

Washoe County



Matt Smith, Chair
Kitty Jung, Vice Chair
Denis Humphreys, OD
Sharon Zadra
George Hess, MD
David Silverman
Julia Ratti

Kevin Dick
District Health Officer

Leslie Admirand
Deputy District Attorney

Health District

WASHOE COUNTY HEALTH DISTRICT

1001 East Ninth Street, Reno, Nevada 89512
P.O. Box 11130, Reno, Nevada 89520
Telephone 775.328-2410 • Fax 775.328.3752
www.washoecounty.us/health

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, May 22, 2014, 1:00 p.m.

Place of Meeting: Washoe County Health District
1001 East Ninth Street, Building B
South Auditorium
Reno, Nevada 89512

All items numbered or lettered below are hereby designated **for possible action** as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

Time/ Item	Agenda Item	Presenter
1:00 p.m. *1.	Call to Order Pledge of Allegiance - Led by Invitation	Mr. Matt Smith
*2.	Roll Call	Ms. Dawn Spinola
*3.	Public Comment - Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
4.	Approval/Deletions to Agenda - May 22, 2014 Meeting	Mr. Matt Smith
5.	Approval/Additions/Deletions to Minutes - April 24, 2014 Regular Meeting	Mr. Matt Smith
*6.	Recognitions - A. Introduction of New Employee(s) – 1. Ashley Tatomer – Office Assistant II – AHS (4/28/14) 2. Ruben Estrada-Campos – Bilingual Office Assistant II - CCHS (5/19/14)	Mr. Matt Smith Mr. Kevin Dick

Time/ Item	Agenda Item	Presenter
	<p>B. Introduction of Independent Contractor Working on Community Health Assessment – Heather Kerwin</p> <p>C. Years of Service –</p> <ol style="list-style-type: none"> 1. Julio Peck-Garcia 10 years, hired 4/26/2004 2. David Kelly 10 years, hired 5/03/2004 	
7.	<p>Consent Agenda - Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</p> <p>A. Air Quality Management Cases</p> <ol style="list-style-type: none"> 1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board <ol style="list-style-type: none"> a. Nevada Recycling & Salvage LLC – Case No. 1156 Citation No. 5222 b. Reno Buick GMC Cadillac - Case No. 1155 Citation No. 5408 c. Roger Baylocq Case No. 1157 Citation No. 5223 <p>B. Budget Amendments / Interlocal Agreements:</p> <ol style="list-style-type: none"> 1. Approval of Grant Number 99T08401 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$96,034 (\$43,200 available for drawdown) for the period 4/1/14 through 3/31/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021. 2. Approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO 11077) to extend the contract period through June 30, 2015. 3. Retroactive approval of District Health Officer acceptance of Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$63,773 for the budget period Date of Execution through June 30, 2014 (BP1) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program. 4. Approval of Subgrant Amendment #4 from the Division of Public and Behavioral Health in the amount of \$697,173 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chairman to execute. 5. Acceptance of “Washoe County, Nevada Air Quality Trends (2004-2013)”. 	<p>Ms. Charlene Albee</p> <p>Ms. Erin Dixon</p> <p>Ms. Erin Dixon</p> <p>Ms. Patsy Buxton</p> <p>Ms. Patsy Buxton</p> <p>Ms. Charlene Albee</p>

Time/ Item	Agenda Item	Presenter
8.	Regional Emergency Medical Services Authority - A. Review and Acceptance of the REMSA Operations Reports for April, 2014 *B. Update of REMSA's Community Activities Since April, 2014	Mr. Jim Gubbels
9.	Approval of the Amended and Restated Franchise Agreement for Ambulance Service	Mr. Kevin Dick Ms. Brittany Dayton
10.	Approval of the Interlocal Agreement for Emergency Medical Services Oversight	Mr. Kevin Dick Ms. Brittany Dayton
11.	Approval of the Health Fund Revenue and Expenditure Report for April, 2014	Ms. Eileen Stickney
12.	Fiscal Year 15 Budget Update with possible direction to staff	Ms. Eileen Stickney
*13.	Staff Reports and Program Updates A. Administrative Health Services Officer – Staff reports are Agenda Items #10 and #11. B. Director, Air Quality Management - EnviroFlash, April Air Quality Index, RTC Electric Buses, Earth Day Celebrations, Planning and Monitoring, Permitting & Enforcement. C. Director, Community and Clinical Health Services - Divisional Update – Insight, Affordable Care Act, Data/Metrics, Program Reports. Program Update – Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal, Child and Adolescent Health, WIC. D. Director, Environmental Health Services - Food Program, Institutions Program, Land Development Program, UST/LUST Program, Vector-Borne Disease Program, Waste Management Program, General Environmental and EHS Inspections / Permits / Plan Review. E. Director, Epidemiology and Public Health Preparedness – Communicable Disease – Influenza, Middle East Respiratory Syndrome Coronavirus (MERS-CoV), Public Health Preparedness. F. District Health Officer - REMSA/EMS, Fundamental Review, Budget, Permit Software Project, Community Needs Assessment, Quality Improvement Initiative, Staffing, Other Events & Activities and Health District Media Contacts.	Ms. Eileen Stickney Ms. Charlene Albee Mr. Steve Kutz Mr. Robert Sack Dr. Randall Todd Mr. Kevin Dick
*14.	Board Comment - Limited to Announcements or Issues for Future Agendas	Mr. Matt Smith
15.	Emergency Items -	Mr. Kevin Dick
*16.	Public Comment - Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith

Time/ Item	Agenda Item	Presenter
17.	Adjournment	Mr. Matt Smith

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

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

The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

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

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

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Washoe County Health District Website www.washoecounty.us/health

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

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

DBOH AGENDA ITEM NO. 5
Washoe County



Members
Matt Smith, Chair
Kitty Jung, Vice Chair
Dr. Denis Humphreys
Sharon Zadra
Julia Ratti
Dr. George Hess
David Silverman

**Thursday, April 24, 2014
1:00 p.m.**

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

The Washoe County District Board of Health met in regular session on Thursday, April 24, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Determination of Quorum

Chair Smith called the meeting to order at 1:02 p.m. Commissioner Jung led the pledge to the flag.

2. Roll Call

The following Members and staff were present:

Members present: Chair Matt Smith
Vice Chair Kitty Jung
David Silverman
Dr. George Hess
Julia Ratti

Members absent: Dr. Denis Humphreys
Sharon Zadra

Staff present: Kevin Dick, District Health Officer
Leslie Admirand, Deputy District Attorney
Charlene Albee, Division Director, AQM
Steve Kutz, Division Director, CCHS
Robert Sack, Division Director, EHS
Eileen Stickney, Administrative Health Services Officer, AHS
Randall Todd, DrPH, EPHP Division Director
Daniel Inouye, Air Quality Supervisor, AQM
Phil Ulibarri, Public Information Officer, AHS
Brittany Dayton, Emergency Medical Services Coordinator, EPHP
Julie Hunter, Air Quality Specialist I, AQM
Stacy Hardie, Public Health Nurse Supervisor, CCHS
Kelli Seals, Health Educator II, CCHS
Steve Fisher, Department Computer Application Specialist, AHS
Amber English, Environmental Health Specialist, EHS
Krista Hunt, Environmental Health Specialist, EHS
Patsy Buxton, Fiscal Compliance Officer, AHS
Erin Dixon, Fiscal Compliance Officer, AHS
Laurie Griffey, Administrative Assistant 1, AHS
Dawn Spinola, Administrative Secretary/Recording Secretary, AHS

3. Public Comment

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

4. Approval/Deletions to Agenda

Dr. Hess moved to approve the agenda for the April 24, 2014, District Board of Health meeting. Mr. Silverman seconded the motion which carried five in favor and none against.

5. Approval of Minutes

Councilmember Ratti moved to approve the minutes of the March 6, 2014 District Board of Health special budget meeting as written. Dr. Hess seconded the motion which carried five in favor and none against.

Commissioner Jung moved to approve the minutes of the March 27, 2014 District Board of Health regular meeting as written. Dr. Hess seconded the motion which carried five in favor and none against.

6. Recognitions

Presented by Mr. Dick and Chair Smith

A. Promotions:

1. Reclass of Jennifer Howell from Program Coordinator to Health Educator Coordinator retro to 1/1/14

Mr. Dick congratulated Ms. Howell.

B. Years of Service:

1. Steve Fisher, 10 years, hired 3/22/2004
2. Amber English, 10 years, hired 4/26/2004
3. Krista Hunt, 10 years, hired 4/26/2004

Mr. Dick congratulated each of the employees for their years of service.

C. Achievements –

1. Clean Air Excellence Award

Mr. Dick explained the award has not been granted since 2011, has only been presented three times before, and only to major corporations. It was a great honor for the small Air Quality staff to receive the award. Ms. Hunter had traveled to Washington D.C. to receive the award. Mr. Dick recognized Mr. Ulibarri's contributions towards development of the project.

Mr. Dick presented Ms. Albee a Certificate of Senatorial Recognition received from Senator Dean Heller's office for the Keep it Clean campaign.

Mr. Ulibarri noted that the whole impetus behind the campaign started when Mr. Dick was Division Director of Air Quality. It had taken several years of work and Mr. Ulibarri stated he was pleased that Mr. Dick was now the Health Officer and had the opportunity to see the Division win the national award.

7. Proclamations

Presented by Mr. Dick and Chair Smith

A. National Bike Month and Bicycle Safety Month and Bike to Work, School and Fun Week

Mr. Dick read the proclamation.

Commissioner Jung moved to adopt the proclamation. Councilmember Ratti seconded the motion which was approved five in favor and none against. Ms. Hunter accepted the signed proclamation on behalf of the AQM Division.

B. Teen Pregnancy Prevention Month

Mr. Kutz read the proclamation.

Mr. Silverman moved to adopt the proclamation. Dr. Hess seconded the motion which was approved five in favor and none against. Ms. Hardie accepted the signed proclamation on behalf of the CCHS Division.

C. National Women’s Health Week

Mr. Kutz read the proclamation.

Councilmember Ratti moved to adopt the proclamation. Dr. Hess seconded the motion which was approved five in favor and none against. Ms. Seals accepted the signed proclamation on behalf of the CCHS Division.

D. National Emergency Medical Services Week

Mr. Dick read the proclamation.

Dr. Hess moved to adopt the proclamation. Mr. Silverman seconded the motion which was approved five in favor and none against. The signed proclamation was received by Dr. Todd, Ms. Dayton, Jim Gubbels and Klark Staffan of REMSA and attending REMSA Emergency Medical Services personnel.

8. Consent Agenda

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

A. Air Quality Management Cases

Staff Representative: Mr. Inouye

1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board
 - a. Ozburn-Hessey Logistics – Case No. 1146, NOV No. 5397
 - b. Tim Carlson – Case No. 1154, NOV No. 5409

B. Budget Amendments/Interlocal Agreements

1. Approval of Grant Agreement #A-00905414-0 from the U.S. Environmental Protection Agency (EPA) for partial funding in the amount of \$540,118 for the period 10/1/13 through 9/30/14 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.
Staff Representative: Ms. Dixon
2. Approve Notice of Subgrant Award from the Division of Public and Behavioral Health to provide funding in the total amount of \$113,000 for the period 03/29/14 through 03/28/15 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010; and if approved authorize the Chairman to execute.
Staff Representative: Ms. Buxton

3. Approval of amendments totaling an increase of \$9,512 in revenue and expense to the Ryan White Part B Grant Program (internal order # 11147) FY 14 budget.
Staff Representative: Ms. Buxton
4. Approve Interlocal Agreement between Washoe County Health District and Washoe County School District to open Point of Dispensing (POD) sites at Washoe County School District facilities in the event of a public health emergency; and if approved authorize the Chairman to execute.
Staff Representative: Ms. Buxton

Councilmember Ratti moved to approve the consent agenda. Dr. Hess seconded the motion which was approved five in favor and none against.

9. Regional Emergency Medical Services Authority

Presented by Jim Gubbels, President, REMSA

A. Review and Acceptance of the REMSA Operations Reports for March, 2014

Mr. Gubbels presented the report. Priority One compliance was 93 percent and Priority Two compliance was 97 percent. Eight-minute response was 92 percent, 15-minute response was 100 percent and the 20-minute response was 98 percent. Average Care Flight bill for the month was \$7,435, which brought the year-to-date average to \$7,915. The average Ground Service bill for the month was \$1,069, which brought the year-to-date ground average to \$1,067.

Dr. Hess moved to accept the REMSA operations report for March 2014. Councilmember Ratti seconded the motion which was approved five in favor and none against.

*B. Update of REMSA's Community Activities Since February, 2014

Mr. Gubbels noted two articles attached to the report. The first was a feature from the Reno Gazette-Journal describing the accomplishments of Cindy Green, a REMSA paramedic and lead Education Coordinator. The second article was regarding three REMSA employees that had received Red Cross Real Heroes Awards for acts of heroism performed above and beyond what is required for their employment. The recipients were Elizabeth Gameros, George Reade and Matthew Dixon.

Mr. Gubbels noted that Kevin Romero had been offered and accepted the position of Vice President of Operations.

Councilmember Ratti stated she had had the opportunity to be a judge for the American Red Cross awards, had an opportunity to see the competition and commended REMSA staff for coming out on top. She also commended the work that the American Red Cross does behind the scenes every day and thanked them for taking the time to celebrate heroes.

10. Approval of the Health Fund Revenue and Expenditure Report for March, 2014

Staff Representative: Ms. Stickney

Ms. Stickney presented the report. She noted FY14 was going into the closeout phase. She stated she had nothing in particular to report but was happy to answer any questions.

Dr. Hess asked about a proposal for a contract for collection services. Ms. Stickney asked if she could address that in the FY15 report as it was a part of that budget. She noted one item had to do with Medicaid, that some staff members would be getting additional training. Also a specialty clinic had helped bring in some additional revenue which showed in the expenditure report.

Dr. Hess moved to accept the report. Mr. Silverman seconded the motion which was approved five in favor and none against.

11. Fiscal Year 2015 Budget Update with possible direction to staff

Staff Representative: Ms. Stickney

Ms. Stickney presented the report. She explained that what was provided in the packet was different from last month. The updated information demonstrates where the District expects to be financially and explains variances. The tentative budget has been submitted to the Department of Taxation. The information was updated from what had been presented to the Board of County Commissioners (BCC) because it included the anticipated General Fund transfer amount. Barring anything catastrophic, the amount should not change, and so is being used for budget planning purposes. It is not formal until the BCC has a public hearing on May 19, 2014. Once it is adopted by the BCC, the Health District budget becomes final and will be submitted on June 1, 2014.

Ms. Stickney reiterated that the Women, Infants and Children's program (WIC) had gone over to Community and Clinical Health Services (CCHS). She noted the opening fund balance for FY15 is expected to be higher due to vacancies being held open through the end of FY14.

Ms. Stickney addressed Dr. Hess' earlier question, explaining there had been a budget item for new software for the revenue management system. Additionally budgeted was the \$20,000 for the Community Health Assessment and the funding needed for new staff for Vital Statistics and to support regional Emergency Medical Services oversight.

Ms. Stickney explained to the Board that, once the budget is adopted, staff would provide them with updated project accounting sheets to provide them with more detail regarding the different budget line items.

Dr. Hess moved to accept the report. Commissioner Jung seconded the motion which was approved five in favor and none against.

Councilmember Ratti opined the working relationship with the County was far superior than it had been in the past. She personally thanked the County Manager and the BCC and asked Commissioner Jung to take that message back to them on her behalf personally, and hopefully as an expression of the full Board, that they are grateful for the working relationship and coming to a conclusion that they think will work for the citizens of Washoe County.

Commissioner Jung stated she would do that. She agreed the relationship and the commitment to the District Board of Health had changed tremendously.

Chair Smith noted it was a great budget and thanked everyone on the Board, the BCC and staff.

Councilmember Ratti acknowledged there was still challenging work to be done.

Ms. Stickney opined the Health District was in a good place with the Fundamental Review. There is a path forward and a good foundation to proceed from under Mr. Dick's leadership.

12. Affirm that Mr. Kevin Dick was Appointed to the Position of District Health Officer by a Vote of the District Board of Health on October 24, 2013; that October 24, 2013 Constitutes the Annual Evaluation and Merit Anniversary Date for Mr. Dick; that Mr. Dick's Appointment Shall Continue for a Period of One Year from October 24, 2013, and Automatically Renew for Successive Periods, as Deemed Appropriate by the Board, Based on Satisfactory Performance as per the Employment Agreement entered into by Mr. Dick and the Board.

Presented by Chair Smith

Chair Smith presented the report.

Commissioner Jung stated for the record she expected they would conduct an annual performance review at the Board level and that item would be placed on the agenda by the Health Officer.

Mr. Dick clarified that he had initiated the review process based on the initial April anniversary date. Through discussion with the Chair, it was decided that October was more appropriate.

Chair Smith moved to approve that Mr. Dick's annual evaluation and merit anniversary date will be October 24, 2013. Deputy District Attorney Admirand recommended that he move that the date be October 24 so that it could carry forward to each year.

Chair Smith restated his motion to approve that Mr. Dick's annual evaluation and merit anniversary date will be October 24 of each year. Commissioner Jung seconded the motion.

Councilmember Ratti asked if the motion should include the clause that stated the contract would automatically renew as deemed appropriate by the Board, based on satisfactory performance as per the employment agreement entered into by Mr. Dick and the Board. Ms. Admirand confirmed it should.

Chair Smith amended his motion to include the language as suggested and Commissioner Jung stated the seconder agreed. The amended motion was approved five in favor and none against.

13. Staff Reports and Program Updates

- A. **Epidemiology and Public Health Preparedness** - Communicable Disease – Influenza, Public Health Preparedness and Emergency Medical Services.
Staff Representative: Dr. Todd

Dr. Todd stated he had nothing to add to the report and was available for questions.

- B. **Community and Clinical Health Services** - Program Update – Sexual Health, Divisional Update, Program Reports.
Staff Representative: Mr. Kutz

Mr. Kutz referenced the handout he had provided to the Board members which was a draft Epi-Newsletter set to go out that covered STD Awareness Month. Regarding the Affordable Care Act, during the prior week a Certified Application Counselor from Social Services had been on site and met with three individuals to help them with signing up for Medicaid. Statewide to date, approximately 45,000 individuals who have selected qualified health plans.

Mr. Kutz stated his supervisors were meeting to find more ways to provide ways to integrate clinical services between programs.

Dr. Hess asked if other resources had been located to take over the home visitation services that the Health District would be discontinuing. Mr. Kutz explained staff had been in discussion with Social Services and hospital social workers. Mr. Dick has been speaking with Assistant County Manager Kevin Schiller and Interim Social Services Director Ken Retterath regarding this topic.

Councilmember Ratti asked if the editorial penned by District Attorney Dick Gammick in support of home visitation programs referred to the same programs that were being discontinued. Mr. Kutz stated that his understanding was that the editorial was in reference to the nurse-family partnership programs that had been entertained but not implemented a number of years ago.

Mr. Dick noted he, Mr. Schiller and Mr. Retterath had discussed the program. The next funding opportunity for that will be in 2016. The concept will be looked at when the opportunity comes around to see if the Health District is in a position to be able to apply for and for clients to benefit from it.

Councilmember Ratti asked if Mr. Gammick was aware the Health District would no longer have the program. She was concerned the County may be sending conflicting messages about what

services are available to the public. Mr. Kutz explained that the medically needy will still be receiving services through Social Services. Additionally, they have a medical unit so they do see the medically-fragile children. The hospital social workers are aware of the situation.

C. Environmental Health Services - Food Program, Land Development Program, Vector-Borne Disease Program, Waste Management Program, General Environmental and EHS Inspection Totals.

Staff Representative: Mr. Sack

Mr. Sack stated he had nothing to add to the report and was available for questions.

D. Air Quality Management - Air Quality Management Division, Air Quality Monitoring Activity, Planning & Monitoring Activity, Permitting Activity, Compliance/Inspection Activity, Permitting & Enforcement Activity, Enforcement Activity

Staff Representative: Ms. Albee

Ms. Albee stated she had nothing to add to the report and was available for questions.

E. Administrative Health Services - No report this month.

Staff Representative: Ms. Stickney

Ms. Stickney stated she had nothing to add to the report and was available for questions.

F. District Health Officer - REMSA/EMS, Fundamental Review, Budget, Permit Software Project, Healthy Community Conversation, Community Needs Assessment, Quality Improvement Initiative, Staffing, Other Events & Activities and Health District Media Contacts.

Staff Representative: Mr. Dick

Mr. Dick presented his report. He explained progress was being made on developing the REMSA franchise agreement (FA) and he hoped to present that to the Board for approval at the May meeting as well as the Interlocal agreement for the Regional Emergency Management Services (EMS) oversight.

Mr. Dick provided an overview of the dashboard created for the purpose of displaying progress on each of the Fundamental Review goals. Dr. Hess asked if it would be posted to the website and Mr. Dick stated it could be. His goal was to use it to provide a monthly update and he would provide more detailed update information on a quarterly basis.

Commissioner Jung asked why Item 6, regarding consideration of tiered levels of services for EHS programs and services, was noted as being in the Parking Lot or Not Recommended category. Mr. Dick replied it was dependent upon discussions with user groups and the regulated community, as well as defining true costs and establishing cost recovery methods through fees. Commissioner Jung opined that the Parking Lot and Not Recommended items should be designated separately.

Dr. Hess asked if the Board members would be receiving an outline of any changes to the current FA and EMS Interlocal. Mr. Dick explained a draft FA had gone to the County and City managers and comments were requested by close of business on April 25, 2014 so that the comments could be addressed and a final draft document available for a meeting with the EMS Executive Committee on Friday, May 2, 2014. The full EMS working group will also meet that day. The final agreement will be provided to the Board at the May meeting. Mr. Dick offered to meet with any Board members that would like to go over the agreement prior to that. He will provide the document to the members prior to meeting with them individually.

Councilmember Ratti opined it would be helpful if the sections of the FA could be noted with how they aligned with the Tri-Data recommendations. Mr. Dick agreed it was a good idea and committed to attempting to do so.

Mr. Dick announced Ms. Stickney's resignation, effective August 8, 2014. He congratulated her and thanked her for her 20 years of service in support of the Health District. He noted they were

working on a succession plan and that she had chosen the August date because she felt that would be the best time of the year to transition the budget process over to whoever takes her place.

14. Board Comment

None.

15. Emergency Items

None.

16. *Public Comment

None.

17. Adjournment

At 1:51 p.m., Councilmember Ratti moved to adjourn. Dr. Hess seconded the motion which was approved five in favor and none against.

Respectfully submitted,



Kevin Dick
District Health Officer



Dawn Spinola, Administrative Secretary/Recording Secretary

Approved by Board in session on _____, 2014.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

AIR QUALITY MANAGEMENT DIVISION

DATE: May 22, 2014
 TO: District Board of Health
 FROM: Charlene Albee, Division Director, Air Quality Management
 SUBJECT: Nevada Recycling & Salvage LLC – Case No. 1156
 Unappealed Citation No. 5222

Recommendation

Air Quality Management Division Staff recommends that Citation No. 5222 be upheld and a fine of \$1,300 be levied against Nevada Recycling & Salvage LLC for the installation of equipment without submitting an application for an Authority to Construct/Permit to Operate. Installation of equipment without an Authority to Construct Permit is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000 Source Permitting and Operation. This is a negotiated settlement.

Recommended Fine: \$2,583.00

Negotiated Fine: **\$1,300.00**

Background

On March 26, 2014, Air Quality Management received a complaint from the Environmental Health Services Division regarding fugitive dust from the operation of the load out area at the Nevada Recycling & Salvage LLC facility located at 1085 Telegraph Street in Reno. Additionally, information was provided regarding the operation of a diesel fired generator within the facility. On March 27, 2014, Division Director Charlene Albee directed Air Quality Specialist II Joshua Restori and Air Quality Specialist II Kristina Craig to investigate the complaint.

Upon arrival, Specialists Restori and Craig met with Jason Pantone, a supervisor at the facility, to conduct a complaint investigation. An inspection of the enclosed load out area resulted in the determination the 'enclosure' was not being maintained in compliance with Permit to Operate No. A06-0055, specifically Condition No. 2, which stipulates:

The operator must implement acceptable methods to prevent airborne particulate matter created as a result of this operation. As necessary, fugitive emissions must be controlled using acceptable techniques such as water sprays, enclosures, tarps, etc.

As the equipment was not in operation at the time of the investigation, Specialist Restori issued a warning to Mr. Pantone to complete the necessary repairs to the 'enclosure' walls around the load out area within 30 days.

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DBOH/Nevada Recycling & Salvage LLC/ Case 1156
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Specialists Restori and Craig accompanied Mr. Pantone to the cardboard bailer and associated generator location. Mr. Pantone reviewed the equipment associated with the cardboard bailing process; advising it was expensive for the facility to connect the necessary electrical power to the building to operate the bailer; therefore, the owner was purchasing the diesel-powered generator to operate the bailer. Specialist Restori determined the generator was a 492 kW (660 hp) unit which requires a Permit to Operate. Specialist Restori advised Mr. Pantone the generator was not in compliance with the regulations.

Mr. Christopher Biesler, owner of Nevada Recycling and Salvage, arrived and met with Specialists Restori and Craig. Specialist Restori identified the repairs, which would have to be completed within 30 days, to the 'enclosure' surrounding the load out area. Specialist Restori further advised an application for an Authority to Construct/Permit to Operate the 492 kW generator was required to be submitted within 24 hours.

Based on the results of the inspection and file review, Specialist Restori issued Notice of Violation Citation No. 5222 for a major violation of Section 030.000, Source Permitting and Operation. The required application for an Authority to Construct Permit was submitted to the Air Quality Management Office on March 27, 2014.

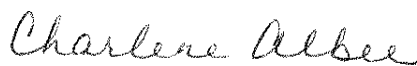
Settlement

On April, 4, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialists Restori and Craig along with Mr. Christopher Biesler. Sr. Specialist Cerfoglio explained the importance of submitting an application for an Authority to Construct/Permit to Operate prior to the installation or modification of any equipment. After reviewing the conditions of the permit and consideration of all the facts presented in the case, Sr. Specialist Cerfoglio proposed Citation No. 5222 be upheld with a fine of \$1,300. Mr. Biesler agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

Alternatives

1. The Board may determine that no violation of the regulations has taken place and dismiss Citation No. 5222.
2. The Board may determine to uphold Citation No. 5222 and levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to revise the penalty, the matter should be continued to allow Nevada Recycling & Salvage to be properly noticed.



Charlene Albee, Director
Air Quality Management Division

CA/DC: jbs



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



NOTICE OF VIOLATION

NOV 5222

DATE ISSUED: 3/27/14

ISSUED TO: Nevada Recycling & Salvage LLC PHONE #: (775) 690-0817

MAILING ADDRESS: 1085 Telegraph St CITY/ST: Reno, NV ZIP: 89502

NAME/OPERATOR: Christopher Bielser PHONE #: (775) 690-0817

PERMIT NO. No Permit COMPLAINT NO. CMP14-0039

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 03/27/14 (DATE) AT 10:30 a.m. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Operating a 492 kW diesel generator without an Permit to Operate issued by Washoe County Air Quality Management Division

LOCATION OF VIOLATION: 1085 Telegraph St Reno, NV (North side interior building)

POINT OF OBSERVATION: Direct

Weather: Cloudy 46 °F 20 mph Wind Direction From: N E (S) W

Emissions Observed: None
(If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective 10:30 a.m. 3/27/14 (date) you are hereby ordered to abate the above violation within 30 hours/days I hereby acknowledge receipt of this warning on the date indicated.
Repair enclosures on waste load out area. Signature _____

CITATION: You are hereby notified that effective on 3/27/14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: _____ Date: 3/27/14

Issued by: Joshua Restori Title: AQS II



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: April 4, 2014
Company Name: Nevada Recycling + Salvage LLC.
Address: 1085 Telegraph Street
Notice of Violation No.: 5222 Case No.: 1156

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030,000 Operating w/o Permit
500 KW Mobile Generator

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,300⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on May 22, 2014.

[Signature]
Signature of Company Representative

Chris Bierser
Print Name

President
Title

[Signature]
Witness

[Signature]
Witness

[Signature]
Signature of District Representative

DENNIS A. CERFOGLIO
Print Name

Sr. Air Quality Spec.
Title

[Signature]
Witness

Witness

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 2,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit Project Size – Less than 10 acres Project Size – 10 acres or more	\$ 500 + \$50 per acre \$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

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

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

Company Name Nevada Recycling & Salvage LLC
 Contact Name Christopher Bielser

Case 1156 NOV 5222 Complaint CMP14-0039

Violation of Section 030.000 Operating without a Permit to Operate

I. Base Penalty as specified in the Penalty Table = \$ 2000.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

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

Comment: Operation of diesel powered genset without a Permit to Operate

2. Toxicity of Release

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

Comment: Criteria pollutants associated with genset emissions

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

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

Comment: Located in an commercial area

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

B. Adjusted Base Penalty

Base Penalty \$ 2000 x Adjustment Factor 1 = \$ 2000.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 2000 x Number of Days or Units 1 = \$ 2000.00

Comment: Unit was observed in operation for one day

D. Economic Benefit

Avoided Costs \$ 583 + Delayed Costs \$ 0 = \$ 583.00

Comment: Cost of submitting an Authority to Construct for the genset

Penalty Subtotal

Adjusted Base Penalty \$ 2000 + Economic Benefit \$ 583 = \$ 2583.00

W. .oe County Air Quality Management
 Permitting & Enforcement Branch
 Recommended Fine Calculation Worksheet

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>25%</u>
B. Mitigating Factors (0 – 25%)	-	<u>25%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment: <u>Negotiated Settlement</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>0%</u>
Comment: <u>NOV #4554 issued on 10/26/06</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u> </u>
Comment: <u> </u>		
Similar Violation within past 3 year (10 - 25%)	+	<u> </u>
Comment: <u> </u>		
Previous Unrelated Violation (5 – 25%)	+	<u> </u>
Comment: <u> </u>		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-50%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:			
\$ <u>2583.00</u>	x	<u>-50%</u>	= <u>-1291.50</u>
Penalty Subtotal		Total Adjustment Factors	Total Adjustment Value
(From Section II)		(From Section III)	

Additional Credit for Environmental Investment/Training - \$ 0
 Comment: N/A
 Adjusted Penalty:

\$ <u>2583.00</u>	+/-	\$ <u>-1291.50</u>	=	\$ <u>1300.00</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

J.C. Rao
 Air Quality Specialist
Dennis Cerfoglio
 Supervisor

4/9/14
 Date
4/17/14
 Date

WASHOE COUNTY



HEALTH DISTRICT

PERMIT TO OPERATE

An Air Pollution Emission Source

No. A06-0055

Issued By Air Quality Management Division, Washoe County Health District

P.O. Box 11130, Reno, Nevada 89520-0027 • Phone (775) 784-7200

ISSUED TO: NEVADA RECYCLING & SALVAGE, LLC Gen Air - MiscellaneousADDRESS: 1085 TELEGRAPH STREET, RENO NV, 89502LOCATION: 1085 TELEGRAPH STREET, RENO, NV 89502EQUIPMENT COVERED UNDER THIS PERMIT CONSTRUCTION DEBRIS HANDLING AND DISPOSAL INCLUDING POWERSHREDDER 2400, MFG BY POWERSCREEN

THE CONDITIONS OF OPERATION LISTED ON THIS PERMIT SUPERCEDE ALL PREVIOUS PERMIT CONDITIONS

CONDITIONS OF OPERATION LISTED ON THIS PERMIT:

- A. ALTERATIONS: This permit becomes void upon any change of ownership or address or any alteration of permitted equipment.
- B. POSTING: This permit shall be posted on or near the equipment listed above. This permit shall be made readily available at all times while the equipment is operating.
- C. MODIFICATION OF EQUIPMENT: Any modification of the equipment other than normal repair and maintenance will require a new permit.
- D. RECORDS: Any records of operation which effect the potential of the source to emit air pollutants, such as fuel or products consumed, products produced, hours of operation, chemicals or supplies used in source operation, must be maintained for a period of at least 5 years and made available to the Control Officer upon request.
- E. EQUIPMENT FAILURE: All upset or breakdown conditions resulting in increased emissions or air pollutants shall be reported in compliance with District regulations, Section 020.075 and 020.076.
- F. ACCESS: The Control Officer will be provided access to the facility to inspect operations and equipment covered under this permit whenever necessary to determine compliance with this permit and any other air pollution limitations specified in District regulations.

ADDITIONAL CONDITIONS:

- 1: The annual throughput/consumption figures must be submitted in writing to the A.Q.M.D. no later than the 20th of the month, approximately 6 weeks prior to the expiration date of the permit.
- 2: The operator must implement acceptable methods to prevent airborne particulate matter created as a result of this operation. As necessary, fugitive emissions must be controlled using acceptable techniques such as water sprays, enclosures, tarps, etc.
- 3: The shredder will only process green waste and/or bulk waste wood. No other materials may be processed through the shredder without prior written approval from the Air Quality Management Division.
- 4: All equipment must be maintained and operated in accordance with the manufacturer's guidelines to reduce the risk of excess emissions.
- 5: Shredded material must not be allowed to become airborne. Spillage must be promptly cleaned up to reduce fugitive emissions.
- 6: Emissions from the process must not exceed 20% opacity or Ringelmann number 1 for more than 3 minutes per hour -- Section 040.005.A.
- 7: The operator will not discharge or cause the discharge of odorous emissions which result in confirmed violations of District Regulations Governing Air Quality Management, specifically Section 040.055. Upon confirmation of a violation of the odor regulation, the operator must submit a plan to reduce the odorous emissions within 30 days of Notice by the Control Officer.
- 8: Bulk wastewood must be free of all toxic and/or hazardous materials prior to shredding.

Joseph P. Iser MD, DrPH, MS

CONTROL OFFICER

04/30/2014

EXPIRATION DATE

\$365.00

ANNUAL RENEWAL FEE

A06-0055

PERMIT NO.

FAILURE TO COMPLY WITH THE CONDITIONS OF THIS PERMIT MAY RESULT IN CITATIONS OR PERMIT REVOCATION



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

AIR QUALITY MANAGEMENT DIVISION

DATE: May 22, 2014
 TO: District Board of Health
 FROM: Charlene Albee, Director, Air Quality Management Division
 SUBJECT: Reno Buick GMC Cadillac - Case No. 1155
 Unappealed Citation No. 5408

Recommendation

Air Quality Management Division Staff recommends Citation No. 5408 be upheld and a fine of \$1,032 be levied against Reno Buick GMC Cadillac for modification of permitted equipment without submitting an application for an Authority to Construct. Modification of equipment without an Authority to Construct is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.2175 Operations Contrary to Permit. This is a negotiated settlement.

Recommended Fine: \$2,580.00

Negotiated Fine: **\$1,032.00**

Background

On March 7, 2014, Air Quality Specialist II Suzanne Dugger arrived at Reno Buick GMC Cadillac, located at 900 Kietzke Lane in Reno, to perform a routine annual inspection. Specialist Dugger was accompanied by Mr. Greg Overby, the Facility Manager. During the inspection, Specialist Dugger determined the equipment identified on Permit to Operate No. E00167A had been removed and replaced. Upon reviewing the file, Specialist Dugger determined there was no record of an application for an Authority to Construct for the new equipment.

Specialist Dugger inquired as to the status of the required application for modification of the permitted equipment. Mr. Overby indicated he was unaware of the requirement to permit the new equipment. Specialist Dugger explained to Mr. Overby the requirement to submit an application in accordance with Permit to Operate No. E01167A, Condition A which states:

ALTERATIONS: This permit becomes void upon any change of ownership or address or any alteration of permitted equipment.

Additionally, Condition C states:

MODIFICATION OF EQUIPMENT: Any modification of the equipment other than normal repair and maintenance will require a new permit.

May 22, 2014
DBOH/Reno Buick GMC Cadillac / Case 1155
Page2

Based on a review of the file and the results of the inspection, Specialist Dugger issued Notice of Violation Citation No. 5408 for a major violation of Section 030.2175, Operations Contrary to Permit.

Settlement

On April 9, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Dugger, and Mr. Ken Alexander, General Manager of Reno Buick GMC Cadillac via telephone. Specialist Cerfoglio explained the importance of submitting an application for an Authority to Construct Permit prior to the installation or modification of any equipment. After reviewing the conditions of the permit and consideration of all the facts presented in the case, Sr. Specialist Cerfoglio proposed Citation No. 5408 be upheld with a fine of \$1,032. Mr. Alexander agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

The required application for an Authority to Construct was submitted to the Air Quality Management Office on March 10, 2014.

Alternatives

1. The District Board of Health may determine that no violation of the regulations has taken place and dismiss Citation No. 5408.
2. The Board may determine to uphold Citation No. 5408 and levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines a revision to the penalty, the matter should be continued to allow Reno Buick GMC Cadillac to be properly noticed.



Charlene Albee, Director
Air Quality Management Division

CA/DC/jbs



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



NOTICE OF VIOLATION

NOV 5408

DATE ISSUED: 3-7-2014

ISSUED TO: RENO BUICK GMC PHONE #: 329-0384 0831
CADILLAC

MAILING ADDRESS: 900 KIETZKE LN. CITY/ST: RENO ZIP: 89502

NAME/OPERATOR: GREG OVERBY PHONE #: _____

PERMIT NO. E00166A COMPLAINT NO. _____

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 3-7-2014 (DATE) AT 9:00 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: VIOLATION OF PERMIT CONDITION (A) ALTERING PERMITTED EQUIPMENT WITHOUT SUBMITTING PRIOR APPLICATION MODIFICATION APPLICATION

LOCATION OF VIOLATION: 900 KIETZKE LN, RENO NV 89502

POINT OF OBSERVATION: ONSITE INSPECTION

Weather: CLEAR Wind Direction From: N E S W

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

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

Signature _____

CITATION: You are hereby notified that effective on 3-7-2014 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 5 DAYS hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: _____ Date: _____

Issued by: Sharon Duggan Title: AQSI

PETITION FOR APPEAL FORM PROVIDED

Apr. 9. 2014 9:35AM

DBOH AGENDA ITEM No. 2 A.1.b.



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
MEMORANDUM OF UNDERSTANDING

AIR QUALITY MANAGEMENT DIVISION
WASHOE COUNTY HEALTH DISTRICT

Date: April 9, 2014
Company Name: Reno-Buick-GMC-Cadillac Dealer
Company Address: 900 Kietzke Lane
Notice of Violation No.: 5408 Case No.: 1155
Location of Violation: 900 Kietzke Lane

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced Citation for the violation of Regulation: 030.2175 Operations Contrary to Permit. All permitted equipment changed w/o Authority to Construct

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,032.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on May 22, 2014.

Signature of Company Representative: Kenneth B. Alexander

Signature of District Representative: Dennis A. Cerfoglio

Print Name: Kenneth B. Alexander

Print Name: DENNIS A. CERFOGLIO

Title: G.M.

Title: Sr. Air Quality Spec.

Witness: [Signature]

Witness: [Signature]

Witness: Rita L Schmidt-Timm

Witness: SUZANNE DUGGER

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

Company Name Reno Buick GMC Cadillac Car Dealership
 Contact Name Greg Overby

Case 1155 NOV 5408 Complaint CMP-0030

Violation of Section 030.2175 Violation of Permit Condition

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

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

Minor - 0.5 Moderate - 0.75 Major - 1.0 Adjustment Factor 1.0

2. Toxicity of Release

Criteria Pollutant - 1x

Hazardous Air Pollutant - 2x Adjustment Factor NA

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor 1.0

Total Adjustment Factors (1 x 2 x 3) = 1.0

B. Adjusted Base Penalty

Base Penalty \$2500.00 x Adjustment Factor 1.0 = \$ 2500.0

C. Multiple Days or Units in Violation

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

D. Economic Benefit

Avoided Costs \$ 80.00 + Delayed Costs \$ _____ = \$ _____

Application for authority to construct/Modify permit to operate fuel burning equipment

Penalty Subtotal

Adjusted Base Penalty \$2500.00 + Economic Benefit \$ 80.00 = \$2580.00

III. Penalty Adjustment Consideration

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

B. Mitigating Factors (0 – 25%) +/- -25 %

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

C. Compliance History

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

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

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

Previous Unrelated Violation (5 – 25%) + %

Total Penalty Adjustment Factors – sum of A, B, & C -60 %

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>2580.00</u> Penalty Subtotal (From Section II)	x <u>.60</u> % Total Adjustment Factors (From Section III)	= <u>1548.00</u> Total Adjustment Value
--	--	--

Additional Credit for Environmental Investment/Training _____

Adjusted Penalty:

\$ <u>2580.00</u> Penalty Subtotal (From Section II)	+/- \$ <u>1548.00</u> Total Adjustment Value (From Section III + Credit)	= \$ <u>1032.00</u> Recommended/Negotiated Fine
--	--	---


Air Quality Specialist

4-9-2014
Date

COMPLAINT INVESTIGATION REPORT
Washoe County Air Quality Management Division

Complaint Number: CMP14-0030

Complaint Status: ASSIGNED

Source of Complaint: INVESTIGATOR

Complaint Type: PERMIT

Date Received: 03/07/2014

Time: 9:00 A.M.

Inspector: SDUGGER

Inspector Area: 3

Complaint Description: RENO-BUICK-GMC-CADILLAC CAR DEALERSHIP

Address: 900 KIETZKE LN RENO

Location:

Parcel Number: 01331206

Related Permit Number: E00166A

Complainant:

SUZANNE DUGGER
AIR QUALITY SPECIALIST II
101 E 9TH STREET #B171
RENO NV 89512
784-7217

Responsible Party:

RENO-BUICK-GMC-CADILLAC DEALER

900 KIETZKE LANE
RENO NV 89502
329-0831

Investigation:

3-7-2014 During an annual permit renewal inspection it was determined that all the current permitted fuel burning equipment had been removed and replaced. At this time I informed Mr. Overby, facility manager of GMC, that removing and replacing this equipment without first notifying AQMD is a violation of permit condition A of operating EOO167A. Due to the violation I issued NOV. #5408 for violation of 030.2175 violation of permit condition. I returned on March 17, 2014 to obtain the updated equipment list and to obtain the new authority to construct application with fees.

An appeal form was given with the NOV.

Enforcement Activities

Warning Citation...:
NOV.....: 03/07/2014

Citation Number: 0
NOV Number....: 5408
Case Number.....: 0
Amount.....: \$0.00

Settlement.....:
Appealed.....:
Upheld.....:

Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON
Date Assigned.....: 03/07/2014

Completed Date.... 3-18-2014
Completed By..... DAC

WASHOE COUNTY



HEALTH DISTRICT

PERMIT TO OPERATE

An Air Pollution Emission Source

No. E00167A

Issued By Air Quality Management Division, Washoe County Health District

P.O. Box 11130, Reno, Nevada 89520-0027 • Phone (775) 784-7200

ISSUED TO: RENO BUICK GMC CADILLAC Gen Air - Fuel Burning

ADDRESS: PO BOX 7380, RENO NV, 89510

LOCATION: 900 KIETZKE LANE, RENO, NV 89502

EQUIPMENT COVERED UNDER THIS PERMIT FUEL BURNING EQUIPMENT INCLUDING (2) Vantage Radiant Heaters, (13) Reznor Unit Heaters, (8) Carrier Rooftop Units, MAXIMUM AGGREGATE HEAT INPUT 9.52 mmBTU/HR

THE CONDITIONS OF OPERATION LISTED ON THIS PERMIT SUPERCEDE ALL PREVIOUS PERMIT CONDITIONS

CONDITIONS OF OPERATION LISTED ON THIS PERMIT:

- A. **ALTERATIONS:** This permit becomes void upon any change of ownership or address or any alteration of permitted equipment.
- B. **POSTING:** This permit shall be posted on or near the equipment listed above. This permit shall be made readily available at all times while the equipment is operating.
- C. **MODIFICATION OF EQUIPMENT:** Any modification of the equipment other than normal repair and maintenance will require a new permit.
- D. **RECORDS:** Any records of operation which effect the potential of the source to emit air pollutants, such as fuel or products consumed, products produced, hours of operation, chemicals or supplies used in source operation, must be maintained for a period of at least 5 years and made available to the Control Officer upon request.
- E. **EQUIPMENT FAILURE:** All upset or breakdown conditions resulting in increased emissions or air pollutants shall be reported in compliance with District regulations, Section 020.075 and 020.076.
- F. **ACCESS:** The Control Officer will be provided access to the facility to inspect operations and equipment covered under this permit whenever necessary to determine compliance with this permit and any other air pollution limitations specified in District regulations.

ADDITIONAL CONDITIONS:

- 1: The annual throughput/consumption figures must be submitted in writing to the A.Q.M.D. no later than the 20th of the month, approximately 6 weeks prior to the expiration date of the permit.
- 2: All fuel burning equipment must be properly maintained according to the manufacturer's specifications.
- 3: Equipment must be properly vented to the outside.
- 4: Emissions from the process stack(s) must not exceed 20% opacity or Ringelmann number 1 for more than 3 minutes per hour -- Section 040.005.A.
- 5: When fuel oil is the type of fuel burned, the oil sulfur content must not exceed 1% sulfur by weight -- Section 040.060.A. Without approval from the Air Quality Management Division (AQMD), number 5 or number 6 fuel oil cannot be used.
- 6: Burner(s) will operate within established temperature limits set by the manufacturer.
- 7: The operator must notify the Air Quality Management Division in the event that the primary type of fuel burned is switched from natural gas to fuel oil or from fuel oil to natural gas.

Kevin A. Dil

CONTROL OFFICER

04/30/2015

EXPIRATION DATE

\$299.00

ANNUAL RENEWAL FEE

E00167A

PERMIT NO.

FAILURE TO COMPLY WITH THE CONDITIONS OF THIS PERMIT MAY RESULT IN CITATIONS OR PERMIT REVOCATION



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

AIR QUALITY MANAGEMENT DIVISION

DATE: May 22, 2014
 TO: District Board of Health
 FROM: Charlene Albee, Director, Air Quality Management Division
 SUBJECT: **Roger Baylocq Case No. 1157**
Unappealed Citation No. 5223

Recommendation

Air Quality Management Division Staff recommends Citation No. 5223 be upheld and a fine of \$1,200 be levied against Mr. Roger Baylocq for failure to have an asbestos survey performed by a qualified individual and submitted to Air Quality Management for the issuance of an Acknowledgement of Asbestos Assessment prior to the demolition/renovation of a commercial facility. Conducting demolition/renovation activities without submitting an asbestos survey for the issuance of an Acknowledgement of Asbestos Assessment is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B)(10) National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - Asbestos, which is implemented through Section 030.107, Hazardous Air Pollutants. This is a negotiated settlement.

Recommended Fine: \$3,062.00

Negotiated Fine: **\$1,200.00**

Background

On April 2, 2014, Air Quality Specialist Kristina Craig notified Air Quality Specialist Joshua Restori of a renovation occurring at the former Eagle's Nest Bar located at 12725 South Virginia Street in Reno, Nevada. A review of the file records determined there was no evidence of an asbestos survey for that address. Arriving on site, Specialists Craig and Restori observed a young man standing outside of the building next to a white Ford pickup truck loaded with drywall debris. Much of the drywall debris contained acoustic ceiling surfacing material which was brown in paint color.

Specialist Restori met with the laborer, Ryan, and discussed the renovation activity at the bar. Ryan stated 'he was a friend of the owner and was hired to remove the ceiling materials to repair a broken pipe'. Specialist Restori asked Ryan if he was aware the drywall, joint compound and acoustic ceiling could contain asbestos and if an asbestos survey had been conducted on the materials prior to the disturbance. Ryan stated he was not aware the materials could contain asbestos and he was not aware if testing had been completed. At that time Specialist Restori issued a Stop Work Order for all renovation work until an asbestos survey was conducted and an Acknowledgement of Asbestos Assessment was obtained from Air Quality Management.

Specialist Restori contacted Mr. Roger Baylocq, the property owner, to advise him of what had occurred and the issuance of the Stop Work. Mr. Baylocq stated he 'was only minutes away' and he 'would like to meet with Specialist Restori on site if possible'. When Mr. Baylocq arrived on site, Specialist Restori explained the asbestos testing requirements and process for submitting the results to Air Quality Management. Mr. Baylocq stated he 'understood the issue, but was not aware that a survey was required for removing such a small amount of drywall'.

May 22, 2014
DBOH/Mr. Roger Baylocq/Case No. 1157
Page2

Based on the results of the records review and field inspection, Specialist Restori issued Notice of Violation Citation No. 5223 for a major violation of Section 030.2175 (A) Asbestos Sampling and Notification.

On April 3, 2014, Roger Baylocq contacted Specialist Restori to advise he had hired Tom Wise Consulting to conduct an asbestos survey sampling of the material, which had been disturbed from the ceiling, and any material that would be disturbed in future renovations. Mr. Baylocq stated the sample results would be available no later than April 9, 2014.

On April 9, 2014, Mr. Baylocq hand delivered the asbestos survey which had been completed by Wise Consulting and Training on April 3, 2014. The results indicated there was no asbestos detected in the materials disturbed by removal of the ceiling over the bar area. The report did identify 1 – 5% chrysotile asbestos in the mastic under the tiles in the kitchen area. Mr. Baylocq stated this area was not included in the planned scope of work for the renovation.

