberculosis (TB) clinic." Ms. Brown advised that grant funding was re-directed to ensure compliance with the requirements for "negative air pressure rooms", as the rooms were "out of compliance for a period of time." Ms. Brown stated during that time it was necessary to conduct "mitigated environmental controls for the employees, as this was a significant liability issue." Ms. Brown stated that Staff is "luckily Staff was able to use grant dollars" to correct the problem' that "facilities management did an excellent jobs in re-doing the windows to achieve the negative pressure compliance in those rooms." Ms. Brown stated that this project was achieved at a cost, which was substantially less than what was estimated by the engineers.

In response to Ms. Jung regarding the "overtime and maximum compensatory hours", Ms. Coulombe stated the contract with the employees associations stipulate that managers can determine the need for overtime; however, it is the choice of the employee regarding "whether to request compensatory time or cash payment." Ms. Coulombe stated that 240 hours of compensatory time is the maximum allowed.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the District Health Department's Revenue and Expenditure Report for December 2009, with Staff's explanations, be accepted as presented.
Motion carried unanimously.

PRESENTATION – FISCAL YEAR 2011 BUDGET UPDATE

Ms. Coulombe advised that the Board members have been provided with a copy of the January 22, 2010, "Status Report and Direction to Staff on Fiscal Year 2010/11 Budget", presented to the Board of County Commissioners from Mr. John Sherman, Director, Washoe County Finance, through Ms. Katy Simon, Washoe County Manager (a copy of which was placed on file for the record.) Ms. Coulombe advised that the Board members have also been provided with a copy of Mr. Sherman's power point presentation to the Board of County Commissioners (a copy of which was placed on file for the record.)

Ms. Coulombe advised the report "recommends actions to close the anticipated General Fund deficit, in the amount of \$24.7 million for FY 11." Ms. Coulombe advised that the Board of County Commissioners did "approve for Departments to commence planning based upon these documents to close the structural deficit."

Ms. Coulombe advised that the Board of County Commissioners have established three (3) goals for sustainability: 1) maintain service levels to the extent possible; 2) maximize employment; and 3) to achieve sustainable labor costs. Ms. Coulombe stated that last year the County implemented reductions through "a tiered system", with the Health District being within the "88% funding level." Ms. Coulombe stated that rather than "having it all be departmental reductions" the County is considering the three-point strategy as presented: 1) sustainable labor cost plan by proposing a reduction of \$11.4 million ; 2) Departmental reductions in the amount of \$7.8 million; and 3) redirection of restricted revenues and reserves to increase revenues by \$5.75 million.

Ms. Coulombe stated that Attachment A (last page) of Mr. Sherman's report delineates the "Recommended Department Initial Funding Levels and Reduction Targets for Fiscal Year 2010/11"; that the "reduction target" for the Health District "in the second tier is 3%, which equates to \$253,000." Ms. Coulombe stated that the tier groupings "remain the same; however, the adjustment have different values." Ms. Coulombe stated that the tier groupings are at 2%; 3%, which includes the Health District; 4% and 5%; that the "initial amount for planning" reduction target is \$253,000 from the General Fund. Ms. Coulombe stated that the Health District does have "obligations of resources associated with the grants and revenues, etc., which have to be

addressed." Ms. Coulombe stated the Vector-Borne Diseases Prevention Program (IO 172101) budget, which is supported by the half cent property tax is \$350,000; however, the Program has historically expended approximately \$100,000 annually; therefore, the Health District has requested that Mr. Darin Conforti, the Health Department's Fiscal Analyst, review this fund to determine if the Health District "can maintain that resource." Ms. Coulombe stated that all "of this is part of the planning process, which is just commencing."

Ms. Coulombe stated that "the County is being very flexible regarding positions should it become necessary to implement reclassifications, re-tool or re-sort positions"; that the Health District will be utilizing the "Organizational Optimization Plan, which was adopted by the Board in 2007, as the 'source document'." Ms. Coulombe stated the Organizational Optimization Plan was developed to implement a strategic reorganization to address the budget shortfall versus the short-term approach of continuous use of vacancy savings. Ms. Coulombe stated that during the Strategic Retreat the Board discussed the efforts of the Structural Review Team (SRT), which had reviewed program mandates; service levels, goals; performance measures; program drivers; activities; historical funding levels; and conducted a "Strength, Weaknesses, Opportunities and Threats (SWOT)" analysis program by program.

Ms. Coulombe acknowledged "the Board of Health's proactive approach in adopting the FY 10 budget; that the Health District's internal financial team recommended the Board "retain a minimum ending fund balance of \$200,000, which the Board did." Ms. Coulombe stated that "by the Board of Health retaining the actual adopted budget of \$258,000 as the ending fund balance for this fiscal year, demonstrated fiscal prudence in the management of the funds, which are in the custody of the Board of Health." Ms. Coulombe stated Staff thanks the Board for this, "as it places [the Health District] in a much better position for where the District is now."

Ms. Coulombe stated that next week the financial team will begin meeting with the Division Directors and program managers to review budgets "line item by line item". Ms. Coulombe stated that the Division Directors have been provided direction to consider "it as a base budget/a zero-base", advising the financial team "of the assumptions of each one of the line items."

Ms. Coulombe advised that the Board of Health's FY 11 Budget meeting is scheduled for Thursday, March 4, 2010, beginning at 1:00pm. Ms. Coulombe advised that in accordance with the requirements of the Interlocal Agreement, Staff is in the process of scheduling the meeting with the Cities and County Manager to present the Health District's annual budget; that Staff will provide the Board with any comments presented by the Managers during that meeting.

Ms. Coulombe stated that the County has revised the original budget calendar, which was provided to the Board members; that the new deadline for submission of the proposed FY 11 Budget is March 15, 2010. Ms. Coulombe stated that Dr. Anderson will present the Health District's budget to the Board of County Commissioners on either March 29th; April 5th or April 12th. In response to Dr. Anderson, Ms. Coulombe stated that Staff will schedule the Health District's presentation for Monday, April 5th. Ms. Coulombe stated that in accordance with *Nevada Revised Statute* (NRS) the tentative budget must be filed by April 15th; that the final budget must be filed by June 1st. Ms. Coulombe stated that Staff will keep the Board apprised.

Ms. Jung stated the County's "1-3 sustainability goals are in ranking order, although that isn't reflected in the staff report; that she would request the rankings be taken into consideration" when the Health District is determining "what those 3 sustainability goals are, the ranking order and how those correlate to how the Health District proposes its budget." Ms. Jung directed Ms. Coulombe to request that Mr. Conforti demonstrate "how to use the County's assumption program he developed allowing the Health District to enter their own numbers"; that County is developing "a five (5) year plan, as employee layoffs is not a sustainable solution." Ms. Jung stated that the County is attempting to revise "a structural deficit that is being anticipated based upon lack of property tax revenue; lack of sales tax revenues, and many other issues, which are anticipated, particularly with the upcoming new Special Session of the Legislature."

In response to Ms. Jung, Ms. Coulombe stated that Mr. Conforti is the analyst assigned to the Health District; that Staff met with him preliminary on Thursday; that she will discuss this issue with him.

In response to Dr. Anderson regarding the "rankings of the three goals", Ms. Jung stated the order in which the goals are listed: 1) Maintain Service Levels; 2) Maximize Employment; and 3) Achieve Sustainable Labor Costs, are in ranking order as agreed upon by the County Commissioners.

The Board thanked Ms. Coulombe for the update.

UPDATE – DISTRICT BOARD OF HEALTH MARKETING COMMITTEE

Dr. Furman stated the District Board of Health's Marketing Committee met on December 3, 2009; that attending were Dr. Anderson, the Division Directors and the Public Information Officers; that "it was a very good meeting and the people attending had some very good ideas."

Dr. Furman stated that the discussion was in regard to a website, which utilizes 'questionable language for marketing and has collaborations with other groups, which also engage in questionable marketing practices.' Dr. Furman stated that this site "has strayed a bit from Washoe County marketing recommendations; the recommendations of the District Board of Health; and members of the Health District; that examples of this issue are 'the Tobacco Program' website(s) and one (1) for the Sexually Transmitted Disease (STD) Program." Dr. Furman stated one agency STD website, with which the Health District collaborates, "uses a homophone for a vulgarism that is utilized on thousands of websites; however, these are words that should not be used."

Dr. Furman stated he introduced possible recommendations, which are more restrictive than the recommendations presented at the November 17, 2009 meeting of the Information Technology Standards Committee (ITSC) for the County's social media policy. Dr. Furman stated that "this issue is not going to go away; that the Health District continues to work on this situation."

Mr. Gustin stated that, as Dr. Furman indicated, there was good dialogue in the meeting among Staff and Committee members as to how messages are disseminated among the audience "being reached; how we are reaching them and how to make that successful." Mr. Gustin stated "there were good points made on each side of the issue"; that the concern of the Committee members and Staff is that "it is not the intent to promote or condone these examples of how the Health District approaches and talks to these [target] audiences." Mr. Gustin stated that there was discussion regarding sites linking to the Health District without the Health District's knowledge; that it is difficult to become aware of "all the sites which may be doing this." Mr. Gustin state the intent is "to raise the awareness of what is occurring and stipulating that it is necessary to scrutinize all those messages that are being delivered, in whatever form, and try to stay away from those which do not present the District's best deliverable message in an approved method." Mr. Gustin stated that the Committee members acknowledged "the futility of Staff members attempting to 'battle these insurgents' linking to the Health District on various websites." Mr. Gustin stated that, as members of the Marketing Committee, he and Dr. Furman "thought this was being accepted as the status quo; however, that is not what the District or Staff intends"; therefore, the discussion was "to take whatever steps possible when alerted to something, which is less than desirable", and links itself to the Health District "in an attempt to legitimize their efforts."

Ms. Ratti she understands "attempting to avoid vulgarities" associated with the Health District; however, she would have concerns regarding the recommendation "to be more restrictive than the County's overall social media policy."

In response to Ms. Ratti, Mr. Gustin stated "the intent is not necessarily to be more restrictive; however, current efforts fall short in maintaining the social media policy that the County has." Mr.

Gustin stated "the invasion of these other messages would not be put forth by the County." Mr. Gustin stated that, as a Board of Health member, he has received telephone inquiries regarding "whether these were messages the Health District was promoting."

Ms. Ratti questioned if "these were messages on the Health District sites or were on sites which linked to the Health District."

In response to Ms. Ratti, Mr. Gustin stated that the majority of questionable sites "linked to the Health District's site; that it wasn't something created by the Health District; that the one discussed is one to which the Health District was linked."

Ms. Ratti stated that her concern "is overreacting"; that in the public health arena "it makes sense to have the message reach the audience you want to reach and what's the right message for the right audience." Ms. Ratti stated that in these instances "it would make sense to have 'an edgier' message"; therefore, she would be concerned about "taking away the ability to reach certain audiences if what this is, is a 'linking' problem."

In response to Ms. Ratti, Mr. Gustin stated he understands Ms. Ratti's concern; however, "he doesn't think that is what is being recommended"; that being associated with "a site that promotes 'sex with men with boys', there is no way that that is palatable." In response to Ms. Ratti regarding the Health District "allowing these links", Mr. Gustin stated "it isn't anything which the Health District has allowed"; that it is a website which has linked itself to the Health District. Mr. Gustin stated that the intent is "to avoid any perception, at all, that the Washoe County District Board of Health thinks this is legitimate at all." Mr. Gustin stated that the discussion was in regard "to being vigilant as to who is linking to the Health District website and the [telephone] numbers listed and where those numbers lead."

Ms. Ratti stated that the intent "then is to be more pro-active in implementing the current policy."

Dr. Furman stated that "his proposal goes a 'little further' than that"; that he "suggested the Health District not participate in a collaboration with some of these organizations, which participate in vulgarisms, and obscenities." Dr. Furman stated that "this is a very bad situation; that these words are used in pornography, including gay pornography"; that he, too, has received comments from people regarding the 'message(s) being sent that are linked to the Health District.' Dr. Furman stated neither the "Health District nor the Board of Health can be tainted by such messages." Dr. Furman stated "that something must be done to ensure people know this isn't us." Dr. Furman

stated that the recommendations the County is considering don't include provisions for these issues "which extend beyond common marketing situations, beyond what any other local board of health would do to endorse this type of language."

Mr. Gustin referred to the draft of the Marketing Committee minutes, advising that he had stated "Committee members understand Staff's efforts; that there is the reality of what the CCHS Division is attempting to achieve and the Board's responsibility of protecting the image of the Health District as could be perceived by the public."

In response to Ms. Ratti regarding "not having a copy of those minutes", Mrs. Smith advised that Mr. Gustin referenced "the draft of the minutes; that the Board members will all receive a copy after the minutes have been reviewed."

Ms. Ratti stated she understands "not tolerating vulgarities or indecent materials"; that, as "someone who has not seen the contents of the site", the challenge is "defining the vulgarities or indecent materials or what some perceive to be offensive." Ms. Ratti stated that she would require additional information prior to making a determination on "any proposal." Ms. Ratti questioned if Dr. Furman's proposal is "to discontinue collaboration with the non-profit community organizations."

In response to Ms. Ratti, Dr. Furman stated that if the sites, "some of which are supported by the Health District", contain pornography, vulgarisms or obscenities, he would recommend "discontinuing association" with those organizations.

Ms. Ratti stated that "the Health District receives tremendous community value through collaborating with non-profit organizations in the long-term on a variety of issues"; therefore, she would be concerned regarding "abruptly stopping collaborating with some non-profit organizations without a lot more information."

Dr. Furman stated he agrees with Ms. Ratti "100% regarding the benefits of collaborating with non-profit organizations"; that he is not opposed to "collaboration in the least"; however, "if what it takes is not collaborating with an organization, which has "crossed the line, then that is what should be considered." Dr. Furman stated that the "details of these sites should be presented to the Board, as it is up to the Board to decide these matters, as these are difficult matters"; that he isn't attempting to make this decision; however, the Board "has to do something to take this into consideration." Dr. Furman stated he is "hoping Staff will have a proposal soon, preferably prior to the meetings for the funding [of these programs] for the coming year." Dr. Furman stated that

these issues can affect the amount of money that will be awarded to the Health District; that members of the Board of Health and Staff are concerned about this.

Mr. Gustin stated he "totally agrees" with Dr. Furman; that he and Dr. Furman are not recommending anything extreme, and while he understands Ms. Ratti is "being precautionary", it is necessary to question "if the titillation is effective to that audience." Mr. Gustin stated that "social media is so new"; however, "it is invading everyone's privacy"; that he would question "how the Health District aligns itself with non-profit organizations, which are in business to do the right thing but it does not 'fit' the image of the Health District and how it will affect us; that that is what has to be considered."

Dr. Anderson stated that "one of the chief challenges is aligning the Health District's mission of trying to prevent the transmission of sexually transmitted disease, which results in some of this material 'being in the border zone or going over the border' of what would be considered in good taste." Dr. Anderson stated it is a challenge "to find a message that attracts the clients to whom you wish to avail themselves for testing; that this is where some of these messages became a problem." Dr. Anderson stated there is "one (1) particular number" for people to call, which is a telephone number identified with the District Health Department to schedule HIV testing; that this particular link did result in "a lot of individuals calling in." Dr. Anderson stated that "the placement of the telephone number appears to condone the contents of the site, which is what caused the controversy of the site." Dr. Anderson stated the goal is to achieve a compromise between "addressing a population, which could be disenfranchised, while doing the work as public health professionals in getting people tested without creating an image which is unsavory for the Board of Health and Staff members." Dr. Anderson stated "that that is a balancing act." Dr. Anderson stated that the minutes of the Marketing Committee meeting will be presented at the February meeting.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

In response to Mr. Gustin regarding the County's reversal of policy for volunteers, Dr. Todd stated that the Health District "has not lost" any Medical Reserve Corps (MRC) volunteers "yet" due to the change in policy. Dr. Todd stated the County's Volunteer Task Force had verbally advised Staff

that "volunteers would receive coverage through Workman's Compensation should any injury occur while in the process of volunteering." Dr. Todd stated that this decision was reversed during a meeting in December of that Task Force. Dr. Todd stated that "it placed Staff in the awkward position of having to advise the 150 volunteers, who had been told they would have coverage that they now would not." Dr. Todd stated that of further concern is the "County appears to be veering to including additional requirements for volunteers"; that MRC volunteers are already required to attend "several hours of Incident Command System (ICS) training allowing them to integrate into the response system." Dr. Todd stated that the County is currently considering requiring volunteers to attend the Workplace Violence and the Sexual Harassment Training, which are trainings regular County employees must attend. Dr. Todd stated that "these are trainings which are only offered during the work day", which could be onerous for "a nurse who worked a full shift at a hospital, and then worked an H1N1 clinic, to then request he/she spend half of a day in training."

Dr. Todd stated that he reviewed these concerns with the Washoe County Director of Human Resources (HR) yesterday; that the issue of not providing Workman's Compensation is "terribly concerning." In response to Mr. Gustin regarding the number of claims submitted by volunteers in the last three (3) years, Dr. Todd stated that "to his knowledge he is not aware of any." Dr. Todd stated he did discuss with HR "that the County self-insures for Worker's Compensation; that from an actuary standpoint the more people you have the greater the risk"; however, "the County has actually downsized a considerable number of employees." Dr. Todd stated that "this number has not been replaced with volunteers on an 'hour-per-hour basis'; therefore, actuarially they are still ahead 'net' cost-wise should the County decide to provide coverage for the volunteers." Dr. Todd reviewed possible incidents which could occur (i.e., slipping/falling on the ice/snow; needle stick, etc.), and the volunteer would not be provided coverage; therefore, the volunteer would not be provided the same medical coverage at Concentra as a regular employee would receive. Dr. Todd stated that the Washoe County HR Director "now has a better sense of these concerns"; however, it is not known what the final determination will be.

Mr. Gustin stated that it may be necessary to agendize this issue for discussion.

In response to Ms. Jung regarding when this decision was made, Dr. Todd stated that he was advised of it in December; that he is "not sure who made the decision." In response to Ms. Jung regarding agendizing this issue for the Board of County Commissioners, Dr. Todd stated that that might be a consideration.

Dr. Khan stated that she "is aware of the considerable number of volunteers" involved in the H1N1 clinics; that she would question if one of the volunteers would have received medical coverage had there been a problem.

In response to Dr. Khan, Dr. Todd stated the attorneys for the Task Force had no objections to providing medical coverage for volunteers; however, the Risk Management consultant, correctly advised that the provision of coverage would require approval by the Board of County Commissioners. Dr. Todd stated that *Nevada Revised Statute* (NRS) requires coverage be provided for volunteers for law enforcement and fire protection; however, coverage for volunteers who report to a district health officer is optional. Dr. Todd stated that the "Board of County Commissioners has not taken action to do this"; that perhaps it should be an item for the Board of County Commissioners consideration. Dr. Todd stated that he is aware there is concern "the County would be assuming excessive risk"; however, as he advised Mr. Gustin "the risk has been minuscule." Dr. Todd stated that of additional concern is language within the agreement, which stipulates that should a volunteer "do something, even at the direction of Staff, resulting in action against the County, that volunteer must utilize personal resources to defend the County." Dr. Todd stated that medical volunteers are "very loathe to executing such a document, as sometimes doing the 'right thing' in medicine can still result in litigation."

In response to Dr. Khan regarding "the number of volunteers who contributed to the success of either the seasonal or the H1N1 clinics", Dr. Todd advised that he "does not have an exact final number of volunteers"; however, "mid-way through the H1N1 clinics the MRC volunteers had worked approximately 260 man hours." Dr. Todd stated that currently the demand for the vaccine has diminished dramatically, while the vaccine supply has increased substantially, therefore, Staff is not utilizing the services of the volunteers. Dr. Todd stated that currently approximately 100-400 immunizations are being administered daily through the clinics; that the District is utilizing paid temporary staff and Health District Staff to provide these services. Dr. Todd stated that if the demand for the vaccine was as great as it was the in fall and beginning of winter it would be necessary to utilize the services of the MRC volunteers. Dr. Todd stated that the Sheriff's Community Emergency Response Team (CERT) members were "tremendously helpful" during the POD and H1N1 clinics; however, there isn't this issue as those volunteers report to the Sheriff.

Dr. Todd stated that during the POD events Staff had the assistance of Rotarians; however, those volunteers were not asked to sign a volunteer agreement as that organization has its own insurance and were functioning "as volunteers at a Rotary event." Dr. Todd stated that there are groups of volunteers (Rotarians, CERT, ARES and MRC) who provided numerous hours of support.

Ms. Jung stated that "perhaps the Health District's proposed budget to the Board of County Commissioners and Human Resources should reflect what it would cost to hire people full-time, who would then be covered by the insurance."

The Board thanked Dr. Todd for the update.

B. Director – Community and Clinical Health Services

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, presented her monthly Division Director's Report, a copy of which was placed on file for the record.

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

D. Director – Air Quality Management

Mr. Andrew Goodrich, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Mr. Goodrich advised that for the last two (2) weeks in December and the first week of January the Health District experienced "very stable, low temperature inversions in the valley resulting in several measurable exceedances" of the National Ambient Air Quality Standards (NAAQS) for Particulate Matter (PM_{2.5}). Mr. Goodrich advised that this data will be submitted to the US Environmental Protection Agency (EPA); that by "this spring" he anticipates Staff will be notified that the District has been designated as a "non-attainment area" for PM_{2.5}. Mr. Goodrich stated that the District measured eight (8) exceedances in December and have had two (2) in January.

Mr. Goodrich advised that the US EPA is currently reviewing the criteria pollutant standards having reviewed four (4) different pollutants and established new standards for each within the last year; that these include Ozone (O₃), lead (Pb), Nitrogen Dioxide (NO₂) and Sulfur Dioxide (SO₂). Mr. Goodrich stated it is the consensus of Staff that the District will be in attainment for lead (Pb),

Nitrogen Dioxide (NO₂) and Sulfur Dioxide (SO₂); however, he anticipates the District will be declared non-attainment for Ozone (O₃) should EPA adopt the new Standard in August as is being proposed.

In response to Dr. Khan regarding the pollutant Standard which was exceeded, Mr. Goodrich advised that the District exceeded the Standard for PM_{2.5}, which is "a very fine" Particulate Matter less than 2.5 microns in size. Mr. Goodrich advised that the District measures for two (2) sizes of Particulate Matter ~ for PM_{2.5} and PM₁₀; that PM₁₀ measures 10 microns in size; that both have different sources of emissions and different effects upon health. Mr. Goodrich advised that the finer particulates from fuel combustion, diesel fuel, solid fuel burning devices, boilers, etc.; that the larger Particulate Matter is from geological sources (i.e., wind blown dust, construction activities, etc.).

Dr. Khan stated there are economic ramifications for an area when EPA declares an area non-attainment for Pollutant Standards; that she would question "which types of industry would be unable to locate within the District due to being declared non-attainment for Ozone (O₃) and PM_{2.5}."

In response to Dr. Khan, Mr. Goodrich advised that "any new standard always has economic implications." Mr. Goodrich stated that should EPA adopt these new Standards the majority of major size metropolitan areas will also be declared non-attainment; therefore, the District "may not be at any major disadvantage"; however, "there are costs to any type of regulatory requirements for air pollution control." Mr. Goodrich advised that these (proposed) Standards are "developed, reviewed and approved considering the associated health care costs due to the impact to the health of the public because of the high level of pollutants." Mr. Goodrich stated that the possible economic effects to the District at this time cannot be determined; however, Staff will be reviewing the entire aspect of controls, which will be necessary to achieve attainment status.

The Board thanked Mr. Goodrich for his update.

E. Administrative Health Services Officer

Ms. Eileen Coulombe, Administrative Health Services Officer, presented her monthly Administrative Health Services Officer Report, a copy of which was placed on file for the record.

F. District Health Officer

Dr. Mary Anderson, District Health Officer, presented her monthly District Health Officer's Report, a copy of which was placed on file for the record.

BOARD COMMENT

Ms. Jung requested Staff contact the County's IT Department to check the auditorium's sound system for the feedback, which occurs during meetings; that she is aware cell phones being on during the meeting results in "a lot of the feedback"; however, she "cannot turn her cell phone off during the meetings."

Ms. Jung announced that on Sunday, January 31, 2010, from 5:00 pm ~ 7:00 pm, there is an "Inaugural Celebration for the Mapes" in recognition of the 10th anniversary of the Mapes being demolished. Ms. Jung stated that the celebration will be "vintage dress, with live entertainment; that the cost is \$30 for hors devours, dancing and live music." Ms. Jung stated that she would encourage everyone to attend; that she anticipates "a who's who of Nevada to be in attendance." Ms. Jung stated that "anyone requiring additional information can email her; that she will be there."

Ms. Ratti stated that she would request a comprehensive review of the REMSA Franchise Agreement to ensure the Board "is up to speed" in respect to the fire department budgets and a review of the "reallocation of resources in terms of emergency services." Ms. Ratti stated that this is a "two-tier system between a non-profit agency and government fire service"; that the "Diamonte report, paid for by the County is being presented." Ms. Ratti stated that "she does not want the Board of Health to be 'caught off guard' by pressure from a number of sources to make certain decisions without having the information as to what are the pros and cons; what's working well and what's not working well with the Franchise Agreement." Ms. Ratti advised that having one of the Board's Committee's review this issue "is a good idea"; however, she would request it be placed on the February agenda.

In response to Ms. Ratti, Mr. Smith stated that he is aware Chairman Humphreys is working on that at this time; that "not knowing where he is at on this"; therefore, he is not certain it should be listed on next month's agenda.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

January 28, 2010

Page 21

Ms. Coulombe stated that she currently functions as the District's EMS Coordinator, as that position remains vacant; that, as the Administrative Health Services Officer, also, her focus for the next month will be "the budget."

Ms. Ratti stated that she is willing to "wait another month"; however, she doesn't want the issue delayed.

Vice Chairman Smith stated he will confer with Chairman Humphreys regarding this issue.

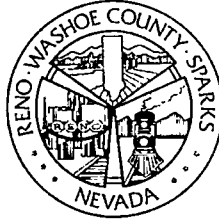
There being no further business to come before the Board, the meeting was adjourned at 2:25 pm.



MARY A. ANDERSON, MD, MPH, FACPM, DISTRICT HEALTH OFFICER
SECRETARY



JANET SMITH
RECORDER



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: 1/28/10

DATE: January 19, 2010

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *E*

SUBJECT: Retroactive approval of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The District Health Department has received a Subgrant Amendment from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 through July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program. A copy of the Amendment is attached.

County Priority/Goal supported by this item: Retroactive approval of the Subgrant Amendment supports Washoe County's strategic priority to "Improve Public Safety, Security and Health", "Preserve and Enhance our Quality of Life" as well as the strategic priority to "Provide Excellent Public Services".

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award for the period July 31, 2009 through July 30, 2010 in the total amount of \$585,283 on October 8, 2009.

AGENDA ITEM #7.C.1.

BACKGROUND

On December 4, 2009, the Washoe County Health District submitted a budget reallocation request in the net amount of \$102,000 to the Nevada State Health Division for consideration. The reallocation request identified expenditures that were not included in the Notice of Subgrant Award that may be necessary in order to meet grant objectives and deliverables.

The Subgrant Amendment was received on January 7, 2010. Due to timing requirements and the desire to receive reimbursement of expenditures in a timely manner, the District Health Officer signed the Amendment on January 7, 2010. The Subgrant Amendment is being presented for District Board of Health retroactive approval.

FISCAL IMPACT

The FY 10 amended budget in the H1N1 Focus Area 1 Grant Program reflects \$585,283 in budget authority. As such, a budget amendment is not necessary at this time.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health retroactively approve of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780.

POSSIBLE MOTION

Move to retroactively approve of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$585,283 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Focus Area 1 Grant Program, IO-10780.

RECEIVED

DEC - 8 2009

Public Health Preparedness

**Nevada Department of Health and Human Services
HEALTH DIVISION**
(hereinafter referred to as the DIVISION)

HD Amendment #: 10077-1
 HD Contract #: 10077
 Program #: H1N107-09
 Budget Account #: 3218
 Category #: 45
 GL #: 8516

SUBGRANT AMENDMENT #1

Program Name: Public Health Preparedness Bureau of Health Planning & Statistics Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite 200 Carson City, Nevada 89706-2009		Address: 1001 East Ninth Street Reno, NV 89520	
Original Subgrant Period: July 31, 2009 through July 30, 2010		Subgrantee EIN #: 88-6000138 Subgrantee Vendor #: T40283400Q Dun & Bradstreet #: 073786998	
Source of Funds: Centers for Disease Control & Prevention		% of Funds: 100%	CFDA#: 93.069 Federal Grant #: 1H75TP000337-01

Amendment #1: Revise budget to reflect the category changes in CDC H1N1 Focus Area 1, funds totaling (\$102,000) as requested by the Washoe County Health District in order to meet grant objectives and deliverables.

Current	Amount	Change	Revised	Amount
Budget Focus Area 1:			Budget Focus Area 1:	
1 Personnel	\$	+100,000	1 Personnel	\$ 100,000
2 Travel	\$ 4,000	-2,000	2 Travel	\$ 2,000
3 Supplies	\$ 12,240		3 Supplies	\$ 12,240
4 Equipment	\$ 26,017		4 Equipment	\$ 26,017
5 Contractual/Consultant	\$ 500,400	-100,000	5 Contractual/Consultant	\$ 400,400
6 Other	\$ 42,626	+2,000	6 Other	\$ 44,626
7 Indirect	\$ 0		7 Indirect	\$ 0
Total Cost	\$ 585,283	0.00	Total Cost	\$ 585,283

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

Authorized Sub-grantee Official Title	Signature	Date
Daniel P. Mackie, MPH Health Program Manager, PHP	<i>M. A. Anderson, MD, MPH</i>	7 Jan 2010
Kyle Devine, MSW Health Program Manager II, PHP	<i>[Signature]</i>	12/24/09
Richard Whitley, MS Administrator, Health Division	<i>[Signature]</i>	12/28/09
	<i>[Signature]</i>	01/14/10

Washoe County Health District
 Request for Reallocation
 Public Health Preparedness and Response for Bioterrorism
 Health Division # 10077, Program # H1N107-09, Focus Area 1

Budget Category	H1N107-09 7/31/09 – 7/30/10	Proposed Budget	Explanation
Personnel	\$ 0	\$ 100,000	Redirect savings from Contractual
Contractual	\$ 500,400	\$ 400,400	Redirect savings to Personnel
Travel	\$ 4,000	\$ 2,000	Redirect savings to Other
Equipment	\$ 26,017	\$ 26,017	No change
Supplies	\$ 12,240	\$ 12,240	No change
Other	\$ 42,626	\$ 44,626	Redirect savings from Contractual
Indirect	\$ 0	\$ 0	No change
Total	\$ 585,283	\$ 585,283	

Award Category	Item Description	Amount (\$)
Personnel	<p>Washoe County Health District Personnel Expenditures</p> <p><u>Justification:</u> Staffing for the following: planning and implementation of vaccination clinics (professional and support staff), data entry of vaccination records into WebIZ, staffing for public health clinics (professional and support staff).</p> <p><u>Reason for redirect request:</u> In order to expedite the planning and implementation of vaccination clinics, the Washoe County Health District utilized existing staff (professional and support) from various program areas to perform mass vaccination, communication and community mitigation activities in lieu of hiring contractual staff. As such, the expenditures for Health District employees will be reflected in the Personnel Budget Category and not the Contractual/Consultant Budget Category.</p>	100,000
Other	<p>Repairs and Maintenance</p> <p><u>Justification:</u> Mini-POD clinics have been held in the Washoe County Health District auditoriums. The carpeting and chairs in and around the auditoriums have been soiled by the public attending these clinics and require cleaning.</p> <p><u>Reason for redirect request:</u> The award to conduct Focus Area 1 activities does not include funding to support this necessary expense.</p>	2,000

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

DC H1N1 Focus Area 1 – revised budget detail and justification:

1. Personnel	\$	100,000	<p>Justification: Staffing for the following: planning and implementation of vaccination clinics (professional and support staff), data entry of vaccination records into WebIZ, staffing for public health clinics (professional and support staff).</p> <p>Reason for redirect request: In order to expedite the planning and implementation of vaccination clinics, the Washoe County Health District utilized existing staff (professional and support) from various program areas to perform mass vaccination, communication and community mitigation activities in lieu of hiring contractual staff. As such, the expenditures for Health District employees will be reflected in the Personnel Budget Category and not the Contractual/Consultant Budge Category.</p>
2. Other	\$	2,000	<p>Justification: Mini-POD clinics have been held in the Washoe County health District auditoriums. The carpeting and chairs in and around the auditoriums have been soiled by the public attending these clinics and require cleaning.</p> <p>Reason for redirect request: The award to conduct Focus Area 1 activities does not include funding to support this necessary expense.</p>
Total	\$	102,000	

Nevada Department of Health and Human Services

H1N1 PHER Phase 1 & 2
 Cat 45; Job # 93069S09
 Sub Acct # PHER09

HEALTH DIVISION

Health Division # 10077
 Bureau Program # H1N107-09
 GL # 8516
 Draw #: _____

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Public Health Preparedness Health Planning & Emergency Response	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, Nevada 89520
Subgrant Period: July 31, 2009 through July 30, 2010	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400Q DUNS#: 073786998

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar Year: _____

Focus Area 1

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	\$ 100,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 100,000.00	0%
2 Contract/Consultant	\$ 400,400.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 400,400.00	0%
3 Travel	\$ 2,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,000.00	0%
4 Supplies	\$ 12,240.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 12,240.00	0%
5 Equipment	\$ 26,017.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 26,017.00	0%
6 Other	\$ 44,626.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 44,626.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 Total	\$ 585,283.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 585,283.00	0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR HEALTH DIVISION USE ONLY

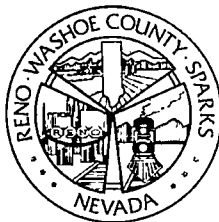
Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Supervisor of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: 1/28/10

DATE: January 19, 2010

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Retroactive approval of District Health Officer acceptance of Notice of Subgrant Award from the Nevada State Health Division in the amount of \$58,000 for the period January 1, 2010 to June 30, 2010 in support of the Maternal and Child Health (MCH) Program; approval of amendments totaling an increase of \$50,000 in both revenue and expense to the FY 10 MCH Federal Grant Program, IO 10828; approval of amendments totaling an increase of \$8,000 in both revenue and expense to the MCH State Grant Program, IO 10007, to bring the FY 10 adopted budget into alignment with the grant.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The District Health Department has received a Notice of Subgrant Award from the Nevada State Health Division in the amount of \$58,000 for the period January 1, 2010 through June 30, 2010 in support of the MCH Program. A copy of the Notice of Subgrant Award is attached.

County Priority/Goal supported by this item: Retroactive approval of the Notice of Subgrant Award and budget amendments supports Washoe County's strategic priority to "Improve Public Safety, Security and Health" as well as the strategic priority to "Preserve and Enhance our Quality of Life". It also supports the Health District's Home Visiting Program's mission to promote public health by educating and empowering individuals and families to enhance their physical, emotional, mental, and social well being; and through the development of partnerships, promote a safe and healthy community.

AGENDA ITEM # 7.c.2.

PREVIOUS ACTION

The District Board of Health directed staff to submit a grant application to the Nevada State Health Division, in the amount of \$58,000 for Maternal Child Health Federal Consolidated Programs at their December 17, 2009 board meeting.

BACKGROUND

The Notice of Subgrant Award for 1/1/10 through 6/30/10 in the amount of \$58,000 was received on December 30, 2009. Due to the Board's approval to apply for funding combined with the six month subgrant period, the District Health Officer signed the Notice of Subgrant Award on December 30, 2009. The Notice of Subgrant Award is being presented for District Board of Health retroactive approval.

This award includes partial funding for an existing Public Health Nurse II position, mileage, printing, incentives such as bus passes and gas cards. In regards to personnel expenditures, at the December 17, 2009 District Board of Health meeting, Ms. Brown stated "that the costs for the Public Health Nurse position for this program will be paid for by the new grant dollars; that the dollar savings from that position will be used to offset the additional hours of the per diems for the Program; that the per diems are all non-permanent temporary employees defined in health care as per diems."

The budget amendment will also require Board of County Commissioners (BCC) approval. As requested by Commissioner Jung, the BCC agenda item will include the "Check List" that was presented at the December 17, 2009 meeting and information pertaining to how much the County would pay in indigent funding to the hospitals for the care of the infants.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 10 budget will be **increased by \$58,000** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10828-431100	Federal Revenue	\$50,000
2002-IO-10828-701110	Salaries	35,393
-701200	Incentive	644
-705110	Insurance	4,267
-705210	Retirement	7,729
-705230	Medicare	499
-710512	Auto Mileage	1,468
	Total Expenditures	\$50,000

2002-IO-10007 -432100	State Revenue	\$8,000
2002-IO-10007 -710512	Auto Mileage	2,932
-710500	Other Expense	3,360
-710512	Printing	616
-710703	Biologicals	1,092
	Total Expenditures	\$8,000

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health retroactively approve of District Health Officer acceptance of Notice of Subgrant Award from the Nevada State Health Division in the amount of \$58,000 for the period January 1, 2010 to June 30, 2010 in support of the Maternal and Child Health (MCH) Program; approve amendments totaling an increase of \$50,000 in both revenue and expense to the FY 10 MCH Federal Grant Program, IO 10828; approve amendments totaling an increase of \$8,000 in both revenue and expense to the MCH State Grant Program, IO 10007, to bring the FY 10 adopted budget into alignment with the grant.

POSSIBLE MOTION

Move to retroactively approve of District Health Officer acceptance of Notice of Subgrant Award from the Nevada State Health Division in the amount of \$58,000 for the period January 1, 2010 to June 30, 2010 in support of the Maternal and Child Health (MCH) Program; approve amendments totaling an increase of \$50,000 in both revenue and expense to the FY 10 MCH Federal Grant Program, IO 10828; approve amendments totaling an increase of \$8,000 in both revenue and expense to the MCH State Grant Program, IO 10007, to bring the FY 10 adopted budget into alignment with the grant.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3222
 Category #: 15
 GL #: 3510 & 2501

NOTICE OF SUBGRANT AWARD

Program Name: Maternal & Child Health Program Bureau of Child, Family, and Community Wellness Nevada State Health Division		Subgrantee Name: Washoe County Health District	
Address: 4150 Technology Way, Suite 101 Carson City, NV 89706-2009		Address: 1001 East Ninth Street Reno, NV 89512	
Subgrant Period: January 1, 2010 to June 30, 2010.		Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T-40283400	
Reason for Award: Improve access to prenatal care in the first trimester for target population of pregnant women			
County(ies) to be served: () Statewide () Specific county or counties: <u>Washoe County</u>			
Approved Budget Categories:			
1. Personnel	\$	48,532.00	
2. Travel	\$	4,400.00	
3. Operating	\$	0	
4. Supplies	\$	5,068.00	
5. Contractual/Consultant	\$	0	
6. Training	\$	0	
7. Other	\$	0	
Total Cost		\$	58,000.00
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures specific to this subgrant. Total reimbursement will not exceed \$58,000.00 during the subgrant period.			
Source of Funds:		% of Funds:	CFDA#:
1. MCH Block Grant - federal [50,000]		93%	93.994
2. State General Fund [8,000]		7%	n/a
			Federal Grant #: BO4MC11167
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Denis Humphreys, OD Washoe County District Board of Health	Signature <i>for Dr. Humphreys, Mrs. Anderson, MD, MPH</i>		Date 30 Dec 09
Joanne Malay Program Manager			
_____ Acting Bureau Chief			
Richard Whitley, MS Administrator, Health Division			

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

This subgrant supports improving outcomes for Maternal and Child Health National Performance Measures (NPM) and State Performance Measures (SPM). The priorities were established by the Washoe County Health District and are related to or match the Maternal and Child Health Advisory Board priorities for this funding cycle.

Washoe County Health District, hereinafter referred to as Subgrantee, agrees to provide the following services and reports from January 1, 2010 to June 30, 2010:

Program Goal: Improve perinatal health outcomes in Washoe County through outreach, case management and support of local and state maternal and child health policies.

Program objectives:

A. Conduct activities associated with NPM 1: Increase the percent of screen positive newborns who receive timely follow up to definitive diagnosis and clinical management for condition(s) mandated by State-sponsored newborn screening programs.

1. Provide follow-up referral services to Washoe County families with an infant that tests positive for metabolic disorders in the Newborn Screening program of the Nevada State Health Division (less than 2 per year expected).

B. Conduct activities associated with NPM 8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

1. In partnership with Title X's Region IX Family Planning Programs and other public health programs, disseminate preconception health recommendations to targeted populations and health care providers.
2. Assist with preconception health training program for health care providers.

C. Conduct activities associated with NPM 11: The percent of mothers who breastfeed their infants at 6 months of age.

1. Distribute breastfeeding calendars to Health District clients and Northern Nevada MCH Coalition members.
2. Educate pregnant women about the importance of breastfeeding. Provide encouragement and support of breastfeeding during all interventions

D. Conduct activities associated with NPM 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

1. By June 30, 2010, establish Public Health Nursing (PHN) services with 100 pregnant women who plan to continue their pregnancy to term. Outreach conducted by PHN will be with agencies that provide pregnancy testing, nutritional supplementation (i.e. WIC) and child protection services.
 2. Family-centered and culturally competent case management services will be provided to teens and other high risk populations during pregnancy to promote access to early and sustained prenatal care; provide health education; and link clients to Medicaid, dental care, and other essential services such as mental health treatment.
- Case management services:

- a. Screen all clients for domestic violence; provide education and referrals as needed.
- b. Screen all clients on use of substances; provide education on avoidance of alcohol, tobacco and other drugs to all pregnant women who receive services; refer to cessation and treatment programs as needed.
- c. Screen all pregnant women and those women with children one year of age or less for post natal depression and refer those in need of services.
- d. Conduct activities that reduce low birth weight and very low birth weight. (NPM 17)
 - a) Identify women at risk for VLBW (women with chronic health problems including overweight or obesity, diabetes, cardiac disease, hypertension) during outreach activities.
 - b) Provide case management service including intensive education on risk reduction strategies and referrals to services that address risk such as: dental care, smoking cessation, nutritional support, stress management and social support.

E. Conduct agency self-assessment of family-centered care using Georgetown University's tool, prior to initiating grant supported service delivery to identify strengths and areas for improvement within program. Based on findings, implement strategies to improve cultural and linguistic competency in case management services and preconception health campaign.

F. Cooperatively work with WIC, Family Resource Centers, Family To Family, and parent support agencies to promote integrated service delivery to clients.

G. Provide input to the Nevada State Health Division Maternal Child Health Program and the Maternal Child Health Advisory Board on local MCH priorities.

H. Subgrantee will identify the source of funding on all printed documents purchased or produced within the scope of this contract, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number CFDA 93.110 from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Health Resources and Services Administration."

I. Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number CFDA 93.110 from the Health Resources and Services Administration.

Reporting objectives:

A. Provide a brief report on program activities to date with all quarterly requests for reimbursement; include activities related to the MCHAB priorities: Prenatal care, Immunization, Dental Sealants, and Access to Mental Health Services.

B. Report quarterly in a digital format on outcome measures with county level and aggregate data from program clients served summarizing Subgrantee's activities for the Bureau of Child, Family, and Community Wellness Health Services, Maternal and Child Health (MCH):

1. County level data

- a. NPM 1: The number of families with an infant testing positive on newborn screening that receive follow-up services
- b. NPM 8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years (for FY2011)

2. Program case management clients

- a. NPM 11: Percent of mothers who breastfeed their infants at 6 months of age:
 - i) Percent of pregnant women educated about the benefits of breastfeeding until 6 months of age
- b. NPM 15: Percentage of women who smoke in the last three months of pregnancy
 - i) Percent of pregnant women educated during pregnancy about tobacco use
 - ii) Percent of pregnant women screened for use of tobacco during pregnancy
 - iii) Percent of pregnant women referred for use of tobacco during pregnancy
- c. NPM 17: Percent of very low birth weight (VLBW) infants delivered at facilities for high-risk deliveries and neonates
- d. NPM 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
- e. SPM 1: Increase the percent of women of child-bearing age who receive screening and assistance for domestic violence:
 - i) Percent of pregnant women educated about domestic violence
 - ii) Percent of pregnant women screened for domestic violence
 - iii) Percent of pregnant women referred for domestic violence services
- f. SPM 11: Reduce the prevalence of Fetal Alcohol Spectrum Disorders:
 - i) Percent of pregnant women educated during pregnancy about fetal alcohol spectrum disorders.
 - ii) Percent of pregnant women screened for use of alcohol during pregnancy
 - iii) Percent of pregnant women referred for use of alcohol during pregnancy

g. Number of pregnant women and mothers with children birth to one year of age screened for post natal depression (relates to perinatal health, NPM 15 and SPM 11 above).

