

Kitty Jung, Chair  
 Julia Ratti, Vice Chair  
 Neoma Jardon  
 George Hess, MD  
 David Silverman  
 John Novak, DMD  
 Michael D. Brown

# WASHOE COUNTY HEALTH DISTRICT

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ENHANCING QUALITY OF LIFE

Kevin Dick  
 District Health Officer  
 Leslie Admirand  
 Deputy District Attorney

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## MEETING NOTICE AND AGENDA

### Washoe County District Board of Health

Date and Time of Meeting: Thursday, February 26, 2015, 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.	<b>Call to Order</b> <b>Pledge of Allegiance</b> - Led by Invitation	Ms. Kitty Jung
*2.	<b>Roll Call</b>	Ms. Dawn Spinola
*3.	<b>Public Comment</b> Limited to three (3) minutes per person. No action may be taken.	Ms. Kitty Jung
4.	<b>Approval of Agenda</b> February 26, 2015 Regular Meeting	Ms. Kitty Jung
5.	<b>Approval of Draft Minutes</b> January 22, 2015 Regular Meeting	Ms. Kitty Jung
*6.	<b>Recognitions</b> A. Years of Service 1. Paula Valentin, 15 years of service, hired 2/3/2000 – EHS 2. Maria Magana, 20 years of service, hired 2/13/1995 - CCHS B. New Hires 1. Charlie Gray – Environmental Health Specialist Trainee 1, hired 1/5/15 – CCHS	Mr. Kevin Dick Ms. Kitty Jung

Time/ Item	Agenda Item	Presenter
	<ul style="list-style-type: none"> <li>2. Andrea Esp – Public Health Emergency Response Coordinator, hired 1/26/15 – EPHP</li> <li>3. Cara Argall – Health Educator, hired 1/26/15 – EPHP</li> <li>4. Heather Kerwin – Part-Time Statistician, hired 2/17/15 – EPHP EMS</li> <li>C. Transfers <ul style="list-style-type: none"> <li>1. Mary Clauson, OAI – Transferred from Vitals to EHS Front Desk effective 1/12/15</li> </ul> </li> <li>D. Departures <ul style="list-style-type: none"> <li>1. Megan McKinlay, 1/29/07 - 1/12/15 - EPHP</li> </ul> </li> <li>E. Presentation of Award <ul style="list-style-type: none"> <li>1. Extra Mile Award presented to the Reno Housing Authority</li> </ul> </li> <li>F. Achievements <ul style="list-style-type: none"> <li>1. Inter-Hospital Coordinating Council (IHCC) Presentation of Accomplishments</li> </ul> </li> </ul>	<p>Ms. Kelli Goatley-Seals Ms. Christina Conti</p>
7.	<p><b>Regional Emergency Medical Services Authority</b></p> <ul style="list-style-type: none"> <li>A. Review and Acceptance of the REMSA Operations Reports for January, 2015.</li> <li>*B. Update of REMSA’s Community Activities During January, 2015.</li> </ul>	Mr. Jim Gubbels
8.	<b>Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date January 31, 2015</b>	Ms. Anna Heenan
9.	<b>Approval of the Fiscal Year 2015-2016 Budget</b>	Mr. Kevin Dick
10.	<b>Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form <i>or</i> direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County.</b>	Ms. Leslie Admirand
11.	<b>Presentation, Discussion and Possible Adoption of the draft Washoe County Health District 2015 Legislative Principles, Acceptance of the February 2015 Nevada Legislative Session Report and Provide input and/or direction as DBOH may feel is appropriate.</b>	Mr. Kevin Dick

<b>Time/ Item</b>	<b>Agenda Item</b>	<b>Presenter</b>
*12.	<b>Staff Reports and Program Updates</b> <b>A. Director, Air Quality Management</b> Program Update, Divisional Update, Program Reports <b>B. Director, Community and Clinical Health Services</b> Program Update, Divisional Update, Program Reports <b>C. Director, Environmental Health Services</b> Food, Land Development, UST/LUST, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review <b>D. Director, Epidemiology and Public Health Preparedness</b> Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services <b>E. District Health Officer, Office of the District Health Officer</b> Measles, Truckee Meadows Healthy Communities Conference, Fundamental Review, Other Events & Activities and Health District Media Contacts.	Ms. Charlene Albee  Mr. Steve Kutz  Mr. Robert Sack  Dr. Randall Todd  Mr. Kevin Dick
*13.	<b>Board Comment</b> Limited to announcements or issues for future agendas.	Ms. Kitty Jung
14.	<b>Emergency Items</b>	Mr. Kevin Dick
*15.	<b>Public Comment</b> Limited to three (3) minutes per person. No action may be taken.	Ms. Kitty Jung
16.	<b>Adjournment</b>	Ms. Kitty Jung

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

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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.

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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.

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**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.

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**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.”

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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](http://www.washoecounty.us/health)

State of Nevada Website: <https://notice.nv.gov>

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Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. 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](mailto:dspinola@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

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# WASHOE COUNTY HEALTH DISTRICT

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## WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

### Members

Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Neoma Jardon  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

Thursday, January 22, 2015  
1:00 p.m.

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

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The Washoe County District Board of Health met in regular session on Thursday, January 22, 2015, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

### 1. Call to Order, Pledge of Allegiance

Chair Jung called the meeting to order at 1:04 p.m.

Chief Brown led the pledge to the flag.

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### 2. Roll Call

The following members and staff were present:

Members present: Chair Kitty Jung  
Vice Chair Julia Ratti  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

Members absent: Neoma Jardon

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Charlene Albee, Division Director, AQM  
Anna Heenan, Administrative Health Services Officer, AHS  
Steve Kutz, Division Director, CCHS  
Bob Sack, Division Director, EHS  
Jeff Whitesides, Supervisor, EPHP  
Christina Conti, EMS Program Manager, EPHP  
Brittany Dayton, EMS Coordinator, EPHP  
David McNinch, Supervisor, EHS

### **3. Public Comment**

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

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### **4. Introduction of New Board Members**

Mr. Dick introduced Chief Michael Brown of the North Lake Tahoe Fire Protection District, the City of Reno appointed member replacing Matt Smith.

Mr. Dick introduced Dr. John Novak, the Sparks appointed member to the District Board of Health (DBOH), replacing Denis Humphreys. Dr. Novak is a retired dentist and is active in the community.

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### **5. Approval of Agenda**

**Vice Chair Ratti moved to approve the agenda for the January 22, 2015, District Board of Health meeting. Dr. Hess seconded the motion which was approved six in favor and none against.**

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### **6. Approval of Draft Minutes**

**Vice Chair Ratti moved to approve the minutes of the December 18, 2014 District Board of Health regular meeting as written. Mr. Silverman seconded the motion which was approved six in favor and none against.**

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### **7. Recognitions**

Presented by Mr. Dick and Chair Jung

#### **A. Years of Service**

1. Irene Ramos-Hernandez, 20 years, hired 12/5/1994 – CCHS

Mr. Dick introduced and congratulated Ms. Ramos-Hernandez. Chair Jung thanked her for her service.

2. Jessica Cabrales 10 years of service, hired 1/3/2005 – CCHS

Mr. Dick introduced and congratulated Ms. Cabrales. Chair Jung thanked her for her service.

3. Rebecca Koster 15 years of service, hired 1/10/2000 – CCHS

Mr. Dick introduced and congratulated Ms. Koster. Chair Jung thanked her for her service.

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## 8. Proclamations

### A. National Radon Action Month

Susan Howe and Jaimie Roice-Gomes from the University of Nevada Cooperative Extension and Sarah Wainright and Frankie Vigil from the American Lung Association accepted the proclamation and shared radon facts.

**Dr. Hess moved to adopt January as National Radon Month. Chief Brown seconded the motion which was approved unanimously.**

### 7B. New Hires

1. Charlie Gray – Environmental Health Specialist Trainee 1, hired 1/5/15 – CCHS

Mr. Gray was not in attendance.

### C. Recognition of Achievement

1. Nicole Alberti – completed the Chamber’s 2014 Leadership Reno Sparks Program.

Mr. Dick introduced Ms. Alberti and stated she is now trained to be a leader so the District can expect big things from her.

### D. Board Retirements

1. Dr. Denis Humphreys, member since 12/18/02, Chair from 1/22/09 through 12/16/10.

Mr. Dick stated it had been a pleasure to work with Dr. Humphreys and his input while on the Board had always been thoughtful and well-balanced.

Mr. Humphreys thanked the Sparks Mayor and Council for providing him the opportunity to serve on the DBOH. He stated the quality and professionalism of staff had helped make his time on the Board a pleasurable experience. He also noted how impressed he had always been at how well the Board members work together.

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## 8. Proclamations (continued)

### B. National Heart Month.

Kelli Seals accepted the proclamation.

**Dr. Hess moved to adopt February as National Heart Month. Dr. Novak seconded the motion which was approved six in favor and none against.**

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## 9. Consent Agenda

### A. Air Quality Management Cases

1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board:
  - a. Alston Construction – NOV No. 5293, Case No. 1169
  - b. F&P Construction – NOV No. 5294, Case No. 1168
  - c. NITU Arlington Gas – NOV No. 5455, Case No. 1170

## **B. Budget Amendments / Interlocal Agreements**

1. Approval of a pilot program to allow open burning within the Truckee Meadows Fire Protection District jurisdiction outside of the Truckee Meadows Hydrographic Area from February 14 through 28, 2015.
2. Approve the abolishment of one vacant Intermittent Hourly Licensed Engineer position (#70007454)
3. Approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015, in the amount of \$317,061, in support of the HIV Prevention Grant Program, IO 10013

**Vice Chair Ratti moved to approve the Consent Agenda as presented. Dr. Hess seconded the motion which was approved six in favor and none against.**

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## **10. Introduction of Jim Begbie as the Consumer at Large District Board of Health Appointed Representative to the REMSA Board of Directors**

Staff Representative: Ms. Conti

Ms. Conti introduced Mr. Begbie. Mr. Begbie apologized for not having been able to attend the previous meeting. He reviewed his experience and qualifications and expounded on his goals and achievements as a member of, and eventually Chair, of the REMSA Board. He noted he was also the Chair of the Board of another highly-regulated non-profit organization.

Chair Jung thanked Mr. Begbie for his service. Dr. Hess thanked him for his presentation, noting it was beneficial to have the background knowledge he had provided.

Chair Jung requested Mr. Begbie return frequently to provide updates about what was happening at REMSA.

Councilmember Ratti noted the success of the work that had been done over the last few years and stated she felt the next phase would be about transparency of data among all parties involved. This would provide the opportunity to more clearly target opportunities for improvement. She stated she would request Mr. Begbie's and REMSA's assistance in furthering and sustaining that transparency. She complimented Mr. Gubbels' willingness to share information and work with other agencies.

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## **11. Introductions, interviews and possible selection and appointment of a candidate as the Member of the Accounting Profession District Board of Health Appointed Representative to the REMSA Board of Directors**

Staff Representative: Ms. Conti

Ms. Conti introduced the item, noting that each candidate would be allowed three minutes for their presentation and would be available to answer questions afterwards. The areas of interest they would be touching on would include relevant experience, what they view their role would be on the Board, their goals, any potential conflicts, and any additional information they would like to share.



Candidate Lisa Carlon reviewed her experience and discussed her unique qualifications. Vice Chair Ratti asked Ms. Carlon about her familiarity with the franchising process and the relationship between REMSA and the Health District. Ms. Carlon stated she was aware of the new Franchise Agreement (FA) and one goal of that was openness and reporting to the Health District.

Candidate Michael Dobrowski discussed his education and experience. Vice Chair Ratti repeated the question posed to Ms. Carlon. Mr. Dobrowski noted he was aware of the FA but was not familiar with the details.

Dr. Novak asked if Mr. Dobrowski had gained any experience specific to emergency departments. Mr. Dobrowski stated he had not. He verified he had no known conflicts of interest.

Candidate Nissa Jimenez introduced herself and discussed her experience. She stated she had no known conflicts of interest. Vice Chair Ratti repeated the question posed to Ms. Carlon and Mr. Dobrowski. Ms. Jimenez explained she understood the FA assisted them in their ability to meet the time and financial constraints as well as enhancing communication with other service providers.

Dr. Novak asked Ms. Jimenez if she had had any involvement with the healthcare section of her firm. She replied her day-to-day involvement was with the healthcare aspect of her section.

Candidate David Morgan explained his background and experience as well as unique qualifications. He had no conflicts that he was aware of. Vice Chair Ratti asked him how aware he was of the relationship between REMSA and the District Board of Health. He replied only that he has been made aware of the reorganization and new FA. He understood the Board had the power to appoint and expected periodic reporting.

Candidate Tim Nelson described his background, experience and qualifications. He did not believe there were any conflicts of interest.

Vice Chair Ratti repeated her question regarding Mr. Nelson's familiarity with the relationship between REMSA and the Health District. Mr. Nelson explained his understanding of the need for a FA and the purpose it serves, and echoed the other candidates in understanding a new FA had recently been signed and was in effect.

Dr. Novak asked Mr. Nelson if he had any specific experience working with a health authority. Mr. Nelson replied he had worked with medical practices and small not-for-profit healthcare organizations.

Chair Jung requested the Board weigh in on how the decision should be made. She thanked the candidates for being willing to be interviewed in front of the Board. Vice Chair Ratti echoed her sentiments and stated that it was a tough decision as all of the candidates were well-qualified.

Vice Chair Ratti requested the candidates speak of any specific experience with public-private partnerships. None of the candidates came forward with further information. Vice Chair Ratti briefly reviewed each candidate's qualifications and reiterated that all were excellent. Her selections were Mr. Nelson and Ms. Jimenez.

Dr. Hess' selections were Ms. Jimenez and Mr. Morgan.

Mr. Silverman reiterated it was a difficult process and they all had done a great job representing themselves. His choice was Mr. Nelson.

Chief Brown agreed they were all excellent candidates. He selected Ms. Carlon and Mr. Nelson.

Dr. Novak also thanked the candidates. His choices were Mr. Dobrowski and Mr. Nelson.

Chair Jung opined a vote was not necessary, as Mr. Nelson had already received four votes. She encouraged the other candidates to consider volunteering for one of the other numerous available Board positions through the County.

**Chief Brown moved to reflect the Board's vote for the appointment of Mr. Nelson. Dr. Novak seconded the motion which was approved six in favor and none against.**

Dr. Novak asked if Mr. Nelson had any obligation to return to the Board and report information. Chair Jung stated the Board had wanted to interview and select the candidate was because they do expect periodic reports. She and Mr. Dick will work with Mr. Begbie and Mr. Nelson to develop an optimum schedule.

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## **12. Regional Emergency Medical Services Authority**

Presented by Mr. Jim Gubbels

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

Mr. Gubbels reported for the month of November. Priority One compliance in Zone A was 93 percent. For Priority One Zones B, C and D, it was 100 percent.

Average Priority One response times in minutes was 5:17 for Reno, 5:56 for Sparks and 8:40 for Washoe County. Average Priority Two response times in minutes was 5:54 for Reno, 6:21 for Sparks and 9:00 for Washoe County. Average bill for November was \$1,073, bringing the year to date total to \$1,070.

Mr. Gubbels reported for the month of December. Priority One compliance in Zone A was 93 percent. For Priority One Zones B, C and D, it was 97 percent.

Average Priority One response times in minutes was 5:20 for Reno, 6:07 for Sparks and 9:16 for Washoe County. Average Priority Two response times in minutes was 5:49 for Reno, 6:43 for Sparks and 9:15 for Washoe County. Average bill for December was \$1,072, bringing the year to date total to \$1,070.

Mr. Gubbels pointed out a graph that had been added which depicted response times each month by jurisdiction. Vice Chair Ratti suggested she had not been clear regarding her previous request for more information, as this provided approximately half of what she needed. At the bottom of each table of the graph she would like to see a year-to-date average. The Board does receive the monthly snapshots but those may be affected by outliers.

Mr. Gubbels suggested they reproduce the middle graph based on average response time. He explained it depicted ongoing, year-to-date info for Priority 1 compliance for Zone A and

Priority 1 compliance for Zones B, C and D. Vice Chair Ratti expressed her appreciation for that graph but explained the tables should contain the cumulative year-to-date average.

Chair Jung suggested that, prior to the next meeting, Mr. Gubbels contact Vice Chair Ratti to clarify the specifics of what she is asking for. Mr. Gubbels asked if the Board still wished to see the monthly reports and they stated they did. He offered to share what REMSA produced prior to submittal.

Dr. Novak noted a consistent difference in response times between Reno and Sparks and asked if Mr. Gubbels had any idea why that might be happening. Mr. Gubbels pointed out the FA required a 90 percent compliance and the difference had to do with the average volume of calls to each of the jurisdictions. He noted Reno calls constitute approximately two-thirds of all calls received.

**Chief Brown moved to approve the November and December reports. Dr. Hess seconded the motion which was approved six in favor and none against.**

B. Update of REMSA's Community Activities During November and December, 2014

Mr. Gubbels noted he had one more item for the Operations report. Over the years, comment cards had been utilized to obtain feedback. In an attempt to improve that process, in November they had initiated a contract with a company called EMS Survey. The first report will be submitted with the February Board packet.

Mr. Gubbels reported that the new process included information about how to contact the Health District if the customer was unsatisfied with REMSA's service. Dr. Hess asked if the new system would provide reports regarding the number of surveys completed and whether there are any negative comments. Mr. Gubbels stated the negative comments are all followed up on.

Mr. Silverman opined the negative comments provide good feedback and asked if those would still be seen by the Board. Mr. Gubbels stated the responses would be scaled. He went on to explain that on occasion the people offering negative comments were subject to personal challenges that may influence their perceptions.

Chair Jung asked how the response requests were being offered to the customer and where the information about who to call in case they were not satisfied could be located. Mr. Gubbels replied the response requests were mailed and were accessible on the website. The contact information was on the website. Chair Jung noted that information was also supposed to be available in the survey packet. Mr. Gubbels stated he would follow up.

Chair Jung stated there needed to be a policy decision about where any negative information goes after it is received by the EMS staff. Mr. Dick stated it could be reported within the Division updates.

Mr. Gubbels reported he had attended the gathering honoring the 30<sup>th</sup> anniversary of the Galaxy crash and stated it was very moving.

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**13. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Franchise Compliance Report for the period of 7/2/2013 through 6/30/2014**

Staff Representative: Ms. Dayton

Ms. Dayton presented the staff report, noting REMSA had been in compliance with all 26 auditable items. She noted this was the final compliance report for the 2005 REMSA franchise. All future reporting would be based on the Amended and Restated Franchise Agreement for Ground Ambulance Service which was approved by the DBOH in May, 2014 and became effective July 1, 2014.

Chair Jung noted an item regarding replacement of a Board member who misses three meetings, but that was not an auditable item. She asked how an item that could not be audited could be included in an agreement. Ms. Dayton explained it had been designated not an auditable item in past compliance reports.

Chair Jung asked Deputy District Attorney (DDA) Admirand why it was in the FA. Ms. Admirand replied that was one of the conditions the Board had agreed to. She stated if the Board would like that to be reported on, it could be changed. Chair Jung reiterated her concern about the audibility of an item in an Agreement if it could not be proven or disproven. Ms. Dayton explained that would be addressed under the new FA.

Chair Jung noted the competitive bid process was also not applicable to audit and asked why it was part of the audit. Ms. Dayton replied it was not applicable because it was not reviewed every year. Chair Jung opined that should be noted.

Chair Jung pointed out the report stated REMSA had met Requirement 9 and showed percentages, but the graph did not clearly demonstrate that they had met it. Ms. Dayton noted that had been an oversight on her part.

Chief Brown asked if the educational opportunities shown in the report were training sites, or if REMSA taught all the classes. Ms. Dayton stated REMSA teaches off site as well as on site. Chief Brown asked if asked if the staff from the companies listed were receiving their cards from the training center, which was REMSA, and the training sites refers to them doing their own teaching. Ms. Dayton explained it was REMSA employees going to the sites to conduct the training.

Mr. Gubbels noted REMSA was the lead agency for the American Heart Association (AHA), so all of the cards that are authorized and released come back through REMSA. The majority of the classes are taught by REMSA facilitators or contract facilitators. The list represented students that had gone through the agency-sponsored training or were affiliated with REMSA. Chief Brown explained he was attempting to determine which were REMSA-sponsored programs versus AHA programs using the training center. Mr. Gubbels explained it would be a combination of both. Chair Jung requested that be reflected in the report as well.

Chair Jung noted Item 28 was also not auditable. Ms. Dayton explained she was working towards finding a way to make everything auditable under the new FA. DDA Admirand stated the next report will provide information for each item.

Chair Jung reiterated if an item was not auditable it was not enforceable under the new FA. Mr. Dick clarified this was the last year's performance under the former FA and that was why they were being presented. Ms. Conti reiterated the new FA was being reviewed for auditable versus non-auditable items and requested direction from the Board in helping to determine which were and which were not auditable and which were critical to the Franchise.

Chair Jung requested that, in the future, staff should request direction from the Board if something is not auditable so they can work with the other governing bodies to renegotiate the FA if necessary. Ms. Conti stated staff will bring the process that will be applicable to the current franchise year to the Board prior to submitting the compliance report.

Dr. Hess opined certain items within a contract are background and cannot be quantified. DDA Admirand noted there would be things that were not auditable by numbers or actions, but that does not alter the fact it is still an exclusive franchise. She suggested language should possibly be changed in the compliance report. Instead of saying that it is not auditable, stating it is in existence and in compliance with the language of the FA.

Vice Chair Ratti noted the previous FA had very little legal language. She supported Chair Jung's instructions, stating that prior to the submittal of the next report, the Board would like to see how it is going to be approached, based on franchise language. She opined it is important to be providing significant information.

Dr. Hess complemented the report.

**Dr. Novak moved to approve the report. Dr. Hess seconded the motion which was approved six in favor and none against.**

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#### **14. Possible Reappointment of Dr. George Hess to the District Board of Health for a second term beginning January 2015 and ending December 2018**

Chair Jung asked Dr. Hess if he wished to continue to serve and he stated he did.

**Mr. Silverman moved to reappoint Dr. Hess. Vice Chair Ratti seconded the motion which was approved six in favor and none against.**

Chair Jung announced Item 15 would be heard after Item 18 as Vice Chair Ratti was pressed for time and had seen the presentation previously.

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#### **16. Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date December 31, 2014**

Staff Representative: Ms. Heenan

Ms. Heenan presented the report. She noted it was typical for expenditures to exceed revenues during the first months of the year as grant reimbursement can be slow. During the fourth quarter, the opposite will be true.

Chair Jung requested Ms. Heenan break down revenues other than reimbursements. Ms. Heenan replied the General Fund contributed a little over 50 percent, 27 percent comes from grants and the remainder comes from licenses, permits and fees.