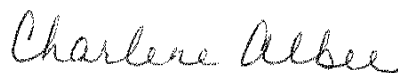
Settlement

On April 23, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Restori and Mr. Roger Baylocq. Sr. Specialist Cerfoglio carefully explained to Mr. Baylocq his responsibilities as a commercial property owner to arrange for an asbestos survey and provide notification to Air Quality Management prior to any renovation or demolition procedures. Mr. Baylocq stated he now understands his responsibilities and in the future he will comply. After careful consideration of all the facts in the case, Sr. Specialist Cerfoglio recommended Citation No. 5223 be upheld with a fine of \$1,200. Mr. Baylocq agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

Alternatives

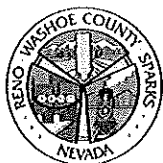
1. The District Board of Health may determine that no violation of the regulations has taken place and dismiss Citation No. 5223.
2. The Board may determine to uphold Citation No. 5223 and levy any fine in the range of 0 to \$10,000 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow Mr. Baylocq to be properly noticed.



Charlene Albee, Director
Air Quality Management Division

CA/DC: jbs



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



NOTICE OF VIOLATION

NOV 5223

DATE ISSUED: 4/2/14

ISSUED TO: Roger Baylorg PHONE #: (775) 378-7823

MAILING ADDRESS: 12725 S. Virginia CITY/ST: Reno, NV ZIP: 89511

NAME/OPERATOR: Roger Baylorg PHONE #: (775) 378-7823

PERMIT NO. No Permit COMPLAINT NO. CMP14-0045

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 4/2/14 (DATE) AT 4:30 pm (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|--|---|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> OTHER <u>030.107 A</u> |

VIOLATION DESCRIPTION: Demolition of drywall ceiling with acoustic texture prior to conducting an asbestos survey and submitting an Asbestos Assessment Acknowledgement Form to WC Air Quality Management

LOCATION OF VIOLATION: Direct

POINT OF OBSERVATION: Direct

Weather: 52°F 10-15 mph Wind Direction From: N E S W

Emissions Observed: None
(If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature _____

CITATION: You are hereby notified that effective on 4/2/14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 48 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: _____ Date: 4/2/14

Issued by: Joshua C. Restori Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

STOP WORK

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION
401 RYLAND STREET, SUITE 331, RENO, NV 89502-1463
PHONE 784-7200

DATE 04/02/14 TIME 4:30 p.m.
OWNER/OPERATOR Roger Baylock
ADDRESS 12725 S. Virginia St. Reno, NV 89511
EQUIPMENT DESCRIPTION Demolition of drywall
(ceiling) prior to Asbestos Sampling
NOTICE OF VIOLATION # 5223 DATE 4/2/14

- 30.105 Asbestos Removal
- 40.080 Gas Station Operations
- 30.200 Source Operations Without Permit

VIOLATION: SECTION 030.107(A) for failure to
conduct an asbestos survey and submit
an Asbestos Assessment Acknowledgement Form

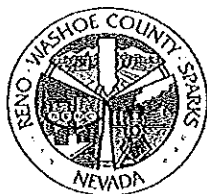
YOU HAVE BEEN DULY NOTIFIED OF THIS VIOLATION AND ARE
HEREBY ORDERED TO CEASE CONSTRUCTION, INSTALLATION,
ALTERATION, OR OPERATION OF THIS SOURCE.

FAILURE TO CONFORM MAY RESULT IN A FINE OF UP TO \$10,000
PER DAY AS LEVIED BY THE DISTRICT BOARD OF HEALTH
PURSUANT TO THE AIR POLLUTION CONTROL REGULATIONS FOR
RENO, SPARKS, AND WASHOE COUNTY.

By Justina C. Restori
Inspector

UNLAWFUL TO REMOVE THIS TAG

H-AIR-13



DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: April 23, 2014
Company Name: Roger Baylock
Address: 2370 Del Monte Lane
Notice of Violation No.: 5223 Case No.: 1157

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 030.107(A) Demolition of drywall, acoustic ceiling prior to conducting asbestos survey

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,800⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on May 22, 2014.

[Signature]
Signature of Company Representative

[Signature]
Signature of District Representative

ROGER BAYLOCK
Print Name

DENNIS A. CERFOGLIO
Print Name

Owner Mary Monte
Title

Sr. Air Quality Spec.
Title

Witness

[Signature]
Witness

Witness

Witness

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 2,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit Project Size – Less than 10 acres Project Size – 10 acres or more	\$ 500 + \$50 per acre \$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

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

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

Company Name Baylocq Properties LLC
Contact Name Roger Baylocq

Case 1157 NOV 5223 Complaint CMP14-0045

Violation of Section 030.107 (A)

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

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

Minor - 0.5 Moderate - 0.75 Major - 1.0 Adjustment Factor 1.00

Comment: Major Violation due to potential HAP release and exposure to laborer

2. Toxicity of Release

Criteria Pollutant - 1x Hazardous Air Pollutant - 2x Adjustment Factor 1.0

Comment: The asbestos survey indicated there was no asbestos present in the demoed material

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

Negligible - 1x Moderate - 1.5x Significant - 2x Adjustment Factor 1.0

Comment: The asbestos survey indicated there was no asbestos present in the demoed material

Total Adjustment Factors (1 x 2 x 3) = 1.00

B. Adjusted Base Penalty

Base Penalty \$ 2500.00 x Adjustment Factor 1.00 = \$ 2500.00

C. Multiple Days or Units in Violation

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

Comment:

D. Economic Benefit

Avoided Costs \$ 562.00 + Delayed Costs \$ 0 = \$ 562.00

Comment: \$500.00 Asbestos Survey (Per Mr. Baylocq) + \$62.00 Asbestos Assessment Plan Review

Penalty Subtotal

Adjusted Base Penalty \$ 2500.00 + Economic Benefit \$ 562.00 = \$ 3062.00

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

III. Penalty Adjustment Consideration

Table with 2 columns: Factor and Percentage. Rows include: A. Degree of Cooperation (0-25%) - 25%; B. Mitigating Factors (0-25%) - 25%; C. Compliance History (No Previous Violations 0-10% - 10%, Similar Violation in Past 12 months 25-50% +, Similar Violation within past 3 year 10-25% +, Previous Unrelated Violation 5-25% +); Total Penalty Adjustment Factors - sum of A, B, & C -60%.

IV. Recommended/Negotiated Fine

Penalty Adjustment: \$ 3062.00 x -60% = -1837.20. Labels: Penalty Subtotal (From Section II), Total Adjustment Factors (From Section III), Total Adjustment Value.

Additional Credit for Environmental Investment/Training - \$
Comment:

Adjusted Penalty:

\$ 3062.00 +/- \$ -1837.20 = \$ 1200.00. Labels: Penalty Subtotal (From Section II), Total Adjustment Value (From Section III + Credit), Recommended/Negotiated Fine.

[Signature]
Air Quality Specialist

4/23/14
Date

[Signature]
Senior AQ Specialist/Supervisor

4-23-14
Date



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT
BOARD MEETING DATE: May 22, 2014

DATE: May 5, 2014
TO: District Board of Health
FROM: Erin Dixon, Fiscal Compliance Officer, Washoe County Health District *ED*
775-328-2419, edixon@washoecounty.us
THROUGH: Eileen Stickney, Administrative Health Services Officer *ES*
775-328-2417, estickney@washoecounty.us
SUBJECT: Approval of Grant Number 99T08401 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$96,034 (\$43,200 available for drawdown) for the period 4/1/14 through 3/31/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.

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 Air Quality Management Division receives a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, PM 2.5 Program, IO 10021. A copy of Grant Number 99T08401 is attached.

District Board of Health strategic priority: Promote financial accountability and stability

BCC Strategic Objective supported by this item: Sustainability, including financial sustainability, sustaining our services and infrastructure, and sustainability of our natural resources.

Approval of this Grant Agreement also supports the Health District Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

AGENDA ITEM # _____

PREVIOUS ACTION

The previous EPA PM 2.5 grant award that ended March 31, 2014 was amended on February 27, 2014.

BACKGROUND

The Grant Agreement was received on April 16, 2014. The Grant Agreement is being presented for District Board of Health approval per the new EPA procedure that does not require signature and return within 21 days of receipt.

The PM 2.5 award provides funding for salaries and benefits, operating supplies, and a mandatory contractual. EPA provides full federal funding in the amount of \$96,034, which includes \$52,834 of EPA in-kind support. Washoe County Health District is authorized to expend the remaining \$43,200.

FISCAL IMPACT

Should the Board approve the Grant Agreement, an FY15 budget amendment will be required. It was anticipated that this award would be level with previous available drawdown at \$38,200. Adjustments for the additional \$5,000 will need to be completed.

RECOMMENDATION

Approval of Grant Number 99T08401 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$96,034 (\$43,200 available for drawdown) for the period 4/1/14 through 3/31/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.

POSSIBLE MOTION

Move to approve Grant Number 99T08401 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$96,034 (\$43,200 available for drawdown) for the period 4/1/14 through 3/31/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.

 <p align="center">U.S. ENVIRONMENTAL PROTECTION AGENCY</p> <p align="center">Grant Agreement</p>	GRANT NUMBER (FAIN): 99T08401 MODIFICATION NUMBER: 0 PROGRAM CODE: PM		DATE OF AWARD 04/09/2014
	TYPE OF ACTION New		MAILING DATE 04/16/2014
	PAYMENT METHOD: Advance		ACH# 90104
	RECIPIENT TYPE: County		
RECIPIENT: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138			PAYEE: Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520
PROJECT MANAGER Erin Dixon P.O. Box 11130 Reno, NV 89520 E-Mail: edixon@washoecounty.us Phone: 775-328-2419		EPA PROJECT OFFICER Roy Ford 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: Ford.Roy@epa.gov Phone: 415-972-3997	EPA GRANT SPECIALIST Renee Chan Grants Management Office, MTS-7 E-Mail: Chan.Renee@epa.gov Phone: 415-972-3675
PROJECT TITLE AND DESCRIPTION PM2.5 Monitoring Network This assistance agreement provides full federal funding in the amount of \$96,034 (which includes \$52,834 for in-kind costs for PM2.5 EPA contractual support). The purpose is to provide current year funding to the Washoe County Department of Health (WCDHD) to monitor fine particulate matter with the diameter equal to or smaller than 2.5 micrometers (PM 2.5) in order to determine compliance with the PM 2.5 National Ambient Air Quality Standards and determine deductions in air emissions. Preaward costs have been approved back to April 1, 2014.			
BUDGET PERIOD 04/01/2014 - 03/31/2015	PROJECT PERIOD 04/01/2014 - 03/31/2015	TOTAL BUDGET PERIOD COST \$96,034.00	TOTAL PROJECT PERIOD COST \$96,034.00
NOTICE OF AWARD Based on your Application dated 03/07/2014 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$43,200. EPA agrees to cost-share 100.00% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$96,034. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA statutory provisions. The applicable regulatory provisions are 40 CFR Chapter 1, Subchapter B, and all terms and conditions of this agreement and any attachments.			
ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)		AWARD APPROVAL OFFICE	
ORGANIZATION / ADDRESS U.S. EPA, Region 9 Grants Management Office, MTS-7 75 Hawthorne Street San Francisco, CA 94105		ORGANIZATION / ADDRESS U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY			
Digital signature applied by EPA Award Official for Carolyn Truong - Acting - Assistant Regional Administrator Brenda Bettencourt - Award Official delegate			DATE 04/09/2014

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$	\$ 43,200	\$ 43,200
EPA In-Kind Amount	\$	\$ 52,834	\$ 52,834
Unexpended Prior Year Balance	\$	\$	\$ 0
Other Federal Funds	\$	\$	\$ 0
Recipient Contribution	\$	\$	\$ 0
State Contribution	\$	\$	\$ 0
Local Contribution	\$	\$	\$ 0
Other Contribution	\$	\$	\$ 0
Allowable Project Cost	\$ 0	\$ 96,034	\$ 96,034

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.034 - Surveys-Studies-Investigations-Demonstrations and Special Purpose Activities relating to the Clean Air Act	Clean Air Act: Sec. 103	40 CFR PART 31

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
	1409M4S030	14	E1	09M4	102A04XPM	4112			43,200
									43,200

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$28,263
2. Fringe Benefits	\$11,667
3. Travel	\$0
4. Equipment	\$0
5. Supplies	\$1,100
6. Contractual	\$52,834
7. Construction	\$0
8. Other	\$0
9. Total Direct Charges	\$93,864
10. Indirect Costs: % Base <u>See Below</u>	\$2,170
11. Total (Share: Recipient <u>0.00</u> % Federal <u>100.00</u> %.)	\$96,034
12. Total Approved Assistance Amount	\$43,200
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$96,034
15. Total EPA Amount Awarded To Date	\$96,034

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. Table A, Line 6 Contractual includes	\$
2. in-kind contractor support through	\$
3. an EPA-HQ national contract.	\$
4.	\$
5. Table A, Line 10, Indirect: various rates	\$
6. may apply and the Base is Personnel	\$
7. (lower ICR rate used than negotiated).	\$
8.	\$
9. Table A, Line 12, reflects total available	\$
10. drawdown amount.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

Administrative Conditions

The recipient agrees to comply with the current EPA general terms and conditions available at: http://www.epa.gov/oqd/general_tc.pdf. These terms and conditions are in addition to the assurances and certifications made as part of the award and the terms, conditions or restrictions cited below. The EPA repository for the general terms and conditions by year can be found at: <http://www.epa.gov/oqd/tc.htm>.

A. Annual Federal Financial Report (FFR) - SF 425

For awards with cumulative project and budget periods greater than 12 months, the recipient will submit an annual FFR (SF 425) covering the period from "project/budget period start date" to September 30 of each calendar year to the U.S. EPA Las Vegas Finance Center. The FFR will be submitted electronically to lvfc-grants@epa.gov no later than December 31 of the same calendar year.

B. Procurement

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with EPA regulations under 40 CFR Part 30.43, 31.36 or 35.6555, as applicable. In accordance with 40 CFR Part 30.45, 31.36(f) or 35.6585, as applicable, the grantee and subgrantee(s) must perform a cost or price analysis in connection with every procurement action, including contract modifications.

C. SIX GOOD FAITH EFFORTS, 40 CFR, Part 33, Subpart C

Pursuant to 40 CFR, Section 33.301, the recipient agrees to make the following good faith efforts whenever procuring construction, equipment, services and supplies under an EPA financial assistance agreement, and to require that sub-recipients, loan recipients, and prime contractors also comply. Records documenting compliance with the six good faith efforts shall be retained:

- (a) Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local and Government recipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.
- (b) Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
- (c) Consider in the contracting process whether firms competing for large contracts could subcontract with DBEs. For Indian Tribal, State and local Government recipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.
- (d) Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.
- (e) Use the services and assistance of the SBA and the Minority Business Development Agency of the Department of Commerce.
- (f) If the prime contractor awards subcontracts, require the prime contractor to take the steps in paragraphs (a) through (e) of this section.

D. Utilization of Disadvantaged Business Enterprises

FAIR SHARE OBJECTIVES, 40 CFR, Part 33, Subpart D

A recipient must negotiate with the appropriate EPA award official, or his/her designee, fair share objectives for MBE and WBE participation in procurement under the financial assistance agreements.

In accordance with 40 CFR, Section 33.411 some recipients may be exempt from the fair share objectives requirements as described in 40 CFR, Part 33, Subpart D. Recipients should work with their DBE coordinator, if they think their organization may qualify for an exemption.

The dollar amount of this assistance agreement, or the total dollar amount of all of the recipient's financial

assistance agreements in the current federal fiscal year from EPA is \$250,000, or more. The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources (Division of Environmental Protection), as follows:

	<u>MBE</u>	<u>WBE</u>
Construction	12%	10%
Equipment	11%	23%
Services	07%	25%
Supplies	13%	28%

By signing this financial assistance agreement, the recipient is accepting the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as Nevada Department of Conservation and Natural Resources (Division of Environmental Protection),

Negotiating Fair Share Objectives/Goals, 40 CFR, Section 33.404

The recipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the recipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the recipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is **not** accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study, to the Regional MBE/WBE Coordinator within 120 days of its acceptance of the financial assistance award. EPA will respond to the proposed fair share objective/goals within 30 days of receiving the submission. If proposed fair share objective/goals are not received within the 120 day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objective/goals are submitted.

CONTRACT ADMINISTRATION PROVISIONS, 40 CFR, Section 33.302

The recipient agrees to comply with the contract administration provisions of 40 CFR, Section 33.302.

BIDDERS LIST, 40 CFR, Section 33.501(b) and (c)

Recipients of a Continuing Environmental Program Grant or other annual reporting grant, agree to create and maintain a bidders list. Recipients of an EPA financial assistance agreement to capitalize a revolving loan fund also agree to require entities receiving identified loans to create and maintain a bidders list if the recipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Please see 40 CFR, Section 33.501 (b) and (c) for specific requirements and exemptions.

E. MBE/WBE Utilization Report

This provision represents an approved deviation from the MBE/WBE reporting requirements as described in 40 CFR, Part 33, Section 33.502; however, the other requirements outlined in 40 CFR Part 33 remain in effect, including the Fair Share Objectives negotiation as described in 40 CFR Part 33 Subpart D.

MBE/WBE reporting is limited to annual reports and only required for assistance agreements where one or more of the following conditions are met:

- (a) there are any funds budgeted in the contractual, equipment or construction lines of the award; or
- (b) \$3,000 or more is included for supplies; or
- (c) there are funds budgeted for subawards or loans in which the expected budget(s) meet the conditions as described in items (a) and (b).

If this award meets one or more of the conditions as described above, the recipient agrees to complete a "MBE/WBE Utilization under Federal Grants, Cooperative Agreements and Interagency Agreements" report (EPA Form 5700-52A) on an annual basis and submit it electronically to grantsregion9@epa.gov. The annual report is due by October 30th of each year. The final report is due within 90 days after the end of the project period or by October 30th, whichever comes first.

When completing the annual report, recipients are instructed to check the box titled "annual" in Section 1B of the form. For the final report, recipients are instructed to check the box indicated for the "last report" of

the project in Section 1B of the form. The current EPA Form 5700-52A can be found at the EPA Office of Small Business Program's Home Page at http://www.epa.gov/osbp/dbe_reporting.htm.

F. Indirect Costs

Recipients are entitled to reimbursement of indirect costs, subject to any statutory or regulatory administrative cost limitations, if they have a current rate agreement or have submitted an indirect cost rate proposal to their cognizant federal agency for review and approval. Recipients are responsible for maintaining an approved indirect cost rate throughout the life of the award. Recipients may draw down grant funds once a rate has been approved, but only for indirect costs incurred during the period specified in the rate agreement. Recipients are not entitled to indirect costs for any period in which the rate has expired.

Recipients with differences between provisional and final rates are not entitled to more than the award amount. Recipients may request EPA approval to rebudget funds from direct cost categories to the indirect cost category (to grants which have not expired or been closed out) to cover increased indirect costs.

The recipient agrees to comply with the audit requirements prescribed in OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

Programmatic Conditions

a) This grant includes environmental monitoring, therefore QA documentation is required. The Washoe County Health District Departments Air Program Quality Management Plan (QMP) was conditionally approved on August 7, 2013. Washoe County's Quality Assurance Project Plan for ambient air and PM2.5 monitoring was approved on February 12, 2013. During the forthcoming grant period, Washoe County Health District should address the remaining concerns on its QMP and submit it to EPA for final full approval.

b) In accordance with 40 CFR 31.40, the recipient agrees to inform EPA as soon as problems, delays or adverse conditions become known which will materially impair the ability to meet the outputs/outcomes specified in the assistance agreement work plan. Since this grant is solely for the purpose of monitoring, quarterly reporting is required in the form of data entered into EPA's national Air Quality System (AQS) database.

c) Consistent with local, state, and federal grant procurement rules, recipient shall, when feasible, purchase environmentally preferable products/services and hold conferences/meetings using environmentally preferable measures. Environmentally preferable products/services and environmentally preferable measures include those that have a lesser or reduced effect on the environment when compared with competing products, services, or measures that serve the same purpose. This comparison may consider raw material acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance, or disposal of the product or service. In addition, environmentally preferable measures for conferences/meetings apply to large gatherings of ten or more persons.

-- END OF AGREEMENT --



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: May 22, 2014

DATE: May 2, 2014

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer, Washoe County Health District 775-328-2419, edixon@washoecounty.us ED

THROUGH: Eileen Stickney, Administrative Health Services Officer ES

SUBJECT: Approval of Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO 11077) to extend the contract period through June 30, 2015; and if approved authorize the Chairman to execute.

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 Health District, Air Quality Management Division, has received Amendment #1 to an Interlocal Contract from the State of Nevada, Department of Motor Vehicles to extend the contract period through June 30, 2015. A copy of page one and two of Amendment #1 is attached. All other terms and conditions of the approved Interlocal Agreement remain in effect.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Sustainability, including financial sustainability, sustaining our services and infrastructure, and sustainability of our natural resources.

Approval of Assistance Amendment #1 also supports the Health District's Air Quality Program's Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

AGENDA ITEM # _____

PREVIOUS ACTION

There has been no previous action this fiscal year. The original Interlocal Agreement was approved by the Board on October 25, 2012.

BACKGROUND

Pursuant to NAC 445B.867, a request for a one-year extension to use unobligated funds was forwarded to the State of Nevada Department of Motor Vehicles and the Nevada Division of Environmental Protection on March 21, 2014. Unspent funds are anticipated to be approximately \$123,000 as of June 30, 2014.

It is anticipated that all the grant objectives will not be completed by June 30, 2014. Implementation of the grant objectives has been hampered by position vacancies within the Air Quality Management Division for the duration of the first and second years. If this request is denied the District would be required to return any unspent funds. There is reasonable confidence that the grant objectives and expense of the remaining funds can be completed within the one-year extension period.

FISCAL IMPACT

The Health District received the full funding amount of \$182,000 in December 2012. Should the Board approve Amendment #1 to the Interlocal Contract approximately any remaining balance (estimated at approximately \$123,000) will be available for expense in FY15. If Amendment #1 is not approved, the remaining funds will be sent back to the State of Nevada, Department of Motor Vehicles in July 2014.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO 11077) to extend the contract period through June 30, 2015; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Amendment #1 to the Interlocal Contract with the State of Nevada, Department of Motor Vehicles, for the DMV Excess Reserve Grant Program (IO 11077) to extend the contract period through June 30, 2015; and if approved authorize the Chairman to execute.

AMENDMENT #1 TO INTRASTATE INTERLOCAL CONTRACT

Between the State of Nevada
Acting By and Through Its
Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711
(775) 684-4563 / (775)684-4563 fax
and
Washoe County Health District
Air Quality Management Division
P.O. Box 11130
Reno, NV 89520-0027
(775) 784-7200 / (775) 784-7225 fax

1. AMENDMENTS. For and in consideration of mutual promises and/or their valuable consideration, all provisions of the original contract dated 12/5/12 attached hereto as Exhibit A, remain in full force and effect with the exception of the following:

Current Contract Language:

3. CONTRACT TERM. This Contract shall be effective upon approval to June 30, 2014, unless sooner terminated by either party as set forth in this Contract.

Amended Contract Language:

3. CONTRACT TERM. This Contract shall be effective upon approval to June 30, 2015, unless sooner terminated by either party as set forth in this Contract.

2. INCORPORATED DOCUMENTS. Exhibit A (Original Contract) is attached hereto, incorporated by reference herein and made a part of this amended contract.

3. REQUIRED APPROVAL. This amendment to the original contract shall not become effective until and unless approved by the Nevada State Board of Examiners.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract to be signed and intend to be legally bound thereby.

Independent Contractor's Signature

Date

Independent's Contractor's Title

Signature

Date

Title

Signature

Date

Title

Signature - Board of Examiners

APPROVED BY BOARD OF EXAMINERS

Approved as to form by:

On _____
(Date)



Deputy Attorney General for Attorney General

On 4/10/14
(Date)

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada
Acting By and Through Its
Department of Motor Vehicles
555 Wright Way
Carson City, NV 89711
(775) 684-4563 / (775)684-4563 fax
and
Washoe County Health District
Air Quality Management Division
P.O. Box 11130
Reno, NV 89520-0027
(775) 784-7200 / (775) 784-7225 fax

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

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

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

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. DEFINITIONS. "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. CONTRACT TERM. This Contract shall be effective upon approval to June 30, 2014, 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 State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:
ATTACHMENT A: SCOPE OF WORK
ATTACHMENT B: RESERVE FUNDING REQUEST FISCAL YEAR 2013



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: May 22, 2014

DATE: May 9, 2014

TO: District Board of Health

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

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, estickney@washoecounty.us *ES*

SUBJECT: Retroactive approval of District Health Officer acceptance of Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$63,773 for the budget period Date of Execution through June 30, 2014 (BP1) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program.

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 the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period Date of Execution through June 30, 2014 in the amount of \$63,773 in support of the CDC Public Health Preparedness Grant Program. This amendment provides for BP1 Carry-over funds. A copy of the Notice of Subgrant Award is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

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

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award from the Nevada State Health Division in the amount of \$665,000 for the period July 1, 2012 to June 30, 2013 in support of the CDC Public Health Preparedness Program at their August 23, 2012 meeting.

AGENDA ITEM # _____

The Board approved Subgrant Amendment #1 (Scope of Work) on October 25, 2012. Subgrant Amendment #2 in the amount of \$1,045,473 (included BP1 funding) and budget amendment in the amount of \$128,275 was approved on September 26, 2013. The District Board of Health approved Subgrant Amendment #3 in the amount of \$760,946 for the budget period July 1, 2013 through June 30, 2014 (BP2) on February 27, 2014. This provided the second half of funding for this budget period.

BACKGROUND

The Division of Public and Behavioral Health did not obtain the necessary budget authority from the Interim Finance Committee to support the full amount of both BP1 carry forward and BP2 funding. Budget authority was sufficient to cover BP2 funding only.

Since BP1 funding is not allowed to be carried forward at the end of the project period, the Division of Public and Behavioral Health amended our current award to provide us an opportunity to spend BP1 funds. BP 2 funding was reduced by \$63,773 as reflected in Notice of Subgrant Amendment #4. This Notice of Subgrant Award provides the \$63,773 in BP1 funding and has been signed by the District Health Officer on May 9, 2014.

The State will award the remaining \$63,773 (BP2 funds) on July 1, 2014 when there will be sufficient budget authority at the State level.

FISCAL IMPACT

There is no additional fiscal impact should the Board accept Subgrant Amendment #4.

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 Division of Public and Behavioral Health in the amount of \$63,773 for the budget period Date of Execution through June 30, 2014 (BP1) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program.

POSSIBLE MOTION

Move to retroactively approve of District Health Officer acceptance of Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$63,773 for the budget period Date of Execution through June 30, 2014 (BP1) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program.

Department of Health and Human Services
DIVISION of Public and Behavioral Health
(hereinafter referred to as the DIVISION)

DBOH AGENCY ITEM NO. 7.B.3.14388
Division # 14388
Program # CDC08-12A
Budget Account # 3218
Category #: 22
GL #: 8516
Function #: 1111
Job Number: 9306913

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Health Planning & Emergency Response Division Public & Behavioral Health		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: Date of Execution through June 30, 2014		Subgrantee's EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet#: 073786998	
Reason for Award: Centers for Disease Control (CDC) - Public Health Preparedness and Response for Bioterrorism – Budget Period 1 Carry-over funds are intended to demonstrate achievement in the following Capabilities: #1 - Community Preparedness, #3 – Emergency Operations Coordination, #4 - Emergency Public Information and Warning and #13 – Public Health Surveillance and Epidemiological Investigation, according to the CDC Grant Guidance .			
Approved Budget Categories:			
1. Personnel	\$	47,754	
2. Contractual/Consultant	\$	0	
3. Travel	\$	0	
4. Equipment	\$	0	
5. Supplies	\$	0	
6. Other	\$	0	
7. Indirect	\$	16,019	
Total Cost	\$	63,773	
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of a Request for Reimbursement and supporting documentation specifically requesting reimbursement for actual expenditures specific to this subgrant. Total reimbursement will not exceed \$ 63,773 during the subgrant period.			
Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Center for Disease Control and Prevention	100%	93.069	5U90TP000534-02
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 Title	Signature		Date
Erin Seward Health Program Manager II, PHP			5/7/14
Chad Westom Bureau Chief			4/29/14
Richard Whitley, MS Administrator, Division of Public and Behavioral Health			4/29/14

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, 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 Division of Public and Behavioral Health.
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 Division of Public and Behavioral Health, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division of Public and Behavioral Health 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 Division of Public and Behavioral Health 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 Division of Public and Behavioral Health. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division of Public and Behavioral Health.
 - 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 Division of Public and Behavioral Health 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 Division of Public and Behavioral Health, as required by 45 C.F.R. 164.504 (e). If no Protected Health Information will be disclosed, as in this case, then a Confidentiality Agreement will be entered into.
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. Division of Public and Behavioral Health subgrants are subject to inspection and audit by representatives of the Division of Public and Behavioral Health, 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.
12. 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 Division of Public and Behavioral Health (as well as a federal requirement as specified in 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 a 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 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, 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. **To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION B

Description of services, scope of work, deliverables and reimbursement

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

- The attached Scope of Work is for the Subgrant Award, from Date of Execution through June 30, 2014 and is broken down by capability and function. Attachment A: Scope of Work contains the capabilities under this subgrant award including, but not limited to, the subgrantee planned activities and performance measure planned activities.
- Submit written Final Progress Reports to the Division of Public & Behavioral Health electronically on or before July 31, 2014.
- Submit a written Match/Cost Sharing Report along with the Final Reimbursement Request on or before July 31, 2014 (see Attachment B)
- 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 Division of Public and Behavioral Health through Grant Number 5U90TP000534-02 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Division of Public and Behavioral Health nor Centers for Disease Control and Prevention (CDC)."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Division of Public and Behavioral Health by Grant Number 5U90TP000534-02 from the Centers for Disease Control and Prevention (CDC).

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 47,754	
		\$ 9,718 Director, Epidemiology and Public Health Prep
		\$ 5,207 Public Health Preparedness Manager
		\$ 2,444 Administrative Secretary
		\$ 5,761 Public Health Emergency Response Coordinator
		\$ 4,435 Health Educator II
		\$ 4,026 Public Information Officer
		\$ 330 Public Health Emergency Response Coordinator
		\$ 2,314 MRC Program Coordinator
		\$ 13,519 Fringe Benefits (39.49%).
2. Contractual/ Contract Services	\$ 0	
3. Travel	\$ 0	
4. Equipment	\$ 0	
5. Supplies	\$ 0	
6. Other	\$ 0	
7. Indirect	\$ 16,019	33.545% Direct Costs excluding capital expenditures, sub-awards and flow through funds.
Total Cost	\$ 63,773	

- The maximum approved funding under this subgrant is \$63,773 for the budget period which covers the Date of Execution through June 30, 2014. Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the 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 Division of Public and Behavioral Health. Changes to the Scope of Work cannot be made without prior approval from the Division of Public and Behavioral Health 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 no later than 30 days following the end of the month; submit a Final Request for Reimbursement through the month of June no later than July 30, 2014.
- Additional expenditure detail will be provided upon request from the Division. Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Subgrantee agrees to cost share/match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Cost Sharing/Match for Budget Year 2 will be \$38,047.30 for a grand total Cost Sharing/Match of \$104,547.30. This match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division Public & Behavioral Health. Subgrantee will sign attached Match Certification (Attachment 1).
- Reimbursement Worksheet will be submitted along with each Request for Reimbursement:
 - Insert detailed breakdown of all monthly expenditures included in the attached reimbursement request (column c).
 - Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
 - Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable live of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable live of over 1 year (ie: laptops, iPads, printers, etc...).
 - Return document along with the monthly reimbursement request.
- Budget Request and Justification Form will be submitted along with each Request for Reimbursement:
 - Insert your total monthly expenditure amount from your attached reimbursement request in column a.
 - Provide the percentage of the capabilities these funds are to be applied against in column b.
 - If utilizing an electronic copy, this will auto-populate the dollar amount in column c.
 - Return document along with the monthly reimbursement request.

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

The Nevada State Division of Public and Behavioral Health 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 \$63,773 for the entire subgrant budget period.
- "The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has

been accomplished at the end of the grant year. If a specific vendor or sub-grantee has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."

- The Division of Public and Behavioral Health reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division of Public and Behavioral Health.

Both parties agree:

All reports of expenditures and requests for reimbursement processed by the Division of Public and Behavioral Health 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 Division of Public and Behavioral Health, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH**
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 30th 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.

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, 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 Band 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.

**Nevada Department of Health and Human Services
Division Public & Behavioral Health
Public Health Preparedness Program**

Division # 14388
 Program # CDC08-12A
 GL # 8516
 Function #: 1111
 Job #: 9306913
 Draw #:

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Health Planning & Emergency Response Division Public & Behavioral Health	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: Date of Execution through June 30, 2014	Subgrantee EIN #: 88-6000138 Subgrant T40283400Q Dun & Bradstreet #: 73786998

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	\$ 47,754.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 47,754.00	0%
2 Contract/Consultant	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
3 Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	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	\$ 16,019.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,019.00	0%
8 Total	\$ 63,773.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 63,773.00	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 (WCHD)
Reimbursement Worksheet
Date of Execution through June 30, 2014**

Personnel	Title	Description					Amount
		TOTAL					
Contract / Consultant		Description					Amount
		TOTAL					
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.56/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies	Description					Amount	
TOTAL							
Equipment	Description (attach invoice copies for all items)					Amount	
TOTAL							
Other	Description					Amount	
TOTAL							
Indirect	Description					Amount	
TOTAL							
TOTAL EXPENDITURES							

**Nevada State Division of Public & Behavioral Health: Public Health Preparedness
Centers for Disease Control and Prevention (CDC)
Budget Request and Justification Form
Washoe County Health District (WCHD)
Date of Execution through June 30, 2014**

Contact Name: Jeff Whiteside
Phone Number: 775-328-6130
E-Mail Address: jwhitesides@washoecounty.us
Applicant/Agency Name: WCHD
Total Agency Request: \$63,773 - Year 1 Carry-over

** Insert your total monthly expenditure amount below from your attached reimbursement request in column a. Provide the percentage of the capabilities these funds are to be applied against in column b. If utilizing an electronic copy this will auto-populate the dollar amount in column c. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

**Please contact us if you have any questions.

Budget Summary

	(a)	(b)	(c)
Monthly Expenditure:		Current % Utilized	Current \$ Utilized

CDC Capabilities:

1. Community Preparedness:

F1: Determine risks to the health of the jurisdiction	_____	\$	-
F2: Build community partnerships to support health preparedness	_____	\$	-
F3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks	_____	\$	-
F4: Coordinate training or guidance to ensure commur engagement in preparedness efforts	_____	\$	-

2. Community Recovery:

F1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs	_____	\$	-
F2: Coordinate community public health, medical, and mental/behavioral health system recovery operations	_____	\$	-
F3: Implement corrective actions to mitigate damages incidents	_____	\$	-

3. Emergency Operations Coordination:

F1: Conduct preliminary assessment to determine need for public activation	_____	\$	-
F2: Activate public health emergency operations	_____	\$	-
F3: Develop incident response strategy	_____	\$	-
F4: Manage and sustain the public health response	_____	\$	-
F5: Demobilize and evaluate public health Emergency operations	_____	\$	-

4. Emergency Public Information and Warning:

F1: Activate the emergency public information system	_____	\$	-
F2: Determine the need for a joint public information system	_____	\$	-
F3: Establish and participate in information system operations	_____	\$	-
F4: Establish avenue for public interaction and information exchange	_____	\$	-
F5: Issue public information, alerts, warnings, and notifications	_____	\$	-

**Nevada State Division of Public & Behavioral Health: Public Health Preparedness
Centers for Disease Control and Prevention (CDC)
Budget Request and Justification Form
Washoe County Health District (WCHD)
Date of Execution through June 30, 2014**

Contact Name:	Jeff Whiteside
Phone Number:	775-328-6130
E-Mail Address:	jwhitesides@washoecounty.us
Applicant/Agency Name:	WCHD
Total Agency Request:	\$63,773 - Year 1 Carry-over

Budget Summary - Page 2

	(a)	(b)	(c)
Monthly Expenditure:		Current % Utilized	Current \$ Utilized

CDC Capabilities:

5. Fatality Management:

F1: Determine role for public health in fatality management	_____	\$	-
F2: Activate public health fatality management operations	_____	\$	-
F3: Assist in the collection and dissemination of antemortem data	_____	\$	-
F4: Participate in survivor mental/behavior health services	_____	\$	-
F5: Participate in fatality processing and storage operations	_____	\$	-

6. Information Sharing:

F1: Identify stakeholders to be incorporated into information flow	_____	\$	-
F2: Identify and develop rules and data elements for sharing	_____	\$	-
F3: Exchange information to determine a common operating picture	_____	\$	-

7. Mass Care:

No Activity

8. Medical Countermeasure Dispensing:

F1: Identify and initiate medical countermeasure dispensing strategies	_____	\$	-
F2: Receive medical countermeasures	_____	\$	-
F3: Activate dispensing modalities	_____	\$	-
F4: Dispense medical countermeasures to identified population	_____	\$	-
F5: Report adverse events	_____	\$	-

9. Medical Material Management and Distribution:

F1: Direct and activate medical material management and distribution	_____	\$	-
F2: Acquire medical material	_____	\$	-
F3: Maintain updated inventory management and reporting system	_____	\$	-
F4: Establish and maintain security	_____	\$	-
F5: Distribute medical material	_____	\$	-
F5: Recover medical material and demobilize distribution operations	_____	\$	-

10. Medical Surge:

F1: Assess the nature and scope of the incident	_____	\$	-
F2: Support activation of medical surge	_____	\$	-
F3: Support jurisdictional medical surge operations	_____	\$	-
F4: Support demobilization of medical surge operations	_____	\$	-

11. Non-Pharmaceutical Interventions:

F1: Engage partners and identify factors that impact non-pharmaceutical interventions	_____	\$	-
F2: Determine non-pharmaceutical intervention	_____	\$	-
F3: Implement non-pharmaceutical interventions	_____	\$	-
F5: Monitor non-pharmaceutical interventions	_____	\$	-

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
SECTION D**

**NEVADA STATE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
AUDIT INFORMATION REQUEST**

1. Non-Federal entities that **expend** \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES x NO
3. When does your fiscal year end? June 30, 2014
4. Official name of organization? Washoe County Health District
5. How often is your organization audited? Annually
6. When was your last audit performed? BCC approved 11/12/13
7. What time period did it cover? 7/1/12 - 6/30/13
8. Which accounting firm conducted the audit? Kafoury, Armstrong & Co.

<u>Eileen Stetson</u>	Administrative Health Services Officer	5/9/14
SIGNATURE	TITLE	DATE

SECTION E

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

NEVADA STATE DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

CONFIDENTIALITY ADDENDUM

BETWEEN

Nevada State Division of Public and Behavioral Health

Hereinafter referred to as "Division"
and

Washoe County Health District (WCHD)

Hereinafter referred to as "Contractor"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Contractor.

WHEREAS, Contractor may have access, view or be provided information, in conjunction with goods or services provided by Contractor to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Contractor agree as follows:

I. DEFINITIONS

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

1. **Agreement** shall refer to this document and that particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Contractor** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Contractor from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW

Contractor hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR

Contractor shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. USE OR DISCLOSURE OF INFORMATION

Contractor may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Contractor; to carry out legal responsibilities of Contractor; and to provide data aggregation services relating to the health care operations of Division. Contractor may disclose information if:

- 1. The disclosure is required by law; or
- 2. The disclosure is allowed by the inter-local or other agreement to which this Addendum is made a part; or
- 3. The Contractor has obtained written approval from the Division.

VI. OBLIGATIONS OF CONTRACTOR

- 1. **Agents and Subcontractors.** Contractor shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Contractor and are contained in Agreement.
- 2. **Appropriate Safeguards.** Contractor will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
- 3. **Reporting Improper Use or Disclosure.** Contractor will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
- 4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Contractor will return or destroy all confidential information created or received by Contractor on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Contractor will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Contractor maintains will not be used or disclosed.

IN WITNESS WHEREOF, Contractor and the Division have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

CONTRACTOR/ORGANIZATION

DIVISION


Signature

Signature

Kevin Dick
Print Name

Richard Whitley
Print Name

District Health Officer
Title

Administrator
Title

ATTACHMENT A:
Washoe County Health District (WCHD)
CDC Public Health Emergency Preparedness (PHEP) Sub-grant # CDC08-12A
Scope of Work (SOW)

Date of Execution through June 30, 2014 (BP1 Carry-over)

Instructions: Please describe your planned activities below by Function and the estimated fund needed to complete the activities. With each planned activity you must include the planned Output Documentation which will be used as proof of completion and the estimated date of completion. All planned activities must be completed by no later than 6/30/2014.

PHEP CAPABILITY # 1: COMMUNITY PREPAREDNESS		\$4,474
BP1 Goal:		
Function #1: Determine risks to the health of the jurisdiction		
BP1 Objective: By the end of BP2, WCHD will have continued relationship-building efforts with regional community partners.		
Estimated Funding: \$288	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
During BP1, WCHD updated the health-specific jurisdictional risk assessment; during BP4 and BP5 WCHD will be involved with updating the Washoe County Emergency Management hazard assessment and mitigation plan. WCHD will meet with mental and behavioral health partners to determine mental and behavioral health risks associated with an incident that could occur in Washoe County.	Meeting notes / findings; updated plans during upcoming budget periods	May 30, 2014
Function #2: Build community partnerships to support health preparedness.		
BP1 Objective: By end of BP2, WCHD will have continued efforts to build community partnerships that support health preparedness by administering or participating in community groups, soliciting feedback about plans and making appropriate revisions, and coordinating community trainings.		
Estimated Funding: \$1,604	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
During BP1, these sector groups were identified; during BP2 WCHD will continue BP1 outreach and partnership activities as appropriate WCHD will continue to administrate community groups that	Tracking number of people reached through outreach activities. Meeting agendas, notes or minutes.	June 30, 2014 June 30, 2014

<p>support health preparedness, such as the Inter-Hospital Coordinating Council and the Northern Nevada Access and Functional Needs Workgroup</p>	
<p>WCHD will update the agency's Public Information and Communication (PIC) Plan to include the process of communicating with specified community partners needed for the delivery of services in both short-term and long-term settings during and after an incident.</p>	<p>Updated PIC Plan</p> <p>June 30, 2014</p>
<p>WCHD will continue to solicit feedback from community groups, such as the Northern Nevada Access and Functional Needs Workgroup, on WCHD emergency response plans, and will incorporate findings into revised plans as appropriate; will determine potential future exercises to test any changes to the made to the plan.</p>	<p>Meeting notes or minutes; updated plans, as appropriate.</p> <p>June 30, 2014</p>
<p>During BP1, WCHD identified community leaders that can act as trusted spokespersons to deliver public health messages.</p> <p>WCHD will coordinate a "working with the media" workshop for WCHD leadership, back-up PIOs, and community partners identified</p>	<p>Training sign-in sheet; training evaluation</p> <p>June 30, 2014</p>

<p>Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks.</p>	
<p>BP1 Objective: By the end of BP2, WCHD will have further engaged community organizations to foster public health, medical and mental/behavioral health social networks by enhancing regional public information and warning through enhanced jurisdictional partnerships and training.</p>	
<p>Estimated Funding: \$1,113</p>	<p>Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity</p>
<p>Activity</p>	<p>Output Documentation</p>
<p>WCHD will implement a community resiliency outreach campaign, including the distribution of a comprehensive document listing community resources developed during BP1, as well as a media component.</p>	<p>Resource booklet distribution tracking; media tracking of reach and frequency.</p> <p>June 30, 2014</p>
<p>During BP1 WCHD's all-hazards plan was updated, which documents the connection of public health, medical, and mental/behavioral health services were to public health</p>	<p>ongoing</p>

preparedness efforts.			
WCHD staff will actively serve on the newly created Washoe County Public Information / Public Warning Task Force.	Regional PI / PW Plan when finalized.		June 30, 2014
WCHD staff will implement BP1 efforts surrounding the use of social media.	Social media policy and strategy.		June 30, 2014
Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts.			
BP1 Objective: By the end of BP2, WCHD will have further engaged the community in preparedness efforts through implementation of a community outreach campaign, coordination of trainings, and Medical Reserve Corps volunteer recruitment.			
Estimated Funding: \$1,469	Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation		Date of Completion
WCHD will implement a community resiliency outreach campaign, including the distribution of a comprehensive document listing community resources developed during BP1, as well as a media component.	Resource booklet distribution tracking; media tracking of reach and frequency.		June 30, 2014
WCHD will continue to provide current online trainings for WCHD staff, MRC volunteers and community partners, and will add modules to further address resiliency in regards to functional needs populations.	Online training content uploaded; training tracking and evaluation		May 30, 2014

PHEP CAPABILITY # 2 : COMMUNITY RECOVERY

\$7,884

BP1 Goal: WCHD will build the capacity of the community recovery infrastructure in Washoe County by: 1) helping to facilitate the building of collaborative partnerships internally between WCHD divisions, and externally with community sectors and emergency response partners; 2) enhancing the delivery of public health, mental/behavioral health, and medical services during community recovery through the coordination of education and training for the community; and 3) determining how to solicit feedback from the community-at-large during incident recovery efforts.

Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs.

BP1 Objective: By the end of BP2, WCHD will train and engage public health staff to be prepared to respond to system recovery needs following an incident, and will collaborate with jurisdictional partners to enhance communication with Washoe County residents and visitors through public information warning systems as well as soliciting feedback from them about the aftermath of an incident.

Estimated Funding: \$3,221	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Activity	Output Documentation	Date of Completion
		WCHD will continue collaborating with jurisdictional partners to document short-term and long term health service delivery priorities and goals, as incidents occur.	Regional AAR/IPs as appropriate	Ongoing
		WCHD will continue collaboration efforts to identify services that can be provided by community partners that may arise during an incident.	Regional AAR/IPs as appropriate	Ongoing
		WCHD will continue activating previously created plans with neighboring jurisdictions to provide identified services that the jurisdiction does not have the ability to provide during and after an incident, if appropriate.	Regional AAR/IPs as appropriate	Ongoing
		WCHD will transfer documentation of public health staffs' NIMS trainings to the Washoe County Learning Management System to improve access to needed employee training status during an incident recovery period.	Updated personnel training transcripts.	June 30, 2014

Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations.