C. Subgrantee will present program outcomes at least annually to the Maternal and Child Health (MCH) Advisory Board. Subgrantee will be available to answer questions during the quarterly MCH Advisory Board meetings.

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$	\$48,532
2. Travel	\$	4,400
3. Operating	\$	-0-
4. Supplies	\$	5,068
5. Other	\$	-0-
Total Cost	\$	58,000

Item	Description	Quantity	Item cost	Total
Travel				
Mileage	HVs: 10 mile average RT x 4 visits x 200 clients: 8,000 x \$.055/mile	8000	\$0.55	\$4,400
			Total	\$4,400
Supplies				
Prenatal Vits	3 bottles for 100 clients	600	\$1.82	\$1,092
Bus Passes	2 two-ride passes per client	400	\$3.40	\$1,360
Gas Cards	1 per client	200	\$10.00	\$2,000
Printing	1000 Program flyers 2 sided 8.5x11 folded, Educational materials 10/client 2 sided	4,107	\$0.15	\$616
			Total	\$5,068

- Subgrantee may shift 10% of the funds from one category to another. If more than 10% per line item is necessary, please contact the contract monitor at the Nevada State Health Division.
- 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 Subgrantees/sub grantees to the same rates and procedures allowed State Employees (State Administrative Manual 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the contract period.

- Quarterly requests for payments will be made within 45 days of the past quarter;
- Reimbursement requests will be accompanied by a brief outcome measure report/completion report;

- If the retroactive request is approved, the initial reimbursement request may be for over a quarter of the contract; and
- **The maximum available through the contract payable by end of SFY 2010 is \$58,000.**

Additionally, the Subgrantee agrees to provide:

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

The Nevada State Health Division agrees:

- This contract is funded by the MCH Block Grant by HRSA. MCH Block Grant dollars must produce the deliverables and expectations to meet the annual MCH Block Grant's target performance indicators. NSHD will provide support to meet these guidelines in the following ways:
 - Offer assistance/information or referral to training resources during the funding period.
 - Process the reimbursement requests timely and share the data reported appropriately.
 - Provide technical assistance, upon request from the sub grantee;
 - Liaison with DHCFP on the behalf of Subgrantee when helpful
 - Provide technical assistance and support to provide culturally competent and family-centered services
 - Coordinate recommendations from the Maternal and Child Health Advisory Board on priority outcomes and Referral/outreach activities.
 - Conduct at least one scheduled site visit during the subgrant period.
- Annually, MCH staff will provide an extensive report to HRSA on the MCH Block Grant performance measures. The Subgrantee's data submitted for reimbursement or the MCHAB will be used in this report.
- The Health Division reserves the right to hold reimbursement under this contract until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

The Subgrantee will, if in the performance of the Scope of Work specified in this contract, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties agree that no work related to this contract may begin until a Business Associate Agreement has been signed and placed on file with the Nevada State Health Division's Administration Office.
- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.
- This contract may be extended up to a total term of four years upon agreement of both parties and if funding is available.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant 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 Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

*** An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.**



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: 1/28/10

DATE: January 19, 2010

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Retroactive approval of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$1,052,883 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Phase 3 Grant Program, IO-10782.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The District Health Department has received a Subgrant Amendment from the Nevada State Health Division in the amount of \$1,052,883 for the period July 31, 2009 through July 30, 2010 in support of the Public Health Preparedness H1N1 Phase 3 Program. A copy of the Amendment is attached.

County Priority/Goal supported by this item: Retroactive approval of the Subgrant Amendment supports Washoe County's strategic priority to "Improve Public Safety, Security and Health", "Preserve and Enhance our Quality of Life" as well as the strategic priority to "Provide Excellent Public Services".

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award for the period July 31, 2009 through July 30, 2010 in the total amount of \$1,052,883 on October 8, 2009.

AGENDA ITEM #7.C.3.

BACKGROUND

On December 4, 2009, the Washoe County Health District submitted a budget reallocation request in the net amount of \$220,000 to the Nevada State Health Division for consideration. The reallocation request identified expenditures that were not included in the Notice of Subgrant Award that may be necessary in order to meet grant objectives and deliverables.

The Subgrant Amendment was received on January 7, 2010. Due to timing requirements and the desire to receive reimbursement of expenditures in a timely manner, the District Health Officer signed the Amendment on January 7, 2010. The Subgrant Amendment is being presented for District Board of Health retroactive approval.

FISCAL IMPACT

The FY 10 amended budget in the H1N1 Phase 3 Grant Program reflects \$1,052,883 in budget authority. As such, a budget amendment is not necessary at this time.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health retroactively approve of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$1,052,883 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Phase 3 Grant Program, IO-10782.

POSSIBLE MOTION

Move to retroactively approve of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada State Health Division in the amount of \$1,052,883 for the period July 31, 2009 to July 30, 2010 in support of the Public Health Preparedness H1N1 Phase 3 Grant Program, IO-10782.

RECEIVED
DEC - 8 2009
 Public Health Preparedness

Nevada Department of Health and Human Services
HEALTH DIVISION
 (hereinafter referred to as the DIVISION)

HD Amendment #: 10079-1
 HD Contract #: 10079
 Program #: H1N111-09
 Budget Account #: 3218
 Category #: 45
 GL #: 8516

SUBGRANT AMENDMENT #1

Program Name: Public Health Preparedness Bureau of Health Planning & Statistics Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite 200 Carson City, Nevada 89706-2009		Address: 1001 East Ninth Street Reno, NV 89520	
Original Subgrant Period: July 31, 2009 through July 30, 2010		Subgrantee EIN #: 88-6000138	Subgrantee Vendor #: T40283400Q
		Dun & Bradstreet #: 073786998	
Source of Funds: Centers for Disease Control & Prevention	% of Funds: 100%	CFDA#: 93.069	Federal Grant #: 1H75TP000337-01

Amendment #1: Revise budget to reflect the category changes in CDC H1N1 Phase 3, funds totaling (\$220,000) as requested by the Washoe County Health District in order to meet grant objectives and deliverables.

Current	Amount	Change	Revised	Amount
Budget Focus Area 1:			Budget Focus Area 1:	
1 Personnel	\$ 288,400	+100,000	1 Personnel	\$ 388,400
2 Travel	\$ 3,000		2 Travel	\$ 3,000
3 Supplies	\$ 6,000	+20,000	3 Supplies	\$ 26,000
4 Equipment	\$ 8,110		4 Equipment	\$ 8,110
5 Contractual/Consultant	\$ 732,800	-220,000	5 Contractual/Consultant	\$ 512,800
6 Other	\$ 14,573	+100,000	6 Other	\$ 114,573
7 Indirect	\$ 0		7 Indirect	\$ 0
Total Cost	\$ 1,052,883	0.00	Total Cost	\$ 1,052,883

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

Authorized Sub-grantee Official Title	Signature	Date
Daniel P. Mackie, MPH Health Program Manager, PHP	<i>[Signature]</i>	7 Jan 2010
Kyle Devine, MSW Health Program Manager II, PHP	<i>[Signature]</i>	12/24/09
Richard Whitley, MS Administrator, Health Division	<i>[Signature]</i>	12/28/09
	<i>[Signature]</i>	01/14/10

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B

DC H1N1 Phase 3 – revised budget detail and justification:

1. Personnel	\$	100,000	<p>Washoe County Health District Personnel Expenditures:</p> <p>Justification: Staffing for the following: H1N1 vaccination clinics (professional and support staff), data entry of vaccination records into WeblZ, staffing for public health clinics (professional and support staff).</p> <p>Reason for redirect request: In order to expedite the implementation of vaccination clinics, the Washoe County Health District utilized existing staff (professional and support) from various program areas to perform mass vaccination, communication and community mitigation activities in lieu of hiring contractual staff. As such, the expenditures for Health District employees will be reflected in the Personnel Budget Category and not the Contractual/Consultant Budget Category.</p>
2. Supplies	\$	20,000	<p>Minor Equipment/Mass Vaccination Supplies – Medical:</p> <p>Justification: A variety of syringe sizes and needle lengths have been sent by the CDC. Syringe sizes and needle lengths are not universal and cannot be used on all clients. The majority of syringes the CDC has sent are BD syringes. Washoe County Health District nurses do not use this type for the following reasons:</p> <ul style="list-style-type: none"> • High failure rate • The needles are not permanently attached to the syringes, even when they are tighten down vaccine sprays out around the hub thus it is not being administered into the client requiring a repeat dose • Needle retraction failure that only allows half of the vaccine dose to be administered thus requiring a repeat dose • Needle fails to retract inside the client's extremities this puts the client, parent and nurse at risk of being stuck • Requires more effort to activate the needle retraction (can lead to staff repetitive motion injuries) <p>Reason for redirect request: The award to conduct Phase 3 activities (mass vaccination) does not include funding for medical supplies (syringes, bandaids, etc).</p>

3. Other	\$ 95,000	<p>Leased/Rental Space</p> <p>Justification: It is necessary for the Washoe County Health District to look towards utilizing alternate locations to conduct vaccination clinics. Locations such as the Reno/Sparks Convention Center and/or warehouse space may be considered to ensure that sufficient space is available. Currently, the mini-POD clinics have been held in the Health District auditoriums. Long term reservation for this space is not viable as space is limited and impacts other County business being conducted.</p> <p>Reason for redirect request: The award to conduct Phase 3 activities (mass vaccination) does not include funding for lease/rental costs associated with building/facility space.</p>
	5,000	<p>Facility Costs (Electricity, Heating, Ventilation, Air Conditioning – HVAC)</p> <p>Justification: Power for lights and HVAC is an additional expense when clinics are held after hours at the Washoe County Health District.</p> <p>Reason for redirect request: The award to conduct Phase 3 activities (mass vaccination) does not include funding for facility costs associated with running clinics during non-standard business hours.</p>
Total	\$ 220,000	

Nevada Department of Health and Human Services

H1N1 PHER Phase 3
 Cat 45; Job # 93069S10
 Sub Acct # PHER09

HEALTH DIVISION

Health Division # 10079
 Bureau Program # H1N111-09
 GL # 8516
 Draw #: _____

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Public Health Preparedness Health Planning & Emergency Response	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, Nevada 89520
Subgrant Period: July 31, 2009 through July 30, 2010	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400Q DUNS#: 073786998

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar Year: _____

Phase 3

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	\$ 388,400.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 388,400.00	0%
2 Contract/Consultant	\$ 512,800.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 512,800.00	0%
3 Travel	\$ 3,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,000.00	0%
4 Supplies	\$ 26,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 26,000.00	0%
5 Equipment	\$ 8,110.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 8,110.00	0%
6 Other	\$ 114,573.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 114,573.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 Total	\$ 1,052,883.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,052,883.00	0%

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

Authorized Signature _____ Title _____ Date _____
 Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

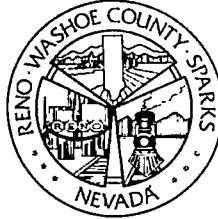
FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Signed: _____ Date: _____



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: 1/28/10

DATE: January 19, 2010

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer

SUBJECT: Ratification of an Interlocal Contract between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District for the period January 1, 2010 through December 31, 2011 in the total amount of \$93,504 (\$46,752 annually) in support of the HIV Prevention Fiscal Agent Program contingent upon Washoe County's Risk Manager and District Attorney approval; approval of amendments totaling an increase of \$14,713 in both revenue and expense to the HIV Fiscal Agent Grant Program, IO 10187; approval of amendments totaling a decrease of \$14,713 in both revenue and expense to the HIV Prevention Grant Program, IO 10013 to bring the FY 10 adopted budgets into alignment with the grants; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The District Health Department proposes to continue acting as fiscal agent for HIV Prevention contracts held by agencies serving Northern Nevada with the exception of Clark, Nye, Esmeralda and Lincoln counties. The Contract is for the period January 1, 2010 through December 31, 2011 in the total amount of \$93,504 (\$46,752 annually). A copy of the Contract is attached.

This Interlocal Contract is a standard Interlocal Contract and is currently under review by Washoe County's Risk Manager and District Attorney. If there are changes required by the Risk Manager and/or District Attorney, the contract will be revised and brought back to the Board for approval.

District Board of Health Priority supported by this item:
Ratification of this Notice of Subgrant Award supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease.*

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

BACKGROUND

By acting as fiscal agent, the Washoe County Health District will be responsible for fiscal agent reimbursement and programmatic monitoring procedures for all HIV Prevention contracts in Northern Nevada. The primary objective is to ensure that Centers for Disease Control and Prevention (CDC) HIV prevention funded agencies are implementing HIV prevention programs that are efficient, effective, and in adherence with evidence-based practices. By providing this service at a local level, contractors will receive more timely and effective conflict resolution, fiscal monitoring and technical assistance.

PREVIOUS ACTION

The District Board of Health approved last years Interlocal Contract in the total amount of \$32,039 on February 26, 2009.

FISCAL IMPACT

The funding distribution for the existing Office Assistant II position (pc#70004102) has been changed between the HIV grants for CY10. This award (IO-10187) now provides funding to support .80 FTE (previously .56 FTE) of pc#70004102. The offset is reflected in the HIV Prevention award (IO-10013).

Should the Board approve these budget amendments, the adopted FY 10 HIV Fiscal Agent Grant Program budget will be **increased by \$14,713** and the adopted FY 10 HIV Prevention Grant Program budget will be **decreased by \$14,713** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10187-431100	Federal Revenue	\$14,713
2002-IO-10187-701110	Salaries	12,065
-705210	Retirement	2,473
-705230	Medicare	175
	Total Expenditures	\$14,713

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10013-431100	Federal Revenue	(\$14,713)
2002-IO-10013-701110	Salaries	(12,065)
-705210	Retirement	(2,473)
-705230	Medicare	(175)
	Total Expenditures	(\$14,713)

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Contract between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District for the period January 1, 2010 through December 31, 2011 in the total amount of \$93,504 (\$46,752 annually) in support of the HIV Prevention Fiscal Agent Program contingent upon Washoe County's Risk Manager and District Attorney approval; approve amendments totaling an increase of \$14,713 in both revenue and expense to the HIV Fiscal Agent Grant Program, IO 10187; approve amendments totaling a decrease of \$14,713 in both revenue and expense to the HIV Prevention Grant Program, IO 10013 to bring the FY 10 adopted budgets into alignment with the grants; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify the Interlocal Contract between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District for the period January 1, 2010 through December 31, 2011 in the total amount of \$93,504 (\$46,752 annually) in support of the HIV Prevention Fiscal Agent Program contingent upon Washoe County's Risk Manager and District Attorney approval; approve amendments totaling an increase of \$14,713 in both revenue and expense to the HIV Fiscal Agent Grant Program, IO 10187; approve amendments totaling a decrease of \$14,713 in both revenue and expense to the HIV Prevention Grant Program, IO 10013 to bring the FY 10 adopted budgets into alignment with the grants; and if approved, authorize the Chairman to execute.

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract between the State of Nevada
Acting by and through Its

**Department of Health and Human Services
Health Division
Bureau of Child, Family, and Community Wellness
HIV Prevention Program
4150 Technology Way, Suite 101
Carson City, NV 89706
Phone: (775) 684-4200 FAX: (775)684-4211**

and

**Washoe County Health District
PO Box 11130
Reno, NV 89520
Phone: (775) 328-2417 FAX: (775) 328-2279**

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

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

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

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective January 1, 2010 to December 31, 2011 unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason Health Division, State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:
ATTACHMENT AA: SCOPE OF WORK

7. CONSIDERATION. The Washoe County Health District agrees to provide the services set forth in paragraph (6) at a cost of \$ 3,896 per month (state the exact cost or hourly, daily, or weekly rate) with the total contract or installments payable not exceeding \$46,752 annually, for a total of \$93,504 for the term of the contract. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

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

9. INSPECTION & AUDIT.

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

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

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

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

11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260.

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

13. INDEMNIFICATION.

a. Consistent with paragraph (11) of this Contract, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other 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 acts or omissions of the party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph.

b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.

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

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

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

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

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

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

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

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

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

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

**INTERLOCAL CONTRACT
BETWEEN: NEVADA STATE HEALTH DIVISION
AND
WASHOE COUNTY HEALTH DISTRICT**

ATTACHMENT AA: SCOPE OF WORK
Description of services, deliverables, and reimbursement

This Interlocal Agreement is to assign fiscal reimbursement, programmatic monitoring, and provide Request for Proposal (RFP) support for HIV prevention contracts in northern Nevada for Washoe County Health District (WCHD). This will ensure more timely and effective program resolution, fiscal monitoring, and provision of technical assistance to subgrantees, which allows for assistance to readily available at the local level.

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

- Development of a Request for Proposal (RFP) process to solicit HIV prevention proposals from non-profit and governmental agencies whose services are appropriate for HIV prevention interventions, based on the 2010 – 2014 Comprehensive HIV Prevention Plan. During the RFP process agencies eligible for funding included all areas of Nevada, except Clark, Nye, Esmeralda, and Lincoln counties. This bullet only applies when the grant cycle requires a new RFP, or when additional funds become available;
- Develop an RFP that is consistent with Centers for Disease Control and Prevention, Nevada State Health Division guidelines, and the 2010 – 2014 Comprehensive State HIV Prevention Plan;
- The RFP process shall include writing the RFP guidance, advertisement of funding availability, Bidders' Conference, internal and external review processes, and award process;
- Conduct programmatic and fiscal monitoring of funded programs to ensure programs are implementing Diffusion of Effective Behavioral Interventions (DEBI) or science/evidence-based interventions with fidelity;
- Ensure that programs meet RFP eligibility by applying for funding that provides services to the correct target populations and using appropriate interventions for the target population as identified in the 2010 – 2014 Comprehensive State HIV Prevention Plan;
- Contractor will provide, at minimum, two (2) programmatic/fiscal site-visits to each funded agency annually;
- All funded agencies must submit a detailed justification for reimbursement, to include all documentation, such as receipts, time cards, or other such documents to support their claim for reimbursement.

Washoe County Health District agrees to provide the following to the Nevada State Health Division, when applicable:

- A copy of the Request for Proposals shall be provided to the Nevada State Health Division for approval, at a minimum of 30 days in advance of being released to the general public;
- A copy of the grant application and subcontract to the Nevada State Health Division for all funded agencies, due within 30 days of award;
- Ensure that all contractors are provided technical assistance regarding the input of PEMS data, which includes training, request of digital certificates, and that data is current.
- The contractor will notify the Nevada State Health Division in writing, within 30 days of termination, if a contract is terminated for any reason, and provide the Nevada State Health Division with a plan for redirection of unspent funds;

- The RFP and any subsequent advertising must clearly and concisely specify that funds are being made available by the Nevada State Health Division, through a grant with the Centers for Disease Control and Prevention. Additionally, the contractor needs to ensure that funded agencies advertise that funding is made available by the Nevada State Health Division, through a grant with the Centers for Disease Control and Prevention.

Identify the source of funding on all printed documents purchased, or produced within the scope of this contract, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number U62/PS923483-06 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 Nevada State Health Division nor the Centers for Disease Control and Prevention."

Contractor agrees to adhere to the following budget:

1. Personnel	\$	46,752		
				One (1) Office Assistant II (0.80 FTE) @ \$29, 921 Salary and \$16,831 Fringe benefits @ 36%.
2. Travel	\$	<0>		
3. Operating	\$	<0>		
4. Supplies	\$	<0>		
5. Other	\$	<0>		
 Total Cost	 \$	 46,752		

Contractor agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the contract period.

- Reimbursement may be requested quarterly for the actual expenditures incurred as a result of the implementation of the Scope of Work;
- Supporting documentation must accompany all requests for reimbursement; and
- The maximum amount available is \$46,752 annually, through December 31, 2011.

Additionally, the Contractor agrees to provide:

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

The Nevada State Health Division agrees:

- Providing technical assistance, upon request from the contractor;

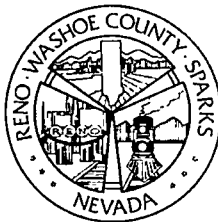
- The Health Division reserves the right to hold reimbursement under this contract until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

The Contractor will, in the performance of the Scope of Work specified in this contract, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Contractor is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.
- This contract may be extended up to a total term of four years, upon agreement of both parties, and if funding is available.

*J:\home\Contracts\Interlocal\Attachment B Scope of Work for Interlocal contract.doc
NSHD Template: Updated 6-22-05*



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: 1/28/10

DATE: January 19, 2010

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Approval of Notice of Subgrant Award from the Nevada State Health Division in the amount of \$115,022 for the period January 1, 2010 to December 31, 2010 in support of the Sexually Transmitted Disease Program; and if approved, authorize the Chairman to execute the Notice of Subgrant Award.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District received a Notice of Subgrant Award from the Nevada State Health Division in the amount of \$115,022 for the period January 1, 2010 through December 31, 2010 in support of the Sexually Transmitted Disease (STD) Program. A copy of the Notice of Subgrant Award is attached.

District Board of Health Priority supported by this item:

Approval of this Subgrant Award and accompanying budget amendment supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease.*

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

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award for the period January 1, 2009 through December 31, 2009 in the total amount of \$115,022 on February 26, 2009.

AGENDA ITEM # 7.C.5.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

FISCAL IMPACT

This grant was anticipated in the FY 10 adopted budget in the amount of \$115,022, in personnel and lab/outpatient expenditures. As such, a budget amendment is not necessary.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$115,022 for the period January 1, 2010 to December 31, 2010 in support of the Sexually Transmitted Disease Program; and if approved, authorize the Chairman to execute the Notice of Subgrant Award.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$115,022 for the period January 1, 2010 to December 31, 2010 in support of the Sexually Transmitted Disease Program; and if approved, authorize the Chairman to execute the Notice of Subgrant Award.

HEALTH DIVISION

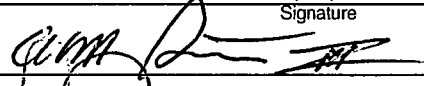

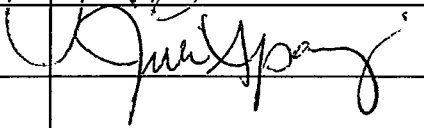

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10141

(hereinafter referred to as the DIVISION)

Budget Account #: 3215
 Category #: 08
 GL #: 8501

NOTICE OF SUBGRANT AWARD

Program Name: STD Prevention and Control Program Office of Epidemiology Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD) WCHD Project Code: 93977A George Furman, MD, Chair, (775) 328-2417	
Address: 4150 Technology Way, Suite #211 Carson City, NV 89706-2009		Address: P. O. Box 11130 Reno, NV 89520	
Subgrant Period: January 1, 2010 through December 31, 2010		Subgrantee's EIN#: 88-6000189 Vendor#: T81073584 Dun & Bradstreet#: 07-378-7152	
Reason for Award: To identify, treat and control Sexually Transmitted Diseases (STD) in Washoe County.			
County(ies) to be served: () Statewide (X) Specific county or counties: Washoe County			
Approved Budget Categories:			
1. Personnel	\$ 91,451	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.	
2. Travel	\$ 0		
3. Supplies	\$ 23,571		
4. Equipment	\$ 0		
5. Contractual/Consultant	\$ 0		
6. Training	\$ 0		
7. Other	\$ 0		
Total Cost	\$ 115,022		
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$115,022.00 during the subgrant period.			
Source of Funds: Centers for Disease Control and Prevention	% of Funds: 100	CFDA#: 93.977	Federal Grant #: 1H25PS001382-02
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Authorized Sub-grantee Official Washoe County Health Department	Signature 		Date 1-28-10
Sandi Noffsinger, MPH STD Program Coordinator			12/23/09
Julia Spaulding, MHA Epi Program Manager			12/29/09
Richard Whitley, MS Administrator, Health Division			

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.

10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.

11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

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

- Provide testing and clinical services to all patients, contacts, and suspects referred to or volunteering for examination, treatment, or counseling for sexually transmitted diseases (STDs) in Washoe County as specified in the budget, during the subgrant period. The services will be provided at STD clinics, Family Planning Clinics, the Juvenile Detention Center and non-traditional sites which services are provided by County-Level Community Outreach.
- Provide and supervise Communicable Disease Investigators, Public Health Nurses, Administrative Staff, and other staff necessary for the successful provision of testing and clinical services to patients, contacts, and suspects for STDs during the subgrant period.
- Provide interview and investigative services including pre and post-test evaluations of STD patients seeking HIV evaluations per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC) throughout the subgrant period.
- Use the Sexually Transmitted Disease*Management Information System (STD*MIS) or compatible system meeting CDC standards , reactor registry, and other records to perform the following activities related to STD investigation during the subgrant period:
 - a. program planning,
 - b. program implementation;
 - c. program evaluation; and,
 - d. Respond to recommendations for data quality improvements made by the Health Division.
- Complete and maintain an STD file system that adequately and timely documents all STD program activity conducted during the subgrant period.
- Maintain a minimum level of STD individual and community behavior change intervention activities during the subgrant period, including appropriate risk reduction education of high-risk or vulnerable populations. (For guidance, reference *Healthy People 2010: Understanding and Improving Health, Focus Area 25: Sexually Transmitted Diseases.*)
- Provide to the Health Division, upon request, reports regarding STD activities in Washoe County.
- Submit electronically to the Health Division the following deliverables by the deadlines listed:
 - STD*MIS Reports. **(Due weekly)**
 - Quarterly Statistical Reports. Reports should present data on all STD testing, diagnoses, treatment, and partner services conducted by the subgrantee during each quarter (by gender, race, age, etc.), including (1) infertility data (which includes the number of clients screened and treated for Chlamydia); (2) a ratio of the number of infected partners brought to treatment per the number of client interviews performed (by gender); and (3) prevalence monitoring. These reports must be presented in the format requested by the STD Program Coordinator. **Reports are due to the STD Program Coordinator no later than 30 days after the end of each quarter of the subgrant period.**

- Annual Progress Reports. Reports should include: (1) a brief narrative description (no more than 10 double-spaced pages) of all STD program activities conducted by the subgrantee for the subgrant period for CSPA and IPP, including any education, outreach, or intervention activities and their locations; (2) identification of future technical assistance or training needs (if any); and (3) copies of all products produced for the STD program with subgrant funds. These reports must be presented in the format requested by the STD Program Coordinator (See Attachment A). **Reports are due to the NSHD STD Program Coordinator no later than 45 days after the end of the subgrant period.**

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1H25PS001382-02 from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Centers for Disease Control and Prevention."

- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 1H25PS001382-02 from the Centers for Disease Control and Prevention.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 91,451	
	\$ 31,084	<u>Comprehensive STD Prevention Systems (CSPS)</u>
	\$ 36,524	0.4 FTE DIS (Kathy Hong) at \$77,711/FTE/Year
	\$ 23,843	.47 FTE DIS (Linda Gabor) at \$77,711/FTE/Year
		Fringe Benefits (35.266%) for 0.87 FTE (67,608 x 35.266%)
2. Travel	\$ 0	
3. Supplies	\$ 23,571	
	\$23,571	<u>Infertility Prevention Project (IPP)</u>
		2,619 Aptima NAATS tests x \$9 per test
4. Equipment	\$ 0	
5. Contractual Consultant	\$ 0	
6. Training	\$ 0	
7. Other	\$ 0	
Total Cost	\$ 115,022	

- With prior approval from the NSHD STD Program Coordinator, subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work
- 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/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$115,022 for the period of the subgrant;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Nevada State Health Division agrees:

The Nevada State Health Division agrees:

- The STD Prevention and Control Program will provide or accomplish the following items to ensure successful completion of this project, such as:
 - Provide reimbursement of activities related to this subgrant, not to exceed \$115,022 during the subgrant period, given receipt of appropriate documentation;
 - Providing technical assistance, upon request from the Subgrantee;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to CDC.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

Site-visit monitoring and/or audits may be conducted by the Health Division or the Centers for Disease Control and Prevention or related staff of the Subgrantee's STD program in its entirety at any time. Program and fiscal audits shall occur annually or as needed.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant 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 Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

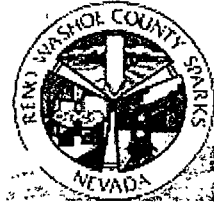
E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

**** An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

The Following Objectives must be reported on by sub grantee:

Washoe County Health District (WCHD)



CSPS MLS1:

- a. Proportion of female admittees to large juvenile detention facilities that were tested for chlamydia.

Numerator: Number of females who received chlamydia testing at the specified juvenile detention centers.

Denominator: Total number of female admittees to the specified juvenile detention center

- b. Proportion of females tested that were diagnosed with chlamydia.

Numerator: Number of female juvenile detention center clients positive for chlamydia per year

Denominator: Number of female juvenile detention clients tested for chlamydia per year

CSPS MLS2:

- a. Among clients of IPP family planning clinics, the proportion of women with positive CT tests that are treated within 14 and 30 days of the date of specimen collection.

Numerator: Number of women treated for chlamydia within 14 and 30 days of the date of specimen collection.

Denominator: Total number of women who tested positive for chlamydia.

- b. Among clients of IPP family planning clinics, the proportion of women with positive GC tests that are treated within 14 and 30 days of the date of specimen collection.

Numerator: Number of women treated for gonorrhea within 14 and 30 days of the date of specimen collection.

Denominator: Total number of women who tested positive for gonorrhea.

CSPS MLS3:

- a. Among clients of STD clinics, the proportion of women with positive CT tests that are treated within 14 and 30 days of the date of specimen collection.

Numerator: Number of women treated for chlamydia within 14 and 30 days of the date of specimen collection.

Denominator: Total number of women who tested positive for chlamydia.

Attachment A

- b. Among clients of STD clinics, the proportion of women with positive GC tests that are treated within 14 and 30 days of the date of specimen collection.

Numerator: **Number of women treated for gonorrhea within 14 and 30 days of the date of specimen collection.**

Denominator: **Total number of women who tested positive for gonorrhea.**

Comprehensive STD Prevention Systems (CSPS) Grant Goals and Objectives CY 2009

Medical and Lab Services

Goal: To expand testing capacity in Nevada.

Objective: By December 31, 2010, develop in-state capabilities to offer rectal and pharyngeal gonorrhea Aptima testing.

Please describe all progress made towards the development of offering rectal and pharyngeal gonorrhea Aptima testing in your area.

Partner Services

Goal: Increase partner services provided through the internet.

Objective: By March 30, 2010, launch inSPOT in Nevada.

Please describe how you launched inSPOT in your area.

Objective:

By Jun 30, 2010, develop implementation plan and protocol/guidelines for providing partner services through the internet.

Please describe guidelines/protocol that was developed for internet use for partner services.

By December 31, 2010, conduct partner services on two social networking sites.

Please describe and any partner services activities you conducted through the internet.

Community and Individual Behavior Change

Goal: Reduce gonorrhea in identified target populations.

Objective: By December 31, 2010, reduce the rate gonorrhea cases per 100,000 population by three percent for Black, non-Hispanics.

Please describe the STD prevention services you have provided to Black, non-Hispanic persons in your community.

Objective: By December 31, 2010, Nevada will provide prevention messages to at least 10,000 contacts* with individuals statewide (with priority on target populations) and provide risk reduction materials.

*contacts include staff physically providing or giving an individual something (i.e. condoms, education, brochures, and passive referrals)

Attachment A

Please identify your target or priority population(s). Please describe the STD prevention services you have provided to raise STD awareness and stimulate individual risk reduction behaviors and the total number of persons reached through your services.

Objective:

By Jun 30, 2010, develop implementation plan and protocol/guidelines for providing prevention messages through the internet.

Please describe guidelines/protocol that was developed for internet use for partner services.

By December 31, 2010, provide STD prevention messages on at least two internet sites or social marketing websites.

Please describe how you provided STD/HIV prevention messages through the internet.

Objective: By December 31, 2010, Nevada will provide STD testing opportunities in at least ten non-traditional settings.

Please list all nontraditional settings in which you provided STD testing.

Infertility Prevention Project (IPP) Grant Goals and Objectives CY2010

Goal: Prevent STD-related infertility and other complications of STDs by adhering to Region IX IPP screening guidelines and CDC's STD treatment guidelines.

Objective: By December 31, 2010, will increase the number of high-risk individuals tested and counseled for Chlamydia and gonorrhea according to Region IX IPP screening guidelines by five percent.

How many Chlamydia and gonorrhea tests were provided to high-risk women and adolescents who presented at your STD or FP clinics according to Region IX IPP screening guidelines?

Objective: By December 31, 2010, screen 95 percent of female clients aged 25 years old and younger for Chlamydia and gonorrhea, through targeted use of Nucleic Acid Amplification Tests (NAAT) according to Region IX IPP screening guidelines (define guidelines) , in IPP-funded STD and FP clinics.

Please provide the following information:

Numerator: The total number of female clients aged 25 years old and younger screened for Chlamydia and gonorrhea through targeted use of Nucleic Acid Amplification Tests (NAAT) according to Region IX IPP screening guidelines in IPP-funded STD and FP clinics.

Denominator: The total number of female clients aged 25 years old and younger receiving services at an IPP-funded STD and FP clinics.

Percentage screened: Numerator divided by the denominator

Objective: In 2010, staff from the NSHD and IPP-funded local health authorities will participate, in-person, at twice-annual regional IPP meetings.

Please provide names of people who attended each meeting.

Objective: By December 31, 2010, collect and transfer 100 percent of Region IX IPP core data sets from each Nevada region according to the Region IX IPP Data Procedures.

Provide the NSHD with necessary IPP data quarterly based on Region IX IPP Data Subcommittee standards.

Attachment A

Objective: By December 31, 2010, screen 80 percent of sexually active females, 25 years of age or under, in family planning clinics for Chlamydia annually.

Please provide the following information:

Numerator: The total unduplicated number of female clients aged 25 years old and younger that received a Chlamydia test at an IPP-funded FP clinic.

Denominator: The total unduplicated number of female clients aged 25 years old and younger receiving services at an IPP-funded FP clinic.

Percentage screened: Numerator divided by the denominator

Objective: By December 31, 2010, screen 80 percent of sexually active females, 25 years of age or under, in STD clinics for Chlamydia annually.

Please provide the following information:

Numerator: The total unduplicated number of female clients aged 25 years old and younger that received a Chlamydia test at an IPP-funded STD clinic.

Denominator: The total unduplicated number of female clients aged 25 years old and younger receiving services at an IPP-funded STD clinic.

Percentage screened: Numerator divided by the denominator

Objective: By December 31, 2010, 75 percents of females who are booked at the juvenile detention centers will be screened for Chlamydia infection.

Please provide the following information:

Numerator: Number of female juvenile detention center clients positive for Chlamydia per reporting period.

Denominator: Number of female juvenile detention clients tested for Chlamydia per reporting period.

Proportion: Numerator divided by the denominator

Objective: By December 31, 2010, increase the number of females who test positive for Chlamydia in an IPP clinic will be rescreened.

Please provide the following information:

Numerator: Total number of females less than 26 years of age that tested positive for Chlamydia in an IPP clinic and returned for rescreening based on the Region IX IPP rescreening definition.

Attachment A

Denominator: Total number of females less than 26 years of age that tested positive for Chlamydia in an IPP clinic.

Proportion: Numerator divided by the denominator

Each jurisdiction (Clark County, Washoe County, Carson City, rural/frontier counties) will identify a minimum of one juvenile hall or other venue to screen individuals from the Area of Special Emphasis population of high-risk adolescents and young people for Chlamydia and gonorrhea according to Region IX IPP screening guidelines.

Please identify by name and address the juvenile hall or other venue identified in your jurisdiction to meet this objective.

Each county-level IPP-funded STD and FP program will conduct one annual chart review using the Region IX IPP Quality Assurance Tool to ensure compliance with Region IX IPP screening guidelines, counseling recommendations, and CDC treatment standards.

Please provide the date(s) and results of the chart reviews conducted using the Region IX IPP Quality Assurance Tool to ensure compliance with Region IX IPP screening guidelines, counseling recommendations, and CDC treatment standards.



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: January 28, 2010

DATE: January 15, 2010
TO: District Board of Health
FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*
 775-325-8068, lcooke@washoecounty.us
THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*
SUBJECT: Proposed approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2010 through December 31, 2010 in the amount of \$69,606 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016); and authorize the Chairman of the Board to sign.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Office to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District (District) received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the total amount of \$69,606 for the period January 1, 2010 through December 31, 2010 in support of the Tuberculosis CDC Grant Program. A copy of the Notice of Subgrant Award is attached.

Priority/Goal supported by this item: Approval of the Subgrant Award supports the District's Community & Clinical Health Services Division Tuberculosis Prevention Program's mission to prevent and control Tuberculosis in order to reduce morbidity, disability and premature death due to Tuberculosis by reducing the number of Tuberculosis cases per 100,000 in Washoe County.

PREVIOUS ACTION

The Washoe County District Board of Health approved the last Subgrant Award in support of the Tuberculosis CDC Grant Program on February 26, 2010 and Amendment #1 on July 23, 2009.

AGENDA ITEM # 7.C.6.

BACKGROUND

This Subgrant provides funding for personnel (.48 of a 1.0 FTE - PHN II), required CDC travel, isolation housing, and incentives/enablers. Incentives/enablers are intended to increase compliance for completion of Tuberculosis treatment and include, but are not limited to, transportation and food vouchers, telephone calling cards, personal items, behavioral reinforcers, etc.

FISCAL IMPACT

This is a calendar year grant and sufficient budget authority exists through June 30, 2010. As such, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2010 through December 31, 2010 in the amount of \$69,606 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016); and 2) authorize the Chairman of the Board to sign.

POSSIBLE MOTION


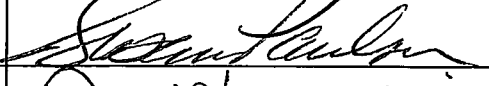

Move to approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2010 through December 31, 2010 in the amount of \$69,606 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016); and 2) authorize the Chairman of the Board to sign.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3220
 Category #: 14
 GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: TB Control and Elimination Program Office of Epidemiology Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite 211 Carson City, NV 89706-2009		Address: P. O. Box 11130 Reno, NV 89520	
Subgrant Period: January 1, 2010 through December 31, 2010 Amended Period: N/A		Subgrantee's EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet#: 073786998	
Reason for Award: To fund activities for the control and elimination of <i>M. tuberculosis</i> in Washoe County			
County(ies) to be served: () Statewide (<input checked="" type="checkbox"/>) Specific county or counties: Washoe County			
Approved Budget Categories:			
1. Personnel	\$	62,837	
2. Travel	\$	3,255	
3. Operating	\$		
4. Equipment	\$		
5. Contractual/Consultant	\$		
6. Training	\$		
7. Other	\$	3,514	
Total Cost		\$	69,606
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ 69,606.00 during the subgrant period.			
Source of Funds:		% of Funds:	CFDA#:
1. Centers for Disease Control and Prevention		100%	93.116
			Federal Grant #: 5U52PS07855-19
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Chairman, Washoe County District Board of Health, WCHD	Signature 		Date 1-28-10
Susanne Paulson Program Manager	Signature 		12/24/09
Julia Spaulding, MHA Bureau Chief	Signature 		12/22/09
Richard Whitley, MS Administrator, Health Division			

JR
12/24/09

CR

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

These funds will be utilized in accordance with the mission of the Nevada State Health Division Tuberculosis Prevention and Elimination Program which is to promote and protect the well-being of Nevadans and visitors to our state by preventing, controlling, tracking and ultimately eliminating tuberculosis (TB) in the citizens of Nevada by providing services toward the control and elimination of tuberculosis, including rapid identification and diagnosis of the disease, timely contact investigation and completion of treatment.

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

- Provide case management for TB cases, including reporting; contact investigation; assurance of patient adherence to medication regimen; legal referral for non-adherence; and home visits for assessment, provision of direct observed therapy (DOT) and monitoring of treatment regimes.
- Ensure evaluation and treatment of suspect cases of tuberculosis, including contact investigation where indicated.
- Conduct TB surveillance for epidemiological trends.
- The Subgrantee will: provide TB education to community health care providers when requested; assist detention centers, clinics, hospitals, homeless shelters and group home staff to increase screening and recognition of symptoms of TB; and assist with TB evaluation in treatment and residential care centers to ensure compliance with licensure regulations upon request.
- Policies and protocols for TB care and investigation, infection control and OSHA requirements will follow CDC guidelines and be revised as needed. A Report of Verified Case of Tuberculosis (RVCT) will be submitted for all Mycobacterium Tuberculosis Complex (MTBC) confirmed cases identified in the Counties of Carson City, Douglas and Lyon. An Aggregate Report for Tuberculosis Program Evaluation (ARPE) will be submitted no later than August 1, 2010. A Quarterly Report will be submitted 45 days after the end of each quarter. Deadlines are as follows: May 15, August 15, November 15 and February 15.
- The RVCT form must be submitted via hard copy within 45 days of diagnosis to NSHD TB Program, Attn: Susanne Paulson 4150 Technology Way, Suite 101, Carson City, NV 89706-2028. The ARPE and Quarterly Reports are to be submitted electronically to spaulson@health.nv.gov in the event the Subgrantee is unable to provide an electronic version a hardcopy version may be accepted with prior verbal authorization. Written copies of the request for reimbursement are required.

(Note: brief reports should be requested/submitted with each request for reimbursement).

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5U52PS907855-19 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 Nevada State Health Division or Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5U52PS907855-19 from the Centers for Disease Control and Prevention.

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$	62,837
2. Travel	\$	3,255
3. Operating	\$	0
4. Equipment	\$	0
5. Contractual Consultant	\$	0
6. Training	\$	0
7. Other	\$	3,514

TB Controller / Coordinator 58% of 1.0 FTE

Travel will be used for Subgrantee staff to attend Tuberculosis related meetings, seminars, workshops and trainings. These funds may also be used to provide transportation for medical staff to access patients or contacts to patients.

- 1) Laboratory and Radiograph testing
- 2) TB screening and health assessments
- 3) Incentives and Enablers (Including, but not limited to, transportation and food vouchers, telephone calling cards, personal items, behavioral reinforcers) funds are to be used with contacts and/or TB patients to bring them in for treatment and/or testing.
- 4) Patient Housing funds will be used to provide housing support for homeless or at-risk for being homeless TB patients and active/suspect TB clients during initial treatment and/or evaluation phase or until they are no longer contagious.

Total Cost \$ 69,606

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- 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/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;

- Reimbursement will not exceed \$69,606 for the period of the subgrant
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 45 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Provide technical assistance, upon request from the Subgrantee;
- Provide assistance for the implementation of program activities
- To Coordinate with other state agencies as needed
- Tabulate and interpret required data and program evaluation
- Serve as the authority responsible for ensuring necessary reports and documents are submitted to the CDC, per reporting deadlines
- Forward reports to appropriate facility, i.e. CDC, interstate agencies, Dept. of Quarantine, etc.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

Site-visit monitoring and/or audits may be conducted by the Nevada State Health Division or the Centers for Disease Control and Prevention or related staff of the Subgrantee's TB program to evaluate progress and compliance with the activities outlined in the Scope of Work. Program and fiscal audits shall occur annually or as needed.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.
- This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant 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 Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

**** An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: 1/28/10

DATE: January 19, 2010

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Approve Notice of Subgrant Award from the Nevada State Health Division in the amount of \$53,000 for the period July 31, 2009 to July 30, 2010 in support of the Assistant Secretary for Preparedness and Response (ASPR) H1N1 Grant Program, IO TBA; Approve amendments totaling an increase of \$53,000 in both revenue and expense to the FY 10 ASPR H1N1 Grant Program budget; and if approved, authorize the Chairman to execute the Notice of Subgrant Award.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District received a Notice of Subgrant Award from the Nevada State Health Division in the amount of \$53,000 for the period July 31, 2009 through July 31, 2010 in support of the ASPR H1N1 Grant Program. A copy of the Notice of Subgrant Award is attached.

County Priority/Goal supported by this item: The approval of these amendments supports Washoe County's strategic priority to "Improve Public Safety, Security and Health", "Preserve and Enhance our Quality of Life" as well as the strategic priority to "Provide Excellent Public Services".

PREVIOUS ACTION

At the Strategic Retreat on October 8, 2009, the District Board of Health accepted this funding as part of the total funds awarded (\$1,741,166) to Washoe County Health District for H1N1 activities. At that time, the Nevada State Health Division had not developed the Notice of Subgrant Award document. As such, the budget and scope of work had not been defined.

AGENDA ITEM # 7.C.7.

BACKGROUND

This Notice of Subgrant Award provides funding for Contractual and Travel expenditures. The Public Health Preparedness program intends to utilize a consultant/contractor to assist the Nevada Hospital Association and the Nevada State Health Division to address the need and use of Alternate Care Sites (ACS).