Chair Jung complemented Ms. Heenan's presentation of the monthly report.

**Dr. Hess moved to acknowledge the receipt of the report. Chief Brown seconded the motion which was approved six in favor and zero against.**

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#### **17. Presentation and discussion of follow-up report regarding direction provided at the December 18, 2014 meeting with respect to benchmarking statistics and request for**

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**Board to direct staff to continue with or make adjustments to uniform methodology approved June 26, 2014.**

Staff Representative: Ms. Heenan

Ms. Heenan introduced the report. For the benefit of the new members, she noted the District had undergone a Fundamental Review process. One of the recommendations from that review had been a cost-benefit analysis of the District programs. Methodology approved in June of 2014 had been utilized to create a cost analysis for the Administrative Health Services (AHS) Division which was presented to the Board December 18, 2014.

Ms. Heenan explained that during that meeting, there had been discussion as to whether or not NACCHO benchmarks were appropriate for the District's purposes. Staff was directed to bring back the minutes from the FR and the June 26, 2014 staff report, which was when the Board approved the methodology for the cost analysis. Upon review of the information, staff determined the Board had not provided specific direction as to what to use for benchmarks. The June 26 staff report indicated staff would utilize the Public Health Uniform National Data Base System which is generated by NACCHO. The system is capable of generating data that provides results from areas with similar characteristics to Washoe County.

Ms. Heenan stated staff's goal is to attempt to locate as many measurement tools as possible to compare the District to other like agencies.

Mr. Dick noted the selection of AHS for the initial cost analysis may not have been the optimal way to start the process, as there were few benchmarks for Administration outside of NACCHO. Other organizations may have benchmark statistics for the other programs.

Mr. Dick suggested the Board consider whether staff should continue along the current path and determine if there is merit in the approach, or if it should be adjusted.

Chair Jung noted she appreciates goals but prefers them to be realistic. She reiterated her opinion that NACCHO benchmarks did not align with the composition of Washoe County. She opined that, considering budget limitations, the District does a good job for the citizens.

Dr. Hess suggested the benchmarks may indicate the District is out of balance and may need adjustments, but they also may indicate that things are fine. He reiterated statistics from similar counties could be located and utilized.

Ms. Heenan stated that if the Board accepted the direction introduced at the previous meeting, no motion was needed. Chair Jung emphasized the direction was fine, as long as the caveats were incorporated.

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**18. Acceptance of the January 2015 Nevada legislative session report and providing input and/or direction as DBOH may feel is appropriate.**

Staff Representative: Mr. Dick

Mr. Dick stated this report was a continuation of Bill Draft Requests (BDR) that have been released since the last Board meeting. He noted it was a broad list of proposed bills that may have impact on the District or public health, but with less than a sentence description it was difficult to tell what the bill will be. Staff will be watching them and trimming the list down as the full language is provided and will continue to provide the information to the Board.

Mr. Dick noted some tracked BDRs had converted to Bills and staff is working with the County Legislative Liaison responding to Fiscal Note Requests. To date, he had no Bills to report that had any significant impacts on the District.

Chair Jung asked if there were staff members dedicated to this task. Mr. Dick stated Ms. Spinola is taking the lead on coordinating efforts, conducting the initial review of bills and BDRs, distributing the information to the Division Directors (DD) who provide comment, and entering the information into the Washoe County bill tracking system. Washoe Bills allows the District to review the position of other departments to assure that its position is in alignment with them, or to initiate discussion.

Mr. Dick explained the DDs and Supervisors will also be engaged in providing subject matter expert testimony and he has registered as a Lobbyist.

Chair Jung strongly urged him to work with the Washoe County Lobbyist and the contract Lobbyist. She stated she was fully committed to supporting emergency Board meetings as necessary. She felt a guiding statement or principles should be developed for the Board to adopt so that when staff cannot access the Board for direction, there is guidance available.

Additionally, Chair Jung stated she would support electing an official Liaison who would be the person from the Board that could be contacted at any time if there was a question about the Board's direction on a specific Bill. She requested an offline meeting with Mr. Dick or an item at the next meeting to establish the guidelines and policies so staff has the ability to make the decisions.

Mr. Dick stated he would be happy to have that discussion. He had met with Liane Lee, the County Legislative Liaison and Lobbyist, and they plan to coordinate closely so they can provide a united front at the Legislature.

Chair Jung urged Mr. Dick and staff to consider the best approach to potentially partisan issues and to utilize the Board members and their expertise.

Vice Chair Ratti pointed out the approach taken by Sparks City Council was to not get involved with everything but to take a strategic approach regarding the things that are most important. However, if something the District is working on has momentum and action by Sparks can help push it through, their lobbyist could likely assist. She opined Reno had a similar person and process. She requested the District utilize this assistance only for items of importance.

Chief Brown stated he had met with Mr. Dick and was pleased to hear of the networking planned for Legislative issues. He echoed Vice Chair Ratti's comments, noting that there would be a quite a number of associations working very hard in Carson City on different issues. He was happy to have received the combined list of BDRs and Bills being tracked and stated the information sharing would be continued.

Chair Jung explained she would be representing the County at a meeting of the Nevada Association of Counties and the Nevada League of Cities on January 22. The meeting was being convened to discuss the Legislative agenda and working towards unity of direction. Vice Chair Ratti stated she would be attending as well.

**Chief Brown moved to accept the report. Dr. Novak seconded the motion which was approved six in favor and none against.**

**[Vice Chair Ratti left the meeting at 3:04 p.m.]**

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## **15. Presentation of significant findings of the Washoe County Community Health Needs Assessment**

Staff Representative: Mr. Dick

Mr. Dick introduced the Community Health Needs Assessment (CNHA), which had been produced in cooperation with Renown. Contributions from the District, Renown, Washoe County Social Services and Schwab Bank had funded the project. The Nevada Public Health Foundation was the fiscal agent, and they had employed Heather Kerwin to compile the report. Mr. Dick introduced Ms. Kerwin and provided an overview of her achievement. He stated he appreciated everything she had done for the report.

Mr. Dick reviewed the Executive Summary of the CHNA through a Power Point presentation. (Attached Exhibit A). He explained more detailed information was available in the full report. It was hoped the report would be a resource that community organizations could use as documentation to support grant applications and demonstrate the community needs being addressed.

Mr. Dick noted the report had identified key issues and concerns that could initiate discussion regarding how they should be addressed and an improvement plan developed. The identified issues are complex social and health issues that will require cross-sector collaboration and coordination.

Mr. Dick explained the plan is to move from the CHNA into an engagement with other organizations and agencies to develop a Community Health Improvement Plan (CHIP). This will be implemented by the community at large, not just the Health District. The District will take a leadership role. A new position called Director of Projects and Programs has been created and is currently in recruitment, and the individual in the position will help coordinate that effort, as well as others. Additionally, a Steering Committee will be created to engage others in developing the plan.

Dr. Hess asked if the information received at the Healthy Community Conference had been consolidated. Mr. Dick stated the results of the CHNA had been presented at the conference. The 89502 zip code area had been highlighted. During the afternoon session, most of the participants remained and worked diligently in a facilitated exercise, discussing what they could do to address the needs of that area. The input has been compiled. Additionally, Mr. Dick has received correspondence from attendees that are already pursuing collaborative efforts initiated at the conference.

Mr. Dick noted he would be meeting with the Conference Planning Committee to discuss what project ideas came out of the conference, and they will establish a similar steering committee for the 89502 zip code to begin pilot projects. Funding has been located to support the projects. The media has expressed interest in continuing to follow the progression so they may keep the community apprised.

Dr. Hess passed out information about a community that had reversed their cardiovascular disease trend (Exhibit B). He suggested the District at some point should focus on the issue. He opined overcoming the issues brought out in the CHNA was a huge undertaking.

Mr. Dick agreed it was and stated he was pleased it had begun. He felt there had been a pent-up demand and people had been pleased the conference was held. The Federal Reserve Bank is



working in collaboration with the Robert Wood Johnson Foundation to establish funding for communities such as Washoe County to be used for planning efforts. More information is expected later in the year.

Chair Jung expressed her appreciation for the CHNA. A smaller assessment had been conducted previously that provided some direction towards health improvements for children in the community.

Chair Jung asked if the District was recouping Medicaid reimbursement. Mr. Dick explained the District was billing Medicaid for services provided. Chair Jung requested a report displaying the difference in revenue prior to and after the increase in Medicaid enrollment.

Chair Jung asked if the information contained in the CHNA would be customized and presented to agencies such as the Washoe County School District (WCSD) Board of Trustees, Food Bank of Northern Nevada and specialty courts such as Juvenile Justice, in the interest of gaining their involvement. Mr. Dick stated there would be presentations; a WCSD Board member is on the planning committee, and WCSD and the Food Bank had been participants in the planning segment of the conference.

Mr. Silverman stated some of the information in the presentation was disturbing and complex. He requested what level of confidence the Board could hold regarding the accuracy of the results, as that would drive action. Mr. Dick explained Ms. Kerwin had been extremely diligent while pulling together the supporting data. Citations, appendices and additional information are included and data that was questionable was not used.

Ms. Kerwin emphasized she had utilized measures that have been in existence for some time so they have been tested and will be available for comparison in the future. She extended an invitation to contact her regarding any questions. Mr. Silverman indicated he was not questioning her methods, noting it was challenging to get accurate data. Her statements had helped provide him with the confidence he needed.

Dr. Hess noted that 10-15 percent of information regarding cause of death is incorrect.

Chair Jung agreed with Mr. Silverman's comments, noting that some data is self-reported, providing the opportunity for outside influences to affect the content of the information that is provided.

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## **19. Staff Reports and Program updates**

### **A. Director, Air Quality Management**

Ms. Albee had nothing to add. She welcomed the new members and offered her services and those of her staff if there were any questions.

### **B. Director, Community and Clinical Health Services**

Mr. Kutz welcomed the new members and offered his time to meet with them to introduce him to his division.

Mr. Kutz explained that on February 9 a press conference would be held regarding Human Papillomavirus Free Nevada in partnership with Immunize Nevada.

### **C. Director, Environmental Health Services**

Mr. Sack explained the new food regulations had been released to staff for internal review. Mr. Silverman has been participating in that process. The next steps will involve a public process that will culminate with the regulations coming to the Board for adoption.

EHS has worked with the Department of Wildlife to create a bear video highlighting the problems with bears and trash in the community. It will be made widely available.

**D. Director, Epidemiology and Public Health Preparedness**

Mr. Whitesides explained that since his report had been distributed, the EMS quarterly data report had been finalized.

**E. District Health Officer, Office of the District Health Officer**

Mr. Dick stated he had recently received the latest weekly influenza report and the levels of flu in the community are declining.

He noted that since his report had been finalized, he has had the chance to meet with both new Board members and looks forward to working with both of them.

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**20. Board Comment**

Chair Jung stated she wanted to see implemented a means to ask clients if they had enough food to last them through the end of the month. If they did not, then to have the ability to offer them food coupons or referrals to other free food sources.

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**21. Emergency Items**

None.

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**22. \*Public Comment**

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

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**23. Adjournment**

**At 3:48 p.m., Dr. Novak moved to adjourn. Mr. Silverman seconded the motion which was approved five in favor and none against.**

Respectfully submitted,



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Kevin Dick, District Health Officer  
Secretary to the District Board of Health



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Dawn Spinola, Administrative Secretary  
Recording Secretary

Approved by Board in session on February 26, 2015.

# IHCC

## Inter-Hospital Coordinating Council

DATE: January 30, 2015

TO: IHCC Members

FROM: Kent Choma, IHCC Chairman  
Michael Munda, IHCC Vice Chairman

SUBJECT: IHCC Accomplishments for calendar year 2014

In preparation for our annual review of achievements, Christina Conti reviewed the IHCC 2014 meeting minutes and compiled a list of IHCC's major accomplishments. Kent Choma and Michael Munda fine-tuned the list of accomplishments. It is very important that we take the time to recognize the strides the group has made and the impact it has on the community. The IHCC achieved and/or began working on all of the annual goals and trainings established for 2014. The goals for this year were quite ambitious and required multi-month and multi-agency coordination which is why a few have not been fully completed. The District Health Officer and the District Board of Health along with the leaders of IHCC appreciate the hard work the Inter-Hospital Coordinating council does to prepare our community to provide the best health care possible at all times, and especially during times of disaster.

### I. REAL WORLD RESPONSES

**Hospital Shortage of IV Solution/Saline Fluid:** February 2014. It was noted at the February meeting that there was a national shortage of saline solution through March that began to affect our hospitals' supply. The IHCC members discussed and shared various ideas on conserving the current supply while maintaining patient care. Through the process the State and CDC were notified of the potential for a shortage locally.

**Discovery Museum Multi-Casualty Incident:** On, September 3, 2014, an explosion occurring during an experiment at the Discovery Museum and caused a "flash fire" in the facility. The total number of injured was thirteen, which activated the MCI Plan. All hospitals received notification and activated their Incident Command System in response.

### II. ACCOMPLISHMENTS

**Regional Emergency Water Restoration Plan:** In collaboration with Truckee Meadows Water Authority, Washoe County Health District, and members of the IHCC, this plan that began in 2013 was completed and finalized in June 2014. This guidance gives hospitals a template for emergency planning relating to the loss of water to their facility.

**Healthcare Requesting Procedures:** The previous hospital requesting procedures were updated and expanded to include any healthcare facility or organization that might need resources or personnel. These are statewide procedures that would be used locally.

**Public Information/Public Warning Annex Plan:** This plan was developed by healthcare partners and is an annex to the Regional Public Information/Public Warning Annex. The plan provides information on how to coordinate messaging during an emergency.

**Mutual Aid Evacuation Annex (MAEA) Update:** Using a revision sub-committee of various IHCC members, the group began to work on the annex update. This update will be completed by June 30, 2015 and will include information relating to the evacuation of multiple facilities.

**Active Assailant Response “Go-Bags”:** Based on recommendations from MTAC, emergency medical supplies were provided in bags to the health care facilities. The outreach was intended for the hospital areas or buildings that are not close to the Emergency Department to include medical offices and long-term care facilities. In a real life scenario, transport to ED is not always possible if active assailant is still in the building and this provides means of immediate help.

**MRC MOU with Saint Mary’s:** In preparation of the Broken Wing exercise, MRC Program Coordinator gave a presentation to the IHCC regarding the volunteers and the capabilities of the MRC. As a result, the capability was tested during the Broken Wing exercise and a MOU was signed with Saint Mary’s in September 2014.

**Regional Active Assailant Protocols:** In response to the Sparks Middle School shooting, planning began among regional law enforcement partners, including EMS, schools and hospitals, to develop a regional response protocol. These protocols ensure the region responds together and under the same guidance regardless of the agency the individual responder works for.

**Mass Fatality Planning:** In response to the Broken Wing Exercise, the IHCC members have begun working on a Family Assistance Center Annex to the MCI Plan. This annex is anticipated to be completed by June 30, 2015.

**Recognition at National Conference:** This coalition was recognized in December 2014 at the National Healthcare Coalition Preparedness Conference for the continual collaboration on projects and planning. A presentation on behalf of the IHCC was a poster depicting the theme of “Playing well together in the sandbox”.

**Regional Hazard Mitigation Plan:** Member of the IHCC began participating in the update to this plan, which is under Washoe County Emergency Management. This plan looks at the previous 5 years of mitigation projects and the status of them while looking ahead to the next 5 years and what projects our region would like to do to mitigate disasters.

### **III. EXERCISES**

**ARkStorm Flood Tabletop Exercise:** Held March 14, 2014 and was presented by Washoe County Department of Emergency Management (DEM). The tabletop drill tested three stages over time of the impact and response within the community, including the hospital setting, for the back-to-back storms resulting in major citywide flooding.

**Active Shooter Training Drill:** Held March 28, 2014 by Northern Nevada Medical Center after two day training on March 25-26. This drill provided opportunities for hospital staff to prepare and practice for a real life active shooter scenario.

**FCC Plan Training:** Held May 7, 2014 and was a partnership with VA Sierra Nevada Health System, Reno Airport Authority, REMSA, and other critical care staff. This training with scenario discussion provided an opportunity for regional healthcare and critical partners to learn more about FCC's and provide input into the developing plan.

**Triennial Airport Exercise:** Held May 29, 2014 as a community exercise involving the Reno Airport Authority, EMS agencies, healthcare partners, emergency management, as well as other key regional partners. This is a triennial test of emergency response to include: triage in the field, transport, medical surge, and mass fatality. This enables testing of current plans in place and provides learning opportunities for improvement to the emergency plans.

**POD Full-Scale Exercise:** Held on October 9, 2014, this exercise tested the coordination and collaboration of private POD partners to open a large public POD. Members of the IHCC participated in various roles for the exercise and planning meetings.

**Great Shake Out Exercise:** Held October 16, 2014. This regional drill tested earthquake response within facilities and the use of WebEOC during an emergency.

**Regional POD Table Top Exercise:** Held on December 11, 2014, this exercise focused on the private POD partners, specifically healthcare, on what their internal operations in the event of an emergency response. The scenario allowed for the head of household to be issued prophylaxis and tested "dry" dispensing for the first time.

#### IV. TRAINING

**Asiana Aircraft Training:** Held April 14, 2014 and presented by a United Airlines representative, this was a learning exercise designed for community partners to review the response, liaison, and lessons learned from the Asiana aircraft incident. Items learned to impact our plans involved patient tracking, use of Red Cross and credentialing of volunteer staff.

**ICS 400:** January 21-22, 2014

**ICS 300:** January 27-29, 2014

**Public Information/Public Warning workshop:** January 29, 2014

**Health and Medical Workshop:** January 30, 2014

**Triage Tag Training:** February 19-20, 2014

**ICS 400:** February 20-21, 2014

**Cyber Security for Awareness for Public Safety:** February 27, 2014

**ICS 400:** February 27-28, 2014; March 18-19, 2014

**COOP Training:** March 25-26, 2014

**Active Shooter/Situational Awareness:** March 26-27, 2014

**ITERC Fire and Hazard Mitigation Planning Workshops:** March 31 – April 4, 2014

**WebEOC and HavBed Training:** April 11, 2014

**Public Warning Communication Event for Special Needs Groups:** May 30, 2014

**MAEA Training:** June 5, 2014

**HICS5 Training:** June 18-19, 2014

**Requesting Procedures Training:** various dates particular to each healthcare facility

**Rural Preparedness Summit:** June 25-26 in Fallon

**Public Information/Public Warning (PI/PW) Workshop:** July 17-18, 2014

**PI/PW for Media with the Rurals:** in Elko August 19, 2014

**Balloon Race Table Top Exercise:** August 14, 2014

**WebEOC Patient Tracking:** September 30, 2014

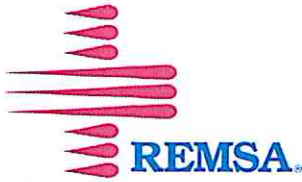
**MAEA Training:** October 16, 2014

**ICS 400:** October 21-22  
**ICS 300:** November 18-20

**ICS 300:** December 16-18

## **V. GRANT ACTIVITIES**

Through the Assistant Secretary for Preparedness and Response (ASPR) grant, the Washoe County Health District was able to work on several projects and provide equipment to the IHCC partners. Planning projects included the Emergency Water Restoration plan and the Public Information/Public Warning Annex for the region. Equipment includes the update and printing of the regional response guides, which have information for citizens on emergency preparedness and community numbers and the active assailant response kits.