BP1 Objective: By the end of BP2, WCHD will provide training to public health staff, MRC Volunteers and community partners to address effective, appropriate and coordinated systems recovery approach following an incident, and will implement an outreach campaign promoting community resiliency among Washoe County residents

Estimated Funding: \$3,629	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Activity	Output Documentation	Date of Completion
		WCHD will implement a community resiliency outreach campaign,	Resource booklet distribution tracking; media tracking	June 30, 2014

<p>including the distribution of a document listing community resources developed during BP1, as well as a media component.</p>	<p>of reach and frequency.</p>	
<p>WCHD will update the agency's Public Information and Communication Plan to include the process of communicating with specified community partners in the instance the agency needs to communicate plans for restoration of impacted services.</p>	<p>Updated Public Information and Communication plan</p>	<p>June 30, 2014</p>
<p>WCHD will research community assessment instruments/resources used to solicit community feedback to determine corrective actions following an incident, and will strategize next steps needed to pilot the method selected.</p>	<p>Community assessment template; documented strategy to pilot assessment; adopted and documented assessment collecting of community feedback in WCHD response plans during BP3.</p>	<p>June 30, 2014</p>
<p>Function #3: Implement corrective actions to mitigate damages from future incidents</p>		
<p>BP1 Objective: By the end of BP2, WCHD will further collaborative efforts with jurisdictional partners to enhance the region's ability to implement corrective actions mitigating damages from future incidents through coordinated planning, assessment and training.</p>		
<p>Estimated Funding: \$1,035</p>	<p>Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity</p>	
<p>Activity</p>	<p>Output Documentation</p>	<p>Date of Completion</p>
<p>WCHD will continue partnerships with jurisdictional government and community partners in conducting post-assessment and planning for corrective actions that are within the purview of WCHD's authority.</p>	<p>Regional AAR/IPs, as appropriate</p>	<p>On going</p>
<p>WCHD will research post-incident community assessment instruments/resources, and will strategize next steps needed to pilot the collecting of community feedback to determine corrective actions following a public health incident.</p>	<p>Community assessment template; documented strategy to pilot assessment; adopted and documented assessment collecting of community feedback in WCHD response plans during BP3.</p>	<p>June 30, 2014</p>
<p>WCHD will continue identifying corrective actions in written After Action Reports/Improvement Plans (AAR/IPs), will track and document progress on action items from all AAR/IPs, and will report progress to the Department Emergency Management Committee.</p>	<p>AAR/IP tracking; Department Emergency Management Committee minutes.</p>	<p>June 30, 2014</p>
<p>WCHD staff will actively serve on the newly created Washoe County Community Resiliency Workgroup.</p>	<p>Workgroup meeting notes or minutes; Community Resiliency Plan draft, possible in BP3; updated Washoe County Hazard Risk Mitigation Plan BP4 or BP5.</p>	<p>June 30, 2014</p>
<p>WCHD will continue administering the Inter-Hospital Coordinating Council and the Northern Nevada Access and Functional Needs Workgroup.</p>	<p>Meeting agendas and minutes.</p>	<p>June 30, 2014</p>

PHEP CAPABILITY # 3 : EMERGENCY OPERATIONS COORDINATION		\$3,955
BP1 Goal: Increase WCHD's ability to conduct emergency operations through continued training and exercising of incident command staff.		
Function #1: Conduct preliminary assessment to determine need for public activation.		
BP1 Objective: Sustain WCHD's ability to assess and determine the need for a public health activation		
Estimated Funding: \$800	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
Include in WCHD plans the method for identifying the appropriate notifications and stakeholders to coordinate with during an emergency and include activation levels consistent with jurisdictional standards and practices.	Updated Department Emergency Operations Plan	June 30, 2014
WCHD Crisis Action Team along with Washoe County Crisis Action team with input from Washoe County Emergency Management will make decision regarding lead and supporting roles at the time of an incident	AAR/IP	Dependent on incident

Function #2: Activate public health emergency operations		
BP1 Objective: Sustain WCHD's ability to activate for a public health emergency.		
Estimated Funding: \$902	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
Review and maintain ICS roster of WCHD staff for incident command staffing to ensure appropriate skills based on staff matrix referred to in Function 2, Task 1.	WCHD Department Operations Center Roster	June 30, 2014
Review and maintain ICS roster of WCHD staff for incident command staffing to ensure continuous staffing for three consecutive 12 hour shifts during activation.	WCHD ICS Roster	June 30, 2014
Primary and alternate physical locations have been identified in the WCHD COOP and are primarily Washoe County facilities. MOUs will be developed to confirm these locations.	COOP and MOUs	August 2015
Determine WCHD's ability to assemble Incident Command staff within 1 hour of notification with alert and assembly drill	AAR/IP	May 2014

Function #3: Develop incident response strategy.			
BP1 Objective: Continue to produce Incident Action Plans for each operational period through exercises or real events.			
Estimated Funding: \$ 902	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Output Documentation	Date of Completion
Ensure an IAP is produced for each operational period for exercises and real events.	AAR/IP		June 2014
Ensure that Incident Command staff have access to Incident Action Plans during exercises and events.	IAP, AAR/IP		June 2014
Ensure Incident Action Plans are updated at the start of each operational period and Incident Command Staff are briefed on the updated Incident Action Plan.	IAP, AAR/IP		June 2014
Function #4: Manage and sustain the public health response.			
BP1 Objective: Exercise conducted to confirm coordination of public health and medical emergency management during Urgent Solidarity Full Scale Exercise in May 2013.			
Estimated Funding: \$ 676	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Output Documentation	Date of Completion
Utilize WebEOC Resource Manager during an exercise or event.	AAR/IP		June 2014
Function #5: Demobilize and evaluate public health emergency operations.			
BP1 Objective: Review and revise WCHD Demobilization Plan to ensure information is updated.			
Estimated Funding: \$ 676	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Output Documentation	Date of Completion
Review and revise Demobilization Plan to address archiving records and restoring both supplies and staff to pre-incident levels	Demobilization Plan		June 2014
Review Demobilization Plan to ensure final closeout with responsible agency or jurisdiction officials.	Demobilization Plan		June 2014
Continue completing AAR/IPs after events and exercises and track identified improvements.	AAR/IP and IP Tracking		June 2014
Track improvements identified in AAR/IPs through the WCHD IP corrective process.	IP Corrective Action Spreadsheet		June 2014

PHEP CAPABILITY # 4 : EMERGENCY PUBLIC INFORMATION AND WARNING		\$5,674
<p>BP1 Goal: By the end of Budget Period (BP) 2, WCHD will continue efforts to enhance the capability surrounding emergency public information and warning by: actively serving on the newly-created Public Information / Public Warning Taskforce; continuing conducting call-down drills of staff; utilizing the Public Information Officer (PIO) as the agency's spokesperson and member on regional JICs; implementing the newly developed WCHD media policy addressing public communication topics like social media; coordinating/facilitating/participating in community trainings and exercises; revising the agency's Public Information and Communication (PIC) Plan; and, working with public and private agencies and organizations at the local, area, state, regional, and federal levels.</p>		
<p>Function #1: Activate the emergency public information system</p>		
<p>BP1 Objective: By the end of BP2, WCHD will participate in the Public Warning/Public Information Task Force coordinated through Washoe County Regional Emergency Operations Center, conduct National Incident Management System Incident Command System 300/400 Trainings, and conduct or participate in a Crisis Emergency Risk Communication (CERC) Training.</p>		
<p>Estimated Funding: \$1,390</p>	<p>Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity</p>	
<p>Activity</p>	<p>Output Documentation</p>	<p>Date of Completion</p>
<p>During BP1, the WCHD PIO, support staff and potential spokespersons were identified.</p>	<p>N/A</p>	<p>Ongoing</p>
<p>During BP1, WCHD revised the media policy to address social media; media policy will be implemented in BP2.</p>	<p>Documented short-term social media strategy</p>	<p>June 30, 2014</p>
<p>WCHD will conduct or participate in at least one CERC training.</p>	<p>Training sign-in sheets</p>	<p>June 30, 2014</p>
<p>WCHD will continue implementing current call-down activities.</p>	<p>Call-down drill activity documentation including sign-in sheets with attendee and time</p>	<p>Ongoing</p>
<p>WCHD will continue with PIO duties at Regional Emergency Operation Center or other sites as determined.</p>	<p>Sign-in sheets; appropriate key org identification on time cards.</p>	<p>Ongoing</p>
<p>Function #2: Determine the need for a joint public information system</p>		
<p>BP1 Objective: By the end of BP2, WCHD will coordinate area-wide Public Information Officer simulated public health emergency activity.</p>		
<p>Estimated Funding: \$1,141</p>	<p>Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity</p>	
<p>Activity</p>	<p>Output Documentation</p>	<p>Date of Completion</p>
<p>Coordinate an area-wide Public Information Officer (PIO) training using the Division of Strategic National Stockpile's Program Preparedness Branch online role-playing scenario that enables users to participate in a simulated public health emergency. The electronic system – known as the Medical Countermeasure Response Trainer (MCRT) – is designed to exercise the public</p>	<p>Online training/exercise sign-in sheet</p>	<p>June 30, 2014</p>

information and warning-targeted capability and follows guidelines from the Homeland Security Exercise and Evaluation Program.	
In BP1, WCHD identified staff representatives to participate in the jurisdiction's emergency operations center to ensure public health messaging capacity is represented in a JIC.	Ongoing

Function #3: Establish and participate in information system operations.
BP1 Objective: By end of BP2, the WCHD will develop an information system of operations concurrent with Department of Homeland Security/FEMA/Center for Domestic Preparedness/Emergency Management Institute Best Practices.

Estimated Funding: \$ 1,040	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity
Activity	Output Documentation
During BP1, a WCHD spokesperson was pre-identified to provide a single point of information for health and healthcare issues in coordination with the JIC.	Ongoing
WCHD will participate in ongoing Public Information / Public Warning taskforce sponsored by Washoe County Emergency Management.	Ongoing

Function #4: Establish avenues for public interaction and information exchange
BP1 Objective: By end of BP2, WCHD PIO will continue effective public information dissemination on issues current to Health District activities and participate in applicable drills, exercises, JIC trainings, and other networking activities to improve and enhance future public health messaging.

Estimated Funding: \$1,064	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity
Activity	Output Documentation
WCHD will work with statewide Public Information/Public Warning Taskforce in selection and/or development of newly-available public information warning programs and applications similar to Ping4, MyStateUSA/EAS, and IPAWS.	Implementation of programs
WCHD will continue to have webmaster post pertinent information through the website such as press releases, media advisories, and social media releases.	Updated website, as appropriate. Media tracking and monitoring through VOCUS and TV Eyes.
During BP1, WCHD revised the media policy to address social media; media policy will begin implementation in BP2.	Documented short-term social media strategy
	June 30, 2014

Function #5: Issue public information, alerts, warnings, and notifications.			
BP1 Objective: By end of BP2, WCHD will continue to work independently or coordinate with Washoe County Emergency Management to issue public information, alerts, warnings and notifications as needed.			
Estimated Funding: \$1,040	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation		Date of Completion
WCHD will continue to work with Washoe County's legal counsel to ensure the communication of information complies with legal guidelines.	Documentation from Washoe County's legal counsel, as it is made available to WCHD.		Ongoing
WCHD will update its PIC plan, using feedback from the Northern Nevada Access and Functional Needs Workgroup, to ensure pre-established messages are culturally appropriate and effective for the diverse population.	Revised PIC plan		June 30, 2014
WCHD will provide press release and current web and social media postings follow agency protocol through webmaster.	Press releases and web and social media postings.		Ongoing

PHEP CAPABILITY # 5 : PHEP FATALITY MANAGEMENT

\$1,037

BP1 Goal: WCHD will collaborate with WCMECO (Washoe County Medical Examiner Coroner’s Office) to continue enhancing fatality management capabilities within the region with the continued development of the Northern Nevada Disaster Victim Recovery Team and community Family Assistance Centers.

Function #1: Determine role for public health in fatality management.

BP1 Objective: By the end of Budget Period 2, WCHD will have continued to build the fatality management capabilities within the region by building upon the Budget Period 1 project to develop a Northern Nevada Disaster Victim Recovery Team.

Estimated Funding: \$ 334	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Output Documentation	Date of Completion
Activity			
Review and update the Mass Fatality Annex to the Regional Emergency Operations Center as necessary based on real-world incident lessons learned.		Revised Mass Fatality Annex	June 30, 2014
By the end of Budget Period 2, WCHD will have continued to build the fatality management capabilities within the region by building upon the Budget Period 1 project to develop a Northern Nevada Disaster Victim Recovery Team.		NNDVRT team training documentation	June 30, 2014
By the end of Budget Period 2, WCHD will work with regional partners to develop protocols relating to the interface between Public Health, Washoe County Medical Examiner Coroner’s Office and the healthcare organizations.		Standard operating procedures	June 30, 2014

Function #2: Activate public health fatality management operations.

BP1 Objective: By the end of Budget Period 2, WCHD will have continued to build the fatality management capabilities within the region by building upon the Budget Period 1 project to develop a Northern Nevada Disaster Victim Recovery Team.

Estimated Funding: \$ 234	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Output Documentation	Date of Completion
Activity			
Review and update the Mass Fatality Annex to the Regional Emergency Operations Center as necessary based on real-world incident lessons learned.		Revised Mass Fatality Annex	June 30, 2014

Function #3: Mental/behavioral support at the healthcare organization level..

BP1 Objective: By the end of Budget Period 2, WCHD will have reviewed and updated (if necessary) the regional Family Assistance Center (FAC) plan developed in Budget Period 1, to ensure the inclusion of ante-mortem data collection.

Estimated Funding: \$ 234	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
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Activity	Output Documentation	Date of Completion
By mid-year of Budget Period 2, WCHD will review the regional FAC plan to determine if a review is necessary	FAC plan review and revision Training for regional partners	June 30, 2014

Function #4: Participate in survivor mental/behavioral health services.

BP1 Objective: By the end of Budget Period 2, WCHD will have begun to obtain memorandum of agreements with mental/behavioral health providers previously identified during Budget Period 1 and expand the list to include regional partners not identified.		
Estimated Funding: \$234	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	Date of Completion
WCHD will reach out to previously identified mental/behavioral health services providers to obtain memorandum of agreements for staffing the community FAC or providing mental health support to Public Health responders.	MOA with mental health professionals	June 30, 2014
WCHD will develop a list of regional partners who would be able to provide culturally appropriate assistance to member of the community being served in the community FAC.	FAC annex with a list of providers	June 30, 2014

Function #5: Participate in fatality processing and storage operations.		
BP1 Objective: No activities planned at this time		
Estimated Funding: \$ 0	Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input checked="" type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	Date of Completion
No activities planned at this time		

PHEP CAPABILITY # 6 : PHEP INFORMATION SHARING

\$5,697

BP1 Goal: WCHD will collaborate with regional partners to research and develop tools for regional informational sharing. This will enable continued communication during emergency response.

Function #1: Identify stakeholders to be incorporated into information flow.

BP1 Objective: By end of BP2, WCHD will identify stakeholders to be incorporated into information flow by building partnerships through active participation in the Public Warning/Public Information Task Force coordinated through Washoe County Regional Emergency Operations Center.

Estimated Funding: \$2,686	Planned Activity Type: <input checked="" type="checkbox"/> Build	<input type="checkbox"/> Sustain	<input type="checkbox"/> Scale Back	<input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation				Date of Completion
WCHD will attend regularly scheduled Public Warning / Public information Task Force meetings, and participate on the Taskforce's Public Outreach Committee to determine information-sharing needs.					June 30, 2014
Through the Public Information / Public Warning Taskforce, WCHD will assist in the development of a regional plan that addresses communications before, during and after incident, including the identification of stakeholders.					June 30, 2014
WCHD will further contribute to continuous quality improvement in the region by providing trainings for community partners, including ICS 300 and 400 and CERC.					
The WCHD PIO will complete the EO389 Master Public Information Officer Training through the Department of Homeland Security/FEMA/CDP/Emergency Management Institute, and will bring back knowledge gained to empower the Public Information / Public Warning Taskforce and WCHD leadership with best practices, including continuous quality improvement surrounding information sharing.					June 30, 2014
Function #2: Identify and develop rules and data elements for sharing.					
BP1 Objective: By end of BP2, WCHD will work with community partners through the Public Warning/Public Information Task Force to identify and develop rules and data elements for sharing.					
Estimated Funding: \$1,941	Planned Activity Type: <input checked="" type="checkbox"/> Build	<input type="checkbox"/> Sustain	<input type="checkbox"/> Scale Back	<input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation				Date of Completion

WCHD will continue to utilize the agency's legal counsel to obtain guidance on all legal-related matters.	Documentation from Legal Counsel as it is made available to WCHD.	Ongoing
Through the Public Information / Public Warning Taskforce, WCHD will work with community partners to further identify incident-specific data requirements for stakeholders.	PI/PW Regional Plan.	June 30, 2014

Function #3: Exchange information to determine a common operating picture.		
BP1 Objective: By the end of BP2, WCHD will continue to exchange information with community partners to determine a common operating picture.		
Estimated Funding: \$1,070	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
WCHD will continue to collaborate with and participate in jurisdictional health information exchanges such as the Public Information / Public Warning Taskforce, Nevada Department of Public Safety PIO group, and WCHD Crisis Communicators List.	Documentation of health information exchange, as appropriate.	Ongoing
WCHD will continue to appropriately utilize its internal instance of WebEOC, and/or Washoe County Emergency Management's instance of WebEOC, and Web Fusion, to support data exchange with other public health entities as necessary.	Data in WebEOC	Ongoing
WCHD will continue to utilize its Biostatistician's expertise to maintain certain data repositories and support data exchange.		
WCHD will continue its practice of requesting, sending and receiving data and information using encryption that meets jurisdictional and federal standards.	N/A	Ongoing

PHEP CAPABILITY # 8 : MEDICAL COUNTERMEASURE DISPENSING \$11,433

BP1 Goal: By the end of BP2, WCHD staff will ensure WCHD medical countermeasure plans are in accordance with CDC public health guidelines and recommendations in an effort to limit mortality in the event of a real public health emergency within Washoe County.

Function #1: Identify and initiate medical countermeasure dispensing strategies

BP1 Objective: Objective 1: By mid-year, WCHD staff will revise the WCHD Medical Countermeasures Distribution and Dispensing (MCMDD) Plan to better meet the needs of Washoe County residents in the event of a real public health emergency as it relates to the identification and initiation of medical countermeasure dispensing strategies.

Objective 2: By mid-year, WCHD staff will revise the WCHD Point of Dispensing (POD) Operations Manual to better meet the needs of Washoe County residents in the event of a real public health emergency as it relates to the identification and initiation of medical countermeasure dispensing strategies.

Estimated Funding: \$2,227	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
Hold meetings with subject matter experts to improve upon medical countermeasure plans.	Meeting sign-in sheets and minutes if applicable.	
1. Develop MOUs and/or Interlocal Agreements with private and public partners to identify and fill required response roles.	1. MOUs and/or Interlocal Agreements	
2. Coordinate training and educational opportunities for WCHD staff and volunteers and Private POD partners.	2. Sign in sheets for trainings and educational opportunities.	

Function #2: Receive medical countermeasures.

BP1 Objective: Objective 1: By mid-year, WCHD staff will revise the WCHD Medical Countermeasures Distribution and Dispensing (MCMDD) Plan to better meet the needs of Washoe County residents in the event of a real public health emergency as it relates to the receipt of medical countermeasures.

Objective 2: By mid-year, WCHD staff will revise the WCHD Point of Dispensing Operations Manual to better meet the needs of Washoe County residents in the event of a real public health emergency as it relates to the receipt of medical countermeasures.

Estimated Funding: \$2,227	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
1. Revise medical countermeasure requesting procedures.	1. Revised MCMDD	
2. Coordinate training and educational opportunities for WCHD staff and volunteers in addition to Private POD partners.	2. Revised POD Ops Manual 3. Sign-in sheets for training and educational opportunities.	June 30, 2014

<p>Revise medical countermeasure identification and notification procedures, if applicable as it relates to intermediary distribution sites.</p>	<p>Revised MCMDD Revised POD Ops Manual</p>	<p>June 30, 2014</p>
<p>Function #3: Activate dispensing modalities.</p>		
<p>BP1 Objective:</p>		
<p>Objective 1: By end of BP2, WCHD staff will revise the WCHD Medical Countermeasures Distribution and Dispensing (MCMDD) Plan to better meet the needs of Washoe County residents in the event of a real public health emergency as it relates to activation of dispensing modalities.</p>		
<p>Objective 2: By end of BP2, WCHD staff will revise the WCHD Point of Dispensing Operations Manual to better meet the needs of Washoe County residents in the event of a real public health emergency as it relates to dispensing modalities.</p>		
<p>Objective 3: By end of BP3, all Private POD partners will have plans in place that address activation of their Private POD site.</p>		
<p>Estimated Funding: \$2,476 Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity</p>		
<p>Activity</p>		
<p>1. Revise POD Ops Manual to reflect newly updated public POD locations. 2. Provide training to Private POD partners in the development of Private POD planning. 3. Assist in the development of Private POD Plans for each Private POD partner which address activation of Private POD sites. 4. Activate dispensing strategies as necessary if a real life emergency occurs.</p>	<p>Output Documentation 1. Revised POD Ops Manual 2. Sign-in sheets for trainings 3. Private POD Plans</p>	<p>June 30, 2014</p>
<p>1. Update roster of WCHD SNS Department Operations Center staff. 2. Update Public POD on-site staff. 3. Provide training to SNS DOC and on-site POD staff with regard to POD operations. 4. Activate staff as necessary if a real life public health emergency occurs.</p>	<p>1 SNS DOC Roster 2 On-site POD rosters 3 Sign-in sheets for trainings</p>	<p>June 30, 2014</p>
<p>Develop MOUs and/or Interlocal Agreements with public health responders, critical infrastructure personnel and their families.</p>		
<p>1. Meet with Washoe County Sheriff's Office to ensure all Public POD sites have security plans and include these plans in the POD Ops Manual 2. Ensure all Private POD Planning documents include security measures</p>	<p>MOUs and/or Interlocal Agreements Security Plans for each Public and Private dispensing site</p>	<p>June 30, 2014 June 30, 2014</p>

Function #4: Dispense medical countermeasures to identified population			
BP1 Objective: <u>Objective 1:</u> By end of BP2, WCHD staff will revise the WCHD Medical Countermeasures Distribution and Dispensing (MCMDD) Plan to better meet the needs of Washoe County residents in the event of a real public health emergency as it relates to dispensing medical countermeasures.			
<u>Objective 2:</u> By end of BP2, WCHD staff will revise the WCHD Point of Dispensing Operations Manual to better meet the needs of Washoe County residents in the event of a real public health emergency as it relates to dispensing medical countermeasures.			
<u>Objective 3:</u> By end of BP2, all Private POD partners will have plans in place that address activation of their Private POD site and dispensing of medical countermeasures.			
Estimated Funding: \$2,252	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Output Documentation	Date of Completion
Provide screening and triaging trainings for both WCHD staff and Private POD partners using SNS medical screening forms		Sign-in sheets for trainings	June 30, 2014
Distribute pre-printed drug/vaccine information sheets that include instructions on how to report adverse events before and during training opportunities to both WCHD staff and Private POD partners.		List of staff and Private POD partners who received information sheets, including date received.	June 30, 2014
Function #5: Report adverse events			
BP1 Objective: <u>Objective 1:</u> By mid-year, WCHD staff will revise the WCHD Medical Countermeasures Distribution and Dispensing (MCMDD) Plan to better meet the needs of Washoe County residents in the event of a real public health emergency as it relates to reporting of adverse events.			
Estimated Funding: \$2,252	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Output Documentation	Date of Completion
Develop a procedure for individuals and healthcare providers to notify the WCHD about adverse events.		Updated procedures in MCMDD	June 30, 2014

PHEP CAPABILITY # 11 : NON-PHARMACEUTICAL INTERVENTIONS		\$353
<p>BP1 Goal: By June 30, 2014, WCHD will have a thorough understanding of the legal and regulatory authorities available to implement isolation, quarantine, social distancing and other forms of non-pharmaceutical intervention.</p> <p>Function #1: Engage partners and identify factors that impact non-pharmaceutical interventions</p> <p>BP1 Objective: By June 30, 2014, WCHD will develop a draft bench book that outlines relevant legal authorities related to the implementation of non-pharmaceutical interventions.</p>		
<p>Estimated Funding: \$353</p>	<p>Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity</p>	
Activity	Output Documentation	Date of Completion
<p>Request a legal review of statutory and regulatory authority related to isolation/quarantine, facility closure, and event cancellation from the Assistant District Attorney assigned to the Washoe County Health Authority and/or the Deputy Attorney General assigned to the Nevada State Health Division</p>	<p>Report from the ADA or DAG.</p>	<p>June 30,2014</p>
<p>Function #2: Determine non-pharmaceutical interventions.</p> <p>Function #3: Implement non-pharmaceutical interventions</p> <p>Function #4: Monitor non-pharmaceutical interventions</p> <p>BP1 Objective: No Activities Planned</p>		
<p>Estimated Funding: \$ 0</p>	<p>Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity</p>	
Activity	Output Documentation	Date of Completion
<p>No Activities Planned</p>		

PHEP CAPABILITY #13 : PUBLIC HEALTH SURVEILLANCE & EPIDEMIOLOGICAL INVESTIGATION		\$14,013
BP1 Goal: Complete the build out of Target Capability 13: Public Health Surveillance and Epidemiological Investigation.		
Function #1: Conduct public health surveillance and detection		
BP1 Objective: By June 30, 2014, WCHD will sustain the tasks outlined below and Epidemiology staff will document attainment of Tier 1 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies.		
Estimated Funding: \$3,876	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
WCHD will continue to engage stakeholders through reminders about legally mandated reporting in the EpiNews publication.	EpiNews publications	Ongoing
Routine surveillance will continue to be conducted in accordance with NRS/NAC 441A	NBS and Staff investigation notes	Ongoing
Existing syndromic surveillance systems will be maintained including FirstWatch, and NRDM while continuing to transition from HMS to BioSense.	Syndromic surveillance SOP	Ongoing
Statistical data will continue to be shared through internal reports on a weekly basis and with external partners through the EpiNews.	CD Log and EpiNews Publications	Ongoing
Identification of health problems, threats, and environmental hazards will be achieved through continued analysis of surveillance data and encouragement of outbreak reporting by professionals and members of the public.	EpiNews publications	Ongoing
Function #2: Conduct public health and epidemiological investigations		
BP1 Objective: By June 30, 2014, WCHD will sustain the tasks outlined below.		
Estimated Funding: \$3,379	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
WCHD will continue to conduct investigations as required by law and/or public health necessity and will involve partner organizations as indicated.	NBS system and investigative files	Ongoing
WCHD will continue to provide epidemiological and environmental consultation to neighboring jurisdictions and partner agencies as requested.	Staff notes	Ongoing
WCHD will continue to report investigation results to jurisdictional a federal partners utilizing NBS.	NBS system	Ongoing

Function #3: Recommend, monitor, and analyze mitigation actions			
BP1 Objective: By June 30, 2014, WCHD will sustain the tasks outlined below.			
Estimated Funding: \$3,379	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Activity	Date of Completion
		WCHD will continue to determine and implement mitigation actions based on applicable science and standards outlined in reference documents.	Ongoing
		WCHD will continue to provide information for decision makers to support decision making related to mitigation actions	Ongoing
		WCHD will continue to monitor mitigation results.	Ongoing
		WCHD will continue to recommend additional measures as needed based on monitoring of mitigation results	Ongoing

Function #4: Improve public health surveillance and epidemiological investigation systems			
BP1 Objective: By June 30, 2014, WCHD will sustain the tasks outlined below.			
Estimated Funding: \$3,379	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Activity	Date of Completion
		WCHD will continue to identify issues and outcomes during and after incidents.	Ongoing
		WCHD will continue to conduct post-incident evaluation meetings with active participants after major outbreak investigations and/or exercises.	Ongoing
		WCHD will continue to develop an AAR/IP after major outbreak investigations and/or exercises	Ongoing
		WCHD will continue to communicate AAR/IP information to public health leadership after major outbreaks and/or exercises	Ongoing

PHEP CAPABILITY # 14 : PHEP RESPONDER SAFETY AND HEALTH \$3,112

BP1 Goal: By the end of BP2, WCHD staff will identify responder health and safety resources that address responder safety and health risks and needs in an effort to better protect responders in the event off a public health emergency.

Function #1: Identify responder safety and health risks.

BP1 Objective: WCHD staff will create Responder Health and Safety Fact Sheets which include safety and health recommendations as they relate to identified risks.

Estimated Funding: \$1,556	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
Identification of subject matter experts.	Matrix which identifies subject matter experts by risk category.	June 30, 2014
Meetings with subject matter experts and research pertaining to potential acute and chronic health conditions.	Matrix which identifies potential acute and chronic health conditions related to identified risks.	June 30, 2014
<ul style="list-style-type: none"> Write an Incident Action Plan template for public health emergencies. Create a Responder Safety and Health Plan for use by the Safety Officer, Incident Commander and responders as needed. 	<ul style="list-style-type: none"> Incident Action Plan template that includes responder – specific risks to be addressed during emergency responses. Responder Safety and Health Plan that recommends possible solutions to responder specific risks during emergency responses. 	June 30, 2014

Function #2: Identify safety and personal protective needs

BP1 Objective: WCHD staff will create Responder Health and Safety Facts Sheets which include safety and health recommendations as they relate to identified risks.

Estimated Funding: \$1,556	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
Create Fact Sheets that list recommendations to public health responders regarding PPE.	Fact Sheets	June 30, 2014
Update Medical Countermeasures Distribution and Dispensing Plan to include PPEs to public health responders.	Revised procedures in MCMDD and Responder Safety and Health Plan	June 30, 2014

Function #3: Coordinate with partners to facilitate risk-specific safety and health training

Function #4: Monitor responder safety and health actions

BP1 Objective: No Activities Planned

Estimated Funding: \$ 0	Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input checked="" type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
No Activities Planned		

PHEP CAPABILITY # 15 : PHEP VOLUNTEER MANAGEMENT

\$6,140

BP1 Goal: Ensure that Renown, St. Mary's, Northern Nevada and Incline Village Health Center and other healthcare organizations have or have access to plans, processes, and procedures to contact the MRC Program Coordinator to utilize MRC volunteers; including rapid verification of credentials and affiliation with deployed entities. To assure that WCHD's MRC program will be able to meet requests for volunteers in a timely manner. Additionally, ongoing training opportunities will be scheduled and made available for MRC Volunteers to improve skill by the end of BP2s.

Function #1: Coordinate volunteers

BP1 Objective: Prior to an incident or event the MRC Coordinator will develop written plans along with WC hospitals to determine which situations would warrant the use of MRC volunteers. Once the "need responses" for volunteers are determined training initiatives will be developed to address these situations by the end of BP2

Estimated Funding: \$ 1,485	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Output Documentation	Date of Completion
Activity			
MRC coordinator will use information from a revised "healthcare requesting procedure" form that local healthcare organizations will complete to develop written plans to establish what situations would warrant the use of MRC-volunteers. MRC volunteer information in E- Coordinator, which is the WCHD's electronic volunteer registration system, will be used to update and identify volunteers to respond to the new written response plans.		The newly developed written response plans.	Ongoing
MRC Coordinator will recruit new volunteers through the media and participate in events that will promote MRC mission. E-Coordinator will also be updated with new and existing volunteer's information during budget period 2.		Number of MRC volunteers information that is updated and sustained.	Ongoing
MRC Coordinator will provide volunteers information on the written process of how to report to a situation upon activation which can include the need in some instances for "just-in-time" training. A partnership will also be established with CERT, NNOVAD, the Red Cross and REMSA, local healthcare organizations and other MRC Units in Nevada. The partners will have periodic regular scheduled meetings.		A copy of revised MRC Standard Operating Procedures.	Ongoing
Function #2: Notify volunteers			
BP1 Objective: MRC Coordinator will review and revise the current MRC volunteer request process to ensure that prospective volunteers are notified and mobilized in the appropriate health professional role for WCHD's local health care organizations by the end of BP2.			
Estimated Funding: \$ 1,386	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Output Documentation	Date of Completion
Activity			

MRC coordinator will review local healthcare organizations “requesting procedure” form at the time of an incident for volunteers. The role and quantity of volunteers available will be assessed which will be aided with the use of E-Coordinator (computerized volunteer system).	The written and revised SOP process that will ensure proper volunteer response.	Ongoing
The modes to contact MRC-volunteers will consist of a written telephone call down procedure that will be revised in the MRC-SOP.	Revised written MRC-SOP.	Ongoing
The role and quantity of volunteers needed will be written and included in the revised MRC- SOP. The E-Coordinator (computerized volunteer system) will be used to help notify volunteers.	The revised SOP	Ongoing
MRC coordinator will check with State licensing Departments and/or also request copies of certifications licenses from new and current volunteers prior to incidents. A written process will be written with select local healthcare organizations to confirm credentials.	The revised SOP and written agreements with partner organizations	Ongoing
MRC coordinator will review and revise where needed the current healthcare organization’s written request procedure at the time of an incident for volunteers. The role and quantity of volunteers required will also be assessed with the use of E-Coordinator, the WCHD’s computerized volunteer system.	The written request process that will ensure proper volunteer response	Ongoing

Function #3: Organize, assemble, and dispatch volunteers		
BP1 Objective: MRC Coordinator will develop a written protocol for allocating MRC volunteers that are needed simultaneously across several healthcare organizations. This process will include the placement of volunteers through the appropriate deployment channels and match the assignment of volunteers to the needs of the requesting WC healthcare organizations that will be based on volunteer availability by the end of BP2.		
Estimated Funding: \$ 1,883	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
MRC Coordinator will develop a written plan that will identify additional volunteers e.g., : Interstate jurisdictional systems; ESAR-VHP; Intrastate jurisdictional system; and other Healthcare Coalition volunteers. ASPR’s Medical Surge Capacity Handbook will be referenced to build this capacity.	The written plan that will identify additional volunteers.	Ongoing
Volunteers will be deployed consistent with the current MRC –	The revised MRC-SOP guidelines.	Ongoing

SOP guidelines. Training will be provided that will include personal safety concerns and in addition to just in time training for specific incidents.		
The current MRC SOP will be reviewed and revised to assure that the current tracking and rotation of volunteers is still useful.	The written SOP	Ongoing
MRC Coordinator will develop written protocols for the tracking and handling of spontaneous volunteers. This may require developing a simulated exercise to test the effectiveness of the process along instituting a just in time training exercise.	The development of written protocols for the handling of spontaneous volunteers.	Ongoing

Function #4: Demobilize volunteers

BP1 Objective: MRC Coordinator will Coordinate the demobilization of MRC volunteers based on evolving incident requirements or incident status. This includes coordination with the appropriate partner agencies to ensure provision of medical and mental/behavioral health support needed for the volunteers' physical and mental well-being by the end of BP2.		
Estimated Funding: \$ 1,386	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	Date of Completion
Activity	Output Documentation	
The MRC volunteer demobilization protocol is written in the MRC-SOP. The E-Coordinator (computerized volunteer system) will be used to document and record demobilized volunteers. The current written process will be reviewed and revised to ensure its usefulness	The written MRC volunteer deployment protocol in the MRC- SOP.	Ongoing
The out-processing or completion of a shift by the MRC volunteers is currently written in the MRC-SOP. The current process will be revised to ensure that coordination and collaboration with local health care organizations is included in the process by utilizing the "healthcare requesting procedure" form data.	The revised written MRC – SOP.	Ongoing
MRC Coordinator will revise the current written SOP to make sure in the coordination and participate with local healthcare organizations authorities that MRC volunteers are able to identify community resources that will support the volunteer post deployment screening process and medical screening, stress, and well-being assessments and when requested or indicated, have a process to refer volunteers to medical and mental/behavioral health services.	The revised written deployment process in the SOP.	Ongoing

ATTACHMENT B

**Nevada State / Division Public & Behavioral Health
Public Health Preparedness Program
Match Certification**

CDC08-12A

Date: _____

External Funding Source: ASPR Hospital Preparedness Program (HPP)

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient: Washoe County Health District (WCHD)

Project Title: HPP and PHEP Cooperative Agreement

Project Grant #: 5U90TP000534-02

Duration: **From:** Date of Execution **To:** June 30, 2014

Total cost sharing/matching cost contribution: \$6,377.30 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Washoe County Health District
Name and Title
(Funding Recipient)

Eileen Stucky
Signature

5/9/14
Date



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: May 22, 2014

DATE: May 9, 2014
TO: District Board of Health
FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Stickney, Administrative Health Services Officer, Washoe County Health *ES*
District, 775-328-2417, estickney@washoecounty.us

SUBJECT: Approval of Subgrant Amendment #4 from the Division of Public and Behavioral Health in the amount of \$697,173 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; 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 Washoe County Health District received Subgrant Amendment #4 from the Division of Public and Behavioral Health for the period July 1, 2013 through June 30, 2014 in the amount of \$697,173 in support of the CDC Public Health Preparedness Grant Program. This amendment reduces the current award by \$63,773. A copy of Subgrant Amendment #4 is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

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

PREVIOUS ACTION

The District Board of Health approved Subgrant Amendment #3 in the amount of \$760,946 for the budget period July 1, 2013 through June 30, 2014 (BP2) on February 27, 2014. This provided the second half of funding for this budget period.

AGENDA ITEM # _____

BACKGROUND

The Division of Public and Behavioral Health did not obtain the necessary budget authority from the Interim Finance Committee to support the full amount of both BP1 carry forward and BP2 funding. Budget authority was sufficient to cover BP2 funding only.

Since BP1 funding is not allowed to be carried forward at the end of the project period, the Division of Public and Behavioral Health is amending our award to provide us an opportunity to spend BP1 funds. BP 2 funding is being reduced by \$63,773 as reflected in Amendment #4. A separate Notice of Subgrant Award that provides \$63,773 in BP1 funding was signed by the District Health Officer on May 9, 2014. The State will award the remaining \$63,773 (BP2 funds) on July 1, 2014 when there will be sufficient budget authority at the State level.

The Public Health Preparedness program was able to make the necessary fiscal and programmatic adjustments to account for this reduction required by the State.

FISCAL IMPACT

There is no additional fiscal impact should the Board accept Subgrant Amendment #4.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve Subgrant Amendment #4 from the Division of Public and Behavioral Health in the amount of \$697,173 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to Subgrant Amendment #4 from the Division of Public and Behavioral Health in the amount of \$697,173 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the Chairman to execute.

Department of Health and Human Services

DBOH DIVISION # 13015-4

Division Public & Behavioral Health

(hereinafter referred to as the DIVISION)

Program #: CDC08-13
 Budget Account #: 3218
 Category #: 22
 GL #: 8516
 Job #: 9306913

SUBGRANT AMENDMENT #4

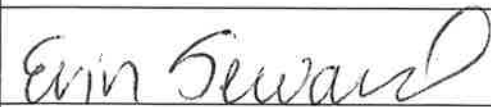

Program Name: Public Health Preparedness Health Planning & Emergency Response Division Public & Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: July 1, 2012 through June 30, 2017 Subgrant Budget Period: July 1, 2013 through June 30, 2014	Subgrantee's EIN#: 88-6000138 Vendor#: T40283400Q Dun & Bradstreet#: 073786998

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Center for Disease Control and Prevention	100%	93.069	5U90TP000534-02

Amendment #4:
 The purpose of this amendment is to decrease the Budget Period 2 funding by \$63,773. The total for Budget Period 2 subgrant award is \$697,173.00.

	Budget BP2 (7/1/13-6/30/14)	Amendment #4 Budget Decrease (7/1/13-6/30/14)	BP2 Budget Total (7/1/13-6/30/14)
1. Personnel	\$ 538,345.00	\$ 55,455.00	\$ 482,890.00
2. Contractual/Consultant	\$ 114,224.00	\$ 0.00	\$ 114,224.00
3. Travel	\$ 10,124.00	\$ 0.00	\$ 10,124.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Supplies	\$ 5,250.00	\$ 0.00	\$ 5,250.00
6. Other	\$ 12,251.00	\$ 0.00	\$ 12,251.00
7. Indirect	\$ 80,752.00	\$ 8,318.00	\$ 72,434.00
Total Cost	\$ 760,946.00	\$ 63,773.00	\$ 697,173.00

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Division of Public and Behavioral Health 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
Erin Seward Health Program Manager II, PHP		5/2/14
Chad Westom Bureau Chief		5.2.14
Richard Whitley, MS Administrator, Division of Public and Behavioral Health		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A
Assurances

- All original terms and conditions remain unchanged.

SECTION B

- Description of services, scope of work, and deliverables for Budget Period 2 (BP2) remains unchanged from Amendment #3.

Subgrantee agrees to adhere to the following total budget for BP2 (July 1, 2013 – June 30, 2014):

1. Personnel	\$	482,890	
	\$	103,450	Director, Epidemiology and Public Health Prep 75%
	\$	54,590	Public Health Preparedness Manager 70%
	\$	25,530	Administrative Secretary 50%
	\$	48,888	Public Health Emergency Response Coordinator 95%
	\$	45,440	Health Educator II 75%
	\$	38,590	Public Information Officer 65%
	\$	3,450	Public Health Emergency Response Coordinator 5%
	\$	22,310	MRC Program Coordinator 50%
	\$	4,355	Epidemiologist - Intermittent Hrly Position 100%
	\$	500	PHP staff overtime
	\$	135,787	Fringe Benefits (39.12%).
2. Contractual/ Contract Services	\$	114,224	
	\$	540	Translation/Interpretation Services
	\$	27,309	Temporary Services
	\$	30,000	Public Information/Public Warning Consultant
	\$	7,980	Media Buy Consultant
	\$	35,000	Training In Person
	\$	5,500	On-line Training support for WCHD staff
	\$	5,000	Summit Support
	\$	200	Survey Monkey
	\$	2,695	Media Tracking
3. Travel	\$	10,124	In-State and Out-of-State Travel in accordance with Federal GSA Rates Travel to attend training and conferences in support of accomplishing grant objectives in public health such as but not limited to:
	\$	3,550	In-State Travel: Partners Mtg in Las Vegas – 2 staff Airfare (\$410x2)=\$820 + Meals & Mileage(\$110 x 2)= \$220 Epidemiology Class @ UNR – 4 staff = \$2,510
	\$	6,574	Out of State Travel: NACCHO Summit, Atlanta, GA --3 staff / 4 days Airfare (\$750 x 3)=\$2,250+Per Diem & mileage = \$4,324
4. Equipment	\$	0	
5. Supplies	\$	5,250	Office Supplies (\$5,000) and Operating Supplies (\$250).
6. Other	\$	12,251	Telephone Services (\$5,000); Postage (\$50); Copy Machine (\$250); Printing (\$300); Books, Publications & Subscriptions (\$825); Membership Dues (\$635); Educational Supplies (\$500); Equipment Repair (\$500); Minor Furniture and Equipment (\$250); Rental Space/Meeting (\$1,500); Incentives (\$250); Rental Space – Antiviral Storage (\$500); Equipment

Services – Vehicle asset Management Fee (\$1,080); Operating and Maintenance (\$50); Fuel Charge (for truck) (\$25) and Satellite phones (\$536).

7. Indirect \$ 72,434 15.0% on Personnel only

Total Cost \$ 697,173

- The maximum approved funding under this subgrant has decreased by \$63,773 for a total of \$697,173.00 for BP2 which covers July 1, 2013 through June 30, 2014.
- As stated in Section B of Notice of Subgrant Award the subgrantee is limited to a 10% funding adjustment without prior approval. Due to the delays in Budget Period 2 funding award, we have removed the allowable limit on funding adjustments for Budget Period 2 only as long as these adjustments do not impact the ability to complete the agreed Scope of Work for Budget Period 2. Written request to redirect is needed for tracking purposes only. As originally stated in the subgrant Section B, changes to the Scope of Work cannot be made without prior approval from the Division of Public and Behavioral Health and the federal funding agency.
- Subgrantee agrees to cost share/match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The total Cost Sharing/Match for BP2 is decreased to \$69,747.30. Documentation of match, including methods and sources must be available upon request of Division Public & Behavioral Health. Subgrantee will sign attached Match Certification (Attachment 1).

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

Request for Reimbursement form

- ☞ A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the **30th** 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 and without the Reimbursement Worksheet.
- ☞ 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.

Nevada Department of Health and Human Services

**Division Public & Behavioral Health
Public Health Preparedness Program**

Division # 13015-4
 Program # CDC08-13
 GL # 8516
 Job #: 9306913
 Draw #: _____

Budget Period 2

REQUEST FOR REIMBURSEMENT

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	Address: 1001 East Ninth Street Reno, NV 89520
Subgrant Period: July 1, 2012 through June 30, 2017 Subgrant Budget Period: July 1, 2013 through June 30, 2014	Subgrantee EIN #: 88-6000138 Subgrantee Vendor #: T40283400Q Dun & Bradstreet #: 73786998

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	\$ 482,890.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 482,890.00	0%
2 Contract/Consultant	\$ 114,224.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 114,224.00	0%
3 Travel	\$ 10,124.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,124.00	0%
4 Supplies	\$ 5,250.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,250.00	0%
5 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
6 Other	\$ 12,251.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 12,251.00	0%
7 Indirect	\$ 72,434.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 72,434.00	0%
8 Total	\$ 697,173.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 697,173.00	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: _____

ATTACHMENT 1

**Nevada State / Division Public & Behavioral Health
Public Health Preparedness Program
Match Certification**

CDC08-13 – Revised

Date: _____

External Funding Source: Centers for Disease Control (CDC)- Public Health Emergency Preparedness (PHEP)

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient: Washoe County Health District (WCHD)

Project Title: HPP and PHEP Cooperative Agreement

Project Grant #: 5U90TP000534-02

Duration: **From:** July 1, 2013 **To:** June 30, 2014

Total cost sharing/matching cost contribution: \$69,717.30/ Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Washoe County Health District

**Name and Title
(Funding Recipient)**

Signature

Date



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION

Date: May 22, 2014

To: District Board of Health

From: Charlene Albee, Director
Air Quality Management Division

Subject: Acceptance of "Washoe County, Nevada Air Quality Trends (2004-2013)"

Recommendation

Staff recommends that the District Board of Health (DBOH) accept the "Washoe County, Nevada Air Quality Trends (2004-2013)".

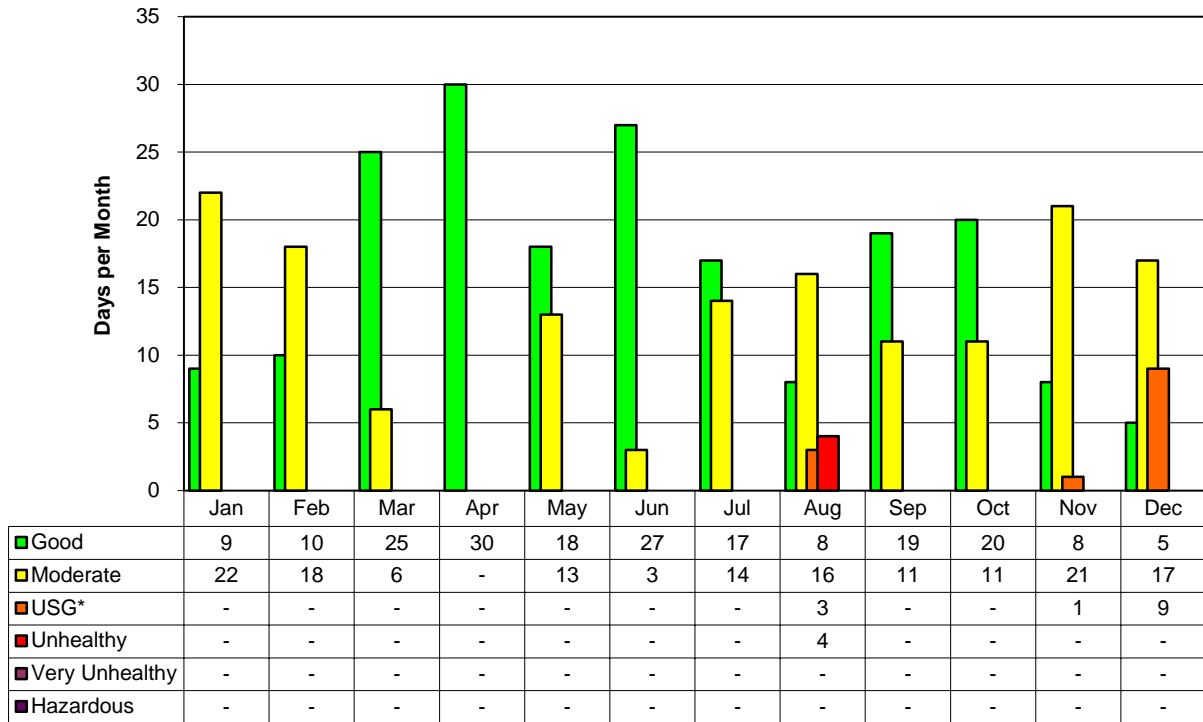
Background

The Environmental Protection Agency (EPA) establishes health-based National Ambient Air Quality Standards (NAAQS) for six criteria air pollutants including Particulate Matter, Ozone, Carbon Monoxide, Nitrogen Dioxide, Sulfur Dioxide, and Lead. The Air Quality Management Division (AQMD) operates and maintains an ambient air monitoring program to determine compliance with the NAAQS.

Although there are no statutory requirements to publish an annual report of ambient air monitoring data, EPA strongly encourages air quality management agencies to do so. Each year, the AQMD prepares this report, which summarizes the previous year's monitoring data. This report also summarizes the long-term trend for each pollutant.

Below is a summary of last year's Air Quality Index (AQI) levels. Elevated fine particulate matter (PM_{2.5}) concentrations from the Rim Fire and strong temperature inversions in December pushed AQI levels to the Unhealthy for Sensitive Groups (USG) range or higher 17 times in 2013. This is the most number of days since 2008 when it reached USG or higher on 8 days.

2013 Air Quality Index Summary by Month and AQI Categories



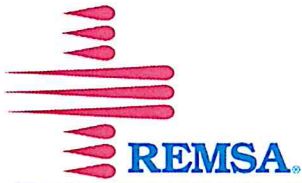
To conserve resources, the trends report is not included in your Board packet. It is 44 pages and the entire report can be accessed from the AQMD website (www.OurCleanAir.com) under News & Events. A hard copy can be obtained by contacting Mr. Daniel Inouye at dinouye@washoecounty.us or (775) 784-7214.

Possible Motion

Should the DBOH accept the trends report, a possible motion could be “Move to accept the “Washoe County, Nevada Air Quality Trends (2004-2013)””.