The Consultant/Contractor will be responsible to:

1. Identify possible Alternate Care Sites in Washoe County and define the level of care provided at each.
2. Determine Staffing Requirements at each Alternate Care Site.
3. Identify and develop MOU's with the appropriate parties for locations to be utilized for Alternate Care Sites.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 10 budget will be **increased by \$53,000** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-TBA -431100	Federal Revenue	\$53,000
2002-IO-TBA-710100	Professional Services	50,000
-711210	Travel	3,000
	Total Expenditures	\$53,000

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$53,000 for the period July 31, 2009 to July 30, 2010 in support of the Assistant Secretary for Preparedness and Response (ASPR) H1N1 Grant Program, IO TBA; Approve amendments totaling an increase of \$53,000 in both revenue and expense to the FY 10 ASPR H1N1 Grant Program budget; and if approved, authorize the Chairman to execute the Notice of Subgrant Award.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$53,000 for the period July 31, 2009 to July 30, 2010 in support of the Assistant Secretary for Preparedness and Response (ASPR) H1N1 Grant Program, IO TBA; Approve amendments totaling an increase of \$53,000 in both revenue and expense to the FY 10 ASPR H1N1 Grant Program budget; and if approved, authorize the Chairman to execute the Notice of Subgrant Award.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Program #: H1N120-09

Budget Account #: 3218

Category #: 46

GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Health Planning & Emergency Response Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 1001 East Ninth Street Reno, NV 89520	
Subgrant Period: July 31, 2009 through July 30, 2010		Subgrantees: EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet #: 073786998	
Reason for Award: FY2009 ASPR Pandemic Influenza Healthcare Preparedness Improvements for States (H1N1)			
County(ies) to be served: () Statewide (X) Specific county or counties: Washoe County			
Approved Budget Categories:			
1. Personnel	\$	0	
2. Contractual/Consultant	\$	50,000	
3. Travel	\$	3,000	
4. Supplies	\$	0	
5. Equipment	\$	0	
6. Other	\$	0	
7. Indirect	\$	0	
Total Cost		\$	53,000
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$53,000 during the subgrant period.			
Source of Funds:		% of Funds:	CFDA#:
1. ASPR Pandemic Influenza Healthcare Preparedness Improvements for States (H1N1)		100%	93.889
			Federal Grant #: 1 U3REP090211-01-00
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Authorized Sub-grantee Official Title	Signature		Date
Jennifer Dunaway Health Program Manager, PHP			1-28-10
Kyle Devine, MSW Health Program Manager II, PHP			1/14/10
Richard Whitley, MS Administrator, Health Division			1/15/10

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances**

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offer for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply 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.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

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

- Create a work plan to be used as the Final Scope of Work for this Subgrant with the guidance from the Nevada State Health Division, Public Health preparedness. This work plan will include specific measureable objectives, activities to be conducted by WCHD to accomplish the objectives, timelines, and tracking measures to ensure the successful achievement of federal grant objectives.
 - WCHD should use the work plan from the previous Subgrant (ASPR01-08) and update to reflect those activities that have not yet been completed. Please find that work plan attached.
 - WCHD will customize the remaining measureable objectives and activities; provide a timeline for completion of the activities and tracking measures.
 - This customized work plan will be submitted to the Nevada State Health Division no later than November 30, 2009 for inclusion in Section B of this Subgrant and will be considered the Final Scope of Work for this Subgrant.
- Submit written Progress Reports to the Health Division electronically on or before:
 - February 12, 2010 (For the period of 7/31/09 - 1/31/10)
 - October 15, 2010 (For the period of 2/1/10 - 7/30/10)
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal 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 publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1 U3REP090211-01-00 from Assistant Secretary for Preparedness and Response (ASPR). It's contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Nevada State Health Division by Grant Number 1 U3REP090220-01-00 from the Assistant Secretary for Preparedness and Response (ASPR).

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$	0	
2. Contractual / Consultant	\$	50,000	To utilize an Independent Contractor as an Alternate Care Site Coordinator position.
3. Travel	\$	3,000	Includes: In-State Travel in compliance with Federal GSA rates
4. Supplies	\$	0	
5. Equipment	\$	0	
6. Other	\$	0	
7. Indirect	\$	0	
Total Cost	\$	53,000	

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$5,300), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the federal funding agency.
- 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/subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 15, 2010.
- Additional expenditure detail will be provided upon request from the Division.
- The maximum amount of funding available through this subgrant is \$53,000.

Additionally, the subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$53,000 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- Reserve the right to hold reimbursement under this subgrant until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Health Division that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Health Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment,

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be 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 Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant 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 Subgrant Award.
- ☞ **PLEASE REPORT IN DOLLARS and CENTS (No Rounding)**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

**** An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

Nevada Department of Health and Human Services

Health Division # 10089
 Bureau Program # H1N120-09
 GL # 8516
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: Public Health Preparedness Health Planning & Emergency Response	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: July 31, 2009 through July 30, 2010	Subgrantee EIN #: 88-6000138 Subgrantee Vendor #: T40283400Q Dun & Bradstreet #: 073786998

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): _____ **Calendar Year:** _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
2 Contract/Consultant	\$ 50,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 50,000.00	0%
3 Travel	\$ 3,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,000.00	0%
4 Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
5 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
6 Other	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
7 Indirect	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
8 Total	\$ 53,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 53,000.00	0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: 1/28/10

DATE: January 19, 2010

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*

SUBJECT: Approval of Notice of Subgrant Award from the Nevada State Health Division in the amount of \$79,634 for the period January 1, 2010 to December 31, 2010 in support of the HIV Surveillance Program; and if approved, authorize the Chairman to execute the Notice of Subgrant Award.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District received a Notice of Subgrant Award from the Nevada State Health Division in the amount of \$79,634 for the period January 1, 2010 to December 31, 2010 in support of the HIV Surveillance Program. A copy of the Subgrant Award is attached.

District Board of Health Priority supported by this item:
Approval of this Subgrant Award supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease.*

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

AGENDA ITEM # 7.C.8.

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award for the period January 1, 2009 through December 31, 2009 in the total amount of \$85,229 on February 26, 2009. On August 27, 2009 the Board approved Amendment #1 in the amount of \$92,178 for the period January 1, 2009 to December 31, 2009.

FISCAL IMPACT

This is a calendar year grant and sufficient budget authority exists through June 30, 2010. As such, a budget amendment is not necessary.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$79,634 for the period January 1, 2010 to December 31, 2010 in support of the HIV Surveillance Program; and if approved, authorize the Chairman to execute the Notice of Subgrant Award.

POSSIBLE MOTION

Move to approve approve the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$79,634 for the period January 1, 2010 to December 31, 2010 in support of the HIV Surveillance Program; and if approved, authorize the Chairman to execute the Notice of Subgrant Award.

Nevada Department of Health and Human Services

Health Division #: 10132

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3215
 Category #: 18
 GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: HIV/AIDS Surveillance Program Office of Epidemiology Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)	
Address: 4150 Technology Way, Suite 211 Carson City, NV 89706-2029		Address: P. O. Box 11130 Reno, NV 89520	
Subgrant Period: January 1, 2010 through December 31, 2010		Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T41107900 DUNS #: 73-786-998	
Reason for Award: To conduct HIV/AIDS Surveillance activities Washoe County, Nevada			
County(ies) to be served: () Statewide (X) Specific county or counties: Washoe County			
Approved Budget Categories:			
1. Personnel	\$ 78,033	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.	
2. Travel	\$ 1,001		
3. Supplies	\$ 600		
4. Equipment	\$ 0		
5. Contractual/Consultant	\$ 0		
6. Training	\$ 0		
7. Other	\$ 0		
Total Cost		\$ 79,634	
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ 79,634 .00 during the subgrant period.			
Source of Funds: Centers for Disease Control and Prevention		% of Funds: 100%	CFDA#: 93-944
		Federal Grant #: 5U62PS001038-03	
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
WCHD	Signature <i>[Signature]</i>		Date 1-28-10
Julia Spaulding, MHA Program Manager	Signature <i>[Signature]</i>		Date 12/22/09
Richard Whitley, MS Administrator, Health Division	Signature <i>[Signature]</i>		

[Handwritten mark]

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Subgrantee agrees the expenditure of subgrant funds in excess of approved budgeted amount, without prior written approval by the Health Division, may result in the Subgrantee refunding to the Health Division that amount expended in excess of the approved budget.
3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B**

Description of services, scope of work, deliverables and reimbursement

The intent of the HIV/AIDS Surveillance Program is to maintain complete, timely, and accurate data on HIV cases and HIV-related morbidity and mortality in adults, adolescents, and children toward the successful identification of persons in need of HIV-related prevention and care services in Nevada. As a result, the Program serves a pivotal role for the state by generating HIV/AIDS data that can be used in program management, policy development, and resource allocation, thereby enhancing and extending the ability of state and local agencies to appropriately provide HIV/AIDS prevention and care activities to persons in need.

Washoe County Health District (WCHD), hereinafter referred to as subgrantee, agrees to conduct the following Scope of Work during the subgrant period as part of the state's HIV/AIDS Surveillance Program. These activities correspond to the core recipient activities of HIV/AIDS Surveillance Programs outlined by the Centers for Disease Control and Prevention (CDC).

1. Active Case Finding. The subgrantee will review and investigate all reported cases of HIV infection in their jurisdiction: upon receipt of laboratory evidence of HIV infection, the subgrantee will solicit information needed to complete HIV/AIDS case reports by contacting area healthcare providers and facilities serving HIV-positive persons. The subgrantee will also monitor laboratory reporting to ensure that HIV testing, CD4 counts, viral loads, opportunistic infections, and other tests/information are reported. The subgrantee will identify duplicate surveillance reports and take appropriate corrective action. The subgrantee will conduct No Identified Risk (NIR) investigation and interview, as needed.
2. Follow-Up Investigations of Cases of Special Epidemiologic Significance. The subgrantee will maintain contact with area HIV testing sites and conduct follow-up investigation of cases that present with rare/unusual or previously unidentified modes of HIV transmission. The subgrantee will report each case to the Division within 24 hours of investigation.
3. Evaluation of the Performance of the Surveillance System. The subgrantee will demonstrate compliance with CDC's "Minimum HIV Reporting Performance Standards" annually. The subgrantee will identify staff to participate in the NSHD's HIV/AIDS Surveillance Evaluation Workgroup.
4. Interstate Reciprocal Notification of Newly Identified HIV/AIDS Cases. The subgrantee will complete case reports on out-of-state/out-of-jurisdiction HIV/AIDS cases that present in their jurisdiction; if the subgrantee cannot solicit information for completing case report forms about said cases, the subgrantee will contact the NSHD for assistance with interstate communication. The subgrantee will track out-of-jurisdiction HIV/AIDS cases using standardized CDC software.
5. Analysis, Dissemination, and Promotion of HIV/AIDS Surveillance Data. The subgrantee will produce an Annual HIV/AIDS Surveillance Report (see #9) and provide it to the HIV/AIDS Community Planning Group (CPG) in their area. The subgrantee will identify staff to participate in local CPG meetings and in other HIV/AIDS planning bodies (e.g., the State AIDS Task Force), as needed. The subgrantee will respond to requests for data by staff involved in Prevention Case Management, Counseling and Testing System, Prevention Counseling and Referral Services, and other HIV Prevention and CARE activities, as needed.
6. Activities to Improve the Quality, Efficiency, and Productivity of the Surveillance Program. The subgrantee will identify data inconsistencies in institution names/identifiers, reporting time period, and jurisdiction. Annually, the subgrantee will identify a random selection of HIV/AIDS case reports to be reviewed in hard copy for comparison to data entered. The subgrantee will identify least-productive reporters in their area and establish a schedule of routine and appropriate contact modes to improve reporting compliance.
7. Reporting of Data Using CDC Standards and Software. The subgrantee will maintain the electronic HIV/AIDS Reporting System (eHARS) database for their jurisdiction. The subgrantee will enter HIV/AIDS

case reports, laboratory results, and other updated case information into the eHARS database, including (or as available) CDC's recommended standard data elements/questions. The subgrantee will update eHARS should any laboratory report or additional medical finding be reported.

8. **Security.** The subgrantee will maintain security and confidentiality policies that comply with conditions set forth in *NRS 441A.230*, Disclosure of personal information prohibited without consent. Except as otherwise provided in this chapter, a person shall not make public the name of, or other identifying information about, a person infected with a communicable disease who has been investigated by the health authority pursuant to this chapter, without the consent of the person. (Added to NRS by 1989, 300)
9. **Reporting Schedule.** The subgrantee agrees to adhere to the following reporting schedule:
 - a) **eHARS Data Updates.** The subgrantee will provide updated eHARS data using standardized CDC software.
 - b) **Annual HIV/AIDS Surveillance Report.** The subgrantee will produce an annual HIV/AIDS Surveillance Report containing analyses of HIV/AIDS data for their jurisdiction. **(The report is due to the Division no later than 45 days after the end of each budget period).**
 - c) **Annual Progress Report.** The subgrantee will produce an Annual Progress Report that briefly documents activities undertaken in items #1 through #8 above. The subgrantee should also identify technical assistance or training needs (if any) and include three (3) copies of all products produced with subgrant funds. The report should not exceed ten (10) pages. **(The report is due to the Division no later than 45 days after the end of each budget period).**
10. **Acknowledgements.** The subgrantee agrees to adhere to the following acknowledgements of funding:
 - a) Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number **5U62PS001038-03** 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 Nevada State Health Division or the Centers for Disease Control and Prevention."
 - b) Acknowledge that any activities performed under this subgrant were provided through funding from the Nevada State Health Division through Grant Number **5U62PS001038-03** from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 78,033	Funds to cover: Disease Intervention Specialist (DIS), \$78,033/FTE/Yr (includes fringe benefits) x 1.0 FTE = \$78,033 <i>(73% of 1.0 FTE)</i>
2. Travel	\$ 1001	Funds to cover: In-State Travel: \$0.55/mile x 1,820 miles = \$1,001 <i>amdr</i>
3. Supplies	\$ 600	Funds to cover: Office Supplies: \$50/month x 12 months = \$600
4. Equipment	\$	
5. Contractual Consultant	\$	
6. Training	\$	
7. Other	\$	
Total Cost	\$ 79,634	

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- 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/Sub-Awardee to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursements may be requested monthly for expenses incurred in the implementation of the Scope of Work;
- Reimbursements will not exceed \$79,634 for the period of the subgrant.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred; and,
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 45 days of the CLOSE OF THE SUBGRANT PERIOD. Any unobligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees to provide:

- Technical assistance, upon request from the Subgrantee;
- Prior approval of reports or documents to be developed;
- Forwarding a report to another party, i.e. CDC.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

Site-visits and/or audits may be conducted by the Division or CDC or related staff of the Subgrantee in its entirety at any time. Program and fiscal audits shall occur annually or as needed.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.
(This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall be 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 Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant 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 Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

**** An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***



Washoe County Health District

STAFF REPORT

BOARD MEETING DATE: January 28, 2010

DATE: January 15, 2010

TO: District Board of Health

FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*
775-325-8068, lcooke@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer *EC*
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: **Accept donation of \$3,360 from Catholic Healthcare West for the Washoe County Health District Immunization Program.**

SUMMARY

In January 2010 the Washoe County Health District received a check in the amount of \$3,360 from Catholic Healthcare West. The check was remitted to assist with Health District Immunization program expenses, specifically with regards to the Immunization program's participation in providing seasonal influenza vaccinations to the at risk adult population in Washoe County on the Kids to Senior Korner Van. A copy of the check is attached.

Goal supported by this item: Approval of this donation supports the Health District Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

PREVIOUS ACTION

There has been no action taken this fiscal year.

BACKGROUND

The Washoe County Health District participates in and provides Public Health staff and operating supplies for activities on the Kids to Senior Korner Van. To assist with providing seasonal influenza vaccinations to at-risk adults, Catholic Healthcare West forwarded monetary assistance.

AGENDA ITEM # 7.D.1.

FISCAL IMPACT

Should the Board accept this donation, it will be recorded in the Immunization Program cost center- CC 173500 and the Donations, contributions-operating General Ledger account-G/L 484000.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health accept the donation of \$3,360 from Catholic Healthcare West for the Washoe County Health District Immunization Program.

POSSIBLE MOTION

Move to accept the donation of \$3,360 from Catholic Healthcare West for the Washoe County Health District Immunization Program.



Vendor No.	Vendor Name			Check Date	Check No.	904451	
45876	WASHOE COUNTY HEALTH DEPT			12/23/2009	904451		
Invoice No.	Date	Voucher	PO No./Description	Invoice Amount	Discount	Net Amount	
ST MARYS REG MED CTR							
CR-CLIENTASSISTDEC09	12/18/2009	1861011	5401048933	3,360.00		3,360.00	
SUBTOTAL				3,360.00		3,360.00	
TOTAL				3,360.00		3,360.00	

THIS CHECK IS VOID WITHOUT A BLUE BACKGROUND AND A WATERMARK - HOLD UP TO THE LIGHT TO VIEW THE WATERMARK

Catholic Healthcare West
CHW
 3033 North Third Ave.
 Phoenix, AZ 85013
 (602) 407-3800

Bank of America
 Commercial Disbursement Account
 Northbrook, IL

70-2328
 0719

904451

PAYMENT DATE
 12/23/2009

PAY THIS AMOUNT
 *****\$3,360.00

PAY *Three thousand three hundred sixty and 00/100 Dollars*

TO THE ORDER OF
 WASHOE COUNTY HEALTH DEPT
 PO BOX 11130
 1001 9TH ST
 RENO, NV 89520

Mitasha Stange



Regional Emergency Medical Services Authority

REMSA

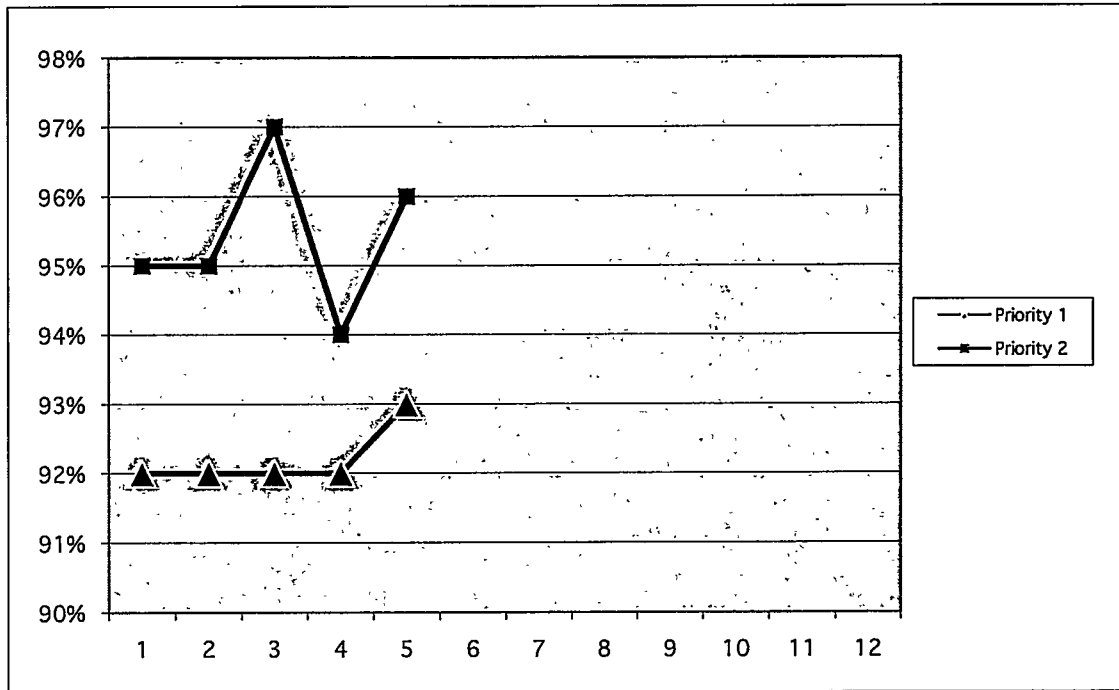
OPERATIONS REPORTS

FOR

NOVEMBER 2009

Fiscal 2010

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-09	5 mins. 56 secs.	4 mins. 46 secs.	92%	95%
Aug.	6 mins. 4 secs.	4 mins. 54 secs.	92%	95%
Sept.	6 mins. 17 secs.	5 mins. 8 secs.	92%	97%
Oct.	6 mins. 3 secs.	4 mins. 58 secs.	92%	94%
Nov.	6 mins. 3 secs.	4 mins. 58 secs.	93%	96%
Dec.				
Jan. 10				
Feb.				
Mar.				
Apr.				
May				
Jun-07				



09-10 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	11	\$91,553	\$8,323	\$8,323
Aug.	15	\$99,547	\$6,636	\$7,350
Sept.	12	\$83,041	\$6,920	\$7,214
Oct.	10	\$63,413	\$6,341	\$7,032
Nov.	7	\$46,830	\$6,690	\$6,989
Dec.			\$0	\$6,989
Jan. 2010			\$0	\$6,989
Feb.			\$0	\$6,989
Mar.			\$0	\$6,989
Apr.			\$0	\$6,989
May			\$0	\$6,989
June			\$0	\$6,989
Totals	55	\$384,384	\$6,989	\$6,989
			Adjusted Allowed Average Bill -	\$6,598.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	2877	\$2,716,180	\$944	\$944
Aug.	2876	\$2,714,870	\$944	\$944
Sept.	2850	\$2,690,188	\$944	\$944
Oct.	2958	\$2,798,087	\$946	\$944
Nov.	2616	\$2,471,204	\$945	\$945
Dec.			\$0	\$945
Jan. 2010			\$0	\$945
Feb.			\$0	\$945
Mar.			\$0	\$945
Apr.			\$0	\$945
May			\$0	\$945
June			\$0	\$945
Totals	14177	\$13,390,529	\$945	\$945
			Allowed ground avg bill -	\$922.00



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
NOVEMBER 2009**



**CARE FLIGHT OPERATIONS REPORT
NOVEMBER 2009
WASHOE COUNTY**

❖ **In Town Transfer:**

➤ 0 ITTs were completed

❖ **Outreach, Education, & Marketing:**

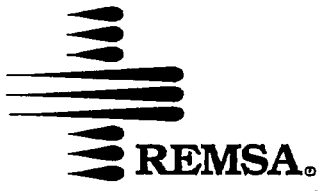
➤ 5 Community Education & Public Event

11/3/09	Kris Prinz Memorial fly by	Flight Staff
11/8/09	Mt. Rose Ski Safety Training	Flight Staff
11/13/09	Senator Reid meets CF Staff	Flight Staff
11/19/09	REMSA/RASI Orientation	Flight Staff
11/20/09	Mountain Life Flight Memorial	Flight Staff

❖ **Statistics**

Washoe County Flights

	# patients
Total Flights:	7
Total Patients	7
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	7
Hospital Transports	0
Trauma	2
Medical	1
High Risk OB	0
Pediatrics	3
Newborn	0
Full Arrest	1
Total	7



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
NOVEMBER 2009



GROUND AMBULANCE OPERATIONS REPORT

November 2009

1. OVERALL STATISTICS:

Total Number Of System Responses	4477
Total Number Of Responses In Which No Transport Resulted	1851
Total Number Of System Transports	2626

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	47%
OB	1%
Psychiatric/Behavioral	4%
Transfers	17%
Trauma	24%
Trauma – MVA	7%
Trauma – Non MVA	17%
Unknown/Other	5%
Total Number of System Responses	100%

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
 - 34 total
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
 - Total 117
- 100% of advanced airways (outside cardiac arrests)
 - 6 total
 - ETCO2 use in cardiac arrests and advanced airway

- 100% of Phase 6 Paramedic and EMT PCR's
 - 0 Paramedic total
 - 0 EMT-I total
- 100% Pain/Sedation Management – 262

All follow-up deemed necessary resulting from Communication CQI was completed by Marcy Kerns, Communications CQI Coordinator.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
11/4/09	EMS CES 911	6
11/10/09	REMSA Education	28

Advanced Cardiac Life Support Recert

Date	Course Location	Students
11/2/09	Steve Fletcher	10
11/4/09	EMS CES 911	1
11/5/09	Steve Fletcher	4
11/11/09	Steve Fletcher	4
11/13/09	REMSA Education	7
11/16/09	EMS CES 911	1
11/18/09	REMSA Education	11
11/29/09	EMS CES 911	1
11/30/09	No Lake Tahoe Fire Department	1
11/30/09	EMS CES 911	2

Basic Life Support Instructor

Date	Course Location	Students
11/21/09	REMSA Education	21

Advanced Cardiac Life Support Skills

Date	Course Location	Students
11/4/09	REMSA Education	1
11/5/09	REMSA Education	1
11/9/09	REMSA Education	1
11/25/09	REMSA Education	1

Health Care Provider

Date	Course Location	Students
9/9/09	Tyler Teese	5
10/1/09	Nancy Brisack	5
10/1/09	Barrick Gold Strike	18
10/7/09	Riggs Ambulance Service	16
10/8/09	Barrick Gold Strike	21
10/13/09	Washoe County School District	5
10/15/09	Barrick Gold Strike	15
10/22/09	Barrick Gold Strike	16
10/24/09	Margarita Jauregui	6
11/1/09	EMS CES 911	2
11/2/09	Auggie Arroyo	1
11/4/09	REMSA Education	9
11/5/09	REMSA Education	9
11/7/09	EMS CES 911	2
11/7/09	Humboldt General Hospital	19
11/9/09	Academy of Arts & Career Technology	17

11/12/09	Joshua Rice	1
11/13/09	Jennifer Kraushaar	13
11/13/09	Anthony Martinez	1
11/14/09	REMSA Education	8
11/16/09	Nampa Fire Department	8
11/19/09	REMSA Education	10
11/19/09	Milan Institute	21
11/20/09	Great Basin College	13
11/23/09	EMS CES 911	1
11/24/09	Career College of Northern Nevada	5
11/18/09	Humboldt General Hospital	1

Health Care Provider, Employee

Date	Course Location	Students
11/9/09	REMSA Education	1
11/18/09	REMSA Education	2
11/20/09	REMSA Education	3
11/21/09	REMSA Education	2
11/24/09	REMSA Education	1
11/25/09	REMSA Education	1
11/30/09	REMSA Education	1

Health Care Provider, Recert

Date	Course Location	Students
9/26/09	Humboldt General Hospital	3
10/7/09	Casey Quinlan	6
10/12/09	Nampa Fire Department	4

10/19/09	Sierra Army Depot	10
10/20/09	Sierra Army Depot	7
10/21/09	Sierra Army Depot	10
10/26/09	Reno Tahoe Airport Authority	4
10/27/09	Reno Tahoe Airport Authority	1
11/4/09	REMSA Education	6
11/4/09	Willow Springs	9
11/4/09	Rosewood Rehab	6
11/5/09	So Virginia Walk-in Center	4
11/6/09	REMSA Education	1
11/9/09	Charles Sparke	2
11/10/09	EMS CES 911	1
11/10/09	Reno Tahoe Airport Authority	4
11/10/09	Nevada Department of Corrections	1
11/12/09	Visual Insight	2
11/12/09	REMSA Education	2
11/12/09	Cheryl Mangum	3
11/12/09	Reno Tahoe Airport Authority	3
11/13/09	Humboldt General Hospital	5
11/14/09	Willow Springs	18
11/17/09	Cameo Arias	1
11/18/09	REMSA Education	9
11/18/09	Nevada Department of Corrections	1
11/19/09	REMSA Education	7
11/20/09	REMSA Education	8
11/20/09	EMS CES 911	1

11/21/09	REMSA Education	1
11/22/09	Ralph Renteria	1
11/24/09	REMSA Education	8
11/29/09	Eureka County EMS	1

Health Care Provider Skills

Date	Course Location	Students
10/16/09	Tahoe Forest Hospital	1
10/30/09	Tahoe Forest Hospital	2
11/4/09	REMSA Education	1
11/17/09	Tahoe Forest Hospital	15
11/24/09	REMSA Education	1

Heart Saver AED

Date	Course Location	Students
10/1/09	Washoe County School District	7
10/5/09	Washoe County School District	4
10/6/09	Washoe County School District	3
10/7/09	Washoe County School District	3
10/12/09	Washoe County School District	6
10/13/09	Washoe County School District	13
10/14/09	Washoe County School District	7
10/15/09	Washoe County School District	3
10/17/09	Washoe County School District	6
10/19/09	Washoe County School District	6
10/21/09	Washoe County School District	3
10/22/09	Washoe County School District	2

10/24/09	Washoe County School District	3
10/26/09	Washoe County School District	4
10/27/09	Washoe County School District	4
10/28/09	Washoe County School District	2
10/29/09	Heather Paige	1
11/4/09	Elko County School District	1
11/8/09	UNR	4
11/9/09	Paula Green	11
11/10/09	Eldorado Hotel & Casino	6
11/10/09	Paula Green	10
11/14/09	EMS CES 911	3
11/16/09	Sparks High School	5
11/17/09	REMSA Education	5
11/17/09	Nampa Fire Department	4
11/18/09	St Mary's Center for Health	8
11/18/09	UNR	3
11/19/09	Sparks High School	5
11/19/09	UNR	8
11/20/09	Paula Green	10
11/30/09	REMSA Education	3
11/30/09	Sparks High School	4

Heart Saver CPR

Date	Course Location	Students
11/3/09	Visual Insight	2
11/10/09	Sierra Nevada Job Corps	2
11/11/09	Sierra Nevada Job Corps	3

11/18/09	REMSA Education	2
11/21/09	REMSA Education	5

Heart Saver First Aid

Date	Course Location	Students
10/6/09	Riggs Ambulance Service	49
10/26/09	Nevada Department of Corrections	9
10/27/09	Nevada Department of Corrections	26
11/3/09	Sierra Nevada Job Corps	12
11/7/09	EMS CES 911	1
11/8/09	Eagle Valley Childrens Home	4
11/10/09	Noah Boyer	3
11/12/09	Joshua Rice	1
11/14/09	EMS CES 911	1
11/18/09	Michael Drussel	2
11/18/09	Visual Insight	16
11/19/09	City of Reno	8
11/19/09	Visual Insight	9
11/21/09	REMSA Education	1
11/21/09	Riggs Ambulance Service	3
11/23/09	Milan Institute	16
11/23/09	EMS CES 911	1

Heart Saver Pediatric First Aid

Date	Course Location	Students
11/7/09	Tahoe Forest Hospital	5
11/7/09	Jennifer Kraushaar	9
11/14/09	REMSA Education	4

11/16/09	REMSA Education	26
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Neonatal Resuscitation Program

Date	Course Location	Students
11/3/09	REMSA Education	6
11/30/09	REMSA Education	5

Pediatric Advanced Life Support

Date	Course Location	Students
11/25/09	REMSA Education	6
10/22/09	Eastern Plumas Health Care	2
11/3/09	Stephen Fletcher	10
11/5/09	Stephen Fletcher	4
11/12/09	Stephen Fletcher	4

Ongoing Courses

1/20/09	Paramedic Program - REMSA Education	11
7/7/09	Paramedic Program - REMSA Education	6
11/4/09	EMT Basic Program - REMSA Education	33

5. COMMUNITY RELATIONS:

**Community Outreach:
Point of Impact**

11/2-6/09	National Child Passenger Safety Technician Certification Course; all students passed	8 students
11/7/09	Child Safety Seat Checkpoint, Univision Studios, Reno. 38 cars and 56 seats inspected.	3 staff, 18 volunteers

11/25/09	Radio Interview on talk show on Innovacion Spanish Radio	1 Staff
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Northern Nevada Fitting Station Project

11/4/09	St. Mary's Prepared Childbirth Class	24 students
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Safe Kids Washoe County

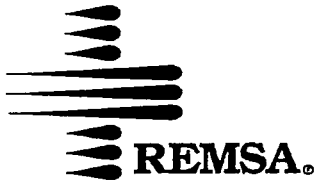
11/4/09	Safe Kids Board of Directors meeting, REMSA.	9 volunteers, 1 guest
11/10/09	Safe Kids Washoe County monthly meeting, Sparks.	11 Volunteers
11/12/09	Safe Kids Week/Immunization Week/Tune into Kids Planning Meeting	5 Volunteers
11/17/09	Nevada State Child Passenger Safety Task Force quarterly meeting, Las Vegas.	10 volunteers
11/19/09	Photojournalism Project with Esther Bennett sixth grade safety patrol; pedestrian safety class, Sun Valley.	2 volunteers, 17 students
11/20/09	Safety Training with Esther Bennet Kindergartners, Sun Valley.	3 Volunteers, 79 Students
11/24/09	Buffalo Stampede Frequent Walking Program as part of the Safe Routes to Schools Program, Esther Bennett Elementary School, Sun Valley.	4 volunteers, 480 students
11/24/09	Pedestrian Safety Action Plan Meeting	1 staff

Public Relations

11/4/09	Interview with Entravision Spanish Television regarding pedestrian safety, REMSA.	1 staff
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Meetings

11/25/09	REMSA Operations Supervisors meeting regarding the Trauma Intervention Program.	1 staff
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Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
NOVEMBER 2009**

INQUIRIES

November 2009

There were no inquiries in the month of November.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
NOVEMBER 2009**

GROUND AMBULANCE CUSTOMER COMMENTS NOVEMBER 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	I had my baby at home and they took very good care of my baby and me.		The team was very professional and courteous. I like to thank them for the job well done. I named my baby boy Isaac Saige.
2	Helping us to maintain courtesy to patient + his wife	Very very happy with how you kept us from being frantic	You kept assuring us we will be there and St. Mary's met us - it made us feel safe in your hands - Thanks again for your help!
3	They went beyond what I expected. He fell they picked him up helped clean him up + even made his bed.	Nothing.	The care was helpful, considerate + we are grateful for REMSA.
4	picked me up off floor after a fall + took me to Renown Med. center.		Services were professional + done well.
5	Communicated all the information effectively and staff was very polite.	Everything went very well with the REMSA personnel.	Thank you for all the help in taking care of my father.
6	very friendly staff even came back in the ER later and came to check on us.		
7	the paramedics were very reassuring and explained every step	excellent service	excellent service
8	the paramedics were very reassuring and explained every step	excellent service	excellent service
9	The dispatcher was extremely helpful and maintained positive communication until ambulance arrived	N/A	none
10	Paramedics were knowledgeable and helpful. They did a great job. Hospital service was horrible.		
11	Everything!!	Nothing!!	"Name" has always presented in a courteous + professional way
12	everything, polite, professional, caring.	not a thing	
13	I was very impressed with your services -	you did very well in your services -	
14	Nothing was said or stated concerning billing.	You did an excellent job getting me to hospital + registered.	
15	Took charge after arriving very quickly	You did a great job! Thank you.	
16	Everything. Everyone was pleasant and communicated very well + nice.		
17	Gentle, prompt service	Tell patient what tests are being taken in the ambulance.	Very quick response
18	Got here fast.	Be more patient with small kids, when they cry its because they do not feel good.	This was my first time having been with REMSA. They were great, but I did sense some impatience from one of the gentlemen. I realize it can get rough but in patient care you must always be patient with us. Not take deep breaths and roll eyes.
19	Everything. Thank you	Just keep being there!!	
20	yes	keep doing what you are doing	they came to give my husband his flushot. As I am his wife + care giver, I also got the shot. They were very
21	The care was amazing. Made me feel @ ease. All 3 were truly fantastic. Very knowledgeable.		
22	made sure I was comfortable	Getting me out of the water that was on the bathroom fall.	
23	Came to my home to give me the flu shot. Nice ladies.		
24	The ambulance paramedics were so caring and helping.	I don't know how they could do better.	It was my husband they cared for
25	The EMT's were very friendly and understanding.		
26	Originally there were several in crew. I wish one of them would have turned off TV and lights, since I remained in the hospital for one week.		all and all service was very good. Thank you.

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
27	There is nothing more your crew could have done better.		
28	everything went fine - everybody was helpful and very plecsent.		
29	Made sure I felt safe and comfortable during my trip.	Make sure I lock my door or other belongings before you take me.	The dispatcher knew exactly what to do with my situation.
30		baby was transported safely to airport.	Everything was coordinated by Dr. Kip. Flight tranport crew from Sunrise did all the communication - we did not meet with or speak to anyone from REMSA
31	One of the REMSA attendants stopped by to inquiry how my husband was when she saw that we were still in the ER. I thought that was very thoughtful of her to do.		
32	Friendly, compitent, they showed concern for my pain.	No complaints	Very happy with your service. Thanks
33	Professional crew arrived in a timely manner	Rediculous price for an ambulance ride where only BLS skills were used.	
34	Every thing perfect	I think every thing is perfect the way it is.	Its great the crew was very polite and helpful.
35	They were all compassionate & helpful	Continue to be available	
36	Everything, the friendliness and confidence of the crew allowed me to relax.		I work for C of R Parks. In 4 years it is the 2nd time I have had to be transported while at work. I love the way I have been treated and the caring professionalism exhibited by the crews. I really don't want to see them at work on me again in the near future! :) Thank you!
37	Everything	Keep doing a good job	
38	Everything from my stand point the 2 ladies on their call were very nice :)		
39	Fast service and very polit and helpful people who took my son to the Hospital they were so nice to him - He was very sick but they made him happy.	I think you are doing a great job.	excellent job! Bryan says thank you. to all of them for been so nice that was his first experience and it was great!
40	The medic explained what he was doing and why.		Very good service
41	caring, professional, prompt		top quality - I felt complete confidence
42	I appreciate being given my flu shot at home. "Employee name" is a special kind of person.		
43	caring, professional, prompt	top quality - I felt complete confidence	
44	Got me to a great hospital ...other than that I have no recall....passed out.		
45	The paramedics were very kind and helpful. They were very responsive to my needs and made the two-hour trip much more comfortable.		
46	everything was very profesional	N/A	N/A
47	Quick to respond, were friendly and helpful. Dispatcher talked with my husband all the time	Totally satisfied.	
48	Quick, Response, Compassionate, caring, efficient		
49	Paramedic was very efficient and great bedside manner.	N/A	Excellent care.
50	Prompt arrival at the site. Quality care, caring + very informative.		
51	A very good response Very good personnel.		
52	Staff always friendly + efficient		

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
53	nurse gave flu shot - very pleasant	Keep up the good work!!	Service is a wonderful asset to the community.
54	everything! They even put out fresh water for my cat!	Just keep on with the excellent work they are doing.	Thank all of you!
55	Your crew was professional and attentive and so very patient with mom who was sometimes very demanding.	Just keep people like "Name" and "Name". They went beyond the call of duty.	We can only hope that if we ever needed an ambulance it would be "Name" and "Name" that responded. God bless them.
56	You did everything perfect		
57			The girl on the REMSA van was very hostile and "COLD". Not at all friendly and helpful like the black man was.
58	Got to my husband in time any later it would of been harmful to him.	Continue to do what you do best	
59	you where verry friendly and fast. Thank you verry much.		
60	Once they arrived I felt confident I was going to do well. They were great!	?	
61	Everything was explained clearly and I felt very secure as your paramedics, etc. did their job.	All was covered!!	Excellent job!
62	They took very good care of my husband, he didn't want to go to the hospital he was afraid.	Everything was great.	The care and service was very good.
63	You were very caring!	-	very efficient
64	Everything	Couldn't have been better service	very professional and very personable as well
65	When I missed my scheduled time the service person returned to give my flu shot to me.		Always prompt and polite.
66	I was completely unaware of the entire trip so I don't know what was done.	Just keep doing what you are doing to care for patients.	
67	patient not real aware but he remembers them "talking to him" which he said was good	seemed fine - "coolest guys I talked to that day"	Thank you
68	Made me feel relaxed in a very stressful time	Nothing	
69	The paramedics were both top notch. After the crash I was very shaken up. They both calmed me down and were able to get the information out of me that they needed. I am very thankful that they were there so quick. Thank you very much for everything.		
70	Putting needle in where it belong! The personell that attended me was very sure of themselves!	0	No comment!
71	I said to get away, "indecipherable word", mind still here - thow thank you for airtight, still here; See how it goes		You saved his life - "Thank you" is to small Mom - Jeannie
72	Careful and caring in transfer from plane to ambulance to hospital. Arrived within minutes of touch-down.	Nothing that I can think of.	
73	-	-	The crew made me comfortable and were very professional and pleasant. Thank them.
74	Everything - a fantastic service	Absolutely nothing - Keep up the good work	
75	Very attentive - I was so scared - young men were so thoughtful + caring as I was in the ambulance - blood pressure + inserting an IV-	I was a "basket case"	A young small built man I think named "name" - kept talking to me, reassuring me - a gentleman who also was in ambulance with me - came in hospital later to check on me- Thank you for you helping me please let them know I wrote this-thanks
76	the service that was provided was great!	-	-
77	You all were right there to help me when I needed them.	Stay the same!	all great!
78	Everything -	Nothing -	Just keep u the way you do your work! Thank you!
79	instructions @ shutting up pets & laying out prescriptions	0	

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
80	Great crew by responding crew. You don't pay these folks enough for their quality of care!!		
81	everything	can not think of anything	very good service and prompt
82	The crew was exceptional. Caring and sensitive w/mom. She was extremely fragile.	Can't think of anything.	This was arranged through Air Ambulance from Phila to Reno. Unfortunately my mother passed away the next day. Thank you
83	very competent and professional staff. No complaints from me.		
84	Not sure husband had seizure	not much	
85	They were all very professional w/all their answers and actions.	-	They were really helpful and patient. We're thankful for them.
86	on time and made her feel comfortable	keep up the good work.	
87	Saved him	Keep up the great work! Thank you	Thank you so very much.
88	were here quickly! were very concerned of my well-being!		
89	everything	Nothing I can think of. They all did fine taking care of me. I am 92 + I couldn't be treated any better.	
90	The young man that came + got me were perfect at handling people. And treat personalities	I don't know how you could do better as it was perfect to me.	
91	Responded promptly. Personnel were friendly and calm.		Although at 91.5 yrs. old this was my first ambulance ride, so I have no experience with the cost involved, I think \$1,155.00 is an exhorbitant amount for a 14-mile no-lights-and-sirens ride. The vehicle space was quite cramped for me and the 2 attendants. They had great difficultly moving around as we travelled.
92	Everything was done in a very professional and compassionate manner.	Nothing	nothing - your people were wonderful.
93	I'm still alive so that's good.		
94	Everyone took excellent care of me!	Keep up the good work!	
95	I was call by REMSA to let me know my flu shot was due and can come to my home to give to me as I was hand cap in wheel chair and can't get out to stand in line my decar paid for my shot there kind + vey helpful		
96	Nothing.	Support the family by giving them information about what is going on and treat the client with respect and dignity.	We did no order the ambulance and should have had a say in the transport.
97	Kept a communication good!	When it is a suicide please let the patient be able to lay on the gurny.	When taking someone from hospital to Mental Health be able to come in a quicker manner!
98	The whole experience was flawless!		
99	you took excellent care of me thank you	nothing	
100	Your communication skills was very good!	Thank you for asking when having a suicide patient please let them be able to lay on the gurney	
101	Everything was excelent	I don't know what it would be.	The best in the nation
102	They were quick in there response -		
103	everything		you guys were great, professional and gentle
104	Very compassionate	Keep up the good work.	
105	Got me up from ground Did great	you were wonderful	
106	The response was very quick and very helpfull	Just continue what you are doing and many lives could be saved.	My appreciation for the great help extended by REMSA.
107	I was very pleased with the care I got.		I'd like to thank each one of the EMT's for getting me out of that mess, listening to what I had to say, answering my questions, taking care of me, + keeping me calm. Thank you!!