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*Regional Emergency Medical Services Authority*

**REMSA**

**OPERATIONS REPORTS**

**FOR**

**JANUARY 2015**



# REMSA

Fiscal 2015

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,069
Aug.	3965	\$4,234,791	\$1,068	\$1,069
Sept.	3674	\$3,942,547	\$1,073	\$1,070
Oct.	3806	\$4,059,917	\$1,067	\$1,069
Nov.	3535	\$3,791,791	\$1,073	\$1,070
Dec.	3843	\$4,119,979	\$1,072	\$1,070
Jan. 2015	3870	\$4,142,489	\$1,070	\$1,070
Feb.			\$0	\$1,070
Mar.			\$0	\$1,070
Apr.			\$0	\$1,070
May			\$0	\$1,070
June 2015			\$0	\$1,070
<b>Totals</b>	<b>26460</b>	<b>\$28,320,004</b>	<b>\$1,070</b>	
				Allowed ground avg bill - \$1,076.00

Fiscal 2015

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2014	5 mins. 41 secs.	93%	93%
Aug.	5 mins. 58 secs.	92%	96%
Sept.	5 mins. 35 secs.	92%	97%
Oct.	5 mins. 54 secs.	92%	98%
Nov.	5 mins. 59 secs.	93%	100%
Dec.	6 mins. 5 secs.	93%	97%
Jan. 2015	5 mins. 53 secs.	93%	99%
Feb.			
Mar.			
Apr.			
May			
June 2015			

Year to Date: July 2014 through January 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
93%	98%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2014	P-1	5:07	5:59	8:34
	P-2	6:33	6:55	9:53
Aug. 2014	P-1	6:06	6:11	9:07
	P-2	6:54	6:51	10:03
Sept. 2014	P-1	5:23	6:01	10:29
	P-2	5:54	7:02	10:19
Oct. 2014	P-1	5:20	5:56	9:23
	P-2	5:46	6:57	9:22
Nov. 2014	P-1	5:17	5:56	8:40
	P-2	5:54	6:21	9:00
Dec. 2014	P-1	5:20	6:07	9:16
	P-2	5:49	6:43	9:15
Jan. 2015	P-1	5:13	5:55	9:42
	P-2	5:27	6:42	9:53
Feb. 2015	P-1			
	P-2			
Mar. 2015	P-1			
	P-2			
Apr. 2015	P-1			
	P-2			
May 2015	P-1			
	P-2			
June 2015	P-1			
	P-2			

Year to Date: July 2014 through January 2015

Priority	Reno	Sparks	Washoe County
P-1	5:16	5:59	9:32



# REMSA OCU Incident Detail Report

Period: 01/01/2015 thru 01/31/2015

## 12. 1 Monthly Reports (b) CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time	Overage
A-08-IC Washoe Co N-NW	Zone A	01/04/2015 04:36:36	01/04/2015 04:44:17	409	00:08:59	00:07:41	-00:01:18
A-08-IC Reno	Zone A	01/05/2015 17:46:39	01/05/2015 17:55:38	441	00:08:59	00:08:59	00:00:00
A-08-IC Reno	Zone A	01/17/2015 14:38:06	01/17/2015 14:44:56	126	00:08:59	00:06:50	-00:02:09
A-08-IC Reno	Zone A	01/20/2015 06:29:02	01/20/2015 06:38:01	320	00:08:59	00:08:59	00:00:00
A-08-IC Sparks	Zone A	01/21/2015 14:23:40	01/21/2015 14:31:20	338	00:08:59	00:07:40	-00:01:19

**UPGRADE**

A-08-1C Reno Zone A 01/11/2015 Reno Fire Dept Upgrade P-1



## GROUND AMBULANCE OPERATIONS REPORT

January 2015

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5605
Total Number Of Responses In Which No Transport Resulted	1764
Total Number Of System Transports	3841

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		54%
OB		1%
Psychiatric/Behavioral		6%
Transfers		11%
Trauma		24%
	Trauma – MVA	5%
	Trauma – Non MVA	19%
Unknown/Other		2%
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: 3841

Total number of above calls receiving QA reviews: 331

Percentage of charts reviewed from the above ALS transports: 9%

*Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance. Chris Barton, EMD, Communications Education and CQI Coordinator completed all follow up deemed necessary resulting from Communication CQI.*

**EDUCATION AND TRAINING REPORT**



REMSA Education  
 Monthly Course and Student Report  
 Month: January 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	11	88	5	57	6	31
ACLS EP	3	19	2	11	1	8
ACLS EP I	1	6	1	6	0	0
ACLS I	3	19	1	12	2	7
ACLS P	1	19	1	19	0	0
ACLS R	25	103	6	42	19	61
ACLS S	10	15	6	6	4	9
AEMT	1	30	1	30		
AEMT T	0	0	0	0		
BLS	49	259	7	61	42	198
BLS I	3	11	1	5	2	6
BLS R	58	276	26	138	32	138
BLS S	62	126	19	28	43	98
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMS I	0	0	0	0		
EMT	2	26	2	26		
EMT T	0	0	0	0		
FF CPR	2	23	2	23	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	2	15	1	7	1	8
HS CPR	44	249	6	48	38	201
HS CPR FA	48	339	5	44	43	295
HS CPR FA S	1	1	1	1	0	0
HS CPR PFA	8	64	2	10	6	54
HS CPR S	2	2	2	2	0	0
HS FA	11	50	1	1	10	49
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	2	25	2	25	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS R	0	0	0	0	0	0
PALS	7	42	3	30	4	12
PALS I	0	0	0	0	0	0
PALS R	11	40	2	23	9	17
PALS S	7	12	4	5	3	7
PEARS	3	28	0	0	3	28
PM	2	27	2	27		

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
PM T	0	0	0	0		

Legend		Classes w/ CPR
ACLS	Advanced Cardiac Life Support	
ACLS EP	Advanced Cardiac Life Support for Experience Providers	274
ACLS P	Advanced Cardiac Life Support Prep	
ACLS R	Advanced Cardiac Life Support Recert	
ACLS S	Advanced Cardiac Life Support Skills	
ACLS I	Advanced Cardiac Life Support Instructor	
AEMT	Advanced Emergency Medical Technician	
AEMT T	Advanced Emergency Medical Technician Transition	1339
BLS	Basic Life Support	
BLS I	Basic Life Support Instructor	
BLS R	Basic Life Support Recert	
BLS S	Basic Life Support Skills	
CE	Continuing Education:	
EMAPCT	Emergency Medical Patients Assessment, Care, & Transport	
EMPACT I	Emergency Medical Patients Assessment, Care, & Transport Instructor	
EMS I	Emergency Medical Services Instructor	
EMT	Emergency Medical Technician	
EMT T	Emergency Medical Technician Transition	355
FF CPR	Family and Friends CPR	
FF CPR FA	Family and Friends CPR and First Aid	
FF FA	Family and Friends First Aid	
HS BBP	Heartsaver Bloodborne Pathogens	
HS CPR	Heartsaver CPR and AED	
HS CPR FA	Heartsaver CPR, AED, and First Aid	
HS CPR FA S	Heartsaver CPR, AED, and First Aid Skills	
HS CPR PFA	Heartsaver Pediatric CPR, AED, and First Aid	
HS CPR S	Heartsaver CPR and AED Skills	
HS FA	Heartsaver First Aid	
HS FA S	Heartsaver First Aid Skills	
HS PFA	Heartsaver Pediatric First Aid	
ITLS	International Trauma Life Support	
ITLS A	International Trauma Life Support Access	
ITLS I	International Trauma Life Support Instructor	
ITLS R	International Trauma Life Support Recert	
PALS	Pediatric Advanced Life Support	
PALS I	Pediatric Advanced Life Support Instructor	
PALS R	Pediatric Advanced Life Support Recert	
PALS S	Pediatric Advanced Life Support Skills	
PEARS	Pediatric Emergency Assessment, Recognition, and Stabilization	
PM	Paramedic	
PM T	Paramedic Transition	

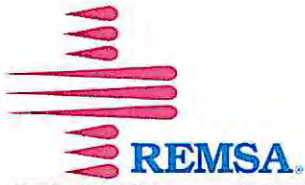
**COMMUNITY RELATIONS:****Community Outreach:****Point of Impact**

Date	Description	Attending
1/24/15	Child Safety Seat Checkpoint, Whole Foods Market, Reno; 16 cars and 19 seats inspected.	12 volunteers; 5 staff
1/27/15	Basic Car Seat training with Nevada Urban Indians staff	2 NUI employees; 1 staff

**Safe Kids Washoe County**

Date	Description	Attending
1/6/15	Cribs for Kids assist with planning of 2015 Nevada Health Conference	1 staff
1/8/15	Safe Kids Coalition annual planning meeting hosted by Renown Children's Hospital	10 volunteers; 2 staff
1/12/15	Cribs for Kids assists planning for Annual Child Safety Conference 2015	1 staff
1/12/15	Cribs for Kids Co-Chairs the Northern Nevada Maternal Child Health Coalition Meeting	1 staff
1/13/15	Safe Kids Washoe County monthly coalition meeting	14 volunteers; 2 staff
1/13/15	Cribs for Kids attends Northern Nevada Hopes Groundbreaking Ceremony	1 staff
1/16/15	Esther Bennett Safety Patrol Photojournalism field trip to downtown Sparks and the Sparks Marina	8 students, 3 volunteers, 1 staff
1/20/15	Join Together Northern Nevada Meeting	2 staff
1/21/15	Cribs for Kids attends Statewide Maternal Child Health Adolescent Health Symposium	1 staff
1/21/15	Cribs for Kids at Fetal Infant Mortality Review meeting	1 staff
1/27/2015-1/30/2015	Cribs for Kids rolls out Cops and Cribs Program with Reno Police Department at briefings meetings	1 staff





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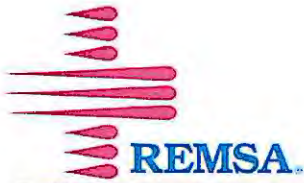
*Regional Emergency Medical Services Authority*

**INQUIRIES  
FOR  
JANUARY 2015**

**INQUIRIES**

**January 2014**

There were no inquiries in the month of January.

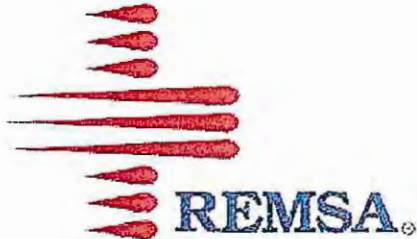


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*Regional Emergency Medical Services Authority*

**CUSTOMER SERVICE**  
**FOR**  
**JANUARY 2015**

**Assess your vital signs.**



**REMSA**  
Reno, NV

Client  
7299

**EMS System Report**  
January 2015



Number of Your Patients in this Report:

35

**Monthly Score**

**94.62**

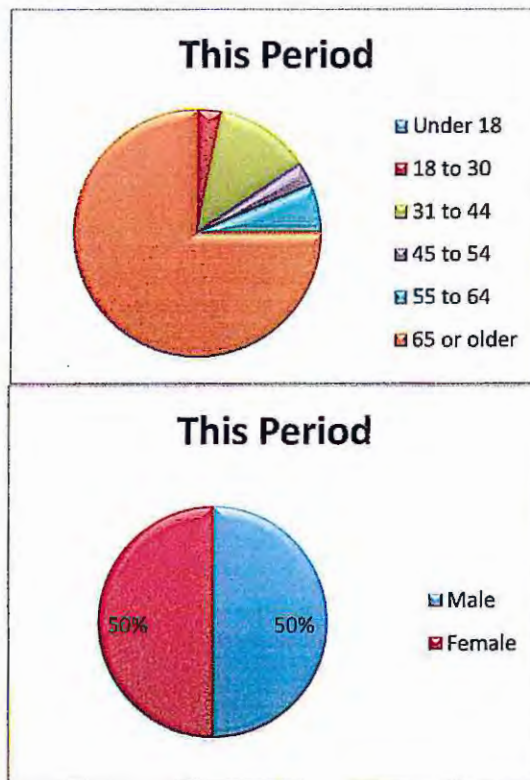
1515 Center St.  
Lansing, MI 48096  
1-877-583-3100  
service@EMSSurveyTeam.com  
www.EMSSurveyTeam.com





This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the "Background Questions" section of the questionnaire. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

		This Period	
		Male	Female
Under 18	-	-	-
18 to 30	1	-	1
31 to 44	4	1	3
45 to 54	1	1	-
55 to 64	2	1	1
65 or older	24	13	11
<b>Total</b>	<b>32</b>	<b>16</b>	<b>16</b>





### Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jan-15
Helpfulness of the person you called for ambulance service	93.52
Concern shown by the person you called for ambulance service	92.00
Extent to which you were told what to do until the ambulance arrived	91.67
Extent to which the ambulance arrived in a timely manner	94.70
Cleanliness of the ambulance	97.66
Comfort of the ride	89.84
Skill of the person driving the ambulance	94.70
Care shown by the medics who arrived with the ambulance	96.88
Degree to which the medics took your problem seriously	97.58
Degree to which the medics listened to you and/or your family	98.28
Skill of the medics	96.88
Extent to which the medics kept you informed about your treatment	95.69
Extent to which medics included you in the treatment decisions (if applicable)	96.74
Degree to which the medics relieved your pain or discomfort	93.52
Medics' concern for your privacy	94.64
Extent to which medics cared for you as a person	95.97
Professionalism of the staff in our billing office	92.71
Willingness of the staff in our billing office to address your needs	90.63
How well did our staff work together to care for you	94.53
Extent to which our staff eased your entry into the medical facility	94.53
Appropriateness of Emergency Medical Transportation treatment	95.00
Extent to which the services received were worth the fees charged	88.39
Overall rating of the care provided by our Emergency Medical Transportation service	95.31
Likelihood of recommending this ambulance service to others	96.88
 REMSA	 94.62
 Responses	 35

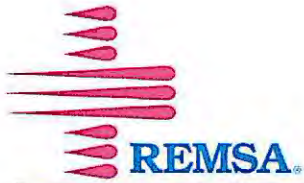


Assess your vital signs.

For more information, contact  
1-877-583-3100 or  
service@EMSSurveyTeam.com

## GROUND AMBULANCE CUSTOMER COMMENTS JANUARY 2015

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1			Everyone was kind & very helpful
2	Very nice, helpful, entertaining toward my baby. Thank you!		
3	I could not have had a better exp. Thanks, EMS. Near Perfect!!		Really happy with medics
4	They saved my life....		Thanks.....
5	All that could be done was done; saved my life!		I would recommend services
6	I have absolutely no recollection of the experience as I should have been dead, so thank you all the team that responded		and are responsible for saving my life!!!!
7		The pain is why I indicated the comfort poor. Not the skill of the medic.	The ride in the vehicle seemed to be very shocking (poor suspension)I feel that my pain was beyond the medic's ability to manage.
8	Nice gentlemen who were really more concerned than I was.		It was a positive experience



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*Regional Emergency Medical Services Authority*

**REMSA**  
**PUBLIC RELATIONS REPORT**  
**FOR**  
**JANUARY 2015**



## PUBLIC RELATIONS

January 2015

ACTIVITY	RESULTS
Worked with Brenda Staffan on a Journal of EMS article on Community Health Programs.	JEMS article will be published in February.
Began planning and scheduling of media training for 12-16 REMSA supervisors.	Training will take place in February.
Coordinated Community Health Programs presentation with Washoe County Board of County Commissioners.	Meeting took place In January.
Rescheduled Community Health Programs presentation for Reno City Council.	Meeting is now in April.
Assisted in coordination of KOLO interview and story on Community Health Paramedics.	Story aired the last week of January.
Wrote and distributed media alert on Running Red for Heart event on Feb. 7.	Preview story ran on Channel 2 TV, Alice radio and Reno Gazette Journal.

## WCSD Police: Pepper Spray Affects 6 Dilworth Middle Students

Posted: Jan 27, 2015 9:44 AM PST Updated: Jan 27, 2015 1:59 PM PST

By Kellene Stockwell



Washoe County School District Police say a student accidentally discharged pepper spray causing 6 Dilworth Middle students to complain of burning throats and a dry cough.

WCSD Police tell us 22 students total were inside a classroom before 9 a.m. Tuesday when the incident happened.

No other students were impacted, and the students were evaluated by REMSA at the nurse's office. No students were transported to the hospital.

## Community CPR class at GBC



16 HOURS AGO *Jan. 27, 2015*

ELKO -- Great Basin College and Newmont Mine Rescue have teamed together to bring the community a low-cost basic adult, child and infant CPR course on Feb. 7 in the Great Basin College Health Science Building.

The time for the course is from 9 a.m. to 12:30 p.m. The cost is \$5 and can be paid online with a debit or credit card to REMSA or at the door directly before the class. The cost of the class will pay for American Heart Association

certification cards. You can preregister and pay the \$5 by going to [www.remsaeducation.com](http://www.remsaeducation.com). The name of the event is Elko GBC Community CPR event.

The American Heart Association's CPR and AED programs teach community members how to respond in a cardiac emergency. By training community members in the emergency care skills, the survival rate of victims they encounter who have stopped breathing, suffered cardiac arrest or are choking increases dramatically.

With this in mind, Newmont Mine Rescue and GBC Nursing hope to train at least 100 people in the area how to respond in these types of emergencies. Children over the age of 12 are encouraged to attend and help create a next generation of lifesavers.



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*Regional Emergency Medical Services Authority*

**FOR IMMEDIATE RELEASE:**

**January 28, 2015**

**CONTACT:** Scott Walquist, KPS|3, 775-686-2116, [scott@kps3.com](mailto:scott@kps3.com)

**REMSA PRESENTS “RUNNING RED FOR HEART 5K”**

**RENO, Nev.** – In honor of February’s National American Heart Month, the Regional Emergency Medical Services Authority (REMSA) will present the third annual Running Red for Heart 5K run/walk on Saturday, Feb. 7. The 5K run/walk will begin in front of Scheels and will follow a route that will include the Sparks Marina. The run begins at 8 a.m. and all runners are asked to wear all red running gear. Awards will be given for best-dressed runner during a special awards ceremony at the completion of the run. Registration is \$35 and is available at [runningredforheart.org](http://runningredforheart.org). Discounts will be given for teams. Same day registration begins at 7 a.m. in front of Scheels.

Proceeds raised from this year’s run/walk will go to the implementation of CPR (cardiopulmonary resuscitation) kits in Washoe County schools. The CPR kits will provide teachers the tools and resources needed to teach CPR in the classroom. This initiative will help ensure more people are trained to respond and provide help when it is needed most in our community. Additional funds from the run/walk will go directly to the local American Heart Association to support their mission to reduce death and disability from cardiovascular disease.

For more information or questions, contact REMSA at (775) 353-0772 or [www.remsaeducation.com](http://www.remsaeducation.com).

###

**STAFF REPORT**  
**BOARD MEETING DATE: February 26, 2015**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date January 31, 2015

**SUMMARY**

The first seven months of the fiscal year 2015 (FY15) ended with a cash balance of negative \$236,180. County General Fund support was not transferred in January to cover the shortfall at month end but was later transferred in February. Total revenues were \$9.1 million, 47.1% of budget and an increase of 4.7% compared to fiscal year 2014 (FY14). With 58.3% of the fiscal year completed the expenditures totaled \$11.3 million, 54.2% of the budget and 4.0% more than FY14. Salaries and benefits continue to be the single largest category increase over FY14 at an increase of \$495,772, 6.3%, for a total cost of \$8.4 million.

**District Health Strategic Objective supported:** Secure and deploy resources for sustainable impact.

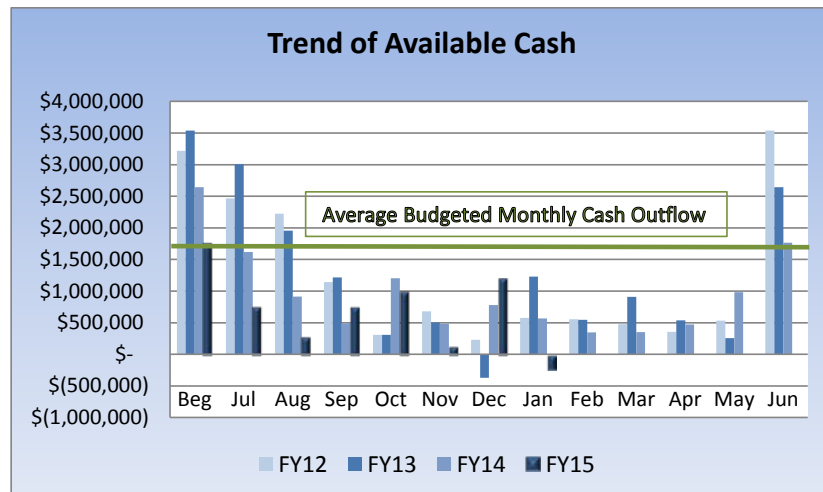
**PREVIOUS ACTION**

Fiscal Year 2015 Budget was adopted May 19, 2014.

**BACKGROUND**

**Review of Cash**

The available cash at the end of the seven months of FY15 was a negative \$236,180 down 141.6%, \$803,773, compared to FY14. The County General Fund has transferred \$4.3 million for the year; however, no transfer was done in January to cover the cash shortfall prior to the end of the month. General Fund support was transferred in February to bring the cash balance to a positive position.



Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.



**Review of Revenue and Expenditures by Division**

AQM division revenue has a 7.4% decline, \$107,465, over FY14 mainly due to one-time funding from DMV excess reserves for pollution control that was received in FY14. EHS is up 24.1%, \$206,894, over FY14 with the majority of that increase due to the tire fee revenue; excluding the tire fee revenue the increase over FY14 is 6.1%, \$41,686. EPHP is up from FY14 by 1.3%, \$9,384. County General Fund transferred \$4,271,747 of the budgeted transfer, down \$30,199 compared to FY14.

With 58.3% of the fiscal year completed the total expenditures of \$11.3 million were slightly less at 54.2% of total budget. ODHO and CCHS were running at a level spending pattern for the year. AHS continues to be high due to the unbudgeted retirement payouts and AQM was low due to unspent capital funding. EHS is low due to unspent funding in the tire fee revenue restricted account. The EPHP is down from what would be a level spending pattern due to the recruitment time that was required for new staff in the Vital Statistics and Emergency Medical Services program. The County General Fund overhead charges for the seven months totaled \$1.4 million, 58.3% of budget, but down 5.4% from FY14 due to the overall decline in the overhead charge.

Washoe County Health District								
Summary of Revenues (including County General Fund transfers) and Expenditures								
Fiscal Year 2011/2012 through January Year to Date Fiscal Year 2014/2015 (FY15)								
	Actual Fiscal Year		Fiscal Year 2013/2014		Fiscal Year 2014/2015			
	2011/2012	2012/2013	Actual Year End	January Year to Date	Adjusted Budget	January Year to Date	Percent of Budget	FY15 Increase over FY14
<b>Revenues (all sources of funds)</b>								
ODHO	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	32,929	61,113	41	0.1%	-99.9%
AQM	1,966,492	2,068,697	2,491,036	1,450,224	2,116,070	1,342,759	63.5%	-7.4%
CCHS	3,706,478	3,322,667	3,388,099	1,326,243	3,528,098	1,686,746	47.8%	27.2%
EHS	1,755,042	1,828,482	1,890,192	859,957	1,931,774	1,066,851	55.2%	24.1%
EPHP	1,670,338	1,833,643	1,805,986	706,983	1,630,280	716,367	43.9%	1.3%
GF Operating	7,250,850	6,623,891	6,853,891	3,426,946	7,666,420	3,274,838	42.7%	-4.4%
GF Overhead Subsidy	-	2,000,000	1,750,000	875,000	2,333,772	996,909	42.7%	13.9%
<b>Total Revenues</b>	<b>\$ 16,349,208</b>	<b>\$ 17,710,834</b>	<b>\$ 18,267,134</b>	<b>\$ 8,678,281</b>	<b>\$ 19,267,526</b>	<b>\$ 9,084,510</b>	<b>47.1%</b>	<b>4.7%</b>
<b>Expenditures</b>								
ODHO	-	-	-	-	442,477	249,028	56.3%	-
AHS	1,202,330	1,305,407	1,247,924	693,353	1,004,343	635,668	63.3%	-8.3%
AQM	1,955,798	2,297,077	2,170,911	1,207,169	2,752,520	1,264,427	45.9%	4.7%
CCHS	6,086,866	5,757,304	5,779,003	3,263,261	5,982,646	3,485,850	58.3%	6.8%
EHS	4,848,375	4,772,942	4,804,597	2,909,301	5,603,142	2,969,801	53.0%	2.1%
EPHP	2,084,830	2,129,310	2,022,331	1,105,777	2,350,969	1,103,216	46.9%	-0.2%
GF Overhead Charge	-	2,553,372	2,898,034	1,690,520	2,741,061	1,598,952	58.3%	-5.4%
<b>Total Expenditures</b>	<b>\$ 16,178,200</b>	<b>\$ 18,815,411</b>	<b>\$ 18,922,800</b>	<b>\$ 10,869,384</b>	<b>\$ 20,877,158</b>	<b>\$ 11,306,944</b>	<b>54.2%</b>	<b>4.0%</b>
<b>Revenues (sources of funds) less Expenditures:</b>								
ODHO	-	-	-	-	(442,477)	(249,028)		
AHS	(1,202,322)	(1,271,953)	(1,159,994)	(660,424)	(943,230)	(635,627)		
AQM	10,694	(228,380)	320,125	243,054	(636,450)	78,332		
CCHS	(2,380,389)	(2,434,637)	(2,390,904)	(1,937,018)	(2,454,548)	(1,799,105)		
EHS	(3,093,333)	(2,944,460)	(2,914,405)	(2,049,345)	(3,671,368)	(1,902,950)		
EPHP	(414,492)	(295,666)	(216,345)	(398,795)	(720,689)	(386,849)		
GF Operating	7,250,850	6,623,891	6,853,891	3,426,946	7,666,420	3,274,838		
GF Overhead Subsidy	-	(553,372)	(1,148,034)	(815,520)	(407,289)	(602,043)		
<b>Surplus (deficit)</b>	<b>\$ 171,008</b>	<b>\$ (1,104,577)</b>	<b>\$ (655,666)</b>	<b>\$ (2,191,103)</b>	<b>\$ (1,609,632)</b>	<b>\$ (2,222,433)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 3,916,042</b>	<b>\$ 2,811,465</b>	<b>\$ 2,155,799</b>		<b>\$ 546,168</b>			
<b>FB as a % of Expenditures</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>		<b>2.6%</b>			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

**FISCAL IMPACT**

No fiscal impact associated with the acknowledgement of this staff report.