Charlene Albee

Charlene Albee, Director
 Air Quality Management Division



Regional Emergency Medical Services Authority

REMSA

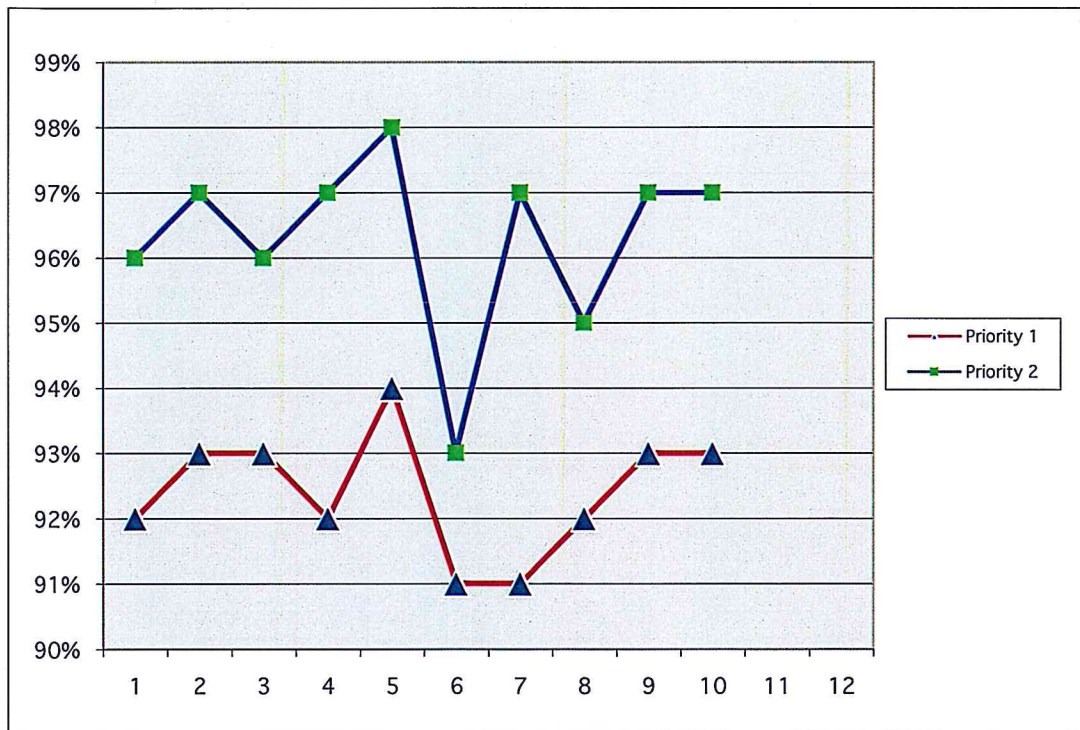
OPERATIONS REPORTS

FOR

APRIL 2014

Fiscal 2014

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul. 2013	5 mins. 56 secs.	5 mins. 3 secs.	92%	96%
Aug.	6 mins. 0 secs.	5 mins. 3 secs.	93%	97%
Sept.	5 mins. 46 secs.	4 mins. 47 secs.	93%	96%
Oct.	5 mins. 50 secs.	4 mins. 50 secs.	92%	97%
Nov.	5 mins. 29 secs.	4 mins. 39 secs.	94%	98%
Dec.	6 mins. 14 secs.	5 mins. 21 secs.	91%	93%
Jan. 2014	5 mins. 50 secs.	4 mins. 54 secs.	91%	97%
Feb.	5 mins. 44 secs.	4 mins. 43 secs.	92%	95%
Mar.	5 mins. 45 secs.	4 mins. 51 secs.	93%	97%
Apr.			93%	97%
May				
June 2014				



Care Flight

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	15	\$116,951	\$7,797	\$7,797
Aug.	20	\$183,197	\$9,160	\$8,576
Sept.	15	\$129,788	\$8,653	\$8,599
Oct.	11	\$80,637	\$7,331	\$8,370
Nov.	7	\$53,811	\$7,687	\$8,300
Dec.	12	\$82,429	\$6,869	\$8,085
Jan. 2014	3	\$20,080	\$6,693	\$8,035
Feb.	11	\$83,307	\$7,573	\$7,981
Mar.	13	\$96,656	\$7,435	\$7,915
Apr.	10	\$72,571	\$7,257	\$7,858
May			\$0	\$7,858
June			\$0	\$7,858
Totals	117	\$919,427	\$7,858	\$7,858

Adjusted Allowed Average Bill - \$7,641.00

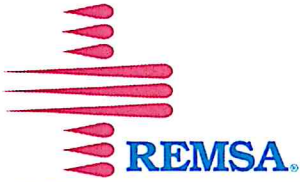
REMSA Ground

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	3528	\$3,760,993	\$1,066	\$1,066
Aug.	3361	\$3,580,384	\$1,065	\$1,066
Sept.	3269	\$3,475,246	\$1,063	\$1,065
Oct.	3376	\$3,597,764	\$1,066	\$1,065
Nov.	3316	\$3,543,650	\$1,069	\$1,066
Dec.	3559	\$3,824,810	\$1,075	\$1,067
Jan. 2014	3393	\$3,622,271	\$1,068	\$1,067
Feb.	3051	\$3,246,776	\$1,064	\$1,067
Mar.	3278	\$3,504,742	\$1,069	\$1,067
Apr.	3369	\$3,587,581	\$1,065	\$1,067
May			\$0	\$1,067
June			\$0	\$1,067
Totals	33500	\$35,744,216	\$1,067	\$1,067

Allowed ground avg bill - \$1,067.00

REMSA
 Monthly Debt Payments
 as of 5/14/2014

Acct No	Current Monthly Payment (P&I)
7197508-5001	\$ 14,977.27
7197608-5002	10,241.51
7197608-9042	16,480.17
7197608-9047	10,279.43
7197608-9048	6,572.61
7197608-9049	14,993.51
7197608-9050	4,787.55
7197608-9051	22,530.20
7197608-9053	2,196.54
7197608-9054	2,435.75
7197608-9055	8,353.72
7197608-9057	17,511.94
7197608-9058	25,972.42
7197608-9059	46,400.25
10099003	11,871.59
10099004	11,871.59
10099005	12,488.60
Total	\$ 239,964.65



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
APRIL 2014**



**CARE FLIGHT OPERATIONS REPORT
APRIL 2014
WASHOE COUNTY**

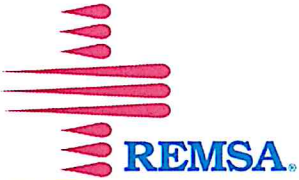
- ❖ **In Town Transfer:**
 0 Ground ITTs were completed
- ❖ **Outreach, Education, & Marketing:**
 ➤ 1 Community Education & Public Event

4/6/14	Boys & Girls Club PR	Flight Staff
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❖ **Statistics**

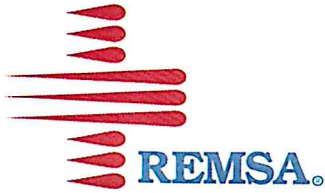
Washoe County Flights

	# patients
Total Flights:	10
Total Patients	10
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	7
Hospital Transports	3
Burns	1
Cardiac	2
Trauma	2
Medical	2
Pulmonary	0
High Risk OB	0
Neuro	3
Pediatrics	1
Newborn	0
Full Arrest	0
Surgical	0
Total	10



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
APRIL 2014



GROUND AMBULANCE OPERATIONS REPORT

April 2014

1. OVERALL STATISTICS:

Total Number Of System Responses	4975
Total Number Of Responses In Which No Transport Resulted	1558
Total Number Of System Transports	3417

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		1%
Medical		54%
OB		1%
Psychiatric/Behavioral		6%
Transfers		15%
Trauma		18%
	Trauma – MVA	3%
	Trauma – Non MVA	15%
Unknown/Other		5%
Total Number of System Responses	100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/ oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 2816
 Total number of above calls receiving QA reviews: 192
 Percentage of charts reviewed from total system transports: 15%

Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance.

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
4/3/2014	REMSA	11
4/6/2014	EMS CES 911 Training	4
4/8/2014	REMSA	8
4/16/2014	REMSA	7
4/19/2014	EMS CES 911 Training	3
4/21/2014	REMSA	4

Advanced Cardiac Life Support Recert

Date	Course Location	Students
4/2/2014	Tahoe Forest Hospital - REMSA	10
4/3/2014	Humboldt General Hospital	1
4/3/2014	Trent Waechter	15
4/9/2014	John Mohler & Co	8
4/14/2014	Justin Ashby	4
4/14/2014	REMSA	12
4/15/2014	EMS CES 911 Training	4
4/16/2014	Saint Mary's Regional Medical Center	12
4/17/2014	Humboldt General Hospital	1
4/21/2014	Matt Brown	4

4/24/2014	EMS CES 911 Training	2
4/26/2014	REMSA	5
4/27/2014	Tahoe Pacific Hospital	1
4/28/2014	EMS CES 911 Training	1
4/29/2014	REMSA	10
4/29/2014	EMS CES 911 Training	3

Advanced Cardiac Life Support Skills

Date	Course Location	Students
4/18/2014	Riggs Ambulance	1
4/29/2014	Riggs Ambulance	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
4/1/2014	REMSA	3

Bloodborne Pathogen

Date	Course Location	Students
4/14/2014	Career College of Northern Nevada	15
4/27/2014	Carson City BLM - REMSA	18

Basic Life Support Instructor

Date	Course Location	Students
4/18/2014	Humboldt General Hospital	10

Basic Life Support Instructor - Spanish

Date	Course Location	Students
3/19/2014	Pueblo Viejo DR - REMSA	3
3/19/2014	Pueblo Viejo DR - REMSA	4

Family & Friends CPR Awareness

Date	Course Location	Students
4/15/2014	Children's Cancer Foundation - REMSA	11

Health Care Provider CPR

Date	Course Location	Students
3/8/2014	Jennifer Kraushaar	3
3/26/2014	Nevada Department of Corrections	4
4/1/2014	Sierra Nevada Job Corps	1
4/1/2014	EMS CES 911 Training	6
4/1/2014	REMSA	9
4/2/2014	Milan Institute	9
4/3/2014	CPR 1st Aid Training	1
4/3/2014	REMSA	10
4/4/2014	Majen	1
4/4/2014	Barrick GoldStrike	3
4/5/2014	REMSA	6
4/8/2014	Sierra Nevada Job Corps	4
4/9/2014	EMS CES 911 Training	8
4/9/2014	Nevada Department of Corrections	4
4/10/2014	Lander County Community Health	2
4/12/2014	Riggs Ambulance	6
4/13/2014	EMS CES 911 Training	1
4/13/2014	Jennifer Kraushaar	11
4/14/2014	CPR Plus	3
4/15/2014	Milan Institute	5

4/15/2014	REMSA	10
4/16/2014	EMS CES 911 Training	2
4/16/2014	Jennifer Kraushaar	1
4/16/2014	EMS CES 911 Training	1
4/16/2014	UNRSOM - REMSA	33
4/16/2014	UNRSOM - REMSA	33
4/16/2014	REMSA	9
4/17/2014	Jennifer Kraushaar	12
4/17/2014	REMSA	9
4/19/2014	Christopher McNally	4
4/19/2014	EMS CES 911 Training	1
4/21/2014	UNR Orvis School of Nursing	12
4/21/2014	Nye County EMS	4
4/22/2014	Tia Speirs	1
4/23/2014	REMSA	11
4/24/2014	REMSA	5
4/24/2014	West Hills Hospital	4
4/24/2014	Willow Springs	1
4/25/2014	Alex Worsnop	2
4/26/2014	EMS CES 911 Training	8
4/26/2014	Nye County Sheriff's Office	4
4/27/2014	UNR Orvis School of Nursing	11
4/27/2014	UNR Orvis School of Nursing	12
4/27/2014	EMS CES 911 Training	7
4/27/2014	UNR Orvis School of Nursing	12
4/27/2014	Humboldt General Hospital	3

4/28/2014	Lawrence Smith	1
4/29/2014	REMSA	9
4/29/2014	Willow Springs	2
4/30/2014	Jennifer Kraushaar	18
04/112/2014	NV Dental - REMSA	5

Health Care Provider Employee

Date	Course Location	Students
4/4/2014	Josh Duffy	1
4/10/2014	REMSA	1
4/22/2014	REMSA	1
4/28/2014	REMSA	1
4/30/2014	REMSA	1

Health Care Provider Recert

Date	Course Location	Students
2/11/2014	Humboldt General Hospital	5
3/20/2014	Humboldt General Hospital	5
3/28/2014	Matt Brown	1
4/2/2014	NV Dental - REMSA	12
4/5/2014	Leslie Brown	4
4/5/2014	Nampa Fire Department	6
4/5/2014	Miller Trujillo Pediatric Dentistry - REMSA	3
4/7/2014	Humboldt General Hospital	4
4/7/2014	REMSA	4
4/8/2014	REMSA	5
4/9/2014	Nampa Fire Department	5

4/9/2014	Alison Kesler	2
4/9/2014	EMS CES 911 Training	9
4/10/2014	Eastern Plumas Healthcare	1
4/10/2014	Lakes Crossing Center	6
4/10/2014	EMS CES 911 Training	1
4/10/2014	REMSA	10
4/11/2014	REMSA	10
4/12/2014	REMSA	10
4/16/2014	Nampa Fire Department	8
4/16/2014	Humboldt General Hospital	7
4/17/2014	Regent Care Center Reno	5
4/17/2014	REMSA	8
4/19/2014	Great Basin College	4
4/22/2014	EMS CES 911 Training	2
4/22/2014	Career College of Northern Nevada	2
4/23/2014	SMRMC Cardiovascular Ultrasound - REMSA	8
4/23/2014	EMS CES 911 Training	1
4/24/2014	REMSA	3
4/24/2014	Career College of Northern Nevada	1
4/25/2014	Divine Dental Smiles - REMSA	7
4/25/2014	REMSA	10
4/27/2014	EMS CES 911 Training	5
4/29/2014	REMSA	7
4/29/2014	Eastern Plumas Healthcare	1
4/30/2014	REMSA	10
4/30/2014	EMS CES 911 Training	3

4/30/2014	EMS CES 911 Training	1
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Health Care Provider Skills

Date	Course Location	Students
4/2/2014	Majen	1
4/3/2014	Majen	3
4/7/2014	Tahoe Pacific Hospital	1
4/10/2014	Majen	1
4/10/2014	Paula Green	1
4/11/2014	Tahoe Forest Hospital	1
4/14/2014	Tahoe Forest Hospital	4
4/16/2014	Paula Green	1
4/16/2014	Peggy Drussel	1
4/16/2014	Willow Springs	3
4/17/2014	Tahoe Forest Hospital	1
4/18/2014	Majen	1
4/18/2014	Riggs Ambulance	1
4/22/2014	Tahoe Forest Hospital	2
4/25/2014	Tahoe Forest Hospital	1
4/28/2014	Newmont Mine	1
4/28/2014	Majen	6
4/28/2014	Majen	1
4/29/2014	Absolute Dental - REMSA	4
4/29/2014	EMS CES 911 Training	1
4/29/2014	Majen	1
4/30/2014	Willow Springs	2
4/30/2014	Elko County School District	2

Heart Saver CPR/AED

Date	Course Location	Students
2/12/2014	Sierra Nevada Job Corps	5
4/2/2014	Majen	11
4/2/2014	Northern Nevada Child & Adolescent Services - REMSA	1
4/4/2014	Jennifer Kraushaar	15
4/5/2014	Nampa Fire Department	7
4/9/2014	REMSA	8
4/10/2014	Majen	1
4/11/2014	Jennifer Kraushaar	11
4/12/2014	CPR Plus	6
4/14/2014	Washoe County School District	4
4/15/2014	Washoe County School District	5
4/15/2014	Elko County School District	1
4/15/2014	Northern Nevada Child & Adolescent Services - REMSA	1
4/15/2014	Humboldt General Hospital	9
4/16/2014	Washoe County School District	3
4/18/2014	Nampa Fire Department	10
4/19/2014	Lander County Community Health	3
4/21/2014	Washoe County School District	3
4/21/2014	Nampa Fire Department	7
4/21/2014	Storey County Fire Department	7
4/22/2014	Washoe County School District	3
4/26/2014	REMSA	3
4/26/2014	Washoe County School District	4
4/28/2014	Washoe County School District	3
4/30/2014	Washoe County School District	4

Heart Saver CPR/First Aid

Date	Course Location	Students
3/12/2014	Amazon	2
3/30/2014	EMS CES 911 Training	1
4/2/2014	Northern Nevada Child & Adolescent Services - REMSA	7
4/3/2014	Majen	6
4/3/2014	Sierra Army Depot	4
4/4/2014	Sierra Nevada Job Corps	5
4/5/2014	Mark Bosco	3
4/5/2014	REMSA	8
4/7/2014	Community Living Options	1
4/8/2014	EMS CES 911 Training	6
4/10/2014	Majen	8
4/11/2014	Sierra Nevada Job Corps	11
4/12/2014	REMSA	9
4/15/2014	Eagle Valley Children's Home	2
4/15/2014	Majen	7
4/15/2014	Northern Nevada Child & Adolescent Services - REMSA	7
4/16/2014	Amazon	1
4/18/2014	Majen	6
4/18/2014	Chuch Fox	1
4/19/2014	Christopher McNally	2
4/21/2014	Storey County Fire Department	11
4/22/2014	Riggs Ambulance	32
4/23/2014	Majen	14
4/25/2014	Sierra Nevada Job Corps	12

4/25/2014	Sierra Army Depot Training	9
4/25/2014	Nampa Fire Department	7
4/26/2014	Riggs Ambulance	13
4/27/2014	JS Redpath	3
4/28/2014	JS Redpath	5
4/29/2014	Majen	5
4/29/2014	Susan Phillips	3
4/30/2014	Nye County EMS	3
4/27/2017	Carson City BLM - REMSA	18

Heart Saver First Aid

Date	Course Location	Students
4/2/2014	CPR Plus	4
4/3/2014	Milan Institute	11
4/12/2014	REMSA	10
4/15/2014	Majen	1
4/15/2014	Northern Nevada Child & Adolescent Services - REMSA	2
4/16/2014	Milan Institute	5
4/19/2014	Lander County Community Health	3
4/22/2014	Career College of Northern Nevada	2
4/25/2014	Career College of Northern Nevada	19
4/26/2014	EMS CES 911 Training	9

Heart Saver CPR/AED/ First Aid – Spanish

Date	Course Location	Students
4/28/2014	REMSA	1

Health Care Provider - Spanish

Date	Course Location	Students
3/18/2014	Pueblo Viejo DR - REMSA	7
3/18/2014	Pueblo Viejo DR - REMSA	7

Heart Saver Pediatric First Aid / CPR

Date	Course Location	Students
4/5/2014	EMS CES 911 Training	1
4/5/2014	Jennifer Kraushaar	4
4/12/2014	REMSA	11

International Trauma Life Support

Date	Course Location	Students
4/24/2014	REMSA	17

International Trauma Life Support Instructor

Date	Course Location	Students
4/11/2014	REMSA	12

Pediatric Advanced Life Support

Date	Course Location	Students
2/26/2014	Eastern Plumas Healthcare	1
4/3/2014	Riggs Ambulance	7
4/10/2014	REMSA	13
4/15/2014	REMSA	3
4/30/2014	American Medflight	1

Pediatric Advanced Life Support Recert

Date	Course Location	Students
1/28/2014	Nampa Fire Department	4

4/3/2014	Humboldt General Hospital	1
4/4/2014	Trent Waechter	13
4/5/2014	EMS CES 911 Training	1
4/5/2014	Miller Trujillor Pediatric Dentistry - REMSA	6
4/7/2014	Tahoe Forest Hospital - REMSA	24
4/9/2014	Eastern Plumas Healthcare	3
4/10/2014	John Mohler & Co	9
4/13/2014	Justin Ashby	1
4/16/2014	Zack Marcus	1
4/16/2014	John Mohler & Co	25
4/16/2014	Eastern Plumas Healthcare	2
4/18/2014	REMSA	5
4/18/2014	Humboldt General Hospital	1
4/23/2014	REMSA	7
4/23/2014	Trent Waechter	1
4/28/2014	EMS CES 911 Training	4
4/30/2014	Molly Turner	1

Pediatric Advanced Life Support Instructor

Date	Course Location	Students
4/28/2014	REMSA	8

CE Courses

Date	Course Location	Students
4/23/14	Mild Traumatic Brain Injuries- REMSA	35

Ongoing Courses

Date	Course Description / Location	Students
4/15/14	REMSA Education- A EMT	30
2/1/14	REMSA Education- Paramedic	14
8/14/13	REMSA Education – Paramedic	13
1/7/14	REMSA Education – EMT	25
1/18/14	REMSA Education – EMT	21
Total Students This Report		1471

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
4/10/14	Statewide Child Passenger Safety Advisory Board Meeting, Las Vegas	1 staff
4/12/14	Child Safety Seat Checkpoint, cosponsored with Safe Kids Washoe County, hosted by the Children's Cabinet, Reno; 22 cars and 27 seats inspected.	13 volunteers, 4 staff
4/12/14	Volunteer Appreciation Luncheon in recognition of National Volunteer Week	12 volunteers, 4 staff
4/26/14	Community Baby Shower at Meadowwood Mall; information booth/table	1 staff

Northern Nevada Fitting Station Project

Date	Description	Attending
4/24/14	NN Fitting Station quarterly partners meeting, REMSA.	6 partners

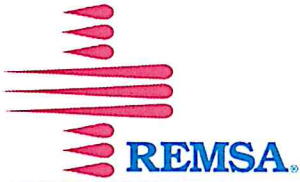
Safe Kids Washoe County

Date	Description	Attending
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4/1/14	2014 Nevada Health Conference Planning meeting, Reno.	1 staff
4/8/14	Miniature Golf Tournament fundraising subcommittee meeting, Sparks.	7 volunteers
4/8/14	Safe Kids Coalition monthly meeting, Sparks.	18 volunteers, 1 staff
4/8/14	Give Kids A Boost subcommittee meeting, Sun Valley.	6 volunteers, 1 student intern
4/9/14	Guest lecturer at UNR School of Medicine 2nd Year medical student class on childhood injury prevention.	1 staff, 60 students
4/12/14	National Safe Kids Day; cosponsored Point of Impact Checkpoint.	
4/15/14	Cribs for Kids Train the Trainer, Reno.	1 staff, 6 attendees
4/21/14	Northern Nevada Maternal and Child Health coalition monthly meeting, Reno.	2 staff, 2 student interns
4/24/14	Sun Valley General Improvement District board meeting for Give Kids A Boost fair.	1 staff, 1 volunteer
4/24/14	Cribs for Kids Train the Trainer, Reno.	1 staff, 4 attendees
4/25/14	Northern Nevada RAVE Family Foundation - An Evening To Rave About fundraiser, Reno.	1 staff
4/30/14	Give Kids A Boost subcommittee meeting, Sun Valley.	8 volunteers, 1 student intern
4/30/14	Statewide Maternal and Child Health Spring Symposium, Carson City.	1 staff

Public Relations

Date	Description	Attending
	Interview with Bob Carroll for Reno 13 program; discussed Safe Kids Washoe County, REMSA Nurse Health Line, and flu shots.	1 staff



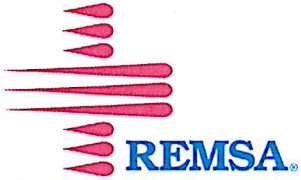
Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
APRIL 2014**

INQUIRIES

April 2014

There were no inquiries in the month of April.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
APRIL 2014**

GROUND AMBULANCE CUSTOMER COMMENTS APRIL 2014

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Polite, consistent crew. Job well done.	No complaints. (I would rather just not need your service.)	Excellent service. Still no complaints.
2	Everything was excellent.		
3	Too sick to answer. Had a grand mal seizure this morning. People thought it was panic attack. No way. Epileptic seizure (no warning).	Be alert.	My system full of fluid past three days. Not doing good at all. (Daughter doesn't believe.)
4	Everything.		
5	See my last one.		Did great.
6	Nice folks.		
7	Let me know what was happening.		Very good.
8	Arrived very quickly - checked with VA before transporting to St. Mary's - efficient and friendly.	You couldn't be better.	
9	Everything.		The care for patient and family is excellent.
10	Called wife with my condition and eased her worry.		You are great.
11	Patient and excellent communication with patient and family members.	Efficiency with reporting between REMSA and Fire Department. Duplicate effort seems wasteful!	
12	Individual that called in said she was the patient's girlfriend. She wanted to let us know that the crew that responded was so nice. Good people. They did a really good job. Patient was drunk and they were so helpful. All were concerned and took care of patient for about 2 hours in the truck (ambulance) trying to help him. Patient is an alcoholic - and she was grateful. She said she was calling because she believed the patient would never fill in the Comment Card and return it to REMSA.		
13	All well.	Nothing.	
14	Everything.	Nothing. You do the best all the time.	You are a very well trained people with lots of experience.
15			You have a very thorough staff.
16	Everything.	Keep up the good and professional work.	Excellent. (Sorry this is late, but am glad to put this through to you folks.)
17	Took care of what needed to be done. Well.	-0-	-0-
18	They were very super great.	Can't do any better.	I will NEVER have anyone else.
19	The trip from the hospital to another was good.	Keep up the good work.	
20	The deal was good and friendly.	I think everything was fine.	I felt very confident, and they were very professional.
21	Assessment, loading and transport all done very well.		
22	Everything! Very professional!		
23	Were kind, courteous, and very efficient.	Continue the same prompt and diligent work and attitude towards your profession.	Very well done, and I was pleased and felt very safe and secure.
24	Everything. Very pleasant.		
25	Everything wonderful, as always with your company.	Bring me lotsa money. Ha-ha.	Keep up the great work.
26		I was treated with dignity and respect all of the times I needed them.	
27	Very prompt to call and handle whole deal professionally. X	Nothing.	I answered that in question checked X. (Just got home so haven't answered this sooner.)
28	Please tell the EMT thanks.		
29	Load and unload me.	Nothing.	
30	Took EKG immediately.		
31	All.		
32	Prompt and professional.		No one asked about insurance information. We did not expect it at point of service. Did you file a claim?
33	Got there quickly.	Do you bill insurance directly? The crew did not take my insurance info.	
34	Prompt, efficient, courteous.	Use paper tape to secure IV.	Very professional!
35	Well...my mom, once arriving at the hospital in the front seat, not only hugged our REMSA driver, she kissed him on the cheek, expressing her sincere appreciation of how well he and his staff treated us! And my mom's Italian, so this doesn't come/go lightly!		(We've yet to speak with billing.)
36	Everything. Got me there quickly and was able to calm me down.		Thank you for your help. Good job.
37			Very good.
38	Got patient to the hospital in a great fashion.	Nothing. Everything is fine.	
39	Kept me warm in the ambulance.	Nothing. You were all kind and loving.	
40	Very helpful and helped me feel a bit more at ease.	You all are doing it.	
41	Keeping patient calm.		
42	Calmed my wife.	Everything was A-OK.	
43	Worked well with Reno Fire who were first on scene.	Everyone did the best they could.	My wife wanted to go to St. Mary's, but your crew said she had to go to Renown. Later, our doctor told us they should have taken her where she wanted.
44	In all areas!		

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
45			All service was very professional! Hope to not use it again!!!
46	The staff is always gracious and kind. I appreciate them very much - always polite, always communicates well. They make me feel safe. Thank you.		Different ones come each time. Same great service.
47	Everything was very professional.		Everyone was very helpful - kind - explained very well. (I have tremors so please forgive me.)
48	Quick service.		The service was great!
49			Were kind, sensitive and caring.
50	REMSA personnel were very caring and professional.	Stay as good as you are.	Excellent.
51	Polite and courteous.	You did a good job.	
52	Response time was good. Dispatcher was calm, controlled during a chaotic event, as were the EMTs.		
53	Everything. They made the patient feel at ease and comfortable. Very professional.		
54	Quick response, professional, always polite.	Keep up the great work.	Thank you so much for providing this service.
55	The crew was nice and friendly and cooperative.		
56	Your job.	Wait. All my money was put in March 6th, 2014 IRS took. It was delivered 3-28-14.	
57		Honor my wishes not to be taken by REMSA - to leave on foot with my friends.	Pushy - police/like - no other options.
58	Extra care and professional help with pick up and delivery.	Make sure my wallet and credit cards are included in the pick up.	Nothing - job well done.
59	Pleased with overall care.	Couldn't have been better.	Was excellent!
60	Good service.		
61	At that time, I feel they did okay.	I cannot say anything. I know they "do" what needs to be done on emergency patient.	They did well. Thank you very much.
62	The crew made me comfortable while I was in severe pain.	The crew is perfect, so there should be no more improvement needed.	Good questions - care and service is the best.
63	Encourage and comfort me - and yet very professional.	Keep up the good service.	Tell people they are transported by REMSA.
64	Rapid CAREFUL trip.	-0-	Exceeded in all respects.
65	Great.		
66		All good. Thank you. Great service.	Staff was very good.
67	Quick transport because of possible life-threatening situation.		3/1/14 - Patient had emergency surgery for ulcerated bowel...recovered...but on 3/18 had major heart attack and died 3/19. Thank you for your help on 3/1/14.
68	Great.	Nothing.	
69	I was treated well. However, the ambulance crew still has my red and white cane.	Please return my cane.	
70	Timely. Knew my name and where my purse was!		Yes, very polite.
71	Everything.		
72	This is not our first time with REMSA. Every time I need or call for help for my husband, REMSA's always there for us. Thank God for REMSA, especially those who came over to our home and brought my husband to St. Mary's. We appreciate everyone and the awesome service. God Bless. Thanks a lot.		
73	Talking to me on way to Reno.		Didn't talk to a dispatcher or (so far) no one from billing.
74	Wake up in the hospital.		Keep it going.
75	Excellent. Got IV on. Calmed me down, checked my blood pressure and also checked blood, oxygen in system.	?	-
76	Did everything well! Thank you.	Nothing.	Thank you again for good care!
77	You provide very high quality care and service.		You brought my husband home from Renown. Your staff is very caring and kind. We are very impressed that REMSA provides such excellent care.
78	Fast response, well trained.		
79	We felt great appreciation for the speed arriving to our home and hospital. We felt equal appreciation for their communication and caring response to any questions.	I cannot think of anything they could improve.	I cannot think of any way they need or could improve. Thank you!
80	Everything. Thank you!		
81	Response time, professional behavior and friendly.		
82	Gentle ride for patient with bad back.		
83	Everything.		
84	OK	OK	Good
85	Everything! Even out of the line of duty, as in helping with my 2 year old grandson and dealing with dogs!	Can't think of anything.	I am very grateful for the professional and compassionate care I received. P.S. - BEST IV I've had done in weeks! (And I had a LOT!)
86	Check the patient. Carried him out to the ambulance. Took him/or me straight to the hospital.	Everything was done well.	
87	Everything.	N/A	
88	Everything was excellent. All personnel were very professional.	I can't think of a thing!	Thanks to all.
89	Everything.	Keep up the good work.	
90	As a retired EMT, your crew did everything according to protocol.	Continue your usual standard of excellence. Thank you for the excellent care your crew afforded me.	The only negative was that every time the unit went around a corner, I felt about to roll off the gurney.
91	Quick response. Helpful in telling me what to take because I was not thinking clearly.	I couldn't have asked for any better service. I was so scared and shaking.	I was grateful they took me with them because it allowed me to be with him at the end.
92	Communication, treatment, transportation.	Nothing.	Friendly, caring, good knowledge.
93	Very kind, young men. All good!		
94	We were very grateful, as they were punctual. A most dependable crew.	Would be difficult to think of anything they could do better.	No comment - great service.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
95	Excellent.		
96	Non-judgmental, caring, understanding.	Nothing.	
97	Everyone was helpful and professional.	Renew my Silver/Gold or Platinum coverage. Call me.	
98	Everything.	Nothing.	No bill?
99			I was only partially conscious and cannot recall anything related to the service.
100	Arrived quickly, assessed patient quickly, transported to ER quickly, friendly, polite - Excellent job!		
101	Get here and helped me well. They were all kind.		They ALL were very kind.
102	Everything.		
103	You always do excellent. Everyone is always caring and lets you know you are in good hands.	Nothing. I always get good service and smiles to feel better.	
104	Tended to my husband and took him to St. Mary's where he died 2 days later.	Just come when I need you - and you did.	
105	Kept me calm.		
106			Great!
107	They were very helpful, the young lady was very sweet.	Don't stand here and say, "We don't need to take to the hospital." If the others had listened to her, I would be dead.	I general, I just love REMSA. They are very well trained, except the one guy I will never forget it. Sorry about my handwriting. Hope can read this. If not, call me.
108	As promised.	Good as is.	
109	Great service.	Not much.	You have a great service here in Reno/Sparks area.
110	Everything.		
111			Thank you for having such prompt and professional crew members.
112	Quick, a LOT of people here.	Don't laugh when a patient who is unconscious, then revived, gives wrong answers to questions.	I was spoken to in an accusatory tone while REMSA shoved various pill bottles in my face, implying, no asserting, that I gave my aunt (the patient) medications that were not hers. I told them at least 3 times (and showed them) her meds on the couch. I conveyed to them immediately upon arrival EXACTLY the meds and amounts she had taken for the previous 12 hours. Perhaps more focus on the patient and less inflammatory accusations would be appropriate.
113	I am an RN myself. Everything was done appropriately.	Can't think of anything.	As a patient, you are always upset. They knew how to keep me calm.
114	Take care of me.	Nothing.	
115	Was very helpful. Got me the help that I needed.	Nothing. Service was amazing.	N/A
116	Transportation was efficient and comfortable.	-0-	I feel that the whole incident was handled about as well as possible.
117	Everything.	Keep doing what you're doing.	
118	I heard later that I was talkative! That I made their day.	Just be there.	
119	Friendly, made me feel cared for and in good hands.		
120	Everything.	Nothing. You did a great job.	
121	I was impressed with the care I received during my emergency trip. The attendant inside with me was so very kind, knew what she needed to do, and treated me as a patient instead of an 89 year senior. This was my first experience in an emergency vehicle. The attendant took most of the fear away by her professional attention. She should be commended. Thank you for your attention.		
122	Very good service.		
123	I was very impressed that the attendant called me in route to hospital.		
124	Everything.	Nothing.	
125	Everything was great and very good.	Nothing. It was excellent.	The only one thing - the first time I was there they didn't keep me overnight and made me leave hospital with ammonia level high and leg hurting really bad at 2 in morning. My bus was not riding and they would not call Logisticare, so when I crawled down road, law gave me a ride home. I had to lay on floor to wait to go in emergency room at 2:30 AM. When I didn't have money to get cab, don't know who was doctor. Other than that, it was excellent the second time there when I spent 4 nights/5 days in hospital. It was excellent then. Doctor's staff was very helpful to me!! Thank you.
126	Got me to hospital!	I was pretty much out of it.	
127	The crew was absolutely wonderful! I was in good hands.		
128	It was the friendly voice of the EMTs, is what I remember.		
129	Took the time to help patient down the stairs and explain everything to her. Very patient and kind to her.		The crew was awesome!
130	Prompt response. Made me feel less frightened.		
131	Very fast response.	Everything was perfect.	
132	Made me comfortable. Good crew/staff. "Really nice, good."	-	
133	I honestly don't know. I remember calling 911. After that, no recall for 2 days. It seemed like I just called - don't remember hanging phone up, but it seems like they were waiting outside for my call. They were so fast. Had a real bad case of pneumonia - coma for 2 days. For the speed of your staff saved my life. Thank you.		You have several times taken me to Renown Hospital. One time I had potassium poisoning, other times my heart gives me a bad time.
134	All patient and comforting.	You are great now.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
135	I was unconscious when they arrived.	It was excellent service.	Very professional staff.
136	Everything possible.	I was very satisfied.	
137	I was transported from South Meadows Renown to Regional on Mill Street in comfort.	No problems.	
138	Professional attitude, concern for the patient's well-being, attention to details.	Maintain your existing high standards.	Excellent service provided to the patient and family member.
139	Everything.	I wouldn't know.	
140	All care - seemed to be very concerned about my welfare.	Everything done very well!	Good attitudes with medics and very helpful.
141	As near as I can determine, everything was done fast and efficiently.		
142	You came quickly and you got my brother to the hospital quickly. He was having a stroke.		
143	Everything. Always glad to see your employees.	Nothing. Can't think of anything.	Excellent employees - especially one paramedic.
144	Everything. Thank you to those young men.	They have been very, very helpful.	
145	Everything was excellent.	Keep those that took care of me.	Service couldn't be better.
146	Everything was good. Thank you.	-0-	
147	Service was excellent.		
148	Well, REMSA was here within 5 minutes. They made sure I was stabilized before they started going to the hospital. I really appreciate that!	I don't know - you're doing fine.	Excellent service. I appreciated them telling me that a return trip would be \$700, so my son returned me to Regent Care Rehab Center. Thank you very much!
149	Everything.		
150	Help was fast, caring, efficient and comforting. Very professional.		Thanks to the paramedics.
151	Everything.		
152	Just being there was very helpful. Thanks very much.	Not too much. Thanks again.	
153	Everything. I appreciated the kindness toward me in allowing me to get dressed. Both my husband and myself are thankful for their professionalism and prompt response.	Can't think of anything.	Excellent care by the REMSA team.
154	Arrived promptly - dispatcher tried to keep me on phone - I was just too sick to talk.		Did a good job - very patient staff - seemed to take a long time to get from my house to 1.5 miles away Renown ER. Not the trip - just getting going.
155	The crew was cautious and conscientious. They were kind and comforting. They displayed expertise and knowledge.	In the ER and hospital - they complained about the IV site established in the ambulance. The site is handy to the crew, but awkward for patient long term (overnight, etc.).	
156	You did very well. Thank you so much.	Not to charge senior citizens so much money.	
157	All the above.	Outer areas response time in critical conditions, injury or heart problems.	Communication and care to patient was excellent.
158	Very calming - got right to business. Explained what was going to happen.		Very pleased.
159	All aspects of situation.	As far as I'm concerned, you do well enough.	
160	The experience was very professional and your staff was wonderful.		
161	Relieve the panic.		
162	Kept me well informed on everything they did.		
163	Checked health and vitals. Caring and helpful.	Was not sure I needed to go to the hospital. They confirmed I did.	Spent 4 days in hospital. Three weeks down and finally getting back to old self. Thanks for a job well done.
164	Careful handling. Professional crew.		
165	Everything was great.		
166	Good communicating. Very helpful. Fast response. Polite.	-	
167	They communicated with me every step of the way.	Very good service - do not change. You were great!	I could not be more pleased on how well I was treated.
168	I was not the person who made the call - but spoke to the person who did. Dispatcher was helpful.		
169	Got medical history, extremely professional. Made me feel comfortable and taken care of.	I can't think of a thing.	The medics were great. Loved both of them.
170	Everything. Great people.		
171	Everything.		
172	CREW WAS OUTSTANDING!		
173	I thought the EMTs/paramedics were very professional, kind and comforting. They explained things well.		
174	Prompt, professional, polite, caring.	Keep up the good work.	Good.
175	Responsiveness to emergency.		
176		You give the "BEST."	None.
177	Make as comfortable as is possible due to circumstances.	You do very well. Keep up the good, caring, attitude. Especially due to conditions and state of mind of patients.	
178	When I was checked by the attendant, they made sure I was comfortable.	Your staff is excellent in every way.	
179	Communicated well with the patient.	Nothing. Always giving 110%.	
180	Very polite and professional, prompt and courteous.	N/A	Good experience.
181	You guys handled him with good care. Thank you for that. My husband passed away on 4/2 - that morning.	Just keep up the good training. People have feeling. You show that. God Bless each and every one of you!	All I can say, you guys were amazing. Love, his wife.
182	Very helpful and considerate.		
183	Everything.	Keep on doing what you are doing. My husband passed away on April 2. He went peaceful.	All I can say, you guys were amazing. May God Bless you all.
184	You took good care of this old man. Thank you.	Keep up the good work.	Very good.
185	As usual, they were very helpful!		

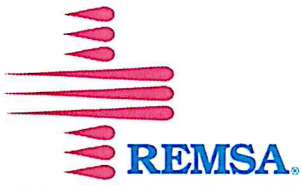
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
186	You were very helpful in everything.	Keep up the good work.	
187		I was in Reno from Virginia and was well treated by REMSA - a positive experience. Thank you!	
188	Very fast response. Paramedic and EMT showed absolute compassion to Alzheimer's patient who could not understand what was happening, but was ill and in pain.		The dispatchers and medics were very caring, informative to the family, and gentle with the patient during several transports covering six weeks, a very stressful time.
189	I would like to thank you very much and very satisfied with staff and service.	You did everything right. I am a 30 year fire fighter with Oakley, CA and East Contra Costa County Fire District.	You took very good care/job to take care of my wife. I do like your service. Thank you very much. Retired CCC firefighter.
190	Prompt, considerate of family, reassuring and efficient.	Can't think of a thing.	We've dealt with REMSA 5 times (various patients) in the last 6 weeks - all have been positive experiences. Thanks!
191	The response time was exceptional. The EMTs were courteous and efficient.	I have no recommendations.	I thought the service was excellent. Thank you.
192	I thank you for responding so quickly and taking good care of me.	I think everyone did a good job.	I think the crew acted professional, I was just too sick to be aware of what was happening to me.
193	Both EMTs were awesome! They were both calm and polite and made me feel less stressed!		
194	Friendly and lightened the moment.		
195	The people did a very good job. Couldn't make it without you folks.	Keep up the good work.	
196	The EMTs were understanding. I appreciated their kindness.		
197	Everything.		Everyone worked well together: firemen and paramedics.
198	You kept me from hurting myself while I was in a seizure.	You do not have to change anything. You guys did your job well.	
199	Picked me up off the floor and took me right to the hospital.	Nothing.	
200	Everything. Thanks.		Very professional. Very polite, kind and helpful.
201	The care and concern shown by the firemen and the paramedics was wonderful.	Keep doing what you are doing.	It was a tremendous relief to have a quick response. It was life saving. Thank you!
202	Everything.	Couldn't be much better.	
203	Quick service; care was excellent.	-	-
204	Everything!	We are most grateful.	
205	I appreciate the good care I received by your crew.	Just keep smiling and being friendly and encouraging.	
206	Excellent job. Thoroughly professional.	Keep up the good work.	
207	Everything, particularly letting me know what was going on with my husband, the patient.		I haven't received a bill yet, but I know the staff will be wonderful. Thank you for your good work. I most sincerely appreciate it, and all of you.
208	All services and care.	Don't bill me (ha, ha).	
209	I have needed REMSA on several occasions, and I always know I'm in good hands.		It would be good if when the patient is thin with thin skin, they would use a smaller needle.
210	You got me to St. Mary's promptly and safely.	Ask more questions, so first aid may be given sooner.	Services were good, yet improvement always can be made.
211	Everything! -- 1) Addison's Disease, 2) Chronic Subdural Hematomas, 3) PTSD, and 4) Chronic Depression.	I don't know how you would be better.	ALWAYS, ALWAYS, very good.
212	Your team was the only service in my husband's transfer from St. Mary's to Manor Care that was completely and thoroughly helpful, appropriate and one who eased rather than added to our burden.	Nothing! Keep up the good work.	Your team communicated well, were gentle on my husband, the patient, and also quite polite, helpful and caring to my family as well.
213	Everything.		
214	Quick response, explaining care.		
215	Very prompt and efficient.		
216	Your job.	Keep up the good work.	I have been a patient on more than one occasion, and I have always received the professional care that one would expect. Your crews have always been respectful and helpful. As I say, keep up the excellent service. Please extend my personal thanks to each crew member of the run of #9039 - they were very, very, professional.
217	Very professional and kind.	Nothing.	Excellent service.
218	Got to Dr. Hess's office very fast.		You are great! The EMTs were caring, kind, and helpful. At the hospital, NMC Emergency they were also kind and told me how to get into the emergency area. Very friendly and calming.
219	Everything.	Just keep doing like you're doing. I really liked that the one fellow who rode with me in the back switched my nebulizer to straight Albuterol - I could finally get my breath. Just excellent staff. Thanks with my life!	
220	Arrived promptly - good communication by crew.	N/A - I was very satisfied.	
221	Excellent!		
222			Excellent service - keep up the good work!
223	Everything!		They treated me great. No complaints.
224	You came very fast and the dispatcher kept me on the phone until REMSA arrived. They were very professional at their jobs.	?	
225	They took their time, did not rush the patient.		The service was OK. Maybe a little rough at times.
226			Service and caregivers were excellent!
227	Service was prompt.	As my first time for service, so far nothing needs to be done.	The staff that treated me were very kind.
228	Calmed everyone down. Provided good care to the patient. Talking to me because I was scared and in pain. They all did a great job calming me down.	-	Very good staff.
229	Great job calming me down.	Nothing.	Service was outstanding.
230	Timely arrival, professional handling of patient.		
231	Professional, prompt, very nice men. Appreciate what they do - THANK YOU.		
232	The crew explained everything to me before they did anything - very pleasant and kind - made me feel safe.		Service is great.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
233			Patient was not very coherent to know about questions. She did not answer.
234	Driving.		
235	Kept me comfortable after the shock about getting transported to the hospital.	Nothing. You're doing your job really well, to the best of your abilities.	The service that I got that day was very good.
236	Took me to hospital.	Nothing, everything was great.	I was very pleased with the way I was treated. I have a small dog and they treated her as one of the family (and she is). Thank you.
237	Your staff is always courteous and helpful.		
238	Everything.		
239	Everything.	I can't think of anything.	
240	Kept me informed and calm about what was going on.	Nothing. The timing was great. Service, too.	Thank you guys so much for what you do.
241	My husband is still in the VA Hospital. You people did everything perfect. I am the wife.		
242	So kind when called a few times.	Have people who answer phone be nicer.	
243	Very well!	It would have been nice to take a shower before leaving. It's hard to climb into mine (without falling).	Everything was fine, except not letting me shower.
244	Communicate, communicate - always with a smile - THANKS!!		#2 - Immediately had my trust!!!
245	Everything! Paramedics - great.	N/A	
246	The young people that picked me up in the ambulance were great!		Everything was great.
247	First responders were exceptionally caring and careful. The driver was extra mindful of turns and bumps during transport.		Very good.
248	They were very patient and understanding.		Great! On all care and service. I was not aware of what the billing staff has done, but I'm sure they, too, were polite and helpful.
249	Everything was done perfect, and when the person who put the needle in my hand - I didn't even feel it. He is real good at it. They should have him at the hospital for doing that kind of help.	You did it.	The 2 that came to pick me up were great on everything they did.
250	Everything.		
251	Ambulance was quick to respond. Very helpful and explained everything. Never left my side.	Everything was great! More power and hope that you'll be able to help more people. (Lower the fees, if possible.)	
252	Friendly, accommodating, good listener.	Siren wasn't used, siren should be used at all times in case of stroke, heart attack, drove slow.	In general, service was good.
253	Everything!	We were very satisfied.	You're very good.
254	Every aspect of the experience was pleasant, under the circumstances.		Thank you for your service to the community.
255	Kept me calm, they were reassuring and efficient.		
256	Calmed me in a scary situation.	Keep it up.	
257	Very personable and friendly during stressful situation.		
258			The whole experience professional. Superb team.
259	The care was wonderful.	You don't have to do better. I'm well satisfied. Everyone was so nice.	
260	Everything.	Nothing. You are all good.	All of you are GREAT.
261	Very quick to respond.	You are doing fine.	
262	Everything.	Don't ask the patient a lot of questions.	Excellent.
263	Everything.	Nothing.	Very satisfied with care.
264	All services were very satisfactory. (Personally, I'm glad I only visited your facility for only one day!)		
265	They took good care of me on way to hospital.	Not much - everything was great.	Everything was excellent.
266	Very friendly and helpful on way to hospital.	Nothing - everything was excellent.	Everything was fine.
267	Prompt response to call. The REMSA attendants were very professional, caring and compassionate with me.	Just keep up what you're doing. You cannot improve on perfection.	Thanks for employing individuals that know their jobs, and putting care with it is awesome. Thank you all.
268	Your personnel kept me calm and informed on the way to VA Hospital. All were very professional. Thank you all for your help and have a great day.		
269	They were calm while the doctor was having a panic attack.		
270	Everything.	Excellent care.	
271	Found out what my problem was, got me into the ambulance and then quickly to the ER.	Nothing.	It was what I expected.
272	Prompt responding to 911 phone call. Courteous, helpful and asked before assisting patient into the vehicle, from home = if patient able to climb/walk down short step instead of on the gurney.	Not a thing!!	Excellent!
273	Took very good care of me.	Keep up the good work.	Everything is great.
274	I was very happy with the folks that helped me. Polite and courteous.	Nothing.	
275	Staff was friendly, understanding, professional, helpful.	Ensure ambulance is really needed. Ambulance was requested by doctor, but (in my opinion) I was much better by time ambulance arrived. Hospital let me go right home - not admitted.	The subject incident (in my opinion) did not require REMSA ambulance, it was requested by doctor.
276	Everything they did was professional and very personable. Keep up the good work! I don't know their names, but they are extremely perfect. Best ever.	Can't think of a thing. They are very patient and polite manner.	
277	Everything.	Keep up the good work.	
278	Everything was done well. Thank you for your help.		
279			Nice people - excellent care. Thank you.
280	Very reassuring, got pain medicine to me as quick as possible. Overall, they were the best.	Continue doing the same.	Thank you for being so caring to the patient you're dealing with.
281	I have had to use REMSA twice this year (no more). The personnel are so pleasant and very compassionate. They are great.		