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
108		I don't remember other than paramedics arriving - But as far as I'm concerned they did an excellent job.	
109	Your EMT's were very nice and considerate to my needs.	keep up the good work	
110	Since I was suicidal they did not really treat me to well.	To be more understanding and make the patient more comfortable for the ride.	This was one time the service was not to good.
111	they asked my wife for her Medicare # and United Healthcare #. She did not have it with her - they said it is ok they will get the information from the hospital?		The service in general was good. -
112	communication, explanation of coverage		friendly, much appreciated.
113	The professional way the REMSA crew performed showed their very caring attitudes.	Just keep on being the Blue Angels of Mercy they all are.	Their help helped me to feel more reassured and at ease knowing they were giving my husband the best care!
114	Efficient + prompt medical care - smooth transport to hospital	I can't think of anything	Very pleased
115	REMSA was very prompt in answering our needs and very kind and professional.		
116	Everything, I'm presudiced since my daughter Ann worked for REMSA for 5-6 years.	Send info on Silver Saver Policy, please.	
117	you all did very well. Mrs. Smith away Oct. 29-2009 at St. Mary's.	None your fellows done very good in caring for her to St. Mary's Hospital.	
118		The response time of 30 minutes seems too long. Luckily I was not having a heart attack.	Thank goodness for the firemen who arrived promptly.
119	They were extremely polite + caring.		
120	you arrived fast, and were very helpful, and accurate.		I am very grateful for such excellent service Thank you
121	The entire crew did very well crew able to treat within min.	Nothing	I was very pleased with the services
122	Too all necessary patient information, (past 18 yr. history of breast cancer), and 3 day prior hospital info.	All was A-ok	
123	Came very fast. Got my IV going quite quickly, unlike my earlier experience with others.	Keep up with the excellent service.	
124	Service me!	Look out for me.	I think you did a beautiful job.
125	Having a conversation with the patient keeping her mind occupied.	Nothing they did excellent	They were very professional.
126	you were fast clear, no wasted time on motions - just very efficient	no sure	
127	You did your job.	Next time you can let me go when I refuse service because I'm w/o insurance.	Listen to a coherent patient when they are refusing service.
128	Wife had severe breathing problem and weakness	You people are great - keep up the wonderful service	
129	Explaining procedures; calming the patient	Nothing - you were great, "Name"!	I felt completely confident of your care.
130	My husband was moved from one hospital to another - no interaction on my part		
131	They put my wife in the ambulance without causing her more pain she is 85 and I'm 91		
132	explained what was being done; treatment of my wife - physically & personally.	Nothing I can think of.	When does billing get involved
133	communication with present family member response time		
134	The billing staff went beyond what was expected. Very helpful. A pleasure to talk with.		
135	on time - courteous professional	nothing	
136	Personnel were efficient + pleasant	- nothing I can think of.	no questions

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
137	I loved the fact they called me to let me know my baby made it safe to Reno.	N/A	Everything went smoothly. Thank you.
138	Your dispatcher was great support during a stressful time		Love that the guys had a small enough gurney to get thru the single front door.
139	Got there quickly.	Not send this type of form when the patient was already dead!!!	Sandra Elliott is dead so this is being filled out by husband.
140	Nothing. Terrible.	Call me for more spcifick.	
141	I can't think of really anything.	Understand the patient more & make them more comfortable for the ride.	
142	REMSA should be proud of their employees - Lester Mull + family thank you for everything.		
143	Everything - we thank all of you for everything.		
144	REMSA always does everything well!		
145		The paramedics were very rude to me. The ones that picked me up at my house.	I had a bruise on my chest from one of them poling me with his finger. I think that it was very unnecessary. No matter what the situation is they have no legal right to touch a patient.
146	Everything was done well! Thank you! No one could have done more for me or in a nicer way!	Your paramedics deserve much praise!	Excellent - (Especially the young woman in charge.)
147	Started IV (when others can't)	You all do a great job	Outstanding
148	Please thank "Name"!!!! I was in such pain! Thank you! Speedy arrival (Broke my right hip)	1st place service!!!	"Name" (nurse) gave me a pain shot everyone acted very professionally! Please give your personnel my regards + Thanks!!!
149	They monitored vital	Car was slow & did not use siren to avoid traffic & get faster to the hospital	I was scared traffic was busy
150	Everything		The girls were great Thanks
151	communicated w/the patient continuously and myself.	everything was just wonderful	
152	Quick response; caring; professional. You helped my son! Thanks!		
153	You all were great people you all did such a Great wonderful Job.	nothing/you all did such a great JOB	you all were polite, sener, you all helped me through all that was very helpful to me, you all made me comfortable while I was with Them
154	prompt + professional service	unknown	satisfied with care given
155	Quick Response & provided a calming affect.	IV Incerted in route not properly done + was unworkable at the hospital. Understandable due to road conditions + traffic in route.	

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
156	made my mother feel comfortable and secure		My mother was picked up at the Fountains Care Home + taken to St. Marys Hosp. I was not along on the ride but she told me about her experience.
157	They were very concerned about my comfort and inserted IV start gently.		
158	The crew really helped calm my husband down, explained the situation our options + did so in an empathetic manner - their follow-up in the hospital after they got off duty was much appreciated!!!		your crew is amazing + extremely patient care focused. Thank you!!!!
159	everything was very professional.	Since I am a military veteran, make sure I go to proper hospital which is the V.A.	Make sure all bills are sent to the V.A. on Locust street, Reno.
160	Fast, effective pick-up of patient	ask fewer questions over the telephone	just keep it up!
161	have not met or heard from them		Your staff were helpful and kind.
162	Very polite and helpful.		Your men made me feel comfortable and well cared for.
163	Personnel was very helpful and professional. I felt very comfortable and at ease.	Nothing - service was excellent!	
164	Kept me focused on how I needed to let them in. Secured my residence & gave me what was needed.	Everything was done with care & compassion. I am very appreciative of their service.	I would like to send them a "Thank You" card. How may I do that & need their names.
165	Arrived timely to our house.	Drive like it is an emergency! The driver showed no urgency at all.	The driver stopped for three lights and drove under the speed limit. I could have driven that 4 mile distance myself.
166	The treatment my wife recieved was excellent. The two paramedic could not have been more professional and helpful.	Keep up that kind of service	I have worked with the Sparks Fire Dept. for 31 years and still appreciate the attitude and kindness that your employees have.
167	Your people did a fine job in assisting my wife.	Don't know.	
168	The crew was pilite, cimmunicated caring & were quite professional. I was impressed. I am a hard stick & the EMT got an IV Line in on the back of my hand on the 1st try.	Keep on keepin on.	
169	making sure I arrived safely. Helpful in keeping me calm and informed.	n/a	
170	you came here you took husband to hospital you saved his life Thank you	nothing Did very well Thank you	
171	The REMSA crew was great	Make sure you have the necessary info on file	I had no contact will billing + I know the information can be gotten from the hospital.
172	Very well -	Ain't broke don't fix it	I followed ambulance & driver & attendant were very helpful in directing me to area where my wife had been taken.
173	Everything -		Your team was great -
174	The paramedics were extremely considete and skilled and arrived promptly		I was very impressed by the professional care given my wife
175	Everything - starting with promptness. Very caring		
176	you Did everything you should have done	If I call Help me as before	Service was good and prompt
177	response time was great - personnel very helpful - friendly	great service	thanks for all you do
178	Very quick response + helpful	Nothing I can think of, service was great	Silver Saver seemed to make things smooth at Hospital
179	was there fast	nothing	
180	Helped me. I was unconscious.	It would be nice if they don't slam the needle in my arm anymore because my arm is swollen and sour.	My arm is swollen and I am having trouble sleeping on it please asked them to not slam the needle into my arm anymore.
181	The response was immediate and always professional. Thank you very much.		

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
182	Everything as expected - your people are the best!		I hope I don't need to call again, but it's nice knowing you are only minutes away. Thanks!
183	The two young ladies took excellent care of me and had prepared the hospital so my room in ER was ready immediately.		
184	Kept me on the phone until they arrived. Telling me exactly where they were. Started real fast to help him out of coma.	nothing - you were excellent	Your very fast to respond. Started right away to bring him out of coma. Kept me informed.
185	Prompt + professional	nothing, thank you	
186			REMSA is always reassuring & very professional.
187	Timely response, courteous + professional demeanor.		
188	Courteous, polite, kind, patient, on time	Nothing	
189	Remsa paramedics were so very kind in explaining my questions and kind care	Nothing I know of - just good care	Excellent care + comforting on transit to Renown
190	Van personel were extremely helpfull		Excellent
191	Very prompt response/Polite, professional, calm demeanor was reassuring	Longer stretchers?? At 6'6 this guy dangled.	Outstanding care + service - no complaints from what I saw. The patient did injure his shoulder somewhere in the process but I don't know how or when.
192	Courtious and professional	Keep up the good work	The staff was very caring
193	Nothing really	Try to make the patient mare comfortable & let the patient decide where to gol	
194	My mom was transported from No. Nevada to my home for hospice care. She is 94 yrs old. Staff was kind, considerate and accomodating. I cannot say enough about the wonderful service received!	Nothing You are doing very well now.	
195	Quilck response with kind + professional help.	Keep up the good work.	
196	Everything	?	The crew was very good - No complaints from me.
197		My husband went in for a bad cough and hard to breath. I sat in front with driver. When he arrived at VA he did not evan have a blanket on hm. It was very early in AM. All he had was pjs on bottom and white v neck undershirt. He was so cold and had to lay on the outside of the ambulance before they took him inside. I feel he should have had a blanket. It was coll in ambulance. Otherwise everthing was good. It didn't help his congested lungs any. Rita Halvorson, wife.	
198	Very professional	Keep up the good work	The staff was very caring
199	being aware of problems		
200	You were very professional	keep everything the same	
201	Treated my wife respectfully and carefully after her fall		Keep up the good work!
202	Made me feel less scared about the ride it was my first time when conscience.	There was a needle inserted into back of hand, it was never used at the hospital & caused me quite a bit of pain.	Everyone did a great job, even the "new guy" :) I
203	You - the 3 medics - were here in a timely manner and the 3 medics were so courteous and helpful (of course)	nothing	you're the BEST! Thank you
204	Things were very professional		
205	Took outstanding care of my mom -	Your already top notch	Your care + concern for my mom was again top notch - You took extra special care of my mom. Thank you so very much.
206	They made me feel at ease - and I was warm and comfortable with the warm blankets.		
207			I received a flu shot in my home. It was very helpful to me. Thank you.
208	You were so helpful w/my grandchildren and they are a handful. Keeping them calm + occupied.		

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
209	made me feel comfortable in a big new hospital	You are doing just fine.	The driver was very friendly and so was the young man attending to me on trip down town.
210	So kind and understanding	You have always been so helpful	
211	They checked to see if I was properly secured for the ride.	-	-
212	prompt, helpful, polite, knowledgeable, professional.	Not necessary	excellent employee's
213	You SAVED my MOM from the incompetence of Rengent Care + transported her to ER/Renown S. Meadows	No problems	Very competent, kind + caring -
214	Everything - Tried to keep me comforable and control the pain		Service was excellent
215	EVERY THING	?	This family has used this service 3 times in the last three years. We are very happy with it.
216	Very friendly and very professional		
217	Careful + quick	keep up the good work	good care.
218	Personnel very skilled.		
219	Everything was very polite, helpful and kind.	?	
220	Put my mind at ease - My pain was bad fractured wrist		
221	Quick response - professional and caring. Respectful.		Thank you.
222	Everything! Calm parents down, Patient is autistic, spoke clearly + slowly to him		
223			Very knowledgeable & caring and very reassuring to us.
224	PATIENT CARE, PROFESSIONAL, WELL ORGANIZED, POSITIVE ATTITUDE	I RECEIVED EXCELLENT CARE	I AM A FORMER ARMY MEDIC + DROVE AN AMBULANCE. I WAS QUITE PROUD OF THE WAY YOUR CREW HANDLED THEIR JOBS.
225	EVERYTHING	CONTINUE GOOD WORK	
226	Very well	No Idea	Would have liked more information on what was problem with my husband.
227	Spoke in "kid friendly" terms to my 6 yr old daughter. Informed me of what was coming up in regards to her care/surgery.	n/a - both paramedics friendly and nice	
228	Entire event all very excellent	Response time - 5 minute	entire staff was very professional!!
229	Everything went well, thank you.	n/a	Keep up the good work! :)
230	Everything, thank you!	Stay as you are	You are wonderful
231	At our home promptly - suggested a closer hospital that was covered by our insurance - That was awesome to us as we did not know. The difference 1/2 mile instead of 10 miles.		
232	Quick to respond, sensitive and calming	Already doing it.	We have called Remsa previously and are always completely satisfied in time of crisis, thank you
233	Caring - Professional		
234	Very kind + caring.		
235		Pass on ALL information about your patients to ER staff.	My brother has Hepatitis C and was undergoing an interferon/riboviven treatment. The emergency staff failed to pass this very important information on to the Northern Nevada staff!!! When I arrived at the ER five hours later and talked to the ER staff the nurse said that they were not told by REMSA about the hepatitis or interferon treatment. They had found out about the hepatitis only later by a blood test!!! By the ime they did find out about the hepatitis my brother was sedated and could not verify if he had it personally. Alison A. Stewart, sister. As of today, Nov. 8, 2009, my brother Dennis P. DeMartini is still hospitalized at N. Nevada Medical Center. I am extremley unhappy and will look into this

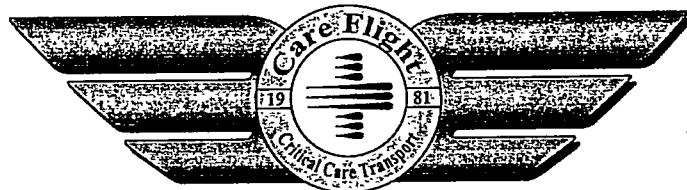
	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
236	Everything - Quiet when coming in + did not upset my little dog. Got me pain med right away.	I've never had an ambulance before, but felt they did a good job. I don't remember going in ER.	I do have the REMSA insurance + I hope you it taught me to get rid of my old meds (some in 2005) they saw for my chronic migraines thinking I was on all the meds. Most of those, I only took one or two times + causes shocks or other things. Allergic reactions. Thank you
237	Handled everything well & with compassion. Kept me informed & got all pertinent info from me.	Keep up the good work	Xcellent Service
238			Can't help. I had a seizure and only remember waking up in St. Mary's. I didn't call or speak to any REMSA people.
239	just to say thank you		
240	TRANSPORT MY GRAND-DAUGHTER 6 MILES TO WEST HILLS HOSPITAL. SHE COULD HAVE BEEN DRIVEN.	LOWER THE CHARGES, NO SERVICE PROVIDED. TRANSPORTATION 6 MILES ONLY.	THE HOSPITAL REQUIRED THE SERVICE. THEY SHOULD PAY THIS BILL.
241	Remsa Ambulance were so helpful understood and was very helpful, please thank them for me.		
242			Your service was Great. Thank you.
243	They were very kind and helpfull.		
244	They got me to the VA on time	you did it	it is good
245	professionalism, care, skill. The crew did an excellent job!	N/A	
246	Responded + called me immediately.		
247	Everything was well + very professional + courteous.		
248		More IV training for tech's.	Tech inserted IV port resulting in entire left hand and half way up to elbow with top surface a large bruise.
249	Everything! Excellent care!	Not a thing!	Bravo to the entire crew - keep up the good work.
250	Everything, everybody was professional from the dispatcher to the EMT's.	Everything was great.	
251	Care for me! Kind helpful	nothing	service very great!
252	Kind and efficient service		Thank you!
253	Everyone was great. It was a tough event + they were kind + helpful.		
254	Paramedics did a good job at trying to make me feel comfortable.	I thank you, but I'm going to try not to see you again.	I believe "Name" was one of my paramedics. Not sure about the other medic. They both did an excellent job. My thoughts are with him and his family.
255	Everyone was very kind. Also they did not cut off her favorite pants when requested.	0	Caring people.
256	Everyone was courteous and sympathetic to my concerns. Thank you.		
257	Ambulance crew was very professional and cordial - also very comforting. Explained all that was happening.		
258	We were very pleased. The paramedic even came back later to the ER to check on her.		
259	Everyone did real good		Service was very Good Thank you.
260	Very professionally handled.	Keep up good work.	
261	Got us to Stanford Safely and in timely manor. Pleasant		
262	Everything that I can remember.	I'd prefer not to be served by Remsa or any ambulatory service, if I can avoid it, if you know what I mean.	No comment.
263	Excellent - polite service - respected my privacy in a public place	- Keep up the good work - See that Casino's have access facilities more available at all times.	Thank you for being so courteous to me + my family. Thank you for helping a frightened old woman in an unfamiliar environment. "A GOLD STAR"
264	nice staff	You were great. see no need for Improvement	

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
265	Got him to hospital in a timely manor		
266	Love having the silver service		
267	Quick arrival	Nothing - excellent svc	
268	all crew members were helpful and so efficient.		
269	One Doctor was very nice to me the another one was m	have an meeting with all the Doctor and nurses talk to them	
270	as far as I know, you did everything right.	?	Professional + friendly + Compassionate
271	EVERYTHING		Fast, efficient, professional, curtious
272	EVERYTHING.		YOU PROBABLY SAVED MY LIFE.
273	Hospital staff was efficient + friendly.	Would have appreciated a billing statement to bring home.	The ambulance went three blocks to the hospital + the \$908.00 is unbelievable!!!
274		IV line placed on right hand, is that correct? I felt like it needed to go on lefthand. I'm right handed.	
275	Caring for the pateint as a human being.	The driver was swerving a lot needs to improve driving technique.	
276	The medics were curtious, listened well and empathetic.	The dispatcher was a little inpatient and curt.	



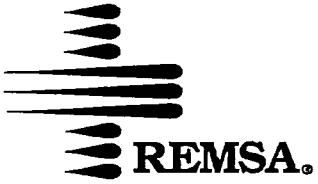
Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
NOVEMBER 2009**



CARE FLIGHT CUSTOMER COMMENTS NOVEMBER 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Very good.		
2	I wasn't coherent, so I guess all was good as I'm still alive. Thank you so much.	Keep helping people.	
3		We are in Ohio and no one ever called to tell us where he went	
4	Everyone was vvery nice and helpful. I had never flown before and the pilot and nurses were very nice and made sure I was ok as well as my baby. I thought your service was wonderful.		I am very thankful with all that helped out and reassured that everything would be fine.
5	The people on the helicopter with me were the nicest most caring people I have ever met.		I want to stress how great the people with me were and I really want to thank them.
6	you were there for me in a very critical time. Thank all of you so very much.	Just keep up the great work your staff provides.	You save alot of lives just as you did for me.
7	Excellent.		
8	They were perfect and did everything to make me feel comfortable, kept asking if all was ok.		In a bad situation the service was more than I could have expected. Thank you.
9	Helicopter personnel was super super polite.		
10	so grateful.		



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
NOVEMBER 2009

PUBLIC RELATIONS

November 2009

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding power outage preparedness, carbon monoxide poisoning,	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Set-up an interview with Univision and Melissa Krall for a story on child pedestrian safety.	The story ran on 11/4 on Univision's Spanish speaking newscast.
Worked with Scolari's and Channel on Share Your Christmas shopping news story and food drive.	Story will run on Dec. 10 and 11.
Worked with Maggie Tole on interview requests and media regarding the Mountain Life Flight accident.	Maggie was interviewed by various media entities.



Regional Emergency Medical Services Authority

REMSA

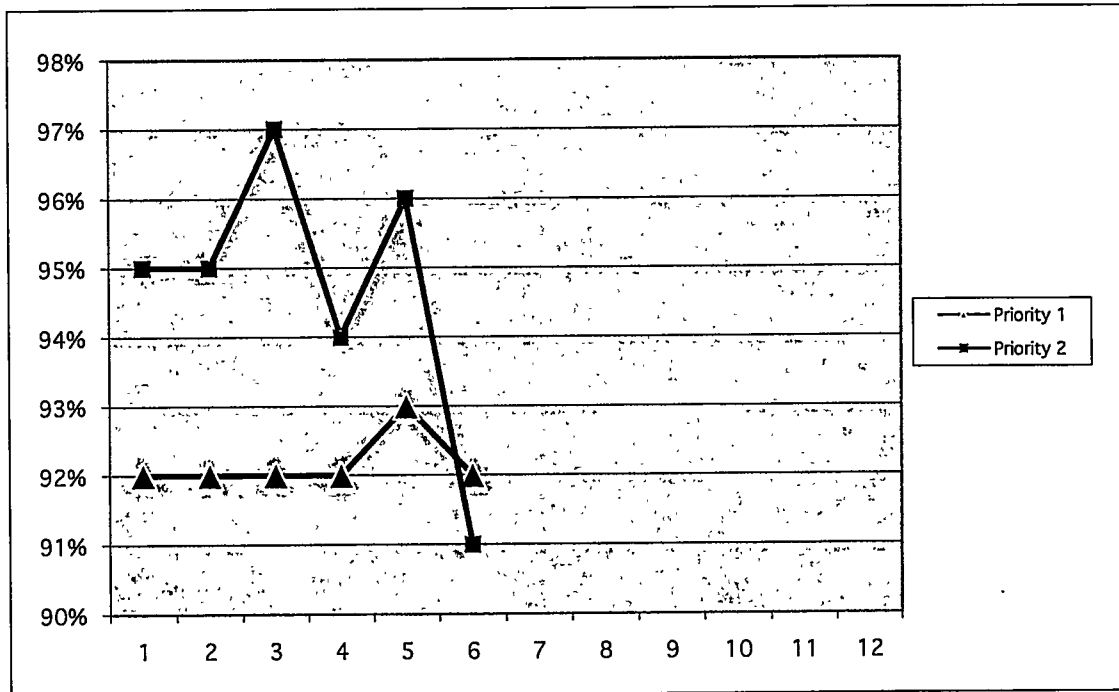
OPERATIONS REPORTS

FOR

DECEMBER 2009

Fiscal 2010

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-09	5 mins. 56 secs.	4 mins. 46 secs.	92%	95%
Aug.	6 mins. 4 secs.	4 mins. 54 secs.	92%	95%
Sept.	6 mins. 17 secs.	5 mins. 8 secs.	92%	97%
Oct.	6 mins. 3 secs.	4 mins. 58 secs.	92%	94%
Nov.	6 mins. 3 secs.	4 mins. 58 secs.	93%	96%
Dec.	6 mins. 54 secs.	5 mins. 47 secs.	92%	91%
Jan. 10				
Feb.				
Mar.				
Apr.				
May				
Jun-07				



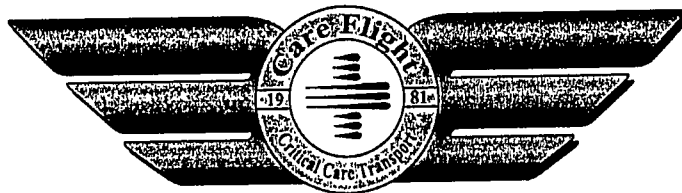
09-10 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	11	\$91,553	\$8,323	\$8,323
Aug.	15	\$99,547	\$6,636	\$7,350
Sept.	12	\$83,041	\$6,920	\$7,214
Oct.	10	\$63,413	\$6,341	\$7,032
Nov.	7	\$46,830	\$6,690	\$6,989
Dec.	6	\$35,861	\$5,977	\$6,889
Jan. 2010			\$0	\$6,889
Feb.			\$0	\$6,889
Mar.			\$0	\$6,889
Apr.			\$0	\$6,889
May			\$0	\$6,889
June			\$0	\$6,889
Totals	61	\$420,245	\$6,889	\$6,889
			Adjusted Allowed Average Bill -	\$6,598.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-09	2877	\$2,716,180	\$944	\$944
Aug.	2876	\$2,714,870	\$944	\$944
Sept.	2850	\$2,690,188	\$944	\$944
Oct.	2958	\$2,798,087	\$946	\$944
Nov.	2616	\$2,471,204	\$945	\$945
Dec.	3136	\$2,960,454	\$944	\$944
Jan. 2010			\$0	\$944
Feb.			\$0	\$944
Mar.			\$0	\$944
Apr.			\$0	\$944
May			\$0	\$944
June			\$0	\$944
Totals	17313	\$16,350,983	\$944	\$944
			Allowed ground avg bill -	\$922.00



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
DECEMBER 2009**



**CARE FLIGHT OPERATIONS REPORT
DECEMBER 2009
WASHOE COUNTY**

❖ **In Town Transfer:**

- 1 ITT was completed

❖ **Outreach, Education, & Marketing:**

- 3 Community Education & Public Event

12/3/09	Incline Paramedic Refresher	Flight Staff
12/11/09	Food Drive Grand Sierra Resort	Flight Staff
12/19/09	Kid's Santa Party at REMSA	Flight Staff

❖ **Statistics**

Washoe County Flights

	# patients
Total Flights:	6
Total Patients	6
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	5
Hospital Transports	1
Trauma	1
Medical	4
High Risk OB	0
Pediatrics	1
Newborn	0
Full Arrest	0
Total	6



Washoe County Health District

January 19, 2010

To: Members District Board of Health
 From: Eileen Coulombe
 Subject: Public Health Fund Revenue and Expenditure Report for December 2009

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for December of fiscal year 10.

Background

The attached reports are for the accounting period 06/10 and the percentages should approximate 50% of the year. Our total revenues and expenditures for the current year (FY10) compared to last year (FY09) are as follows:

December 2009	FY10 – REV	FY09 – REV	FY10 – EXP	FY09 – EXP
Transfer	35%	42%		
AHS	38%	31%	42%	40%
AQM	43%	44%	40%	42%
CCHS	37%	36%	44%	49%
EHS	46%	49%	46%	48%
EPHP	31%	32%	28%	38%
TOTAL	37%	38%	41%	45%

The Environmental Oversight Account for November 2009 was \$163,002.77 and for December 2009 was \$163,016.61.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.


 Administrative Health Services Officer

Enclosure

Washoe County Health District
 REVENUE
 Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00-	21,739.00-	47,261.00-	32	125,000.00-	65,165.21-	59,834.79-	52
422504 Pool Permits	33,000.00-	14,605.00-	18,395.00-	44	100,000.00-	27,006.00-	72,994.00-	27
422505 RV Permits	10,500.00-	5,754.00-	4,746.00-	55	15,000.00-	9,410.00-	5,590.00-	63
422507 Food Service Permits	355,000.00-	178,236.00-	176,764.00-	50	410,000.00-	200,091.00-	209,909.00-	49
422508 Wat Well Const Perm	44,000.00-	20,139.00-	23,861.00-	46	40,000.00-	14,498.00-	25,502.00-	36
422509 Water Company Permits	12,000.00-	2,410.00-	9,590.00-	20	25,000.00-	6,235.00-	18,765.00-	25
422510 Air Pollution Permits	402,399.00-	195,609.75-	206,789.25-	49	420,550.00-	216,351.15-	204,198.85-	51
422511 ISDS Permits	90,000.00-	23,060.85-	66,939.15-	26	125,000.00-	44,062.00-	80,938.00-	35
422513 Special Event Permits	75,000.00-	48,824.20-	26,175.80-	65	80,000.00-	57,831.00-	22,169.00-	72
422514 Initial Applic Fee	38,000.00-	16,888.00-	21,112.00-	44		13,442.00-	13,442.00-	
* Licenses and Permits	1,128,899.00-	527,265.80-	601,633.20-	47	1,340,550.00-	654,091.36-	686,458.64-	49
431100 Federal Grants	7,877,918.66-	2,559,117.69-	5,318,800.97-	32	6,797,766.45-	1,942,479.86-	4,855,286.59-	29
431105 Federal Grants - Indirect	31,540.00-	17,916.36-	13,623.64-	57		9,379.99-	9,379.99-	
432100 State Grants	619,556.00-	219,442.90-	400,113.10-	35	809,529.80-	455,867.02-	353,662.78-	56
432310 Tire Fee NRS 444A.090	370,534.52-	209,568.78-	160,965.74-	57	415,000.00-	276,583.09-	138,416.91-	67
432311 Pol Ctrl 455B.830	280,000.00-	158,650.00-	121,350.00-	57	280,000.00-	161,070.00-	118,930.00-	58
* Intergovernmental	9,179,549.18-	3,164,695.73-	6,014,853.45-	34	8,302,296.25-	2,845,379.96-	5,456,916.29-	34
460162 Services to Other Agencies	63,657.69-	23,909.21-	39,748.48-	38	195,859.10-	56,496.19-	139,362.91-	29
460500 Other Immunizations	110,000.00-	42,749.95-	67,250.05-	39	165,000.00-	56,714.00-	108,286.00-	34
460501 Medicaid Clinical Services	36,500.00-	10,339.50-	26,160.50-	28	30,750.00-	28,007.86-	2,742.14-	91
460503 Childhood Immunizations	190,000.00-	73,113.65-	116,886.35-	38	190,000.00-	116,225.80-	73,774.20-	61
460505 Non Title X Revenue		1,369.00-	1,369.00-			2,879.00-	2,879.00-	
460508 Tuberculosis	10,000.00-	3,931.20-	6,068.80-	39	8,000.00-	9,436.96-	1,436.96-	118
460509 Water Quality						140.00-	140.00-	
460510 IT Overlay	121,001.00-	55,642.00-	65,359.00-	46	150,000.00-	67,575.00-	82,425.00-	45
460511 Birth and Death Certificates	215,000.00-	106,356.00-	108,644.00-	49	230,000.00-	106,446.20-	123,553.80-	46
460512 Duplication Service Fees	200.00-	57.50-	142.50-	29	800.00-	141.50-	658.50-	18
460513 Other Health Service Charges	8,000.00-	2,621.00-	5,379.00-	33	23,800.00-	4,325.35-	19,474.65-	18
460514 Food Service Certification	8,000.00-	8,667.00-	667.00-	108	8,000.00-	3,814.00-	4,186.00-	48
460515 Medicare Reimbursement	500.00-	672.90-	172.90-	135	250.00-	892.07-	642.07-	357
460516 Pgm Inc-3rd Prty Rec	9,000.00-	3,929.28-	5,070.72-	44	3,000.00-	7,640.95-	4,640.95-	255
460517 Influenza Immunization	5,000.00-	20,025.06-	15,025.06-	401	10,000.00-	6,641.00-	3,359.00-	66
460518 STD Fees	30,000.00-	13,838.64-	16,161.36-	46	60,000.00-	19,862.22-	40,137.78-	33
460519 Outpatient Services	12,500.00-		12,500.00-		11,500.00-	5,335.00-	6,165.00-	46
460520 Eng Serv Health	90,500.00-	32,153.00-	58,347.00-	36	120,000.00-	79,570.00-	40,430.00-	66
460521 Plan Review - Pools & Spas	5,000.00-	5,032.00-	32.00-	101	3,000.00-	3,210.00-	210.00-	107
460523 Plan Review - Food Services	30,000.00-	9,306.15-	20,693.85-	31	40,000.00-	18,793.61-	21,206.39-	47
460524 Family Planning	100,000.00-	34,184.85-	65,815.15-	34	100,000.00-	50,909.45-	49,090.55-	51
460525 Plan Review - Vector	64,000.00-	16,795.00-	47,205.00-	26	75,000.00-	34,482.00-	40,518.00-	46
460526 Plan Review-Air Quality	15,500.00-	17,819.00-	2,319.00-	115	14,837.00-	18,744.00-	3,907.00-	126
460527 NOE-AQM	32,900.00-	44,610.00-	11,710.00-	136	32,900.00-	28,481.30-	4,418.70-	87
460528 NESHAP-AQM	62,000.00-	43,714.00-	18,286.00-	71	167,900.00-	32,215.00-	135,685.00-	19
460529 Assessments-AQM	22,000.00-	14,040.00-	7,960.00-	64	36,630.00-	14,496.00-	22,134.00-	40
460530 Inspector Registr-AQ	1,900.00-	3,735.00-	1,835.00-	197	2,100.00-		2,100.00-	
460531 Dust Plan-Air Quality	178,333.00-	89,732.00-	88,601.00-	50	178,333.00-	153,948.00-	24,385.00-	86

Washoe County Health District
 REVENUE
 Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
460533 Quick Start		170.00	170.00					
460534 Child Care Inspection	9,000.00-	4,843.00-	4,157.00-	54				
460535 Pub Accomod Inspectn	21,000.00-	7,415.00-	13,585.00-	35				
460570 Education Revenue		6,826.00-	6,826.00					
* Charges for Services	1,451,491.69-	697,596.89-	753,894.80-	48	1,857,659.10-	927,422.46-	930,236.64-	50
484050 Donations Federal Pgm Income		100.00-	100.00					
485100 Reimbursements	450.00-	150.00-	150.00	69				
485300 Other Misc Govt Rev	450.00-	559.00-	109.00	124				
* Miscellaneous	11,760,389.87-	4,390,117.42-	7,370,272.45-	37	11,500,505.35-	4,426,893.78-	7,073,611.57-	38
** Revenue								

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
701110 Base Salaries	10,599,747.97	4,592,494.55	6,007,253.42	43	11,240,002.38	5,162,775.26	6,077,227.12	46
701120 Part Time	700,249.99	335,486.91	364,763.08	48	1,045,046.35	432,522.81	612,523.54	41
701130 Pooled Positions	323,430.33	99,508.86	223,921.47	31	197,135.86	74,422.31	122,713.55	38
701140 Holiday Work	1,500.00	846.49	653.51	56	1,500.00	1,341.94	158.06	89
701150 Contractual Wages	255,500.00	34,693.95	220,806.05	14	96,339.87	16,509.27	79,830.60	17
701200 Incentive Longevity	166,450.00	76,737.73	89,712.27	46	169,100.50	77,842.82	91,257.68	46
701300 Overtime	301,520.21	102,853.90	198,666.31	34	69,385.91	25,518.18	43,867.73	37
701406 Standby Pay	30,000.00	16,434.65	13,566.35	55	35,000.00	16,059.29	18,940.71	46
701408 Call Back	3,000.00	2,178.23	821.77	73	6,000.00	2,152.29	3,847.71	36
701412 Salary Adjustment	197,848.75		197,848.75		273,978.53-		273,978.53-	
701413 Vac Payoff/Sick Pay-Term		68,402.29	68,402.29-			151,822.71	151,822.71-	
701417 Comp Time		25,531.98	25,531.98-			22,387.37	22,387.37-	
701419 Comp Time - Transfer						5,898.46	5,898.46-	
701500 Merit Awards	329,645.39-		329,645.39-		254,000.00-		254,000.00-	
* Salaries and Wages	12,249,601.86	5,355,169.54	6,894,432.32	44	12,331,532.34	5,989,252.71	6,342,279.63	49
705110 Group Insurance	1,566,307.85	701,526.58	864,781.27	45	1,493,380.68	667,593.62	825,787.06	45
705210 Retirement	2,453,827.18	1,071,465.43	1,382,361.75	44	2,548,069.63	1,153,788.91	1,394,280.72	45
705215 Retirement Calculation	200,000.00		200,000.00		147,700.00		147,700.00	
705230 Medicare April 1986	150,401.42	70,027.00	80,374.42	47	161,008.60	77,172.79	83,835.81	48
705320 Workmens Comp	64,271.45	30,666.78	33,604.67	48	81,600.00	40,526.46	41,073.54	50
705330 Unemply Comp	12,350.00	24,545.00	12,195.00-	199	13,260.00	13,268.32	8.32-	100
705360 Benefit Adjustment	11,009.31		11,009.31		19,155.00		19,155.00	
* Employee Benefits	4,458,167.21	1,898,230.79	2,559,936.42	43	4,464,173.91	1,952,350.10	2,511,823.81	44
710100 Professional Services	1,912,453.72	266,191.12	1,646,262.60	14	1,106,898.07	313,541.57	793,356.50	28
710105 Medical Services	13,600.00	7,657.50	5,942.50	56	13,700.00	5,629.50	8,070.50	41
710108 MD Consultants	55,382.00	17,731.25	37,650.75	32	57,140.00	21,750.00	35,390.00	38
710115 Prof Eng Services						1,208.31	1,208.31-	
710119 Subrecipient Payments	189,994.00	54,481.00	135,513.00	29	304,994.00	132,043.50	172,950.50	43
710200 Service Contract	102,210.00	56,551.60	45,658.40	55	116,754.00	68,718.86	48,035.14	59
710205 Repairs and Maintenance	15,170.00	22,642.30	7,472.30-	149	17,335.63	2,253.28	15,082.35	13
710210 Software Maintenance	350.00	17,802.29	17,452.29-	5,086		9,000.00	9,000.00-	
710300 Operating Supplies	240,984.22	91,067.85	149,916.37	38	185,981.66	86,874.66	99,107.00	47
710302 Small Tools & Allow	1,385.00	750.33	634.67	54	2,950.00		2,950.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	560,707.00	360,413.48	200,293.52	64	621,588.00	361,579.46	260,008.54	58
710334 Copy Machine Expense	36,157.50	12,836.96	23,320.54	36	41,362.18	15,843.08	25,519.10	38
710350 Office Supplies	63,384.26	23,611.87	39,772.39	37	56,718.55	32,717.39	24,001.16	58
710355 Books and Subscriptions	7,657.00	4,230.25	3,426.75	55	9,988.50	4,726.96	5,261.54	47
710360 Postage	26,964.44	11,777.99	15,186.45	44	6,951.57	11,330.15	4,378.58-	163
710361 Express and Courier	1,135.00	197.54	937.46	17	18,150.00	259.32	17,890.68	1
710391 Fuel & Lube	100.00		100.00		100.00	108.60	8.60-	109
710500 Other Expense	78,641.30	12,811.09	65,830.21	16	52,568.75	24,426.29	28,142.46	46
710502 Printing	51,673.24	9,563.79	42,109.45	19	41,043.48	5,000.25	36,043.23	12
710503 Licenses & Permits	8,625.00	5,287.67	3,337.33	61	10,415.00	4,580.20	5,834.80	44
710504 Registration	900.00-		900.00-					

Washoe County Health District
EXPENSE
Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710505 Rental Equipment	3,269.00	869.00	2,400.00	27	10,169.00	1,800.00	8,369.00	18
710506 Dept Insurance Deductible	273.40	450.00	176.60-	165		263.74	263.74-	
710507 Network and Data Lines	4,605.00	2,615.73	1,989.27	57	455.00	2,063.24	1,608.24-	453
710508 Telephone Land Lines	60,561.05	22,506.91	38,054.14	37	74,905.48	24,852.00	50,053.48	33
710509 Seminars and Meetings	32,420.00	6,293.00	26,127.00	19	66,296.00	32,039.00	34,257.00	48
710512 Auto Expense	15,755.14	5,976.48	9,778.66	38	26,645.18	7,605.53	19,039.65	29
710519 Cellular Phone	13,597.00	6,772.34	6,824.66	50	24,205.00	9,074.65	15,130.35	37
710529 Dues	4,476.00	5,573.00	1,097.00-	125	5,280.00	2,456.00	2,824.00	47
710535 Credit Card Fees	12,394.78	5,155.74	7,239.04	42		265.98	265.98-	
710546 Advertising	35,798.00	18,774.50	17,023.50	52	65,626.52	31,512.61	34,113.91	48
710577 Uniforms & Special Clothing	3,150.00	940.63	2,209.37	30	3,500.00		3,500.00	
710585 Undesignated Budget	31,540.05		31,540.05					
710590 Bad Debt Expense		1,293.40	1,293.40-					
710600 LT Lease-Office Space	195,423.01	95,312.10	100,110.91	49	256,446.13	112,385.43	144,060.70	44
710620 LT Lease-Equipment		72,269.26	217,891.42	25	5,940.00	2,971.00	2,969.00	50
710703 Biologicals	290,160.68		11,300.00		287,009.61	124,280.80	162,728.81	43
710714 Referral Services	11,300.00		11,300.00		8,700.00	690.00	8,010.00	8
710721 Outpatient	132,866.00	55,990.06	76,875.94	42	149,305.88	52,993.61	96,312.27	35
710872 Food Purchases	2,450.00	850.02	1,599.98	35	2,050.00	1,217.43	832.57	59
711113 Equip Srv Replace	101,823.48	55,017.97	46,805.51	54	104,964.00	65,506.14	39,457.86	62
711114 Equip Srv O & M	71,986.43	26,718.66	45,267.77	37	160,958.54	58,823.03	102,135.51	37
711115 Equip Srv Motor Pool	12,045.00	5,827.50	6,217.50	48	19,195.00	3,990.00	15,205.00	21
711117 ESD Fuel Charge	54,173.64	22,035.52	32,138.12	41				
711119 Prop & Liab Billings	66,930.00	32,964.96	33,965.04	49	58,667.00	29,333.58	29,333.42	50
711210 Travel	187,406.02	20,172.95	167,233.07	11	188,045.22	29,422.53	158,622.69	16
711504 Equipment nonCapital	75,658.11	133,801.19	58,143.08-	177	103,981.03	34,906.63	69,074.40	34
* Services and Supplies	4,787,735.47	1,573,787.30	3,213,948.17	33	4,288,983.98	1,730,044.31	2,558,939.67	40
781004 Equipment Capital	371,424.85	84,204.12	287,220.73	23	570,176.05	83,688.59	486,487.46	15
* Capital Outlay	371,424.85	84,204.12	287,220.73	23	570,176.05	83,688.59	486,487.46	15
** Expenses	21,866,929.39	8,911,391.75	12,955,537.64	41	21,654,866.28	9,755,335.71	11,899,530.57	45
485192 Surplus Equipment Sales		12.60-	12.60					
* Other Fin. Sources		12.60-	12.60					
621001 Transfer From General	8,795,500.00-	3,060,000.00-	5,735,500.00-	35	9,693,500.00-	4,098,960.00-	5,594,540.00-	42
* Transfers In	8,795,500.00-	3,060,000.00-	5,735,500.00-	35	9,693,500.00-	4,098,960.00-	5,594,540.00-	42
** Other Financing Str/Use	8,795,500.00-	3,060,012.60-	5,735,487.40-	35	9,693,500.00-	4,098,960.00-	5,594,540.00-	42
**** Total	1,311,039.52	1,461,261.73	150,222.21-	111	460,860.93	1,229,481.93	768,621.00-	267

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	1,205,291.00-	455,466.99-	749,824.01-	38	1,463,729.00-	459,569.28-	1,004,159.72-	31
* Intergovernmental	1,205,291.00-	455,466.99-	749,824.01-	38	1,463,729.00-	459,569.28-	1,004,159.72-	31
460512 Duplication Service Fees	200.00-	57.50-	142.50-	29	800.00-	141.50-	658.50-	18
* Charges for Services	200.00-	57.50-	142.50-	29	800.00-	141.50-	658.50-	18
485300 Other Misc Govt Rev	450.00-	205.00-	245.00-	46	800.00-			
* Miscellaneous	450.00-	205.00-	245.00-	46	800.00-			
** Revenue								
701110 Base Salaries	1,205,941.00-	455,729.49-	750,211.51-	38	1,464,529.00-	459,710.78-	1,004,818.22-	31
701120 Part Time	1,748,051.93	804,604.27	943,447.66	46	2,046,648.55	851,384.88	1,195,263.67	42
701130 Pooled Positions	24,553.03	11,138.57	13,414.46	45	24,461.26	10,798.32	13,662.94	44
701200 Incentive Longevity	68,296.19		68,296.19		25,580.86		25,580.86	
701300 Overtime	31,000.00	13,003.10	17,996.90	42	29,850.00	11,251.92	18,598.08	38
701412 Salary Adjustment	6,000.00	4,783.08	1,216.92	80	4,015.00	2,794.96	1,220.04	70
701413 Vac Payoff/Sick Pay-Term	7,104.00		7,104.00		94,369.00		94,369.00	
701417 Comp Time		7,335.40	7,335.40-			33,899.31	33,899.31-	
701419 Comp Time - Transfer		26.23	26.23-			7,432.32	7,432.32-	
701500 Merit Awards						5,898.46	5,898.46-	
* Salaries and Wages	1,885,005.15	840,890.65	1,044,114.50	45	91,459.00-	923,460.17	91,459.00-	
705110 Group Insurance	268,699.06	128,451.65	140,247.41	48	2,133,465.67	111,147.81	1,210,005.50	43
705210 Retirement	381,561.51	174,922.66	206,638.85	46	425,683.31	175,553.93	134,837.37	45
705215 Retirement Calculation	200,000.00		200,000.00		147,700.00		250,129.38	41
705230 Medicare April 1986	24,601.66	11,453.66	13,148.00	47	28,990.03	12,684.47	147,700.00	44
705320 Workmens Comp	11,458.00	5,728.98	5,729.02	50	14,800.00	7,399.98	16,305.56	50
705330 Unemploy Comp	2,210.00	2,210.00		100	2,405.00	2,405.00	7,400.02	100
705360 Benefit Adjustment					19,155.00			
* Employee Benefits	888,530.23	322,766.95	565,763.28	36	884,718.52	309,191.19	19,155.00	35
710100 Professional Services	3,300.00	510.00	2,790.00	15	4,800.00	1,698.68	575,527.33	35
710105 Medical Services		74.50	74.50-			55.00	3,101.32	
710108 MD Consultants						112.50	55.00-	
710200 Service Contract	750.00	794.38	44.38-	106	150.00	112.50	112.50-	445
710205 Repairs and Maintenance	800.00	96.22	703.78	12	800.00	667.38	517.38-	6
710300 Operating Supplies	52,049.29	6,955.39	45,093.90	13	35,300.00	48.33	751.67	22
710334 Copy Machine Expense	11,594.00	3,420.61	8,173.39	30	11,879.00	7,748.13	27,551.87	41
710350 Office Supplies	16,185.00	6,786.85	9,398.15	42	16,185.00	4,920.77	6,958.23	40
710355 Books and Subscriptions	1,370.00	1,475.50	105.50-	108	1,370.00	6,449.34	9,735.66	54
710360 Postage	1,600.00	534.56	1,065.44	33		799.50	630.50	
710361 Express and Courier	100.00	31.77	68.23	32	1,700.00	1,436.70	1,436.70-	2
710500 Other Expense	1,100.00	494.85	605.15	45	1,250.00	30.60	1,669.40	33
710502 Printing	9,550.00	1,159.80	8,390.20	12	9,570.00	413.45	836.55	7
710503 Licenses & Permits	2,400.00	400.00	2,000.00	17	2,500.00	708.62	8,861.38	9
710507 Network and Data Lines		83.64	83.64-			216.00	2,284.00	
710508 Telephone Land Lines	11,800.00	4,894.18	6,905.82	41	12,510.00	150.00	150.00-	41
710509 Seminars and Meetings	5,100.00	1,845.00	3,255.00	36	5,100.00	5,131.22	7,378.78	43
710512 Auto Expense	4,350.00	748.91	3,601.09	17	4,550.00	2,188.50	2,911.50	17
710519 Cellular Phone	350.00	49.61	300.39	14	383.00	794.94	3,755.06	57
						218.67	164.33	