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date January 31, 2015.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date January 31, 2015.

Attachment:  
Health District Fund summary report with line item detail



Period: 1 thru 7 2015 Fund: 202 Health Fund  
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
422503 Environmental Permits	46,317-	25,697-	20,620-	55	63,177-	35,201-	27,976-	56
422504 Pool Permits	97,000-	22,486-	74,514-	23	74,690-	21,480-	53,210-	29
422505 RV Permits	11,000-	7,533-	3,467-	68	13,306-	7,461-	5,845-	56
422507 Food Service Permits	420,000-	253,400-	166,540-	60	492,181-	249,969-	242,212-	51
422508 Wat Well Const Perm	30,000-	20,156-	9,844-	67	23,567-	19,474-	4,093-	83
422509 Water Company Permits	5,000-	7,286-	2,286	146	3,200-	4,434-	1,234	139
422510 Air Pollution Permits	474,103-	300,767-	173,336-	63	584,012-	296,450-	287,562-	51
422511 ISDS Permits	75,000-	46,466-	28,534-	62	66,522-	50,902-	15,620-	77
422513 Special Event Permits	105,000-	45,846-	59,154-	44	99,623-	50,412-	49,211-	51
422514 Initial Applic Fee	31,000-	18,426-	12,574-	59	35,226-	19,620-	15,606-	56
* Licenses and Permits	1,294,420-	748,123-	546,297-	58	1,455,504-	755,403-	700,101-	52
431100 Federal Grants	5,194,659-	2,318,763-	2,875,896-	45	5,301,515-	1,823,923-	3,477,592-	34
431105 Federal Grants - Indirect	235,667-	126,342-	109,325-	54	243,178-	131,933-	111,246-	54
432100 State Grants	311,068-	157,827-	153,241-	51	741,802-	217,518-	524,284-	29
432105 State Grants-Indirect	16,026-	3,734-	12,292-	23	2,205-	766-	1,439-	35
432310 Tire Fee NRS 444A.090	468,548-	342,523-	126,025-	73	468,548-	177,316-	291,232-	38
432311 Pol Ctrl 445B.830	318,667-	376,573-	57,906	118	300,000-	479,375-	179,375	160
* Intergovernmental	6,544,636-	3,325,763-	3,218,873-	51	7,057,248-	2,830,830-	4,226,419-	40
460162 Services to Other Agencies								
460500 Other Immunizations	89,000-	21,533-	67,468-	24	89,000-	29,432-	59,568-	33
460501 Medicaid Clinical Services	8,200-	1,162-	7,038-	14	8,200-	1,678-	6,523-	20
460503 Childhood Immunizations	20,000-	6,996-	13,004-	35	20,000-	9,692-	10,308-	48
460504 Maternal Child Health								
460505 Non Title X Revenue								
460508 Tuberculosis	4,100-	3,252-	848-	79	4,100-	2,846-	1,254-	69
460509 Water Quality								
460510 IT Overlay	35,344-	18,487-	16,857-	52	35,344-	20,572-	14,772-	58
460511 Birth and Death Certificates	480,000-	261,326-	218,674-	54	450,000-	261,051-	188,949-	58
460512 Duplication Service Fees		301-	301			702-	702	
460513 Other Healt Service Charges		359-	359			112	112-	
460514 Food Service Certification	18,000-	10,950-	7,050-	61	19,984-	11,635-	8,349-	58
460515 Medicare Reimburseamnt								
460516 Pgm Inc-3rd Prty Rec	1,750-	18,522-	16,772	1,058	1,750-	18,880-	17,130	1,079
460517 Influenza Immunization	7,000-	53-	6,948-	1	7,000-	3,510-	3,490-	50
460518 STD Fees	21,000-	7,020-	13,980-	33	21,000-	10,977-	10,023-	52
460519 Outpatient Services								
460520 Eng Serv Health	50,000-	27,541-	22,459-	55	50,707-	29,240-	21,467-	58
460521 Plan Review - Pools & Spas	3,600-	3,033-	567-	84	3,816-	3,173-	643-	83
460523 Plan Review - Food Services	20,000-	11,166-	8,834-	56	18,765-	11,267-	7,498-	60
460524 Family Planning	32,000-	17,957-	14,043-	56	27,000-	19,789-	7,211-	73
460525 Plan Review - Vector	42,000-	27,280-	14,720-	65	36,021-	31,670-	4,351-	88
460526 Plan Review-Air Quality	57,889-	30,981-	26,908-	54	65,272-	17,730-	47,542-	27
460527 NCE-AGM	116,984-	70,063-	46,921-	60	113,934-	71,527-	42,407-	63

Period: 1 thru 7 2015 Fund: 202 Health Fund  
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
460528 NESHAP-AQM	99,333-	58,037-	41,296-	58	135,389-	48,011-	87,378-	35
460529 Assessments-AQM	51,336-	27,342-	23,994-	53	57,888-	26,350-	31,538-	46
460530 Inspector Registr-AQ	2,162-	855-	1,307-	40	14,655-	2,113-	12,542-	14
460531 Dust Plan-Air Quality	142,403-	74,348-	68,055-	52	187,690-	84,540-	103,150-	45
460532 Plan Rvw Hotel/Motel		3,010-	3,010					
460533 Quick Start								
460534 Child Care Inspection	8,514-	5,251-	3,263-	62	10,560-	4,592-	5,968-	43
460535 Pub Accomod Inspectn	19,000-	10,732-	8,268-	56	22,540-	11,286-	11,254-	50
460570 Education Revenue					2,900-	882-	2,018-	30
* Charges for Services	1,329,615-	717,556-	612,059-	54	1,403,515-	733,032-	670,483-	52
483000 Rental Income		41-	41					
484050 Donations Federal Pgm Income	37,550-	15,247-	22,303-	41	37,550-	21,546-	16,004-	57
484195 Non-Govt'l Grants	55,988-		55,988-		88,263-	32,276-	55,987-	37
484197 Non-Gov. Grants-Indirect	5,125-		5,125-		5,125-		5,125-	
485100 Reimbursements		4,446-	4,446					
485121 Jury Reimbursements		90-	90			80-	80	
485300 Other Misc Govt Rev		1,497-	1,497		62,229-	2,515-	59,714-	4
* Miscellaneous	98,663-	21,322-	77,341-	22	193,167-	56,418-	136,749-	29
** Revenue	9,267,334-	4,812,764-	4,454,570-	52	10,109,435-	4,375,683-	5,733,752-	43
701110 Base Salaries	9,207,669	5,286,296	3,921,374	57	9,191,190	4,964,557	4,226,633	54
701120 Part Time	408,927	240,312	168,614	59	565,940	239,826	326,114	42
701130 Pooled Positions	508,176	221,974	286,202	44	464,481	253,819	210,661	55
701140 Holiday Work	4,319	2,690	1,629	62	2,819	3,178	359-	113
701150 Contractual Wages								
701200 Incentive Longevity	155,100	81,672	73,428	53	165,426	82,244	83,181	50
701300 Overtime	62,405	32,918	29,487	53	69,920	33,161	36,759	47
701403 Shift Differential		45	45-					
701406 Standby Pay						100-	100	
701408 Call Back	1,000		1,000		1,000		1,000	
701412 Salary Adjustment	60,733		60,733		230,085-		230,085-	
701413 Vac Payoff/Sick Pay-Term		123,195	123,195-			54,118	54,118-	
701417 Comp Time		11,950	11,950-			3,334	3,334-	
701419 Comp Time - Transfer						1,886	1,886-	
701500 Merit Awards								
* Salaries and Wages	10,408,329	6,001,053	4,407,276	58	10,230,689	5,636,022	4,594,668	55
705110 Group Insurance	1,457,971	834,347	623,624	57	1,422,035	772,093	649,942	54
705210 Retirement	2,509,362	1,413,958	1,095,404	56	2,515,667	1,346,377	1,169,290	54
705215 Retirement Calculation								
705230 Medicare April 1986	134,717	82,007	52,709	61	136,701	75,739	60,962	55
705320 Workmens Comp	67,787	39,543	28,244	58	66,992	38,581	28,411	58
705330 Unemploy Comp	15,179	8,855	6,325	58	15,375	15,179	196	99
705360 Benefit Adjustment	31,202		31,202					
* Employee Benefits	4,216,218	2,378,710	1,837,508	56	4,156,770	2,247,969	1,908,801	54



Period: 1 thru 7 2015 Fund: 202 Health Fund  
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
710703 Biologicals	224,482	127,166	97,316	57	246,791	125,112	121,679	51
710714 Referral Services		1,356	1,356-		6,328		6,328	
710721 Outpatient	88,786	35,657	53,129	40	93,093	37,055	56,037	40
710872 Food Purchases	4,889	1,368	3,520	28	10,176	344	9,831	3
711010 Utilities					180		180	
711020 Water/Sewer								
711100 ESD Asset Management	66,526	37,825	28,701	57	47,436	28,944	18,492	61
711113 Equip Srv Replace	27,586	15,763	11,823	57	27,084	16,104	10,980	59
711114 Equip Srv O & M	41,538	25,924	15,614	62	46,869	25,778	21,090	55
711115 Equip Srv Motor Pool	5,000		5,000		16,741		16,741	
711117 ESD Fuel Charge	48,591	29,041	19,550	60	55,492	26,148	29,344	47
711119 Prop & Liab Billings	74,502	43,460	31,042	58	74,502	43,460	31,042	58
711210 Travel	220,668	46,069	174,599	21	269,811	40,768	229,043	15
711300 Cash Over Short		20-	20			20	20-	
711399 ProCard in Process		690	690-					
711400 Overhead - General Fund	2,741,061	1,598,952	1,142,109	58	2,898,034	1,690,520	1,207,514	58
711504 Equipment nonCapital	100,626	46,454	54,172	46	135,712	73,979	61,733	55
* Services and Supplies	5,853,917	2,901,729	2,952,188	50	6,328,754	2,918,925	3,409,829	46
781004 Equipment Capital	373,694	25,452	348,242	7	332,748	66,468	266,280	20
781007 Vehicles Capital	25,000		25,000		100,000		100,000	
* Capital Outlay	398,694	25,452	373,242	6	432,748	66,468	366,280	15
** Expenses	20,877,158	11,306,944	9,570,214	54	21,148,962	10,869,384	10,279,578	51
485193 Surplus Supplies Sales						653-	653	
* Other Fin. Sources						653-	653	
621001 Transfer From General	10,000,192-	4,271,747-	5,728,445-	43	8,603,891-	4,301,946-	4,301,945-	50
* Transfers In	10,000,192-	4,271,747-	5,728,445-	43	8,603,891-	4,301,946-	4,301,945-	50
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192-	4,271,747-	5,728,445-	43	8,603,891-	4,302,598-	4,301,293-	50
*** Total	1,609,632	2,222,434	612,802-	138	2,435,636	2,191,103	244,533	90

**STAFF REPORT**  
**BOARD MEETING DATE: February 26, 2015**

**TO:** District Board of Health

**THROUGH:** Kevin Dick, District Health Officer  
328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)

**FROM:** Anna Heenan, Administrative Health Services Officer  
328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)

**SUBJECT:** Approval of the Fiscal Year 2015-2016 Budget

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**SUMMARY**

Presented in this staff report is the Recommended Budget for Fiscal Year 2015-2016. The budget includes the anticipated revenues and expenditures for twenty-two programs within the Health District with 150.01 full-time equivalents (FTEs) authorized to provide the services. The total revenue is projected to be \$19,348,167 for an increase over fiscal year 2015 (FY15) of 2.4%. Total expenditures projected for FY16 is \$19,989,285 which is a 2.8% increase over FY15. It is anticipated that FY15 will have an ending fund balance of \$810,528 of which \$641,118 will be used for FY16 to cover the gap between revenues and expenditures.

Included in the FY16 Recommended budget:

- The existing authorized positions of 150.01 FTEs with no additional staff being requested.
- A full year of the 1% salary adjustment that took effect January 1, 2015.
- Increase in the Retirement contribution (PERS) from 25.75% to 28.00%.
- Cost adjustments (plus/minus) where necessary for existing contractual obligations that required adjustments.
- 12.6% increase, \$23,285, for fleet operation billings from the County to be offset with anticipated savings from the results of a Quality Improvement project in FY16 to lower costs for FY17.
- 2% increase, \$54,821, for County indirect cost allocations.
- County General Fund transfer for FY16 of \$10,076,856.

Not included in the budget but will be added in prior to the budget being delivered to the Department of Taxation is the adjustments to the Risk Management billings (workmen's compensation, unemployment insurance and property and liability insurance). If increases take place in these billings it is anticipated that the additional funding will be absorbed in the existing recommended budget.

## **BACKGROUND**

### ***Mission***

The Washoe County Health District protects and enhances the physical well-being and quality of life for all citizens of Washoe County by providing health promotion, disease prevention, public health emergency preparedness and environmental services.

### ***2012-2015 Strategic Plan***

- Demonstrate the value and contribution of public health
- Strengthen Countywide infrastructure to improve public health
- Secure and deploy resources for sustainable impact
- Strengthen Washoe County Health District as an innovative, high-performing organization
- Achieve targeted improvements in health outcomes and health equity

### ***Health District Accomplishments***

- Completing a Fundamental Review of the Health District and embarking upon implementation of the recommendations contained in the review.
- Received the EPA Clean Air Excellence Award-Gregg Cooke Visionary Program for the Keep it Clean Campaign.
- Improved daily reporting of air quality conditions in response to the King Fire utilizing Social Media (Facebook & Twitter) in addition to EPA's EnviroFlash tool.
- Moved the Women, Infants and Children (WIC) program to Community and Clinical Health Services to coordinate broader service delivery to our clients.
- Expanding access to on-site services for vital records and immunizations (IZ) to 5 days per week, and offering evening hours for IZ.
- Moving forward with the cities and county through a formalized interlocal agreement to develop a new regional Internet platform for permitting and inspection activities.
- Negotiating an amended and restated franchise agreement with REMSA that improves our oversight capabilities and eliminates the controversial "evergreen" clause.
- Established a new Regional Emergency Medical Services (EMS) Oversight Program through an interlocal agreement with the cities, county and the Truckee Meadows Fire Protection District.
- Worked collaboratively with Renown Health and other regional partners to develop a Community Health Needs Assessment and planned the Truckee Meadows Healthy Communities Conference held on January 8<sup>th</sup>.
- Improving time-accounting practices to begin program analysis and assessment.
- Expanding our quality improvement knowledge and capabilities and gaining experience through the Quality Improvement Team (Q-Team) and project implementation.
- Continued to build our public health preparedness by working with other organizations in the community to assist with points of dispensing (PODs) for distribution of medicine in the event of pandemics or bioterrorism attacks.
- Responding to the West African Ebola Outbreak by developing a local response plan and monitoring travelers.
- Ensuring public health protection to residents and visitors attending the region's numerous special events.

***Interlocal Agreement establishing the Washoe County Health District***

As outlined in the Health District Interlocal agreement the Washoe County Health District is a Special Revenue Fund within the books of Washoe County. The Special Revenue Funds account for revenue sources which are legally restricted for specified purposes. All revenues and expenditures associated with the health function of the Washoe County Health District are accounted and budgeted for within the Health Fund.

The Interlocal Agreement concerning the Washoe County Health District requires the Board of County Commissioners to adopt a final budget for the Health District, which must be prepared using the same time frames and format used by other County Departments.

The Division Directors and Program staff met with Administration to review projected revenues and expenditures for the remainder of the Fiscal Year 2015 and to identify budget requests for Fiscal year 2016. The proposed budget reflects the discussion of the Program Manager's, Division Director's and direction by the District Health Officer.

The Interlocal Agreement requires a preliminary budget be transmitted to the Managers of the City of Reno, City of Sparks and Washoe County for their review and comment. The meeting with the Managers will be held on Thursday March 5, 2015. The District Health Officer will present the Managers' comments to the District Board of Health at the regularly scheduled meeting in March, 2015.

***Fiscal Year 2015-2016 (FY16) Recommended Budget***

The FY16 recommended budget includes anticipated revenues and expenditures for 22 programs as outlined below.

<b>Washoe County Health District Programs</b>
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**Office of the District Health Officer**

**Administrative Health Services**

**Air Quality Management**

**Community and Clinical Health Services**

- Chronic Disease Prevention
- Community & Clinical Health Services
- Family Planning
- Immunizations
- Maternal, Child & Adolescent Health
- Sexual Health – HIV
- Sexual Health – STD
- Tuberculosis
- Women, Infants and Children

**Environmental Health Services**

- Environmental Health Services
- Food Protection
- Safe Drinking Water
- Solid Waste Management
- Underground Storage Tanks
- Vector Borne Diseases

**Epidemiology and Public Health Preparedness**

- Emergency Medical Services
- Epidemiology Surveillance
- Public Health Preparedness
- Vital Statistics

The five Divisions and the Office of the District Health Officer budgets are summarized below. The details of the twenty-two program budgets within the Divisions are located in Appendix A. A summary report by revenue category and total expenditures is found in Appendix B. The budgeted FTE history and classifications are in Appendix C and the organization charts are found in Appendix D.

### **Office of the District Health Officer**

Chapter 439 of the Nevada Revised Statutes prescribes the organization and functions of the Health District. The Health District operates through five divisions and the Office of the District Health Officer.

Total program Full-time equivalents:	4.0
Total FY 2016 Program Revenues:	\$0
Total FY 2016 Program Expenditures:	\$558,908

### **Administrative Health Services Division**

Administrative Health Services Division provides administrative guidance and oversight for financial activities, risk management, purchasing, human resources, facilities management, and information technology for the District.

Total program Full-time equivalents:	10.0
Total FY 2016 Program Revenues:	\$0
Total FY 2016 Program Expenditures:	\$1,034,019

### **Air Quality Management Division**

The Air Quality Management Division implements clean air solutions that protect the quality of life for the citizens of Reno, Sparks, and Washoe County through community partnerships along with programs and services such as air monitoring, permitting and enforcement, planning, and public education.

Total program Full-time equivalents:	18.00
Total FY 2016 Division Revenues:	\$2,253,177
Total FY 2016 Division Expenditures:	\$2,710,807



### **Community & Clinical Health Services Division**

Community and Clinical Health Services Division (CCHS) focuses on disease prevention, community and individual education and wellness, and partners with other community organizations and health care providers to improve the health of our community.

Total program Full-time equivalents:	54.76
Total FY 2016 Division Revenues:	\$3,480,526
Total FY 2016 Division Expenditures:	\$7,141,915

### **Environmental Health Services Division**

The Environmental Health Services Division (EHS) enforces sanitation standards in regulated facilities, monitors potable water quality, performs mosquito and vector-borne disease control, assures that local solid waste management conforms to Local, State and Federal Laws, and maintains a high state of preparedness to respond to public health threats including releases of hazardous materials.

Total program Full-time equivalents:	43.70
Total FY 2016 Division Revenues:	\$1,937,876
Total FY 2016 Division Expenditures:	\$6,060,792

### **Epidemiology and Public Health Preparedness**

The Epidemiology and Public Health Preparedness Division (EPHP) conducts surveillance on reportable diseases and conditions, analyzes communicable and chronic disease data to identify risk factors and disease control strategies, investigates disease outbreaks, serves as the local registrar for births and deaths, and develops departmental capabilities for response to biological terrorism and other public health emergencies, and the Emergency Medical Services Programs.

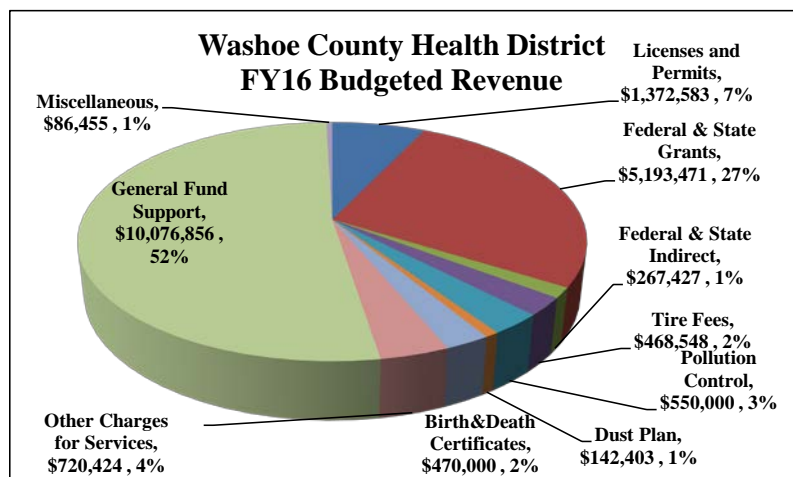
Total program Full-time equivalents:	19.55
Total FY 2016 Division Revenues:	\$1,599,732
Total FY 2016 Division Expenditures:	\$2,482,844

Total Health Fund revenues are projected to be \$19,348,167 and the expenditures are budgeted at \$19,989,285 which is a \$641,118 structural deficit that will be funded with savings from this fiscal year and have been anticipated in the estimated year-end financials. The total full-time equivalents (FTEs) for the Health District are budgeted at 150.01, which is the existing authorized staffing level. No additional positions are being requested for FY16.