What Did We Do Well?		What Can We Do To Serve You Better	Description / Comments
282	REMSA workers were outstanding on the scene and during transport. Made me feel very comfortable and at ease.		
283	Made me feel comfortable and said the trip was necessary, as I felt it was an imposition, but I was in A Fib.		Excellent and prompt.
284	Everything.		
285	Did job as well as they could.	Get patient wishes to the family as much as possible.	Care was well done.
286	All of the above. Everyone was helpful, respectful, polite, gentle and informative. I could not ask for better care, they covered me with a warm blue cover up and, if I remember correctly, I felt protected like a little baby girl again. And, yes, they were very professional.		You are so welcome and thank you for having such a great staff. My apologies for being so late with my comments.
287	You got to my house very QUICKLY after my phone call to 911. GREAT!	You should install NEW shock absorbers or have a better pad in the ambulance I rode in. The street bumps were quite painful, as I lay flat on my back.	The personnel on the ambulance were friendly and nice. I was happy to see a WOMAN there, too, a first for me.
288	Everything was good.	Keep me for a while to get some rest. I need to get away from family.	
289	Everything.		
290			The REMSA staff was very professional.
291	Everything.		
292	Competence and compassionate.		
293	All done very well.		
294	The staff responded quickly and responsively.		The staff did a great job.
295			Was only transported from one hospital to another.
296	Very prompt and professional. Thank you.		
297	Transport.		Very satisfactory.
298	Kept me well informed.	I was fully satisfied.	Very good.
299	They were all so caring and did everything to make me comfortable.	It was all super service.	One of the paramedics was really great to me. Both were wonderful.
300	Very quick response - helpful and caring.		
301	Made (me) the patient comfortable as could be expected, especially since I wasn't able to talk.	Ask yes or no questions so that patient can communicate by nodding of head.	I was not able to lie flat on my back, but was not able to let them know it.
302	My care was excellent.		
303	Know what and how to do their job.	Nothing more.	Very proficient by the whole crew. THANK YOU.
304	Very friendly and caring staff. Quick to respond to scene, within minutes. Helped me get my cell phone about 5 times!	Nothing.	Very pleased with attention and care from arrival on scene through hospital delivery.
305	Care Flight staff was excellent. One paramedic came to check on me in the ER after the crew brought their next patient in. Couldn't serve me any better. One of the medics wouldn't let me take a turn flying the chopper, though!!		
306	Polite, helpful.	The ambulance did not start.	
307	Very good communication with spouse.		
308	I was completely drugged.		
309	Good, friendly attitude.	Continue to be nice to patients.	I feel comfortable and taken care of. Good job!
310	Communicate, I ask a lot of questions. And they were patient with me.	Keep on being understanding.	
311	Care.		
312	The paramedics were very fast and polite.	Everything was done perfect.	We want to thank you for being so prompt!
313	Sensitive to patient's needs.	Keep up the good work. You are a very valuable service.	
314	Yes.	Get a smoother riding vehicle (he-he).	
315	The paramedics were knowledgeable about how to treat my symptoms and made me feel better.	Keep up the good work! This was my first time calling REMSA to my house.	
316	Delivered me to the ICU in a timely manner - and assisted the nurses in attendance.	Keep up the good work.	Having dealt with REMSA as security at RTC and hotel security, and as a patient for 14 years, REMSA has been consistently good and positive.
317			Your personnel did a much better job than I experienced with the air ambulance personnel.
318	Great job by all involved.		
319	They did a very good job.		
320	All pros - the best.	Give the guys and gals a raise.	Thanks to you and the fire department.
321	All arrangements were made for me for billing, so no concern. Everyone was pleasant and supportive.	Nothing.	
322	Everything.		
323	Yes.		
324	Everything.		
325	Everything.	Continue to employ nice young EMTs that know what they are doing.	
326	Started IV and oxygen.	I don't know - everything was great.	Everything was A-OK! I haven't one complaint. Everyone involved was good!
327	Everything down to the location. Very professional and caring.	Nothing.	N/A
328	Prompt response; very professional; saved my husband's life. Dispatcher was very calming.	Don't change a thing!	Medic was so concerned about my husband that he came into the ER two hours later to check on him. He also asked the ER doc what he might do differently in the future for this situation. I was touched by his concern and impressed by his desire to learn and improve.
329	Very efficient and professional. Did NOT add to an already stressful situation, which helped a lot.		None at this time.
330	The service my son received was excellent! All my questions and concerns were answered and my son made it safely.	Nothing. Everything was excellent.	
331	Everything. Especially the gentleman who put in my IV line while we were moving! It was used at the hospital for 4 days with only one very small bruise - and I really bruise.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
332			Foster child - cannot answer, was not present.
333	Courteous, efficient, friendly.	Inform patients that once an IV is put in, there is no choice but to be taken to the hospital.	
334		Not complain about the hospital dispatch not ever answering. Otherwise, was a smooth, very short ride.	
335	Got here quickly - and me quickly to hospital.	I have been a member of REMSA for 10 years - this my first request - handled OK except my password should have been recorded with VA, when he called VA to ask if a bed available. I am having to pay up to \$25 monthly for \$150 because VA didn't know within 72 hours - and I didn't know of the limitation. Glad I had Medicare, too.	
336	Everything was done professionally.		
337	Kindness.	The paper has an odd smell.	In general, very kind.
338	Everything went good.		
339	Very fast response. Very professional.	Nothing, perfect.	
340	Polite, informative, calm.	N/A	N/A
341	Everything.	Keep doing what you are doing.	
342	Calmed the patient.	REMSA is great - hospital "sucked."	
343	All of the crew did very well.	I don't know, you all did good.	
344	Arrived and took care of my wife very well.	Unknown at this time.	None.
345	Doctor, staff and nurses were very thorough, respectful and kind.		
346	The care given to my mother was wonderful!!	Nothing - you were perfect.	Care was excellent.
347	Efficient and quick.	In my humble opinion, would rather be treated by paramedics than doctor or hospital. More polite and friendly!!!	Just wish could have (insurance issue) remained in hospital, since passed shortly after transport to nursing facility. Wish outcome different, as far as wife's passing few days after transport.
348	Communication regarding testing of EKG and other triage assessments were helpful.		
349	Very friendly - talked with me and family.	Nothing.	One of staff men came to hospital next day to see me and don't know his name.
350	Everyone was very helpful, considerate and pleasant. Very sensitive to my needs.	Just keep doing what you're doing!	Excellent care, couldn't ask for more. Staff was very reassuring.
351	Customer service - staff awesome.		
352	Everything.		
353	Everything.	Nothing.	Excellent.
354	Excellent service.		
355	To be perfectly honest, I feel compelled to go back over to Reno and get sick on purpose, just to be in your courteous hospitality. My spirit was revived?	Send an ambulance. Pray for me always! "HVNSNT"	Although I'm being joyful and playful, in all seriousness, pray - for we are entering the last era?
356	The staff took great care to make me feel safe.		
357	You always do well.	Nothing.	
358			It was very good. Thank you.
359	Everything!! A wonderful crew.		
360	The paramedics were a calming presence - and very kind. I know I was in capable hands, as well. They were very professional.		Excellent care and service - please thank the paramedics for me!
361	Arrived quickly. Very pleasant and efficient.		
362	Arrived fast.	Use blankets before going outside!	
363		Nothing - the staff was out of this world to help me in every way.	
364	I don't remember anything, but my friend said everyone was so nice and gave me the best care.	I really don't know.	The nurses and doctor were so nice and gave me the best care.
365	Everything was very professional and great.	Nothing.	
366	The pilot was excellent! The two paramedics were super excellent.	Keep up the excellent, good services. God bless you all.	The services were super excellent on April 3, 2014, from South Lyon Hospital to Renown Medical Center in Reno, NV.
367	Very caring and helpful.		
368	Everything was great. Very professional. A 10+.	Just keep up the good work.	
369	Keep the wife calm.		
370	All was good.	It's done and good.	
371	Very gentle and kind.	All is good.	
372	This was a police call and your crew was very polite to me.	One of your crew members could not have given a medical opinion to the officer.	
373	Timely response, very professional.		
374	Everything.	Nothing.	Great!
375	Everything.		The crew was very friendly, considerate and professional.
376	Pleasant and nice.	-0-	Professional.
377	You were there to help me when I was unable to help myself. Thank you so much.		I don't remember much, but were glad you were there.
378	Immediate action to my ailment.	Keep up the excellent work!	Excellent!
379	I broke my ankle. Helped me on a gurney and put my mind at ease. Service was excellent.		
380	I was sick throwing up and couldn't stop. They were so patient and helpful!! Not one of them said, "Ugh!!"	You are all the BEST!! Thanks sooo much!!	
381	Arrived quickly.		Made me feel secure and safe.
382	Very calming and caring.		
383	Everything.	Keep up the good work.	I was treated with respect.
384	Efficient without being brusque.		Thankful you are there for us when we need it.
385	Identified my son's pain (broken A* femur). Provided pain relief Rx. Applied proper traction, transported, ST's.		
386	Everything.	Keep providing service.	Excellent care and concern.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
387	Everything.		Thank you for your help.
388	Prompt response. Treated me well.	They did everything professionally - glad they were here for me.	
389	Everything.	-0-	The primary technician was especially helpful.
390	Everything, as always.		
391	Everything.	Nothing that I can think of.	The care I received was excellent.
392	Very helpful, competent and kind personnel.	Thank you very much for the care!	An opinion: it just would save money, if in case of medical emergency, only an ambulance is sent (and not a fire command). It duplicates the service (and expenses) unnecessary. Also, on some cases, the patient may simply need some home rest, so don't bring him/her to ER (hospital).
393			If the tech takes prescriptions, make sure the amount of the med is noted.
394	Everything!	Nothing.	Very good.
395	Everything.	Everything is #1.	
396	Timely arrival, and all professional courtesy and follow-up.	All was done well.	
397	All your staff are the best.	Not a thing. They are very well trained. That's why we are with you.	All your staff that we had ever had are the best.
398	It was a seizure - so - I can't tell you exactly - I was out of it.	You were great - people explained every step of the way.	Thank you again - we have REMSA insurance and will continue to keep you.
399	Everyone was wonderful.		
400	Kind, informative, gentle, very helpful.		
401	Concern for comfort.		Professional/excellent.
402	Explained to my why I should go to the hospital. They treated me so nice.		
403	They calmed my children down and put them at ease by explaining what was/will happen.		The experience was as good as can be when in excruciating pain. Thank you for all you do!
404		I was satisfied with them all.	Excellent care.
405	You did everything I needed at the time.	I'm satisfied.	Excellent.
406	Everything.	Not charge us (LOL).	
407	Quick response time.	Everybody did a great job. Thanks.	
408	Transported me - thanks!		
409	Everything!	Nothing.	Everyone did what I needed to be comfortable. Thank you for being there for me.
410			You were there when we needed you! Thank you very much. (I am sister of patient.)
411	This flight seemed extremely routine to me, which is the way it should be.		
412	Very thing.	Very thing was good.	
413	Very thing.	Very thing was good.	
414	Very professional and gentle.		
415	Very supportive and calming. Staff was professional and made sure to check on me repeatedly.	Nothing I can think of.	I'm so appreciative of all the help I received. Paramedic was excellent at helping me feel at ease and comfortable with the procedure I received.
416	Very professional.		
417	Everything.	Same.	
418	Everything.		
419	Quick response, communicated well to us.		
420	Responded very quickly.	Can't think of a thing.	
421	Responsive and informative.		
422	Everything, the crew was great!	Continue a job well done. Thank you.	
423	The overall professionalism and courtesy of your staff was excellent.	Nothing, just continue to provide excellent, A-One service.	Kudos to REMSA.
424	Everything.	Nothing.	Just a big thank you - you came in just minutes.
425	Quick response.		Had to walk out to ambulance in early morning hours, as gurney unable to help mobile home had way to bath room.
426	Very gentle and very attentive.	I can't think of a thing.	
427	This was my first ambulance ride. I was aware only part of the time? I'm grateful for the service!	?	I believe the crew "saved my life." Thank you.
428	Everything - prompt and etc., very professional.	Can't think of a thing.	
429	You were very nice. Thank you very much -		
430	Everything necessary.	Nothing I can think of.	It was great.
431	Everything.		
432	Took good care of me.	N/A	Excellent.
433	Quick and professional service.		
434	Everything done well.	Nothing - you are all the best!	A-Plus.
435	The EMTs were very, very helpful, very patient with me because I didn't want to go, but thank God I did.		Please thank the EMTs that helped me! I've been in the hospital til 12th, now I'm in rehab until the end of the month. I had pneumonia, bronchitis and COPD (exasperation) Exacerbation. I was very sick and didn't realize it. Thank you. God Bless.
436	Very professional and caring.		
437	Kind and courteous.	Nothing.	
438	Professional and non-judgmental.		
439	Awesome. Very professional. Treated my dad as family.	N/A	



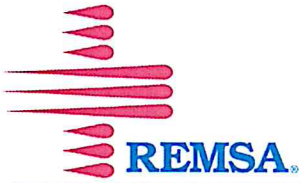
Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
APRIL 2014**



CARE FLIGHT CUSTOMER COMMENTS APRIL 2014

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Because this was an emergency, everything went so quick. It was such trauma for us and sadly my husband passed away.		
2	Got to house quick.		
3	All ok		
4	Calm and courteous, smooth ride, stayed in touch at all times, checked on my comfort.		
5	Everything!	Perfect already!	
6	Good flight from what I can remember.		Keep up the good work.
7	Everything, the crew was wonderful.		
8	Quick response. Excellent care.	The crew worked together outstanding. I knew I was in great hands!	
9	ALL!	Smoother rides in tobaggan! :)	
10	All service was outstanding.		
11	You were quick and informative.	Exchange medicine info with the hospital.	
12	Got me to the hospital, communicated and calmed me.	Keep up the good work.	The staff kept me safe and talked to me the complete time.
13	My wife's son who is a chiropractor said he was impressed with the care and professionalism of the crew.		We only have Medicare and will be hard to pay. Any help we could get?
14	Timely in an emergency professional in explaining everything to me and caring/understanding with myself and family contact.	Thank you for all that you did!	Excellent service and thank you for saving my life!
15	Explained about the flight (lift off, etc.) it helped to relax the experience. Never in chopper before.		Very nice. Thank you all!
16	Came in a timely manner. Landed in our drive way very well!		Thank you!!
17	Everything, made the trip stress free and comfortable.		



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
APRIL 2014

PUBLIC RELATIONS

April 2013

ACTIVITY	RESULTS
Continue to work with the cities of Sparks and Reno, Washoe County, and the Governor's Office on EMS proclamations.	Presentations of the proclamations will take place from April 28 though May 13.
Wrote and distributed press release regarding Kevin Romero's new position.	Press release ran in the Reno Gazette Journal and Northern Nevada Business Weekly.
Wrote and distributed press release regarding Danny Mireles being hired as REMSA's Director of Human Resources.	Press release ran in the Northern Nevada Business Weekly.
Worked with Reno Tahoe Airport Authority on planning for the Broken Wing exercise. KPS3 will work with REMSA on the Communication and PIO component of the exercise.	Broken Wing exercise takes place on May 29.
Wrote and distributed press release regarding Emergency Medical Dispatchers' week.	Channel 2 and 4 did a story on Emergency Medical Dispatchers' week on April 10.
Wrote and distributed a press release regarding the 5k run as part of CPR week in June.	Channel 8 and Reno Gazette Journal printed a story regarding the run.



Grandma With Attitude:

REMSA steps up to the plate with nurse's hotline

By Anne Pershing 9:13 p.m. PDT April 1, 2014



(Photo: Provided by REMSA)

By now, you may be aware of the new Nurse Health Line that was launched Oct. 30 by REMSA, the nonprofit organization that provides Care Flight, ambulances, paramedics and EMTs for the safety of local residents.

According to Melissa Krall, REMSA director of community outreach and community health programs, the new program has six nurses who were hired specifically to staff the phone number 24 hours a day, seven days a week.

"All are RNs with experience ranging from medical and case management nursing experience, ED, and several have worked on other nurse phone lines locally and around the country," Krall said.

The nurses, who are located next to REMSA 911 medical dispatchers, completed the same Emergency Medical Dispatch training that all REMSA dispatchers undergo. The NHL nurses also were trained to handle the triage computer system designed to manage medical calls. Krall added that since the launch, the NHL has received an average of 100 calls a day from callers of all ages, including seniors and the elderly.

"The nurses can help answer medical and health questions people may have about their symptoms, medications, allergies or other conditions, decide if they should be seen by a medical provider right away or if they can wait a day or two, or if they can even treat themselves. The RNs can also contact the person's medical provider or suggest possible choices like urgent care, clinics, community

service agencies and assistance programs, among others. The RNs can also answer questions about what treatments might cost less," Krall said.

"The Nurse Health Line is part of REMSA's Community Health Programs, and there is no charge to the patient or caller," she added. "Since REMSA is nonprofit, it received a grant for the program from the Department of Health and Human Services, Center for Medicare and Medicaid."

Krall said she and other REMSA staff members are very proud of the new program for members of the community.

"The goal of REMSA's programs is to improve early access to the most appropriate and safest levels of quality care and reduce health care costs for Washoe County residents," she said. "And many in the community have let us know how appreciative they are of our new program."

The phone number for the hotline is 775-858-1000, and more information about the program can be found at www.nursehealthline.com.

This is not the first special program REMSA has offered. REMSA, which is located at 450 Edison Way, also created the Silver Saver to assist the public.

"As one of the top ambulance systems in the nation, REMSA also has a way to assist you financially when you need it the most," said Mitch Nowicki, paramedic and manager of REMSA Corporate Services. "The Silver Safe Program for the public has been going for over 25 years and is a way to help minimize out-of-pocket costs for our members. We pride ourselves on providing programs that help our community in more ways than just ambulance services."

Nowicki said, "If you, a family member or a neighbor requires a REMSA paramedic ambulance, will your out-of-pocket expenses

be covered? REMSA's average ambulance bill is over \$700. But if you have a high Medicare or insurance deductible, or are on a fixed income, it may be difficult to cover those costs. For \$69 a year, your household is covered for up to 10 medically necessary REMSA ambulance transports per year. With Silver Save, you're covered whether you live at home, in a senior living center, or nursing home. However, it does not cover Care Flight, REMSA's emergency helicopter service or Med Express (REMSA's wheelchair transportation service). Overall, this is a great program and REMSA is so pleased to offer it."

For information, call 775-858-5700 or visit remsa-cf.com.

Nowicki also said he wanted to remind the public about the support REMSA receives from the local fire departments and law enforcement: "They are incredible and we all work so well together."

He added that "REMSA not only does Care Flight but has 42 ambulances, four helicopters and over 400 employees and certified and accredited paramedics and EMTs who take their work and dedication to the public very seriously. It doesn't get any better than that."

SENIOR 411: Washoe County is seeking input from the public on their perspective on our aging community. The information that is gathered will be used in the Washoe County Senior Services Master Plan for Aging proposal.

The Senior Outreach Services free education talk on April 8 will ask the question, "Can elder abuse be prevented?" with guest speaker Dr. John Yacenda, from 10 to 11 a.m. in the Nelson Building, 401 W. Second St. Coffee will be served to those who arrive at 9:30 a.m. RSVP by April 4 to Sina Ward at 775-784-7506 or sinaw@unr.edu.

Anne Pershing can be reached at anne_pershing@yahoo.com



Free Car Seat Safety Check Saturday

Posted: Apr 07, 2014 10:32 AM PDT Updated: Apr 07, 2014 10:32 AM PDT

You can make sure your child's car seat is properly installed at an event Saturday at The Children's Cabinet located at 1090 South Rock Blvd. in Reno.

REMSA is partnering with the group for the 10am inspection checkpoint. Safety technicians will make sure the seat is properly installed and the right kind for the age and weight of your child. Parents will also receive education on the proper installation and use of car seats.



REMSA says 3 out of 4 car seats are not installed correctly.

For more information, call 775-858-KIDS.



Regional Emergency Medical Services Authority

FOR IMMEDIATE RELEASE:

April 9, 2014

CONTACT: Scott Walquist, KPS3, 775-686-2116, scott@kps3.com

REMSA RECOGNIZES EMERGENCY MEDICAL DISPATCHERS DURING NATIONAL PUBLIC SAFETY TELECOMMUNICATORS WEEK

Reno, Nev. – The Regional Emergency Medical Services Authority (REMSA) is joining emergency service providers around the country by recognizing its nationally accredited emergency medical dispatchers for their dedication to improving public safety during National Public Safety Telecommunicators Week, April 14-20.

REMSA is one of only 130 organizations worldwide and the only agency in Nevada to have its emergency medical dispatch center accredited by the National Academies of Emergency Dispatch (NAED) as an Accredited Center of Excellence (ACE) in Emergency Medical Dispatch. This is the highest distinction for comprehensive and quality focused performance and compliance with the Medical Priority Dispatch System (MPDS). The MPDS is the world's most widely-used 911-type pre-arrival instruction and dispatch-life-support protocol system. REMSA's medical dispatchers have hundreds of hours of specialized medical dispatch training and are all medically trained healthcare providers.

Northern Nevadans who call 9-1-1 for an ambulance are connected to REMSA's certified medical dispatchers who give instructions to help the caller and patient until REMSA arrives. REMSA's emergency medical dispatchers have been credited for helping callers save lives, deliver babies, perform CPR, control bleeding, and maintain public safety through telephonic instruction during emergencies. REMSA dispatchers also dispatch REMSA's ground paramedic ambulances and Care Flight helicopters.

This past year REMSA has upgraded their facilities to a state of the art dispatch center. The new dispatch center features full ergonomic consoles, upgraded internet protocol (IP) telephone systems, and a new radio interface.

Additionally, REMSA has added a new Nurse Health Line in their dispatch center to assist callers with non-emergency medical needs.

#



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: May 22, 2014

DATE: May 14, 2014

TO: District Board of Health

FROM: Brittany Dayton, EMS Coordinator, Washoe County Health District
775-326-6043, bdayton@washoecounty.us

THROUGH: Dr. Randall Todd, Division Director, Epidemiology and Public Health Preparedness
775-328-2443, rtodd@washoecounty.us

SUBJECT: Approval of the Amended and Restated Franchise Agreement for Ambulance Service

SUMMARY

The purpose of this agenda item is to present for review and approval the Amended and Restated Franchise Agreement for Ambulance Service.

District Board of Health strategic priority by this item: Be assured that mandates are met and needed services are delivered.

BCC strategic objective supported by this item: Safe, secure and healthy communities.

PREVIOUS ACTION

On October 22, 1986, the Health District acting on behalf of Reno, Sparks and Washoe County approved a resolution authorizing the Regional Emergency Medical Services Authority (REMSA) to operate Emergency Medical Ambulance Services on an exclusive basis in defined areas of Washoe County.

The District Board of Health has received and approved monthly compliance reports submitted by RESMA. The Board has also received and approved franchise compliance reports presented by EMS staff on an annual basis.

Finally, the District Board of Health has received regular staff status reports regarding the collaboration of the EMS Executive Committee and EMS Working Group.

BACKGROUND

On November 27, 1972, the governing bodies of Reno, Sparks, and Washoe County formed the Washoe County Health District to provide a broad range of health services for the benefit of said agencies.

On October 22, 1986, the Washoe County Health District acting on behalf of Reno, Sparks and Washoe County approved a Resolution Authorizing the Regional Emergency Medical Services Authority (REMSA) to operate Emergency Medical Ambulance Services on an exclusive basis in defined areas of Washoe County.

In August 2012 the District Board of Health was provided a report titled "Emergency Medical Services System Analysis" performed by TriData. The study contains 38 specific recommendations to be considered for the improvement of Emergency Medical Services in Washoe County.

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www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
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Date: May 14, 2014
 Subject: Approval of Ambulance Franchise
 Page 2 of 2

Reno, Sparks, Washoe County, RESMA and the Health District together on October 18, 2012, February 11, 2013, and June 10, 2013, reviewed and directed changes to the provision of Emergency Medical Services through the TriData recommendations.

Following these concurrent meetings the EMS Working Group conducted several meetings that resulted in a Principles of Agreement document for the reworking of a revised franchise agreement.

On February 10, 2014 Reno, Sparks, Washoe County, REMSA and the Health District held a concurrent meeting which directed the development of an updated Franchise agreement between Washoe County District Board of Health and REMSA based on the Principles of Agreement.

Additionally, throughout the process the EMS Executive Committee met bi-monthly to build consensus surrounding the inclusion of the TriData recommendations and Principles of Agreement into the Amended and Restated Franchise Agreement for Ambulance Service. This group included the following individuals:

John Slaughter, Washoe County Manager
 Andrew Clinger, Reno City Manager
 Shaun Carey, Retired Sparks City Manager
 Steve Driscoll, Sparks City Manager
 Kevin Dick, District Health Officer
 Jim Gubbels, President of REMSA
 Robert Chisel, Director of Finance and Administration
 Dr. Randall Todd, Division Director of Epidemiology and Public Health Preparedness
 Brittany Dayton, EMS Coordinator

On May 2, 2014 the entire EMS Working Group convened to discuss and review the proposed Amended and Restated Franchise Agreement. This meeting including representation from Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, City of Sparks, City of Reno, Washoe County, Washoe County Sheriff's Office, REMSA and the Washoe County Health District.

FISCAL IMPACT

There will be no additional direct fiscal impact to the Health District associated with the approval of the Amended and Restated Franchise Agreement.

RECOMMENDATION

Staff recommends that the District Board of Health review the proposed Amended and Restated Franchise Agreement for Ambulance Service; and if approved, authorize the Chairman to execute each document with an implementation date of July 1, 2014.

POSSIBLE MOTION

Move to approve the Amended and Restated Franchise Agreement for Ambulance Service; and authorize the Chairman to execute.

SUMMARY OF RECOMMENDATIONS

The table below includes the TriData recommendations, Principles of Agreements as well as the location of the recommendation and/or Principles in the proposed REMSA franchise agreement, if applicable.

No.	TriData Recommendation and Principles of Agreement	Franchise Article
1	<p>Gerlach VFD should consider the possible benefits for charging fees for EMS transportation. Alternatively, they could make an agreement with REMSA for partial reimbursement.</p> <p>Not Addressed → To be addressed by policy direction from the WC/BCC</p>	N/A
2	<p>All Emergency Dispatch Centers within Washoe County should begin to collect data on arrival at patient side. They should also collect data on the time that either CPR is started or an AED is deployed.</p> <p>Principles of Agreement 3.b. → pg. 17 [of the February 10 staff report] Resolution for Inter-Local Agreement Section I.C.1. → pg. 22</p>	6.1
3	<p>Reno EComm (and successor organizations) and the Departments with volunteer fire services should develop a technological solution to decrease the impact of dispatch delays.</p> <p>To be addressed by policy direction from the WC/BCC or WC Fire District Board</p>	N/A
4	<p>Review the incident reporting procedures between REMSA and all Fire Protection Districts and implement a unique identifier that allows for the reporting, integration, and analysis of an entire incident and not just the respective department's performance.</p> <p>Principles of Agreement 3.a. → pg.17 Resolution for Inter-Local Agreement Section I.C.3. → pg. 22</p>	5.2 and 6.1

<p>5</p>	<p>Create a lead EMS Agency, under the District Board of Health (and County Health Officer) to provide oversight over the entire EMS system, while maintaining the organizational identity of the individual provider services. This system should include a county EMS Manager, EMS Medical Director, and sufficient staff to provide regulation and oversight of access, clinical care, administration, quality management, education and training, disaster management, and evaluation. All organizations from PSAPs to healthcare systems that provide EMS in Washoe County should be part of the county-wide system.</p> <p>Medical Direction will be provided by the Medical Director of each agency in accordance with NRS 450B. DBOH oversight will provide for the coordination and integration of medical direction for the Regional Emergency Medical Services System.</p> <p>Resolution for Inter-Local Agreement Section I. → pg. 20</p>	<p>N/A</p>
<p>6</p>	<p>Create a lead EMS Agency, under the District Board of Health (and County Health Officer) to provide oversight over the entire EMS system, while maintaining the organizational identity of the individual provider services. This system should include an EMS Manager, EMS Medical Director, and sufficient staff to provide regulation and oversight of access, clinical care, administration, quality management, education and training, disaster management, and evaluation. All organizations from PSAPs to healthcare systems that provide EMS in Washoe County should be part of the county-wide system. Alternatively, oversight could be provided by another Washoe County public safety agency.</p> <p>Medical Direction will be provided by the Medical Director of each agency in accordance with NRS 450B. DBOH oversight will provide for the coordination and integration of medical direction for the Regional Emergency Medical Services System.</p> <p>Resolution for Inter-Local Agreement Section I. A. 1. → 20</p>	<p>N/A</p>
<p>7</p>	<p>Under no circumstances should the county, any city, or any fire protection district agree to provide an EMS contractor a government subsidy, or stipend to provide service.</p> <p>Principles of Agreement 1.j. → pg. 14</p>	<p>2.8</p>
<p>8</p>	<p>The DBOH should be given the authority to, and appoint an EMS Medical Director with oversight and authority over the quality of care for the entire system. The EMS Medical Director would report to the District Health Officer, and could be a classified or contracted employee.</p> <p>Medical Direction will be provided by the Medical Director of each agency in accordance with NRS 450B. DBOH oversight will provide for the coordination and integration of medical direction for the Regional Emergency Medical Services System.</p>	<p>N/A</p>

	<p>Resolution for Inter-Local Agreement Section I.A.1.b. → pg. 20</p>	
9	<p>Work to assure the passage of legislation or administrative regulation providing legal protection to all constituents participating in local EMS quality management programs.</p> <p>Resolution for Inter-Local Agreement Section I. A. 1. c. → pg. 20</p>	N/A
10	<p>Accept the listed qualifications for the position of County EMS Medical Director.</p> <p>Resolution for Inter-Local Agreement Section I. A. 1. → pg. 20</p> <p>Subject to recruitment of the position. → will require a detailed Washoe County Job Description</p>	N/A
11	<p>Rename the PMAC as the EMS Medical Director Task Force to be chaired by the County EMS Medical Director. The task force would be advisory in nature.</p> <p>Resolution for Inter-Local Agreement Section I. A. 1. → pg. 20 and Section I. B. 1. → pg. 21</p> <p>The consensus of the group is the Regional Emergency Medical Services Oversight Program will provide for the coordination and integration of medical direction for the Regional Emergency Medical Services System and may use the PMAC, which is a private not-for-profit entity, to provide some consultative information as requested.</p>	N/A
12	<p>Within the Washoe County District Board of Health (or selected lead EMS agency), create a data management program to generate valid, reliable, accurate, and timely information to describe the entire EMS event for the county and provide real time feedback to response agencies and the community. Cooperate with other public health and public safety and community resources to produce injury and illness surveillance reports that can be used to focus EMS efforts.</p> <p>Principles of Agreement 2.b. → pg. 16</p> <p>Principles of Agreement 3.a., b., c. → pg.17</p> <p>Resolution for Inter-Local Agreement Section I. C. 1. → pg. 22</p>	5.2 and 6.1
13	<p>Combine 9-1-1/dispatch centers into one central county-wide resource so that all data is collected in one central location with singular methodology. <u>Alternatively, develop a virtual consolidation between dispatch centers using a universal CAD or type of CAD for the county.</u></p> <p>Principles of Agreement 2.b.ii. → pg. 17</p> <p>Resolution for Inter-Local Agreement Section I. C. 1. → pg. 22</p>	5.2

<p>14</p>	<p>Implement a countywide EMS Records Management System that links CAD and dispatch data, and provides the necessary information so that system managers can make informed decisions about the EMS system based on fractile response data.</p> <p>Principles of Agreement 2.b.ii. → pg. 16</p> <p>Resolution for Inter-Local Agreement Section I. C. 2. → pg.22</p>	<p>5.2</p>
<p>15</p>	<p>Implement an Automatic Vehicle Locator (AVL) program throughout the county and adopt closest forces principles.</p> <p>Principles of Agreement 2.c. → pg.17</p> <p>Resolution for Inter-Local Agreement Section I. A. 1. g. → pg. 21</p>	<p>5.2</p>
<p>16</p>	<p>Place all EMS Communications on the 800MHz radio system.</p> <p>Principles of Agreement 2.a. → pg. 16</p> <p>Resolution for Inter-Local Agreement Section I. C. → pg. 22</p>	<p>5.1</p>
<p>17</p>	<p>Section 1 should be redesigned to prohibit any REMSA board appointee, or their employer organization from being associated with RASI or any successor franchisees. All consumer board members should be directly appointed by the DBOH.</p> <p>Principles of Agreement 1.l.iii. → pg. 16</p> <p>Principles of Agreement 1.m. → pg.16</p>	<p>3.1 and 3.2</p>
<p>18</p>	<p>If REMSA continues to use market analysis, it should include intra-model and extra-model comparisons. No more than seven years should elapse without conducting a full competitive bid.</p> <p>Principles of Agreement 1.k. → pg. 15</p>	<p>4.1.a-f</p>
<p>19</p>	<p>Require REMSA or the contracted agency to post a surety bond, or secure an irrevocable line of credit for at least \$1,000,000. The franchise agreement should also include a clause that upon declaration of default by the District Health Officer or DBOH, either REMSA or any service contractor cannot bring legal action to delay the DBOH’s access to the funds.</p> <p>Principles of Agreement 8. → pg. 18</p> <p>Remains under discussion → Suggested re-opener language to develop the details related to the possible business failure of REMSA and continuity of operations and access to the operational assets.</p>	<p>15.1</p>

<p>20</p>	<p>The eight minute and 59 second response time requirement should be required for all calls classified by the PSAP as Charlie, Delta, or Echo (Priority 1 or 2). Principles of Agreement 4.a. → pg. 17</p>	<p>7.1 and 7.2</p>
<p>21</p>	<p>The downgrading of call priority classifications may only be done by the PSAP, PDAP, or <u>on scene first responder</u>. If the District Health Officer wishes to allow REMSA or the contracted agency the privilege of downgrading call classifications, it must occur prospectively (prior to ambulance dispatch), and include an explanation within the call software. The District Health Officer should monitor compliance and disqualify those downgrading without good reason or documentation. The DBOH annual franchise report should contain a summary of downgrade requests and determinations. Principles of Agreement 6.a.ii. → pg. 18 Principles of Agreement 7.b. → pg. 18</p>	<p>5.3, 7.4 and 12.1</p>
<p>22</p>	<p>Response time compliance should be based on the entire population instead of sampling. Principles of Agreement 7.b. → pg. 18</p>	<p>5.2 and 7.4</p>
<p>23</p>	<p>Determine ambulance response time fines based on both the act of lateness and degree of lateness. Assess a \$100.00 penalty for being late and an additional \$15.28 (as per CPI changes) per minute to a maximum of \$250.00. Principles of Agreement 7.c. → pg. 18 Agreement that no change to penalties is needed.</p> <p>*The EMS Working Group Executive Committee determined that the penalty amount was not a significant driver of compliance. Also, REMSA has a robust system of quality assurance and is appropriately evaluating the circumstances surrounding late arrivals and implementing corrective actions as necessary.</p>	<p>N/A*</p>
<p>24</p>	<p>Funds collected for EMS contract performance standard violations should be used to offset system wide EMS oversight costs incurred by the Washoe County DBOH. Principles of Agreement 1.h. → pg. 14 (possible primary fiscal resource) Principles of Agreement 7.c. → pg. 18 (possible secondary fiscal resource) To be addressed by policy direction from the WC/BCC as a possible budgetary issue. Not incorporated. Not a stable or significant source of funds for this use.</p>	<p>2.6 and 7.8</p>

<p>25</p>	<p>Remove the arbitration clause from Section 11. If ADR is considered, professional mediation is the method of choice. The District Board of Health should have the ultimate decision power over ambulance rate regulation.</p> <p>Principles of Agreement 9.a. → pg. 18</p>	<p>14.1</p>
<p>26</p>	<p>Require REMSA to submit their annual report to the DBOH within 90 days of the fiscal year end.</p> <p>Principles of Agreement 6.b.i. → pg. 18</p> <p>Resolution for Inter-Local Agreement Section I. A. 1. f. → pg. 21</p> <p>Not feasible. Requires year-end financial close-out and financial audit. Remains at 180 days.</p>	<p>12.2</p>
<p>27</p>	<p>Cities within Washoe County should consult their legal services to provide guidance on the implications of REMSA Franchise Agreement Section 30. EMS agencies must understand that there may be no single answer to their concern.</p> <p>Principles of Agreement 8. → pg. 18 (→ Suggested re-opener language to develop the details related to the possible business failure of REMSA and continuity of operations and access to the operational assets.</p> <p>Not addressed by EMS Working Group.</p>	<p>N/A</p>
<p>28</p>	<p>Restructure REMSA to assure greater separation of the public utility oversight group (REMSA), and the contractor (RASI).</p> <p>Principles of Agreement 1.l.iii. → pg. 16</p> <p>Principles of Agreement 1.m. → pg.16</p>	<p>3.1 and 3.2</p>
<p>29</p>	<p>The County Commissioners should authorize the District Health Board (or other lead agency) to create a countywide EMS oversight authority. The District Health Officer (or designated department head) would be responsible for day-to-day oversight. The DHOH would need a staff to accomplish this oversight.</p> <p>Resolution for Inter-Local Agreement Section I. → pg. 20</p>	<p>N/A</p>
<p>30</p>	<p>The chosen lead agency should appoint an EMS Staff that includes: an EMS Manager, EMS Medical Director, EMS Information Specialist, EMS Quality Manager, and EMS Education and Training Manager.</p> <p>Principles of Agreement 5. → pg. 18</p> <p>REMSA will provide education services. No Education staff. Other staffing may be reduced from recommendation to control costs.</p>	<p>11.1–11.4*</p>

	<p>* The EMS Working Group Executive Committee determined that it would be acceptable to modify the TriData staffing recommendation. REMSA will provide educational services as addressed in Article 11.</p>	
31	<p>The designated Washoe County EMS agency should enter into an agreement with REMSA for the provision of county-wide EMS Education and Training. Granting of function privileges would remain under control of the local agency and its medical director. Local agencies could “opt-out” of or augment REMSA provided education and training. Regulatory oversight of the education and training processes would be the responsibility of the Washoe County EMS Manager and EMS Medical Director. REMSA could provide these services cost-free in exchange for EMS first responder services being provided by Cities and Fire Districts.</p> <p>Principles of Agreement 5. → pg.18 Resolution for Inter-Local Agreement Section I. A. 1. c. → pg. 20</p> <p>Providing education in exchange for first responder services is not feasible under the law.</p>	11.4
32	<p>REMSA should continue to be the primary EMS transport provider for its current areas. NLTFPD and Gerlach Volunteer Fire Company should also be permitted to continue its current operation as prescribed by law or policy.</p> <p>Principles of Agreement 1.b. → pg. 13</p>	2.2
33	<p>Truckee Meadows/Sierra should continue to be served by REMSA. The current levels of first responder care should continue. After data are analyzed, a decision can be made to consider what level of care is necessary in the new Truckee Meadows/Sierra FPD. Washoe County officials should encourage agencies that may possess the necessary data to forward it to the TriData project manager for analysis.</p> <p>Principles of Agreement 1.b.--> pg. 13 Action taken by WC/BCC as Fire District Board to increase TMFPD personnel to Paramedic</p>	2.2
34	<p>At the current time, evidence is lacking to support first responder upgrade to paramedic. Current EMTs and EMT-Is should provide the maximum care available for their current level of certification.</p> <p>Action taken by WC/BCC as Fire District Board to increase TMFPD personnel to Paramedic.</p>	N/A

35	<p>REMSA should discontinue using the statement that their service is provided at no cost to the citizens.</p> <p>Principles of Agreement 1.j. → pg. 14</p>	2.8
36	<p>Municipal first responders should be reimbursed by REMSA for providing first responder services.</p> <p>Principles of Agreement 1.i. → pg. 14 (Supply Exchange and Reimbursement).</p>	2.7
37	<p>The Reno Fire Department, IAFF, and the volunteer service should work out any issues assure that the closest, qualified unit will be sent to a medical emergency.</p> <p>Principles of Agreement 4.b. → pg. 17</p> <p>Resolution for Inter-Local Agreement Section I. A. 1. e. → pg. 20</p>	7.3
38	<p>The Reno Fire Department should not suspend responding to EMS calls, even during high volume fire responses. If reduced response is necessary, EMS first response could be limited to Priority D or E level calls.</p> <p>To be determined by policy direction from the Reno City Council.</p>	N/A

**AMENDED AND
RESTATED FRANCHISE
AGREEMENT
FOR
AMBULANCE SERVICE**

This AMENDED AND RESTATED FRANCHISE AGREEMENT (Agreement) dated as of _____, 2014, modifies and/or restates the provisions of the Amended And Restated Franchise Agreement: Organizational, Performance and Operational Criteria For the Regional Emergency Medical Services Authority dated January 21, 2005, and is entered into by and between the Washoe County Health District, a Special District created pursuant to Nevada Revised Statutes, Chapter 439 (DISTRICT) and the Regional Emergency Medical Services Authority, a Nevada Non-Profit Corporation (REMSA) to provide for ambulance services within the defined franchise area upon the Effective Date of this Agreement, with reference to the following recitals:

RECITALS

WHEREAS, in August of 1986, Washoe County, the cities of Reno and Sparks amended their Interlocal Agreement creating the Washoe County Health District conferring upon the DISTRICT the authority to exercise the power granted to Washoe County and the cities of Reno and Sparks pursuant to Nevada Revised Statutes to displace or limit competition in the grant of any franchise for ambulance services; and

WHEREAS, in 1986, DISTRICT granted REMSA the right to provide both emergency and non-emergency ambulance service by ground and rotary wing units on an exclusive basis within the Washoe County Health District except for ground unit operation in Gerlach and the North Lake Tahoe Fire Protection District as memorialized in a Resolution Authorizing the Regional Emergency Medical Services Authority to operate Ambulance Services on an Exclusive Basis dated October 22, 1986 and Memorandum of Understanding, Grant of Exclusive Franchise dated May 5, 1987; and

WHEREAS, REMSA has provided continuous emergency and non-emergency ambulance service within the Franchise Service Area pursuant to the Organizational, Performance And Operational Criteria for the Regional Emergency Medical Services Authority, adopted by the DISTRICT on October 22, 1986 and subsequently amended: 9/87, 1/88, 12/89, 2/90, 6/90, 3/91, 3/92, 8/93, 11/93, 7/96, 9/00, 8/03 and 1/05; and

WHEREAS, DISTRICT oversight of REMSA's operation of a Regional Emergency Medical Services System must be conducted comprehensively in order to evaluate and seek continuous improvement in system performance, patient outcomes and compliance with law and regulation thus requiring periodic updates to the Franchise Agreement Organizational, Performance and Operational Criteria (the "Franchise"); and

WHEREAS, DISTRICT and REMSA desire to update the Franchise and have worked cooperatively with Washoe County and the cities of Reno and Sparks;

NOW, THEREFORE, BASED UPON THE FOREGOING RECITALS WHICH ARE INCORPORATED HEREIN, THE PARTIES AGREE AS FOLLOWS:

**ARTICLE 1
DEFINITIONS**

1.1. Definitions: As used herein, the following terms shall have the following designated meanings:

ALS means the Advanced Life Support level as defined in NAC 450B under “Advanced Medical Care”.

DISTRICT means the governing body of the Washoe County Health District created pursuant to NRS 439.369, et.seq.

District Health Officer means the District Health Officer appointed by the Washoe County DISTRICT pursuant to NRS 439.400.

Effective Date shall mean July 1, 2014.

EMS shall mean emergency medical services.

Franchise Service Area includes all of Washoe County with the exception of the Gerlach volunteer ambulance service area and the North Lake Tahoe Fire Protection District.

EMT shall mean emergency medical technician as set forth in NAC 450B.

Franchise shall mean the articles contained in this document.

ILS means the Intermediate Life Support level as defined in NAC 450B under “Intermediate Medical Care”.

NRS means the Nevada Revised Statutes.

NAC means the Nevada Administrative Code.

Paramedic shall have the meaning ascribed to it in NAC 450B.

**ARTICLE 2
GRANTING OF EXCLUSIVE FRANCHISE**

2.1. Exclusive Market Rights: REMSA is awarded exclusive market rights (911 and “Routine Transfer”), to contract for and through a contractor to provide both emergency and non-emergency ambulance service by ground on an exclusive basis within the Franchise Service Area, regardless of whether the patient's destination is inside or outside Washoe County subject to the following exceptions:

(a) Long-distance, inter-facility transports which originate outside the Franchise Service Area. Other firms may compete with REMSA on a retail basis for the sale of inter-facility ambulance transports that originate outside of the Franchise Service Area and terminate in the service area;

(b) Disaster Mutual Aid. Ambulances providing assistance during disaster incidents involving the Franchise Service Area may operate within the Franchise Service Area when requested to do so by REMSA;

(c) Mutual Aid. REMSA may employ the use of "mutual aid" as appropriate in fulfillment of its obligations hereunder; and

(d) Federally-Operated Ambulances. Any ambulance owned and operated by an agency of the federal government (such as military) may operate within the Franchise Service Area.

2.2. Franchise Service Area: The service area includes all of Washoe County with the exception of the Gerlach volunteer ambulance service area and the North Lake Tahoe Fire Protection District.

2.3. Level of Care:

(a) ALS Transport: All ambulances rendering emergency 911 services pursuant to this agreement shall be staffed at a minimum with one paramedic and one EMT as defined in NAC Chapter 450B.

(b) ILS Transfer or Transports: Ambulances rendering ILS services for inter-facility transfers or transport shall be at a minimum with one Advanced EMT as defined in NAC Chapter 450B.

All transports or transfers of sick or injured persons whose condition may require medical observation or care at the paramedic scope of practice level, including patients who require transport or transfer on a stretcher, by ground ambulance units must be accomplished at the ALS level. Patients whose condition is stable and require simple observation and/or care within the Advanced Emergency Medical Technician (AEMT) scope of practice level during an inter-facility transfer or non-urgent transport on a stretcher by ground may be accomplished at the ILS Level.

2.4. Term: REMSA shall be entitled to the exclusive right to operate ground ambulance services within the Franchise Service Area for sixteen (16) years from July 1, 2014 until June 30, 2030 (the "Term"). During the initial Term, a review of operations shall be conducted during the tenth year. If operations are determined to meet the performance standards of this agreement, a mutually agreed upon operating extension of six (6) years may be granted for the period starting on July 1, 2030 and terminating on June 30, 2036. If operations are determined by the DISTRICT to meet the performance standards of this agreement, a second mutually agreed upon operating extension of six (6) years may be granted for the period starting on July 1, 2036 and

terminating on June 30, 2042.

2.5. Periodic Review: REMSA and the DISTRICT shall evaluate and discuss the terms of this Franchise after year ten (10) (2024) and year sixteen (16) (2030) (if an initial extension is granted) and amend the agreement as may be mutually agreed upon by both parties and after formal action by the DISTRICT.

2.6. Oversight Fee: REMSA shall pay an Oversight Fee of 12.5% of the total costs per year for the DISTRICT’s Regional Emergency Medical Services Oversight Program. This fee is to help cover costs associated with oversight of REMSA performance. Payments shall be made upon receipt of an invoice from the DISTRICT.

2.7. Supply Exchange and Reimbursement: REMSA shall develop and offer a supply exchange/reimbursement agreement with the county and city fire service functions.

2.8. No Obligation for Subsidy: The granting of this exclusive right to operate ambulance services does not carry any obligation on the part of the District Board of Health, the Cities of Reno and Sparks and Washoe County for any type of monetary subsidy. Costs for REMSA must be borne by REMSA, which is self-supporting.

ARTICLE 3 GOVERNING BODY

3.1. REMSA Board of Directors: The governing body of REMSA (the “REMSA Board”) shall consist of the following:

- (a) One (1) representative from Renown Regional Medical Center;
- (b) One (1) representative from Saint Mary’s Regional Medical Center;
- (c) One (1) representative from Northern Nevada Medical Center;
- (d) One (1) consumer representative appointed by the above three hospital representatives;
- (e) One (1) representative from the legal profession;
- (f) One (1) representative from the accounting profession; and
- (g) One (1) consumer representative.

The last three (3) representatives set forth above are to be appointed by the DISTRICT.

The DISTRICT Health Officer shall be Ex-Officio.

The composition of the REMSA Board may be modified if mutually agreed upon by the REMSA Board and the DISTRICT.

Any contract, transaction or renewal of such relationship involving a member of the REMSA Board shall be reviewed and approved by a majority of the disinterested members of the REMSA Board to assure that such contract or transaction is bona fide, at arm’s length and in the

best interests of REMSA.

3.2. Board Member Separation: No employee or board member of the ambulance service contractor contracted by REMSA may serve as a member of the REMSA Board of Directors.

3.3. Meetings: The REMSA Board shall meet at least six times per calendar year to conduct operations and fiscal oversight and to develop, monitor and amend the policies and procedures for REMSA in the provision of ambulance services.

ARTICLE 4 AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY

4.1 Market Survey and Competitive Bidding: During the Terms of the Franchise Agreement, unless REMSA otherwise issues a competitive bid for the provision of its ground ambulance services, REMSA shall undertake market surveys initially in year seven (7) of the agreement and every six (6) years following that to ensure that the services provided by REMSA's contractor(s) optimize the quality and experience of care and achieve economic efficiency. Such market surveys shall be completed during the years 2021 and 2027. Additional market studies shall occur at six (6)-year cycles. REMSA shall follow the following procedures with respect to the market study:

(a) REMSA shall recommend an independent entity approved by the DISTRICT with expertise in emergency medical services and in high performance EMS systems (the "Consultant") to collect and analyze data and prepare a written study report.

(b) REMSA shall recommend for review a number of EMS market areas agreed to by the DISTRICT. The selected market areas shall exhibit market characteristics reasonably similar to those of the Franchise Service Area, or if not similar, different in ways for which adjustments can be made to achieve fairness in cost comparison.

(c) REMSA shall cause the Consultant to use intra-model and extra-model comparisons in the market study to the extent that reliable data can be obtained to estimate the quality of patient care, response time reliability, economic efficiency and other benchmarks of the market study and such data can be reasonably compared to REMSA's data.

(d) If, based on the market study, the REMSA Board and the DISTRICT determine that the market areas selected for comparison are receiving equal or better service at a cost substantially lower than that being offered by REMSA's contractor, taking into account relevant differences in market conditions, a competitive bid shall be conducted. Or, following the completion of a market study, the current contractor may be provided an opportunity to develop and submit for approval by the REMSA Board and the DISTRICT a performance improvement plan addressing any identified corrective actions and opportunities for performance improvement or system enhancements prior to a competitive bid.

(e) If REMSA and the DISTRICT determine that the market study reveals that the performance of REMSA's contractor is reasonably competitive on service and cost, adjusted to account for relevant differences in market characteristic, no competitive bid will be required.

(f) During the term of this Franchise Agreement, if it is deemed necessary by REMSA, or is deemed necessary as a result of a Market Study result as outlined above, REMSA shall undertake a competitive bid process to select its ground ambulance service contractor and may enter into a multi-year agreement with that contractor for the provision of service under this Franchise Agreement. The multi-year contract with REMSA's contractor may be for a period of not more than ten (10) years total and may consist of six-year earned extensions. A waiver of the aforementioned time periods may be considered by the DISTRICT for extraordinary circumstances outside the control of REMSA and its contractor, for example economic conditions and health care reimbursement policy changes.

ARTICLE 5 COMMUNICATIONS

5.1. Radio: REMSA shall establish 800 MHz communications capabilities with the current 911 system requirements and transition in the future to maintain compatible communications with 911 systems as technologies evolve as defined by the DISTRICT.

5.2. Dispatch: REMSA is the community emergency medical dispatch center for the Franchise Service Area. REMSA will be responsible for coordinating all EMS service radio traffic for patient reports to the area hospitals and will record these transactions.

REMSA's dispatch center must also maintain a secondary emergency communication system and must include operational drills on the backup system conducted at least on an annual basis. All dispatch system equipment must be consistently maintained in good working order. REMSA shall provide documentation of compliance to the District annually.

REMSA shall furnish at its own expense a system status management (SSM) based computer aided dispatch (CAD) system. When the Washoe County/Reno PSAP and Sparks PSAP Tiburon CAD systems are installed and upgraded the REMSA CAD system shall at a minimum, be capable of interfacing in real time with the Washoe County/Reno and Sparks CAD systems (henceforth public safety CADS); contributing to a complete electronic record of response times from all dispatch activities.