Washoe County Health District
 Administrative Health Services
 Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710529 Dues	955.00	2,530.00	1,575.00-	265	955.00	1,435.00	480.00-	150
710546 Advertising	150.00		150.00			70.49	70.49-	
710600 LT Lease-Office Space	80,296.00	47,029.48	33,266.52	59	141,319.12	46,361.84	94,957.28	33
710872 Food Purchases	150.00		150.00		200.00	116.86	83.14	58
711113 Equip Srv Replace	2,122.20	1,271.10	851.10	60		1,319.25	1,319.25-	35
711114 Equip Srv O & M	1,043.60	323.36	720.24	31	1,623.64	563.77	1,059.87	
711115 Equip Srv Motor Pool		290.00	290.00-			235.00	235.00-	
711117 ESD Fuel Charge	636.64	233.42	403.22	37				
711119 Prop & Liab Billings	11,798.00	5,899.02	5,898.98	50	10,693.00	5,346.54	5,346.46	50
711210 Travel	16,500.00	4,259.22	12,240.78	26	16,500.00	4,076.98	12,423.02	25
711504 Equipment nonCapital	1,700.00	4,188.20	2,488.20-	246	1,700.00	1,700.00	1,700.00	
* Services and Supplies	237,749.73	96,379.57	141,370.16	41	281,037.76	93,254.06	187,783.70	33
** Expenses	3,011,285.11	1,260,037.17	1,751,247.94	42	3,299,221.95	1,325,905.42	1,973,316.53	40
*** Total	1,805,344.11	804,307.68	1,001,036.43	45	1,834,692.95	666,194.64	968,498.31	47

Washoe County Health District
 Air Quality Management
 Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422510 Air Pollution Permits	402,399.00	195,609.75	206,789.25	49	420,550.00	216,351.15	204,198.85	51
* Licenses and Permits	402,399.00	195,609.75	206,789.25	49	420,550.00	216,351.15	204,198.85	51
431100 Federal Grants	681,349.00	140,512.33	540,836.67	21	759,349.00	108,366.00	650,983.00	14
431105 Federal Grants - Indirect		6,236.67	6,236.67					
432100 State Grants								
432311 Pol Ctr/ 455B.830	280,000.00	158,650.00	121,350.00	57	170,000.00	170,000.00	118,930.00	100
* Intergovernmental	961,349.00	305,399.00	655,950.00	32	1,209,349.00	439,436.00	769,913.00	36
460513 Other Health Service Charges		992.00	992.00		9,800.00	363.35	9,436.65	4
460526 Plan Review-Air Quality	15,500.00	17,819.00	2,319.00	115	14,837.00	18,744.00	3,907.00	126
460527 NOE-AQM	32,900.00	44,610.00	11,710.00	136	32,900.00	28,481.30	4,418.70	87
460528 NESHAP-AQM	62,000.00	43,714.00	18,286.00	71	167,900.00	32,215.00	135,685.00	19
460529 Assessments-AQM	22,000.00	14,040.00	7,960.00	64	36,630.00	14,496.00	22,134.00	40
460530 Inspector Registr-AQ	178,333.00	89,732.00	1,835.00	197	2,100.00	2,100.00	2,100.00	100
460531 Dust Plan-Air Quality	312,633.00	214,642.00	97,991.00	69	178,333.00	153,948.00	24,385.00	86
* Charges for Services	1,676,381.00	715,650.75	960,730.25	43	442,500.00	248,247.65	194,252.35	56
** Revenue	1,311,733.43	618,824.64	692,908.79	47	2,072,399.00	904,034.80	1,168,364.20	44
701110 Base Salaries	8,000.00	2,930.41	5,069.59	37	1,388,862.47	646,969.80	741,892.67	47
701130 Pooled Positions					8,000.00	1,687.86	6,312.14	21
701140 Holiday Work						166.02	166.02	
701150 Contractual Wages	50,000.00		50,000.00		50,000.00		50,000.00	
701200 Incentive Longevity	21,150.00	10,400.00	10,750.00	49	23,550.00	9,488.44	14,061.56	40
701300 Overtime	6,057.21		6,057.21		4,535.34	134.48	4,400.86	3
701408 Call Back		305.36	305.36		1,000.00		1,000.00	
701412 Salary Adjustment					8,608.78		8,608.78	
701413 Vac Payoff/Sick Pay-Term						47,591.12	47,591.12	
701417 Comp Time						8,502.93	8,502.93	
* Salaries and Wages	1,396,940.64	632,460.41	764,480.23	45	1,484,556.59	714,540.65	770,015.94	48
705110 Group Insurance	156,554.89	75,126.79	81,428.10	48	142,279.60	66,297.19	75,982.41	47
705210 Retirement	285,871.82	134,548.54	151,323.28	47	289,544.99	133,548.09	155,996.90	46
705230 Medicare April 1986	17,726.98	8,289.97	9,437.01	47	18,901.05	9,525.71	9,375.34	50
705320 Workmens Comp	6,740.00	3,370.02	3,369.98	50	8,000.00	4,000.02	3,999.98	50
705330 Unemply Comp	1,300.00	585.00	715.00	45	1,300.00	1,300.00		100
* Employee Benefits	468,193.69	221,920.32	246,273.37	47	460,025.64	214,671.01	245,354.63	47
710100 Professional Services	176,599.41	11,599.04	165,000.37	7	261,928.54	59,220.10	202,708.44	23
710200 Service Contract	350.00	363.00	13.00	104	350.00	312.84	37.16	89
710205 Repairs and Maintenance	7,000.00	2,175.27	4,824.73	31	8,792.63	143.00	8,649.63	2
710300 Operating Supplies	4,100.00	7,043.07	2,943.07	172	4,500.00	471.00	4,029.00	10
710334 Copy Machine Expense	4,387.20	2,225.64	2,161.56	51	4,387.20	2,552.92	1,834.28	58
710350 Office Supplies	3,500.00	1,009.08	2,490.92	29	4,500.00	2,543.40	1,956.60	57
710355 Books and Subscriptions	224.00	221.86	2.14	99	224.00	212.26	11.74	95
710360 Postage	2,200.00	1,807.22	392.78	82		1,251.93	1,251.93	
710361 Express and Courier	200.00	19.02	180.98	10	2,000.00	29.02	1,970.98	1
710500 Other Expense	200.00	567.77	367.77	284	1,000.00	864.36	135.64	86
710502 Printing	1,000.00	257.95	742.05	26	1,600.00	513.70	1,086.30	32
710503 Licenses & Permits	90.00	2,237.67	2,147.67	2,486		90.00	90.00	

Washoe County Health District
 Air Quality Management
 Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710505 Rental Equipment	1,800.00		1,800.00		1,700.00	1,800.00	100.00-	106
710508 Telephone Land Lines	9,000.00	3,305.00	5,695.00	37	12,600.00	3,894.58	8,765.42	30
710509 Seminars and Meetings	4,200.00	575.00	3,625.00	14	4,200.00	390.00	3,810.00	9
710512 Auto Expense	1,200.00	312.68	887.32	26	200.00	714.57	514.57-	357
710519 Cellular Phone	3,800.00	1,656.15	2,143.85	44	4,145.00	1,604.04	2,540.96	39
710529 Dues	435.00	1,750.00	1,315.00-	402	435.00		435.00	
710535 Credit Card Fees	1,500.00	1,044.28	455.72	70				
710546 Advertising	5,700.00	420.18	5,279.82	7	5,700.00	459.75	5,240.25	8
710577 Uniforms & Special Clothing	1,100.00		1,100.00		1,100.00		1,100.00	
710600 LT Lease-Office Space	74,490.12	24,688.00	49,802.12	33	74,490.12	43,138.80	31,351.32	58
710721 Outpatient	1,316.00		1,316.00		1,316.00		1,316.00	
711113 Equip Srv Replace	30,340.92	9,683.99	20,656.93	32	24,384.00	17,478.82	6,905.18	72
711114 Equip Srv O & M	13,520.37	5,542.55	7,977.82	41	33,132.40	13,068.39	20,064.01	39
711115 Equip Srv Motor Pool					275.00		275.00	
711117 ESD Fuel Charge	12,187.68	5,676.80	6,510.88	47				
711119 Prop & Liab Billings	7,940.00	3,469.98	4,470.02	44	5,780.00	2,890.02	2,889.98	50
711210 Travel	40,227.52	3,831.95	36,395.57	10	38,964.00	1,315.06	37,648.94	3
711504 Equipment nonCapital	4,000.00	6,752.16	2,752.16-	169	4,000.00	8,376.20	4,376.20-	209
* Services and Supplies	412,608.22	98,235.31	314,372.91	24	501,703.89	163,274.76	338,429.13	33
* Capital Outlay	91,708.35		91,708.35		165,850.05		165,850.05	
** Expenses	91,708.35		91,708.35		165,850.05		165,850.05	
485192 Surplus Equipment Sales	2,369,450.90	952,616.04	1,416,834.86	40	2,612,136.17	1,092,486.42	1,519,649.75	42
** Other Financing Src/Use		12.60-	12.60					
*** Total	693,069.90	236,952.69	456,117.21	34	539,737.17	188,451.62	351,285.55	35

Washoe County Health District
 Community and Clinical Health Services
 Pds 1 - 6, FY 2010

Account	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	2,353,152.00-	855,096.04-	1,498,055.96-	36	2,343,949.20-	701,326.56-	1,642,622.64-	30
432100 State Grants	544,556.00-	181,692.90-	362,863.10-	33	564,279.80-	247,617.02-	316,662.78-	44
* Intergovernmental	2,897,708.00-	1,036,788.94-	1,860,919.05-	36	2,908,229.00-	948,943.58-	1,959,285.42-	33
460162 Services to Other Agencies	63,657.69-	23,909.21-	39,748.48-	38	86,494.00-	41,567.16-	44,926.84-	48
460500 Other Immunizations	110,000.00-	42,749.95-	67,250.05-	39	165,000.00-	56,714.00-	108,286.00-	34
460501 Medicaid Clinical Services	36,500.00-	10,339.50-	26,160.50-	28	30,750.00-	28,007.86-	2,742.14-	91
460503 Childhood Immunizations	190,000.00-	73,113.65-	116,886.35-	38	190,000.00-	116,225.80-	73,774.20-	61
460505 Non Title X Revenue	1,369.00-	1,369.00-	1,369.00-			2,879.00-	2,879.00-	
460508 Tuberculosis	10,000.00-	3,931.20-	6,068.80-	39	8,000.00-	9,436.96-	1,436.96	118
460515 Medicare Reimbursement	500.00-	672.90-	172.90	135	250.00-	892.07-	642.07	357
460516 Pgm Inc-3rd Prty Rec	9,000.00-	3,929.28-	5,070.72-	44	3,000.00-	7,640.95-	4,640.95	255
460517 Influenza Immunization	5,000.00-	20,025.06-	15,025.06	401	10,000.00-	6,641.00-	3,359.00-	66
460518 STD Fees	30,000.00-	13,838.64-	16,161.36-	46	60,000.00-	19,862.22-	40,137.78-	33
460519 Outpatient Services	12,500.00-	34,184.85-	12,500.00-		11,500.00-	5,335.00-	6,165.00-	46
460524 Family Planning	100,000.00-	6,333.00-	6,333.00	34	100,000.00-	50,909.45-	49,090.55-	51
460570 Education Revenue	567,157.69-	234,396.24-	332,761.45-	41	664,994.00-	346,111.47-	318,882.53-	52
* Charges for Services		100.00-	100.00					
484050 Donations Federal Pgm Income		6.00-	6.00					
485300 Other Misc Govt Rev		106.00-	106.00					
* Miscellaneous		106.00-	106.00					
** Revenue		1,271,291.18-	2,193,574.51-	37	3,573,223.00-	1,295,055.05-	2,278,167.95-	36
701110 Base Salaries	3,016,876.37	1,244,434.00	1,772,442.37	41	3,350,766.90	1,569,474.46	1,781,292.44	47
701120 Part Time	640,119.02	283,368.37	356,750.65	44	966,243.97	392,293.54	573,950.43	41
701130 Pooled Positions	118,637.14	32,305.12	86,332.02	27	37,818.00	32,289.83	5,528.17	85
701150 Contractual Wages	54,059.00	27,192.98	26,866.02	50	17,302.73	30,433.29	17,302.73	56
701200 Incentive Longevity	2,175.00	4,311.06	2,136.06-	198	3,835.57	980.07	2,855.50	26
701300 Overtime	126,642.03	34,498.59	126,642.03		403,856.66-		403,856.66-	
701412 Salary Adjustment		7,921.65	7,921.65-			51,824.41	51,824.41-	
701413 Vac Payoff/Sick Pay-Term		7,921.65	7,921.65-			5,891.97	5,891.97-	
701417 Comp Time		329,645.39-	329,645.39-					
701500 Ment Awards	3,628,863.17	1,634,031.77	1,994,831.40	45	162,541.00-	2,083,187.57	162,541.00-	54
* Salaries and Wages	519,954.04	221,246.45	298,707.59	43	3,863,459.51	243,846.70	1,780,271.94	44
705110 Group Insurance	795,753.04	341,246.28	454,506.76	43	896,036.24	405,127.18	314,635.61	45
705210 Retirement	48,336.59	21,492.08	26,844.51	44	53,887.66	26,027.14	490,909.06	48
705230 Medicare April 1986	21,231.00	10,615.38	10,615.62	50	30,000.00	14,999.88	27,860.52	50
705320 Workmens Comp	4,095.00	4,085.00	10.00	100	4,875.00	4,875.00	15,000.12	100
705330 Unemploy Comp	1,399,369.67	598,685.19	790,684.48	43	1,543,281.21	694,875.90	848,405.31	45
* Employee Benefits	236,174.00	126,176.90	109,997.10	53	299,863.70	55,265.13	244,598.57	18
710100 Professional Services	13,000.00	6,254.50	6,745.50	48	13,350.00	5,160.50	8,189.50	39
710105 Medical Services	43,382.00	14,731.25	28,650.75	34	45,140.00	17,637.50	27,502.50	39
710108 MD Consultants	189,994.00	54,481.00	135,513.00	29	304,994.00	132,043.50	172,950.50	43
710119 Subrecipient Payments	12,200.00	6,294.33	5,905.67	52	10,954.00	5,614.24	5,339.76	51
710200 Service Contract	5,770.00	19,220.88	13,450.88-	333	5,410.00	993.50	4,416.50	18
710205 Repairs and Maintenance	350.00		350.00					
710210 Software Maintenance								

Washoe County Health District
 Community and Clinical Health Services
 Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710300 Operating Supplies	67,575.00	58,111.83	9,463.17	86	86,391.00	46,999.02	39,391.98	54
710334 Copy Machine Expense	16,596.00	5,535.35	11,060.65	33	17,183.00	6,888.69	10,294.31	40
710350 Office Supplies	15,447.00	4,383.10	11,063.90	28	16,679.00	8,399.82	8,279.18	50
710355 Books and Subscriptions	1,800.00	827.66	972.34	46	4,595.00	1,264.19	3,330.81	28
710360 Postage	4,864.00	2,834.02	2,029.98	58	4,350.00	3,850.53	499.47	89
710361 Express and Courier	535.00	99.76	435.24	19	3,650.00	82.11	3,567.89	2
710500 Other Expense	44,715.30	11,748.47	32,966.83	26	43,298.75	17,227.39	26,071.36	40
710502 Printing	13,325.24	2,911.24	10,414.00	22	16,784.00	2,195.62	14,588.38	13
710503 Licenses & Permits	3,800.00	685.00	3,115.00	18	4,780.00	2,094.20	2,685.80	44
710504 Registration	900.00	900.00	900.00	100				
710505 Rental Equipment	469.00	469.00	469.00	100	469.00		469.00	
710506 Dept Insurance Deductible	273.40	273.40	273.40	100				
710507 Network and Data Lines	1,405.00	1,150.95	254.05	82	455.00	1,216.01	761.01	267
710508 Telephone Land Lines	18,212.00	7,351.42	10,860.58	40	24,270.00	8,348.43	15,921.57	34
710509 Seminars and Meetings	10,700.00	1,920.00	8,780.00	18	34,897.00	25,230.50	9,666.50	72
710512 Auto Expense	9,594.00	4,412.00	5,182.00	46	20,542.00	5,600.16	14,941.84	27
710519 Cellular Phone	462.00	459.30	2.70	99	2,178.00	1,006.90	1,171.10	46
710529 Dues	1,550.00	550.00	1,000.00	35	2,050.00	300.00	1,750.00	15
710535 Credit Card Fees	5,935.00	1,888.98	4,046.02	32				
710546 Advertising	28,748.00	17,329.32	11,418.68	60	29,092.00	30,722.24	1,630.24	106
710577 Uniforms & Special Clothing	350.00	350.00	350.00	100	450.00		450.00	
710590 Bad Debt Expense	285,860.00	459.00	459.00	0.16				
710703 Biologicals	11,300.00	72,115.26	213,744.74	25	282,109.61	124,280.80	157,828.81	44
710714 Referral Services	122,502.00	55,711.62	66,790.38	45	140,067.88	52,305.36	87,762.52	37
710721 Outpatient	2,300.00	850.02	1,449.98	37	1,850.00	1,100.57	749.43	59
710872 Food Purchases	1,397.28	880.74	516.54	63	1,800.00	993.20	806.80	55
711113 Equip Srv Replace	904.60	252.16	652.44	28	3,129.54	881.70	2,247.84	28
711114 Equip Srv O & M	4,845.00	285.00	4,560.00	6	320.00	555.00	235.00	173
711115 Equip Srv Motor Pool	538.69	538.69	538.69	100				
711117 ESD Fuel Charge	21,861.00	10,930.44	10,930.56	50	21,675.00	10,837.50	10,837.50	50
711119 Prop & Liab Billings	43,747.50	3,127.76	40,619.74	7	54,991.00	12,677.43	42,313.57	23
711210 Travel	5,950.00	4,024.09	1,925.91	68	5,017.00	1,322.39	3,694.61	26
711504 Equipment nonCapital	1,247,532.01	497,993.35	749,538.66	40	1,511,485.48	583,784.13	927,701.35	39
* Services and Supplies	6,255,764.85	2,730,710.31	3,535,054.54	44	6,918,226.20	3,361,847.60	3,556,378.60	49
** Expenses	2,800,899.16	1,459,419.13	1,341,480.03	52	3,345,003.20	2,066,792.55	1,278,210.65	62
*** Total								

Washoe County Health District
 Environmental Health Services
 Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
422503 Environmental Permits	69,000.00-	21,739.00-	47,261.00-	32	125,000.00-	65,165.21-	59,834.79-	52
422504 Pool Permits	33,000.00-	14,605.00-	18,395.00-	44	100,000.00-	27,006.00-	72,994.00-	27
422505 RV Permits	10,500.00-	5,754.00-	4,746.00-	55	15,000.00-	9,410.00-	5,590.00-	63
422507 Food Service Permits	355,000.00-	178,236.00-	176,764.00-	50	410,000.00-	200,091.00-	209,909.00-	49
422508 Wat Well Const Perm	44,000.00-	20,139.00-	23,861.00-	46	40,000.00-	14,498.00-	25,502.00-	36
422509 Water Company Permits	12,000.00-	2,410.00-	9,590.00-	20	25,000.00-	6,235.00-	18,765.00-	25
422511 ISDS Permits	90,000.00-	23,060.85-	66,939.15-	26	125,000.00-	44,062.00-	80,938.00-	35
422513 Special Event Permits	75,000.00-	48,824.20-	26,175.80-	65	80,000.00-	57,831.00-	22,169.00-	72
422514 Initial Applic Fee	38,000.00-	16,888.00-	21,112.00-	44	80,000.00-	13,442.00-	13,442.00	
* Licenses and Permits	726,500.00-	331,656.05-	394,843.95-	46	920,000.00-	437,740.21-	482,259.79-	48
431100 Federal Grants	277,000.00-	107,687.64-	169,312.36-	39	277,000.00-	91,380.69-	185,619.31-	33
432100 State Grants	75,000.00-	37,750.00-	37,250.00-	50	75,250.00-	38,250.00-	37,000.00-	51
432310 Tire Fee NRS 444A.090	370,534.52-	209,568.78-	160,965.74-	57	415,000.00-	276,583.09-	138,416.91-	67
* Intergovernmental	722,534.52-	355,006.42-	367,528.10-	49	767,250.00-	406,213.78-	361,036.22-	53
460162 Services to Other Agencies					109,365.10-	14,929.03-	94,436.07-	14
460509 Water Quality						140.00-	140.00	
460510 IT Overlay	121,001.00-	55,642.00-	65,359.00-	46	150,000.00-	67,575.00-	82,425.00-	45
460513 Other Health Service Charges	8,000.00-	1,629.00-	6,371.00-	20	14,000.00-	3,962.00-	10,038.00-	28
460514 Food Service Certification	8,000.00-	8,667.00-	667.00-	108	8,000.00-	3,814.00-	4,186.00-	48
460520 Eng Serv Health	90,500.00-	32,153.00-	58,347.00-	36	120,000.00-	79,570.00-	40,430.00-	66
460521 Plan Review - Pools & Spas	5,000.00-	5,032.00-	32.00-	101	3,000.00-	3,210.00-	210.00-	107
460523 Plan Review - Food Services	30,000.00-	9,306.15-	20,693.85-	31	40,000.00-	18,793.61-	21,206.39-	47
460525 Plan Review - Vector	64,000.00-	16,795.00-	47,205.00-	26	75,000.00-	34,482.00-	40,518.00-	46
460533 Quick Start		170.00-	170.00					
460534 Child Care Inspection	9,000.00-	4,843.00-	4,157.00-	54				
460535 Pub Accomod Inspectn	21,000.00-	7,415.00-	13,585.00-	35				
460570 Education Revenue		493.00-	493.00					
* Charges for Services	356,501.00-	142,145.15-	214,355.85-	40	519,365.10-	226,475.64-	292,889.46-	44
485100 Reimbursements		150.00-	150.00					
485300 Other Misc Govt Rev		98.00-	98.00					
* Miscellaneous		248.00-	248.00					
** Revenue	1,805,535.52-	829,055.62-	976,479.90-	46	2,206,615.10-	1,070,429.63-	1,136,185.47-	49
701110 Base Salaries	3,999,403.84	1,428,061.85	1,971,341.99	42	3,324,778.61	1,602,578.39	1,722,200.22	48
701130 Pooled Positions	90,097.00	52,674.91	37,422.09	58	125,737.00	40,444.62	85,292.38	32
701140 Holiday Work	1,500.00	846.49	653.51	56	1,500.00	1,175.92	324.08	78
701150 Contractual Wages	9,500.00	6,121.44	3,378.56	64		7,113.35	7,113.35-	
701200 Incentive Longevity	52,100.00	23,246.17	28,853.83	45	53,900.00	23,773.08	30,126.92	44
701300 Overtime	34,288.00	17,978.32	16,309.68	52	55,000.00	18,270.98	36,729.02	33
701406 Standby Pay	30,000.00	16,434.65	13,565.35	55	35,000.00	16,059.29	18,940.71	46
701408 Call Back	3,000.00	1,872.87	1,127.13	62	5,000.00	2,152.29	2,847.71	43
701412 Salary Adjustment	304.20-		304.20-					
701413 Vac Payoff/Sick Pay-Term		21,031.55	21,031.55-			18,507.87	18,507.87-	
701417 Comp Time		10,046.59	10,046.59-			560.15	560.15-	
* Salaries and Wages	3,619,584.64	1,578,314.84	2,041,269.80	44	3,600,915.61	1,730,635.94	1,870,279.67	48
705110 Group Insurance	480,654.08	207,390.60	273,263.48	43	411,165.33	194,476.32	216,689.01	47
705210 Retirement	740,272.62	314,361.38	425,911.24	42	692,578.60	334,787.30	357,791.30	48
705230 Medicare April 1986	43,911.91	19,823.90	24,088.01	45	42,676.59	21,783.97	20,892.62	51
705320 Workmens Comp	18,535.00	9,267.42	9,267.58	50	20,800.00	10,326.60	10,473.40	50

Washoe County Health District
 Environmental Health Services
 Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
705330 Unemply Comp	3,575.00	16,505.00	12,930.00-	462	3,380.00	3,453.32	73.32-	102
* Employee Benefits	1,286,948.61	567,348.30	719,600.31	44	1,170,600.52	564,827.51	605,773.01	48
710100 Professional Services	179,930.29	75,871.00	104,059.29	42	131,160.62	57,676.88	73,483.74	44
710105 Medical Services	500.00	959.50	459.50-	192	150.00	414.00	264.00-	276
710115 Prof Eng Services						1,208.31	1,208.31-	
710200 Service Contract	87,300.00	45,058.13	42,241.87	52	104,700.00	61,272.62	43,427.38	59
710205 Repairs and Maintenance	1,000.00	878.48	121.52	88	1,100.00	768.70	331.30	70
710210 Software Maintenance		17,802.29	17,802.29-					
710300 Operating Supplies	23,593.05	3,246.64	20,346.41	14	14,392.81	9,116.39	5,276.42	63
710302 Small Tools & Allow	1,385.00	750.33	634.67	54	2,950.00		2,950.00	
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	560,707.00	360,413.48	200,293.52	64	621,588.00	361,579.46	260,008.54	58
710334 Copy Machine Expense	1,280.00	329.44	950.56	26	4,550.00	421.18	4,128.82	9
710350 Office Supplies	9,150.00	5,948.09	3,201.91	65	9,075.00	5,631.49	3,443.51	62
710355 Books and Subscriptions	1,600.00	347.24	1,252.76	22	2,000.00	2,110.93	110.93-	106
710360 Postage	5,900.00	5,451.76	448.24	92	1,250.00	3,443.23	2,193.23-	275
710361 Express and Courier	300.00	46.99	253.01	16	7,100.00	117.59	6,982.41	2
710391 Fuel & Lube	100.00		100.00		100.00	108.60	8.60-	109
710500 Other Expense	800.00		800.00		3,400.00	2,379.33	1,020.67	70
710502 Printing	3,225.00	1,018.68	2,206.32	32	4,060.00	907.10	3,152.90	22
710503 Licenses & Permits	2,335.00	1,965.00	370.00	84	3,135.00	2,180.00	955.00	70
710505 Rental Equipment					8,000.00		8,000.00	
710506 Dept Insurance Deductible		450.00	450.00-			263.74	263.74-	
710507 Network and Data Lines	3,200.00	1,150.95	2,049.05	36		494.02	494.02-	
710508 Telephone Land Lines	11,425.00	4,812.54	6,612.46	42	22,845.00	4,835.32	18,009.68	21
710509 Seminars and Meetings	11,200.00	1,903.00	9,297.00	17	15,850.00	3,345.00	12,505.00	21
710512 Auto Expense	375.00	60.78	314.22	16	350.00	55.56	294.44	16
710519 Cellular Phone	8,405.00	3,442.14	4,962.86	41	16,813.00	5,513.44	11,299.56	33
710529 Dues	896.00	743.00	153.00	83	1,800.00	721.00	1,079.00	40
710535 Credit Card Fees	4,959.78	1,731.98	3,227.80	35		265.98	265.98-	
710546 Advertising	500.00	25.00	475.00	5	30,500.00	260.13	30,239.87	1
710577 Uniforms & Special Clothing	1,700.00	940.63	759.37	55	1,950.00		1,950.00	
710590 Bad Debt Expense		444.40	444.40-					
710600 LT Lease-Office Space	40,636.89	23,594.62	17,042.27	58	40,636.89	22,884.79	17,752.10	56
710721 Outpatient	6,048.00		6,048.00		4,922.00		4,922.00	
711113 Equip Srv Replace	67,963.08	43,182.14	24,780.94	64	78,780.00	45,714.87	33,065.13	58
711114 Equip Srv O & M	56,517.86	20,095.84	36,422.02	36	123,072.96	43,838.79	79,234.17	36
711115 Equip Srv Motor Pool	7,000.00	5,240.00	1,760.00	75	18,500.00	3,125.00	15,375.00	17
711117 ESD Fuel Charge	39,610.63	16,125.30	23,485.33	41				
711119 Prop & Liab Billings	19,085.00	9,542.52	9,542.48	50	15,028.00	7,513.98	7,514.02	50
711210 Travel	35,650.00	6,609.90	29,040.10	19	44,136.62	6,588.87	37,547.75	15
711504 Equipment nonCapital	2,643.97		2,643.97		36,202.42	1,131.84	35,070.58	3
* Services and Supplies	1,198,921.55	660,181.79	538,739.76	55	1,372,098.32	655,888.14	716,210.18	48
** Expenses	6,105,454.80	2,805,844.93	3,299,609.87	46	6,143,614.45	2,951,351.59	3,192,262.86	48
621001 Transfer From General	350,000.00-		350,000.00-		350,000.00-		350,000.00-	
** Other Financing Srv/Use	350,000.00-		350,000.00-		350,000.00-		350,000.00-	
*** Total	3,949,919.28	1,976,789.31	1,973,129.97	50	3,586,999.35	1,880,921.96	1,706,077.39	52

Washington County Health District
Epidemiology and Public Health Preparedness
Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
431100 Federal Grants	3,361,126.66-	1,000,354.69-	2,360,771.97-	30	1,953,739.25-	581,837.33-	1,371,901.92-	30
431105 Federal Grants - Indirect	31,540.00-	11,679.69-	19,860.31-	37	9,379.99-	9,379.99-	9,379.99	
* Intergovernmental	3,392,666.66-	1,012,034.38-	2,380,632.28-	30	1,953,739.25-	591,217.32-	1,362,521.93-	30
460511 Birth and Death Certificates	215,000.00-	106,356.00-	108,644.00-	49	230,000.00-	106,446.20-	123,553.80-	46
* Charges for Services	215,000.00-	106,356.00-	108,644.00-	49	230,000.00-	106,446.20-	123,553.80-	46
** Revenue	3,607,666.66-	1,118,390.38-	2,489,276.28-	31	2,183,739.25-	697,663.52-	1,486,075.73-	32
701110 Base Salaries	1,123,682.40	496,569.79	627,112.61	44	1,128,945.85	492,367.73	636,578.12	44
701120 Part Time	35,577.94	40,979.97	5,402.03-	115	54,341.12	29,430.95	24,910.17	54
701130 Pooled Positions	38,400.00	11,598.42	26,801.58	30				
701150 Contractual Wages	196,000.00	28,572.51	167,427.49	15	29,037.14	9,395.92	19,641.22	32
701200 Incentive Longevity	8,141.00	2,895.48	5,245.52	36	7,910.50	2,896.09	5,014.41	37
701300 Overtime	253,000.00	75,781.44	177,218.56	30	2,000.00	3,337.69	1,337.69-	167
701412 Salary Adjustment	64,406.92		64,406.92		26,900.35		26,900.35	
701413 Vac Payoff/Sick Pay-Term		5,536.75	5,536.75-					
701417 Comp Time		7,537.51	7,537.51-					
* Salaries and Wages	1,719,208.26	669,471.87	1,049,736.39	39	1,249,134.96	537,428.38	711,706.58	43
705110 Group Insurance	140,445.78	69,311.09	71,134.69	49	135,468.26	51,825.60	83,642.66	38
705210 Retirement	250,368.19	106,386.57	143,981.62	42	244,226.49	104,772.41	139,454.08	43
705230 Medicare April 1986	15,824.28	8,967.39	6,856.89	57	16,553.27	7,151.50	9,401.77	43
705320 Workmens Comp	6,307.45	1,684.98	4,622.47	27	8,000.00	3,799.98	4,200.02	47
705330 Unemply Comp	1,170.00	1,160.00	10.00	99	1,300.00	1,235.00	65.00	95
705360 Benefit Adjustment	11,009.31		11,009.31					
* Employee Benefits	425,125.01	187,510.03	237,614.98	44	405,548.02	168,784.49	236,763.53	42
710100 Professional Services	1,316,450.02	52,034.18	1,264,415.84	4	409,145.21	139,680.78	269,464.43	34
710105 Medical Services	100.00	369.00	269.00-	369	200.00	4,000.00	200.00	33
710108 MD Consultants	12,000.00	3,000.00	9,000.00	25	12,000.00	851.78	8,000.00-	142
710200 Service Contract	1,610.00	4,041.76	2,431.76-	251	600.00	299.75	251.78-	24
710205 Repairs and Maintenance	600.00	271.45	328.55	45	1,233.00	9,000.00	933.25	24
710210 Software Maintenance								
710300 Operating Supplies	93,666.88	15,710.92	77,955.96	17	45,397.85	22,540.12	22,857.73	50
710334 Copy Machine Expense	2,300.30	1,325.92	974.38	58	3,362.98	1,059.52	2,303.46	32
710350 Office Supplies	19,102.26	5,484.75	13,617.51	29	10,279.55	9,693.34	586.21	94
710355 Books and Subscriptions	2,663.00	1,358.49	1,304.51	51	1,799.50	400.08	1,399.42	22
710360 Postage	12,400.44	1,150.43	11,250.01	9	1,351.57	1,347.76	3.81	100
710361 Express and Courier					3,700.00	3,700.00	3,700.00	
710500 Other Expense	31,826.00	4,216.12	31,826.00	17	3,620.00	3,541.76	78.24	98
710502 Printing	24,573.00	869.00	20,356.88	87	9,029.48	675.21	8,354.27	7
710505 Rental Equipment	1,000.00	230.19	131.00	87				
710507 Network and Data Lines	10,124.05	2,143.77	7,980.28	21	2,680.48	2,702.45	203.21-	101
710508 Telephone Land Lines	1,220.00	50.00	1,170.00	4	6,249.00	885.00	5,364.00	14
710509 Seminars and Meetings	236.14	442.11	205.97-	187	1,003.18	440.30	562.88	44
710512 Auto Expense	580.00	1,165.14	585.14-	201	686.00	731.60	45.60-	107
710519 Cellular Phone	640.00	490.50	640.00		40.00		40.00	
710529 Dues								
710535 Credit Card Fees								

Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1 - 6, FY 2010

Accounts	2010 Plan	2010 Actuals	Balance	Act%	2009 Plan	2009 Actual	Balance	Act%
710546 Advertising	700.00	1,000.00	300.00-	143	334.52		334.52	
710585 Undesignated Budget	31,540.05	390.00	31,540.05					
710590 Bad Debt Expense			390.00-					
710620 LT Lease-Equipment					5,940.00	2,971.00	2,969.00	50
710703 Biologicals	4,300.68	154.00	4,146.68	4	4,900.00		4,900.00	
710721 Outpatient	3,000.00	278.44	2,721.56	9	3,000.00	688.25	2,311.75	23
711114 Equip Srv O & M		504.75	504.75-			470.38	470.38-	
711115 Equip Srv Motor Pool	200.00	12.50	187.50	6	100.00	75.00	25.00	75
711117 ESD Fuel Charge	1,200.00		1,200.00					
711119 Prop & Liab Billings	6,246.00	3,123.00	3,123.00	50	5,491.00	2,745.54	2,745.46	50
711210 Travel	51,281.00	2,344.12	48,936.88	5	33,453.60	4,764.19	28,689.41	14
711504 Equipment nonCapital	61,364.14	118,836.74	57,472.60-	194	57,061.61	24,076.20	32,985.41	42
* Services and Supplies	1,690,923.96	220,997.28	1,469,926.68	13	622,658.53	233,843.22	388,815.31	38
781004 Equipment Capital	279,716.50	84,204.12	195,512.38	30	404,326.00	83,688.59	320,637.41	21
* Capital Outlay	279,716.50	84,204.12	195,512.38	30	404,326.00	83,688.59	320,637.41	21
** Expenses	4,114,973.73	1,162,183.30	2,952,790.43	28	2,681,667.51	1,023,744.68	1,657,922.83	38
*** Total	507,307.07	43,792.92	463,514.15	9	497,928.26	326,081.16	171,847.10	65



WASHOE COUNTY

"Dedicated To Excellence in Public Service"
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CM/ACM _____
Finance _____
DA _____
Risk Mgt. _____
HR _____
Other _____

STAFF REPORT BOARD MEETING DATE: January 26, 2010

DATE: January 22, 2010
TO: Board of County Commissioners
FROM: John Sherman, Finance Director
THROUGH: Katy Simon, County Manager
SUBJECT: Status Report and Direction to Staff on Fiscal Year 2010/11 Budget

SUMMARY

It is recommended that a Balanced Plan for Stability and Sustainability be used to close the anticipated \$24.7 million budget deficit for Fiscal Year 2010/11. This plan sets the County on a path toward long-term sustainability that closes the structural deficit caused by the rebased economy and lost property tax and consolidated tax revenues. The proposed plan is based on the Board's direction that the County needs to make sustained changes that will allow Washoe County to continue to serve its citizens in recognition of the new economic environment. Consistent with this direction, the Board has set three goals:

- Maintain Service Levels
- Maximize Employment
- Achieve Sustainable Labor Costs

The recommended Balanced Plan incorporates these goals and consists of a three-point strategy to close the \$24.7 million deficit in Fiscal Year 2010/11:

1. Streamline and prioritize services with operating budget reductions of \$7.8 million, which equals a total average reduction of 3 percent for department current operating budgets;
2. Achieve a sustainable labor cost plan by proposing a reduction of \$11.4 million in current salaries and benefits savings along with reducing annual long-term health benefit liability costs, which must be negotiated with employee associations pursuant to NRS 288; and
3. Redirect restricted revenues to the General Fund and prudently use reserves to increase revenues by \$5.75 million.

Addressing the structural deficit from three directions, the Balanced Plan aims to create long-term sustainability by:

- Furthering the structural changes in services provided through streamlining and prioritizing the services that are provided;
- Lowering the overall labor cost structure to provide all services; and
- Increasing operating revenues without an additional tax burden by redirecting certain restricted revenues along with prudently using reserves to bridge the transitional costs.

County Priority supported by this item: Improve efficiency and financial stability of Washoe County.

PREVIOUS ACTION

December 8, 2009 Fiscal Year 2010/11 Budget Discussion including Preliminary Revenue Outlook and Direction to Staff

BACKGROUND

For more than three years, Washoe County has been in an economic downturn requiring aggressive and ongoing actions by the Board to maintain the financial stability of the County. Compounding the damaging impacts and challenges of the economic decline has been the 2009 Legislative actions which diverted more than \$25 million in revenue to the State over the biennium. Stabilizing the organization has required difficult choices and sacrifices by all, including the public who are in some areas receiving lower service levels, as well as sacrifices by employees. The difficult decisions have been made. Over the last four years more than \$100 million in spending has been cut from budgets. For Fiscal Year 2009/10, the budget is down 11 percent from the prior adopted budget and nearly 500 positions defunded through layoffs, vacancy freezes, and separation incentives resulting in the County workforce being 14 percent smaller.

As a result of these difficult decisions, the County remains financially stable to date and no further reductions are anticipated for the current fiscal year barring some unforeseen circumstances such as legislative action due to a Special Session. Not only have these actions financially stabilized the organization, the prudent financial management has been recognized by Standard and Poor's, which increased the bond rating for the County from AA- to AA, the highest in Northern Nevada. However, with Nevada and Washoe County being among the hardest hit areas in the country, more actions will be needed in Fiscal Year 2010/11. Based on the most current information it is projected that the General Fund will have a structural budget deficit in Fiscal Year 2010/11 of \$24.7 million and ongoing structural deficits for the next five years. A long-term sustainability plan is needed to close the structural deficit and balance the budget in a way that maintains services and maximizes employment within our financial means.

On December 8, 2009, staff reported on the economic conditions of Washoe County and the impact on revenues. In short, the economic upheaval caused by the deepest recession in a half century has rebased the two largest revenue streams that support service delivery: sales tax and property tax. Since December 2009, there has been no substantial change in the prevailing economic conditions. Sales taxes continue a historic decline, albeit the rate of decline did slow in October as anticipated. Employment and housing and commercial real estate markets remain exceedingly weak, which will drive property tax revenue down by nearly 7 percent in Fiscal Year 2010/11. The general consensus of most economists is that Nevada's economy will be one of the last to recover from the recession and this may take up to five years.

As the County plans for Fiscal Year 2010/11 and beyond, this planning must recognize and respond to the changed economic landscape that provides the revenues which support service delivery. Prudence suggests that caution needs to be asserted regarding any hopes that the County will return to the revenue levels and types of revenue growth experienced from 2002 to 2008 when the County saw double digit consolidated tax growth and very healthy property tax growth. It is projected that future revenue growth will be weak or modest at best over the next five years. Therefore, the County must develop a sustainability plan that continues the actions already taken to rebase spending growth in such a way that it is aligned with the new rebased economy.

Rebased Economy Has Caused a Structural Deficit

Fiscal Year 2005/06 was a banner year for consolidated taxes, which are mostly sales tax. That year the County received over a \$103 million in consolidated tax revenue. Since then consolidated tax revenue has fallen year over year every year. Today consolidated tax revenue is below the amount received in Fiscal Year 1999/2000. With such historic declines, projecting the future is highly uncertain. However, the general consensus is that future growth will be modest at best; and it will take years to return to the revenue level of Fiscal Year 2005/06.

The impacts of the rebased economy have taken longer to impact property tax revenues. Up until Fiscal Year 2008/09, Washoe County experienced better than 6 percent property tax revenue growth. Moreover, from Fiscal Year 2003/04 to Fiscal Year 2008/09, property tax grew no less than 6.3 percent a year and as much 14.5 percent a year. The collapse of the housing market turned the tide in the current Fiscal Year 2009/10 when property tax revenue declined for the first time in recent memory. The pace of decline will steepen in Fiscal Year 2010/11 with an estimated decline of about 7 percent. More concerning is that future property tax growth will be dampened by the glut of foreclosed residential housing inventory and high vacancy in commercial property. Future growth will also be dampened by the property tax cap laws, which constrain the growth on the tax bill for existing owner occupied residential property to 3 percent and existing rental residential and commercial property to 8 percent.

Combined property taxes and consolidated taxes make up nearly 80 percent of General Fund revenue. Over the next five years, the combined growth rate for property taxes and consolidated taxes are projected to range between minus 5 percent in Fiscal Year 2010/11 to a modest growth rate of 4.5 percent by Fiscal Year 2014/15.

Little to no growth in revenues combined with a steady modest growth rate in the operational cost structure means that there will not be enough current revenue to support current expenditures---a condition referred to as a structural deficit. Without strategic action to bend the cost curve in the near and long-term, Washoe County will confront annual structural deficits that are not sustainable. Exhibit 1 illustrates the structural deficit.