The \$19.3 million in revenues is a 2.4% increase over FY15 and includes:

- **Licenses and Permits - \$1,372,583, up 6%, over fiscal year 2015 adopted budget**
  - Includes the \$100,000 anticipated revenue for the new fees being work shopped in February and will return to the Board in April for possible adoption
- **Grants - \$5,460,898, up 1.3%**
  - No new grant funding is anticipated
- **Tire Fees and Pollution Control revenue - \$1,018,548, up 29.4%**, increase is due to restricted excess reserves from the DMV that were not previously budgeted in the adopted budget for FY15 and have now been included in FY16 budget
- **Charges for services - \$1,332,827, up 0.2%**
- **Miscellaneous Revenue - \$86,455, down 12.4%**
- **County General Fund Support - \$10,076,856, no additional transfer anticipated**

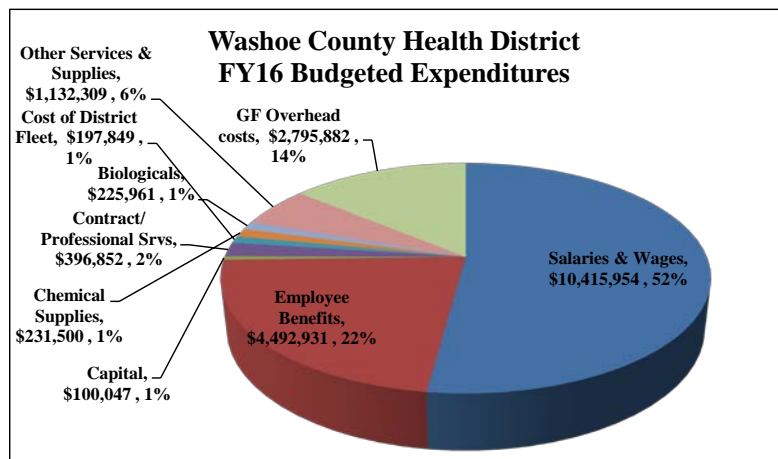
FY16 Budgeted Revenue		
		% of Total Revenue
Birth&Death Certificates	\$ 470,000	2.4%
Dust Plan	142,403	0.7%
Federal & State Grants	5,193,471	26.8%
Federal & State Indirect	267,427	1.4%
General Fund Support	10,076,856	52.1%
Licenses and Permits	1,372,583	7.1%
Miscellaneous	86,455	0.4%
Other Charges for Services	720,424	3.7%
Pollution Control	550,000	2.8%
Tire Fees	468,548	2.4%
Total Revenue	\$ 19,348,167	100.0%



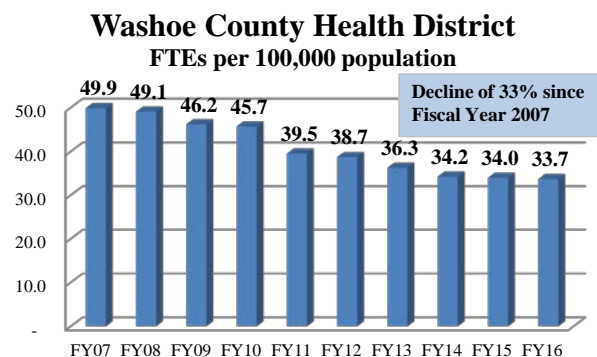
Total budget expenditures are \$19,989,285 which is a 2.8% increase over FY15 and includes:

- **Salaries and Wages - \$10,415,954, up 1.1%, over FY15 adopted budget**
  - 150.01 FTEs up from 149.83 in FY15 due to adjustments in the intermittent hourly & seasonal staff funding available for FY16
  - Includes merit increases for those not at the top of the pay range
- **Employee Benefits - \$4,492,931, up 7.1%**
  - Assumes no increase in group insurance
  - Retirement up from 25.75% to 28.00%
- **Services and Supplies - \$4,980,353, up 2.1%, \$100,722, largest dollar increases**
  - Operating Supplies - \$23,295, up 22.8%, from grant funding
  - Advertising - \$58,117, up 49.6%, from grant funding
  - Fleet Operations - \$23,285, up 12.6% due to County billings
  - County Overhead - \$54,821, up 2%
  - Miscellaneous accounts down \$58,796, 3.4%
- **Capital - \$100,047, up 49.2%**
  - Equipment for Air Monitoring and Electronic Health Records

FY16 Budgeted Expenditures		
		% of Total Exp.
Salaries & Wages	\$10,415,954	52.1%
Employee Benefits	4,492,931	22.5%
GF Overhead costs	2,795,882	14.0%
Biologicals	225,961	1.1%
Chemical Supplies	231,500	1.2%
Contract/ Professional Svcs	396,852	2.0%
Cost of District Fleet	197,849	1.0%
Other Services & Supplies	1,132,309	5.7%
Capital	100,047	0.5%
<b>Total Expenditures</b>	<b>\$19,989,285</b>	<b>100.0%</b>



The budgeted FTEs are for the existing authorized FTEs of 150.0. The detail for the FTE classifications can be found in Appendix C. The Washoe County Health District FTEs per 100,000 population is at 33.7 a decline of 33% since fiscal year 2007.



With calculating in the opening fund balance for FY15 of \$2,155,799 (detail in Appendix E) and combining the anticipated resources and uses for both fiscal year 2015 and 2016 the ending fund balance for FY15 is projected to be \$810,528 that will be available for the budget in FY16. The total resources and expenditures for FY16 are generating a fund balance of \$169,410. The detail of the sources and uses are as follows:

FUND SUMMARY:	Actual				ETC	Recommended
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b>SOURCES OF FUNDS:</b>						
<b>Opening Fund Balance</b>	3,194,988	3,745,034	3,916,042	2,811,464	2,155,799	<b>810,528</b>
<b>Revenue:</b>						
Licenses and Permits	1,042,434	984,267	1,179,756	1,406,086	1,310,833	<b>1,372,583</b>
Federal & State Grants	5,944,967	5,968,145	5,772,186	5,795,912	5,670,868	<b>5,460,898</b>
Tire Fees	450,911	513,800	432,642	314,136	468,548	<b>468,548</b>
Pollution Control (Note (1))	306,945	313,965	314,903	634,731	618,667	<b>550,000</b>
Birth & Death Certificates	359,725	439,910	476,829	457,596	465,000	<b>470,000</b>
Other Charges for Services	928,440	825,839	837,422	881,963	812,881	<b>862,827</b>
Miscellaneous	44,676	52,432	73,204	172,819	47,344	<b>86,455</b>
<b>Total Revenue</b>	<b>9,078,098</b>	<b>9,098,358</b>	<b>9,086,942</b>	<b>9,663,243</b>	<b>9,394,141</b>	<b>9,271,311</b>
Total General Fund transfer	8,192,500	7,250,850	8,623,891	8,603,891	10,000,192	<b>10,076,856</b>
<b>Total Sources of Funds</b>	<b>20,465,586</b>	<b>20,094,242</b>	<b>21,626,875</b>	<b>21,078,599</b>	<b>21,550,132</b>	<b>20,158,695</b>
<b>USES OF FUNDS:</b>						
<b>Expenditures:</b>						
Salaries & Wages	10,502,906	9,861,088	9,803,867	9,591,107	10,229,748	<b>10,415,954</b>
Employee Benefits	3,749,582	3,745,285	3,794,135	3,829,396	4,135,517	<b>4,492,931</b>
Contract/Professional Svcs	614,224	557,610	713,360	809,059	641,657	<b>396,852</b>
Chemical Supplies	321,497	265,304	231,490	231,398	231,437	<b>231,500</b>
Biologicals	130,575	180,620	226,789	247,975	214,322	<b>225,961</b>
Cost of District Fleet	164,958	176,543	136,051	161,263	190,241	<b>197,849</b>
Other Services and Supplies	1,151,440	1,075,820	1,143,722	1,007,779	2,248,911	<b>1,132,309</b>
GF Overhead costs	-	-	2,553,372	2,898,034	2,741,062	<b>2,795,882</b>
Capital	85,369	315,930	212,624	146,788	106,709	<b>100,047</b>
<b>Total Uses of Funds</b>	<b>16,720,552</b>	<b>16,178,200</b>	<b>18,815,411</b>	<b>18,922,800</b>	<b>20,739,604</b>	<b>19,989,285</b>
<b>Ending Fund Balance (FB)</b>	<b>3,745,034</b>	<b>3,916,042</b>	<b>2,811,464</b>	<b>2,155,799</b>	<b>810,528</b>	<b>169,410</b>
<b>FB as a percent of Uses of Funds</b>	<b>22.4%</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>	<b>3.9%</b>	<b>0.8%</b>

Note: (1) Pollution Control funding increase from FY13 to FY14 is due to a shift from the revenue being reported as a grant to reporting as a separate restricted source of revenue.

**Three year projection**

In December, 2014, staff reported to the Board that the ending fund balance for FY17 is projected to be \$780,256; with the recommendations for the FY16 budget and the assumptions noted below the revised projection for FY17 ending fund balance is down to a negative \$249,146 (see projections below) closing the gap by \$531,110. The assumptions used for the projections include:

- 1) Assumes a greater cost recovery approach for licenses and permits.
- 2) Growth in salaries and benefits of 5.5% due to merit increases, medical insurance (FY17-19), and cost of retirements due to accumulated vacation and sick leave payouts.
- 3) Anticipated reduction in fleet operations as a result of a Quality Improvement project that will focus on reducing the cost of the fleet operations.
- 4) Assumes grant reimbursement is flat and expenditures will be adjusted to match the grant award amount with no transfer of costs to the local dollars.

FY16 has an ending fund balance of \$169,410 which is sufficient going into the fiscal year; the anticipated negative \$249,146 ending fund balance projected for FY17 will be evaluated during FY16 as we complete projects from the Fundamental Review that can lead to efficiencies in the operations allowing for reduction in expenditures and growth in revenues where appropriate.

	ETC	Recommended	Projected		
	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>FUND SUMMARY:</b>					
<b>SOURCES OF FUNDS:</b>					
<b>Opening Fund Balance</b>	2,155,799	<b>810,528</b>	169,410	(249,146)	(986,974)
<b>Revenue:</b>					
Licenses and Permits	1,310,833	<b>1,372,583</b>	1,747,785	1,865,074	1,990,235
Federal & State Grants	5,670,868	<b>5,460,898</b>	5,474,557	5,474,557	5,474,557
Tire Fees	468,548	<b>468,548</b>	468,548	468,548	468,548
Pollution Control (Note (1))	618,667	<b>550,000</b>	555,500	561,055	572,276
Birth & Death Certificates	465,000	<b>470,000</b>	474,700	479,447	484,241
Other Charges for Services	812,881	<b>862,827</b>	862,827	862,827	862,827
Miscellaneous	47,344	<b>86,455</b>	86,996	88,226	88,730
<b>Total Revenue</b>	<b>9,394,141</b>	<b>9,271,311</b>	<b>9,670,913</b>	<b>9,799,734</b>	<b>9,941,414</b>
Total General Fund transfer	10,000,192	<b>10,076,856</b>	10,076,856	10,076,856	10,076,856
<b>Total Sources of Funds</b>	<b>21,550,132</b>	<b>20,158,695</b>	<b>19,917,179</b>	<b>19,627,444</b>	<b>19,031,296</b>
<b>USES OF FUNDS:</b>					
<b>Expenditures:</b>					
Salaries & Wages	10,229,748	<b>10,415,954</b>	10,487,708	10,566,253	10,659,354
Employee Benefits	4,135,517	<b>4,492,931</b>	4,594,224	4,903,589	4,970,751
Contract/Professional Svcs	641,657	<b>396,852</b>	396,852	396,852	396,852
Chemical Supplies	231,437	<b>231,500</b>	231,500	231,500	231,500
Biologicals	214,322	<b>225,961</b>	225,961	225,961	225,961
Cost of District Fleet	190,241	<b>197,849</b>	178,064	188,652	195,255
Other Services and Supplies	2,248,911	<b>1,132,309</b>	1,128,500	1,119,625	1,116,021
GF Overhead costs	2,741,062	<b>2,795,882</b>	2,851,800	2,908,836	2,967,012
Capital	106,709	<b>100,047</b>	71,715	73,149	74,612
<b>Total Uses of Funds</b>	<b>20,739,604</b>	<b>19,989,285</b>	<b>20,166,324</b>	<b>20,614,418</b>	<b>20,837,319</b>
<b>Ending Fund Balance (FB)</b>	<b>810,528</b>	<b>169,410</b>	<b>(249,146)</b>	<b>(986,974)</b>	<b>(1,806,023)</b>
<b>FB as a percent of Uses of Funds</b>	<b>3.9%</b>	<b>0.8%</b>	<b>-1.2%</b>	<b>-4.8%</b>	<b>-8.7%</b>



***External Challenges not included in FY16 Recommended Budget***

Many budgeting challenges are pending. Several due to external issues: cost to implement medical marijuana regulations; Affordable Care Act; and impacts of the Legislative Session. Adjustments that will be done by the County, given that the Health District budget is part of the overall budget for the County, include adjustments for the workers compensation insurance, unemployment insurance, property and liability insurance, group health insurance and any labor negotiation adjustments.

***Next Steps***

- **February, 2015**
  - Recommended FY16 Budget due to the County
- **March, 2015**
  - District Health Officer delivers FY16 budget to County and City Managers
  - DBOH update on the Managers meeting for FY16 Budget
- **April, 2015**
  - If required, budget presentation to the Board of County Commissioners(BCC)
- **May, 2015**
  - May 12, BCC meeting, Manager’s recommendations for FY16 budget, General Fund support should be finalized
  - May 18, BCC Public Hearing and possible adoption of the FY16 Budget
- **June, 2015**
  - June 2, Final Budget due to the Department of Taxation

**FISCAL IMPACT**

Approval of the proposed FY16 recommended budget will provide a budget for \$19,348,167 in revenue and an additional \$810,528 in fund balance anticipated in FY15 to appropriate a total of \$19,989,285 for the costs to provide the Health District services to the community.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Fiscal Year 2015-2016 Budget.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal Year 2016 budget as outlined by staff.”

Should the Board amend staff’s recommendation, a possible motion would be: “Move to approve the Washoe County Health District Fiscal 2016 budget as outlined by staff with the following adjustments.....”

- Attachments:
- Appendix A - History, Current Estimates, FY16 Recommended Budget & Projections to FY19
  - Appendix B FY16 Recommended Budget
  - Appendix C History of Budgeted Full-time equivalents (FTEs)
  - Appendix D Organization Charts
  - Appendix E Components of Fund Balance

**Washoe County Health District Fund  
History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

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**Washoe County Health District Fund  
History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				Budget		Projected		
	FY 2011-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>FUND SUMMARY:</b>									
<b>SOURCES OF FUNDS:</b>									
<b>Opening Fund Balance</b>	3,194,988	3,745,034	3,916,042	2,811,464	2,155,799	810,528	169,410	(249,146)	(986,974)
<b>Revenue:</b>									
Licenses and Permits	1,042,434	984,267	1,179,756	1,406,086	1,310,833	1,372,583	1,747,785	1,865,074	1,990,235
Federal & State Grants	5,868,159	5,861,928	5,630,117	5,438,048	5,413,552	5,193,471	5,193,471	5,193,471	5,193,471
Federal & State Indirect Rev.	76,808	106,217	142,069	357,864	257,316	267,427	281,085	281,085	281,085
Tire Fees	450,911	513,800	432,642	314,136	468,548	468,548	468,548	468,548	468,548
Pollution Control (NRS445D.830)	306,945	313,965	314,903	634,731	618,667	550,000	555,500	561,055	572,276
Dust Plan	141,680	141,672	123,364	147,678	133,327	142,403	142,403	142,403	142,403
Birth & Death Certificates	359,725	439,910	476,829	457,596	465,000	470,000	474,700	479,447	484,241
Other Charges for Services	786,760	684,167	714,058	734,285	679,554	720,424	720,424	720,424	720,424
Miscellaneous	44,676	52,432	73,204	172,819	47,344	86,455	86,996	88,226	88,730
<b>Total Revenue</b>	<b>9,078,098</b>	<b>9,098,358</b>	<b>9,086,942</b>	<b>9,663,243</b>	<b>9,394,141</b>	<b>9,271,311</b>	<b>9,670,913</b>	<b>9,799,734</b>	<b>9,941,414</b>
General Fund (GF) transfer-Operating	8,192,500	7,250,850	6,623,891	6,853,891	7,666,420	7,743,084	7,743,084	7,743,084	7,743,084
GF transfer Overhead Subsidy	-	-	2,000,000	1,750,000	2,333,772	2,333,772	2,333,772	2,333,772	2,333,772
<b>Total General Fund transfer</b>	<b>8,192,500</b>	<b>7,250,850</b>	<b>8,623,891</b>	<b>8,603,891</b>	<b>10,000,192</b>	<b>10,076,856</b>	<b>10,076,856</b>	<b>10,076,856</b>	<b>10,076,856</b>
<b>Total Sources of Funds</b>	<b>20,465,586</b>	<b>20,094,242</b>	<b>21,626,875</b>	<b>21,078,599</b>	<b>21,550,132</b>	<b>20,158,695</b>	<b>19,917,179</b>	<b>19,627,444</b>	<b>19,031,296</b>
<b>USES OF FUNDS:</b>									
<b>Expenditures:</b>									
Salaries & Wages	10,120,151	9,525,698	9,458,939	9,169,680	9,892,309	10,103,153	10,174,907	10,253,452	10,346,553
Intermittent Hourly Positions	382,755	335,390	344,928	421,427	337,439	312,801	312,801	312,801	312,801
Group Insurance	1,406,215	1,334,706	1,336,381	1,307,483	1,450,926	1,486,749	1,523,694	1,561,563	1,600,378
Retirement	2,116,730	2,205,442	2,189,491	2,310,772	2,463,786	2,785,099	2,849,447	3,120,944	3,149,290
Other Employee Benefits	226,638	205,137	268,263	211,142	220,805	221,083	221,083	221,083	221,083
Contract/Professional Svcs	614,224	557,610	713,360	809,059	641,657	396,852	396,852	396,852	396,852
Chemical Supplies (Vector only)	321,497	265,304	231,490	231,398	231,437	231,500	231,500	231,500	231,500
Biologicals	130,575	180,620	226,789	247,975	214,322	225,961	225,961	225,961	225,961
Fleet Management billings	164,958	176,543	136,051	161,263	190,241	197,849	178,064	188,652	195,255
Outpatient	102,101	90,911	85,670	79,036	81,564	91,582	91,582	91,582	91,582
Property & Liability billings	71,512	77,036	80,283	74,502	74,502	74,502	74,502	74,502	74,502
Other Services and Supplies	977,827	907,873	977,769	854,241	2,092,845	966,225	962,416	953,541	949,937
GF Overhead costs	-	-	2,553,372	2,898,034	2,741,062	2,795,882	2,851,800	2,908,836	2,967,012
Capital	85,369	315,930	212,624	146,788	106,709	100,047	71,715	73,149	74,612
<b>Total Expenditures</b>	<b>16,720,552</b>	<b>16,178,200</b>	<b>18,815,411</b>	<b>18,922,800</b>	<b>20,739,604</b>	<b>19,989,285</b>	<b>20,166,324</b>	<b>20,614,418</b>	<b>20,837,319</b>
<b>Ending Fund Balance (FB)</b>	<b>3,745,034</b>	<b>3,916,042</b>	<b>2,811,464</b>	<b>2,155,799</b>	<b>810,528</b>	<b>169,410</b>	<b>(249,146)</b>	<b>(986,974)</b>	<b>(1,806,023)</b>
<b>FB as a percent of Uses of Funds</b>	<b>22.4%</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>	<b>3.9%</b>	<b>0.8%</b>	<b>-1.2%</b>	<b>-4.8%</b>	<b>-8.7%</b>



**Washoe County Health District Fund**  
**History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b>Expenditures by Division:</b>									
<b>ADMINISTRATION:</b>									
<i>Office of the District Health Officer (Opened July 1, 2014)</i>									
<b>Expenditures:</b>									
Salaries & Wages	-	-	-	-	298,185	411,511	415,626	419,782	423,980
Group Insurance	-	-	-	-	30,795	31,375	32,159	32,963	33,787
Retirement	-	-	-	-	75,804	88,024	93,375	104,809	106,088
Other Employee Benefits	-	-	-	-	4,244	4,507	4,507	4,507	4,507
Contract/Professional Svcs	-	-	-	-	15,000	13,196	13,196	13,196	13,196
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	-	-	-	-	7,528	10,295	10,295	10,295	10,295
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	-	-	-	-	431,556	558,908	569,159	585,553	591,853
<i>Administrative Health Services Division</i>									
<b>Revenue:</b>									
Other Charges for Services	-	8	5	-	-	-	-	-	-
Miscellaneous	-	-	33,448	87,930	41	-	-	-	-
Sub-total Revenue	-	8	33,453	87,930	41	-	-	-	-
<b>Expenditures:</b>									
Salaries & Wages	882,962	816,336	827,959	792,486	707,960	642,611	649,037	655,527	662,083
Group Insurance	108,063	92,965	91,261	87,983	84,778	87,324	89,507	91,745	94,038
Retirement	184,951	192,029	187,127	200,852	161,591	178,341	181,730	199,586	201,582
Other Employee Benefits	20,453	18,765	74,403	17,590	17,077	16,181	16,181	16,181	16,181
Contract/Professional Svcs	3,405	30,575	80,786	115,940	10,000	-	-	-	-
Fleet Management billings	-	1,684	-	-	-	-	-	-	-
Property & Liability billings	5,772	7,005	6,383	5,772	5,772	5,772	5,772	5,772	5,772
Other Services and Supplies	37,029	42,971	37,487	27,301	45,304	24,335	24,335	24,335	24,335
GF Overhead costs	-	-	61,135	88,816	77,897	79,455	81,044	82,665	84,318
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,242,635	1,202,329	1,366,542	1,336,740	1,110,379	1,034,019	1,047,607	1,075,811	1,088,309
Revenue Less Expenditures	(1,242,635)	(1,202,321)	(1,333,089)	(1,248,810)	(1,110,338)	(1,034,019)	(1,047,607)	(1,075,811)	(1,088,309)

**Washoe County Health District Fund  
History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b>AIR QUALITY MANAGEMENT DIVISION</b>									
<i>Air Quality Division</i>									
<b>Revenue:</b>									
Licenses and Permits	364,998	336,462	456,430	532,135	506,086	477,443	611,380	652,408	696,189
Federal & State Grants	801,706	914,623	891,875	832,542	826,650	711,003	711,003	711,003	711,003
Federal & State Indirect Rev.	26,922	22,844	27,309	63,334	31,542	31,542	31,542	31,542	31,542
Pollution Control (NRS445B.830)	306,945	313,965	314,903	634,731	618,667	550,000	555,500	561,055	572,276
Dust Plan	141,680	141,672	123,364	147,678	133,327	142,403	142,403	142,403	142,403
Other Charges for Services	215,619	236,353	254,802	280,536	316,850	340,786	340,786	340,786	340,786
Miscellaneous	56	573	15	80	156	-	-	-	-
Sub-total Revenue	1,857,926	1,966,492	2,068,697	2,491,036	2,433,278	2,253,177	2,392,614	2,439,197	2,494,199
<b>Expenditures:</b>									
Salaries & Wages	1,350,132	1,171,561	1,248,223	1,239,932	1,331,704	1,400,640	1,414,646	1,428,793	1,443,081
Intermittent Hourly Positions	16,421	10,358	9,421	6,449	8,032	-	-	-	-
Group Insurance	166,943	145,207	162,975	174,644	198,609	193,826	198,672	203,638	208,729
Retirement	276,897	260,239	294,714	306,953	338,863	379,586	396,101	435,019	439,369
Other Employee Benefits	27,334	25,541	26,948	27,355	29,019	29,661	29,661	29,661	29,661
Contract/Professional Svcs	82,520	36,137	156,119	133,892	288,855	76,525	76,525	76,525	76,525
Fleet Management billings	39,582	38,365	31,240	37,917	39,340	40,536	36,482	38,652	40,005
Property & Liability billings	7,600	9,247	9,525	9,322	9,322	9,322	9,322	9,322	9,322
Other Services and Supplies	102,841	106,556	146,638	114,476	686,902	164,851	164,851	164,851	164,851
Capital	60,232	152,587	211,274	119,972	97,491	70,309	71,715	73,149	74,612
GF Overhead costs	-	-	332,303	353,791	338,776	345,551	352,462	359,511	366,701
Sub-total Expenditures	2,130,502	1,955,798	2,629,381	2,524,703	3,366,913	2,710,807	2,750,438	2,819,122	2,852,857
Revenue Less Expenditures	(272,577)	10,694	(560,684)	(33,667)	(933,635)	(457,630)	(357,824)	(379,925)	(358,658)