REMSA shall furnish and maintain at its own expense its share of a two-way interface between the public safety CADs and REMSA's CAD. This interface shall at a minimum provide for the instantaneous and simultaneous transmission of call-related information and unit status updates between the public safety CADs and REMSA's CAD. At a minimum, this interface shall facilitate:

- (a) CAD call creation and forwarding to one or more agencies;

- (b) Real-time resource availability and status changes of all participating agencies;
- (c) The capability of communicating between PSAPs and field units in which mobile data terminals (MDTs) are installed; and
- (d) The ability to view run-time information for all calls.

Automatic Vehicle Location (AVL). REMSA shall furnish and maintain at its own expense its share of a two-way interface between the public safety CADs and REMSA’s CAD which provides two-way communication and visualization of AVL information regarding REMSA ambulance locations and EMS vehicles in order to allow for the closest EMS responder to respond within each response agency’s jurisdiction.

5.3. Change of Priority: Once a priority has been assigned to a call, REMSA shall not upgrade or downgrade that priority unless the patient information has changed by the calling party, or unless requested by the PSAP or an on-scene first responder.

**ARTICLE 6
DATA AND RECORDS MANAGEMENT**

6.1. Data and Records: REMSA shall work with the 911 system and utilize the CAD to CAD interface to obtain and utilize combined identifiers which will be used to analyze EMS responses and PSAP data.

REMSA shall provide additional response data and records as requested by the District Health Officer to support the DISTRICT’s oversight role and assist in continuously improving the quality of the regional EMS system.

REMSA shall make available electronic patient care records as requested by the District Health Officer.

**ARTICLE 7
RESPONSE COMPLIANCE AND PENALTIES**

7.1. Response Zones: The franchise area shall be divided into response zones A through E as specified in the map included as a part of this agreement in Attachment A. This map identifies the response zones effective July 1, 2014. The response zone map may change during the period of the agreement due to annual review and as mutually agreed to by REMSA and the District. The response zones will have response time compliance standards for all presumptively defined life threatening calls (Priority 1 Calls) as follows:

Zone A – REMSA shall insure that 90% of all presumptively defined life threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.

Zones B, C, and D – REMSA shall insure that 90% of all presumptively defined life threatening calls (Priority 1 Calls) collectively have a response time of; fifteen (15) minutes and 59 seconds or less for the combined Zone B areas, twenty (20) minutes and 59 seconds or less for the combined Zone C areas, and thirty (30) minutes and 59 seconds or less for the combined Zone D areas.

Zone E – These response areas are considered Wilderness/Frontier and REMSA shall respond to calls in these areas, which may require extraordinary measures, as quickly as possible.

For the purpose of calculating the compliance to these standards, all Priority 1 responses within the separately defined response zones (except Zone E) will be counted. REMSA shall be deemed as being in compliance when; 1) REMSA arrives on the scene of a Priority 1 call within the designated time frame for that response zone, or 2) when upon arrival at the dispatched location of a Priority 1 call there is no patient due to a false alarm or good intent call, or 3) when being dispatched to the wrong location of a Priority 1 call due to mis-information from a calling or transferring party. All responses which are cancelled before arrival on scene shall not be counted in the compliance calculations.

A “*life threatening call*” shall be considered those defined as priority one by the medical dispatch protocol.

“*Response time*” means that time period measured from receipt of information by the REMSA dispatch facility on the patient location, the patient condition and a telephone call back number to that point in time when the assigned ALS ambulance unit reports to the dispatch facility that it is on scene, which is when such vehicle arrives at the incident location.

7.2. Response Determinants: The REMSA Medical Director and the Fire Departments’ Medical Director(s) shall jointly review Emergency Medical Dispatch determinants and set priorities for the system on an annual basis.

7.3. Zone Map: REMSA shall provide, and the DISTRICT shall maintain a current response zone map, which is annually reviewed and approved by the DISTRICT. The response zone map will be made publically available through the DISTRICT’s web site.

7.4. Response Time Reporting: REMSA shall submit response time data to the DISTRICT on a monthly basis to assure compliance with the response time standards. The DISTRICT shall conduct monthly reviews of REMSA response time data to assure compliance. Response time data shall include response time zones and address or latitude and longitude coordinates where the vehicle has arrived at the incident location.

7.5. Penalties: For each and every call resulting in a patient transport that does not meet the required response time and for which there are not extenuating circumstances either approved by the District Health Officer, or which meet exception criteria established by REMSA and approved by the District Health Officer, a penalty of \$17.83 per minute (or portion thereof) shall be assessed for each call that does not meet the required response time, up to a maximum of \$150.00 per call. Effective July 1, 2015, REMSA shall increase its penalty amounts for all

established late responses each year by an amount equal to one-hundred percent (100%) of the annually allowed consumer price index U.S {West-Size Class B/C All Urban Consumers Medical Care Item (December 1997=100)} (“CPI”) increase when compared to the same data period for the previous year.

7.6. Exemptions: Response time exemptions shall be reported monthly to the District Health Officer. Disputes between REMSA and its ambulance contractor(s) arising over an exemption shall be forwarded to the District Health Officer. The District Health Officer shall review the dispute and make a determination which shall be final and binding upon both parties.

An exemption to response time penalties may be granted by the District Health Officer, or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel. Other exemptions and exemption criteria may also be provided to REMSA upon approval of the DISTRICT. Existing exemptions granted by the District Health Officer shall remain in effect unless changed or rescinded by the District Health Officer or the DISTRICT.

7.7. Penalty Fund: These penalties shall be placed in a separate restricted account of REMSA and shall be used to help defray the costs of educational or community programs, or for other purposes subject to prior written approval by the District Health Officer. The penalty fund shall be solvent at the end of REMSA’s fiscal year.

7.8. Health Officer Approval: Penalties and the use of the penalty fund are all subject to approval by the District Health Officer.

ARTICLE 8 PATIENT BILLING

8.1. Average Patient Bill: The DISTRICT shall approve the amount of the maximum average patient bill for ground ambulance transport commencing and terminating within the franchise area of Washoe County to be charged by REMSA, from time to time, upon written application by REMSA. Such maximum average patient bills approved by the DISTRICT shall be automatically adjusted thereafter for any change in the CPI for the preceding year without further DISTRICT action. The District Health Officer shall inform REMSA at least annually in writing with regard to the CPI adjustment amount as determined above. REMSA shall be responsible for determining and setting, from time to time, the various rates, fees and charges which comprise the patient’s bill for ground ambulance transport and within ten (10) days of such determination, REMSA shall provide the District Health Officer in writing a current schedule of rates, charges and fees for ground ambulance transport within the franchise area of Washoe County. Such schedule of rates, charges, and fees determined by REMSA shall not cause the average patient’s bill for ground ambulance transport within the franchise area to exceed the amount of the maximum average patient bill then in effect as approved by the DISTRICT.

8.2. Increase Beyond CPI: If REMSA desires an increase to the average patient bill beyond the annual CPI adjustment, REMSA shall present a financial impact statement and other

supporting documentation to justify such an increase. In addition, the DISTRICT may request relevant additional information to determine the necessity of the increase. The DISTRICT must either approve or reject REMSA's requested increase within ninety (90) days after receipt of all requested information. If the DISTRICT does not act within the ninety (90) day period or if the DISTRICT rejects the rate increase request, REMSA, at its discretion, may submit the matter for professional mediation for resolution pursuant to the terms of this Agreement.

8.3. Overage in Bill Amount: In the event the maximum average patient bill exceeds the maximum average patient bill in effect for a particular franchise year, REMSA shall offset such overage against any allowable CPI adjustment for transports in the subsequent franchise year as follows:

(a) The authorized average bill for the current franchise year will be subtracted from the cumulative average bill for the current franchise year. (\$498 actual average bill - \$491 authorized average bill = \$7 adjusted dollar amount).

(b) The adjusted dollar amount will be subtracted from the authorized CPI adjusted average bill for the next franchise year. (\$508 authorized CPI adjusted average bill - \$7 adjusted dollar amount = \$501 adjusted average bill.)

The ensuing franchise year CPI adjustment will be added to the previous year's authorized CPI adjusted average bill.

8.4. Third Party Reimbursement: In setting and adjusting such rates, charges, and fees for ground ambulance transport within the franchise area, REMSA shall utilize its best efforts to maximize third party reimbursement and minimize transported patients' out-of-pocket expense as insurance and governmental reimbursement laws, regulations and procedures change, from time to time.

8.5. Prepaid Subscription Program: Unless otherwise prohibited by law, REMSA shall maintain a voluntary prepaid ambulance subscription membership program within the franchise area of Washoe County to defray the uninsured portion of medically necessary ambulance transport within the franchise area of Washoe County. REMSA shall establish the limit for the number of times this service may be used by an individual in a membership year and shall report the terms of this service to the DISTRICT on a yearly basis.

8.6. Billing: REMSA is responsible for all billing of patients and third party payers for ambulance services provided or REMSA may allow a contractor to do so.

8.7. Accounting Practices: REMSA shall conform to all generally acceptable accounting practices ("GAAP") and shall have an annual, independent financial audit prepared according to generally accepted auditing standards ("GAAS").

8.8. Audit: REMSA will provide a copy of the financial audit to the District Health Officer within 180 days of the close of its fiscal year and a copy of the Internal Revenue Service Form 990 to the District Health Officer within fourteen (14) days of its submission to the Internal

Revenue Service. The independent auditing firm will be selected by REMSA and such firm must be subject to peer review. In addition to the normal scope of the independent audit, the independent auditing firm will perform “agreed upon procedures” on the average bill and on specific franchise issues as agreed to by REMSA and the District Health Officer.

ARTICLE 9 PERSONNEL AND EQUIPMENT

9.1. Dispatch Personnel Training: All personnel within the REMSA dispatch facility shall be trained at the emergency medical technician or paramedic level. All medical dispatch personnel shall maintain certification as Emergency Medical Dispatchers (EMD) from the National Academy of Emergency Medical Dispatchers. New dispatch personnel shall receive training during their first six (6) months of employment. REMSA shall provide documentation of compliance to the DISTRICT annually.

9.2. Dispatch Accreditation: REMSA shall maintain the National Academy of Emergency Medical Dispatchers accreditation of the Accredited Center of Excellence.

9.3. Personnel Licensing and Certification: All Attendants, Emergency Medical Technicians/Paramedics and Emergency Medical Dispatchers involved in providing emergency medical services under this Franchise Agreement shall be properly trained, licensed, and/or certified in accordance with the requirement of the NRS, Chapter 450B.

9.4. ICS Training: REMSA field staff and field management personnel shall be trained in the National Incident Management System/Incident Command System (NIMS/ICS) protocols at the 100, 200 and 700 levels. All field personnel will be trained on the Washoe County Multi Casualty Incident Plan (MCIP), and field management staff will have additional training to the ICS 300 level.

During a declared emergency or emergency training exercises, REMSA shall participate in the operations section of the emergency operations center (EOC) and shall be trained in and utilize the National Incident Management System/Incident Command System (NIMS/ICS) protocols through the ICS 400 level or as may be designated in the future by the Federal Emergency Management Agency (FEMA).

9.5. Ambulance Markings: All ambulance units, either directly operated by REMSA or by a REMSA contractor, shall be marked with REMSA identity rather than the individual identity of any ambulance service contractor.

9.6. Ambulance Permits and Equipment: All Ambulance units shall be permitted, equipped and operated in accordance with NRS 450B.

9.7. Field Supervisor Staffing: REMSA shall insure that a field supervisor is on each shift. Such supervisor shall facilitate integration of REMSA ambulance units with public safety personnel, may assist REMSA units and personnel on scene and generally function to insure the

efficient operation of REMSA ambulance services on each shift, including disaster situations.

9.8. Medical Director: REMSA shall appoint a physician(s) to be the medical director(s) (Medical Director) in accordance with the requirements in Nevada Revised Statutes and the Nevada Administrative Code. REMSA shall submit the medical director(s) curriculum vitae (CV) to the District Health Officer at the time of appointment.

ARTICLE 10 QUALITY ASSURANCE

10.1. Personnel: REMSA shall designate an individual(s) to be responsible for the internal coordination of its medical quality assurance issues.

10.2. Review: Each calendar month REMSA shall conduct quality assurance reviews of ambulance runs from among at least five percent (5%) of the previous month's ALS calls. Those reviews should involve, if possible, the ambulance personnel who participated on those cases and shall be conducted by the designated REMSA coordinator(s) of medical quality issues. A summary of those quality assurance review activities shall be included in the required monthly operations report forwarded to the DISTRICT.

ARTICLE 11 COMMUNITY RELATIONS AND PUBLIC EDUCATION

11.1. CPR Courses: REMSA shall offer cardiopulmonary resuscitation ("CPR") courses at least monthly to the public.

11.2. Community Health Education: At least annually, REMSA shall conduct a multimedia campaign, using radio, television, printed media, social media, online education, or promotional displays to educate the public. The education focus will be based on a current needs assessment in the community to provide citizens with information on medical access, safety and/or health promotion. REMSA shall report on these activities to the DISTRICT. The Health District may assist and participate in such activities.

11.3. Clinical Skills: REMSA, upon recommendation of its designated coordinator(s) of medical quality issues, REMSA's Medical Director or the District Health Department, shall facilitate opportunities for clinical skill experience for specific prehospital care personnel through the clinical services of its participating hospitals.

11.4. Fire EMS Training: REMSA shall provide quarterly training for regional EMS first responders at cost to be paid by the other EMS responders' jurisdiction, governing board or agency. Training will be determined based on recommendations of the Regional Emergency Medical Services Advisory Board as approved by the DISTRICT. REMSA shall provide documentation of compliance to the DISTRICT annually.

ARTICLE 12 REPORTING

12.1. Monthly Reports: REMSA shall provide the DISTRICT a monthly report on operational activities which shall include:

- (a) Response Time Reporting,
- (b) CAD Edits and Call Priority Reclassifications,
- (c) Comments and Complaints,
- (d) Investigations and Inquiries
- (e) The Average Patient Bill, and
- (f) Education and Training Activities.

The reports shall be in a format agreed upon by the DISTRICT. In addition to REMSA's regional fractile response time compliance reporting requirements, REMSA shall also provide response time information on Priority 1 and on Priority 2 calls within each jurisdictional area (Reno, Sparks, County) separately for informational purposes. This reporting format may use "average response times" to allow for reporting compatibility with the system first responder agencies in each jurisdictional area.

12.2. Annual Reports: REMSA shall report annually to the DISTRICT its compliance with these organizational, performance and operational criteria within one hundred eighty (180) days of the end of REMSA's fiscal year. REMSA will also be monitored by the Health District for compliance, and monitoring data will be provided to the District Health Officer.

The District Health Officer shall report on REMSA's annual performance to the DISTRICT within ninety (90) days of the beginning of each calendar year. The District Health Officer will periodically report to Reno, Sparks and Washoe County and the DISTRICT on that compliance.

ARTICLE 13 FAILURE TO COMPLY/REMEDIES

13.1. Failure to Comply with Agreement: This exclusive right of REMSA to operate ambulance services within the defined service area shall continue during the term of this agreement unless the DISTRICT takes action to rescind this exclusive operating right for the material and adverse failure of REMSA to comply with this Franchise. Failure to comply with the response time requirement as evaluated annually may result in the loss by REMSA of the authority to operate the ambulance service on an exclusive basis.

13.2. Notice of Noncompliance: Unless a substantial and immediate threat to the public health requires the DISTRICT to assume control and operation of the ambulance equipment as provided for in this franchise designation, the DISTRICT shall notify REMSA in writing of REMSA's failure to comply. Such notice shall allow REMSA to (1) contest the failure or to (2) correct the

failure or at DISTRICT's discretion, to provide a written plan to correct the failure. The length of the response period shall be dependent upon the extent to which public health and safety is endangered, as determined by the DISTRICT.

13.3. Failure to Correct/ Rescission of Agreement: If REMSA fails to correct the failure within the allowed response period, the DISTRICT shall notify REMSA of its intent to rescind this exclusive operating right and the reasons therefore.

13.4. Alternate to Rescinding Agreement: As an alternative to rescinding the exclusive operating right, the DISTRICT may assess REMSA a financial penalty of up to ten thousand dollars (\$10,000) for each documented instance of noncompliance that is deemed material and adverse following findings and a report of the District Health Officer. The report of the District Health Officer must be provided to REMSA. The District Health Officer shall schedule the report as an agenda item of the DISTRICT at a meeting of the DISTRICT held not less than thirty (30) days thereafter. REMSA may appeal the findings of the District Health Officer at the meeting of the DISTRICT by filing a notice of appeal with the District Health Officer not less than fifteen (15) days before the meeting of the Board. Any written documentation regarding the appeal which REMSA desires to submit must be submitted to the District Health Officer not less than seven (7) days before the meeting. At the meeting the Board will review the findings and report of the District Health Officer and REMSA's appeal if any. If the Board concludes the report is accurate, it may impose the penalty set forth above. Any financial penalty assessed shall be remitted to the District Health Department for use in support of the District Health Department EMS program activities.

ARTICLE 14 DISPUTE RESOLUTION

14.1 Agreement to Mediate Disputes: In the event that any dispute arises between the parties in relation to this Agreement, or out of this Agreement, and the dispute is not resolved by negotiation, the parties agree to submit the dispute to mediation. The parties further agree that their participation in mediation is a condition precedent to any party pursuing any other available remedy in relation to the dispute.

Any party to the dispute may give written notice to the other party of his or her desire to commence mediation, and a mediation session must take place within thirty (30) days after the date that such notice is given.

The parties must jointly appoint a mutually acceptable mediator. If the parties are unable to agree upon the appointment of a mediator within seven (7) days after a party has given notice of a desire to mediate the dispute, each party shall appoint an independent person, solely being responsible for that person's costs, and then those two (2) persons shall promptly appoint a jointly selected, qualified mediator, the costs for whom shall be equally shared by the parties. The two persons who appoint the mediator shall have no further role.

The parties further agree to share equally the costs of the mediation, which costs will not include costs incurred by a party for representation by counsel at the mediation.

ARTICLE 15 FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS

15.1. Financial Assurance/Continuity of Operations: REMSA shall furnish and maintain a performance security with the DISTRICT in the amount of three million dollars (\$3,000,000) in the form of a designated reserve amount in the equity statement of the REMSA financials. This performance security may be utilized by the DISTRICT in the event of a substantial and immediate threat to the public health that requires the DISTRICT to assume the control and operation of the ambulance service.

Any and all successors and assigns to REMSA under any future franchise designation, license or substitute thereof shall be required to utilize the central facility established by REMSA to house, service, and maintain its offices, communications center, emergency vehicles, supplies, equipment and related items utilized within the EMS system developed under REMSA's franchise and to assume all the financial responsibility related thereto as part of its obligations as successor to REMSA. Such obligations to be assumed by the successor also include assuming any and all obligations under any lease agreement of the central facility, performance or security bond arrangements, ground ambulance provider or service agreements, occupancy agreements, lockbox arrangements, equipment leases such as the three-way lease, communications equipment leases, computer and office equipment leases, and other on-going obligations of REMSA as franchisee necessary or expedient to maintain the EMS system developed under REMSA's franchise. Any equipment or property owned by REMSA and utilized within the EMS system shall be purchased by such successor for cash on such terms mutually agreeable to REMSA and such successor. If REMSA and such successor cannot agree on the terms of purchase, the matter shall be submitted to mediation pursuant to the terms of this Agreement.

ARTICLE 16 INSURANCE AND INDEMNIFICATION

16.1. Insurance: REMSA shall maintain medical professional and commercial general liability insurance of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate. Automobile liability will also be at a combined single limit of one million dollars (\$1,000,000), Workers compensation and employer's liability will be at one million dollars (\$1,000,000). Evidence of insurance coverage will be submitted to the District on an annual basis, and the DISTRICT shall be listed as an additional insured.

16.2. Indemnification: The parties agree to hold harmless, indemnify, and defend the other party, its officers, agents, employees, and volunteers from any loss or liability, financial or otherwise resulting from any claim, demand, suit, action, or cause of action based on bodily injury including death or property damage, including damage to property, caused by the omission, failure to act, or negligence on the part of the party, its employees, agents, representatives, or Subcontractors arising out of the performance of work under this Agreement.

16.3. Limitation of Liability: The DISTRICT will not waive and intends to assert any available remedy and liability limitation set forth in Chapter 41 of the Nevada Revised Statutes and applicable case law.

ARTICLE 17 MISCELLANEOUS

17.1. REMSA Contracts with Other Entities: In the event that REMSA enters into service agreements with any other political entity, such service agreements shall be negotiated in such a way that the new system would fund its share of the costs of providing the service and shall not deplete or negatively impact the provision of service with the designated franchise area described herein.

17.2. Governing Law; Jurisdiction: This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to the laws of the State of Nevada. The parties consent to the jurisdiction of Nevada district courts in Washoe County for the enforcement of this Agreement.

17.3. Assignment: Neither party shall assign, sublet or transfer any interest or service in this Agreement, or which arises out of this Agreement, without the written consent of the other party

17.4. Severability: If any provision of this Agreement or its application is held invalid by a court of competent jurisdiction, the remainder of the Agreement shall not be affected.

17.5. Entire Agreement/Modification: This Agreement is the entire Agreement between the parties. No change, termination or attempted waiver of any of the provisions of this Agreement shall be binding on either party unless executed in writing by each of the parties.

17.6. Benefits: This Agreement is entered into solely for the benefit of the parties hereto. It shall confer no benefits, direct or indirect, on any third persons, including employees of the parties. No person or entity other than the parties themselves may rely upon or enforce any provision of this Agreement. The decision to assert or waive any provision of this Agreement is solely that of each party.

17.7. Notice: All notices and demands required under this Agreement shall be in writing and shall be deemed to have been duly given, made and received when delivered or deposited in the United States mail, registered or certified mail, postage pre-paid, addressed as follows:

Washoe County Health District
District Health Officer
P.O. Box 11130
Reno, NV 89520

REMSA
Attn:
450 Edison Way
Reno, NV 89502

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year below noted.

WASHOE COUNTY HEALTH DISTRICT

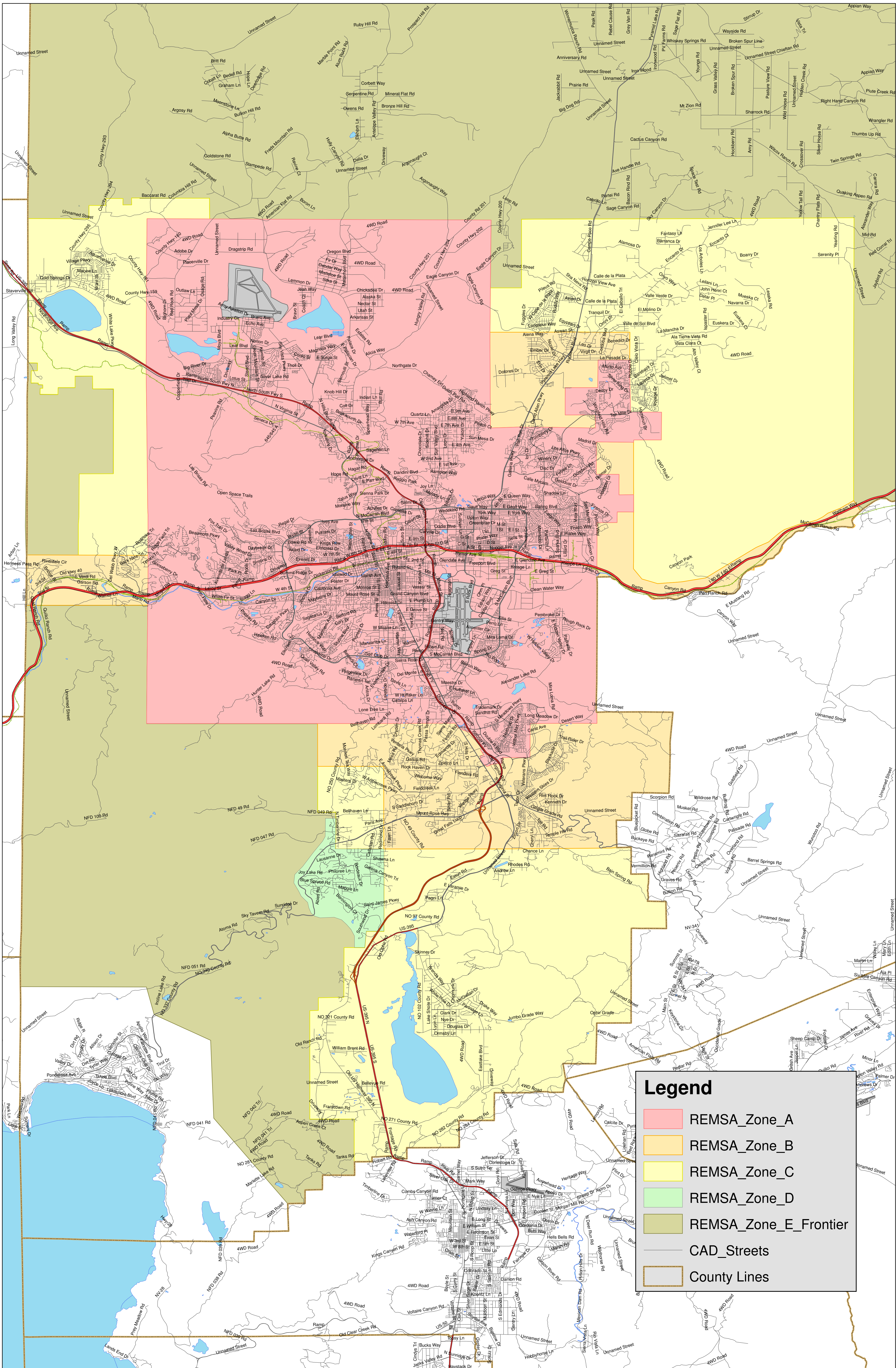
By: _____
Title: _____
Dated: _____

ATTEST:

Clerk

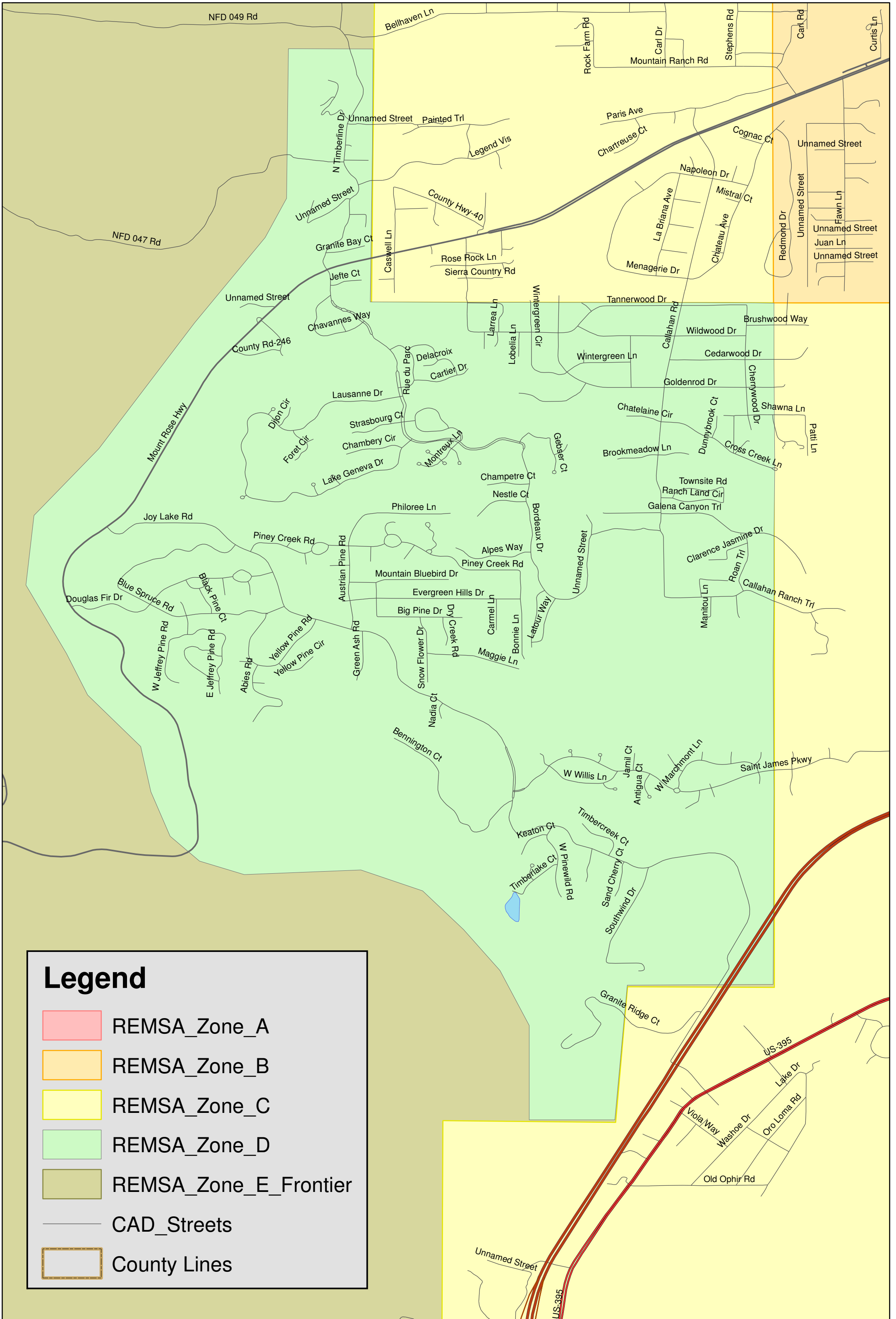
REGIONAL EMERGENCY MEDICAL
SERVICES AUTHORITY

By: _____
Title: _____
Dated: _____



Legend

- REMSA_Zone_A
- REMSA_Zone_B
- REMSA_Zone_C
- REMSA_Zone_D
- REMSA_Zone_E_Frontier
- CAD_Streets
- County Lines



Legend

- REMSA_Zone_A
- REMSA_Zone_B
- REMSA_Zone_C
- REMSA_Zone_D
- REMSA_Zone_E_Frontier
- CAD_Streets
- County Lines



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: May 22, 2014

DATE: May 14, 2014

TO: District Board of Health

FROM: Brittany Dayton, EMS Coordinator, Washoe County Health District
775-326-6043, bdayton@washoecounty.us

THROUGH: Dr. Randall Todd, Division Director, Epidemiology and Public Health Preparedness
775-328-2443, rtodd@washoecounty.us

SUBJECT: Approval of the Interlocal Agreement for Emergency Medical Services Oversight

SUMMARY

The purpose of this agenda item is to present for review and approval the Interlocal Agreement for Emergency Medical Services Oversight.

District Board of Health strategic priority by this item: Be assured that mandates are met and needed services are delivered.

BCC strategic objective supported by this item: Safe, secure and healthy communities.

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health concerning an Interlocal Agreement for Emergency Medical Services Oversight beyond the REMSA franchise agreement.

BACKGROUND

In August 2012 the District Board of Health was provided a report titled "Emergency Medical Services System Analysis" performed by TriData. The study contains 38 specific recommendations to be considered for the improvement of Emergency Medical Services in Washoe County.

The District Board of Health met concurrently with Washoe County Board of Commissioners, Reno City Council and Sparks City Council on October 18, 2012. At that meeting, action was taken to form an EMS Working Group to address the TriData recommendations and establish a mechanism for expanded oversight of Emergency Medical Services.

During the EMS Executive Committee and EMS Working Group meetings it was acknowledged that the implementation of many of the TriData study's recommendations required an Interlocal Agreement concerning the Washoe County Health District to amend, remand and establish certain authorities by and between Reno, Sparks, Washoe County and the Health District.

On February 10, 2014 another concurrent meeting was held for presentation, discussion and approval of the Principles of Agreement and a Resolution directing the Washoe County Health District to establish and maintain a regional EMS Oversight Program. During this meeting a motion was made that there be a

Date: May 14, 2014
Subject: Approval of EMS Interlocal Agreement
Page 2 of 2

full development of an updated Franchise agreement between the Washoe County District Board of Health and REMSA as well as a full development of an Interlocal Agreement concerning the duties and responsibilities of the entities participating in the EMS Oversight Program.

The Interlocal Agreement between the Washoe County Health District, City of Reno, City of Sparks, Washoe County and Truckee Meadows Fire Protection District was drafted based on the resolution presented at the February 10, 2014 concurrent meeting and will create a Regional Emergency Medical Services Oversight function for the management, measurement and improvement of Emergency Medical Services within the Washoe County Health District.

Each participating jurisdiction received a copy of the Interlocal Agreement and has had opportunities to review and comment. The Interlocal Agreement will be presented to each jurisdiction separately for discussion and possible approval.

FISCAL IMPACT

The Interlocal Agreement for Emergency Medical Services Oversight will require the addition of 1.5 FTE staff to the EMS Program. Those positions were included in the FY15 proposed budget.

RECOMMENDATION

Staff recommends that the District Board of Health review the proposed Interlocal Agreement for Emergency Medical Services Oversight; and if approved, authorize the Chairman to execute each document with an implementation date of July 1, 2014.

POSSIBLE MOTION

Move to approve the Interlocal Agreement for Emergency Medical Services Oversight; and authorize the Chairman to execute.

INTERLOCAL AGREEMENT FOR
EMERGENCY MEDICAL SERVICES OVERSIGHT

This Interlocal (“Agreement”) dated as of _____, 2014, is entered into by and between the Washoe County Health District, a Special District created pursuant to Nevada Revised Statutes, Chapter 439 (“DISTRICT”), Washoe County, a political subdivision of the State of Nevada (“WASHOE”), the Truckee Meadows Fire Protection District through itself and the Sierra Fire Protection District, both which are Fire Districts created pursuant to Nevada Revised Statutes Chapter 474 (“FIRE”), the City of Reno, a municipal corporation in the State of Nevada (“RENO”), and the City of Sparks, a municipal corporation in the State of Nevada (“SPARKS”) to create a Regional Emergency Medical Services Oversight function within the DISTRICT for the management, measurement and improvement of Emergency Medical Services.

RECITALS

WHEREAS, on November 27, 1972, the governing bodies of RENO, SPARKS, and WASHOE formed the DISTRICT to provide a broad range of health services for the benefit of said agencies by said DISTRICT; and

WHEREAS, on October 22, 1986, the DISTRICT acting on behalf of RENO, SPARKS and WASHOE did approve “A Resolution Authorizing the Regional Emergency Medical Services Authority (hereinafter referred to as “REMSA”) to operate Emergency Medical Ambulance Services on an exclusive basis in defined areas of Washoe County; and

WHEREAS, in August of 2012 WASHOE was provided a report titled “Emergency Medical Services System Analysis” (hereinafter referred to as “STUDY”) performed by TRIDATA. The STUDY contains specific recommendations to be considered for the improvement of Emergency Medical Services provided by RENO, SPARKS, WASHOE, DISTRICT and REMSA for the purpose of improving the delivery of patient care and outcomes, and the delivery of Emergency Medical Services; and

WHEREAS, RENO, SPARKS, WASHOE and DISTRICT together on October 18, 2012, February 11, 2013, and June 10, 2013, have continued to review and direct changes to the provision of Emergency Medical Services by and through the STUDY recommendations; and

WHEREAS, the implementation of the STUDY’s recommendations require an Inter-Local Agreement concerning the Washoe County Health District to amend, remand and establish certain authorities by and between RENO, SPARKS, WASHOE, FIRE and DISTRICT and

create a Regional Emergency Medical Services Oversight function for the management, measurement and improvement of Emergency Medical Services within the DISTRICT,

NOW, THEREFORE THE PARTIES AGREE as follows:

ARTICLE 1

Establishment of Oversight Program/Duties

1.1 Establishment of Program: The DISTRICT shall establish and maintain a Regional Emergency Medical Services Oversight Program (the “Program”) within the DISTRICT.

1.2 Duties of Program: The Program shall provide for Oversight of all Emergency Medical Services provided by RENO, SPARKS, WASHOE, FIRE and REMSA and shall:

- a. Monitor the response and performance of each agency providing Emergency Medical Services and provide recommendations to each agency for the maintenance, improvement, and long-range success of the Emergency Medical Services;
- b. Coordinate and integrate provision of Medical Direction for RENO, SPARKS, WASHOE, FIRE and REMSA providing emergency medical services;
- c. Recommend regional standards and, protocols for RENO, SPARKS, WASHOE, FIRE and REMSA;
- d. Measure performance, analysis of system characteristics, data and outcomes of the Emergency Medical Services and provide performance measurement and recommendations to RENO, SPARKS WASHOE, FIRE and REMSA;
- e. Provide for the annual collaboration of REMSA, RENO, SPARKS, WASHOE, FIRE and DISTRICT on determining compliance with modifications or changes to the regional response time or first response capabilities of each agency, leading to the adoption of the Regional Emergency Medical Response Map showing the zones of services including sub-regions as may be requested by RENO, SPARKS, WASHOE, FIRE or the DISTRICT; boundaries of automatic and mutual Emergency Medical Services aid based on agreement between agencies; and levels of both first response and medical transport services.
- f. Provide an Annual Report on the State of Emergency Medical Services to RENO, SPARKS, WASHOE, FIRE and REMSA over the preceding fiscal year (July 1st to June 30th) containing measured performance in each agency including both ground and rotary wing air ambulance services provided by REMSA in Washoe County; the compliance

with performance measures established by the District Emergency Medical Services Oversight Program in each agency, and audited financial statements and an annual compliance report of REMSA as required in the exclusive Emergency Medical Ambulance Service Franchise.

g. Maintain a Five Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.

1.3. Term: This Agreement shall become effective July 1, 2014 for a period of one year ending June 30, 2015. This Agreement shall automatically renew each year on July 1st unless terminated by the parties as set forth below.

1.4. Termination of Agreement: This Agreement may be rescinded at any time by written agreement of termination executed by all the parties.

1.5 Unilateral Party Termination: A party may unilaterally terminate its participation in this agreement without cause by serving the other parties with written notice of termination. That party's termination shall take effect 90 days after service of notice.

ARTICLE 2

Advisory Board

2.1 Creation: The DISTRICT shall establish and maintain a Regional Emergency Medical Services Advisory Board.

2.2 Composition: The Regional Emergency Medical Services Advisory Board shall be composed of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

The Emergency Room Physician and Hospital Continuous Quality Improvement Representative members shall be appointed by the District Board of Health and shall serve a term of two (2) years from July 1st through June 30th.

2.3 Administration: The Advisory Board shall elect a chair and a vice-chair from among its membership to manage the meetings. The election shall occur at the Board's first meeting and thereafter at its first meeting at the beginning of each fiscal year. The chair and vice-chair shall serve for one (1) year. The Board shall be subject to the requirements of Nevada Revised Statutes Chapter 241, Open Meeting Laws. A majority of the Board constitutes a quorum for the conduct of business and a majority of the quorum is necessary to act on any matter.

2.5. Bylaws: The Board shall adopt bylaws or procedural rules necessary to carry out its functions and duties in an efficient and orderly manner.

2.6. Meetings: The Board shall hold a minimum of one meeting per fiscal year.

2.7. Duties: The Advisory Board shall review reports, evaluations, and recommendations of the Regional Emergency Medical Services Oversight Program, discuss issues related to regional emergency services, and make recommendations including:

- a. Make recommendations to the District Health Officer and/or the District Board of Health related to performance standards and attainment of those standards, medical protocols, communication, coordination, and other items of importance to a high performing Regional Emergency Medical Services System, and providing for concurrent review and approval by RENO, SPARKS and WASHOE; a uniform system shall be maintained for the region whenever possible.

ARTICLE 3

Fiscal Year

3.1 Definition: The fiscal year shall be July 1 through June 30.

ARTICLE 4

Duties of the Parties

4.1. Participation: RENO, SPARKS, WASHOE and FIRE shall participate in the Regional Emergency Medical Services Medical Oversight Program by:

- a. Providing information, records, and data on Emergency Medical Services dispatch and response from their respective Public Safety Answering Points (PSAPs) and Fire Services for review, study and evaluation by DISTRICT.
- b. Participating in working groups established by DISTRICT for coordination, review, evaluation, and continuous improvement of Emergency Medical Services.

- c. Participating in establishing and utilizing a Computer Aided Dispatch (CAD) – to – CAD two-way interface with EMSA which provides for the instantaneous and simultaneous transmission of call-related information for unit status updates.
- d. Working cooperatively with DISTRICT to provide input to the development of the Five Year Strategic Plan and to ensure consistent two-way communication and coordination of the Emergency Medical Services System between RENO, SPARKS, WASHOE, FIRE, and REMSA in the future as technologies, equipment, systems, and protocols evolve.
- e. Participating on the Regional Emergency Medical Services Advisory Board.
- f. Implementing recommendations of DISTRICT, or submitting those recommendations to their governing bodies for consideration and possible action.
- g. Submitting recommendations regarding the Emergency Medical Services System to DISTRICT for implementation or for consideration and possible action by the District Board of Health.

ARTICLE 5
Concurrent Review

5.1 Concurrent Review: The DISTRICT shall coordinate a concurrent review of the status of the Regional Emergency Medical Services by REMSA with RENO, SPARKS WASHOE and FIRE prior to the approval of any modifications to the Franchise Agreement and prior to any extension of the franchise period.

ARTICLE 6
Miscellaneous Provisions

6.1. Governing Law/Jurisdiction: This Agreement and the rights and obligations of the parties hereto shall be governed by and construed according to the laws of the State of Nevada. The parties consent to the jurisdiction of Nevada district courts in Washoe County for the enforcement of this Agreement.

6.2. Assignment: The parties shall not assign, sublet or transfer any interest or service in this Agreement, or which arises out of this Agreement, without the written consent of the other parties.

6.3. Severability: If any provision of this Agreement or its application is held invalid by a court of competent jurisdiction, the remainder of the Agreement shall not be affected.

6.4. Entire Agreement/Modification: This Agreement is the entire Agreement between the parties. No change termination or attempted waiver of any of the provisions of this Agreement shall be binding on the parties unless executed in writing by each of the parties.

6.5. Benefits: This Agreement is entered into solely for the benefit of the parties hereto. It shall confer no benefits, direct or indirect, on any third persons, including employees of the parties. No person or entity other than the parties themselves may rely upon or enforce any provision of this Agreement. The decision to assert or waive any provision of this Agreement is solely that of each party.

6.6. Notice: All notices and demands required under this Agreement shall be in writing and shall be deemed to have been duly given, made and received when delivered or deposited in the United States mail, registered or certified mail, postage pre-paid, addressed as follows:

Washoe County Health District
District Health Officer
P.O. Box 11130
Reno, NV 89520

City of Reno
City Manager
P.O. Box 1900
Reno, NV 89505

City of Sparks
City Manager
P.O. Box 857
Sparks, NV 89432

Truckee Meadows Fire District
Fire Chief
P.O. Box 11130
Reno, NV 89520

Washoe County
County Manager
P.O. Box 11130
Reno, NV 89520

6.7. Indemnification: Each party agrees to indemnify and save and hold the other party harmless from any and all claims, causes of action or liability arising directly from such party's negligence or wrongful misconduct during the performance of this Agreement. The indemnifying party shall not be liable to hold harmless any attorney's fees and costs for the indemnified party's chosen right to participate with legal counsel.

6.8. Limitation of Liability: The parties will not waive and intend to assert any available remedy and liability limitation set forth in Chapter 41 of the Nevada Revised Statutes, and any and all applicable laws or case law.

IN WITNESS WHEREOF, the parties have executed this Agreement of the day and year below noted.

WASHOE COUNTY HEALTH DISTRICT

By _____

Date _____

Attest:

By _____

Date _____

CITY OF RENO

By _____

Date _____

Attest:

By _____

Date _____

CITY OF SPARKS

By _____

Date _____

Attest:

By _____

Date _____

TRUCKEE MEADOWS FIRE PROTECTION DISTRICT

By _____

Date _____

Attest:

By _____

Date _____

WASHOE COUNTY

By _____

Date _____

Attest:

By _____

Date _____



Washoe County Health District



Public Health
Prevent. Promote. Protect.

May 9, 2014

To: Members District Board of Health

From: Eileen Stickney

Subject: Approval of the Health Fund Revenue and Expenditure Report for April 2014

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Health Fund for April 2014 of fiscal year 14.

Background

The attached reports are for the accounting period 10/14 and the percentages should approximate 83% of the year. The total revenues and expenditures for the current year (FY14) compared to last year (FY13) are as follows:

APRIL 2014	FY14 – REV	FY13 – REV	FY14 – EXP	FY13 – EXP
Overhead-GF			\$2,415,028.30 83%	\$1,276,686.00 50%
AHS	\$869,969.92 69%	\$879,866.04 72%	\$1,963,465.23 76%	\$2,045,611.92 79%
AQM	\$1,806,598.33 66%	\$1,552,936.81 69%	\$1,735,710.99 59%	\$1,802,134.57 62%
CCHS	\$1,227,506.05 51%	\$1,605,008.28 65%	\$3,655,719.89 75%	\$3,697,377.49 75%
EHS	\$1,553,433.69 77%	\$1,429,255.06 81%	\$3,973,447.53 70%	\$3,894,810.65 67%
EPHP	\$1,290,984.67 77%	\$1,245,933.63 67%	\$1,612,603.75 75%	\$1,622,195.27 68%
TOTAL	\$6,748,492.66 67%	\$6,712,999.82 71%	\$15,355,975.69 73%	\$14,338,815.90 67%
GF Transfer	\$6,452,918.28 75%	\$4,311,944.00 50%		

The Environmental Oversight Account balance for April \$108,328.49.