Exhibit 1:

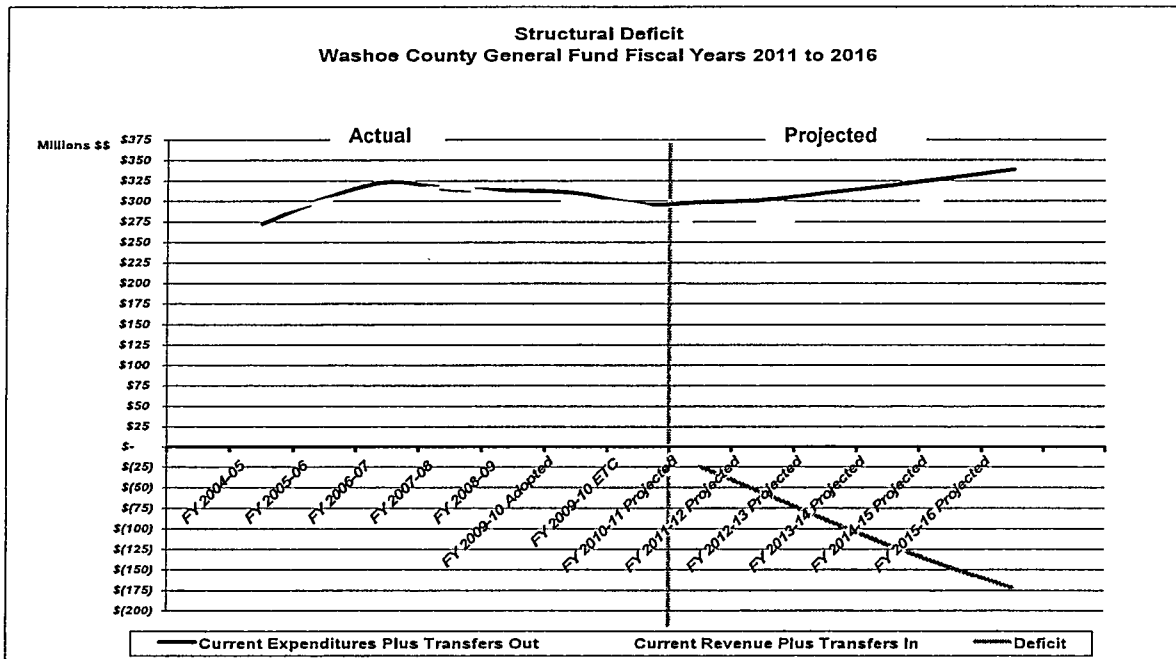


Table 1 provides the underlying assumptions regarding the trends in the major revenue and expenditure categories.

Table 1:

Growth Assumptions Used to Project General Fund Revenues and Expenditures						
	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16
Revenue Assumptions						
Property Tax	-7.0%	0.0%	3.0%	3.0%	4.0%	4.0%
Consolidated Tax	-2.0%	4.0%	5.0%	6.0%	8.0%	7.0%
State Rev. Diversion		Sunsets				
Total Revenue	-5.0%	1.3%	3.1%	3.4%	4.5%	4.3%
Expenditure Assumptions						
Salaries and Wages	2.2%	2.0%	2.0%	2.0%	2.0%	2.0%
Health Benefits	12.0%	8.0%	8.0%	8.0%	8.0%	8.0%
Retirement	1.7%	2.0%	2.0%	2.0%	2.0%	2.0%
Services & Supplies	3.4%	2.0%	2.0%	2.0%	2.0%	2.0%
Capital Outlay	-2.4%	2.0%	2.0%	2.0%	2.0%	2.0%
Transfers Out	-5.3%	4.8%	5.6%	5.9%	6.6%	6.4%
Total Expend/Transfers	2.5%	1.0%	2.8%	2.9%	3.0%	3.0%

Note 1: The projections assume the state revenue diversion will sunset as indicated in AB 543 for fiscal year 2011/12. It is estimated this will increase sales tax revenue about \$700 thousand and decrease the 4 cent property tax payment to the State saving about \$5.3 million.

Note 2: Although the projected annual growth rates in the out years show revenue growth exceeding expenditure growth, this table does not show the revenue and expenditure values from which the growth occurs. In each year and without action, it is projected there will be an operating deficit where total current expenditures and transfers out exceed total current revenues. In addition, there are timing differences between when the County has to pay bills and when it receives revenue. Therefore, the County has to have "cash on hand" (i.e., fund balance) to meet payroll and other costs throughout the fiscal year. The comparison of annual growth rates in the assumption table does not capture the operating deficit or the timing difference. The deficit line (in red) on Exhibit 1 illustrates impact of the operating deficit and fund balance need against the projected growth rates.

The primary cost to deliver public services as well as in many other businesses is labor. Labor costs make up about 75 percent of total expenditures and in some departments as much 90 percent. The three highest labor costs are:

- Salaries and Wages
- Health Benefits
- Retirement (PERS)

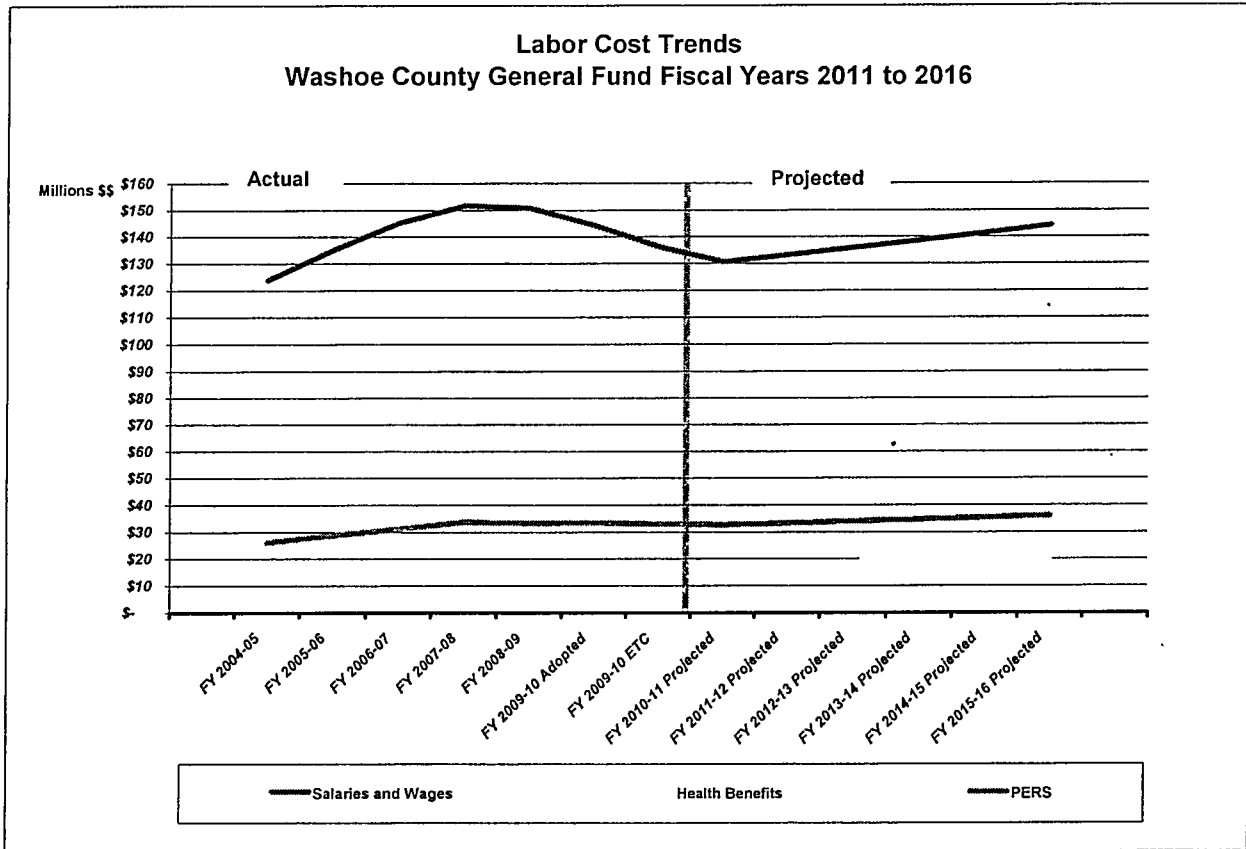
Washoe County's pay and compensation system is broadly based on the Hay Group methodology and the Board has set as policy that the County's compensation be indexed to the market average (i.e., the high end of an individual pay range is the average of the comparative market). Under this system salary and wage growth has been modest, and Washoe County compensation is lower than most local governments in Reno, Sparks, and Clark County. From fiscal years 2000 to 2010, the average annual growth rate in salaries and wage expense has been 4 percent. In the last three years when actions have been taken to cut budgets, more than 500 positions defunded, and no cost of living adjustments made, salary and wage expense has declined slightly.

However, the salary and wage cost structure has imbedded cost growth due to merit increases and longevity pay. Eligible employees can receive up to a 5 percent annual merit until they reach the top of the pay range. Currently, more than half the employees have reached the top of the range, which softens the future growth rate due to merit pay assuming normal turnover. For purposes of analyzing the structural deficit, salary and wage growth is forecasted at 2 percent annually solely due to the effect of merit and longevity and assumes no general cost of living increases. The annual contribution to the

Public Employees Retirement (PERS) generally grows at the same rate as wages because it is a percent of wage, unless the PERS Board increases the contribution rate.

The labor cost component with the highest growth rate is health benefits. Health benefits costs are driven by a number of factors including plan design, utilization levels, and medical inflation rates. Between Fiscal Years 2004/05 and the current year, health benefit costs have grown at an average annual rate of nearly 7 percent and some years as much as 14 percent. An average annual growth rate of 8 percent has been used to forecast future growth. Exhibit 2 shows actual and projected trends for the components of labor costs in the General Fund.

Exhibit 2:



A couple of key trends are visible in Exhibit 2. First, the downward trend in actual wages from Fiscal Year 2007/08 to present highlights the actions taken to stabilize the organization, which include defunding 500 positions and a 2.5 percent wage concession from February to December 2009. On the other hand, the actual trend line for PERS and health benefits does not follow the same trend as wages. This is because of the inherently higher cost growth pressure on health benefits and an increase in the PERS contribution rate for regular employees and police/fire employees, currently 21.5 percent and 37.5 percent of wages respectively. Consequently, despite the actions taken to reduce costs, the underlying structure continues to push costs upward.

The second key point illustrated in Exhibit 2 is that the projected growth will soon return total labor expenses to the pre-reduction levels and then grow even more. It is important to note that the forecast

does not assume any cost of living increases and does not assume any positions being added—what is being observed is the imbedded growth structure.

While aggressive actions have been taken to reduce costs and all services have been impacted, the County has not fundamentally changed the underlying cost structure of salaries, wages and benefits. Put simply, whereas the recession has fundamentally changed the economy and rebased revenues along with their future growth trajectory, the relationship to the underlying cost structure of labor costs has not been likewise rebased creating a structural deficit.

Fiscal Outlook for Fiscal Year 2010/11 Budget Deficit

The General Fund projects to have a structural budget deficit of \$24.7 million in Fiscal Year 2010/11. This projection is based on the assumptions of revenue and expenditure changes shown in Tables 2 and 3.

Table 2:

General Fund		
Projected Changes in Major Revenues		
	Estimate to Complete	Projected
	FY 09/10	FY 2010/11
Property Tax	-1.7%	-7.0%
Consolidated Tax	-12.7%	-2.0%
Total Revenue	-7.7%	-5.0%

In addition to these revenue changes, the current fiscal year budget was balanced on an \$11.5 million transfer in from the Risk Management Fund, which is not sustainable. This transfer in was done to offset the loss of revenue to the State as a result of AB 543 and done to stabilize the organization after already taking \$47 million in current reductions.

Table 3:

General Fund	
Projected Changes in Major Expenditures (before reductions)	
Fiscal Year 2010/11	
Health Insurance	12.0%
Eligible Merits, Longevity, and Other Contract Salary and Wage Changes (with no COLAs)	2.2%
Continued Diversion of Revenue to the State	\$ 6 million
General Election Costs	\$700,000
Legislative Session Costs	\$150,000
Reinstated Lease Costs	\$430,000
Indigent Medical (statutorily required 4.5% increase)	\$560,000
Total Expenditures (before reductions)	2.5%

In addition to these expenditure changes, the FY 10/11 budget outlook assumes all currently defunded positions or an equal budget value will remain unfunded.

Table 4 summarizes the projected changes in revenues and expenditures showing the \$24.7 million deficit.

Table 4:

<i>Projected General Fund Budget</i>	
<i>Fiscal Year 2010/2011</i>	
<u>SOURCES</u>	<u>FY 2010/11</u>
Beginning Fund Balance	\$30,623,975
Revenues	\$269,447,453
Total Sources	\$300,071,428
<u>USES</u>	
Expenses	\$270,403,511
Contingency	\$1,500,000
Transfers Out	\$29,954,609
Ending Fund Balance 7.6%	\$22,941,194
Total Uses	\$324,799,014
Sources over (under) Uses	(\$24,727,586)

A deficit of \$24.7 million requires about a 9 percent reduction in expenses to balance the budget.

Balanced Plan for Stability and Sustainability

It is recommended the actions taken to close the anticipated \$24.7 million budget deficit for Fiscal Year 2010/11 be based on a plan that sets the organization on a path toward long-term sustainability that closes the structural deficit. The proposed plan is based on the Board's direction that the County needs to make sustained changes that will allow Washoe County to continue to serve its citizens in recognition of the new economic environment. Consistent with this direction, the Board has set three goals:

- Maintain Service Levels
- Maximize Employment
- Achieve Sustainable Labor Costs

These goals recognize and contemplate Washoe County's role as an essential service provider to our community's safety, well-being, and quality of life; and they recognize the economic importance of maximizing Washoe County's role as a major employer. Another round of deep budget reductions will seriously jeopardize the County's ability to maintain services and maximize employment. Striking a balance between these goals and the economic reality that the revenue base to support services has fundamentally changed necessitates that long-term strategies focus on the County's cost structure. With salaries and benefits making up more than 75 percent of the total operation costs and in many departments as high as 90 percent, creating long-term sustainability begins with developing a sustainable labor cost plan that can be supported by the new economy. Infused within this overarching

goal framework are the Budget Policies and Principles adopted by the Board. Most notably are the principles:

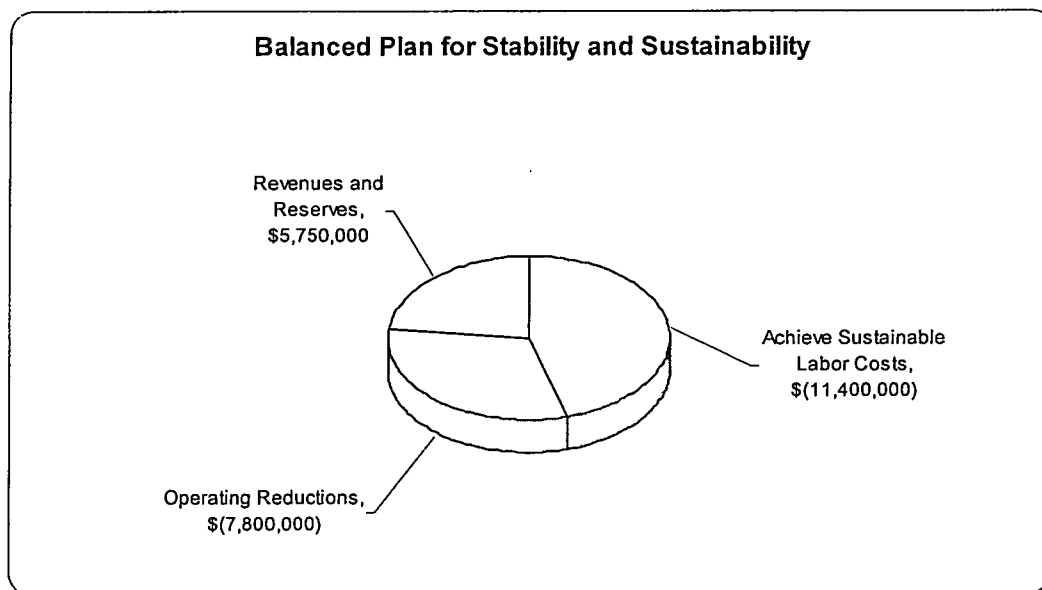
- Budget decisions must address current needs and be future oriented in a fiscally prudent manner;
- Core services, mandates, and service levels need to be linked to community needs;
- The budget must be responsive to changing conditions;
- Budget decisions should consider quality of life; and
- Budget choices are to be strategically informed and should be realistic, pragmatic, and priority driven.

Informed by all of the above, it is recommended that a Balanced Plan for Stability and Sustainability use a three-point strategy to close the \$24.7 million structural deficit in Fiscal Year 2010/11:

1. Streamline and prioritize services with operating budget reductions of \$7.8 million, which equals a total average reduction of 3 percent;
2. Create a sustainable labor cost plan by proposing a reduction of \$11.4 million in current salaries and benefits savings along with a reduction in annual long-term health benefit liability costs. This must be negotiated with employee associations pursuant to NRS 288; and
3. Redirect restricted revenues to the General Fund and prudently use reserves to increase Sources by \$5.75 million.

Exhibit 3 shows the balanced approach with the amount of reduction and revenue change intended to be achieved by each strategy.

Exhibit 3:



Addressing the structural deficit from three directions, the Balanced Plan aims to create long-term sustainability by:

- Furthering the structural changes in services provided through streamlining and prioritizing the services that are provided;
- Lowering the overall labor cost structure to provide all services; and
- Increasing operating revenues without creating an additional tax burden by redirecting certain restricted revenues along with prudently using reserves to bridge the transitional costs.

The three-point strategy is interdependent. If the target amount is not achieved in any one point of the strategy, it means that a greater reduction will have to be made in the other points. Below a more detailed description of the strategies is provided.

Streamlining and Prioritizing Services

Closing a \$24.7 million deficit will require additional reductions to department operating budgets. Consistent with the goal to maintain services and in full recognition that department budgets have been reduced dramatically over the last three years, it is recommended an overall operating budget reduction target of \$7.8 million be established for an average budget reduction of 3 percent. It is recommended that these reductions be made on a prioritized basis but using less differentiation between the priority groups, as discussed in the December 8, 2009 Board report. The following budget priority group reduction percentages are proposed:

Public Safety- Group A	2%
Judicial/Health/Social Services- Group B	3%
General Government- Group C	4%
Culture and Recreation- Group D	5%

Attachment A provides the detailed reduction targets for each funding unit in the General Fund.

These department budget reductions in Fiscal Year 2010/11 will mark the fourth consecutive time spending has been cut. Table 5 shows the prior reduction percentages taken by the priority groups.

Table 5:

Priority Group	FY 2008/09 Beginning	FY 2008/09 Mid-Year	FY 2009/10
Public Safety	2.50%	1.25%	6.00%
Judicial/Health/Social Services	5.00%	2.55%	12.00%
General Government	10.00%	5.55%	28.00%
Culture and Recreation	15.00%	7.50%	36.00%

To achieve long-term sustainability, it is necessary that the reductions made to balance the budget be structural. Therefore, it is not being recommended that one-time reduction measures such as voluntary wage concession or voluntary separation incentives be made. Last year, there was a tremendous outpouring of support from our employees to sacrifice for the County. This helped stabilize the current year. Additional requests by employees to make sacrifices are appreciated and supported. Employees wishing to help reduce costs are encouraged to make voluntary contributions to help cover health benefit costs or with the authorization of their department head, work flexible schedules to reduce costs.

Achieve Sustainable Labor Costs

Achieving sustainable labor costs is the most important component of the Balanced Plan because labor costs comprise most of expenditures and have an imbedded cost growth structure that is higher than current revenue growth. Therefore, a reduction of \$11.4 million in salaries and benefits savings along with a reduction in annual long-term health benefit liability cost is being proposed. This proposal must be negotiated with employee associations pursuant to NRS 288.

At this point there is no specific proposed pay and benefits changes to employee compensation. Pursuant to NRS 288, pay and compensation matters are subject to collective bargaining for represented employees. The dollar values above set the target and framework for negotiations to achieve a sustainable labor cost plan.

Statutorily the Board must adopt a budget by June 1. However, the timeline for labor negotiations may not align with the statutory budget timeline. Should labor contracts not be negotiated by the time the budget must be adopted, a budget that anticipates labor cost savings will likely result. In the event that such savings are not achieved, additional department budget and staffing reductions will be necessary to balance the budget.

Redirect Restricted Revenues and Prudently Use Reserves

The dramatic erosion of the County's revenue base along with the forecasted slower future revenue growth means that if the attempt were to solely cut our way out of a structural deficit, the goal of maintaining services would be undermined. Therefore, it is recommended that certain revenues that the Board restricted for special use during healthier economic times be redirected back into the General Fund for operations. Three specific revenues are recommended to be redirected:

1. Telecommunication Franchise Fees - 40 percent of currently imposed telecommunication franchise fees have been set aside to place utility lines undergrounds. Each year, these fees generate approximately \$1.55 million dollars.
2. Vector Control - Each year approximately one-half cent of property tax is dedicated for public health emergencies related to vector borne diseases such as West Nile Virus. This tax was dedicated by the Board in 2003; and in 2004, the voters approved a nonbinding advisory question supporting the Board's continued dedication of the tax. This tax was dedicated as an enhancement to the ongoing Vector Control program. To date, there have been no vector control health emergencies that have required the full use of the enhancement. Redirecting this revenue back to operations would generate between \$700,000 depending on property revenue performance in future revenue.
3. Fuel Tax Inflation Indexed Revenue - Current state law authorizes fuels tax rates to be adjusted each year for the impacts of inflation. The County has agreed to provide that portion of inflation indexed fuel tax each year to the Regional Transportation Commission (RTC), approximately \$1.0 million in revenue is generated annually and provided to RTC. With the passage of RTC 5 and the enabling legislation, RTC has gained a new source of revenue for roads infrastructure. Redirecting the fuel tax revenue back to the General Fund would help fund critical services.

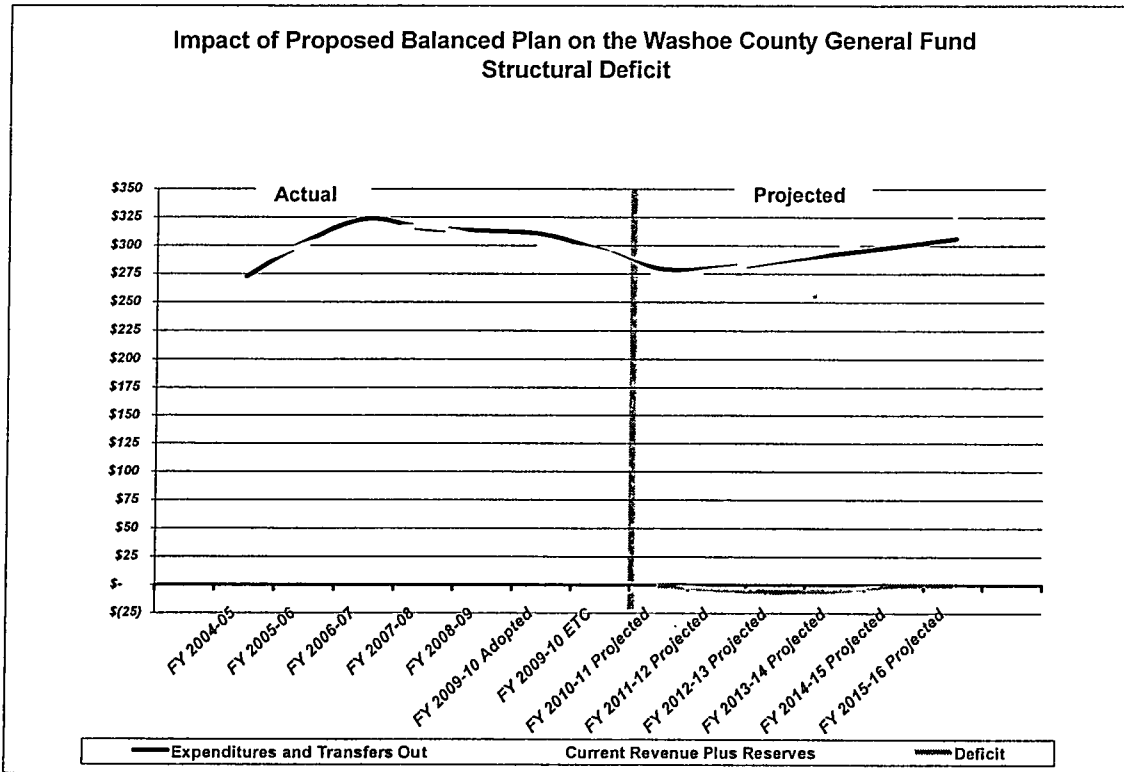
Combined redirecting these revenues would bring an estimated \$3.25 million in current revenue to maintain services and maximize employment. In addition to increasing current revenues, it is also recommended that \$2.5 million in reserves from the Equipment Services Fund be used to help balance the budget and provide a bridge until ongoing costs can be restructured. Last year, the Board created

an incentive to shrink the size of the motor pool and the motor pool was reduced by more than 50 vehicles. The success of this incentive makes available reserves in the Equipment Services Fund.

Balanced Plan Closes the Structural Deficit

In order to move toward long-term sustainability, the strategies proposed to balance the Fiscal Year 2010/11 budget have been developed based on financial projections from Fiscal Year 2010/11 to Fiscal Year 2015/16. The cumulative impact of the Balanced Plan closes the deficit for next year and bends the long-term cost curve to reduce and then eliminate the structural deficit in the future. Exhibit 4 shows the impact of the Balanced Plan on the General Fund structural deficit.

Exhibit 4:



The combined impact of the plan’s strategies brings the structure of revenues and expenditures back into a sustainable relationship. This is illustrated in Exhibit 4, where the green revenue trend line lines up and eclipses the black expenditure trend line.

FISCAL IMPACT

There is no direct fiscal impact associated with this staff report. Any fiscal impact deriving from Board direction will be represented in the proposed Fiscal Year 2010/11 Budget.

RECOMMENDATION

Should the Board agree with the staff report, it is recommended the Board acknowledge the staff report and provide _____ direction to staff on the Fiscal Year 2010/11 Budget.

POSSIBLE MOTION

Move to acknowledge the staff report and provide _____ direction to staff on the Fiscal Year 2010/11 Budget.

Attachment A
Board of County Commissioners Meeting January 26, 2010
Recommended Department Initial Funding Levels and Reduction Targets for
Fiscal Year 2010/11

Priority Group	General Fund	FY 10/11 Initial Funding Level (does not include restricted)	Percent Reduction	\$\$ Reduction
a	Fire Suppression	\$ 231,884	2.0%	\$ 5,000
a	Sheriff's Department	\$ 90,186,211	2.0%	1,804,000
a Total		\$ 90,418,095		\$ 1,809,000
b	Alternate Public Defender	\$ 1,894,178	3.0%	57,000
b	Alternative Sentencing	\$ 687,678	3.0%	21,000
b	Child Protective Services	\$ 1,330,000	3.0%	40,000
b	Conflict Counsel	\$ 1,835,463	3.0%	55,000
b	Coroner	\$ 1,857,488	3.0%	56,000
b	District Attorney	\$ 17,662,922	3.0%	530,000
b	District Court	\$ 15,171,228	3.0%	455,000
b	Health Fund	\$ 8,445,500	3.0%	253,000
b	Incline Constable	\$ 306,016	3.0%	9,000
b	Incline Justice Court	\$ 464,005	3.0%	14,000
b	Juvenile Services	\$ 13,647,692	3.0%	409,000
b	Public Administrator	\$ 957,288	3.0%	29,000
b	Public Defender	\$ 7,408,901	3.0%	222,000
b	Public Guardian	\$ 1,541,402	3.0%	46,000
b	Registrar of Voters	\$ 2,102,412	3.0%	63,000
b	Reno Justice Court	\$ 4,531,669	3.0%	136,000
b	Senior Services	\$ 233,000	3.0%	7,000
b	Social Services- Admin Only	\$ 1,172,145	3.0%	35,000
b	Sparks Justice Court	\$ 2,249,943	3.0%	67,000
b	Wadsworth Justice Court	\$ 254,236	3.0%	8,000
b Total		\$ 83,753,165		\$ 2,512,000
c	Assessor	\$ 5,957,544	4.0%	238,000
c	Board of County Commissioner	\$ 530,329	4.0%	21,000
c	Community Development	\$ 2,764,583	4.0%	111,000
c	Community Support	\$ 1,220,508	4.0%	49,000
c	County Clerk	\$ 1,426,007	4.0%	57,000
c	County Manager	\$ 3,028,786	4.0%	121,000
c	County Recorder	\$ 2,097,185	4.0%	84,000
c	Finance Department	\$ 3,343,604	4.0%	134,000
c	Human Resources	\$ 2,375,391	4.0%	95,000
c	Public Works	\$ 28,961,951	4.0%	1,158,000
c	Regional Water Planning	\$ 1,044,955	4.0%	42,000
c	Technology Services	\$ 12,084,640	4.0%	483,000
c	Treasurer	\$ 2,151,438	4.0%	86,000
c Total		\$ 66,986,921		\$ 2,679,000
d	Law Library	\$ 694,561	5.0%	35,000
d	Library Department	\$ 9,559,958	5.0%	478,000
d	May Foundation	\$ 246,898	5.0%	12,000
d	Regional Parks and Open Space	\$ 5,198,486	5.0%	260,000
d Total		\$ 15,699,903		\$ 785,000
Grand Total		\$ 256,858,084		\$ 7,785,000

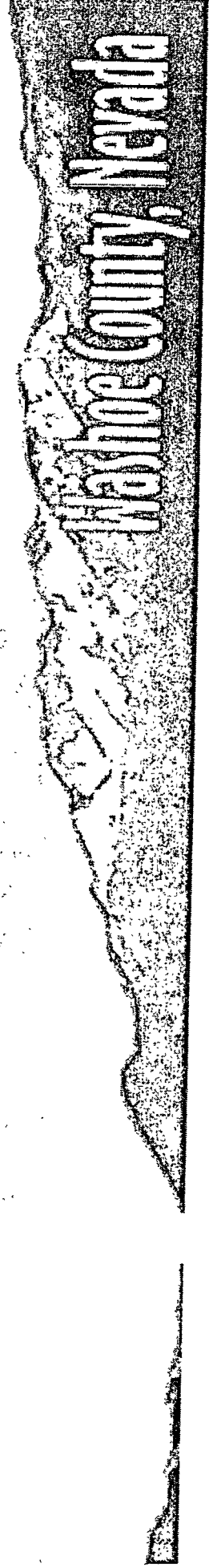
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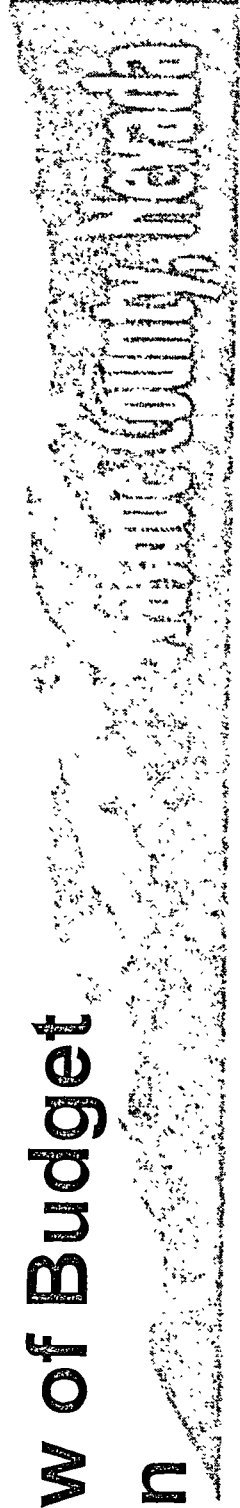
Budget Status Report For Fiscal Year 2010/11

Board of County Commissioners
January 26, 2010

A-1/26/10 more #20



Overview of Budget Situation



Aggressive actions have stabilized the County

- \$100 million in cuts over three years
- FY 09/10 Budget - cut 11%
- 500 positions defunded (vacancy freeze, layoffs, separation incentives)
- Workforce 14% smaller
- Employee Concessions

Yet, the prolonged Recession has rebased the economy

- 21,000 jobs lost
- 12.7% unemployment
- Average home has lost nearly half its value
- Taxable sales at 2000/01 levels

Overview of Budget Situation (cont)

Washoe County, Nevada

Structural deficits will likely occur for the foreseeable future

- Revenue growth will continue to decline next year and be slow in the future
- Expenses will increase primarily due to labor cost structure
- When current expenses are higher than current revenues a structural deficit results

FY 2010/2011 General Fund Structural Deficit projects to be \$24.7 million

- Property taxes down nearly 7%
- Consolidated taxes down 2%
- Total Revenue down 5%
- Expenditures up about 2.5% (before reductions)

Overview of Budget Situation (cont)

Washoe County Nevada

A plan is needed to make sustained changes consistent with the new economic environment

- The economy has rebased and past growth trends are not likely to be repeated
- Lost property tax and sales tax revenue will not return for years
- Revenues that support costs have been rebased
- Rebasing the cost structure is necessary

Sustainability

Plan Goals

Maintain Service Levels

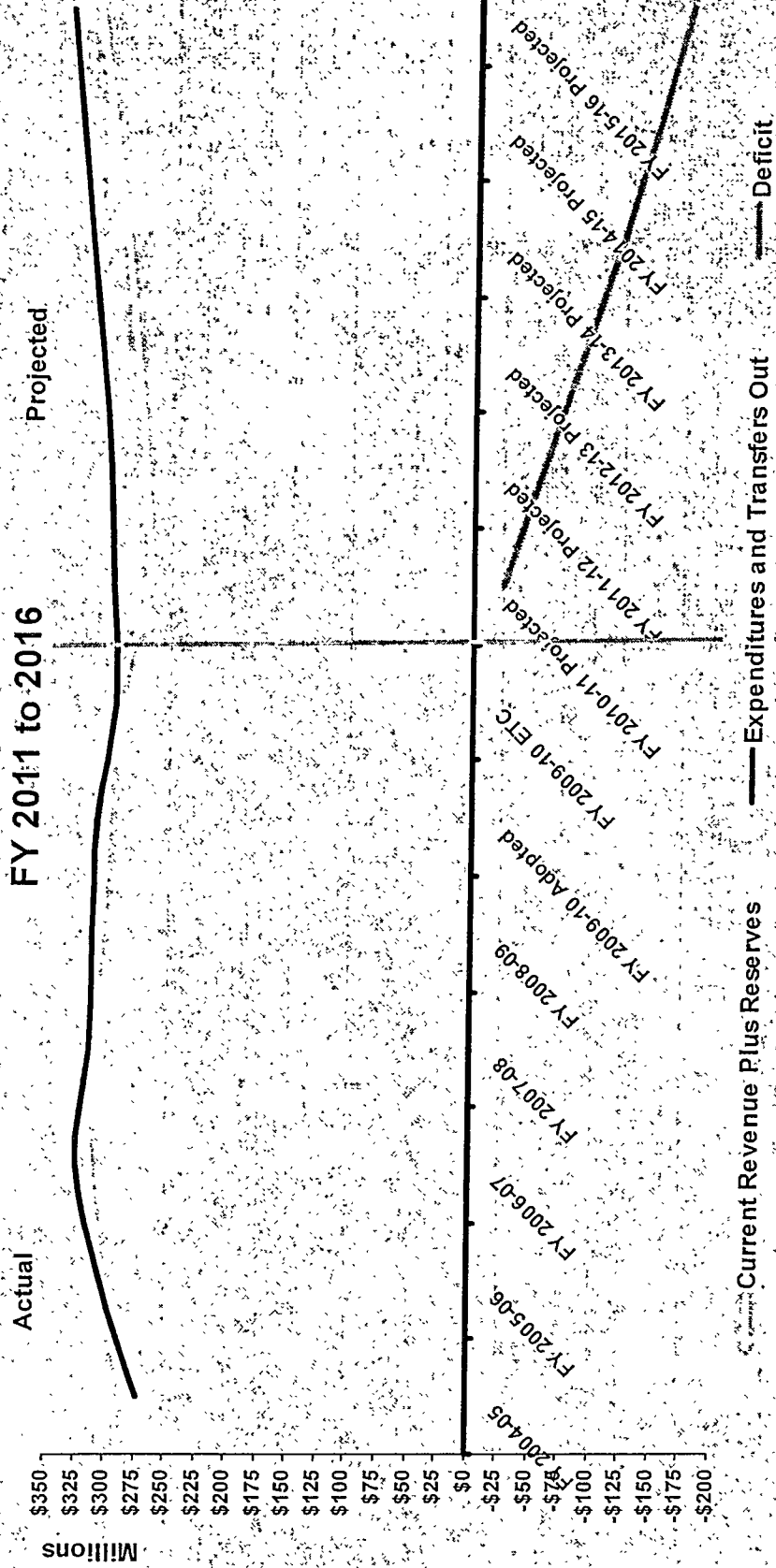
Maximize Employment

Sustainable Labor Costs

Structural Deficit

Washoe County, Nevada

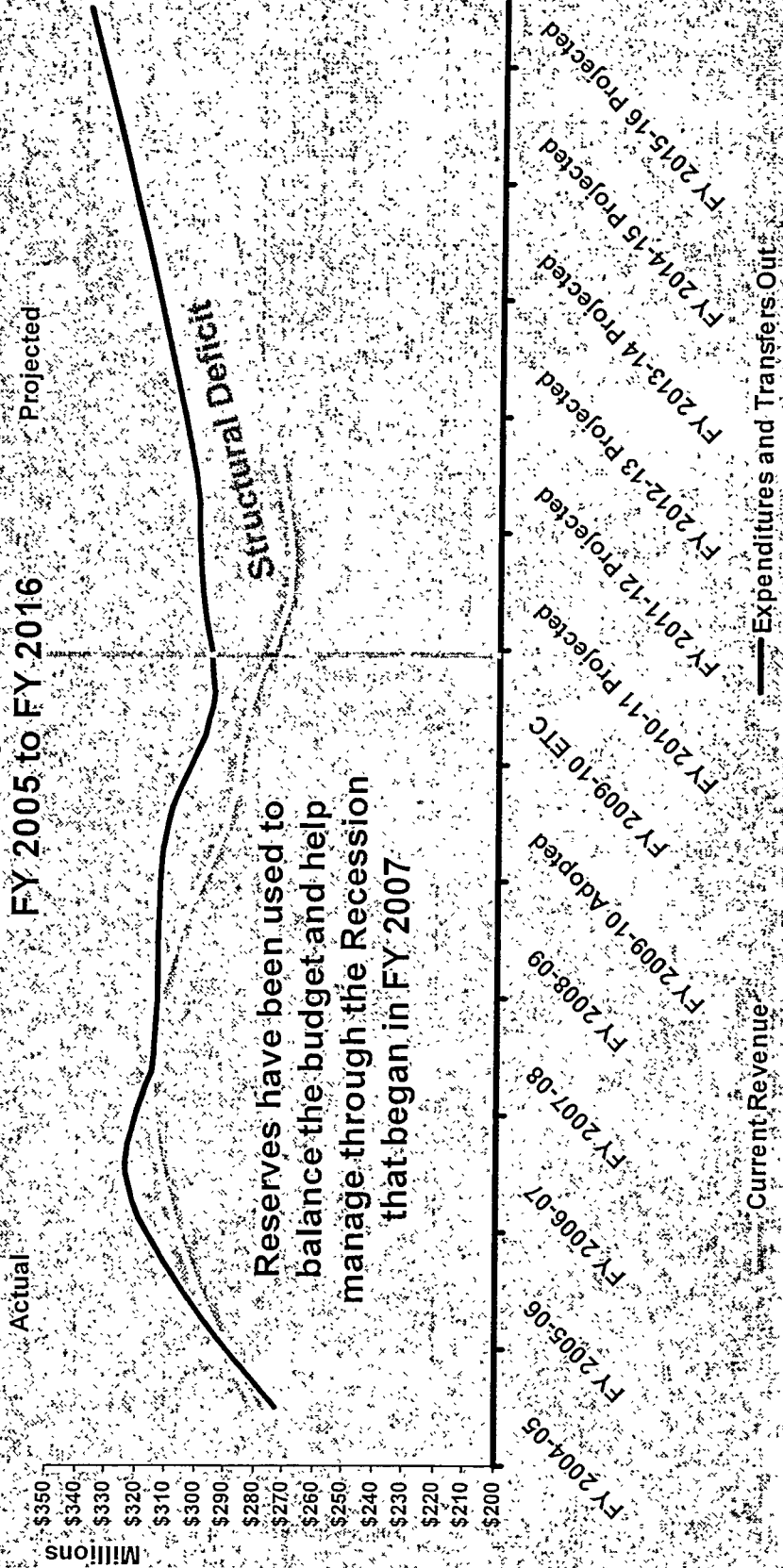
Structural Deficit
Washoe County General Fund
FY 2011 to 2016



Structural Deficit

Washoe County, Nevada

Structural Deficit - Current Revenues to Current Expenditures
 Washoe County General Fund
 FY 2005 to FY 2016

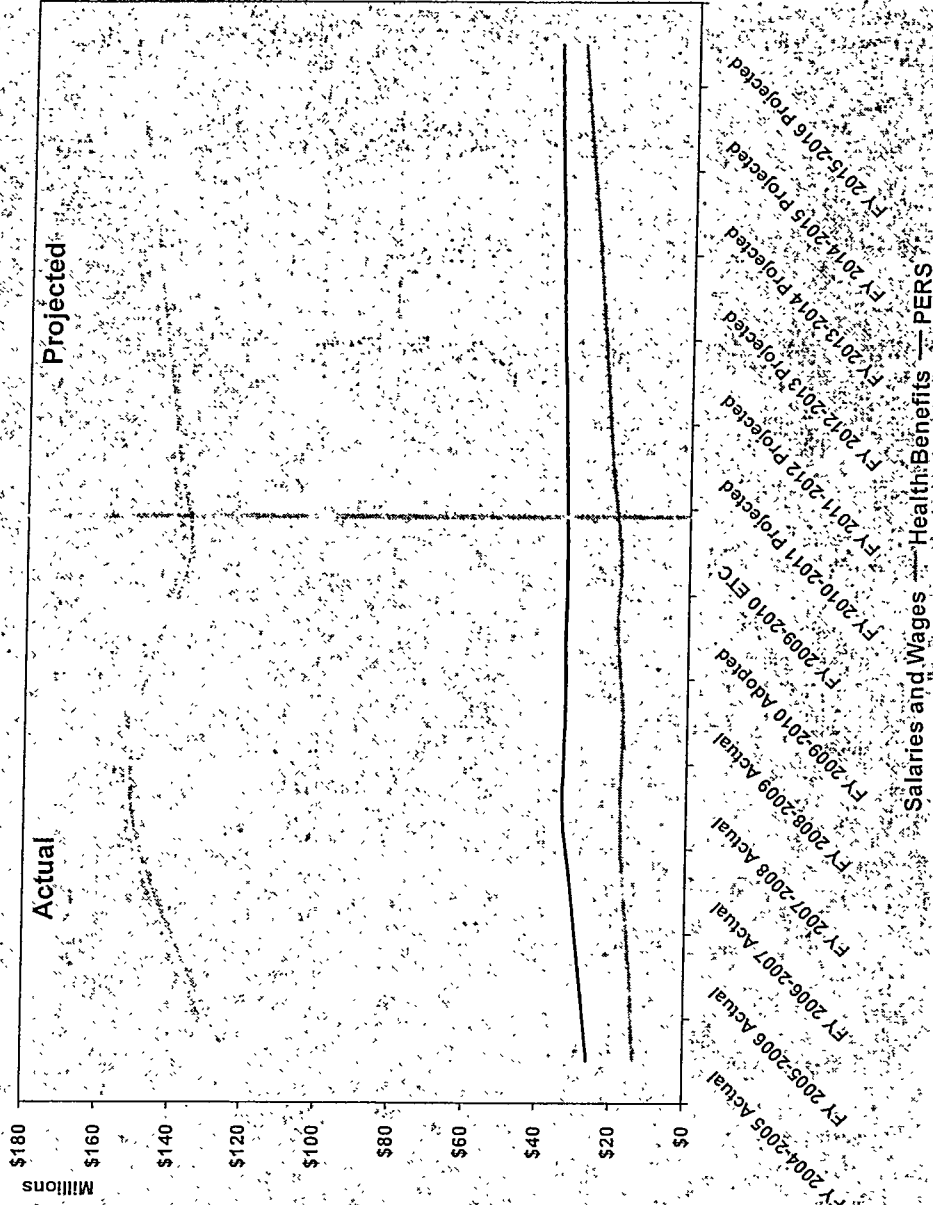


Structural Deficit (cont) **Washoe County, Nevada**

Understanding the Cost Structure

- Labor Costs
 - Wages
 - Retirement (PERS)
 - Health Benefits
- Make up about 75% of operating costs and for some services up to 90% of costs
- Imbedded cost growth pressure
 - Merits and Longevity
 - Health Benefits

Labor Cost Trends Washoe County General Fund



Fiscal Year 2010/11 Structural Deficit

Washoe County, Nevada

The General Fund projects to have a \$24.7 million structural deficit in FY 2010/11

Revenue Changes

Property Tax -7%

Consolidated Tax -2%

Total Revenues -5%

Expenditure Changes

Salaries and Wages 2%
Merits/Longevity/Contractual Increases
(No COLAS)

Health Insurance 12%

Rev. to State \$6 million

Election Costs \$700K

Lease Costs \$430K

Total Expenditures 2.5%
(before reductions)