**Washoe County Health District Fund**  
**History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b>COMMUNITY &amp; CLINICAL HEALTH SERVICES DIVISION</b>									
<b><u>Chronic Disease Prevention</u></b>									
<b>Revenue:</b>									
Federal & State Grants	120,299	182,111	113,678	254,348	285,769	285,769	285,769	285,769	285,769
Federal & State Indirect Rev.	-	-	-	12,834	13,821	13,821	13,821	13,821	13,821
Sub-total Revenue	120,299	182,111	113,678	267,182	299,590	299,590	299,590	299,590	299,590
<b>Expenditures:</b>									
Salaries & Wages	219,511	147,499	152,507	120,985	177,593	184,580	186,426	188,290	190,173
Intermittent Hourly Positions	-	-	-	27,184	25,127	25,394	25,394	25,394	25,394
Group Insurance	37,150	27,136	27,751	16,758	25,058	26,091	26,743	27,412	28,097
Retirement	47,061	33,921	36,218	27,571	45,010	51,383	52,199	57,328	57,901
Other Employee Benefits	5,726	3,408	3,248	3,053	3,707	3,464	3,464	3,464	3,464
Contract/Professional Svcs	48,991	86,450	40,431	185,753	69,608	79,408	79,408	79,408	79,408
Property & Liability billings	2,280	2,396	1,473	1,178	1,178	1,178	1,178	1,178	1,178
Other Services and Supplies	12,761	24,860	8,028	10,805	117,198	118,726	118,726	118,726	118,726
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	373,480	325,669	269,657	393,287	464,479	490,224	493,539	501,200	504,342
Revenue Less Expenditures	(253,181)	(143,558)	(155,980)	(126,105)	(164,889)	(190,634)	(193,949)	(201,610)	(204,752)
<b><u>Community &amp; Clinical Health</u></b>									
<b>Revenue:</b>									
Other Charges for Services	8,430	3,959	1,387	540	-	-	-	-	-
Miscellaneous	-	4,581	1,305	15	-	-	-	-	-
Sub-total Revenue	8,430	8,540	2,692	555	-	-	-	-	-
<b>Expenditures:</b>									
Salaries & Wages	180,146	195,303	169,560	179,916	121,197	134,070	135,411	136,765	138,132
Group Insurance	17,378	16,029	20,477	20,297	12,271	12,796	13,116	13,444	13,780
Retirement	38,538	43,852	39,990	46,068	30,874	35,824	37,915	41,640	42,057
Other Employee Benefits	4,589	3,550	3,545	3,456	2,661	2,782	2,782	2,782	2,782
Contract/Professional Svcs	750	10,585	1,555	836	31,702	9,875	9,875	9,875	9,875
Fleet Management billings	472	-	1,724	2,217	3,220	4,847	4,362	4,622	4,783
Property & Liability billings	1,900	817	1,350	842	842	842	842	842	842
Other Services and Supplies	8,876	8,841	5,104	22,707	10,726	17,394	17,394	17,394	17,394
GF Overhead costs	-	-	796,170	1,170,065	1,103,379	1,125,447	1,147,956	1,170,915	1,194,333
Capital	-	-	-	23,948	1,257	29,738	-	-	-
Sub-total Expenditures	252,648	278,978	1,039,476	1,470,351	1,318,129	1,373,615	1,369,653	1,398,278	1,423,979
Revenue Less Expenditures	(244,218)	(270,439)	(1,036,784)	(1,469,796)	(1,318,129)	(1,373,615)	(1,369,653)	(1,398,278)	(1,423,979)

**Washoe County Health District Fund**  
**History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b>Family Planning</b>									
<b>Revenue:</b>									
Federal & State Grants	887,653	904,151	859,328	785,268	780,688	780,688	780,688	780,688	780,688
Federal & State Indirect Rcv.	-	-	-	18,637	23,312	23,312	23,312	23,312	23,312
Other Charges for Services	55,454	34,414	27,454	34,370	30,623	38,000	38,000	38,000	38,000
Miscellaneous	25,795	26,318	22,601	24,230	18,000	21,000	21,000	21,000	21,000
Sub-total Revenue	968,902	964,883	909,383	862,505	852,623	863,000	863,000	863,000	863,000
<b>Expenditures:</b>									
Salaries & Wages	528,159	524,453	456,050	417,338	481,840	487,619	492,495	497,420	502,394
Intermittent Hourly Positions	83,320	55,667	80,619	101,970	46,197	16,313	16,313	16,313	16,313
Group Insurance	88,350	82,689	80,850	73,609	89,886	98,930	101,403	103,938	106,537
Retirement	113,309	123,709	108,016	106,676	116,665	135,750	137,899	151,448	152,962
Other Employee Benefits	12,809	10,817	11,415	11,607	11,669	11,357	11,357	11,357	11,357
Contract/Professional Svcs	8,448	31,689	23,098	24,967	16,108	23,600	23,600	23,600	23,600
Biologicals	105,408	102,412	159,047	129,887	103,312	92,461	92,461	92,461	92,461
Outpatient	23,043	23,961	15,043	15,424	15,500	20,000	20,000	20,000	20,000
Property & Liability billings	4,560	3,993	4,910	4,661	4,661	4,661	4,661	4,661	4,661
Other Services and Supplies	65,427	61,273	50,417	53,703	42,659	41,180	41,180	41,180	41,180
Capital	-	17,467	1,350	2,869	-	-	-	-	-
Sub-total Expenditures	1,032,833	1,038,129	990,814	942,710	928,497	931,871	941,369	962,378	971,465
Revenue less Expenditures	(63,931)	(73,246)	(81,431)	(80,205)	(75,874)	(68,871)	(78,369)	(99,378)	(108,465)
<b>Immunizations</b>									
<b>Revenue:</b>									
Federal & State Grants	336,300	337,135	273,950	279,687	303,031	295,619	295,619	295,619	295,619
Federal & State Indirect Rcv.	21,072	11,778	14,069	25,601	39,434	39,434	39,434	39,434	39,434
Other Charges for Services	196,506	143,428	97,428	160,125	109,873	116,500	116,500	116,500	116,500
Miscellaneous	14,064	14,105	12,878	8,490	5,000	14,000	14,000	14,000	14,000
Sub-total Revenue	567,941	506,446	398,325	473,903	457,338	465,553	465,553	465,553	465,553
<b>Expenditures:</b>									
Salaries & Wages	642,349	619,365	596,496	600,842	632,261	616,068	622,229	628,451	634,735
Intermittent Hourly Positions	86,329	68,365	64,940	77,773	68,274	68,274	68,274	68,274	68,274
Group Insurance	82,977	91,921	94,011	93,382	107,381	107,315	109,998	112,748	115,567
Retirement	137,215	145,996	139,986	149,346	160,669	170,607	174,224	191,342	193,255
Other Employee Benefits	18,220	10,430	14,498	14,210	14,962	14,205	14,205	14,205	14,205
Contract/Professional Svcs	32,357	13,103	21,149	25,476	16,788	15,913	15,913	15,913	15,913
Biologicals	18,498	64,542	59,228	113,315	100,000	122,000	122,000	122,000	122,000
Fleet Management billings	-	75	-	-	-	-	-	-	-
Property & Liability billings	6,840	3,736	5,696	5,243	5,243	5,243	5,243	5,243	5,243
Other Services and Supplies	55,417	71,958	38,299	48,530	46,459	54,898	54,898	54,898	54,898
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,080,202	1,089,491	1,034,302	1,128,117	1,152,037	1,174,523	1,186,983	1,213,074	1,224,090
Revenue less Expenditures	(512,260)	(583,046)	(635,977)	(654,215)	(694,699)	(708,970)	(721,430)	(747,521)	(758,537)

**Washoe County Health District Fund  
History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				FTE	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b><u>Maternal, Child &amp; Adolescent Health</u></b>									
<b>Revenue:</b>									
Federal & State Grants	57,884	58,117	63,622	52,856	52,856	53,118	53,118	53,118	53,118
Federal & State Indirect Rev.	-	-	-	5,141	5,144	5,144	5,144	5,144	5,144
Sub-total Revenue	57,884	58,117	63,622	57,997	58,000	58,262	58,262	58,262	58,262
<b>Expenditures:</b>									
Salaries & Wages	295,926	305,367	288,642	244,488	108,099	104,017	105,057	106,108	107,169
Intermittent Hourly Positions	-	-	102	274	(104)	-	-	-	-
Group Insurance	34,236	33,835	40,316	29,566	20,731	20,075	20,577	21,091	21,619
Retirement	61,542	72,632	68,539	62,606	26,887	28,905	29,416	32,306	32,629
Other Employee Benefits	5,464	5,786	5,943	5,806	4,704	4,670	4,670	4,670	4,670
Contract/Professional Svcs	312	312	1,759	3,114	600	600	600	600	600
Biologicals	-	219	389	222	540	250	250	250	250
Property & Liability billings	1,520	2,148	2,259	2,285	2,285	2,285	2,285	2,285	2,285
Other Services and Supplies	15,223	11,918	11,892	10,871	8,588	12,120	12,120	12,120	12,120
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	414,223	432,216	419,840	359,233	172,330	172,922	174,975	179,430	181,341
Revenue less Expenditures	(356,338)	(374,099)	(356,218)	(301,236)	(114,330)	(114,660)	(116,713)	(121,168)	(123,079)
<b><u>Sexual Health - HIV</u></b>									
<b>Revenue:</b>									
Federal & State Grants	704,626	609,084	509,749	425,231	411,483	437,172	437,172	437,172	437,172
Federal & State Indirect Rev.	-	-	14,013	26,706	29,047	33,381	33,381	33,381	33,381
Sub-total Revenue	704,626	609,084	523,762	451,937	440,530	470,553	470,553	470,553	470,553
<b>Expenditures:</b>									
Salaries & Wages	321,935	307,779	247,038	229,660	203,105	215,183	217,335	219,508	221,703
Intermittent Hourly Positions	9,737	15,743	21,082	23,097	26,581	27,487	27,487	27,487	27,487
Group Insurance	40,403	37,156	30,258	30,678	24,884	28,204	28,909	29,632	30,373
Retirement	68,835	72,681	49,751	58,982	51,350	59,902	60,854	66,833	67,501
Other Employee Benefits	6,481	6,378	5,716	5,854	4,397	4,399	4,399	4,399	4,399
Contract/Professional Svcs	208,625	102,459	26,416	29,400	1,000	8,426	8,426	8,426	8,426
Outpatient	12,630	24,443	31,215	14,649	17,860	17,860	17,860	17,860	17,860
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	35,980	42,445	98,274	33,150	82,306	75,711	71,902	63,027	59,423
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	704,626	609,083	509,750	425,470	411,483	437,172	437,172	437,172	437,172
Revenue less Expenditures	(0)	0	14,013	26,467	29,047	33,381	33,381	33,381	33,381

**Washoe County Health District Fund  
History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b>Sexual Health - STD</b>									
<b>Revenue:</b>									
Federal & State Grants	126,228	119,391	116,925	94,019	121,242	119,519	119,519	119,519	119,519
Federal & State Indirect Rev.	-	-	4,086	7,525	10,110	10,110	10,110	10,110	10,110
Other Charges for Services	34,406	22,310	20,880	17,015	15,500	22,900	22,900	22,900	22,900
Miscellaneous	4,650	4,003	2,376	3,067	2,500	2,500	2,500	2,500	2,500
<b>Sub-total Revenue</b>	<b>165,285</b>	<b>145,704</b>	<b>144,267</b>	<b>121,626</b>	<b>149,352</b>	<b>155,029</b>	<b>155,029</b>	<b>155,029</b>	<b>155,029</b>
<b>Expenditures:</b>									
Salaries & Wages	389,689	352,951	332,324	267,808	404,056	414,496	418,641	422,827	427,056
Intermittent Hourly Positions	8,103	12,344	15,196	25,123	22,000	22,000	22,000	22,000	22,000
Group Insurance	40,933	40,862	48,950	40,020	58,773	59,799	61,294	62,826	64,397
Retirement	83,958	82,899	77,832	68,919	102,680	115,249	117,219	128,737	130,024
Other Employee Benefits	8,265	9,521	7,612	7,127	8,293	8,347	8,347	8,347	8,347
Contract/Professional Svcs	19,420	19,659	18,913	14,911	17,150	18,160	18,160	18,160	18,160
Biologicals	-	3,387	2,197	614	3,500	4,000	4,000	4,000	4,000
Outpatient	52,997	30,656	29,050	37,079	38,004	40,712	40,712	40,712	40,712
Property & Liability billings	3,800	6,445	4,812	4,930	4,930	4,930	4,930	4,930	4,930
Other Services and Supplies	20,804	20,228	13,116	24,220	18,467	16,999	16,999	16,999	16,999
Capital	-	-	-	-	-	-	-	-	-
<b>Sub-total Expenditures</b>	<b>627,968</b>	<b>578,952</b>	<b>550,002</b>	<b>490,752</b>	<b>677,853</b>	<b>704,692</b>	<b>712,302</b>	<b>729,538</b>	<b>736,625</b>
<b>Revenue less Expenditures</b>	<b>(462,683)</b>	<b>(433,248)</b>	<b>(405,736)</b>	<b>(369,126)</b>	<b>(528,501)</b>	<b>(549,663)</b>	<b>(557,273)</b>	<b>(574,509)</b>	<b>(581,596)</b>
<b>Tuberculosis</b>									
<b>Revenue:</b>									
Federal & State Grants	197,433	71,244	73,477	85,939	97,205	94,431	94,431	94,431	94,431
Federal & State Indirect Rev.	-	-	3,478	6,186	6,564	6,564	6,564	6,564	6,564
Other Charges for Services	9,467	4,878	4,624	4,298	4,700	5,350	5,350	5,350	5,350
Miscellaneous	(64)	33	11	57	50	50	50	50	50
<b>Sub-total Revenue</b>	<b>206,835</b>	<b>76,155</b>	<b>81,590</b>	<b>96,479</b>	<b>108,519</b>	<b>106,395</b>	<b>106,395</b>	<b>106,395</b>	<b>106,395</b>
<b>Expenditures:</b>									
Salaries & Wages	334,305	270,314	293,597	331,668	401,342	375,297	379,050	382,840	386,669
Intermittent Hourly Positions	7,610	44,494	16,771	17,721	17,000	13,833	13,833	13,833	13,833
Group Insurance	41,644	34,635	45,666	49,354	52,716	55,715	57,108	58,536	59,999
Retirement	64,099	63,932	69,692	84,409	92,933	104,306	106,134	116,562	117,728
Other Employee Benefits	6,317	5,761	6,600	7,117	8,294	7,857	7,857	7,857	7,857
Contract/Professional Svcs	21,237	21,196	21,317	18,072	20,800	20,800	20,800	20,800	20,800
Biologicals	6,256	9,777	5,928	2,547	6,850	7,150	7,150	7,150	7,150
Outpatient	12,217	10,652	7,928	10,306	8,700	10,875	10,875	10,875	10,875
Fleet Management billings	-	58	-	-	-	-	-	-	-
Property & Liability billings	1,900	2,242	2,651	2,165	2,165	2,165	2,165	2,165	2,165
Other Services and Supplies	19,006	14,658	16,861	18,061	25,595	33,175	33,175	33,175	33,175
Capital	-	-	-	-	7,961	-	-	-	-
<b>Sub-total Expenditures</b>	<b>514,590</b>	<b>477,717</b>	<b>487,011</b>	<b>541,420</b>	<b>644,356</b>	<b>631,173</b>	<b>638,146</b>	<b>653,792</b>	<b>660,250</b>
<b>Revenue less Expenditures</b>	<b>(307,755)</b>	<b>(401,563)</b>	<b>(405,421)</b>	<b>(444,940)</b>	<b>(535,837)</b>	<b>(524,778)</b>	<b>(531,751)</b>	<b>(547,397)</b>	<b>(553,855)</b>

**Washoe County Health District Fund  
History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b><i>Women, Infants and Children</i></b>									
<b>Revenue:</b>									
Federal & State Grants	1,087,008	1,127,335	1,085,348	1,040,614	1,096,622	1,059,144	1,059,144	1,059,144	1,059,144
Federal & State Indirect Rcv.	-	28,103	-	15,303	17,248	3,000	16,659	16,659	16,659
Sub-total Revenue	1,087,008	1,155,439	1,085,348	1,055,916	1,113,870	1,062,144	1,075,803	1,075,803	1,075,803
<b>Expenditures:</b>									
Salaries & Wages	765,699	756,028	783,722	740,804	773,101	740,401	747,805	755,283	762,836
Intermittent Hourly Positions	24,417	12,925	13,420	13,350	12,841	15,000	15,000	15,000	15,000
Group Insurance	153,389	159,243	158,086	158,855	162,724	161,884	165,931	170,079	174,331
Retirement	163,116	178,616	184,801	190,005	195,354	214,529	209,385	229,958	232,258
Other Employee Benefits	18,617	17,844	18,571	17,998	18,833	18,806	18,806	18,806	18,806
Contract/Professional Svcs	314	1,240	732	26	1,277	48	48	48	48
Biologicals	-	-	-	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-	-	-	-
Fleet Management billings	890	260	-	-	-	-	-	-	-
Property & Liability billings	6,460	7,495	7,856	7,398	7,398	7,398	7,398	7,398	7,398
Other Services and Supplies	117,159	122,977	85,435	69,293	80,341	67,658	67,658	67,658	67,658
GF Overhead costs	-	-	211,726	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,250,061	1,256,628	1,464,349	1,197,728	1,251,869	1,225,724	1,232,031	1,264,230	1,278,335
Revenue less Expenditures	(163,053)	(101,190)	(379,001)	(141,812)	(137,999)	(163,580)	(156,229)	(188,428)	(202,532)

**Washoe County Health District Fund**  
**History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b>ENVIRONMENTAL HEALTH SERVICES DIVISION</b>									
<i>Environmental Health Services</i>									
<b>Revenue:</b>									
Licenses and Permits	245,517	232,759	222,791	250,579	241,127	329,140	351,228	374,798	399,949
Other Charges for Services	188,744	166,777	208,704	129,987	117,979	116,888	116,888	116,888	116,888
Miscellaneous	150	-	525	28,386	1,341	-	-	-	-
Sub-total Revenue	434,411	399,536	432,020	408,953	360,447	446,028	468,116	491,686	516,837
<b>Expenditures:</b>									
Salaries & Wages	1,117,228	1,036,672	1,038,469	1,075,321	1,267,425	1,047,580	1,058,056	1,068,636	1,079,323
Intermittent Hourly Positions	10,151	8,974	7,205	19,740	17,000	9,000	9,000	9,000	9,000
Group Insurance	156,206	147,519	133,065	155,552	177,132	148,370	152,079	155,881	159,778
Retirement	233,670	234,661	226,432	277,875	311,983	286,766	296,256	325,363	328,617
Other Employee Benefits	22,845	20,744	22,105	22,840	25,287	22,481	22,481	22,481	22,481
Contract/Professional Svcs	6,988	5,262	2,278	8,874	7,348	6,048	6,048	6,048	6,048
Fleet Management billings	38,717	38,642	30,461	26,823	38,224	35,419	31,877	33,773	34,955
Property & Liability billings	9,120	8,406	8,543	7,965	8,783	8,783	8,783	8,783	8,783
Other Services and Supplies	53,889	51,110	62,884	55,832	84,082	80,800	80,800	80,800	80,800
GF Overhead costs	-	-	841,746	896,927	847,585	864,536	881,827	899,463	917,453
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,648,814	1,551,990	2,373,186	2,547,749	2,784,849	2,509,783	2,547,207	2,610,229	2,647,237
Revenue less Expenditures	(1,214,402)	(1,152,454)	(1,941,166)	(2,138,796)	(2,424,402)	(2,063,755)	(2,079,091)	(2,118,543)	(2,130,400)
<b>Food Program</b>									
<b>Revenue:</b>									
Licenses and Permits	390,262	372,425	451,114	565,818	538,620	541,000	750,497	800,861	854,604
Federal & State Grants	-	-	11,332	41,852	63,000	63,000	63,000	63,000	63,000
Federal & State Indirect Rev.	-	-	1,133	4,185	6,300	6,300	6,300	6,300	6,300
Other Charges for Services	39,917	40,264	49,334	44,433	38,000	38,000	38,000	38,000	38,000
Miscellaneous	-	2,620	-	2,500	-	-	-	-	-
Sub-total Revenue	430,179	415,309	512,913	658,788	645,920	648,300	857,797	908,161	961,904
<b>Expenditures:</b>									
Salaries & Wages	1,065,574	1,055,700	1,111,450	1,002,042	980,806	1,186,045	1,197,905	1,209,885	1,221,983
Intermittent Hourly Positions	43,724	49,056	49,741	36,664	16,000	49,000	49,000	49,000	49,000
Group Insurance	175,011	167,182	159,026	135,822	132,842	165,507	169,645	173,886	178,233
Retirement	225,498	247,956	261,423	247,974	237,891	319,738	335,414	368,369	372,052
Other Employee Benefits	23,983	23,654	24,281	22,240	21,775	24,351	24,351	24,351	24,351
Contract/Professional Svcs	-	-	-	33,788	42,541	60,000	60,000	60,000	60,000
Fleet Management billings	32,232	35,595	29,860	39,953	45,696	45,697	41,127	43,573	45,098
Property & Liability billings	7,220	8,593	8,543	7,335	7,335	7,335	7,335	7,335	7,335
Other Services and Supplies	8,771	15,287	12,052	17,738	36,037	34,478	34,478	34,478	34,478
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,582,012	1,603,022	1,656,376	1,543,555	1,520,923	1,892,151	1,919,255	1,970,876	1,992,530
Revenue less Expenditures	(1,151,833)	(1,187,713)	(1,143,463)	(884,766)	(875,003)	(1,243,851)	(1,061,458)	(1,062,715)	(1,030,626)