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

**Washoe County Health District
REVENUE - EXPENSE
Pd 1-10, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422503 Environmental Permits	63,177.00-	54,711.00-	8,466.00-	87	51,500.00-	53,333.00-	1,833.00	104
422504 Pool Permits	74,690.00-	85,428.00-	10,738.00	114	68,000.00-	57,385.00-	10,615.00-	84
422505 RV Permits	13,306.00-	9,679.00-	3,627.00-	73	10,500.00-	9,078.00-	1,422.00-	86
422507 Food Service Permits	492,181.00-	367,563.00-	124,618.00-	75	369,000.00-	333,139.00-	35,861.00-	90
422508 Wat Well Const Perm	23,567.00-	22,509.00-	1,058.00-	96	20,000.00-	20,745.00-	745.00	104
422509 Water Company Permits	3,200.00-	7,998.00-	4,798.00	250	2,500.00-	4,002.00-	1,502.00	160
422510 Air Pollution Permits	584,012.00-	425,141.50-	158,870.50-	73	448,037.00-	380,562.25-	67,474.75-	85
422511 ISDS Permits	66,522.00-	75,287.00-	8,765.00	113	49,000.00-	46,731.00-	2,269.00-	95
422513 Special Event Permits	99,623.00-	61,177.00-	38,446.00-	61	79,000.00-	48,751.00-	30,249.00-	62
422514 Initial Applic Fee	35,226.00-	28,734.00-	6,492.00-	82	27,000.00-	24,472.00-	2,528.00-	91
* Licenses and Permits	1,455,504.00-	1,138,227.50-	317,276.50-	78	1,124,537.00-	978,198.25-	146,338.75-	87
431100 Federal Grants	5,301,515.05-	3,058,737.81-	2,242,777.24-	58	5,860,619.51-	3,662,155.26-	2,198,464.25-	62
431105 Federal Grants - Indirect	243,178.41-	204,185.65-	38,992.76-	84	125,376.00-	81,130.96-	44,245.04-	65
432100 State Grants	741,802.00-	260,917.47-	480,884.53-	35	281,857.00-	256,696.03-	25,160.97-	91
432105 State Grants-Indirect	2,205.00-	3,469.05-	1,264.05	157				
432310 Tire Fee NRS 444A.090	468,548.00-	314,136.09-	154,411.91-	67	418,766.00-	331,900.49-	86,865.51-	79
432311 Pol Ctrl 445B.830	300,000.00-	552,770.83-	252,770.83	184	300,000.00-	234,745.00-	65,255.00-	78
* Intergovernmental	7,057,248.46-	4,394,216.90-	2,663,031.56-	62	6,986,618.51-	4,566,627.74-	2,419,990.77-	65
460162 Services to Other Agencies								
460500 Other Immunizations	89,000.00-	41,611.07-	47,388.93-	47	89,000.00-	50,128.50-	38,871.50-	56
460501 Medicaid Clinical Services	8,200.00-	1,716.50-	6,483.50-	21	36,200.00-	13.26	36,213.26-	0-
460503 Childhood Immunizations	20,000.00-	13,004.75-	6,995.25-	65	30,000.00-	15,399.50-	14,600.50-	51
460508 Tuberculosis	4,100.00-	3,390.13-	709.87-	83	4,100.00-	3,940.46-	159.54-	96
460509 Water Quality								
460510 IT Overlay	35,344.00-	30,226.00-	5,118.00-	86	113,400.00-	101,326.00-	12,074.00-	89
460511 Birth and Death Certificates	450,000.00-	380,188.00-	69,812.00-	84	400,000.00-	400,706.00-	706.00	100
460512 Duplication Service Fees		791.18-	791.18			304.88-	304.88	
460513 Other Healt Service Charges		564.00-	564.00		2,700.00-	1,837.75-	862.25-	68
460514 Food Service Certification	19,984.00-	16,924.00-	3,060.00-	85	13,900.00-	14,822.00-	922.00	107
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750.00-	18,879.51-	17,129.51	1,079	2,250.00-	5,000.00-	2,750.00	222
460517 Influenza Immunization	7,000.00-	4,860.75-	2,139.25-	69	7,000.00-	8,400.00-	1,400.00	120
460518 STD Fees	21,000.00-	14,784.35-	6,215.65-	70	23,000.00-	17,400.51-	5,599.49-	76
460519 Outpatient Services								
460520 Eng Serv Health	50,707.00-	45,193.00-	5,514.00-	89	44,000.00-	28,283.00-	15,717.00-	64
460521 Plan Review - Pools & Spas	3,816.00-	4,724.00-	908.00	124	2,500.00-	2,695.00-	195.00	108
460523 Plan Review - Food Services	18,765.00-	18,231.00-	534.00-	97	17,000.00-	25,871.00-	8,871.00	152
460524 Family Planning	27,000.00-	28,518.75-	1,518.75	106	44,000.00-	23,808.48-	20,191.52-	54
460525 Plan Review - Vector	36,021.00-	50,326.00-	14,305.00	140	30,000.00-	33,791.00-	3,791.00	113
460526 Plan Review-Air Quality	65,272.00-	24,755.00-	40,517.00-	38	40,000.00-	31,764.00-	8,236.00-	79
460527 NOE-AQM	113,934.00-	98,573.00-	15,361.00-	87	100,000.00-	76,831.00-	23,169.00-	77
460528 NESHAP-AQM	135,389.00-	63,736.00-	71,653.00-	47	84,000.00-	63,711.00-	20,289.00-	76
460529 Assessments-AQM	57,888.00-	40,623.00-	17,265.00-	70	41,000.00-	39,581.00-	1,419.00-	97
460530 Inspector Registr-AQ	14,655.00-	2,547.00-	12,108.00-	17	2,600.00-	2,838.00-	238.00	109
460531 Dust Plan-Air Quality	187,690.00-	121,262.00-	66,428.00-	65	95,000.00-	99,502.00-	4,502.00	105
460532 Plan Rvw Hotel/Motel		480.00-	480.00			322.00-	322.00	
460533 Quick Start						87.00-	87.00	
460534 Child Care Inspection	10,560.00-	6,453.00-	4,107.00-	61	8,500.00-	6,219.00-	2,281.00-	73
460535 Pub Accomod Inspectn	22,540.00-	15,599.00-	6,941.00-	69	17,300.00-	13,795.00-	3,505.00-	80

**Washoe County Health District
REVENUE - EXPENSE
Pd 1-10, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
460570 Education Revenue	2,900.00-	796.00-	2,104.00-	27	5,700.00-	1,235.00-	4,465.00-	22
* Charges for Services	1,403,515.00-	1,048,756.99-	354,758.01-	75	1,253,150.00-	1,069,585.82-	183,564.18-	85
484050 Donations Federal Pgm Income	37,550.00-	30,968.71-	6,581.29-	82	41,934.00-	33,092.56-	8,841.44-	79
484195 Non-Govt'l Grants	88,263.36-	82,152.36-	6,111.00-	93	114,750.00-	60,013.00-	54,737.00-	52
484197 Non-Gov. Grants-Indirect	5,125.00-	5,125.00-		100				
485100 Reimbursements		46,450.20-	46,450.20					
485110 Workers Comp Reimb						315.00-	315.00	
485121 Jury Reimbursements		80.00-	80.00					
485300 Other Misc Govt Rev	62,228.75-	2,515.00-	59,713.75-	4		5,167.45-	5,167.45	
* Miscellaneous	193,167.11-	167,291.27-	25,875.84-	87	156,684.00-	98,588.01-	58,095.99-	63
** Revenue	10,109,434.57-	6,748,492.66-	3,360,941.91-	67	9,520,989.51-	6,712,999.82-	2,807,989.69-	71
701110 Base Salaries	9,191,189.90	7,014,268.51	2,176,921.39	76	9,442,227.37	7,153,597.40	2,288,629.97	76
701120 Part Time	565,939.67	349,543.08	216,396.59	62	529,904.89	437,800.15	92,104.74	83
701130 Pooled Positions	464,480.66	345,732.84	118,747.82	74	522,298.86	284,164.12	238,134.74	54
701140 Holiday Work	2,818.65	3,144.59	325.94-	112	1,450.00	1,786.94	336.94-	123
701150 xcContractual Wages								
701200 Incentive Longevity	165,425.50	83,144.03	82,281.47	50	158,292.00	85,224.97	73,067.03	54
701300 Overtime	69,919.68	48,524.02	21,395.66	69	50,325.11	28,742.58	21,582.53	57
701403 Shift Differential								
701406 Standby Pay		100.00-	100.00					
701408 Call Back	1,000.00	93.52	906.48	9	1,000.00	182.10	817.90	18
701412 Salary Adjustment	230,084.60-		230,084.60-		52,986.54		52,986.54	
701413 Vac Payoff/Sick Pay-Term		73,652.59	73,652.59-			64,356.37	64,356.37-	
701415 Physical Fitness Pay								
701417 Comp Time		9,750.50	9,750.50-			20,986.42	20,986.42-	
701419 Comp Time - Transfer		6,038.40	6,038.40-			9,723.83	9,723.83-	
701500 Merit Awards								
* Salaries and Wages	10,230,689.46	7,933,792.08	2,296,897.38	78	10,758,484.77	8,086,564.88	2,671,919.89	75
705110 Group Insurance	1,422,034.93	1,085,852.70	336,182.23	76	1,449,189.10	1,114,128.32	335,060.78	77
705210 Retirement	2,515,666.69	1,907,083.88	608,582.81	76	2,410,125.05	1,817,062.44	593,062.61	75
705215 Retirement Calculation								
705230 Medicare April 1986	136,701.49	107,146.82	29,554.67	78	139,962.64	109,080.35	30,882.29	78
705320 Workmens Comp	66,992.03	55,115.10	11,876.93	82	64,187.41	53,277.20	10,910.21	83
705330 Unemploy Comp	15,375.22	15,179.40	195.82	99	15,533.45	15,533.45		100
705360 Benefit Adjustment					10,656.00		10,656.00	
705510 Severance Pay								
* Employee Benefits	4,156,770.36	3,170,377.90	986,392.46	76	4,089,653.65	3,109,081.76	980,571.89	76
710100 Professional Services	1,211,769.83	318,389.96	893,379.87	26	1,091,804.38	316,193.94	775,610.44	29
710105 Medical Services	9,173.00	6,279.00	2,894.00	68	9,264.00	2,407.00	6,857.00	26
710108 MD Consultants	46,950.00	44,000.00	2,950.00	94	46,900.00	36,225.00	10,675.00	77
710110 Contracted/Temp Services	53,500.03	42,268.38	11,231.65	79	71,051.00	55,023.48	16,027.52	77
710119 Subrecipient Payments								
710200 Service Contract	103,593.00	48,895.98	54,697.02	47	105,243.00	38,421.50	66,821.50	37
710205 Repairs and Maintenance	11,470.00	11,215.05	254.95	98	20,549.91	7,460.77	13,089.14	36
710210 Software Maintenance	15,636.00	22,318.00	6,682.00-	143	16,200.00	13,920.00	2,280.00	86
710300 Operating Supplies	134,869.77	90,780.72	44,089.05	67	132,737.55	91,157.75	41,579.80	69
710302 Small Tools & Allow	10,685.00	1,156.95	9,528.05	11	3,685.00	877.35	2,807.65	24
710308 Animal Supplies	1,600.00	582.75	1,017.25	36	2,000.00	343.91	1,656.09	17
710312 Special Dept Expense						100.00	100.00-	

**Washoe County Health District
REVENUE - EXPENSE
Pd 1-10, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710319 Chemical Supplies	232,300.00	232,321.33	21.33-	100	231,950.00	232,131.87	181.87-	100
710325 Signs and Markers								
710334 Copy Machine Expense	28,447.00	21,679.83	6,767.17	76	28,274.89	18,999.50	9,275.39	67
710350 Office Supplies	41,073.50	28,920.72	12,152.78	70	44,171.01	31,826.21	12,344.80	72
710355 Books and Subscriptions	7,594.00	6,200.35	1,393.65	82	8,413.00	5,740.23	2,672.77	68
710360 Postage	24,435.00	12,595.40	11,839.60	52	21,954.00	22,036.15	82.15-	100
710361 Express and Courier	735.00	99.36	635.64	14	610.75	675.62	64.87-	111
710391 Fuel & Lube	100.00	78.52	21.48	79	100.00		100.00	
710400 Payments to Other Agencies								
710412 Do Not Use								
710500 Other Expense	24,931.96	27,531.19	2,599.23-	110	45,973.51	27,501.98	18,471.53	60
710502 Printing	33,970.00	10,869.41	23,100.59	32	31,499.00	11,235.52	20,263.48	36
710503 Licenses & Permits	7,887.00	3,855.00	4,032.00	49	8,870.00	7,501.89	1,368.11	85
710504 Registration								
710505 Rental Equipment	1,900.00		1,900.00		5,178.00	1,427.00	3,751.00	28
710506 Dept Insurance Deductible		333.86	333.86-			452.58	452.58-	
710507 Network and Data Lines	5,530.00	8,726.95	3,196.95-	158	6,486.00	9,321.72	2,835.72-	144
710508 Telephone Land Lines	42,484.00	29,056.78	13,427.22	68	46,535.00	31,221.23	15,313.77	67
710509 Seminars and Meetings	36,065.00	33,492.19	2,572.81	93	32,320.00	31,711.60	608.40	98
710512 Auto Expense	19,102.20	9,161.93	9,940.27	48	19,784.00	11,394.70	8,389.30	58
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50	11,920.00	11,920.00		100
710519 Cellular Phone	15,660.00	10,893.77	4,766.23	70	18,447.00	10,821.33	7,625.67	59
710524 Utility relocation								
710529 Dues	10,756.01	4,693.00	6,063.01	44	11,926.00	10,069.00	1,857.00	84
710535 Credit Card Fees	11,925.00	10,499.26	1,425.74	88	11,455.00	9,122.32	2,332.68	80
710546 Advertising	47,600.00	10,628.00	36,972.00	22	44,728.86	57,786.71	13,057.85-	129
710550 Small Differences								
710551 Cash Discounts Lost		36.23	36.23-					
710577 Uniforms & Special Clothing	25,500.00	4,569.88	20,930.12	18	3,000.00	2,297.83	702.17	77
710585 Undesignated Budget	62,228.75		62,228.75		71,077.00		71,077.00	
710600 LT Lease-Office Space	109,115.00	66,009.56	43,105.44	60	113,439.00	87,901.42	25,537.58	77
710620 LT Lease-Equipment								
710703 Biologicals	246,790.79	173,222.40	73,568.39	70	249,583.98	157,500.70	92,083.28	63
710714 Referral Services	6,328.00	1,808.00	4,520.00	29	9,040.00	3,164.00	5,876.00	35
710721 Outpatient	93,092.55	64,497.11	28,595.44	69	110,399.15	48,449.49	61,949.66	44
710872 Food Purchases	10,175.50	461.00	9,714.50	5	11,675.00	3,471.41	8,203.59	30
711010 Utilities	180.00		180.00		2,700.00		2,700.00	
711100 ESD Asset Management	47,436.00	40,870.00	6,566.00	86	17,040.00	14,088.00	2,952.00	83
711113 Equip Srv Replace	27,084.14	22,583.28	4,500.86	83	25,938.64	22,744.54	3,194.10	88
711114 Equip Srv O & M	46,868.56	33,241.19	13,627.37	71	42,163.13	32,439.65	9,723.48	77
711115 Equip Srv Motor Pool	16,741.00		16,741.00		18,346.00		18,346.00	
711117 ESD Fuel Charge	55,492.05	33,748.86	21,743.19	61	51,253.35	41,529.28	9,724.07	81
711119 Prop & Liab Billings	74,502.09	62,085.30	12,416.79	83	80,283.41	66,902.80	13,380.61	83
711210 Travel	269,811.03	71,356.27	198,454.76	26	251,954.25	51,683.20	200,271.05	21
711300 Cash Over Short		40.00	40.00-					
711399 ProCard in Process								
711400 Overhead - General Fund	2,898,034.00	2,415,028.30	483,005.70	83	2,553,372.00	1,276,686.00	1,276,686.00	50
711504 Equipment nonCapital	135,712.36	114,748.55	20,963.81	85	155,955.08	112,268.68	43,686.40	72
* Services and Supplies	6,328,754.12	4,157,789.57	2,170,964.55	66	5,897,250.85	3,026,154.86	2,871,095.99	51

Washoe County Health District
REVENUE - EXPENSE
 Pd 1-10, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
781004 Equipment Capital	332,748.07	94,016.14	238,731.93	28	397,107.01	117,014.40	280,092.61	29
781007 Vehicles Capital	100,000.00		100,000.00					
* Capital Outlay	432,748.07	94,016.14	338,731.93	22	397,107.01	117,014.40	280,092.61	29
** Expenses	21,148,962.01	15,355,975.69	5,792,986.32	73	21,142,496.28	14,338,815.90	6,803,680.38	68
485193 Surplus Supplies Sales		652.80-	652.80					
485196 Insur Reimb-F/A Loss						150.00-	150.00	
* Other Fin. Sources		652.80-	652.80			150.00-	150.00	
621001 Transfer From General	8,603,891.00-	6,452,918.28-	2,150,972.72-	75	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
* Transfers In	8,603,891.00-	6,452,918.28-	2,150,972.72-	75	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
811001 Transfer to General								
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	8,603,891.00-	6,453,571.08-	2,150,319.92-	75	8,623,891.00-	4,312,097.00-	4,311,794.00-	50
*** Total	2,435,636.44	2,153,911.95	281,724.49	88	2,997,615.77	3,313,719.08	316,103.31-	111

**Washoe County Health District
Administrative Health Services
Pd 1-10, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,109,048.06-	767,389.85-	341,658.21-	69	1,109,658.25-	815,973.04-	293,685.21-	74
431105 Federal Grants - Indirect	1,921.50-	15,302.71-	13,381.21	796				
* Intergovernmental	1,110,969.56-	782,692.56-	328,277.00-	70	1,109,658.25-	815,973.04-	293,685.21-	74
460511 Birth and Death Certificates								
460512 Duplication Service Fees						5.00-	5.00	
* Charges for Services						5.00-	5.00	
484195 Non-Gov't'l Grants	88,263.36-	82,152.36-	6,111.00-	93	114,750.00-	58,763.00-	55,987.00-	51
484197 Non-Gov. Grants-Indirect	5,125.00-	5,125.00-		100				
485100 Reimbursements								
485300 Other Misc Govt Rev	62,228.75-		62,228.75-			5,125.00-	5,125.00	
* Miscellaneous	155,617.11-	87,277.36-	68,339.75-	56	114,750.00-	63,888.00-	50,862.00-	56
** Revenue	1,266,586.67-	869,969.92-	396,616.75-	69	1,224,408.25-	879,866.04-	344,542.21-	72
701110 Base Salaries	1,610,653.89	1,244,473.80	366,180.09	77	1,620,335.85	1,284,708.81	335,627.04	79
701120 Part Time						3,335.59	3,335.59-	
701130 Pooled Positions	5,000.00	11,288.46	6,288.46-	226	5,000.00	11,769.76	6,769.76-	235
701140 Holiday Work								
701200 Incentive Longevity	33,265.00	15,493.52	17,771.48	47	30,755.00	15,107.67	15,647.33	49
701300 Overtime	1,200.00	3,001.37	1,801.37-	250	1,200.00	1,754.41	554.41-	146
701412 Salary Adjustment	3,642.80		3,642.80		10,554.54		10,554.54	
701413 Vac Payoff/Sick Pay-Term		2,035.12	2,035.12-			3,173.40	3,173.40-	
701417 Comp Time		2,890.17	2,890.17-			18.92	18.92-	
701419 Comp Time - Transfer		1,885.60	1,885.60-					
701500 Merit Awards								
* Salaries and Wages	1,653,761.69	1,281,068.04	372,693.65	77	1,667,845.39	1,319,868.56	347,976.83	79
705110 Group Insurance	258,484.26	205,770.96	52,713.30	80	254,302.59	206,781.06	47,521.53	81
705210 Retirement	421,998.67	323,039.61	98,959.06	77	384,397.43	309,387.89	75,009.54	80
705215 Retirement Calculation								
705230 Medicare April 1986	22,856.87	17,571.24	5,285.63	77	22,639.74	18,226.55	4,413.19	81
705320 Workmens Comp	11,691.26	9,742.80	1,948.46	83	11,339.00	9,449.20	1,889.80	83
705330 Unemply Comp	2,683.24	2,683.24		100	2,755.00	2,755.00		100
705510 Severance Pay								
* Employee Benefits	717,714.30	558,807.85	158,906.45	78	675,433.76	546,599.70	128,834.06	81
710100 Professional Services	36,743.00	32,972.50	3,770.50	90	45,500.00	58,938.98	13,438.98-	130
710105 Medical Services	150.00	130.50	19.50	87	350.00	54.00	296.00	15
710108 MD Consultants								
710110 Contracted/Temp Services		2,896.70	2,896.70-					
710200 Service Contract	500.00	4.47	495.53	1	1,500.00		1,500.00	
710205 Repairs and Maintenance	200.00	279.50	79.50-	140	400.00	540.69	140.69-	135
710300 Operating Supplies	9,397.00	8,720.75	676.25	93	9,100.00	6,348.09	2,751.91	70
710312 Special Dept Expense						100.00	100.00-	
710334 Copy Machine Expense	3,500.00	6,310.42	2,810.42-	180	4,500.00	5,456.15	956.15-	121
710350 Office Supplies	10,963.50	5,995.16	4,968.34	55	9,993.00	5,875.82	4,117.18	59
710355 Books and Subscriptions	1,000.00	3,357.65	2,357.65-	336	1,000.00	791.44	208.56	79
710360 Postage	1,680.00	596.60	1,083.40	36	1,625.00	4,249.52	2,624.52-	262
710361 Express and Courier	100.00	15.00	85.00	15	100.00	40.84	59.16	41
710500 Other Expense	1,600.00	951.45	648.55	59	1,600.00	1,209.49	390.51	76
710502 Printing	4,480.00	807.36	3,672.64	18	4,780.00	451.63	4,328.37	9
710503 Licenses & Permits	1,992.00	400.00	1,592.00	20	2,340.00	1,835.50	504.50	78
710507 Network and Data Lines	630.00	438.84	191.16	70	630.00	544.65	85.35	86

**Washoe County Health District
Administrative Health Services
Pd 1-10, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710508 Telephone Land Lines	9,580.00	6,061.01	3,518.99	63	10,080.00	6,752.38	3,327.62	67
710509 Seminars and Meetings	2,800.00	1,681.50	1,118.50	60	5,300.00	2,215.50	3,084.50	42
710512 Auto Expense	2,336.00	1,150.11	1,185.89	49	3,336.00	1,950.51	1,385.49	58
710519 Cellular Phone	1,520.00	348.57	1,171.43	23	1,470.00	1,237.66	232.34	84
710529 Dues	4,030.02	899.00	3,131.02	22	2,850.00	4,080.00	1,230.00-	143
710546 Advertising	150.00		150.00		150.00	198.00	48.00-	132
710551 Cash Discounts Lost								
710585 Undesignated Budget								
710600 LT Lease-Office Space	67,464.00	31,709.56	35,754.44	47	71,788.00	54,201.42	17,586.58	76
710872 Food Purchases	2,725.50		2,725.50		2,725.00		2,725.00	
711010 Utilities					1,000.00		1,000.00	
711100 ESD Asset Management								
711114 Equip Srv O & M								
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge								
711119 Prop & Liab Billings	13,169.78	10,974.80	2,194.98	83	14,239.00	11,865.90	2,373.10	83
711210 Travel	36,428.55	6,847.89	29,580.66	19	41,165.00	6,907.68	34,257.32	17
711300 Cash Over Short		40.00	40.00-					
711504 Equipment nonCapital	3,456.01		3,456.01		4,275.00	3,297.81	977.19	77
* Services and Supplies	216,595.36	123,589.34	93,006.02	57	241,796.00	179,143.66	62,652.34	74
** Expenses	2,588,071.35	1,963,465.23	624,606.12	76	2,585,075.15	2,045,611.92	539,463.23	79
485193 Surplus Supplies Sales		652.80-	652.80					
* Other Fin. Sources		652.80-	652.80					
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use		652.80-	652.80					
*** Total	1,321,484.68	1,092,842.51	228,642.17	83	1,360,666.90	1,165,745.88	194,921.02	86

**Washoe County Health District
Air Quality Management
Pd 1-10, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422510 Air Pollution Permits	584,012.00-	425,141.50-	158,870.50-	73	448,037.00-	380,562.25-	67,474.75-	85
* Licenses and Permits	584,012.00-	425,141.50-	158,870.50-	73	448,037.00-	380,562.25-	67,474.75-	85
431100 Federal Grants	756,090.00-	252,814.15-	503,275.85-	33	912,531.00-	434,878.96-	477,652.04-	48
431105 Federal Grants - Indirect	29,372.00-	42,089.85-	12,717.85	143	30,224.00-	6,509.04-	23,714.96-	22
432100 State Grants	496,381.00-	182,000.00-	314,381.00-	37	182,000.00-	182,000.00-		100
432311 Pol Ctrl 445B.830	300,000.00-	552,770.83-	252,770.83	184	300,000.00-	234,745.00-	65,255.00-	78
* Intergovernmental	1,581,843.00-	1,029,674.83-	552,168.17-	65	1,424,755.00-	858,133.00-	566,622.00-	60
460513 Other Healt Service Charges		206.00-	206.00					
460526 Plan Review-Air Quality	65,272.00-	24,755.00-	40,517.00-	38	40,000.00-	31,764.00-	8,236.00-	79
460527 NOE-AQM	113,934.00-	98,573.00-	15,361.00-	87	100,000.00-	76,831.00-	23,169.00-	77
460528 NESHAP-AQM	135,389.00-	63,736.00-	71,653.00-	47	84,000.00-	63,711.00-	20,289.00-	76
460529 Assessments-AQM	57,888.00-	40,623.00-	17,265.00-	70	41,000.00-	39,581.00-	1,419.00-	97
460530 Inspector Registr-AQ	14,655.00-	2,547.00-	12,108.00-	17	2,600.00-	2,838.00-	238.00	109
460531 Dust Plan-Air Quality	187,690.00-	121,262.00-	66,428.00-	65	95,000.00-	99,502.00-	4,502.00	105
* Charges for Services	574,828.00-	351,702.00-	223,126.00-	61	362,600.00-	314,227.00-	48,373.00-	87
485121 Jury Reimbursements		80.00-	80.00					
485300 Other Misc Govt Rev						14.56-	14.56	
* Miscellaneous		80.00-	80.00			14.56-	14.56	
** Revenue	2,740,683.00-	1,806,598.33-	934,084.67-	66	2,235,392.00-	1,552,936.81-	682,455.19-	69
701110 Base Salaries	1,286,296.83	977,502.51	308,794.32	76	1,345,462.49	1,028,190.54	317,271.95	76
701130 Pooled Positions	27,646.29	5,527.00	22,119.29	20	93,151.68	7,207.63	85,944.05	8
701140 Holiday Work	418.65		418.65		250.00	140.18	109.82	56
701150 xcContractual Wages								
701200 Incentive Longevity	20,530.00	10,141.08	10,388.92	49	19,210.00	9,449.98	9,760.02	49
701300 Overtime	3,616.68	2,281.91	1,334.77	63	10,045.11	3,085.53	6,959.58	31
701408 Call Back								
701412 Salary Adjustment								
701413 Vac Payoff/Sick Pay-Term		28,316.58	28,316.58-			2,023.44	2,023.44-	
701417 Comp Time		5,838.68	5,838.68-			918.38	918.38-	
701419 Comp Time - Transfer		3,721.88	3,721.88-					
701500 Merit Awards								
* Salaries and Wages	1,338,508.45	1,033,329.64	305,178.81	77	1,468,119.28	1,051,015.68	417,103.60	72
705110 Group Insurance	178,506.32	143,545.06	34,961.26	80	172,127.11	135,183.54	36,943.57	79
705210 Retirement	335,623.75	252,446.07	83,177.68	75	324,109.95	246,210.27	77,899.68	76
705230 Medicare April 1986	18,296.62	14,268.23	4,028.39	78	19,385.69	14,655.35	4,730.34	76
705320 Workmens Comp	8,275.26	6,896.10	1,379.16	83	7,585.40	6,321.20	1,264.20	83
705330 Unemploy Comp	1,899.24	1,899.28	0.04-	100	1,843.00	1,843.00		100
* Employee Benefits	542,601.19	419,054.74	123,546.45	77	525,051.15	404,213.36	120,837.79	77
710100 Professional Services	590,571.26	62,184.39	528,386.87	11	385,103.78	70,908.25	314,195.53	18
710105 Medical Services	1,525.00	1,265.50	259.50	83	1,416.00	1,112.00	304.00	79
710200 Service Contract	1,600.00	196.25	1,403.75	12	500.00	171.33	328.67	34
710205 Repairs and Maintenance	1,000.00	4,802.80	3,802.80-	480	10,741.91	2,739.10	8,002.81	25
710210 Software Maintenance	3,386.00	3,530.00	144.00-	104	4,200.00	4,170.00	30.00	99
710300 Operating Supplies	2,558.77	11,254.81	8,696.04-	440	11,079.55	15,458.36	4,378.81-	140
710302 Small Tools & Allow		43.28	43.28-					
710334 Copy Machine Expense	4,400.00	3,782.99	617.01	86	4,400.00	2,405.20	1,994.80	55
710350 Office Supplies	3,500.00	3,436.91	63.09	98	4,000.00	3,281.03	718.97	82
710355 Books and Subscriptions	100.00	288.03	188.03-	288	224.00	334.13	110.13-	149

Washoe County Health District
 Air Quality Management
 Pd 1-10, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710360 Postage	3,000.00	2,158.47	841.53	72	2,900.00	3,174.57	274.57-	109
710361 Express and Courier	75.00	16.47	58.53	22	80.75	480.17	399.42-	595
710500 Other Expense	100.00	8,229.52	8,129.52-	8,230	100.00	118.85	18.85-	119
710502 Printing	800.00	924.35	124.35-	116	800.00	1,255.82	455.82-	157
710503 Licenses & Permits					135.00	232.39	97.39-	172
710505 Rental Equipment	1,800.00		1,800.00		1,800.00		1,800.00	
710506 Dept Insurance Deductible		33.86	33.86-					
710507 Network and Data Lines		4,800.00	4,800.00-			4,675.00	4,675.00-	
710508 Telephone Land Lines	5,500.00	2,926.16	2,573.84	53	6,500.00	3,574.71	2,925.29	55
710509 Seminars and Meetings		4,329.99	4,329.99-		3,005.00	2,799.00	206.00	93
710512 Auto Expense	500.00	114.15	385.85	23	1,000.00	253.36	746.64	25
710519 Cellular Phone	4,700.00	3,218.34	1,481.66	68	4,700.00	2,952.10	1,747.90	63
710529 Dues	3,250.00	1,133.00	2,117.00	35	4,435.00	3,950.00	485.00	89
710535 Credit Card Fees	2,300.00	2,656.17	356.17-	115	1,600.00	2,109.00	509.00-	132
710546 Advertising	1,650.00	1,893.00	243.00-	115	1,000.00	11,688.00	10,688.00-	1,169
710550 Small Differences								
710577 Uniforms & Special Clothing	100.00	2,979.21	2,879.21-	2,979	1,100.00	1,247.97	147.97-	113
710585 Undesignated Budget	25,879.62		25,879.62					
710600 LT Lease-Office Space								
710721 Outpatient								
711100 ESD Asset Management	6,432.00	6,700.00	268.00-	104	2,592.00	2,232.00	360.00	86
711113 Equip Srv Replace	9,523.78	7,937.80	1,585.98	83	8,499.58	7,937.02	562.56	93
711114 Equip Srv O & M	11,981.33	9,402.26	2,579.07	78	10,384.74	7,109.17	3,275.57	68
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge	12,156.58	7,390.15	4,766.43	61	10,687.05	8,808.83	1,878.22	82
711119 Prop & Liab Billings	9,321.78	7,768.20	1,553.58	83	9,525.40	7,937.80	1,587.60	83
711210 Travel	54,419.48	12,579.92	41,839.56	23	36,088.25	11,276.14	24,812.11	31
711300 Cash Over Short								
711399 ProCard in Process								
711504 Equipment nonCapital	34,300.35	19,965.74	14,334.61	58	37,117.08	46,849.83	9,732.75-	126
* Services and Supplies	796,430.95	197,941.72	598,489.23	25	565,715.09	231,241.13	334,473.96	41
781004 Equipment Capital	249,176.82	85,384.89	163,791.93	34	342,770.01	115,664.40	227,105.61	34
* Capital Outlay	249,176.82	85,384.89	163,791.93	34	342,770.01	115,664.40	227,105.61	34
** Expenses	2,926,717.41	1,735,710.99	1,191,006.42	59	2,901,655.53	1,802,134.57	1,099,520.96	62
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	186,034.41	70,887.34-	256,921.75	38-	666,263.53	249,197.76	417,065.77	37

**Washoe County Health District
Community and Clinical Health Services
Pd 1-10, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,890,000.86-	970,297.93-	919,702.93-	51	2,131,855.53-	1,407,595.98-	724,259.55-	66
431105 Federal Grants - Indirect	92,460.00-	54,222.08-	38,237.92-	59	15,300.00-	20,316.63-	5,016.63	133
432100 State Grants	195,421.00-	41,167.47-	154,253.53-	21	24,857.00-	17,696.03-	7,160.97-	71
432105 State Grants-Indirect	2,205.00-	3,469.05-	1,264.05	157				
* Intergovernmental	2,180,086.86-	1,069,156.53-	1,110,930.33-	49	2,172,012.53-	1,445,608.64-	726,403.89-	67
460162 Services to Other Agencies								
460500 Other Immunizations	89,000.00-	41,611.07-	47,388.93-	47	89,000.00-	50,128.50-	38,871.50-	56
460501 Medicaid Clinical Services	8,200.00-	1,716.50-	6,483.50-	21	36,200.00-	13.26	36,213.26-	0-
460503 Childhood Immunizations	20,000.00-	13,004.75-	6,995.25-	65	30,000.00-	15,399.50-	14,600.50-	51
460508 Tuberculosis	4,100.00-	3,390.13-	709.87-	83	4,100.00-	3,940.46-	159.54-	96
460512 Duplication Service Fees		60.00-	60.00					
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750.00-	18,879.51-	17,129.51	1,079	2,250.00-	5,000.00-	2,750.00	222
460517 Influenza Immunization	7,000.00-	4,860.75-	2,139.25-	69	7,000.00-	8,400.00-	1,400.00	120
460518 STD Fees	21,000.00-	14,784.35-	6,215.65-	70	23,000.00-	17,400.51-	5,599.49-	76
460519 Outpatient Services								
460524 Family Planning	27,000.00-	28,518.75-	1,518.75	106	44,000.00-	23,808.48-	20,191.52-	54
460570 Education Revenue	2,400.00-	540.00-	1,860.00-	23	4,500.00-	965.00-	3,535.00-	21
* Charges for Services	180,450.00-	127,365.81-	53,084.19-	71	240,050.00-	125,029.19-	115,020.81-	52
484050 Donations Federal Pgm Income	37,550.00-	30,968.71-	6,581.29-	82	41,934.00-	33,092.56-	8,841.44-	79
484195 Non-Govt'l Grants						1,250.00-	1,250.00	
485110 Workers Comp Reimb								
485300 Other Misc Govt Rev		15.00-	15.00			27.89-	27.89	
* Miscellaneous	37,550.00-	30,983.71-	6,566.29-	83	41,934.00-	34,370.45-	7,563.55-	82
** Revenue	2,398,086.86-	1,227,506.05-	1,170,580.81-	51	2,453,996.53-	1,605,008.28-	848,988.25-	65
701110 Base Salaries	2,046,242.25	1,580,556.91	465,685.34	77	2,237,201.94	1,629,020.12	608,181.82	73
701120 Part Time	541,787.10	343,212.62	198,574.48	63	505,752.32	415,501.77	90,250.55	82
701130 Pooled Positions	233,706.33	229,175.49	4,530.84	98	175,944.41	168,910.42	7,033.99	96
701140 Holiday Work		366.60	366.60-			477.11	477.11-	
701150 xcContractual Wages								
701200 Incentive Longevity	47,486.00	27,263.48	20,222.52	57	48,012.00	30,503.07	17,508.93	64
701300 Overtime	1,280.00	2,826.73	1,546.73-	221	1,280.00	373.46	906.54	29
701403 Shift Differential								
701406 Standby Pay		100.00-	100.00					
701412 Salary Adjustment	34,459.06-		34,459.06-		75.00-		75.00-	
701413 Vac Payoff/Sick Pay-Term		30,367.66	30,367.66-			32,009.03	32,009.03-	
701415 Physical Fitness Pay								
701417 Comp Time		209.82	209.82-			7,718.60	7,718.60-	
701419 Comp Time - Transfer		430.92	430.92-			9,723.83	9,723.83-	
701500 Merit Awards								
* Salaries and Wages	2,836,042.62	2,214,310.23	621,732.39	78	2,968,115.67	2,294,237.41	673,878.26	77
705110 Group Insurance	414,555.78	294,621.85	119,933.93	71	433,968.28	325,149.56	108,818.72	75
705210 Retirement	651,180.47	499,742.27	151,438.20	77	658,011.56	492,519.65	165,491.91	75
705230 Medicare April 1986	35,230.23	28,850.33	6,379.90	82	36,909.75	29,953.44	6,956.31	81
705320 Workmens Comp	19,765.83	15,759.80	4,006.03	80	18,435.65	15,363.00	3,072.65	83
705330 Unemply Comp	4,536.42	4,340.52	195.90	96	4,479.25	4,479.25		100
* Employee Benefits	1,125,268.73	843,314.77	281,953.96	75	1,151,804.49	867,464.90	284,339.59	75
710100 Professional Services	204,547.00	97,369.24	107,177.76	48	75,150.71	64,882.98	10,267.73	86
710105 Medical Services	850.00	578.50	271.50	68	850.00	594.00	256.00	70
710108 MD Consultants	46,950.00	35,000.00	11,950.00	75	46,900.00	36,225.00	10,675.00	77
710110 Contracted/Temp Services	1,000.00	16,819.32	15,819.32-	1,682	1,000.00	8,056.20	7,056.20-	806

**Washoe County Health District
Community and Clinical Health Services
Pd 1-10, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710119 Subrecipient Payments								
710200 Service Contract	3,798.00	2,741.90	1,056.10	72	6,048.00	2,978.95	3,069.05	49
710205 Repairs and Maintenance	3,770.00	4,500.57	730.57-	119	3,800.00	1,514.25	2,285.75	40
710210 Software Maintenance		6,788.00	6,788.00-					
710300 Operating Supplies	75,502.00	36,448.01	39,053.99	48	76,719.00	51,136.69	25,582.31	67
710334 Copy Machine Expense	14,797.00	8,527.46	6,269.54	58	13,847.00	8,442.92	5,404.08	61
710350 Office Supplies	12,760.00	6,979.02	5,780.98	55	13,520.01	9,357.41	4,162.60	69
710355 Books and Subscriptions	2,250.00	826.15	1,423.85	37	2,060.00	3,862.76	1,802.76-	188
710360 Postage	3,675.00	3,560.43	114.57	97	4,490.00	2,084.14	2,405.86	46
710361 Express and Courier	335.00	47.88	287.12	14	245.00	119.80	125.20	49
710412 Do Not Use								
710500 Other Expense	15,595.96	12,016.00	3,579.96	77	30,602.51	20,426.09	10,176.42	67
710502 Printing	13,700.00	4,732.59	8,967.41	35	9,675.00	6,533.17	3,141.83	68
710503 Licenses & Permits	3,055.00	1,105.00	1,950.00	36	3,555.00	3,354.00	201.00	94
710504 Registration								
710505 Rental Equipment								
710506 Dept Insurance Deductible						152.58	152.58-	
710507 Network and Data Lines	2,080.00	1,506.09	573.91	72	2,560.00	2,157.99	402.01	84
710508 Telephone Land Lines	13,354.00	9,668.84	3,685.16	72	13,975.00	9,915.59	4,059.41	71
710509 Seminars and Meetings	5,650.00	5,434.70	215.30	96	4,750.00	3,525.00	1,225.00	74
710512 Auto Expense	13,966.20	6,999.29	6,966.91	50	13,318.00	7,913.00	5,405.00	59
710519 Cellular Phone	360.00	1,090.85	730.85-	303	540.00	508.04	31.96	94
710524 Utility relocation								
710529 Dues	800.00	1,250.00	450.00-	156	1,350.00	824.00	526.00	61
710535 Credit Card Fees	3,215.00	1,533.78	1,681.22	48	3,245.00	1,803.93	1,441.07	56
710546 Advertising	30,145.00	8,735.00	21,410.00	29	34,903.86	45,300.71	10,396.85-	130
710551 Cash Discounts Lost		9.58	9.58-					
710577 Uniforms & Special Clothing	200.00		200.00		200.00		200.00	
710585 Undesignated Budget							15,300.00	
710703 Biologicals	243,370.00	172,227.32	71,142.68	71	246,163.19	157,500.70	88,662.49	64
710714 Referral Services	6,328.00	1,808.00	4,520.00	29	9,040.00	3,164.00	5,876.00	35
710721 Outpatient	90,957.55	63,436.75	27,520.80	70	108,264.15	46,949.05	61,315.10	43
710872 Food Purchases	6,450.00	461.00	5,989.00	7	6,550.00	3,248.73	3,301.27	50
711010 Utilities					1,700.00		1,700.00	
711100 ESD Asset Management	1,608.00	670.00	938.00	42	288.00	240.00	48.00	83
711114 Equip Srv O & M	546.37	501.02	45.35	92	550.44	519.28	31.16	94
711115 Equip Srv Motor Pool								
711117 ESD Fuel Charge	711.35	654.16	57.19	92	711.35	602.68	108.67	85
711119 Prop & Liab Billings	21,303.49	17,753.00	3,550.49	83	23,150.65	19,292.10	3,858.55	83
711210 Travel	33,713.00	14,255.86	19,457.14	42	28,184.00	6,423.71	21,760.29	23
711399 ProCard in Process								
711504 Equipment nonCapital	5,950.00	43,428.33	37,478.33-	730	6,530.00	4,715.73	1,814.27	72
* Services and Supplies	883,292.92	589,463.64	293,829.28	67	809,735.87	534,325.18	275,410.69	66
781004 Equipment Capital	30,378.00	8,631.25	21,746.75	28	17,000.00	1,350.00	15,650.00	8
* Capital Outlay	30,378.00	8,631.25	21,746.75	28	17,000.00	1,350.00	15,650.00	8
** Expenses	4,874,982.27	3,655,719.89	1,219,262.38	75	4,946,656.03	3,697,377.49	1,249,278.54	75
811001 Transfer to General								
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	2,476,895.41	2,428,213.84	48,681.57	98	2,492,659.50	2,092,369.21	400,290.29	84

Washoe County Health District
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Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
422503 Environmental Permits	63,177.00-	54,711.00-	8,466.00-	87	51,500.00-	53,333.00-	1,833.00	104
422504 Pool Permits	74,690.00-	85,428.00-	10,738.00	114	68,000.00-	57,385.00-	10,615.00-	84
422505 RV Permits	13,306.00-	9,679.00-	3,627.00-	73	10,500.00-	9,078.00-	1,422.00-	86
422507 Food Service Permits	492,181.00-	367,563.00-	124,618.00-	75	369,000.00-	333,139.00-	35,861.00-	90
422508 Wat Well Const Perm	23,567.00-	22,509.00-	1,058.00-	96	20,000.00-	20,745.00-	745.00	104
422509 Water Company Permits	3,200.00-	7,998.00-	4,798.00	250	2,500.00-	4,002.00-	1,502.00	160
422511 ISDS Permits	66,522.00-	75,287.00-	8,765.00	113	49,000.00-	46,731.00-	2,269.00-	95
422513 Special Event Permits	99,623.00-	61,177.00-	38,446.00-	61	79,000.00-	48,751.00-	30,249.00-	62
422514 Initial Applic Fee	35,226.00-	28,734.00-	6,492.00-	82	27,000.00-	24,472.00-	2,528.00-	91
* Licenses and Permits	871,492.00-	713,086.00-	158,406.00-	82	676,500.00-	597,636.00-	78,864.00-	88
431100 Federal Grants	412,818.04-	232,765.60-	180,052.44-	56	340,000.00-	212,784.94-	127,215.06-	63
431105 Federal Grants - Indirect	27,470.00-	17,279.62-	10,190.38-	63				
432100 State Grants	50,000.00-	37,750.00-	12,250.00-	76	75,000.00-	57,000.00-	18,000.00-	76
432310 Tire Fee NRS 444A.090	468,548.00-	314,136.09-	154,411.91-	67	418,766.00-	331,900.49-	86,865.51-	79
* Intergovernmental	958,836.04-	601,931.31-	356,904.73-	63	833,766.00-	601,685.43-	232,080.57-	72
460509 Water Quality								
460510 IT Overlay	35,344.00-	30,226.00-	5,118.00-	86	113,400.00-	101,326.00-	12,074.00-	89
460512 Duplication Service Fees		696.18-	696.18			299.88-	299.88	
460513 Other Healt Service Charges		358.00-	358.00		2,700.00-	1,837.75-	862.25-	68
460514 Food Service Certification	19,984.00-	16,924.00-	3,060.00-	85	13,900.00-	14,822.00-	922.00	107
460520 Eng Serv Health	50,707.00-	45,193.00-	5,514.00-	89	44,000.00-	28,283.00-	15,717.00-	64
460521 Plan Review - Pools & Spas	3,816.00-	4,724.00-	908.00	124	2,500.00-	2,695.00-	195.00	108
460523 Plan Review - Food Services	18,765.00-	18,231.00-	534.00-	97	17,000.00-	25,871.00-	8,871.00	152
460525 Plan Review - Vector	36,021.00-	50,326.00-	14,305.00	140	30,000.00-	33,791.00-	3,791.00	113
460532 Plan Rvw Hotel/Motel		480.00-	480.00			322.00-	322.00	
460533 Quick Start						87.00-	87.00	
460534 Child Care Inspection	10,560.00-	6,453.00-	4,107.00-	61	8,500.00-	6,219.00-	2,281.00-	73
460535 Pub Accomod Inspectn	22,540.00-	15,599.00-	6,941.00-	69	17,300.00-	13,795.00-	3,505.00-	80
460570 Education Revenue	500.00-	256.00-	244.00-	51	1,200.00-	270.00-	930.00-	23
* Charges for Services	198,237.00-	189,466.18-	8,770.82-	96	250,500.00-	229,618.63-	20,881.37-	92
485100 Reimbursements		46,450.20-	46,450.20					
485121 Jury Reimbursements						315.00-	315.00	
485300 Other Misc Govt Rev		2,500.00-	2,500.00					
* Miscellaneous		48,950.20-	48,950.20			315.00-	315.00	
** Revenue	2,028,565.04-	1,553,433.69-	475,131.35-	77	1,760,766.00-	1,429,255.06-	331,510.94-	81
701110 Base Salaries	2,961,482.51	2,256,924.88	704,557.63	76	3,018,372.82	2,301,582.79	716,790.03	76
701130 Pooled Positions	195,228.04	83,359.39	111,868.65	43	236,872.77	76,623.26	160,249.51	32
701140 Holiday Work	2,400.00	2,660.05	260.05-	111	1,200.00	1,123.27	76.73	94
701150 xcContractual Wages								
701200 Incentive Longevity	50,522.50	24,028.86	26,493.64	48	50,800.00	23,903.84	26,896.16	47
701300 Overtime	62,123.00	32,019.78	30,103.22	52	36,600.00	22,194.84	14,405.16	61
701406 Standby Pay								
701408 Call Back	1,000.00	93.52	906.48	9	1,000.00	182.10	817.90	18
701412 Salary Adjustment	199,268.34-		199,268.34-					
701413 Vac Payoff/Sick Pay-Term		3,522.66	3,522.66-			24,260.54	24,260.54-	
701415 Physical Fitness Pay								
701417 Comp Time		644.69	644.69-			10,144.53	10,144.53-	
701500 Merit Awards								

Washoe County Health District
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Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
* Salaries and Wages	3,073,487.71	2,403,253.83	670,233.88	78	3,344,845.59	2,460,015.17	884,830.42	74
705110 Group Insurance	412,145.94	323,274.13	88,871.81	78	434,110.13	328,875.03	105,235.10	76
705210 Retirement	773,216.95	585,475.14	187,741.81	76	728,879.94	551,380.57	177,499.37	76
705230 Medicare April 1986	41,494.29	32,475.58	9,018.71	78	41,940.99	33,003.11	8,937.88	79
705320 Workmens Comp	19,168.03	15,973.40	3,194.63	83	18,838.38	15,698.70	3,139.68	83
705330 Unemply Comp	4,399.22	4,399.24	0.02-	100	4,577.10	4,577.10		100
* Employee Benefits	1,250,424.43	961,597.49	288,826.94	77	1,228,346.54	933,534.51	294,812.03	76
710100 Professional Services	247,318.30	30,108.75	217,209.55	12	325,401.67	7,626.31	317,775.36	2
710105 Medical Services	6,548.00	4,251.00	2,297.00	65	6,548.00	443.00	6,105.00	7
710110 Contracted/Temp Services	35,000.03	5,056.42	29,943.61	14	65,000.00	6,943.09	58,056.91	11
710200 Service Contract	95,300.00	42,779.86	52,520.14	45	95,300.00	32,511.14	62,788.86	34
710205 Repairs and Maintenance	5,500.00	1,028.38	4,471.62	19	4,600.00	2,666.73	1,933.27	58
710210 Software Maintenance	250.00		250.00					
710300 Operating Supplies	31,900.00	23,789.84	8,110.16	75	20,100.00	6,649.49	13,450.51	33
710302 Small Tools & Allow	10,685.00	1,113.67	9,571.33	10	3,685.00	877.35	2,807.65	24
710308 Animal Supplies	1,600.00	582.75	1,017.25	36	2,000.00	343.91	1,656.09	17
710319 Chemical Supplies	232,300.00	232,321.33	21.33-	100	231,950.00	232,131.87	181.87-	100
710325 Signs and Markers								
710334 Copy Machine Expense	2,800.00	850.04	1,949.96	30	2,250.00	877.09	1,372.91	39
710350 Office Supplies	7,250.00	6,663.28	586.72	92	9,100.00	6,479.97	2,620.03	71
710355 Books and Subscriptions	2,100.00	731.85	1,368.15	35	2,400.00	342.00	2,058.00	14
710360 Postage	13,130.00	4,895.31	8,234.69	37	9,775.00	10,628.03	853.03-	109
710361 Express and Courier	175.00	5.68	169.32	3	175.00		175.00	
710391 Fuel & Lube	100.00	78.52	21.48	79	100.00		100.00	
710500 Other Expense	200.00	209.47	9.47-	105	8,300.00	192.80	8,107.20	2
710502 Printing	12,600.00	1,312.37	11,287.63	10	11,525.00	1,245.51	10,279.49	11
710503 Licenses & Permits	2,690.00	2,350.00	340.00	87	2,690.00	2,080.00	610.00	77
710505 Rental Equipment								
710506 Dept Insurance Deductible		300.00	300.00-			300.00	300.00-	
710507 Network and Data Lines	2,220.00	1,144.74	1,075.26	52	2,500.00	1,157.70	1,342.30	46
710508 Telephone Land Lines	8,960.00	6,645.33	2,314.67	74	9,710.00	7,248.63	2,461.37	75
710509 Seminars and Meetings	21,315.00	14,522.00	6,793.00	68	13,415.00	11,702.10	1,712.90	87
710512 Auto Expense	50.00		50.00		100.00	29.69	70.31	30
710514 Regulatory Assessments	11,920.00	5,960.00	5,960.00	50	11,920.00	11,920.00		100
710519 Cellular Phone	6,600.00	3,400.69	3,199.31	52	6,600.00	3,873.38	2,726.62	59
710529 Dues	1,565.99	691.00	874.99	44	1,661.00	605.00	1,056.00	36
710535 Credit Card Fees	4,410.00	4,685.52	275.52-	106	4,610.00	3,559.30	1,050.70	77
710546 Advertising	13,030.00		13,030.00		6,050.00	600.00	5,450.00	10
710551 Cash Discounts Lost		26.65	26.65-					
710577 Uniforms & Special Clothing	25,200.00	1,590.67	23,609.33	6	1,700.00	1,049.86	650.14	62
710585 Undesignated Budget	36,349.13		36,349.13					
710600 LT Lease-Office Space	41,651.00	34,300.00	7,351.00	82	41,651.00	33,700.00	7,951.00	81
710721 Outpatient								
711100 ESD Asset Management	32,964.00	25,460.00	7,504.00	77	11,856.00	9,696.00	2,160.00	82
711113 Equip Srv Replace	17,182.42	14,330.48	2,851.94	83	17,061.11	14,492.52	2,568.59	85
711114 Equip Srv O & M	32,731.24	23,176.61	9,554.63	71	30,573.49	23,693.44	6,880.05	77
711115 Equip Srv Motor Pool	16,741.00		16,741.00		16,741.00		16,741.00	
711117 ESD Fuel Charge	42,624.12	25,704.55	16,919.57	60	39,776.37	32,103.21	7,673.16	81