Fiscal Year 2010/11 Structural Deficit

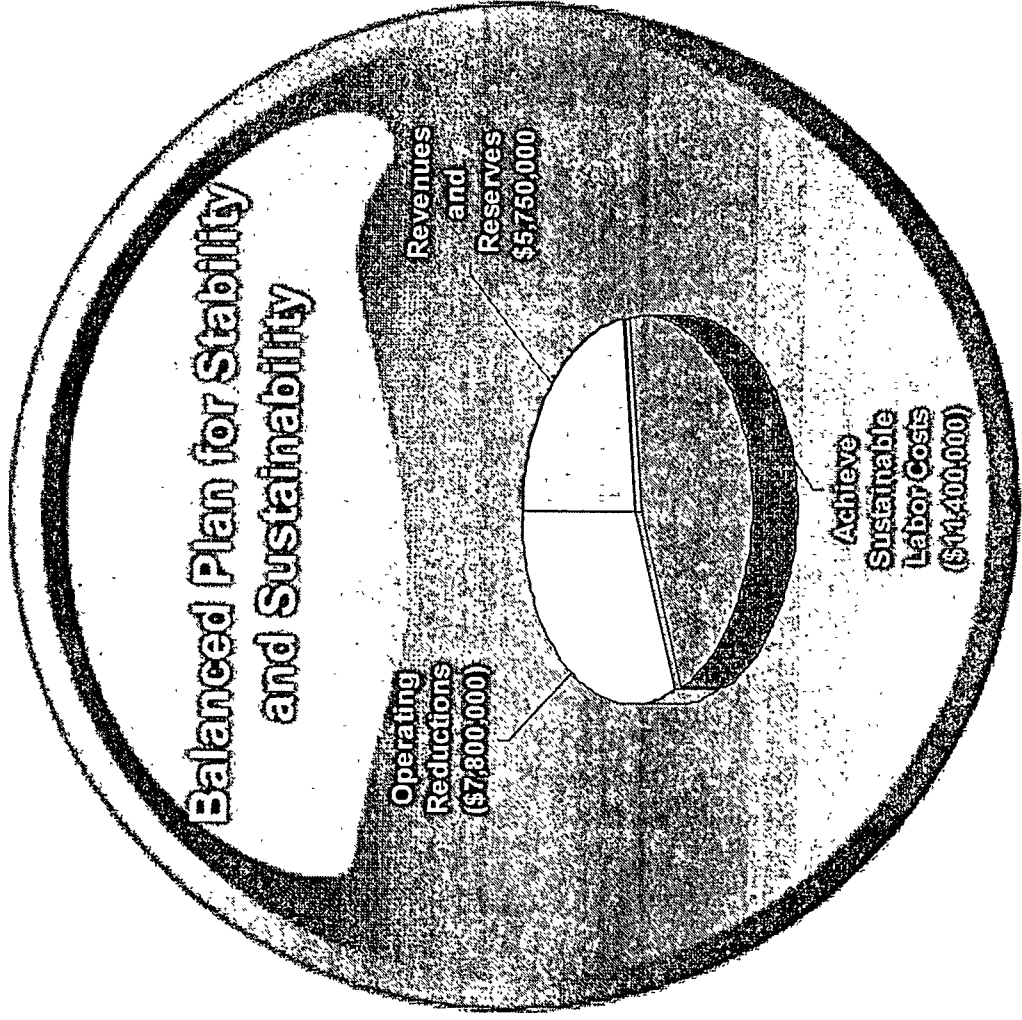
Washoe County, Nevada

SOURCES:	Beginning Fund Balance	\$30,628,975
	Revenues	\$269,447,453
	Total Sources	\$300,071,428
USES:	Expenses	\$270,403,511
	Contingency	\$1,500,000
	Transfers Out	\$29,954,609
	Ending Fund Balance 7.6%	\$22,941,194
	Total Uses	\$324,799,014
	SOURCES over (under) USES	\$(24,727,586)

Balanced Plan

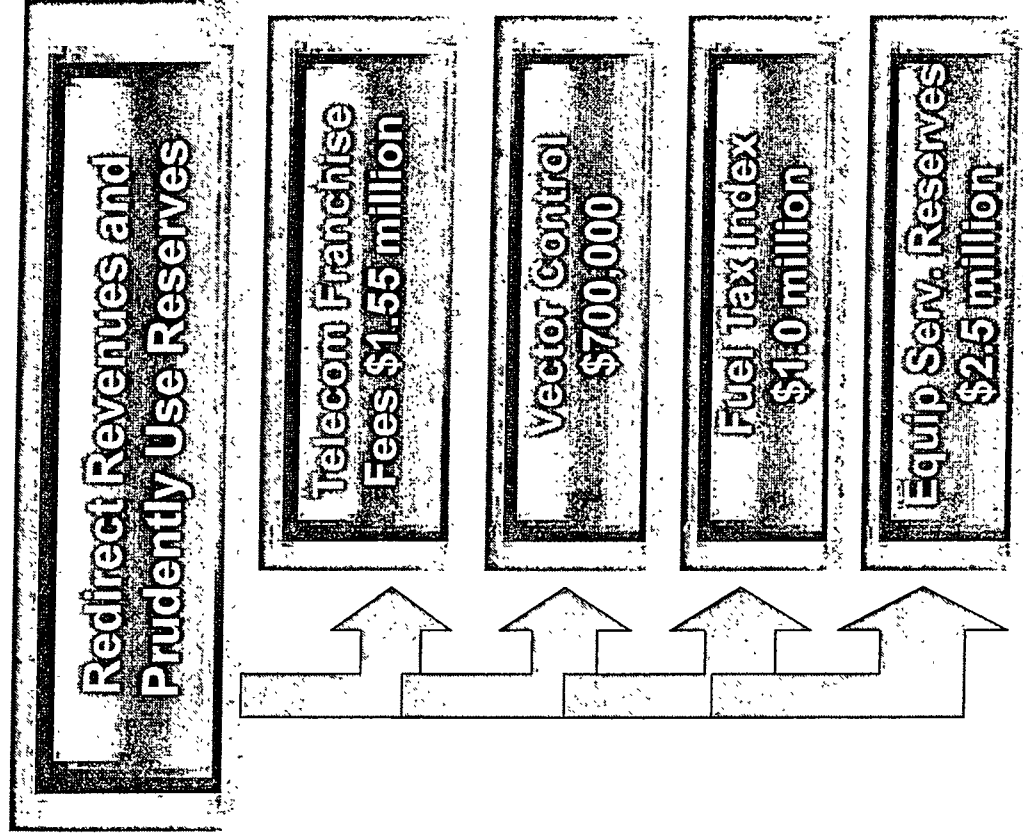
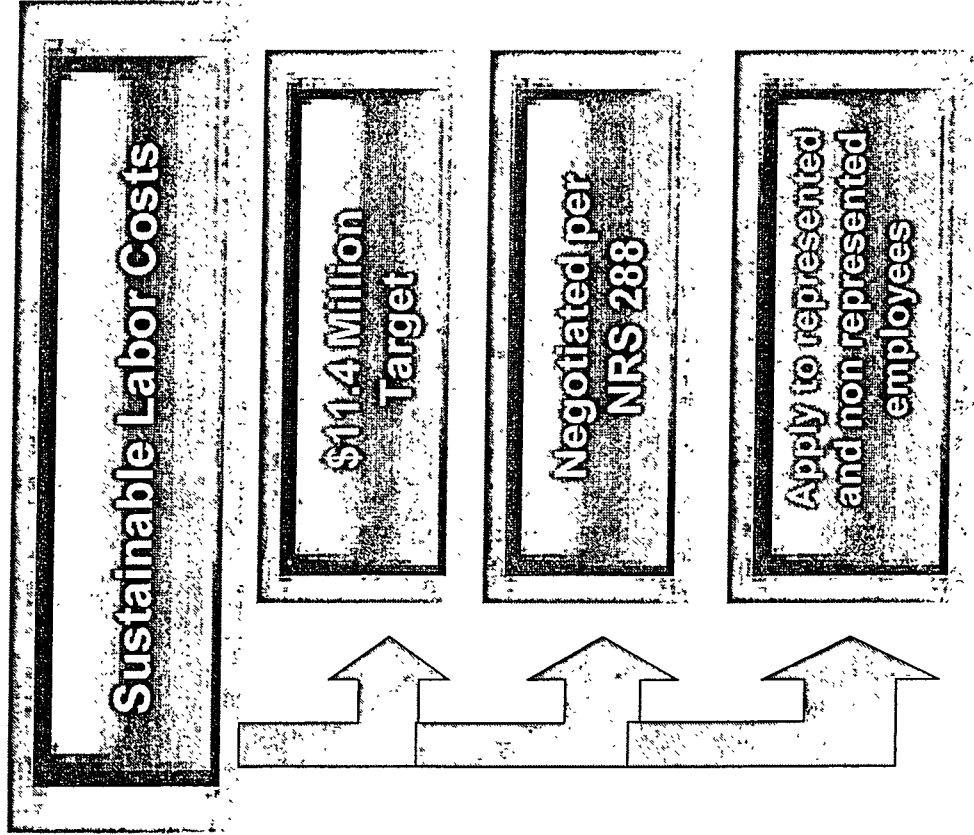
Washoe County, Nevada

- Three-point strategy to close FY 10/11 structural deficit
 - Achieve sustainable labor costs
 - \$11.4 Million
 - Redirect Revenues and Reserves
 - \$5.75 Million
 - Continue prioritized budget reductions
 - \$7.8 Million



Balanced Plan (cont)

Washoe County, Nevada



Balanced Plan (cont)

Washoe County, Nevada

**Department
Streamlining
and Prioritized
Reductions**

- \$7.8 Million
- Avg. of -3%

Public Safety
-2% \$1.8 million

Judicial/Health/Soc.
-3% \$2.5 million

Gen. Government
-4% \$2.68 million

Culture and Rec.
-5% \$785,000

Balanced Plan (cont)

Washoe County, Nevada

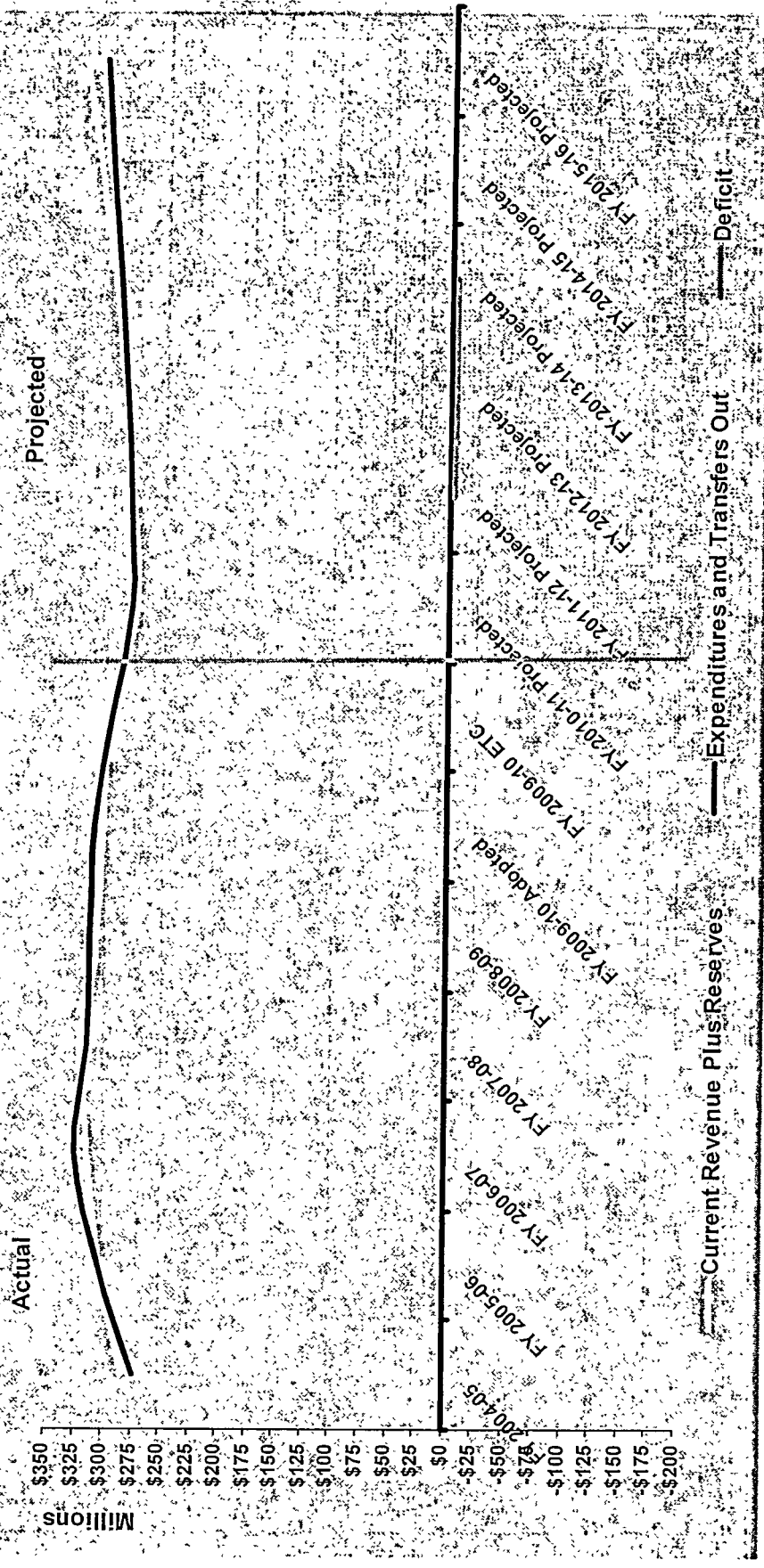
Previously Taken Budget Cuts By Priority Group

Priority Group	FY 2008/09 Beginning	FY 2008/09 Mid-Year	FY 2009/10 Adopted	FY 2010/11 Proposed
Public Safety	2.50%	1.25%	6.00%	2.00%
Judicial/ Health/ Soc Serv.	5.00%	2.55%	12.00%	3.00%
Gen. Govt.	10.00%	5.55%	28.00%	4.00%
Culture/Rec	15.00%	7.50%	36.00%	5.00%

Balanced Plan (cont)

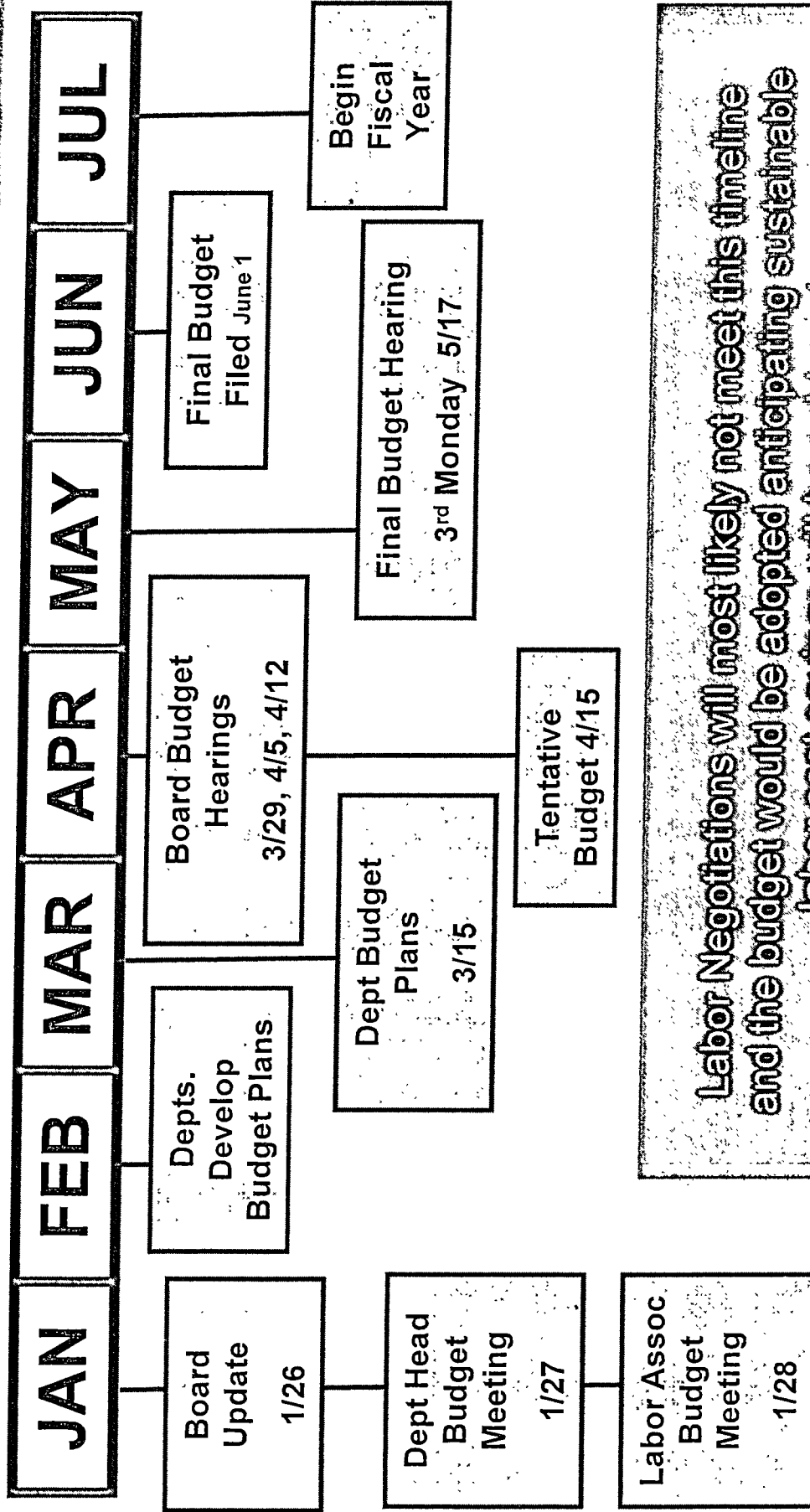
Washoe County, Nevada

Impact of Proposed Balanced Plan on the Washoe County General Fund Structural Deficit



Budget Timeline

Washoe County, Nevada



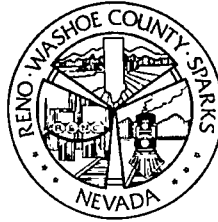
Labor Negotiations will most likely not meet this timeline and the budget would be adopted anticipating sustainable labor cost savings will be achieved.

Recommendations and Discussion

Washoe County, Nevada

It is recommended the Board provide direction to staff on balancing the Fiscal Year 2010/11 Budget and closing the structural deficit, specifically:

- ✓ Achieve sustainable labor costs,
- ✓ Streamline and Prioritize program reductions, and
- ✓ Redirect revenues to fund critical services and prudently use reserves.



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: January 19, 2010
TO: District Board of Health
FROM: Douglas L. Coulter, P.E.
SUBJECT: Reappointment to the Sewage, Wastewater, and Sanitation (SWS) Hearing Board

Recommendation

The Environmental Health Services staff recommends that the District Board of Health reappoint Ronald Anderson, PE to the Sewage, Wastewater, and Sanitation Hearing Board for a three-year term.

Background

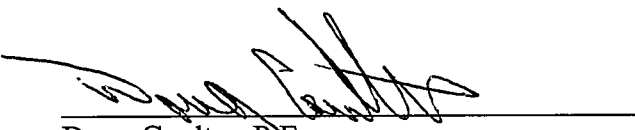
Mr. Anderson has served on the Hearing Board since 2001 and is a valuable member. He has expressed an interest in another three (3) year appointment. His technical expertise and common sense often provide insight to the Board and his knowledge of on-site system design contributes to the Board's understanding of unique sewage disposal variance requests.

Fiscal Impact

There will be no fiscal impact to the District associated with this reappointment.

Alternatives

The Board may decide not to reappoint Mr. Anderson, direct staff to consider other candidates and advertise for additional applicants.



 Doug Coulter, P.E.
 Senior Licensed Engineer
 Environmental Health Services Division

DBOH AGENDA ITEM # 12.

1001 EAST NINTH STREET / P.O. BOX 11130; RENO, NEVADA 89520 (775) 328-2434 FAX (775) 328-6176



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: January 28, 2010

TO: District Board of Health

FR: Andrew Goodrich, Division Director

SUBJECT: Appointment to the Air Pollution Control Hearing Board
Agenda Item:

Recommendation

It is recommended that the District Board of Health examine the attached resume and appoint Mr. Andrew Sato, President of Sato Environmental Consultants, Inc., to serve a three year term to the APCHB.

Fiscal Impact

There will be no fiscal impact to the Air Division associated with this appointment other than the cost of the nameplate.

Alternatives

The Board may decide not to make this appointment and direct staff to solicit more potential applicants.



Andrew Goodrich, REM
Division Director
Air Quality Management Division



224 Vassar Street, Suite A, Reno, NV 89502 * PHONE: (775) 324-4044 * FAX: (775) 324-4635
E-MAIL: andrew@satoenviro.com

December 16, 2009

Mr. Noel Bonderson
Air Quality Supervisor
WCDHD, AQMD

Re: Submittal of Andrew D Sato's Resume for Consideration as an "At Large" Member of the Washoe County, Air Pollution Control Hearing Board.

Dear Mr. Bonderson:

I would like to offer the attached condensed resume for submittal and review for consideration of my becoming an "At Large" member of the Washoe County, Air Pollution Control Hearing Board.

I have resided in Washoe County and have been a licensed Asbestos Consultant in Nevada for the past twenty years. I have attended hearings over the past several years and based on my experience and training in the air quality field, I feel that I can provide a service to the community by serving as a member of the board. I would consider it a pleasure to have the opportunity to serve on the Washoe County, Air Pollution Control Hearing Board.

Please review the attached resume information and if my qualifications are determined to be sufficient to become a member of the subject board, I could be contacted via the contact information listed below.

Sincerely,

A handwritten signature in cursive script that reads "Andrew D. Sato".

Andrew D. Sato, President

Sato Environmental Consultants, Inc.

Andrew D. Sato

Andrew D. Sato established Sato Environmental Consultants Inc. (SECI) in 1999 following a partnership in Goyette & Jeong Environmental Consultants from 1995 to 1999. The corporate main office is located at 224 Vassar Street Suite A, Reno, Nevada. Sato Environmental Consultants, Inc. is a firm that has offered Environmental Assessments for Asbestos, Lead, Indoor Air Quality (IAQ), Hazardous Materials, Mold, as well as, Environmental Construction Management, Onsite Health & Safety Oversight and Management related to consulting and remediation services. Sato Environmental Consultants, Inc. has performed numerous projects throughout Nevada within a variety of commercial buildings, industrial facilities, schools, healthcare facilities and government owned properties. The work in these facilities has been performed for property managers and construction companies, as well as the facility owners.

Certifications

Asbestos Consulting Initial Course Training Certificates and Annual Refresher Certificates:

- 1) Asbestos Contractor Supervisor: Initial 32 hour and 19 eight hour annual refresher training courses.
- 2) Asbestos Inspector: 24 hour Initial and 19 eight hour annual refresher training courses.
- 3) Asbestos Management Planner: Initial 16 hour and 19 eight hour annual refresher training courses.
- 4) Asbestos Project Designer: Initial 32 hour and 18 eight hour annual refresher training courses.

Totalling ~ 600 hours of Refresher Training Courses in Asbestos Consulting Disciplines.

Graduate of Nevada Department of Transportation (NDOT), Entrepreneurial Development Program, (NEDP), Class of 2006.

United States (US), Small Business Administration (SBA) 8a Participant/Certified, 2005.

NDOT, DBE Certified, 2004.

Federal CCR Registered, 2003.

Certified Sampling for Biological Contamination in Buildings: Methods, Considerations and Implications, University of Tulsa, September 2000.

Certified Indoor Air Quality: Biological Remediation and Control, University of Tulsa, September 2000.

California Certified Asbestos Consultant license, 1997

Certified Trainer for all Disciplines of Asbestos Contr/Supr, Des, Insp/Mgt Plnr, 1996.

Certified Building Inspector for Asbestos; University of California at Berkeley-Univ. Ext., Pacific Asbestos Information Center, October, 1990.

Certified Management Planner for Asbestos; University of California at Berkeley-Univ. Ext., Pacific Asbestos Information Center, October, 1990.

Nevada OSHES Licensed Asbestos Consultant, 1990.

Certified Contractor Supervisor in Asbestos Abatement; Herring & Herring Asbestos Training, at University of Nevada at Reno, December, 1989.

Certified; 40 hour Hazardous Waste Operations Health & Safety Training.

Certified OSHA Lead Worker, June 1994.

Certified Audio Metric, Harlan Lamb, 1988.

Certified MSHA Instructor, University of Texas A & M Extension, 1981.

Mr. Sato has performed Asbestos-Containing Materials and Lead identification surveys and abatement project monitoring on hundreds of projects in Reno/ Nevada during the past approximately 20 years of his consulting career. The projects have ranged from surveys of residences to management/monitoring of multi-level turbine abatement projects at major electric power generation stations. Mr. Sato has estimating and purchasing experience as well as an extensive engineering construction safety background.

Mr. Sato has performed consulting on projects for hundreds of Nevada and California building owners/managers, including:

Washoe County School District	Washoe Medical Center
US Navy, Fallon Naval Air Station	Fallon Naval Air Station
Sierra Pacific Power Company	State of Nevada Legislative Counsel Bureau
Nye County	University of Nevada Reno
Eureka County School District	Saint Mary's Hospital
City of Reno	Reno Hilton Hotel/Casino
White Pine County School District	Reno-Sparks Indian Colony
Amec Earth and Environmental	University of Nevada, Las Vegas
University of Nevada, Reno	Peppermill Hotel/Casino
Elko County Public Works	Nevada Power Company

Andrew D. Sato

Home

520 Island Avenue
Reno, NV 89501
Phone# (775) 324-0144
Cell# (775) 225-4400

Office

224 Vassar Street, Suite A
Reno, NV 89502
Phone# (775) 324-4044
FAX# (775) 324-4635

email: andrew@satoenviro.com

PROFESSIONAL EXPERIENCE

1999 to Present (January, 2010)

Incorporated, maintained 100% Ownership, and served as President of Sato Environmental Consultants, Inc.

1995 to 1999

Held a 30% Partnership interest and served as Corp. Secretary of Goyette and Jeong Environmental with environmental consulting offices in Berkeley, CA and Reno, NV.

1993 to 1994

Senior Field Asbestos Consultant for Converse Professional Group, Mountain Region, Reno, NV.

1990 to 1993

Senior Field Asbestos Consultant for Sierra Nevada Asbestos Consultants, Inc. until purchased by Converse Professional Group.

1988 to 1989

Handy Helper Home Improvement Center Manager Trainee, Reno, NV.

1986 to 1987

Self Employed, performing automotive maintenance of antique automobile collection, Albuquerque, NM.

1984 to 1985

Self Employed, Greens Etc., Landscaping, Alb, NM

1983 to 1984

Purchasing Agent, Ashcraft Mechanical, Alb, NM

1979 to 1982

Estimator and Inside & Outside Sales, Pipeline Materials, Inc., Alb, NM.

1975 to 1979

Traffic Safety Supervisor and Safety Director's Assistant, Universal Industries, Engineering Construction, Alb, NM.

EDUCATION

Asbestos Consulting Initial Course Training Certificates and Annual Refresher Certificates:

- 1) Asbestos Contractor Supervisor: Initial 32 hour and 19 eight hour annual refresher courses.
- 2) Asbestos Inspector: 24 hour Initial and 19 four hour annual refresher training courses.
- 3) Asbestos Management Planner: Initial 16 hour and 19 four hour annual refresher courses.
- 4) Asbestos Project Designer: Initial 32 hour and 18 eight hour annual refresher training courses.

EDUCATION (CONTINUED)

Graduate of Nevada Department of Transportation (NDOT), Entrepreneurial Development Program, (NEDP), Class of 2006.

United States (US), Small Business Administration (SBA) 8a Participant/Certified, 2005.

NDOT, DBE Certified, 2004.

Federal CCR Registered, 2003.

Certified Sampling for Biological Contamination in Buildings: Methods, Considerations and Implications, University of Tulsa, September 2000.

Certified Indoor Air Quality: Biological Remediation and Control, University of Tulsa, September 2000.

California Certified Asbestos Consultant license, 1997

Certified Trainer for all Disciplines of Asbestos Contractor/Supervisor, Designer, Inspector/Mgt Planner, 1996.

Certified; 40 hour Hazardous Waste Operations Health & Safety Training, 1994.

Certified OSHA Lead Worker, 1994.

Certified Building Inspector for Asbestos; University of California at Berkeley-Univ. Ext., Pacific Asbestos Information Center, October, 1990.

Certified Management Planner for Asbestos; University of California at Berkeley-Univ. Ext., Pacific Asbestos Information Center, October, 1990.

Nevada OSHES Licensed Asbestos Consultant, January, 1990.

Certified Contractor Supervisor in Asbestos Abatement; Herring & Herring, 1989

Asbestos Training, at University of Nevada at Reno, December, 1989.

Certified Audio Metric, Harlan Lamb, 1978.

Certified MSHA Instructor, University of Texas A & M Extension, 1978.

Sun Spots Solar Heating, University of New Mexico, 1976

Highland High School, Albuquerque, New Mexico, Graduated early in January 1975.

SUMMARY OF QUALIFICATIONS

More than 20 years of experience in environmental consulting specializing in Air Quality regarding Asbestos, Lead, Radon and IAQ while specializing in Asbestos Consulting for Local, State and Federal Governments.

Sato Environmental Consultants, Inc. (SECI) holds the following licenses and/or certifications:

- SECI has been approved with NAICS Codes for: 1) Environmental Consulting and 2) Environmental Remediation.
- SECI became AAWC, DBE Certified in 2001 and NDOT, DBE Certified in 2004.
- Andrew Sato was initially licensed in the State of Nevada (IJPM0048) to perform Asbestos Consulting in 1989 which has been kept current.
- Andrew Sato was licensed as a CA, Certified Asbestos Consultant (CAC) (#97-2286) in 1997 which has been kept current.
- SECI has been a NV corporation in good standing since 1999.



DISTRICT HEALTH DEPARTMENT

January 20, 2010

MEMORANDUM

To: Members, Washoe County District Board of Health

From: Randall L. Todd, DrPH
Epidemiology and Public Health Preparedness (EPHP) Director

Subject: Report to the District Board of Health, January 2010clod

Communicable Disease –

For the week ending January 9 (week 01) seven of seven participating sentinel healthcare providers in Washoe County saw 70 patients presenting with influenza-like-illness (ILI) out of 3,847 total patients. This yields a total ILI percentage of 1.8%. This represents a continuing decline since week 41 when we saw 7.0%. By comparison the ILI percentage for U.S. sentinel providers during the previous week (52) was 2.3%. Regionally the ILI levels ranged from 0.8 to 2.7%. Washoe County did experience an increase in reported ILI during week 52 up to 5.0%. Although it is tempting to think that, based on these numbers, we may have seen the last of the H1N1 problem, this may be premature. Seasonal peak ILI levels in recent years have occurred between weeks 51 and 8. For this reason H1N1 vaccination is still highly recommended and vaccine supplies are now plentiful.

Public Health Preparedness (PHP) Activities –

The Public Information Officer (PIO) has reported that more than 280 interviews related to H1N1 and vaccination clinics have been completed between April 25 and December 30. By comparison there were 14 interviews related to the Rotary Family Flu Shot Day / Annual POD Exercise for seasonal influenza. There have been 65 electronic updates (which also serve as press releases) related to H1N1 that have been distributed to media outlets and community partners during the same time period. The PIO and other PHP staff have been working with key communications partners from the Washoe County School District, the Diocese of Reno, UNR, Northern Nevada Medical Center, Renown, Saint Mary's and the Northern Nevada Immunization Coalition. These entities have been invited to attend the Health District's

weekly H1N1 planning meetings to coordinate messaging and maximize the use of communications-related resources.

The PHP program in conjunction with partners from Community and Clinical Health Services offered H1N1 vaccinations on a walk-in basis on the afternoon of January 7. Approximately 280 individuals received vaccinations of which about 40% were children under the age of 10 years who needed a second dose. On January 12 vaccinations were offered to the staff and dependents of the Sparks Police Department. More than 460 individuals were eligible to receive vaccine in this venue but only about 40 took advantage of the opportunity. A similar opportunity is scheduled for the Reno Police Department on January 25. A public clinic is scheduled for North Valleys High School with its feeder schools and surrounding community on January 23. Efforts are underway to establish regular H1N1 walk-in services at the Health District on weekdays from 11:00 am until 7:00 pm.

A significant barrier to staffing these clinics is a reversal of the County policy on volunteers. The Washoe County Volunteer Task Force had initially stated that volunteers who sustain injuries during their volunteer activities would be covered under Worker Compensation. The County has now reversed this position and has announced further intent to require all volunteers to undergo finger printing and attend classes on workplace violence and sexual harassment. This has significant implications for the use of MRC volunteers, which has been critical to our ability to provide vaccine during periods of high demand. At the very least, it will require that we re-negotiate the volunteer agreements that we have in place with our existing volunteers. At worst, it may result in some or even most volunteers no longer wishing to participate in the program. Washoe County is the only public health jurisdiction in Nevada that does not protect its volunteers from personal and professional liability. A new MRC coordinator has been hired to replace Debra Barone who was promoted. This individual will be working to mitigate the impact of these policy decisions on the Health District's ability to respond effectively to public health emergencies.



Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



DISTRICT HEALTH DEPARTMENT

January 20, 2010

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N. *mb*
 Division Director, Community and Clinical Health Services

SUBJECT: Report for January 2010 District Board of Health Meeting

1. HIV Prevention Program "HIV 101" Classes
2. Childcare Health Consultation
3. Sexual Health Program RESPECT Model Evaluation

1. CCHS HIV Prevention Program "HIV 101" Community Classes

First-time offenders under NRS 201.354 ("Pandering, Prostitution, and Disorderly Houses") are required to complete an introductory HIV prevention class ("HIV 101") as well as submit to an HIV test as a condition of their arrest and/or sentencing. The HIV Prevention Program in CCHS has been a back-up provider of "HIV 101" and HIV testing for first offenders since the laws went into effect in 1987. CCHS staff was notified in late December 2009 that the primary provider of "HIV 101" for first offenders would cease to offer services as of January 1, 2010, making the WCHD the primary provider. HIV Prevention staff have created the plan below to assure continuation of services in Washoe County, maintain current grant expectations and build community capacity.

Community need	Short-term (6 months) (Jan-June 2010): <i>Direct service role</i>	Mid-term (12 months) (June-Dec 2010): <i>Community capacity-building role</i>	Long-term (> 12 months) (Jan 2011): <i>Coordination role</i>
<ul style="list-style-type: none"> • First Offender Prostitution Program (FOPP) 	<ol style="list-style-type: none"> 1. Provide "HIV 101" as the primary community provider on a set monthly class schedule 2. Identify other community agencies with capacity to provide the class 3. Provide training and technical assistance to community agencies to 	<ol style="list-style-type: none"> 1. Transition "HIV 101" responsibility to other community agencies, pending capacity 2. Provide "HIV 101" as back-up provider throughout transition 3. Provide ongoing training and technical assistance to community agencies 	<ol style="list-style-type: none"> 1. Coordinate "HIV 101" primary and back-up providers countywide, including technical assistance, continuing education, evaluation, and referrals 2. Continue as an ongoing member of the provider workgroup

DBOH AGENDA ITEM # 15.B.

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	enable transition of class 4. Assist with the creation of a workgroup of providers	4. Continue as member of provider workgroup providing leadership and mentoring as needed	
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2. Childcare Health Consultation

Child Care Health Consultants (CCHCs) are health and early childhood professionals trained to work directly with child care providers on issues related to child health and wellbeing, such as infectious disease prevention, injury prevention, and nutrition and physical activity. The basis for the CCHC model is the national *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (<http://nrckids.org/CFOC/index.html>) developed by the American Academy of Pediatrics, American Public Health Association, and the National Resource Center for Health and Safety in Child Care. The CCHC model was piloted statewide in 2002, and 10 CCHCs were trained in Northern Nevada, including two (2) WCHD Public Health Nurses (PHNs). Due to PHN staff reductions and reassignments, there is currently one (1) CCHC employed at the WCHD, and CCHS was informed in November 2009 that this individual is now the only CCHC in Northern Nevada. Childcare Health Consultation is not a mandated program and was conducted as a PHN assignment within the Home Visiting program. The plan below reflects the immediate response to maintain this valuable health resource to childcare providers while working on building community capacity. The long term goal would be to maintain the ability to provide technical assistance and education specific to public health. If community need increases and funding sources are identified CCHS would bring the initiative before the BOH for approval.

Community need	Short-term (6 months) (Jan-June 2010): <i>Direct service role</i>	Mid-term (12 months) (June-Dec 2010): <i>Community capacity-building role</i>	Long-term (> 12 months) (Jan 2011): <i>Coordination role</i>
<ul style="list-style-type: none"> Child Care Health Consultant (CCHC) 	<ol style="list-style-type: none"> 1. Continue to serve on state workgroup for CCHC development 2. Answer questions and provide education and resources to local child care providers within current resources; refer requests for dedicated CCHCs to state 3. Assist in training additional CCHCs referred by state 	<ol style="list-style-type: none"> 1. Continue to serve on state workgroup for CCHC development 2. Continue to answer technical questions from local child care providers; refer requests for dedicated CCHCs to state 3. Identify others to train as CCHCs; refer to state; and assist in training 4. Explore funding 	<ol style="list-style-type: none"> 1. Continue to serve on state CCHC workgroup 2. Maintain broad understanding of CCHC model; and refer local provider requests to newly-trained CCHCs 3. Serve as a content area specialist as staff capacity allows 4. Evaluate community need/capacity and based

	4. Assist in statewide CCHC planning 5. Explore funding opportunities	opportunities	on available funding provide services.
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3. Sexual Health Program RESPECT Model Evaluation

Recently the Sexual Health Program was contacted regarding participating as a subject in the California STD/HIV Prevention Training Center's proposal entitled, "Influences on translating an evidence-based HIV/STI intervention into practice," which focuses on agencies utilizing the RESPECT model. RESPECT, is a one-on-one behavioral counseling intervention that focuses on reduction of risk-taking for HIV/STD infections. The RESPECT intervention is used both in the STD clinic and at off-site testing activities as the primary risk-reduction counseling model. Washoe County Health District agreed to participate and was advised that the National Institutes of Health has funded the study. Washoe County Health District's involvement will consist of interviews with HIV/STD program staff and assistance facilitating brief client exit surveys on their experience with RESPECT. The outcomes of this data collection will increase knowledge about how the WCHD and other agencies prepare for and deliver a behavioral intervention like RESPECT. Such information is increasingly critical, given the growing attention on delivery of evidence-based interventions in public health practice.



Mary-Ann Brown RN MSN
Division Director
Community and Clinical Health Services



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: January 20, 2010
TO: District Board of Health Members
FROM: Robert Sack, Division Director of E.H.S.
SUBJECT: Division Director's Report – Environmental Health Services
AGENDA ITEM NO. 15.C.

RECYCLING UPDATE

Staff of the Washoe County Health District have developed a proposed set of regulations designed to increase the rate of recycling in the Health District. These have been sent to interested stakeholders. This includes the two cities and the county. We are awaiting comment back from each. Once we have the comments we will assess them and determine what changes need to be made.

VECTOR-BORNE DISEASES PREVENTION PROGRAM

See attached report.

Robert O. Sack
Division Director
Environmental Health Services Division
ROS:sn

Arbovirus Activity In Nevada – 2009

The Vector-Borne Diseases Prevention Program uses a multi-level approach for detection of mosquito-borne arboviruses, competent arbovirus vector mosquito species, and mosquito-control measures. The primary arboviruses of concern are the Flaviviruses West Nile Virus and St. Louis Encephalitis (family Flaviviridae, genus *Flavivirus*) and the Alphavirus Western Equine Encephalomyelitis (family Togaviridae, genus *Alphavirus*).

Five wetland containing and or agricultural areas of Southern Washoe County located in the Stead/Lemmon Valley, Spanish Springs, Damonte Ranch, Rosewood Lakes and Washoe Valley areas are monitored using sentinel chicken flocks. The sentinel flocks consist of ten chickens exposed to potential mosquito activity. Blood samples of each individual chicken are taken biweekly and monitored for arbovirus antibodies. The results provide an indication of what arboviruses are active and when the mosquito populations are high enough to facilitate disease transmission. During the 2009 season 1376 blood samples were tested with no positive antibody results.

Each sentinel chicken flock is associated with one or two New Jersey light traps. The traps operate at night and provide an indication of how many mosquitoes and species composition are being attracted to a small light source, such as a porch light, and are useful when monitored alongside average daily temperatures and arbovirus antibody activity of the sentinel chicken flocks.

In addition to the New Jersey trap collections, large mosquito collections are made using carbon dioxide light traps. The mosquitoes are identified to the species level and submitted to the Department of Agriculture Animal Diseases Laboratory for arbovirus testing. All mosquito-control districts in Nevada as well as the Nevada Department of Agriculture Entomology Program excluding the Southern Nevada Health District submit their mosquito collections to the Washoe County Health District Vector-Borne Diseases Prevention Program for proper species identification and laboratory submittal while the SNHD provides their own species identification and submittal. Results are typically returned within 24 hours providing an essential tool for focusing aggressive mosquito-control efforts where arbovirus activity is detected. During the 2009 season, 1584 mosquito pools were submitted consisting of 29,238 individual mosquitoes sorted together by date, location and species. The arbovirus results were one Western Equine Encephalomyelitis and two West Nile Virus positive pools from Douglas County, Three WNV positive pools from Churchill County, One WNV positive pool from both Lander and Esmeralda Counties and one suspected WNV positive pool from Washoe County. The suspected positive pool from Washoe County was collected immediately south of the Rosewood Lakes Golf Course at Heron's Landing. (Please see the attached map depicting locations of mosquito pools and results.)

Plague Activity In Nevada – 2009

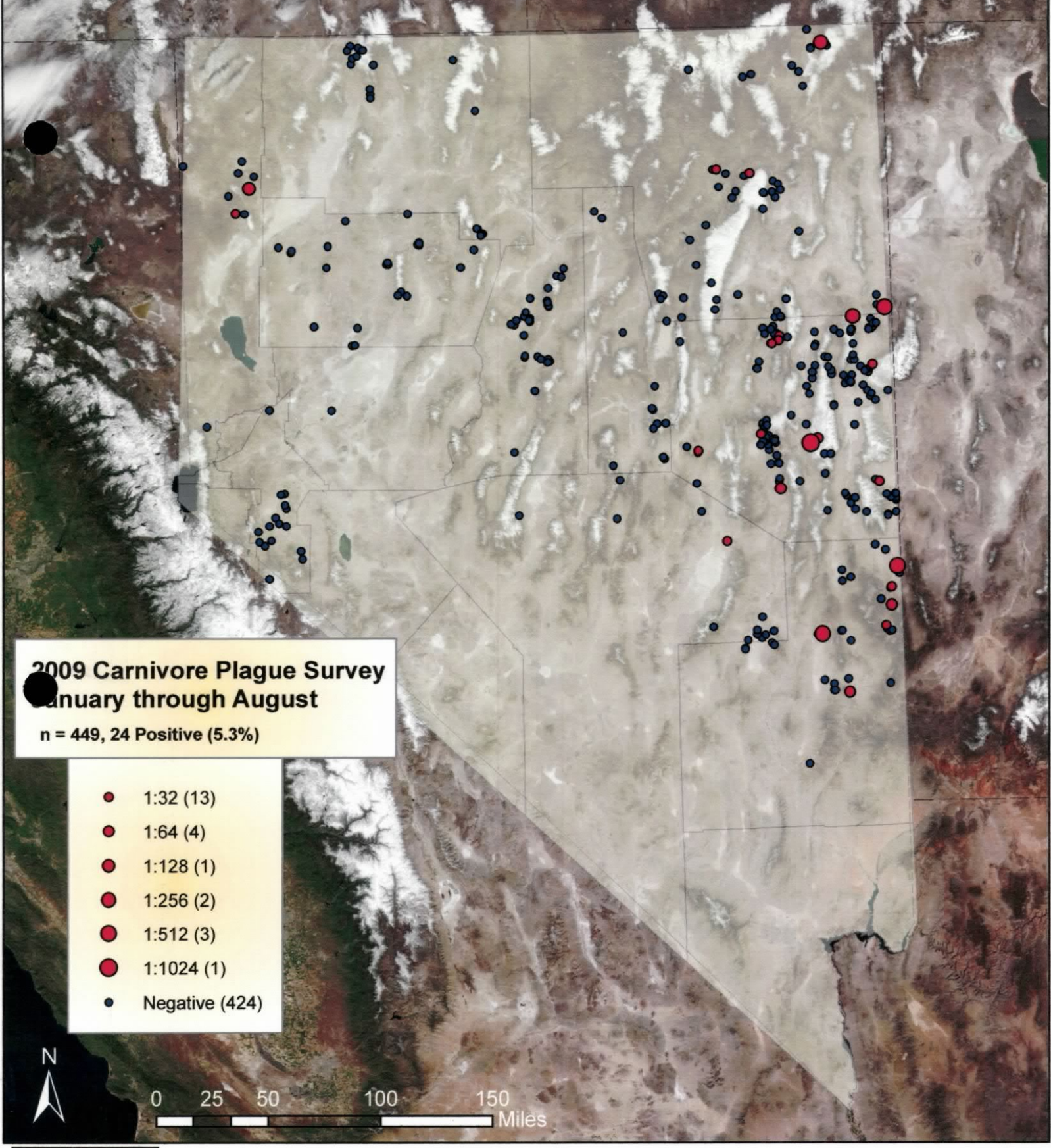
Plague is a naturally occurring disease found throughout much of the world including the western United States and Nevada. In nature, plague is a disease of rodents that is spread from one animal to the next through the bite of an infected flea or by respiratory aerosols. Humans are infected typically by being exposed to infected animals or by a flea bite. There were no human cases in Washoe County in 2009, however plague is still present in rodent populations throughout the area.