**Washoe County Health District Fund**  
**History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b>Safe Drinking Water</b>									
<b>Revenue:</b>									
Licenses and Permits	2,801	4,122	5,336	10,051	-	-	-	-	-
Federal & State Grants	94,030	79,098	90,000	81,230	81,230	81,230	81,230	81,230	81,230
Federal & State Indirect Rev.	-	10,902	-	8,770	8,770	8,770	8,770	8,770	8,770
Sub-total Revenue	96,831	94,122	95,336	100,051	90,000	90,000	90,000	90,000	90,000
<b>Expenditures:</b>									
Salaries & Wages	138,004	95,090	95,997	60,441	55,646	55,481	55,481	55,481	55,481
Intermittent Hourly Positions	24,279	6,250	-	-	-	-	-	-	-
Group Insurance	14,888	8,432	12,774	8,639	9,398	8,953	8,953	8,953	8,953
Retirement	30,557	19,655	23,195	13,656	13,311	16,008	16,008	16,008	16,008
Other Employee Benefits	3,364	3,218	2,330	1,862	771	788	788	788	788
Contract/Professional Svcs	60	12	-	-	-	-	-	-	-
Fleet Management billings	4,186	3,107	2,893	5,411	-	-	-	-	-
Property & Liability billings	1,140	1,868	982	818	-	-	-	-	-
Other Services and Supplies	736	362	1,688	2,487	2,104	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	217,213	137,996	139,859	93,313	81,230	81,230	81,230	81,230	81,230
Revenue less Expenditures	(120,383)	(43,874)	(44,523)	6,738	8,770	8,770	8,770	8,770	8,770
<b>Solid Waste Management</b>									
<b>Revenue:</b>									
Licenses and Permits	38,856	38,499	44,085	47,503	25,000	25,000	34,681	37,008	39,492
Tire Fees	450,911	513,800	432,642	314,136	468,548	468,548	468,548	468,548	468,548
Other Charges for Services	14	33	344	357	29	-	-	-	-
Miscellaneous	-	-	45	18,064	1,076	-	-	-	-
Sub-total Revenue	489,782	552,331	477,116	380,060	494,653	493,548	503,229	505,556	508,040
<b>Expenditures:</b>									
Salaries & Wages	233,347	282,555	268,091	277,111	303,965	350,216	337,539	340,915	344,324
Intermittent Hourly Positions	18,155	-	-	-	11,000	-	-	-	-
Group Insurance	28,654	43,596	38,611	40,334	45,576	50,156	51,410	52,695	54,013
Retirement	49,033	67,215	61,258	70,034	75,636	97,490	94,511	103,797	104,835
Other Employee Benefits	5,837	4,774	6,432	6,969	7,010	7,729	7,729	7,729	7,729
Contract/Professional Svcs	1,014	8,084	981	13,908	-	-	-	-	-
Fleet Management billings	13,013	12,774	12,261	13,144	15,433	17,237	15,513	16,436	17,011
Property & Liability billings	2,280	1,868	3,437	3,367	3,367	3,367	3,367	3,367	3,367
Other Services and Supplies	64,924	37,814	77,277	69,751	490,227	3,952	3,952	3,952	3,952
GF Overhead costs	-	-	-	36,349	36,349	37,076	37,818	38,574	39,345
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	416,257	458,680	468,347	530,966	988,563	567,223	551,839	567,464	574,576
Revenue less Expenditures	73,524	93,651	8,769	(150,907)	(493,910)	(73,675)	(48,610)	(61,908)	(66,536)

**Washoe County Health District Fund  
History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b><u>Underground Storage Tanks</u></b>									
<b>Revenue:</b>									
Federal & State Grants	205,461	187,000	187,000	226,007	208,236	208,236	208,236	208,236	208,236
Federal & State Indirect Rev.	-	-	-	15,993	9,764	9,764	9,764	9,764	9,764
Sub-total Revenue	205,461	187,000	187,000	242,000	218,000	218,000	218,000	218,000	218,000
<b>Expenditures:</b>									
Salaries & Wages	130,127	131,652	133,120	138,290	141,964	142,178	138,830	135,871	135,507
Group Insurance	19,021	18,018	17,815	18,192	19,738	18,087	18,539	19,003	19,478
Retirement	28,112	31,082	31,655	34,884	34,657	35,978	38,872	41,368	41,257
Other Employee Benefits	2,761	2,263	2,303	2,439	2,422	2,344	2,344	2,344	2,344
Other Services and Supplies	25,440	3,985	2,106	32,202	9,455	9,650	9,650	9,650	9,650
Property & Liability billings	-	-	-	-	-	-	-	-	-
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	205,461	187,000	187,000	226,007	208,236	208,237	208,236	208,236	208,236
Revenue less Expenditures	-	-	-	15,993	9,764	9,763	9,764	9,764	9,764
<b><u>Vector Borne Diseases</u></b>									
<b>Revenue:</b>									
Other Charges for Services	37,657	31,743	49,096	62,590	46,000	42,000	42,000	42,000	42,000
Sub-total Revenue	37,657	31,743	49,096	62,590	46,000	42,000	42,000	42,000	42,000
<b>Expenditures:</b>									
Salaries & Wages	290,759	250,535	210,479	225,935	240,912	244,447	246,891	249,360	251,854
Intermittent Hourly Positions	49,611	47,237	42,678	55,699	58,299	65,000	65,000	65,000	65,000
Group Insurance	44,778	30,307	25,392	26,100	30,311	29,832	30,578	31,342	32,126
Retirement	61,036	55,111	49,715	57,508	61,056	67,327	69,130	75,922	76,681
Other Employee Benefits	6,615	6,800	5,738	6,302	6,352	5,804	5,804	5,804	5,804
Contract/Professional Svcs	34,606	16,317	17,630	13,640	9,095	9,500	9,500	9,500	9,500
Chemical Supplies (Vector only)	321,497	265,304	231,490	231,398	231,437	231,500	231,500	231,500	231,500
Fleet Management billings	31,739	42,467	22,646	23,889	34,349	38,290	34,461	36,510	37,788
Property & Liability billings	1,520	2,512	2,151	2,107	2,107	2,107	2,107	2,107	2,107
Other Services and Supplies	117,238	118,099	106,999	115,954	104,335	108,361	108,361	108,361	108,361
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	959,399	834,689	714,918	758,533	778,252	802,168	803,332	815,407	820,721
Revenue less Expenditures	(921,742)	(802,946)	(665,822)	(695,943)	(732,252)	(760,168)	(761,332)	(773,407)	(778,721)

**Washoe County Health District Fund**  
**History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b><i>Hazardous Materials</i></b>									
<b>Revenue:</b>									
Federal & State Grants	75,000	75,000	75,000	37,750	-	-	-	-	-
Federal & State Indirect Rev.	-	-	-	-	-	-	-	-	-
Sub-total Revenue	75,000	75,000	75,000	37,750	-	-	-	-	-
<b>Expenditures:</b>									
Salaries & Wages	56,642	53,341	53,813	22,698	-	-	-	-	-
Intermittent Hourly Positions	-	-	-	-	-	-	-	-	-
Group Insurance	6,407	7,634	7,593	3,012	-	-	-	-	-
Retirement	10,762	12,808	12,841	5,916	-	-	-	-	-
Other Employee Benefits	1,190	1,217	753	324	-	-	-	-	-
Other Services and Supplies	-	-	-	5,799	-	-	-	-	-
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	75,000	75,000	75,000	37,750	-	-	-	-	-
Revenue less Expenditures	-	-	-	-	-	-	-	-	-

**Washoe County Health District Fund  
History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				ETC	Base	Projected		
	FY 2010- 2011	FY 2011- 2012	FY 2012- 2013	FY 2013- 2014	FY 2014- 2015	FY 2015- 2016	FY 2016- 2017	FY 2017- 2018	FY 2018- 2019
<b>EPIDEMIOLOGY &amp; PUBLIC HEALTH PREPAREDNESS DIVISION</b>									
<i>Emergency Medical Services</i>									
<b>Revenue:</b>									
Miscellaneous	-	200	-	-	19,180	48,905	49,446	50,676	51,180
Sub-total Revenue	-	200	-	-	19,180	48,905	49,446	50,676	51,180
<b>Expenditures:</b>									
Salaries & Wages	60,998	92,869	95,775	42,463	127,614	187,132	189,003	190,893	192,802
Intermittent Hourly Positions	-	-	-	16,383	-	-	-	-	-
Group Insurance	5,456	10,361	10,333	1,765	17,471	26,338	26,996	27,671	28,363
Retirement	8,310	16,670	17,340	7,186	32,483	52,034	52,921	58,121	58,702
Other Employee Benefits	1,763	1,916	1,980	1,353	2,552	3,437	3,437	3,437	3,437
Contract/Professional Svcs	-	8,000	-	28	25	25,000	25,000	25,000	25,000
Property & Liability billings	760	654	687	673	673	673	673	673	673
Other Services and Supplies	2,067	5,794	1,605	1,488	10,728	14,181	14,181	14,181	14,181
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	79,353	136,264	127,721	71,338	191,546	308,795	312,212	319,977	323,159
Revenue less Expenditures	(79,353)	(136,064)	(127,721)	(71,338)	(172,366)	(259,890)	(262,766)	(269,301)	(271,979)
<i>Epidemiology Surveillance</i>									
<b>Revenue:</b>									
Federal & State Grants	143,239	288,775	128,554	128,331	124,940	124,520	124,520	124,520	124,520
Federal & State Indirect Rev.	8,931	6,393	11,226	17,617	12,260	15,480	15,480	15,480	15,480
Other Charges for Services	546	-	-	35	-	-	-	-	-
Miscellaneous	25	-	-	-	-	-	-	-	-
Sub-total Revenue	152,741	295,168	139,780	145,983	137,200	140,000	140,000	140,000	140,000
<b>Expenditures:</b>									
Salaries & Wages	450,936	466,770	464,034	475,920	444,333	397,220	401,192	405,204	409,256
Intermittent Hourly Positions	237	-	454	-	-	500	500	500	500
Group Insurance	62,851	64,069	63,718	60,708	67,690	64,152	65,756	67,400	69,085
Retirement	95,766	109,831	108,900	121,456	124,329	134,166	135,334	146,371	147,605
Other Employee Benefits	9,941	10,101	10,048	10,265	10,619	10,574	10,574	10,574	10,574
Contract/Professional Svcs	18,259	39,992	525	13,429	13,600	13,600	13,600	13,600	13,600
Biologicals	21	-	-	554	120	100	100	100	100
Outpatient	1,214	1,199	2,434	1,579	1,500	2,135	2,135	2,135	2,135
Fleet Management billings	998	1,817	1,065	1,182	10,863	12,672	11,405	12,083	12,506
Property & Liability billings	6,080	6,678	8,043	7,480	7,480	7,480	7,480	7,480	7,480
Other Services and Supplies	65,552	42,567	31,005	13,027	22,101	22,025	22,025	22,025	22,025
GF Overhead costs	-	-	310,292	352,086	337,076	343,817	350,693	357,707	364,861
Capital	-	145,876	-	-	-	-	-	-	-
Sub-total Expenditures	711,854	888,901	1,000,518	1,057,686	1,039,711	1,008,441	1,020,794	1,045,178	1,059,726
Revenue less Expenditures	(559,113)	(593,733)	(860,738)	(911,703)	(902,511)	(868,441)	(880,794)	(905,178)	(919,726)

**Washoe County Health District Fund**  
**History, Current Estimates, FY16 Recommended Budget and Projections to FY19**

	Actual				FTE	Base	Projected		
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>Public Health Preparedness</b>									
<b>Revenue:</b>									
Federal & State Grants	1,031,292	908,864	1,150,279	1,072,374	960,600	880,022	880,022	880,022	880,022
Federal & State Indirect Rev.	19,884	26,196	66,755	130,033	44,000	60,805	60,805	60,805	60,805
Sub-total Revenue	1,051,175	935,060	1,217,034	1,202,407	1,004,600	940,827	940,827	940,827	940,827
<b>Expenditures:</b>									
Salaries & Wages	572,694	498,706	491,703	581,273	535,380	588,713	586,826	574,392	572,981
Intermittent Hourly Positions	662	3,976	23,300	-	9,192	1,000	1,000	1,000	1,000
Group Insurance	67,085	60,939	52,523	67,281	61,420	66,084	67,736	69,430	71,165
Retirement	114,469	117,536	116,366	145,666	135,118	163,761	164,311	174,883	174,453
Other Employee Benefits	11,792	10,331	11,374	12,843	12,377	13,219	13,219	13,219	13,219
Contract/Professional Svcs	122,422	121,189	297,009	167,081	73,560	9,553	9,553	9,553	9,553
Biologicals	392	284	-	835	-	-	-	-	-
Fleet Management billings	3,130	1,698	3,901	10,727	3,116	3,151	2,836	3,005	3,110
Property & Liability billings	-	-	-	-	-	-	-	-	-
Other Services and Supplies	123,287	85,767	152,955	88,651	141,316	34,541	34,541	34,541	34,541
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	25,137	-	-	-	-	-	-	-	-
Sub-total Expenditures	1,041,070	900,426	1,149,131	1,074,358	971,479	880,022	880,022	880,022	880,022
Revenue less Expenditures	10,105	34,634	67,904	128,049	33,121	60,805	60,805	60,805	60,805
<b>Vital Statistics</b>									
<b>Revenue:</b>									
Birth & Death Certificates	359,725	439,910	476,829	457,596	465,000	470,000	474,700	479,447	484,241
Sub-total Revenue	359,725	439,910	476,829	457,596	465,000	470,000	474,700	479,447	484,241
<b>Expenditures:</b>									
Salaries & Wages	93,032	94,851	99,889	102,261	153,821	177,648	179,424	181,219	183,031
Group Insurance	14,391	14,971	14,931	14,931	20,742	25,936	26,584	27,249	27,930
Retirement	19,995	22,412	23,699	26,230	38,642	49,425	50,239	55,175	55,727
Other Employee Benefits	2,275	2,317	2,420	2,533	3,780	4,120	4,120	4,120	4,120
Contract/Professional Svcs	4,496	5,352	2,664	5,924	6,600	6,600	6,600	6,600	6,600
Property & Liability billings	760	934	982	962	962	962	962	962	962
Other Services and Supplies	25,400	18,402	17,647	18,196	20,387	20,895	20,895	20,895	20,895
GF Overhead costs	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Sub-total Expenditures	160,349	159,240	162,232	171,036	244,934	285,586	288,825	296,220	299,265
Revenue less Expenditures	199,376	280,670	314,597	286,560	220,066	184,414	185,875	183,227	184,977

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## Washoe County Health District FY16 Recommended Budget

	Expenditure (Exp.) Total (includes County Overhead allocation)	% of Total Exp.	Grant Revenue	Indirect Revenue	Fees, Charges for Services, & Other	Total Revenue	County General Fund Support (GF) & Opening Fund Balance Required	% Grants	% Indirect	% Fees, Charges for Services, & Other	% of GF & Opening Fund Bal.
<b>ADMINISTRATION:</b>											
Office of the District Health Officer	558,908	2.8%	-	-	-	-	558,908	0.0%	0.0%	0.0%	100.0%
Administrative Health Services	1,034,019	5.2%	-	-	-	-	1,034,019	0.0%	0.0%	0.0%	100.0%
<b>TOTAL ADMINISTRATION</b>	<b>1,592,927</b>	<b>8.0%</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,592,927</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>100.0%</b>
<b>AIR QUALITY MANAGEMENT:</b>											
Air Quality Division	2,710,807	13.6%	711,003	31,542	1,510,632	2,253,177	457,630	26.2%	1.2%	55.7%	16.9%
<b>COMMUNITY AND CLINICAL HEALTH SERVICES (CCHS):</b>											
Chronic Disease Prevention	490,224	2.5%	285,769	13,821	-	299,590	190,634	58.3%	2.8%	0.0%	38.9%
Community & Clinical Health	1,373,615	6.9%	-	-	-	-	1,373,615	0.0%	0.0%	0.0%	100.0%
Family Planning	931,871	4.7%	780,688	23,312	59,000	863,000	68,871	83.8%	2.5%	6.3%	7.4%
Immunizations	1,174,523	5.9%	295,619	39,434	130,500	465,553	708,970	25.2%	3.4%	11.1%	60.4%
Maternal, Child & Adolescent Health	172,922	0.9%	53,118	5,144	-	58,262	114,660	30.7%	3.0%	0.0%	66.3%
Sexual Health - HIV	437,172	2.2%	437,172	33,381	-	470,553	(33,381)	100.0%	7.6%	0.0%	-7.6%
Sexual Health - STD	704,692	3.5%	119,519	10,110	25,400	155,029	549,663	17.0%	1.4%	3.6%	78.0%
Tuberculosis	631,173	3.2%	94,431	6,564	5,400	106,395	524,778	15.0%	1.0%	0.9%	83.1%
Women, Infants and Children	1,225,724	6.1%	1,059,144	3,000	-	1,062,144	163,580	86.4%	0.2%	0.0%	13.3%
<b>TOTAL CCHS</b>	<b>7,141,915</b>	<b>35.7%</b>	<b>3,125,460</b>	<b>134,766</b>	<b>220,300</b>	<b>3,480,526</b>	<b>3,661,389</b>	<b>43.8%</b>	<b>1.9%</b>	<b>3.1%</b>	<b>51.3%</b>
<b>ENVIRONMENTAL HEALTH SERVICES DIVISION (EHS):</b>											
Environmental Health Services	2,509,783	12.6%	-	-	446,028	446,028	2,063,755	0.0%	0.0%	17.8%	82.2%
Food Protection	1,892,151	9.5%	63,000	6,300	579,000	648,300	1,243,851	3.3%	0.3%	30.6%	65.7%
Safe Drinking Water	81,230	0.4%	81,230	8,770	-	90,000	(8,770)	100.0%	10.8%	0.0%	-10.8%
Solid Waste Management	567,223	2.8%	-	-	493,548	493,548	73,675	0.0%	0.0%	87.0%	13.0%
Underground Storage Tanks	208,237	1.0%	208,236	9,764	-	218,000	(9,763)	100.0%	4.7%	0.0%	-4.7%
Vector Borne Diseases	802,168	4.0%	-	-	42,000	42,000	760,168	0.0%	0.0%	5.2%	94.8%
<b>TOTAL EHS</b>	<b>6,060,792</b>	<b>30.3%</b>	<b>352,466</b>	<b>24,834</b>	<b>1,560,576</b>	<b>1,937,876</b>	<b>4,122,916</b>	<b>5.8%</b>	<b>0.4%</b>	<b>25.7%</b>	<b>68.0%</b>
<b>EPIDEMIOLOGY &amp; PUBLIC HEALTH PREPAREDNESS DIVISION (EPHP):</b>											
Emergency Medical Services	308,795	1.5%	-	-	48,905	48,905	259,890	0.0%	0.0%	15.8%	84.2%
Epidemiology Surveillance	1,008,441	5.0%	124,520	15,480	-	140,000	868,441	12.3%	1.5%	0.0%	86.1%
Public Health Preparedness	880,022	4.4%	880,022	60,805	-	940,827	(60,805)	100.0%	6.9%	0.0%	-6.9%
Vital Statistics	285,586	1.4%	-	-	470,000	470,000	(184,414)	0.0%	0.0%	164.6%	-64.6%
<b>TOTAL EPHP</b>	<b>2,482,844</b>	<b>12.4%</b>	<b>1,004,542</b>	<b>76,285</b>	<b>518,905</b>	<b>1,599,732</b>	<b>883,112</b>	<b>40.5%</b>	<b>3.1%</b>	<b>20.9%</b>	<b>35.6%</b>
<b>TOTAL HEALTH DISTRICT</b>	<b>\$19,989,285</b>	<b>100.0%</b>	<b>\$5,193,471</b>	<b>\$267,427</b>	<b>\$3,810,413</b>	<b>\$9,271,311</b>	<b>\$ 10,717,974</b>	<b>26.0%</b>	<b>1.3%</b>	<b>19.1%</b>	<b>53.6%</b>

Note: The base general fund transfer as of February 2015 is \$10,076,856

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Washoe County Health District History of Budgeted Full-time equivalents (FTEs)