Washoe County Health District
 Environmental Health Services
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Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
711119 Prop & Liab Billings	21,592.09	17,993.40	3,598.69	83	23,656.38	19,713.70	3,942.68	83
711210 Travel	94,000.00	27,909.08	66,090.92	30	81,150.00	10,013.28	71,136.72	12
711399 ProCard in Process								
711504 Equipment nonCapital	89,242.00	42,626.97	46,615.03	48	62,544.00	3,764.87	58,779.13	6
* Services and Supplies	1,227,794.32	608,596.21	619,198.11	50	1,184,175.02	501,260.97	682,914.05	42
781004 Equipment Capital	53,193.25		53,193.25		25,000.00		25,000.00	
781007 Vehicles Capital	100,000.00		100,000.00					
* Capital Outlay	153,193.25		153,193.25		25,000.00		25,000.00	
** Expenses	5,704,899.71	3,973,447.53	1,731,452.18	70	5,782,367.15	3,894,810.65	1,887,556.50	67
485196 Insur Reimb-F/A Loss						150.00-	150.00	
* Other Fin. Sources						150.00-	150.00	
621001 Transfer From General								
* Transfers In								
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use						150.00-	150.00	
*** Total	3,676,334.67	2,420,013.84	1,256,320.83	66	4,021,601.15	2,465,405.59	1,556,195.56	61

**Washoe County Health District
Epidemiology Public Health Preparedness
Pd 1-10, FY14**

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
431100 Federal Grants	1,133,558.09-	835,470.28-	298,087.81-	74	1,366,574.73-	790,922.34-	575,652.39-	58
431105 Federal Grants - Indirect	91,954.91-	75,291.39-	16,663.52-	82	79,852.00-	54,305.29-	25,546.71-	68
* Intergovernmental	1,225,513.00-	910,761.67-	314,751.33-	74	1,446,426.73-	845,227.63-	601,199.10-	58
460511 Birth and Death Certificates	450,000.00-	380,188.00-	69,812.00-	84	400,000.00-	400,706.00-	706.00	100
460512 Duplication Service Fees		35.00-	35.00					
* Charges for Services	450,000.00-	380,223.00-	69,777.00-	84	400,000.00-	400,706.00-	706.00	100
** Revenue	1,675,513.00-	1,290,984.67-	384,528.33-	77	1,846,426.73-	1,245,933.63-	600,493.10-	67
701110 Base Salaries	1,286,514.42	954,810.41	331,704.01	74	1,220,854.27	910,095.14	310,759.13	75
701120 Part Time	24,152.57	6,330.46	17,822.11	26	24,152.57	18,962.79	5,189.78	79
701130 Pooled Positions	2,900.00	16,382.50	13,482.50	565	11,330.00	19,653.05	8,323.05-	173
701140 Holiday Work		117.94	117.94-			46.38	46.38-	
701150 xcContractual Wages								
701200 Incentive Longevity	13,622.00	6,217.09	7,404.91	46	9,515.00	6,260.41	3,254.59	66
701300 Overtime	1,700.00	8,394.23	6,694.23-	494	1,200.00	1,334.34	134.34-	111
701412 Salary Adjustment					42,507.00		42,507.00	
701413 Vac Payoff/Sick Pay-Term		9,410.57	9,410.57-			2,889.96	2,889.96-	
701417 Comp Time		167.14	167.14-			2,185.99	2,185.99-	
701500 Merit Awards								
* Salaries and Wages	1,328,888.99	1,001,830.34	327,058.65	75	1,309,558.84	961,428.06	348,130.78	73
705110 Group Insurance	158,342.63	118,640.70	39,701.93	75	154,680.99	118,139.13	36,541.86	76
705210 Retirement	333,646.85	246,380.79	87,266.06	74	314,726.17	217,564.06	97,162.11	69
705230 Medicare April 1986	18,823.48	13,981.44	4,842.04	74	19,086.47	13,241.90	5,844.57	69
705320 Workmens Comp	8,091.65	6,743.00	1,348.65	83	7,988.98	6,445.10	1,543.88	81
705330 Unemploy Comp	1,857.10	1,857.12	0.02-	100	1,879.10	1,879.10		100
705360 Benefit Adjustment					10,656.00		10,656.00	
* Employee Benefits	520,761.71	387,603.05	133,158.66	74	509,017.71	357,269.29	151,748.42	70
710100 Professional Services	132,590.27	95,755.08	36,835.19	72	260,648.22	113,837.42	146,810.80	44
710105 Medical Services	100.00	53.50	46.50	54	100.00	204.00	104.00-	204
710108 MD Consultants		9,000.00	9,000.00-					
710110 Contracted/Temp Services	17,500.00	17,495.94	4.06	100	5,051.00	40,024.19	34,973.19-	792
710200 Service Contract	2,395.00	3,173.50	778.50-	133	1,895.00	2,760.08	865.08-	146
710205 Repairs and Maintenance	1,000.00	603.80	396.20	60	1,008.00		1,008.00	
710210 Software Maintenance	12,000.00	12,000.00		100	12,000.00	9,750.00	2,250.00	81
710300 Operating Supplies	15,512.00	10,567.31	4,944.69	68	15,739.00	11,565.12	4,173.88	73
710334 Copy Machine Expense	2,950.00	2,208.92	741.08	75	3,277.89	1,818.14	1,459.75	55
710350 Office Supplies	6,600.00	5,846.35	753.65	89	7,558.00	6,831.98	726.02	90
710355 Books and Subscriptions	2,144.00	996.67	1,147.33	46	2,729.00	409.90	2,319.10	15
710360 Postage	2,950.00	1,384.59	1,565.41	47	3,164.00	1,899.89	1,264.11	60
710361 Express and Courier	50.00	14.33	35.67	29	10.00	34.81	24.81-	348
710500 Other Expense	7,436.00	6,124.75	1,311.25	82	5,371.00	5,554.75	183.75-	103
710502 Printing	2,390.00	3,092.74	702.74-	129	4,719.00	1,749.39	2,969.61	37
710503 Licenses & Permits	150.00		150.00		150.00		150.00	
710505 Rental Equipment	100.00		100.00		3,378.00	1,427.00	1,951.00	42
710506 Dept Insurance Deductible								
710507 Network and Data Lines	600.00	837.28	237.28-	140	796.00	786.38	9.62	99
710508 Telephone Land Lines	5,090.00	3,755.44	1,334.56	74	6,270.00	3,729.92	2,540.08	59
710509 Seminars and Meetings	6,300.00	7,524.00	1,224.00-	119	5,850.00	11,470.00	5,620.00-	196
710512 Auto Expense	2,250.00	898.38	1,351.62	40	2,030.00	1,248.14	781.86	61

**Washoe County Health District
Epidemiology Public Health Preparedness
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Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710519 Cellular Phone	2,480.00	2,835.32	355.32-	114	5,137.00	2,250.15	2,886.85	44
710529 Dues	1,110.00	720.00	390.00	65	1,630.00	610.00	1,020.00	37
710535 Credit Card Fees	2,000.00	1,623.79	376.21	81	2,000.00	1,650.09	349.91	83
710546 Advertising	2,625.00		2,625.00		2,625.00		2,625.00	
710585 Undesignated Budget					55,777.00		55,777.00	
710620 LT Lease-Equipment								
710703 Biologicals	3,420.79	995.08	2,425.71	29	3,420.79		3,420.79	
710721 Outpatient	2,135.00	1,060.36	1,074.64	50	2,135.00	1,500.44	634.56	70
710872 Food Purchases	1,000.00		1,000.00		2,400.00	222.68	2,177.32	9
711010 Utilities	180.00		180.00					
711100 ESD Asset Management	6,432.00	8,040.00	1,608.00-	125	2,304.00	1,920.00	384.00	83
711113 Equip Srv Replace	377.94	315.00	62.94	83	377.95	315.00	62.95	83
711114 Equip Srv O & M	1,609.62	161.30	1,448.32	10	654.46	1,117.76	463.30-	171
711115 Equip Srv Motor Pool					1,605.00		1,605.00	
711117 ESD Fuel Charge					78.58	14.56	64.02	19
711119 Prop & Liab Billings	9,114.95	7,595.90	1,519.05	83	9,711.98	8,093.30	1,618.68	83
711210 Travel	51,250.00	9,763.52	41,486.48	19	65,367.00	17,062.39	48,304.61	26
711504 Equipment nonCapital	2,764.00	8,727.51	5,963.51-	316	45,489.00	53,640.44	8,151.44-	118
* Services and Supplies	306,606.57	223,170.36	83,436.21	73	542,456.87	303,497.92	238,958.95	56
781004 Equipment Capital					12,337.00		12,337.00	
* Capital Outlay					12,337.00		12,337.00	
** Expenses	2,156,257.27	1,612,603.75	543,653.52	75	2,373,370.42	1,622,195.27	751,175.15	68
818000 Transfer to Intrafund								
** Other Financing Src/Use								
*** Total	480,744.27	321,619.08	159,125.19	67	526,943.69	376,261.64	150,682.05	71

Washoe County Health District
 Undesignated
 Pd 1-10, FY14

Accounts	2014 Plan	2014 Actuals	Balance	Act%	2013 Plan	2013 Actual	Balance	Act%
710400 Payments to Other Agencies								
711400 Overhead - General Fund	2,898,034.00	2,415,028.30	483,005.70	83	2,553,372.00	1,276,686.00	1,276,686.00	50
** Expenses	2,898,034.00	2,415,028.30	483,005.70	83	2,553,372.00	1,276,686.00	1,276,686.00	50
621001 Transfer From General	8,603,891.00-	6,452,918.28-	2,150,972.72-	75	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
* Transfers In	8,603,891.00-	6,452,918.28-	2,150,972.72-	75	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	8,603,891.00-	6,452,918.28-	2,150,972.72-	75	8,623,891.00-	4,311,947.00-	4,311,944.00-	50
*** Total	5,705,857.00-	4,037,889.98-	1,667,967.02-	71	6,070,519.00-	3,035,261.00-	3,035,258.00-	50



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES



Public Health
Prevent. Promote. Protect.

May 13, 2014

To: Members District Board of Health
From: Eileen Stickney
Subject: Fiscal Year 15 Budget Update with possible direction to staff.

Summary

The purpose of this item is to provide a status report and possible direction to staff on the Washoe County Manager’s recommended Fiscal Year Budget adopted by the Board of County Commissioners on May 13, 2014.

Previous Action

- March 6 2014 Approved proposed FY 15 Budget
- March 27, 2014 Acknowledged receipt of status report on FY 15 Budget
- April 24, 2014 Acknowledged receipt of status report on FY 15 Budget

Background

The Health District will received continued support from the General Fund in the amount of \$10,000,192 for Fiscal Year 15. Included is an increase of \$1,190,684 due to increased labor costs and unrecoverable overhead charges.

Position Control changes are as follows:

Position Classification	Position Number	Position	FTE	Budget Impact
Office Assistant II	New	1.00	1.00	\$49,171
EMS Coordinator	New	1.00	.53	\$43,393
EMS Program Manager	New	1.00	1.00	\$98,052
Registered Nurse	70002189	(1.00)	(0.40)	(\$22,073)
Licensed Practical Nurse	70002188		(0.40)	(\$29,356)
Public Health Nurse II	70002207		0.10	\$11,192
Public Health Nurse II	70002212		0.25	\$18,164
Total		2.00	2.08	\$168,543

The Capital Improvement Project (CIP) for the Employee Entrance Safety Improvement Project has been identified for funding in FY 18 in the amount of \$150,000.

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



Director's Report

APRIL 2014

EnviroFlash

In an ongoing effort to improve the delivery of information to the public, Air Quality Management is pleased to announce our latest project involving the delivery of the daily air quality index. EnviroFlash is a delivery system that is available through a partnership between the U.S. Environmental Protection Agency and local air quality agencies. Up-to-date air quality information is provided by email or text message to allow people to make decisions regarding outdoor activities based on air quality forecasts. The notifications are customizable so individual participants can select at what level they wish to be notified, anywhere from good to unhealthy to hazardous. The Know the Code, Burn Codes during the winter months and health alerts, like wildfire smoke impacts, will also be sent using this service. The notifications contain the same air quality information that we have always delivered, however, EnviroFlash is an automated system that will also update our Facebook and Twitter pages. This will increase the efficiency of the distribution of information allowing staff to continue to focus on the quality and accuracy of the data. We are encouraging everyone to sign up for EnviroFlash by following the link on our website at www.OurCleanAir.com.



AIR QUALITY COMPARISON FOR APRIL

Air Quality Index Range	# OF DAYS APRIL 2014	# OF DAYS APRIL 2013
GOOD 0 to 50	21	28
MODERATE 51 to 100	9	2
UNHEALTHY FOR SENSITIVE GROUPS 101 to 150	0	0
UNHEALTHY 151 to 200	0	0
VERY UNHEALTHY 201 to 300	0	0
TOTAL	30	30

RTC Electric Buses

On April 14th, Air Quality staff attended the RTC celebration to welcome the addition of four new battery-electric buses to its fleet. The ceremony was attended by Senator Harry Reid along with elected officials from Reno, Sparks, and Washoe County. The acquisition of the buses was made possible by a Federal Grant from the U.S. Department of Transportation/Federal Transit Authority. The RTC is the first public transportation agency in the state of Nevada to use all electric buses in service. The new Proterra battery-electric buses recharge at the downtown Reno transit center's FastFill charging station in 5 – 10 minutes while passengers load and unload. The benefits of the electric buses include reduced fuel cost, lower maintenance cost, quieter vehicles, and, our personal favorite - lower emissions. The electric buses are a perfect example of our community partners contributing to our mission to Keep It Clean.

Earth Day Celebrations

Air Quality Management staff continued a long tradition of celebrating Earth Day once again this year. On April 23rd, staff participated in the University of Nevada, Reno Earth Day event supporting alternative transportation. The Air Quality Management Nissan Leaf was on display in addition to other electric vehicles, including one of the new RTC buses. On Sunday, April 26th, staff participated in the Reno Earth Day Event at Idlewild Park. Between the two events, approximately 75 people signed up to be new participants in EnviroFlash.

*Charlene Albee
Division Director*

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT		APRIL 2014	YTD for 2014	APRIL 2013	Highest for 2013
OZONE 8 hour	(O3)	80	80	50	93
PARTICULATES	(PM _{2.5})	52	112	49	174
PARTICULATES	(PM ₁₀)	62	82	51	97

For the month of April 2014, the highest Air Quality Index (AQI) value reported was eighty (80) for Ozone. There were no exceedances of Carbon Monoxide, Ozone, PM10 or PM2.5. There were twenty-one (21) days the air quality was in the good range, and nine (9) days the air quality was in the moderate range.

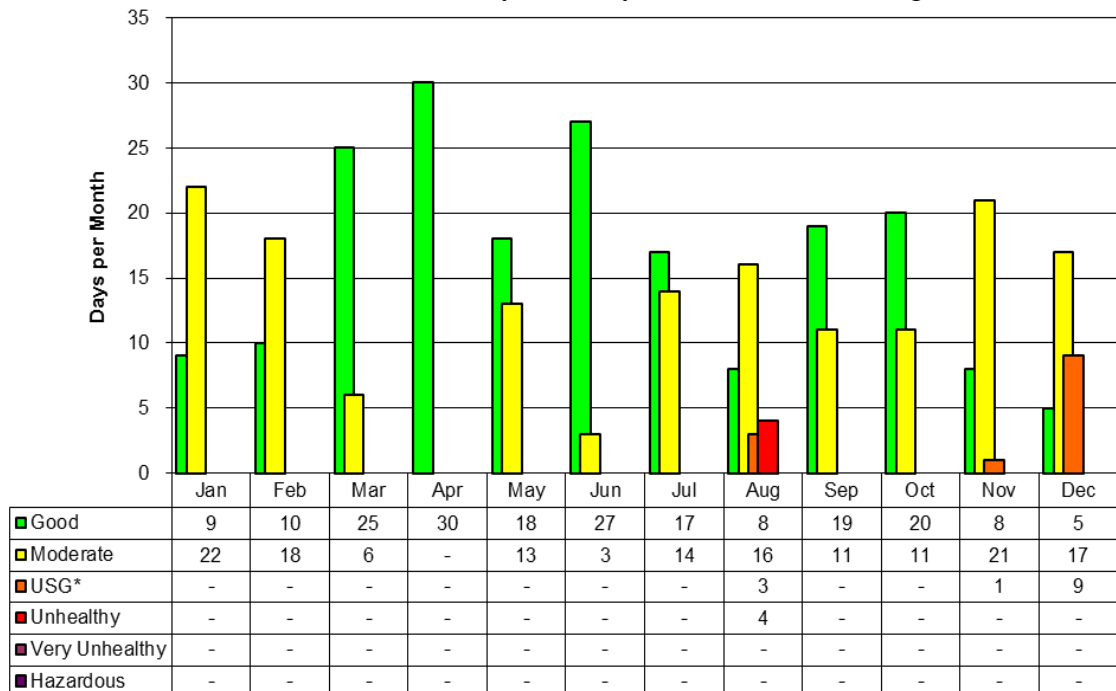
Planning & Monitoring Activity

Planning and Monitoring Branches

The annual data certification was completed on April 30, 2014. This requirement certifies the ambient air monitoring data submitted to AQS has been quality assured and meets federal data quality standards. EPA uses data in AQS to determine if areas meet National Ambient Air Quality Standards for pollutants such as ozone and particulate matter.

The draft annual air quality trends report has been completed and is included as a consent agenda item for this month's DBOH meeting. It provides a 10-year trend of air quality in Washoe County as well as more detailed information about 2013. Below is a summary of last year's air quality levels. Elevated fine particulate matter (PM2.5) concentrations from the Rim Fire and strong temperature inversions in December pushed AQI levels to the Unhealthy for Sensitive Groups (USG) range or higher 17 times in 2013. This is the most number of days since 2008 when it reached USG or higher on 8 days. The entire draft report is available at www.OurCleanAir.com.

2013 Air Quality Index by Month and AQI Ranges



Permitting Activity

TYPE OF PERMIT	2014		2013	
	APRIL	YTD	APRIL	ANNUAL TOTAL
Renewal of Existing Air Permits	129	440	135	1339
New Authorities to Construct	15	36	20	88
Dust Control Permits	12 (162 acres)	49 (575 acres)	6 (41 acres)	105 (1420 acres)
Wood Stove Certificates	37	116	27	329
WS Dealers Affidavit of Sale	7 (6 replacements)	41 (24 replacements)	5 (3 replacements)	134 (83 replacements)
WS Notice of Exemptions	724 (7 stoves removed)	2254 (22 stoves removed)	250 (3 stoves removed)	7346 (83 stoves removed)

<i>Combined Total for both: Asbestos Assessments and Asbestos Demo and Removal (NESHAP)</i>	102	356	100	1027
Asbestos Assessments	90	233	74	828
Asbestos Demo and Removal (NESHAP)	12	51	26	199

**Compliance &
Inspection Activity**

Staff reviewed twenty-five (25) 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-four (54) stationary source renewal inspections and fifty-three (53) gas station inspections in April 2014. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement

The Permitting Section is experiencing a significant increase in activity, not only new sources but existing facilities are expanding and investing in new equipment. In the third quarter of FY14, Permitting has received more applications than almost all of Calendar Year 2013. In addition to this increase in applications, staff is preparing for the new Medical Marijuana Establishments. Research into emissions factors from cultivation facilities has proven to be difficult. Experience from other states has identified the cultivation activities as significant sources of odors but information on quantifying the emissions is limited. During the research process, Staff was able to make contact with a government regulator in the Netherlands. They did not have emission factors for cannabis but advised they use factors from tomato plants which apparently have similar emissions and serve as an effective surrogate. Based on this information, staff is now prepared to complete the engineering reviews and draft permit language to comply with the Nevada Revised Statutes.

The Enforcement Staff is also experiencing an increase in construction activities in the area. Several housing developments that have been idle for the past three or four years are now actually starting to build homes. Staff is working with the builders to establish phased development in an attempt to avoid the compliance issues that resulted from the building boom when several hundred acres were cleared all at once. This conservative approach has been very well received and everyone is moving forward with a cautious optimism. Staff is also working on a major condominium development on Lakeside Drive at the southeast end of Virginia Lake. Fifteen apartment buildings will undergo a complete asbestos abatement in preparation for demolition in order to prepare the site for the construction of the new condominiums.

*Charlene Albee, Branch Chief
Permitting & Enforcement*

Washoe County Health District Air Quality Management Division Report

APRIL 2014

Enforcement Activity

COMPLAINTS	2014*		2013		
	APRIL	YTD	APRIL	YTD	Annual Total
Asbestos	2	6	2	6	18
Burning	0	3	1	3	8
Construction Dust	2	4	0	10	30
Dust Control Permit	0	5	0	4	7
General Dust	6	15	4	14	46
Diesel Idling	2	1	0	1	8
Odor	0	6	1	1	16
Spray Painting	2	1	0	1	5
Permit to Operate	0	9	6	16	55
Woodstove	0	8	0	9	16
TOTAL	17	58	14	58	209
NOV'S	APRIL	YTD	APRIL	YTD	Annual Total
Warnings	5	12	5	19	46
Citations	3	9	1	8	40
TOTAL	8	17	6	27	86

* Discrepancies in totals between monthly reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were eight (8) Notice of Violations (NOV's) issued in the month of April, 2014. There were five (5) NOV Warnings and three (3) NOV Citations.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Staff Report

DATE: May 22, 2014

TO: District Board of Health Members

FROM: Steve Kutz, RN, MPH, Division Director
Community and Clinical Health Services
(775) 328-6159 skutz@washoecounty.us

SUBJECT: Community and Clinical Health Services (CCHS) Division Report,
May 2014 District Board of Health Meeting

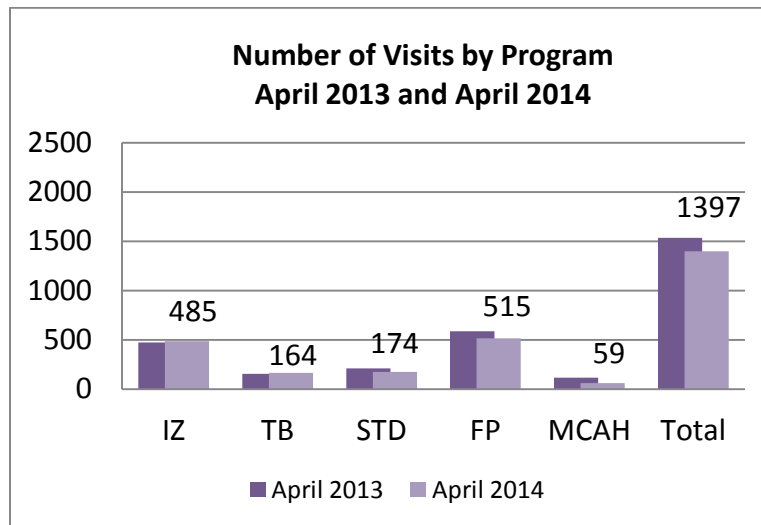
1. Divisional Update
 - a. Insight
 - b. Affordable Care Act
 - c. Data/Metrics
2. Program Reports

1. Divisional Update

- a. Insight – Staff have provided initial information to Netsmart for Revenue Cycle Management (RCM). A time line and scope of work of the Family Planning module is under development, with a tentative timeframe of late summer for implementation. Work has been initiated on connecting Netsmart with Selectron, a vendor the County is working with to create automated phone and internet appointments for clinical services.
- b. Affordable Care Act (ACA) – The Washoe County Social Services certified application counselor (CAC) has been at the Health District weekly to assist clients with signing up for health insurance through the Nevada Silver State Health Insurance Exchange since mid-April. She is very helpful answering questions surrounding the complexities of ACA and Nevada Health Link for both clients and staff.

The Division Director has secured one the CCHS consulting physician's to be the "physician of record" for credentialing of CCHS, a process that is necessary in order to execute contracts with health plans, and receive reimbursement for services provided to respective plan members.

c. Data/Metrics –



Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, resulting in a reduction of direct services available.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Nothing significant to report for this reporting period.
- b. **Immunizations** – On April 16, 2014, a Childcare Provider Immunization Training was held, with 19 attendees (see flyer, page 5). On April 26, 2014, a Community Baby Shower Celebration was held at Meadowood Mall in partnership with Immunize Nevada. Twenty people were immunized, and total of 65 doses of vaccine were provided.

On April 30, 2014, the Division Director was interviewed by KTVN regarding the “Invisible Threat” immunization documentary to be held at UNR. He discussed the importance of timely immunizations, risks of vaccines compared to consequences of contracting a vaccine preventable disease, and encouraged viewers to obtain information from science based articles, as opposed to taking advice from celebrities and popular media. He was also on a discussion panel of experts following the viewing of the documentary at UNR.

- c. **Tuberculosis Prevention and Control Program** – TB team completed case reports for the two large investigations in 2013. There has been one case of active TB disease reported to date this year and the team has conducted multiple evaluations on other clients to rule out active disease.

- d. **Family Planning/Teen Health Mall** – Our recently hired APRN attended grant sponsored training, the Women’s Health Update 2014, to obtain IUD insertion training in order to complete her orientation to the clinic.

New Title X Program Guidelines were released. Providing Quality Family Planning Services (QFP) Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs were released as an MMWR on April 24, 2014. The new Program Requirements for Title X Funded Family Planning Programs (Title X Requirements) were also released. Together, the two documents comprise the new Title X Program Guidelines. OPA and the Family Planning National Training Centers will be developing resources to support Title X providers in implementation.

- e. **Chronic Disease Prevention Program** – Kelli Seals was recognized by UNR with the Presidential Award for Excellence in Engagement for her work with UNR bio-chemistry student interns. The interns’ project used GIS to map burden of chronic disease and access to grocery stores, parks, and tobacco retailers.

CDPP staff is participating in the Nevada School Wellness Policy Taskforce. This group is working on revising the Statewide School Wellness Policy to meet new minimum requirements set forth by USDA for all foods sold in school. Additionally the taskforce is updating policy in areas of nutrition that exceed USDA requirements, as well as physical activity.

CDPP staff met with the Nevada State Apartment Association to forge a partnership in an effort to decrease secondhand smoke exposure in multi-unit housing residences and increase the number of multi-unit communities that are smoke free.

UNR student interns in the program completed their projects this month. Projects included outreach to multi-unit housing owners and managers to gather information to help determine current smoke free living options and gauge interest in adopting smoke free policies, and updating the GetHealthyWashoe.com Spanish section of the website.

CDPP staff partnered with AQM in the planning of Bike to Work activities, including contributing to the Bike to Work, School and Fun insert in the Northern Nevada Business Weekly publication (see page 6).

- f. **Maternal, Child and Adolescent Health (MCAH)** – The MCAH team attended the MCH Spring Symposium, which included presentations on domestic violence, maternal mental health disorders and Tdap during pregnancy. The home visitation team continues to close cases and collaborate with community partners in preparation for the closure of the program on June 30, 2014. MCAH team members are working in partnership with WIC and the Immunization program to

develop a clinic based MCAH program. The FIMR team met with the state Child Death Review team on May 7, 2014, to discuss FIMR implementation.

- g. **WIC** – WIC staff have been meeting with other CCHS staff to brainstorm ways to meet the Immunizations and Maternal Child Adolescent Health needs of WIC clients. This is a result of Fundamental Review recommendations to restructure the Home Visiting Program, and expanded days and hours for the Immunization clinic.

Number of WIC Participants Served* - March 2014:

Women Prenatal	Women Postpartum Non-breastfeeding	Women Postpartum Breastfeeding	Infants 0-12 Months	Children 1-5 Years	TOTAL
509	342	419	1,218	3,020	5,508

*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

DEMYSTIFYING WASHOE COUNTY K-12 IMMUNIZATION REQUIREMENTS

Attend a no-cost immunization training to learn more about current and changing school immunization requirements for Kindergarten through 12th grade students in Washoe County.

Presented by Immunize Nevada and the Washoe County Health District Immunization Program.



- Are you confused about which vaccines are due and when?
- Do you know how to interpret a foreign record?
- Would you like a refresher course on how to interpret student immunization records?
- Do you know where to refer students for immunizations?
- Would you like to know where to access the newest vaccine information?
- Did you know that private schools have the same immunization requirements as public schools? Learn what they are at this training.
- Do you have access to WebIZ, Nevada's online immunization registry?
- Do you know there are recommended adolescent vaccines in addition to required vaccines?

Wednesday, May 14th • 4 pm to 6 pm

Free • Light Dinner Included

**Washoe County Health District Department
1001 E. 9th Street, Reno**

9th Street and Wells Avenue.
Enter through Wells Avenue Gate Building. Meeting is in Conference Room B off the main lobby.

Please RSVP at the following link: <http://k-12training.eventbrite.com>

8 BIKE to Work, School & Fun

Biking to Work Benefits Employees, Business



Kelli Seals

Biking to Work is a win-win proposition for employees and employers. Benefits gained from adults who bike to work far exceed the expected improvement in fitness levels.

There are many reasons why people choose not to bike to work such as distance, fear of riding in traffic, needing a vehicle at work (or to transport children), and weather. Other reasons include lack of facilities to freshen up and change clothes, no secure place to park a bike, etc.

Business owners can take steps to remove some of these barriers so that their employees can experience the benefits of biking to work, including improved health, fitness, and morale. These benefits contribute to a healthier workplace.

Employees who bike to work are being physically active, which improves health as well as job performance. Healthier employees

have reduced absenteeism, take fewer sick days and have lower medical costs. Employees who are supported in biking to work also experience better morale.

Apart from health and productivity improvements, employees can also benefit from more money in their wallets when they bike to work. Transportation costs account for between 14-18 percent of many families' budgets. Opting for a lower cost mode of transportation, even if it's just a few days a week, can help keep money in the bank. Finances and health concerns are leading causes of stress and taking steps to reduce these stressors are a benefit to employees.

Employers can support their employees in their efforts to bike to work in a number of ways. The ideas below include low-effort ways to support employees biking to work, as well as efforts that may involve more time and money to organize.

- Participate in the Commuter Challenge, which is a friendly competition to promote Bike to Work week. More information available at the www.bikenevada.org website.
- Offer secure locations for employees to park their bikes. Install bike racks or bike lockers, or allow employees to park their bikes in an office or locked indoor location if space allows. Outdoor bike racks may also be appreciated by customers who cycle.
- Provide facilities for employees to clean-up after their ride. This should include a location to change clothes and wash up. If a shower is available, let those employees who ride to work use it, otherwise

- a sink and mirror should be sufficient.
 - Provide a location where employees can keep work clothes without having to stuff them in a backpack for their ride.
 - Offer a vehicle to be used by employees who bike to work who may have an off-site meeting or other work-related transportation need.
- Employers who support and encourage biking to work can improve their company's image while getting healthier, happier, more productive employees that are sick less often and submit fewer health care claims. ■

A healthy workforce is a productive workforce

Your local resource for worksite wellness:

Get Healthy Washoe.Com

Proud supporter of Bike To Work Week

NO TRAFFIC JAMS HERE!
BIKE TO WORK WEEK

WWW.ALPINECOUNTY.COM
530.694.2475
 3 WEBSTER STREET, MARKLEEVILLE, CA

PRESENT THIS AD AT THE VISITORS CENTER FOR YOUR FREE COUNTY MAP!



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: May 9, 2014
TO: District Board of Health Members
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
SUBJECT: Environmental Health Services Division Report for May 2014

Food Program

- Food-Borne Illness (FBI) staff investigated a confirmed norovirus outbreak associated with a local restaurant. Staff also investigated, in conjunction with the Communicable Diseases (CD) Program, a suspect norovirus outbreak associated with a childcare.

Institutions Program

- IBD staff covered the SilverState Tattoo & Arts Festival on May 2-4 at the Peppermill with 37 businesses and 80 artists.

Land Development Program

- Plan review submittals continue to increase month over month.
- Received 5 water projects for review.

UST/LUST Program

- Staff completed another comprehensive training class on underground storage tank compliance inspections with their counterparts from the Nevada Division of Environmental Protection (NDEP) and the Southern Nevada Health District (SNHD).
- Staff closed a remediation case for the Bi-Rite Market in Sun Valley, Nevada.

Vector-Borne Disease Program

- Effective April 21, the public health interns returned to the Vector Borne Diseases Program. They are repairing the chicken coops prior to receiving the annual sentinel chickens, testing the New Jersey light traps and making sure the portable CDC traps are operational for our Disease Surveillance Program. In addition, the interns are becoming familiarized with the small bodies of water that staff integrated into the GIS geo database to upload for inspection and have already started inspection and treatment of these bodies of water.
- The first helicopter application of our mosquito season was on May 7 for the Truckee Meadows Community. A total of 350 acres were treated with the product Altosid for Rosewood Lakes, Butler Ranch and Red Hawk (see attached).

- Staff took both Health District Administration Fiscal Control Officers on a field trip to show the Program's design in infrastructure for detention basins and catch basins. They toured some of the larger bodies of water; Swan Lake, Damonte Ranch wetlands, and Butler Ranch (Bella Vista); that are aerial (helicopter) treated and some of the difficult areas that staff and interns access for inspections. Staff also gave a tour of our facilities in Panther Valley including the lab where staff identifies mosquitoes to specie, ticks, etc. and the warehouse.
- In the upcoming weeks staff will be dusting to reduce the flea load on ground squirrels in the city and county parks in the Truckee Meadows Community including those in Washoe Valley, along Mt. Rose Highway and Sand Harbor in Incline Village. The purpose is to prevent transmission of plague that is endemic to our community.

Waste Management Program

- Staff is working with the Sheriff's Office (SO) and Community Development on a Community Wide Clean-Up Project as a result of a funding request/idea by the SO to the County Manager.

General Environmental

- Staff completed the change of ownership inspection of the Windsor Hotel on 214 West Street in Reno. The hotel has since reopened to the public.

EHS 2014 Inspections/Permits/Plan Review

	JAN	FEB	MAR	APR	YTD	Mo. Avg
Child Care	6	3	7	13	29	7
Complaints	70	74	68	96	308	77
Food	499	312	452	388	1,651	413
General	63	67	118	62	310	78
Plan Review (Commercial Food/ Pools/ Spas)	14	3	4	3	24	6
Plan Review (Residential Septic)	21	29	32	39	121	30
Residential Septic Inspections			37	45	82	41
Well Permits	11	0	5	6	22	6
Waste Management	12	20	29	9	70	18
TOTAL	696	508	752	661	2,617	675

*General Inspections Include: Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.


 Robert O. Sack, Division Director
 Environmental Health Services Division

Washoe County Mosquito Abatement Program Starts Wednesday

*Posted: May 05, 2014 12:09 PM PDT
Updated: May 06, 2014 9:14 AM PDT*

From the Washoe County Health District:

With the mild winter and spring conditions, the Truckee Meadows Community may experience biting mosquitoes earlier than normal. To protect the community and prevent the important public health threat of mosquitoes, the Vector-Borne Diseases Program (Program) of the Washoe County Health District will be larviciding May 7 with aerial helicopter treatments. The Altosid product used are pellets that disrupt the normal growth pattern of immature mosquitoes in water and prevents them from becoming biting adults. Altosid naturally degrades in the environment and will not adversely affects humans, fish, waterfowl or beneficial insects and can be used in sensitive areas. This larvaciding activity reduces the need for fogging for adult mosquitoes.

The Program will be applying the product to Rosewood Lakes, Red Hawk, and the Butler Ranch to prevent the emergence of disease carrying mosquitoes.

Report any stagnant water sources to the Vector-Borne Diseases Program. Mosquito fish are available to the public for back yard ponds by calling 785-4599.

If you are outdoors and mosquitoes are biting, wear long pants and long-sleeved shirts and apply insect repellent such as DEET, Picaridn, oil of lemon eucalyptus or other natural products.

The Program will continue to monitor mosquitoes during the spring and summer months that carry West Nile virus as well as other mosquito transmitted diseases through our disease surveillance program.

For more information on the Vector-Borne Diseases Program go to:

<http://www.washoecounty.us/health/ehs/vbdp.html>



WASHOE COUNTY HEALTH DISTRICT EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION



May 9, 2014

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, May 2014

Communicable Disease - Influenza

For the week ending May 3, 2014 (CDC Week 18) eleven of the twelve participating healthcare providers reported a total of 74 patients with influenza-like illness (ILI) out of a total of 5,833 patients seen for an ILI percentage of 1.3%. This is below the regional baseline of 2.9%. During the previous week (17) the national ILI percentage was 1.5%. On a regional level the ILI percentage ranged from 0.7% to 2.5%.

Also, during week 17 one death certificates were received listing pneumonia (P) or influenza (I) as a factor contributing to death. The total number of death certificates submitted for week 17 was 18. This reflects a P&I ratio of 5.6% which is below the epidemic threshold set by CDC for week 17 at 7.1%. Nationally the P&I was 6.8%. There have been a total of 224 P&I deaths registered in Washoe County since the beginning of this influenza season. The CDC estimates that about 8% of P&I deaths may be truly caused by influenza. This would equate to about 18 deaths and may include individuals who were not Washoe County residents but died in Washoe County. The number of deaths among Washoe County residents with laboratory-confirmed influenza is currently holding at 9.

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Board members may recall that in the August 2013 staff report MERS was mentioned as a disease of interest that staff were monitoring through CDC reports and updates, but which had not yet emerged within the United States. On May 2, 2014 the first confirmed case was reported in a traveler to the United States.

MERS was first reported in 2012 in Saudi Arabia. It is different from any other coronavirus previously found in people. It is unknown where the virus came from or exactly how it spreads. It is thought to be likely that it came from an animal source. All reported cases to date have been linked to the Arabian Peninsula. Countries in the Arabian Peninsula with laboratory-confirmed cases now include:

- Saudi Arabia
- United Arab Emirates (UAE)

- Qatar
- Oman
- Jordan
- Kuwait

Countries with laboratory confirmed cases that are travel-associated now include:

- United Kingdom (UK)
- France
- Tunisia
- Italy
- Malaysia
- United States (US)

People infected with MERS develop severe respiratory illness with symptoms of fever, cough, and shortness of breath. About 30% of people with MERS have died. Most of the people who died had an underlying medical condition. It is possible to have a MERS infection with mild symptoms or no symptoms at all.

Communicable disease staff have alerted local healthcare providers through the EpiNews. Should any suspected cases of MERS be reported locally; testing can be arranged through the Southern Nevada Public Health Laboratory.

Public Health Preparedness (PHP) –

Three additional Continuity of Operation Plan (COOP) training and tabletop exercises for WCHD staff took place at the beginning of May. In total, 111 staff participated in this series of COOP trainings. This training opportunity came out of the recommendations provided at the last management COOP training and tabletop exercise, and supports PHP's program's efforts to accomplish CDC's Public Health Preparedness Capability #2 - Community Recovery.

The Medical Reserve Corps Volunteer Program is implementing a new volunteer management software system statewide called Intermedix. As of April 30, Intermedix officially replaced the previous system, E-Coordinator. Intermedix was selected by the State because it is believed that it will be a more effective and intuitive system, particularly, as it relates to handing the State as well as the other three local MRC units technical requirements.

PHP staff attended a CHEMPACK Training and Tabletop Exercise in Truckee, California in which border counties trained together to ensure an effective and coordinated response to a potential emergency requiring the deployment of CHEMPACK assets in the Northern California and Nevada State border communities. Further coordination took place between the State of Nevada Division of Public and Behavioral Health and the Washoe County Health District at the time of this training. CHEMPACK is part of the Strategic National Stockpile (SNS) and is a forward placement of sustainable repositories of nerve agent antidotes so they can be immediately accessible for the treatment of affected persons. Normally SNS assets would arrive, if requested, within a maximum 12-hour response time. However, in the event of a nerve agent event this response time would be inadequate.

PHP staff conducted a required quarterly emergency notification drill that included all Health District staff. This drill utilized a software system called NXT Communicator that notifies staff via work and cell phone as well as through email. These drills are conducted to keep staff familiar with the emergency notification system and to ensure staff could be notified during normal working hours or after hours to respond to an emergency.

EPHP staff continues to participate as part of the triennial exercise planning team. EPHP staff will be participating in the exercise and testing the newly revised and approved Multi-Casualty Incident Plan as well as the new triage system.

PHP staff trained all regional hospitals on the revised Statewide Healthcare Requesting Procedures. These procedures provide hospitals and all healthcare organizations the tool to request resources during an incident. The procedures would be utilized for both supplies and personnel.

EPHP staff participated in a reunification exercise with a local school. Their role was to observe the process and provide feedback to the school emergency planning team on how they can improve their operations. The drill went very well and staff had limited recommendations for them to consider.

PHP staff is working with regional hospitals to draft a Public Warning-Public Information plan as it relates to health and medical information sharing. All regional hospitals, as well as some surrounding hospitals, have been participating. Additionally, the Nevada Division of Public and Behavioral Health is involved.

PHP staff attended the 2014 Preparedness, Emergency Response and Recovery Consortium. The conference targets Public Health and healthcare organizations and the workshops provided directly support the grant objectives of the ASPR grant, which funds part of the PHP program.

PHP staff organized and participated in a Call Center workshop with twenty regional and statewide partners. The purpose of the workshop was to discuss a grant project relating to an emergency call center capability within our region.

Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

**DISTRICT HEALTH OFFICER
STAFF REPORT
BOARD MEETING DATE: May 22, 2014**

DATE: May 14, 2014
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report - REMSA/EMS, Fundamental Review, Budget, Permit Software Project, Community Needs Assessment, Quality Improvement Initiative, Staffing, Other Events & Activities and Health District Media Contacts.

REMSA / EMS

An Amended and Restated Franchise Agreement for Ambulance Services, was developed based on the Principles of Agreement approved at the February 10, 2014 concurrent meeting. The draft agreement was distributed to the City and County Managers for review, discussed, and provided to the EMS Working Group on May 2, 2014. (Fundamental Review Item 16)

Ms. Admirand, Assistant District Attorney, drafted an Interlocal Agreement based on the Resolution presented at the February 10, 2014 Concurrent Meeting and the direction to proceed with development of an Interlocal Agreement for a Regional Emergency Medical Services Oversight Program.

Fundamental Review

Work to implement the Fundamental Review recommendations continues. Of note, an initial Land Development Users Group meeting was held at the Builders Association of Northern Nevada on May 8th to identify issues or areas of concern. An updated dashboard of the Fundamental Review recommendations implementation is attached.

Budget

On May 19th the Board of County Commissioners is scheduled to adopted the FY 15 budget which includes the General Fund Transfer for the Health District.

Permit Software Project

Staff and I continue to work with the local jurisdictions to draft an interlocal agreement to support a Regional Business License and Permit Software Platform. I attended a meeting with the City Managers of Reno and Sparks, and the Washoe County Manager to finalize the approach on April 17th. The Interlocal Agreement is anticipated to be presented for Board consideration during the May 22, 2014 meeting. (Fundamental Review Item 7)

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Community Needs Assessment

The Health District, Renown Health, and the Nevada Public Health Foundation (NPHF) have worked to develop a contract for NPHF to serve as a fiscal agent for the project, which will allow them to utilize funds provided by collaborating partners to support the Community Health Needs Assessment (CHNA) through an independent contractor. I signed a contract in the amount of \$20,000 to provide Health District funding support for the project. The independent contractor working for NPHF began work at the Health District on May 12th. The CHNA is expected to be completed by the end of December 2014. (Fundamental Review Item 14)

Quality Improvement Initiative

Q-Team (2 representatives from each division) continues to facilitate division QI Teams to address their initial “training” projects. The projects vary in complexity, however all division teams are beginning to pilot/test their solutions on a small scale. Based on the outcome(s) of these tests, they hope to make a decision to modify and/or implement the solutions fully by July.

The team has completed training on the Plan-Do-Check-Act cycle and basic QI tools frequently used in Public Health. Facilitation skills and Change Management skills have also been introduced to the team.

The Q-team will continue to meet to support the division projects. In addition, the Q-team will provide feedback and make recommendations regarding next steps in achieving a Culture of Quality at the Health District. (Fundamental Review Item 23)

Staffing

The Health District is actively recruiting for five (5) full time positions; the majority of these positions will start in FY15.

Other Events and Activities

Division Director Meetings were held on April 28th and May 12th I conduct individual meetings with the Division Directors on a bi-weekly schedule.

On May 9th I participated on a panel for the 2014 Leadership Reno-Sparks Health and Wellness Workshop held at Renown.

On May 16th I attended the REMSA Board meeting.

I continue to serve as President of HomeFree Nevada / EnergyFit Nevada, the not-for-profit Home Performance with Energy Star Provider for the State of Nevada.

Health District Media Contacts

Health District Media Contacts: April 16 - May 11, 2014

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
5/13/2014	KTVN CH2 - ABC Reno	Mike Rogers	CD Investigation - Ulibarri
5/12/2014	Sparks Tribune	Chante Owens	Bike to Work - Hunter

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5/12/2014	UNIVISION	Geraldine Deavila	Bike to Work - Hunter
5/7/2014	KKOH 780 AM Radio - ABC Reno	Ross Mitchell/Monica Jaye	MERS - Dick
5/7/2014	KTVN CH2 - ABC Reno	Rebecca Kitchen	Mosquitoes - Shaffer/Ulibarri
5/7/2014	KTVN CH2 - ABC Reno	Brad Horn	Mosquitoes - Shaffer/Ulibarri
5/6/2014	UNIVISION	Geraldine Deavila	Mosquitoes - Shaffer
5/5/2014	KRNV CH 4 - NBC Reno	Jaime Hayden	Mosquitoes - Shaffer
5/2/2014	UNIVISION	Yvette Contreras	Immunizations - Kutz
4/30/2014	KTVN CH2 - ABC Reno	Andi Guevara	Immunizations - Kutz
4/30/2014	KTVN CH2 - ABC Reno	Chloe Beardsley	Enviroflash notifications - Inouye/Wright
4/25/2014	KKOH 780 AM Radio - ABC Reno	Jim Fannon	Measles - Paulson
4/24/2014	KRNV CH 4 - NBC Reno	Sara McCarty	E-cigarettes regulations - Ulibarri
4/22/2014	Sparks Tribune	Garrett Valenzuela	Idle Free Zones - Hunter

Press Releases/Media Advisories/Editorials

5/12/2014	Media Advisory	PIO Ulibarri	Rack Em Up Contest in School District
5/9/2014	Press Release	PIO Ulibarri	Bike to Work, School Fun Week - General
4/5/2014	Press Release	Health Educator Alberti	Mosquito abatement
4/23/2014	Press Release	PIO Ulibarri	Air Quality Awareness Week
4/21/2014	Feature Story	PIO Ulibarri	Art Spotlights Bike Week for NNBW
4/16/2014	Press Release	PIO Ulibarri	Bike to Work, School Fun Week for NNBW



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Fundamental Review Recommendation Status

Legend:

Complete
Underway
Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
Underway but Progress Stalled or Delayed
Not Yet Underway - No Changes Necessary
Parking Lot
Not Recommended

Status Goal

	1	Place WIC organizationally where it is most closely aligned with similar functions
	a.	WIC moved to CCHS effective 1/21/14
	2	Develop a DBOH orientation manual and program
	a.	Design an orientation program and compile a draft manual for possible approval 8/28/14
	3	Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a.	Establish a Land Development and Construction User Group and a Food Service User Group
	4	Critically examine clinic appointment scheduling from a patient access perspective
	a.	Staffing IZ and Vital Statistics five days a week, accept IZ walk ins
	b.	Consider opportunities and costs for extended hours/weekend clinical services
	c.	Explore opportunity to utilize Interactive Voice Response software
	5	Update fee schedules and billing processes for all clinical and environmental services
	a.	Improve clinical billing through utilization of a third-party billing service by 8/1/14
	b.	Identify costs for permits and services that could be included in fee schedules/propose
	c.	Identify costs for regulatory programs that could be included in fee schedules/propose
	d.	Identify community and clinical services for which reimbursement is available/bill
	6	Explore tiered level of services for Environmental Health programs and inspections
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	7	Participate in the business process analysis across all building permitting in the county
	a.	Continue to implement this recommendation through DBOH approval of an ILA

Fundamental Review Recommendation Status

	8	Develop infrastructure to support the District Health Officer
	a.	The Office of the District Health Officer is established in the FY15 budget
	9	Implement time coding for employees
	a.	Time coding in EHS has been expanded, assess expanding enhanced time coding in other programs
	10	Perform cost analysis of all programs
	a.	Develop a schedule and methodology for conducting cost analysis of programs
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Assess need for fiscal staffing and administrative staffing as program cost analysis is conducted
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	Continue to work with County Manager and Finance
	13	Align programs and services with public demand
	a.	Shift home visiting resources to provide additional clinical services
	b.	Assess changes in service levels and program alignment with respect to CHIP, SP or funding
	14	Conduct a CHA in concert with current partner organizations
	a.	Discussions are underway for a collaborative effort
	15	Develop metrics for organizational success and improved community health
	a.	In FY15, continue to identify metrics that help to manage programs and resources and tell our story
	16	Continue current collaborative action plan to resolve REMSA oversight issues
	a.	Guiding documentation approved. Update franchise agreement and ILA, implement
	17	Maintain current levels of local and state financial support
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	18	Conduct a governance assessment utilizing NALBOH criteria
	a.	Completed January 16, 2014. Determine future schedule to repeat
	19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	Conduct a strategic planning initiative following the completion of the CHA and a CHIP
	20	Implement a performance management system
	a.	Use results of program cost analysis and SP to develop and implement performance mgmt. system
	21	Consider alternative governance structures
	a.	This is not a recommendation for staff action
	22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role

Fundamental Review Recommendation Status

	23	Develop an organizational culture to support quality by taking visible leadership steps
	a.	Training & discussion sessions provided to develop management support and invest in QI
	24	Seek Public Health Accreditation Board accreditation
	a.	Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

- Acronyms:
- IZ - Immunizations
 - ILA - Interlocal Agreement
 - CHA - Community Health Assessment
 - CHIP - Community Health Improvement Plan
 - SP - Strategic Plan
 - QI - Quality Improvement
 - DBOH - District Board of Health
 - NALBOH - National Association of Local Boards of Health