The Vector-Borne Diseases Prevention Program (VBDPP) collaborates with USDA Wildlife Services and the Centers For Disease Control and Prevention (CDC) to monitor plague activity throughout much of Nevada. This is done primarily through the use of carnivore blood collections, sampling and testing of local flea populations and testing of animals during “die off’s” as the result of a suspect epizootic. Testing of predators such as coyotes and other carnivores that consume rodents as a regular part of their diet is an effective surveillance tool. Predators such as coyotes typically don’t develop a serious form of the disease; however, they will generate an antibody response that can be tested for making them a sensitive indicator of plague activity in a given area.

Predator removal is a regular duty of USDA Wildlife Services and gives the opportunity for blood sampling of carnivores. Samples are collected and relayed to the VBDPP for preparation and submission to the CDC’s Plague Branch located in Ft. Collins, Colorado. The VBDPP uses the data collected to identify areas where plague is present so appropriate control measures can be taken to reduce the risk posed by the bacteria.

If control is required, materials can be applied to rodents and their burrows to reduce the population of fleas. Effective flea control (usually to less than one flea per animal) reduces the spread of the plague within rodent populations and also reduces the likelihood of transmission to the public. In addition, each spring the VBDPP targets specific areas within Washoe County for pre-treatment by VBDPP staff. Treatment locations are chosen based on previous plague surveys, proximity to human recreation, as well as rodent and flea population densities.

A total of 449 samples have been processed by the CDC for 2009 at this point. These include 24 positive samples. Preliminary results from the 2009 carnivore plague survey are included on the attached map.



2009 Carnivore Plague Survey
January through August
 n = 449, 24 Positive (5.3%)

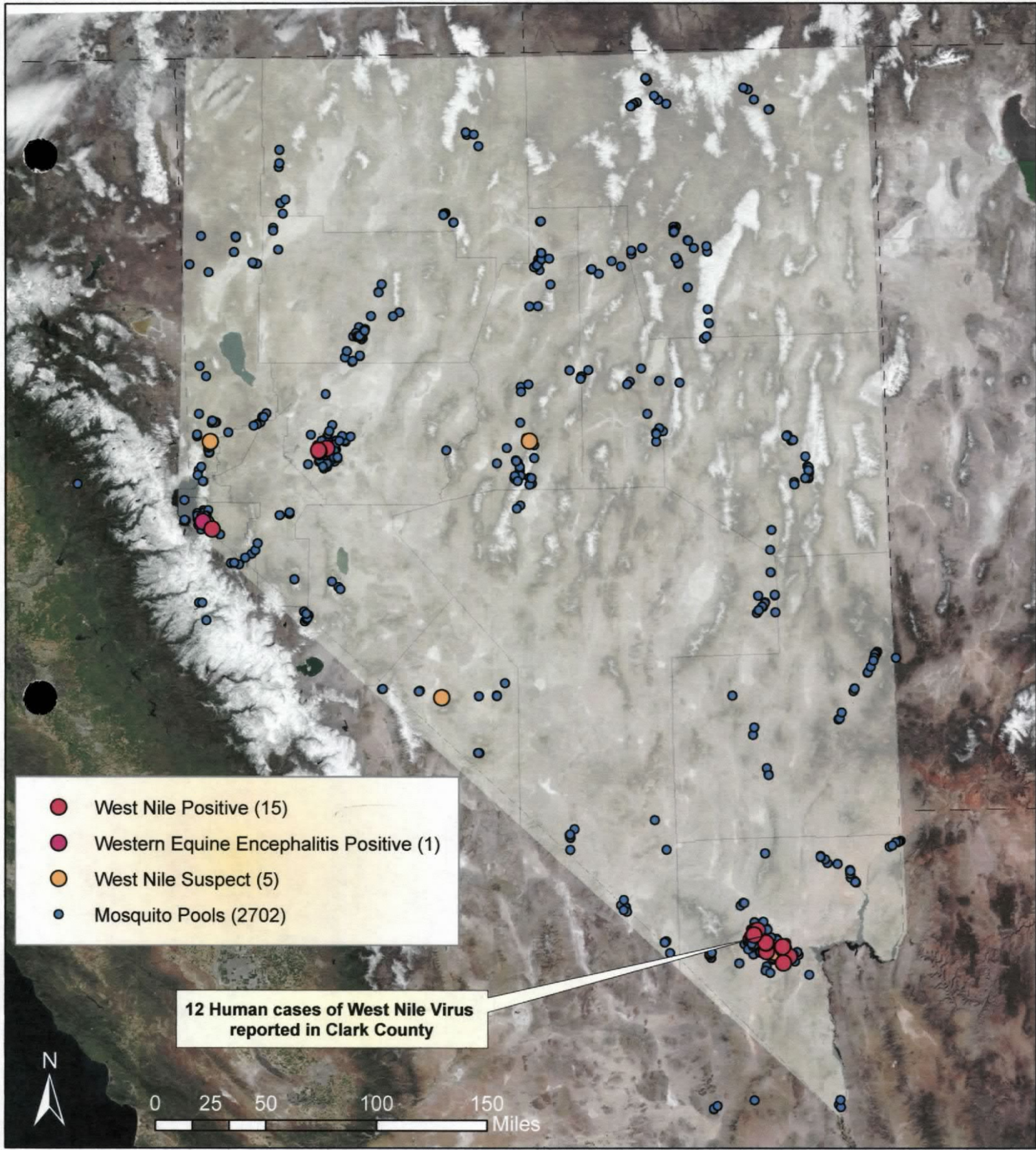
- 1:32 (13)
- 1:64 (4)
- 1:128 (1)
- 1:256 (2)
- 1:512 (3)
- 1:1024 (1)
- Negative (424)



Carnivore Plague Survey - 2009

Vector-Borne Diseases Program
 P.O. Box 11130
 Reno, NV 89520
 775-785-4599

Specimens collected by USDA-WS
 Tested by CDC-Plague Branch, Ft. Collins, CO



- West Nile Positive (15)
- Western Equine Encephalitis Positive (1)
- West Nile Suspect (5)
- Mosquito Pools (2702)

12 Human cases of West Nile Virus reported in Clark County

0 25 50 100 150 Miles

Mosquito Pooling Results - 2009



Vector-Borne Diseases Program
 P.O. Box 11130
 Reno, NV 89520
 775-785-4599


Specimens submitted from multiple agencies.
 Identified and pooled by WCDH-VBDP and SNHD.
 Tested by State Dept. of Agriculture, Animal Diseases Lab



WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: January 28, 2010
To: District Board of Health
From: Andrew Goodrich, Director, Air Quality Management 
Re: Monthly Report for Air Quality Management
Agenda Item: 15.D.

The enclosed Air Quality Management Division Report is for the month of December 2009 and includes the following sections:

**Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity**

DBOH AGENDA ITEM # 15.D.

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Director's Report

December 2009

Looking back at 2009:

- ✓ Attended and provided testimony on environmental and energy bills for the 2009 Legislative session. (SB73, SB395)
- ✓ Hosted the bi-annual Washoe County Street Sanding and Sweeping working group meeting.
- ✓ The DBOH adopted the "Redesignation Request and Maintenance Plan for the Truckee Meadows PM₁₀ 24-Hour Non-Attainment Area". Submitted to Nevada Division of Environmental Protection and the U.S. Environmental Protection Agency.
- ✓ Continued agency support of the successful annual Bike to Work campaign and event.
- ✓ Submitted an Infrastructure - State Implementation Plan (I -SIP) for Particulate Matter 2.5 microns or less (PM_{2.5}) to the Nevada Division of Environmental Protection and the U.S. Environmental Protection Agency.
- ✓ Staff prepared and the DBOH accepted the annual Oxygenated Fuels Report.
- ✓ Attended and participated in numerous sustainability and "green" events. Led Washoe County's Green Team and chaired GreenUP. Attended many community meetings and EPA discussions regarding the environment and energy issues.
- ✓ Submitted an Exceptional Events request to the U.S. Environmental Protection Agency for exceedances of the PM₁₀, Ozone, and PM_{2.5} national ambient air quality standards caused by wildfires during June and July of 2009.
- ✓ Moved the entire Air Quality office from leased space at 401 Ryland to the Ninth Street county complex.
- ✓ Completed the installation of instrumentation for the establishment of an U.S. EPA designated "NCore" monitoring site in Reno – one of only 52 specialized sites in the nation.
- ✓ An extended period of strong temperature inversions in the Truckee Meadows led to exceedances of the 24-hour PM_{2.5} NAAQS. The Emergency Episode Plan was activated in accordance with Section 050.001 of the DBOH Regulations Governing Air Quality Management resulting in 8 "Red" wood burning color codes in December.

In addition, Division staff inspected over 1200 facilities, responded to over 225 citizen complaints, attended countless planning meetings, maintained a first-class monitoring network, and issued 73+ permits for the operation of new facilities. The Air Quality Management staff does an outstanding job protecting the air quality for the community and is looking forward to continuing its work in 2010.

Andy Goodrich, Director

AIR QUALITY COMPARISON FOR DECEMBER

Air Quality Index Range	# OF DAYS DEC 2009	# OF DAYS DEC 2008
GOOD 0 to 50	9	15
MODERATE 51 to 100	14	16
UNHEALTHY FOR SENSITIVE GROUPS 101 to 150	8	0
UNHEALTHY 151 to 200	0	0
VERY UNHEALTHY 201 to 300	0	0
TOTAL	31	31

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT		DECEMBER 2009	Highest for 2009	DECEMBER 2008	Highest for 2008
CARBON MONOXIDE	(CO)	28	37	32	32
OZONE 8 hour	(O3)	40	74	36	140
PARTICULATES	(PM _{2.5})	149	149	77	211
PARTICULATES	(PM ₁₀)	62	94	85	167

For the month of December, there were eight (8) exceedances of Particulate Matter (PM_{2.5}). The highest Air Quality Index (AQI) value reported for the month of December was one hundred forty-nine (149) for PM_{2.5}. There were nine (9) days in the month of December where the Air Quality was in the good range; fourteen (14) days the Air Quality fell into the moderate range; and eight (8) days the Air Quality fell to into an unhealthy range which exceeded the Air Quality Standards.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance, data submission and network/laboratory upgrade activities continued throughout the month.

For the first time since 1994, bans on wood burning were issued for eight (8) days in December due to unusually strong inversions that occurred over the Truckee Meadows. These were the first bans on wood burning issued since fine particulate matter (PM_{2.5}) was listed as a criteria pollutant in 1997 and since the originally promulgated 24-hour PM_{2.5} NAAQS of 65µg/m³ was reduced to a NAAQS of 35 µg/m³ in 2006.

Duane Sikorski, Air Quality Supervisor

Planning Activity

It is likely that December's exceedances of the 24-hour PM_{2.5} NAAQS will lead to the EPA reclassifying the Truckee Meadows from attainment to non-attainment for that standard thereby precipitating the production of a Nevada SIP revision by the AQMD. This SIP revision will need to detail what programs Washoe County intends to implement in order to bring the Truckee Meadows back into compliance with the 24-hour PM_{2.5} NAAQS of 35 µg/m³.

The process of researching, developing and preparing a county-wide greenhouse gas emissions inventory continued while staff was developing the next (2008) triennial emissions inventory for submission to EPA by June of 2010.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

TYPE OF PERMIT	2009		2008	
	DECEMBER	YTD	DECEMBER	ANNUAL TOTAL
Renewal of Existing Air Permits	103	1320	103	1302
New Authorities to Construct	7	80	2	81
Dust Control Permits	5 (49 acres)	117 (1354 acres)	11 (61 acres)	195 (3012 acres)

Wood Stove Certificates	15	213	10	170
WS Dealers Affidavit of Sale	22 (15 replacements)	145 (93 replacements)	46 (26 replacements)	250 (145 replacements)
WS Notice of Exemptions	741 (145 replacements)	5358 (145 replacements)	282 (13 replacements)	3729 (139 replacements)

Asbestos Assessments	49	740	56	856
Asbestos Removal Notifications	16	263	14	322

Compliance/Inspection Activity

Staff reviewed thirty-five (35) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted fifty-three (53) stationary source renewal inspections and sixty-two (62) gas station inspections in December. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting/Enforcement
Activity

The enforcement staff patrolled various neighborhoods during the recent Stage 1 air pollution alerts (Red Burn Bans) over the last month. We are happy to report that staff observed only a few residences using wood burning during those periods which indicates that the public outreach efforts seemed to work very well. Educational materials were given to those few residences who were unaware of the air quality situation.

Since October 1st, the AQMD has received 27 new "authority to construct" applications for various new businesses in the Reno-Sparks area. This hopefully indicates that the economic downturn is slowly improving. Staff continues to manually survey different areas, in the course of their regular duties, to make certain that all businesses have valid permits to operate in compliance with the air quality regulations.

Finally, staff continues to conduct regular asbestos and dust presentations to the local construction and development community. We have also contacted most "new" property owners (due to the many foreclosures) to inform them of the dust control requirements and offer our compliance assistance to avoid any future problems.

Noel Bonderson, Air Quality Supervisor

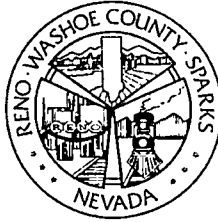
Enforcement Activity

COMPLAINTS	2009		2008		
	DECEMBER	YTD	DECEMBER	YTD	Annual Total
Asbestos	1	21	1	21	21
Burning/Smoke	6	16	2	12	12
Dust	0	134	7	229	229
Gas Station/Oxy Fuel	0	0	0	1	1
Miscellaneous	0	7	1	12	12
Odor	2	30	2	31	31
Painting (spray painting)	0	6	0	8	8
Permit Violation	0	12	0	20	20
TOTAL	9	226	13	334	334
NOV'S	DECEMBER	YTD	DECEMBER	YTD	Annual Total
Warnings	0	13	0	16	16
Citations	0	10	0	27	27
TOTAL	0	23	0	43	43

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were no Notice of Violations (NOVs) issued in December 2009.
There were no Warnings or Citations issued in December, 2009.



Washoe County Health District

January 19, 2010

TO: Members District Board of Health

FROM: Eileen Coulombe

SUBJECT: Report for January 2010 Administrative Health Services Division

Health District Emergency Medical Services (EMS) Program Activities:

The Interhospital Coordinating Council (IHCC) held its annual breakfast meeting on January 8, 2010 to review IHCC's accomplishments for Calendar Year 2009. The core hospital members of the IHCC meet monthly along with District Health staff, REMSA, the area emergency managers, the fire departments, and other agencies to prepare for medical impacts of disasters. Their impressive list of accomplishments is attached. The IHCC will be finalizing their goals for 2010 at their February meeting.

Administrative Health Services Officer

Enclosure

DISTRICT HEALTH



DEPARTMENT

January 8, 2010

TO: IHCC Members

FROM: Gene Spoon, IHCC Chairman
Darcie Carpenter, Ph.D., IHCC Vice Chairman

SUBJECT: IHCC Accomplishments for Calendar Year 2009

In preparation for our January 2010 meeting, Laurie Griffey reviewed the IHCC minutes for the previous year and compiled a list of IHCC's major accomplishments along with a chronological list of highpoints. Darcie Carpenter and Gene Spoon reviewed and fine tuned the list of accomplishments. It is very important that we take the time to recognize the strides the group has made and the impact it has on the community. The District Health Officer and the Administrative Health Service Officer along with the leaders of the group appreciate the hard work you do in preparing our community and providing the best health care possible during times of disaster.

I. **MAJOR ACCOMPLISHMENTS**

MCI - Out of County Bus Accident - A tour bus roll over accident occurred on April 4, 2009, near the Hirschdale Exit in California; the multi-causality incident (MCI) had a total of 28 patients (27 transported to hospitals and one DOA). This MCI was too large for the local facilities to handle so mutual aid was requested. REMSA responded and transported seventeen patients to Reno/Sparks hospitals: 7 to Renown Medical Center, 3 to St. Mary's Medical Center, 4 to Northern Nevada Medical Center and 3 to Renown South Meadows; an additional 10 patients were transported by Truckee Fire Department to Tahoe Forest Hospital. The hospitals and REMSA held a MCI debriefing at the May IHCC meeting; all participants agreed the event went well. Non-English speaking patients caused a language barrier at some locations but language lines or translators were utilized to ensure accurate communication. Within an hour and a half the MCI was over and all patients were in transport or had arrived at the hospitals involved. Washoe County Health responded to REMSA and assist with patient distribution. REMSA put on additional units and the hospitals managed the influx of patients with no problem.

H1N1 - Swine Flu Outbreak - The Swine flu outbreak began the end of April 2009 and continued to be a major priority for the Health Districts and hospitals throughout the year. National stockpiles of antiviral medications were accessed and supplies distributed to the hospitals through their local Health Departments. This disease outbreak caused an increased demand for safety precautions such as N95 masks and sterile wipes, along with extended use of ventilators; since this is a worldwide outbreak supply was not keeping up with demand and a shortage was experienced by most hospitals. Hospitals implemented stricter visitation policies to reduce the risk of exposure. H1N1 vaccine became available late in October and mass inoculation clinics were offered by the Health Districts to anyone in the five priority categories. Some hospitals, clinics and doctor's offices received and distributed vaccine. Late in December the CDC restrictions were lifted and vaccine was offered to anyone who wants to receive it.

Created Exercise Evaluator Criteria and Exerciser Evaluators list - Michelle Pagel and Darcie Carpenter (Chairman and Vice Chair at the time) developed a list of criteria for Hospital Evaluators. The group reviewed and approved the criteria list in May 2009. The required courses and criteria helps ensure evaluators are qualified and knowledgeable in ICS, exercises in general, along with exercise design, evaluation and improvement

planning. Participation in actual exercises is also a requirement. Trained evaluators provide knowledgeable feedback to hospitals on overall performance and areas for improvement. Four (4) individuals submitted documentation showing completion of the required courses and have been added to the Exercise Evaluator list. Renown Regional Medical Center utilized the exercise evaluator list to recruit evaluators for their in-house Hospital Evacuation exercise that occurred on July 30, 2009.

Redundant Communication - Nevada Hospital Association received PSIC grant funding to purchase HAM radio systems for each of the large hospitals; some equipment was installed in 2009 and the remaining units will be installed in 2010. The hospitals signed agreements for the use of this equipment and agree to have at least two (2) staff members trained and licensed as HAM Operators. One day HAM Cram Training/Testing has been offered throughout the year by the ARES (Amateur Radio Emergency Services) group. St. Mary's Regional Medical Center, Renown Regional Medical Center and Barton Memorial Hospital all have two or more staff trained as HAM operators. The other hospitals are encouraged to send staff to the upcoming HAM Crams in 2010. Angela Krutsinger from NHA is working with representatives at a national level to address the FCC regulations which restrict hospital staff from operating a HAM radios during non-emergency situations. This regulation makes it difficult to train or exercise skills needed to operate the new HAM radio equipment being installed in the hospitals as a redundant communication system.

Community Wide Table Top Exercise - On November 18th a Community Wide Table Top exercise was conducted at St. Mary's Regional Medical Center based on a pandemic respiratory scenario. Participants included representatives from St. Mary's Regional Medical Center, Renown Regional Medical Center, Northern Nevada Medical Center, Tahoe Pacific Hospital, REMSA and Washoe County Emergency Management. This was an excellent opportunity for the hospitals and the community to work together and to practice how they would handle a massive outbreak of the H1N1 or other respiratory disease.

Hospital Evacuation Exercise - Grant funding was secured for a community wide Hospital Evacuation Exercise late in 2009. Original funding did not come through earlier in the year as hoped so the actual event will not take place until 2010. A vendor has been hired to develop, organize and conduct the table top and full scale exercises. The exercise committee met several times through out the year to pre-plan for this exercise. A table top is tentatively planned for February 2010 with a full scale exercise in May 2010. A survey was sent to the hospitals seeking input on specific objectives, so the exercise can be fine tuned to meet each hospital's exercise requirements.

Hospital Exercises - Renown Regional Medical Center conducted an exercise on July 30, 2009, that involved Care Flight, REMSA, Reno Police, Reno Fire, Washoe County Coroners office and the Regional Critical Incident Stress Management team. This exercise simulated a helicopter crash with fatalities along with a simulated bus accident (40 victims). Trained evaluators from the IHCC Exercise Evaluator List were utilized during this exercise. St. Mary's Regional Medical Center conducted an in-house multi-day H1N1 patient influx drill during the snow storms the week of December 7, 2009. The drill was delayed by one day so the hospital could deal with the real world staffing, potential supply shortages and delays. This was a multi-day event which gave staff an opportunity to work with ARES for communication and to work through road blocks to come up with solutions involved in an extended event. The event gave both staff and leadership the opportunity to serve in the command center and address issues such as communication, patient tracking and resource allocation. Lessons learned by both Renown and St. Mary's during their exercises can be addressed during the upcoming community wide Hospital Evacuation Exercise.

Community TEPW (Training & Exercise Planning Workshop) - Members of IHCC participated in the TEPW meeting at the Regional Emergency Operation Center on September 17, 2009, to work with other emergency response agencies on the creation of a regional training and exercise calendar. This is an effort to coordinate training and exercises with multiple agencies to better utilize funding, increase training opportunities and reduce overlapping of events.

Universal Badging System - Northern Nevada, Renown Regional Medical Center and Renown So. Meadows are participating in the Nevada Hospital Associations statewide initiative for universal badging. Equipment and training will be provided when additional grant funding becomes available. This project has been put on hold due to lack of funding.

HAVBed Tracking - IHCC members continued through 2009 to participate in the HAVBed tracking process through the EMSsystem. Updates are done regularly and hospitals participate when EMSsystems initiates a test of the system.

800MHz Radios - The hospitals participated in monthly testing of the 800MHz radio system. Testing allowed staff at each location to work with the radios; it also tested the operability of the equipment and the redundant communication system between the hospitals, REMSA and the Health District. Overall yearly participation was 95% (61% participated in the scheduled testing, 34% participated in 1-on-1 testing). The 800MHz hand held 300P hospital radios were upgrade in October 2009 to the P5100 radios by Sprint for free. A vendor working through the Washoe County Radio Shop swapped out the radios and programmed the new radios with the correct frequencies.

Hot August Nights Pre-Planning - The IHCC group discussed Hot August Nights pre-planning at the July meeting. Additional information was gathered from outside agencies and distributed on July 14th to the group by e-mail. Items addressed were placement of Fire and Paramedic units and contingency plans; type of weapons and chemicals that might be used if civil unrest was to occur and how hospitals would be notified. General ingress/egress routes were discussed along with most accessible routes for hospital staff to get to work. The Hot August Nights event took place July 31-August 9th 2009 with crowds of over 800,000.

HAM Radio Support Activities - The Hospitals worked with ARES during events throughout the year, including the Interoperable Communication Exercise with Barton Memorial and El Dorado County on August 6, 2009; the Washoe County Health District/Rotary Seasonal Flu POD (point of dispensing) event on October 17, were ARES provided multiple staff for both the walk through clinic at Billingshurst Middle School and the drive through clinic at Washoe County Roads Division; and the St. Mary's Regional Medical Center Communication Exercise on December 10, 2009. ARES also offered one day HAM Cram classes/testing on multiple dates throughout the year and continues to work with NHA on the installation of digital HAM radio communication equipment in the hospitals.

Hospital Hazard Vulnerability Analysis (HVA) - The Hazard Vulnerability Analysis forms were review and updated by the group at the October 9th IHCC meeting; final review and approval by the IHCC group was received at the November 13, 2009, meeting. Copies of the approved 2009/2010 Hazard Vulnerability Analysis were distributed on December 4, 2009, with the November meeting minutes; a reminder accompanied the HVA instructing each hospital to update the internal portion for their respective facility.

Training: Feb 9-11, 2009 ICS 300, Feb 12-13, 2009 ICS 400; April 10, 2009 EMSsystem Training; April 20-22, 2009 ICS 100/200 & IS 700/800, June 15, 2009 Certification Program for Pharmacist Immunization Delivery, June 15-16, 2009 Mass Fatality Workshop; June 15-17 2009 Homeland Security HSEEP Training, June 18, 2009 - Pan Flu Tabletop Exercise; June 30, 2009 Webinar - "Decision Making During an Influenza Epidemic", July 9, 2009 Hospital Preparedness Workshop; July 14, 2009 At-Risk Population Emergency Preparedness Summit; July 18, 2009 ICS 100/200 & IC 700/800; July 23, 2009 ICS 100, 200 & 700 (@ St. Mary's), Sept 14-18, 2009 Hazwopper Technician Training Class; Sept 17, 2009 TEPW (Training Exercise Planning Workshop); Sept 18, 2009 ICS 100,200 & 700 refresher course; Dec 2-4, 2009 WebEOC training @ REOC; HAM Crams 3/21/09, 5/2/09, 8/8/09 & 10/8/09, 11/21/09

Grant Activities: NHA secured grant funding for Medical Surge planners and replacement filters for 3M masks. Health District received grant funding for evacuation slides for the hospitals. NHA received funding for the Pharmacist IZ Delivery Certifications Program and the Hospital Preparedness Workshop. PSIC grant funding was

granted to place HAM packet radio stations in all hospitals. ASPR 09 grant funding was approved to develop a statewide exercise calendar. NHA secured grant funding for parallel seaborne PAPP hoods.

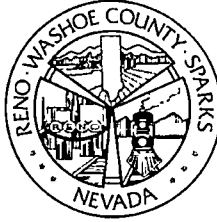
Other Activities - Members of IHCC participated in multiple events: April 23, 2009 Air Race Exercise; May 16, 2009 Community Evacuation Drill at Galena High School; May 26-27, 2009 Evacuation & Shelter workshop; June 20, 2009 Earthquake exercise to test damage assessment and communication with CERT and ARES; Aug 19, 2009 Deadly Hazard Tabletop @ REOC; Aug 20, 2009 Evacuation Sheltering Interstate Conference @ Lake Tahoe; Sept 14-16, 2009 CHA Disaster Planning conference; Oct 17, 2009 Reno Seasonal Flu POD's; Nov 17, 2009 Mass Fatality Exercise;

II. CHRONOLOGICAL LIST OF HIGHPOINTS

DATE	TOPIC
1/9/09	Discussed St. Mary's real life Hospital Evacuation and lessons learned
1/9/09	Approved 2008 Hazard Vulnerability Analysis
1/9/09	Began discussion of Exercise Evaluators
2/9-11/09	ICS 300 Class
2/12-13/09	ICS 400 Class
3/13/09	Began discussion for a Hospital Evacuation Exercise to test MCIP/MAEA
3/13/09	Universal Badging System discussed (NHA checking on cost of smart chips badges)
3/13/09	Began discussion of inter-operable communication
3/13/09	Hospitals submitted contact information to Health District for emergency medical supply resource requisitioning
3/13/09	Health District working with Legislature concerning higher levels of coverage for volunteers
3/13/09	Designated IHCC representative for LEPC
4/4/09	MCI Out of County Bus Accident - multiple patients transported by REMSA to Reno/Sparks Hospitals
4/10/09	EMS System Training
4/10/09	Exercise Evaluator Criteria established and approved
4/10/09	Hospital Evacuation Exercise Sub-Committee established
4/10/09	PHP working on funding for PAPP conversion kits for hospitals
4/10/09	NHA provided template to hospitals as starting point to add Mass Fatality Mgmt and Hospital Evacuation annexes to emergency plans
4/10/09	Discussed need for Training, Exercise Planning Workshop (TEPW)
4/10/09	Discussed hospital planning for families and pets during disasters
4/10/09	EMS System Training
4/20/09	ICS 100/200 700/800 Feb 20-22 nd
5/8/09	Hospital Evacuation Subcommittee met
5/8/09	Swine Flu outbreak discussed (2400 cases world wide in 23 countries - 7 cases in Nevada)
5/8/09	MCI Debriefing for April 4 th Out-of-County Bus Accident
5/8/09	NHA working with hospitals on MOU for HAM Radio Equipment

5/8/09	IHCC met with surgery centers and smaller medical facilities as possible alternate care sites during disasters.
5/8/09	Hospital Evacuation Sub-Committee meeting
6/1/09	Preparedness and Mass Prophylactics training for Pharmacists
6/12/09	Election of Chair & Vice Chair
6/12/09	H1N1 update - 169 cases in Nevada, 103 of those in Washoe County
6/12/09	Discussed WIPP (Waste Isolation Pilot Project) - 40-200 loads of radiological supplies going through Reno in 2010. Worked on needs assessments.
6/12/09	Discussed Overhead team for Hazmat situations (hospitals help each other, consider mutual aid agreements amongst hospitals)
6/15/09	HSEEP Training
6/15/09	"Preparedness and Mass Prophylactics" class offered by NHA to hospital pharmacist
7/1/09	PHP to purchase Para and Bara slides for hospitals
7/7/09	IHCC Submitted grant proposal for Hazwopper Training funds
7/9/09	Hospital Preparedness Training sponsored by NHA
7/10/09	H1N1 update - 156 cases in Washoe County
7/10/09	Discussed FCC regulations concerning HAM radio training for Hospital Employees
7/10/09	Hot August Nights Hospital Pre-Planning
7/14/09	At-Risk Population Emergency Preparedness Summit
7/18/09	ICS 100, 200 & IS 700, 800
7/23/09	NIMS and HICS Training for Hospital and Health Care Personnel
7/30/09	MCIP Community Exercise at Renown
8/6/09	Communication Exercise with Eldorado County
8/14/09	Discuss Center for Domestic Preparedness (Darcie Carpenter and 4 TFH employees attended training center at Anniston Alabama in July)
8/14/09	Discuss TEPW - hospitals encouraged to participate in Sept meeting
8/14/09	Initial grant funding proposal denied - new proposal submitted under Hazardous Material Emergency Preparedness grant for Hospital Evacuation Exercise; hazardous spill component added to scenario
8/14/09	H1N1 Update - 333 cases in Washoe County- vaccine expected to arrive in October
8/14/09	Para & Bara evacuation slides and PAPPR conversion kits arrive - PHP to arranges delivery
8/14/09	PHP received mobile inflatable 15 bed emergency shelter unit
8/19/09	Deadly Hazard Tabletop Exercise at REOC
8/20/09	Evacuation Sheltering Interstate Conference @ Lake Tahoe
9/11/09	Med Surge Planner working on GAP analysis for hospital preparedness
9/11/09	EMTALA information distributed to IHCC participants
9/11/09	Discussed need for HSEEP Training
9/11/09	H1N1 update - Washoe County as 469 cases

9/11/09	Discussed WIPP (what training & equipment hospitals may need to be prepared if an accident were to occur)
9/11/09	Discussed the Institute of Medicine recent report concerning N95 masks requirements
9/14/09	Hazwopper Training Sept 14-18 th
9/17/09	TEPW (Training Exercise Planning Workshop)
9/18/09	ICS 100, 200 & 700 refresher course at Health Dept
10/9/09	Discussed Nov 17 th Mass Fatality Functional Exercise and hospitals participation
10/9/09	Discussed / Updated Annual Hospital Hazard Vulnerability Analysis (HVA)
10/9/09	Discussed Hospital planning for H1N1 - supplies, visitation, vaccine availability and plans activated
10/9/09	Discussed N95 mask shortage
10/9/09	NHA collecting HAM Radio MOUs (NHA received \$154,000 worth of radio equip for hospitals)
10/9/09	Discussed volunteer liability protection (statewide legislative issue)
10/17/09	Seasonal Flu shot POD held in Reno (Drive thru and walk thru)
11/13/09	2009/2010 HVA approved by IHCC
11/13/09	Hospital Evacuation Exercise grant funding approved; Contractor (Dee Grimm) hired to coordinate, organize and facilitate tabletop and full scale exercises
11/13/09	Hospitals discussed various adjustments to hospital visiting hours and changes due to H1N1
11/13/09	Discussed H1N1 PODs, impact on hospitals and vaccine distribution to community
11/17/09	Deadly Hazard Exercise (Mass Fatality Functional Exercise)
11/18/09	Community Wide Table Top exercise at St. Mary's Hospital
12/2/09	WebEOC training Dec 2-4, 2009 at REOC
12/11/09	Hospital Evacuation Subcommittee Meeting
12/11/09	H1N1 update - availability of vaccine increased, demand decreased, CDC guidelines adjusted so anyone can get vaccine
12/11/09	N95 Mask shortage and hospitals willingness to swap supplies addressed
12/11/09	Group advised National Level Exercise for May 17 th - cancelled
12/11/09	NHA working on an integrated statewide communication exercise for May
12/11/09	NHA addressing the FCC requirements at national level concerning hospital personnel operating HAM Radios
12/11/09	IHCC group agreed "bed capacity" should be the Medical Surge initiative for 2010
12/11/09	Discussed Hospitals participation in a Decon Training exercise with Reno Fire (June, 2010)



Washoe County Health District

DBOH AGENDA ITEM NO. 15.F.

January 21, 2010

TO: Members, District Board of Health
FROM: Mary A. Anderson, MD, MPH, FACPM
SUBJECT: District Health Officer's Report

Public Health Commission

At the invitation of the President of the Nevada State Medical Association, I agreed to extend my service through 2010 as co-chair of the Public Health Commission with Dr. Larry Sands of the Southern Nevada Health District. Our first meeting for 2010 was held on Monday, January 11th. The H1N1 influenza vaccination campaign was a topic of major interest. Our meeting happened to coincide with the beginning of the CDC campaign—National Influenza Vaccination Week—to raise awareness of the continuing need to take advantage of H1N1 vaccinations. Several of the commission members noted that there has been a decline in the interest to receive the H1N1 vaccine following the announcement that it was in good supply and available to all persons. We have noted a decreased response to our clinics in Washoe County.

Nevada Public Health Foundation (NPHF) Strategic Planning Session

As a board member of the Nevada Public Health Foundation, I participated in their annual strategic planning session on January 20, 2010. The NPHF is a small, "501c(3)" organization with the mission of strengthening public health in Nevada through statewide partnerships. All of the local health authorities as well as the University of Nevada and community agencies participate as members of the board.

National Association of Local Boards of Health (NALBOH) Conference Reminder

Soon it will be time to register for the annual NALBOH meeting which will be held in Omaha, Nebraska on August 5-7, 2010. If you are interested in attending, please let Janet Smith know so that she can make your arrangements. The announcement flyer is attached. Also note that the flyer mentions a webinar on the topic of "A Growing Hunger: The Nation's Demand for Information about Food and Nutrition" which will occur on April 8, 2010 at 1:00 pm Pacific Time.

Health Officer's Vacation Compensation Offer Declined

I respectfully decline the Board's offer of one hour of additional vacation leave per pay period that was recommended and approved during my evaluation at the December board meeting. In keeping with the spirit of declining additional salary compensation, I feel that it is important to avoid the negative perception that accepting any additional benefit might create during these challenging economic conditions. My decision does not diminish my gratefulness to the Board for your approval of the vacation time.

Mary A. Anderson, MD, MPH, FACPM
District Health Officer

DBOH AGENDA ITEM # 15.F.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

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18th Annual NALBOH Conference

● *Journey to the Future:
Facing Public Health Challenges Today for a Healthier Tomorrow*

Hilton Omaha – Omaha, Nebraska
August 5-7, 2010



11th Annual Ned E. Baker Lecture in Public Health

● *“A Growing Hunger:
The Nation’s Demand for
Information About
Food and Nutrition”*

April 8, 2010
4:00 PM Eastern



For information about
these two important
public health leadership events,
please visit www.nalboh.org.

National Association of Local Boards of Health
1840 East Gypsy Lane Road
Bowling Green, OH 43402
Phone: (419) 353-7714

N A L B O H
National Association of Local Boards of Health



EPI - NEWS

Page 1 of 2

In This Issue:

- ◆ Reporting Requirements and Protocol Guidelines for Infection Control of Hospitalized TB Patients

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REPORTING REQUIREMENTS AND PROTOCOL GUIDELINES FOR INFECTION CONTROL OF HOSPITALIZED TB PATIENTS

The purpose of this edition of the Epi - News is to assist hospitals in Washoe County to report suspect or confirmed tuberculosis (TB) disease and prevent disease transmission by initiating and maintaining isolation of infectious patients. Guidelines are based on Nevada Revised Statutes (NRS), Nevada Administrative Codes (NAC) and Centers for Disease Control and Prevention (CDC) published recommendations for TB control. Additional information for health care providers is available on the Washoe County Health District (WCHD) TB Prevention and Control Program website at:
<http://www.washoecounty.us/health/cchs/tbp.html>.

NRS defines the "Health Authority" as "the district health officer in a district, or his designee, or, if none, the State Health Officer, or his designee." Washoe County Health District serves as the health authority in Washoe County with the following excerpted responsibilities germane to this bulletin: (Added to NRS by 1989, 294) NAC 441A.355 Active tuberculosis: Duties and powers of health authority. (**NRS 441A.120**).

1. The health authority shall *investigate each report of a case having active tuberculosis or suspected case* considered to have active tuberculosis to confirm the diagnosis, to identify any contacts, to identify any associated cases, to identify the source of infection and to ensure that the case or suspected case is under the care of a health care provider who has completed a diagnostic evaluation and has instituted an effective course of medical treatment.
2. The health authority shall, pursuant to **NRS 441A.160**, take all necessary measures within his authority to *ensure that a case having active tuberculosis completes an effective course of medical treatment or is isolated or quarantined to protect the public health*.
(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)

REPORTING:

Nevada Revised Statute 441A.150¹ mandates that tuberculosis is a reportable disease and Nevada Administrative Code 441A.230 and 441A.235 specifies procedural requirements. Health care providers, medical facilities, laboratories, and all others who know of, or provide services to a person who has, or is suspected of having tuberculosis, are required by law to report the case to the local health authority.

If you are a health care provider, medical facility, or laboratory in Washoe County, please report **all confirmed and suspected cases of active tuberculosis** to the **Washoe County Health District Communicable Disease Program by fax at 328-3764** or phone at 328-2447. For faxed reports a *Confidential Case Report* form is available on line at:
<http://www.co.washoe.nv.us/repository/files/4/Blank%20Reporting%20Form.pdf>.

The following information should be included when reporting a confirmed or suspected case of tuberculosis to the local health authority:

- ◆ **Patient's full name**
- ◆ **Address**
- ◆ **Telephone number**
- ◆ **Date of birth (if known)**
- ◆ **Occupation (if known)**
- ◆ **Employer (if known)**
- ◆ **Date of disease onset**
- ◆ **Date of diagnosis**
- ◆ **Health care provider's name & contact information**
- ◆ **Any other information requested by the health authority, if available**

PREVENTING DISEASE TRANSMISSION

Factors that influence the likelihood of TB transmission:

- ◆ The Person with TB disease –
 - AFB smear positive
 - Cavitory lesions on CXR
 - The TB strain – some strains are more virulent than others
 - Lack of or inadequate cough hygiene
 - Undiagnosed TB disease (it is believed that most TB transmission occurs before TB is diagnosed and effective treatment is started.)²
 - Inadequate treatment
 - Has been on effective therapy less than 2 weeks
 - Over 10 years of age (children under 10 generally do not have the lung capacity to expel TB bacteria into the air)
- ◆ Exposure Environment
 - Small enclosed rooms
 - Limited air flow
 - Limited sunlight
- ◆ Exposure Time
 - The more time spent with the sick person the greater the risk of infection
 - Time spent is cumulative
- ◆ The Contact is:
 - Under 5 years of age
 - HIV positive
 - Other immunocompromising conditions

Nevada Administrative Code 441A.380 section 5 requires **that** "A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days."¹

Hospital infection control programs are encouraged to keep patients suspected or confirmed to have infectious tuberculosis in airborne infection isolation (AII) until at least 3 consecutive acid fast bacilli (AFB) negative smears have been collected, at

Please share this document with all physicians & staff in your facility/office.

least 8 hours apart, with at least one specimen an early morning specimen; the client has been on effective therapy at least 2 weeks **and** is improving clinically.

Respiratory therapy assisted/observed sputum collection is recommended when clinically indicated, e.g., when a patient has negative AFB sputum smears despite positive AFB smears from bronchial washings, or negative sputa smears in the presence of cavitary disease.

Hospitalized patients who have drug-susceptible TB disease that are deemed medically stable (including patients with positive AFB sputum smear results indicating pulmonary TB disease) **may** be discharged from the hospital to their home (private single dwelling residence, **not** a congregate setting) before converting AFB sputum smear results to negative **if all of the following criteria are met:**

Criteria for Hospital Discharge to Home: Patients with Suspected or Confirmed Drug-Susceptible Tuberculosis³

- A specific plan exists for follow-up care with the local tuberculosis (TB) control program.
AND
- The patient has been started on a standard multidrug antituberculosis treatment regimen and directly observed therapy (DOT) has been arranged.
AND
- No children aged <5 years or persons with immunocompromising conditions are present in the household.
AND
- All immunocompetent household members have been previously exposed to the patient.
AND
- The patient is willing to remain inside the home except for healthcare-associated visits until the patient has negative acid-fast bacilli (AFB) sputum smear results.

The TB Program can assist with resources for homeless or indigent patients stable for discharge but still infectious when the required conditions are met.

If a person is suspected or confirmed to have multi-drug resistant TB, isolation requirements are extended until **cultures** are consistently negative (**at least 3 consecutive negative cultures**).

DIAGNOSTICS: AFB SMEAR AND AFB CULTURE

AFB smear and AFB cultures provide valuable diagnostic information, indicate the degree of infectiousness, aid the determination of an appropriate drug regimen and the length of treatment and demonstrate response to treatment.

All clinical specimens suspected of containing mycobacteria should be cultured for the following reasons:

- ♦ Culture is much more sensitive than microscopy and is able to detect as few as 10 bacteria/ml of material,
- ♦ Growth of the organism is necessary for precise species identification,
- ♦ Current drug susceptibility testing methods require pure culture of the organisms, and
- ♦ Genotyping of cultured organisms may be useful to identify epidemiological links between patients or to detect laboratory cross-contamination.⁴

In adults, the sensitivity of sputum culture is 80% to 85% with a specificity of approximately 98%.⁴ The sensitivity of sputum culture is much lower in children, although the rate may be higher in HIV-infected pediatric patients, adolescents and children with adult type disease.⁴

Extrapulmonary Tuberculosis: Tissue specimens for the culture of *M. tuberculosis* should be placed in a transport medium or a normal saline solution. Formalin or other preservatives should not be used because these solutions kill or inhibit the growth of *M. tuberculosis*.⁵

♦ **Baseline:**

- Collect 3 sputa specimens, preferably morning, 24 hours apart. Alternatively 3 specimens may be collected at least 8 hours apart, with at least one specimen an early morning specimen.⁵

♦ **Monitoring:**

- **To determine when a patient is no longer infectious:** Collect one specimen every 1-2 weeks until an AFB smear negative specimen is produced. Collect 2 additional specimens. If the 2nd and 3rd specimens are also AFB smear negative the patient may be considered non-infectious. If either the 2nd or 3rd specimen is AFB smear positive return to collecting one specimen/week. Repeat this process until 3 consecutive negative AFB smears have been produced.
- **To determine response to therapy:** cultures are required at a minimum of once a month until at least two consecutive specimens are culture negative.⁶ Cultures that remain positive beyond the 2nd month of treatment are indicative of either drug resistance or mal-absorption.
- Patients with a high bacillary load (4+AFB) may continue to have positive AFB smears, but negative cultures after months of treatment. It is thought that these organisms are dead. However, repeat cultures should be obtained to confirm the earlier culture result was correct and not a false negative.⁷

Please contact Diane Freedman, RN, PHN, TB Coordinator for the Washoe County Health District, at 775-785-4787 for any questions.

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