Appendix C

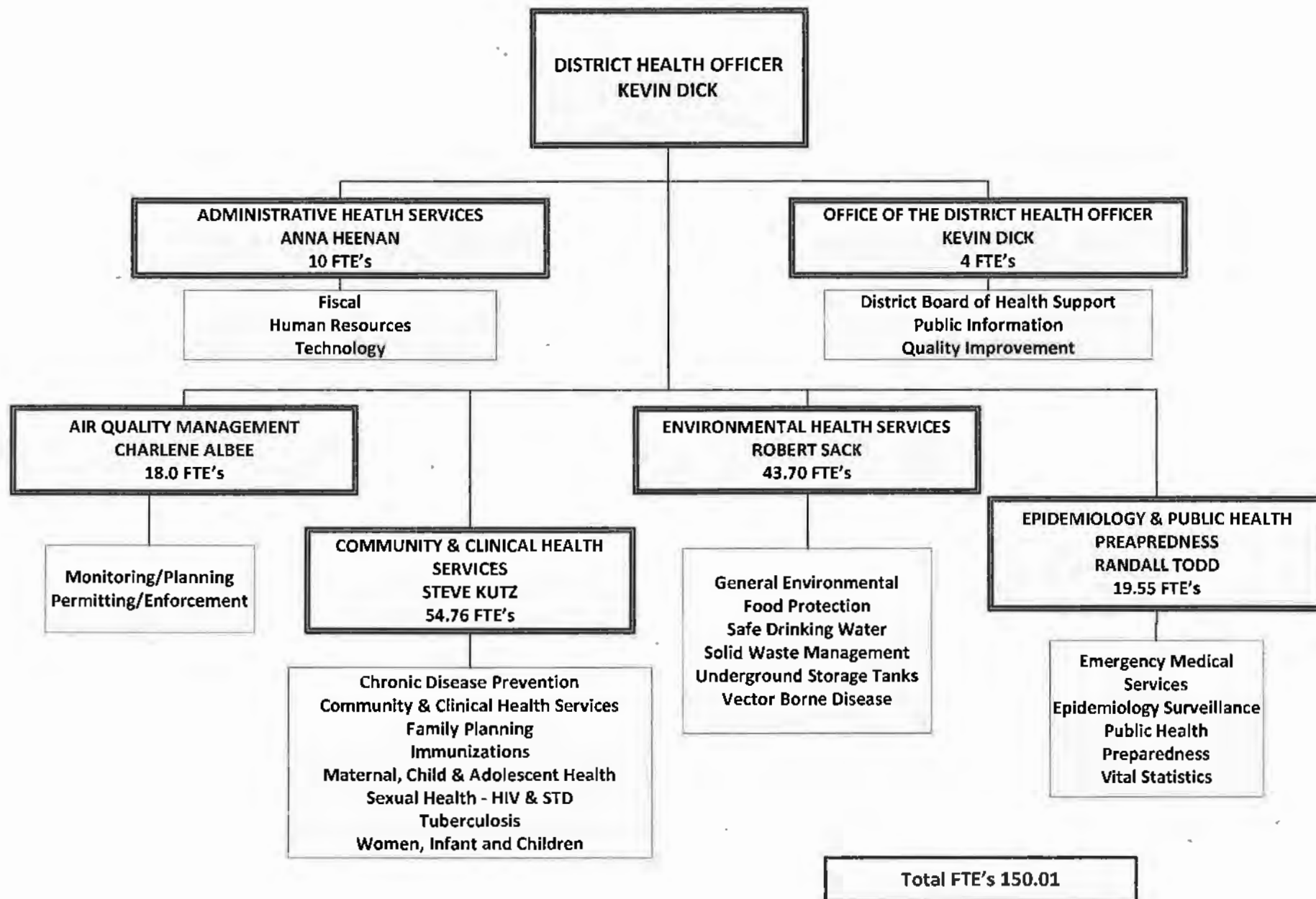
Title of FTEs	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY2015/16 Budgeted Position Count				Full-Time Position Equivalent (FTE) FY2015/16 <small>(Base 2000 Salary)</small>
						Full Time	Part Time	On-call/ Seasonal	Total Position Count	
ACCOUNT CLERK	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
ACCOUNT CLERK II	1.00	0.00	0.00	0.00	0.00	0	0	0	0	0.00
ADMINISTRATIVE ASSISTANT I	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
ADMINISTRATIVE ASSISTANT II	1.00	0.00	0.00	0.00	0.00	0	0	0	0	0.00
ADMINISTRATIVE HEALTH SERVICES OFFICER	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
ADMINISTRATIVE SECRETARY	2.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
ADVANCED PRACTITIONER OF NURSING	2.40	2.40	2.40	2.40	2.38	0	3	1	4	2.17
AIR QUALITY SPECIALIST II	7.00	8.00	8.00	8.00	8.00	8	0	0	8	8.00
AIR QUALITY SUPERVISOR	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
COMMUNITY HEALTH AIDE	7.45	7.45	7.45	6.60	6.38	6	0	1	7	6.40
COMMUNITY HEALTH NUTRITIONIST	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
DEPARTMENT SYSTEMS SPECIALIST	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
DISEASE INTERVENTION SPECIALIST	4.00	4.00	4.00	4.00	0.00	0	0	0	0	0.00
DIRECTOR OF PROGRAMS AND PROJECTS	0.00	0.00	0.00	0.00	1.00	1	0	0	1	1.00
DISTRICT HEALTH OFFICER	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
DIV DIR AIR QUALITY MGMT	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
DIV DIRECTOR-CCHS	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
DIV DIRECTOR-ENVIRONMENTAL SERVICES	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
EMERGENCY MEDICAL SERVICES COORDINATOR	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
EMERGENCY MEDICAL SERVICES PROGRAM MGR	0.00	0.00	0.00	0.00	1.00	1	0	0	1	1.00
ENVIRONMENTAL ENGINEER II	3.00	3.00	3.00	2.00	2.00	2	0	0	2	2.00
ENVIRONMENTAL HEALTH AIDE	0.00	0.00	0.00	0.00	0.44	0	0	1	1	0.00
ENVIRONMENTAL HEALTH SPECIALIST	21.40	21.40	21.80	20.75	20.80	20	0	1	21	20.66
ENVIRONMENTAL HEALTH SPECIALIST SUPVR	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
EPI CENTER DIRECTOR	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
EPIDEMIOLOGIST	2.00	2.40	2.20	2.05	2.40	2	0	1	3	2.01
FISCAL COMPLIANCE OFFICER	2.00	2.00	2.00	2.00	2.00	2	0	0	2	2.00
HAZARDOUS MATERIALS SPECIALIST	1.00	1.00	0.00	0.00	0.00	0	0	0	0	0.00
HEALTH EDUCATOR COORDINATOR	0.00	0.00	0.00	0.00	2.00	2	0	0	2	2.00

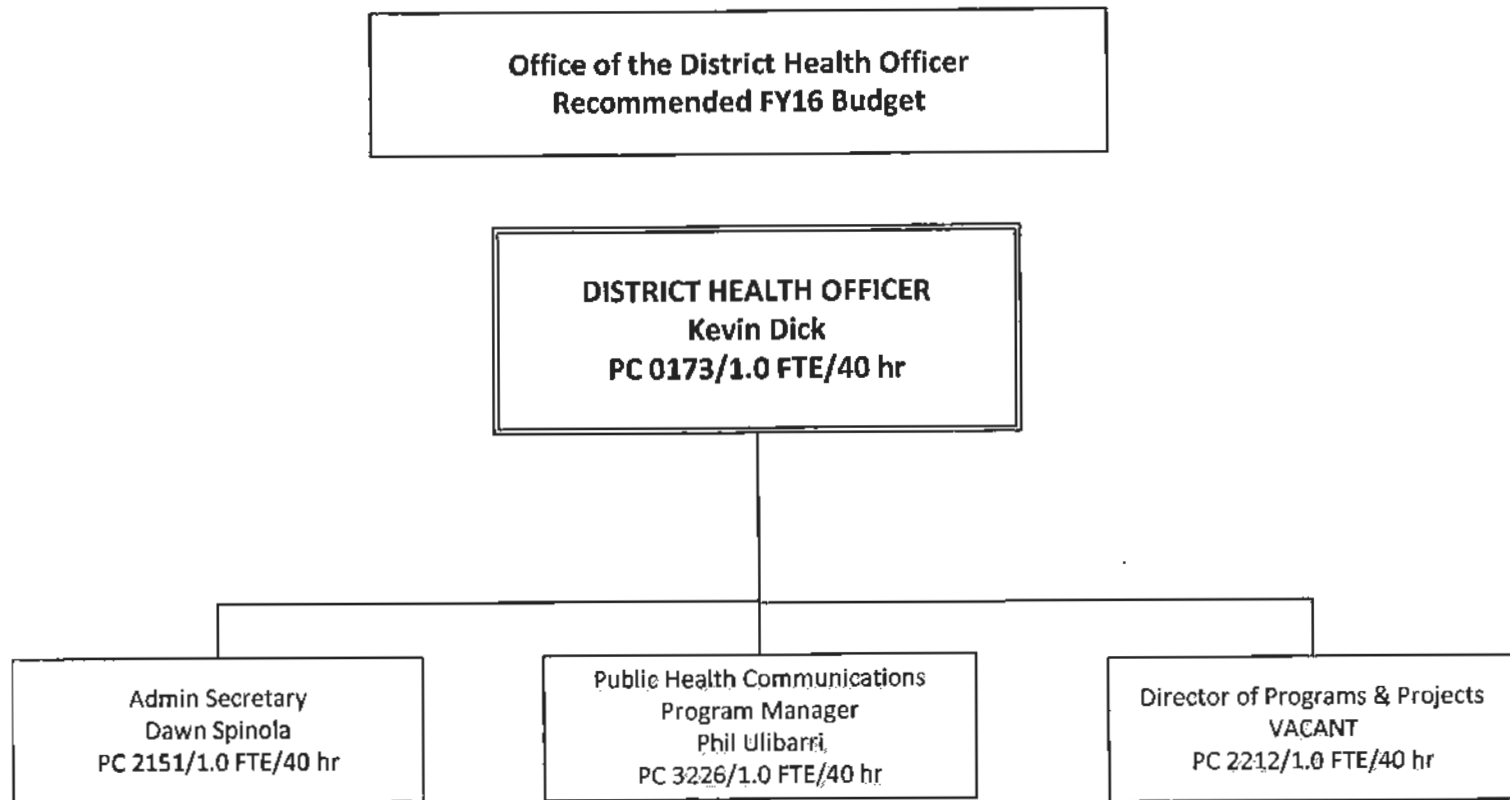
Washoe County Health District History of Budgeted Full-time equivalents (FTEs)

Appendix C

Title of FTEs	FY 11 FTEs	FY 12 FTEs	FY 13 FTEs	FY 14 FTEs	FY15 FTEs	FY2015/16 Budgeted Position Count				Full-Time Position Equivalent (FTE) FY2015/16 (Base 2080 Hours)
						Full Time	Part Time	On-call/ Seasonal	Total Position Count	
HEALTH EDUCATOR II	3.00	3.18	3.10	2.72	2.88	2	0	1	3	2.91
HUMAN SERVICES SUPPORT SPECIALIST II	4.00	4.00	4.00	4.00	3.00	3	0	0	3	3.00
LICENSED ENGINEER	2.00	2.00	1.30	0.00	1.00	1	0	0	1	1.00
LICENSED PRACTICAL NURSE	1.00	1.00	1.00	0.00	0.00	0	0	0	0	0.00
OFFICE ASSISTANT I	0.00	0.00	0.00	0.00	0.50	0	0	1	1	0.50
OFFICE ASSISTANT II (1-2015 1 reclass to OSS)	18.60	18.60	17.61	17.15	18.00	16	3	0	19	18.00
OFFICE ASSISTANT III	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
OFFICE SUPPORT SPECIALIST	4.00	4.00	4.00	4.00	6.00	6	0	0	6	6.00
PLANS/PERMITS/APPLICATIONS AIDE	4.00	4.00	4.00	4.00	3.00	3	0	0	3	3.00
PROGRAM COORDINATOR	3.00	3.00	3.00	3.00	1.00	1	0	0	1	1.00
PUBLIC HEALTH COMMUNICATIONS PROGRAM MG	0.00	0.00	0.00	0.00	1.00	1	0	0	1	1.00
PUBLIC HEALTH EMERGENCY RESPONSE COORD	2.00	2.00	2.00	3.00	2.00	2	0	0	2	2.00
PUBLIC HEALTH INVESTIGATOR II	2.30	2.40	2.20	2.05	2.05	2	0	1	3	2.01
PUBLIC HEALTH NURSE II	13.25	13.25	13.69	13.15	14.40	13	2	1	16	14.40
PUBLIC HEALTH NURSE SUPERVISOR	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
PUBLIC HEALTH PREPAREDNESS MANAGER	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
PUBLIC INFORMATION OFFICER	3.00	1.00	1.00	1.00	0.00	0	0	0	0	0.00
PUBLIC SERVICE INTERN	3.39	3.51	2.76	2.26	2.17	0	0	1	1	2.54
REGISTERED NURSE I	6.89	6.89	1.21	1.30	0.90	0	0	1	1	1.88
SR. AIR QUALITY SPECIALIST	3.00	3.00	3.00	3.00	3.00	3	0	0	3	3.00
SR. ENVIRONMENTAL HEALTH SPECIALIST	6.00	6.00	6.00	6.00	6.00	6	0	0	6	6.00
SR. EPIDEMIOLOGIST	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
SENIOR LICENSED ENGINEER	1.00	1.00	1.00	1.00	0.00	0	0	0	0	0.00
STATISTICIAN	1.00	1.00	1.00	1.00	1.53	1	1	0	2	1.53
STOREKEEPER	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
VECTOR BORNE DISEASE SPECIALIST	3.00	3.00	3.00	2.00	2.00	2	0	0	2	2.00
VECTOR CONTROL COORDINATOR	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
WIC PROGRAM MANAGER	1.00	1.00	1.00	1.00	1.00	1	0	0	1	1.00
<b>TOTAL HEALTH DISTRICT FTEs</b>	<b>166.68</b>	<b>165.48</b>	<b>156.72</b>	<b>149.43</b>	<b>149.83</b>	<b>137</b>	<b>9</b>	<b>11</b>	<b>157</b>	<b>150.01</b>

**WASHOE COUNTY DISTRICT BOARD OF HEALTH  
Recommended FY16 Budget**

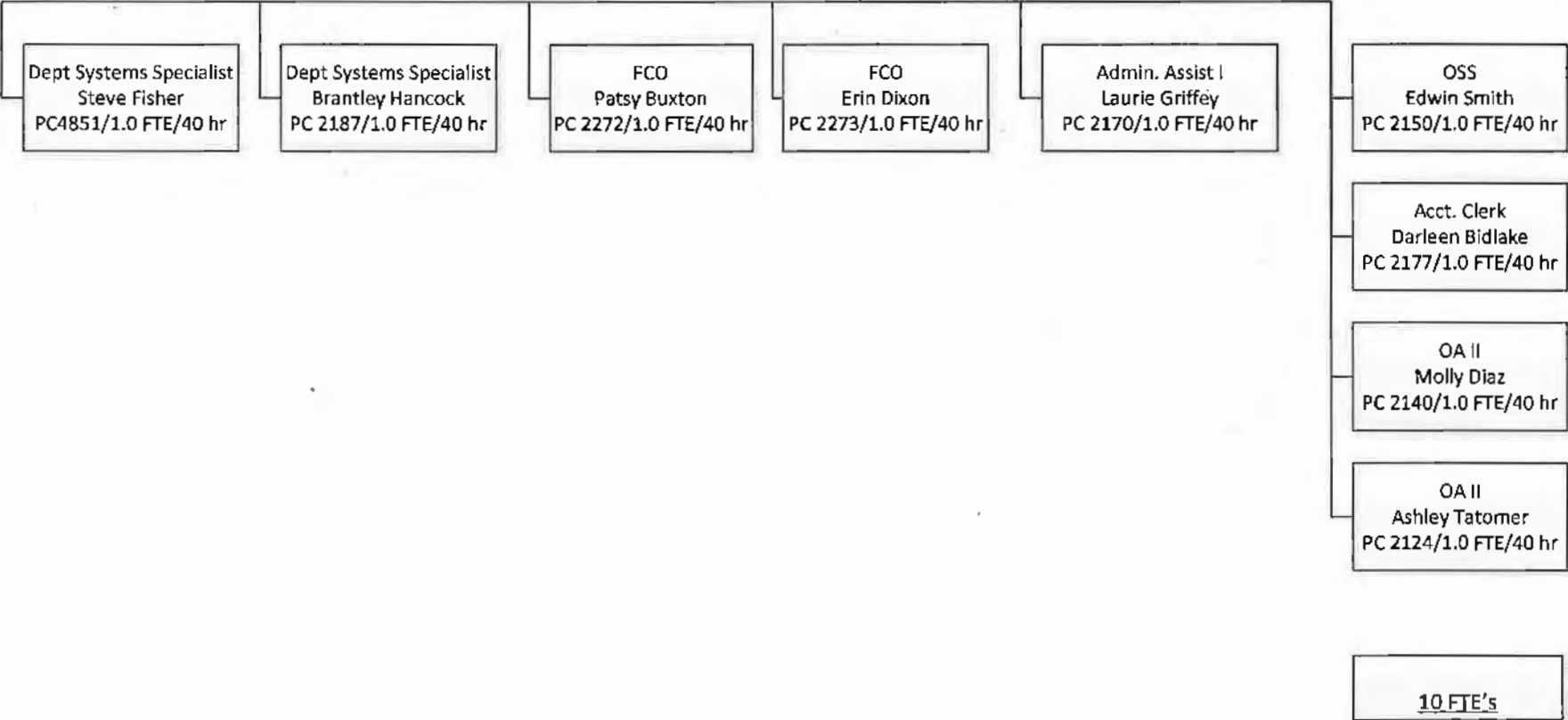




**4.0 FTE's**

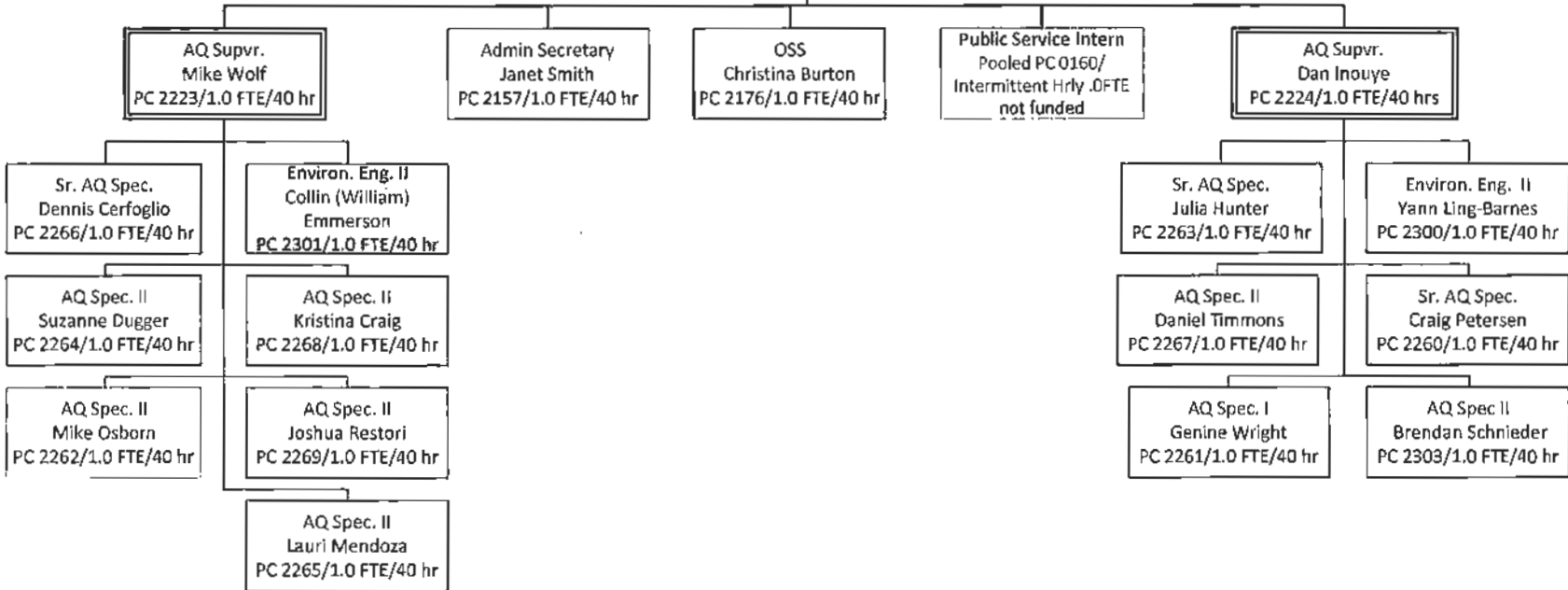
**Administrative Health Services  
Recommended FY16 Budget**

**Administrative Health Services Officer  
Anna Heenan  
PC 2279/1.0 FTE/40 hr**



**Air Quality Management  
Recommended FY16 Budget**

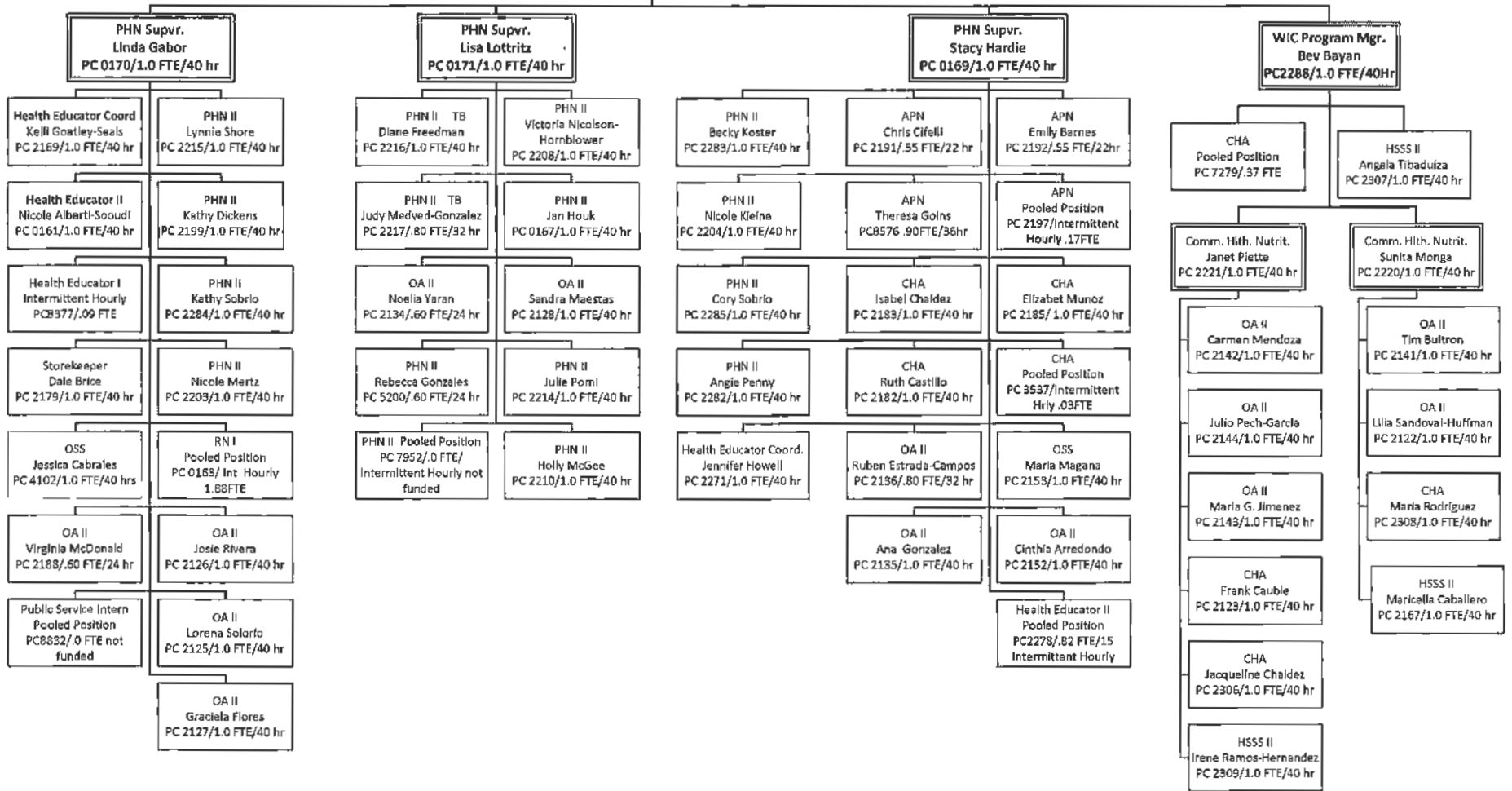
**Division Director – AQM  
Charlene Albee  
PC 2270/1.0 FTE/40 hr**



**18.00 FTE's**

**Community and Clinical Health Services  
Recommended FY16 Budget**

**Division Director – CCHS  
Steve Kutz  
PC 2281/1.0 FTE/40 hrs**



**54.76 FTE's**

**Environmental Health Services  
Recommended FY16 Budget**

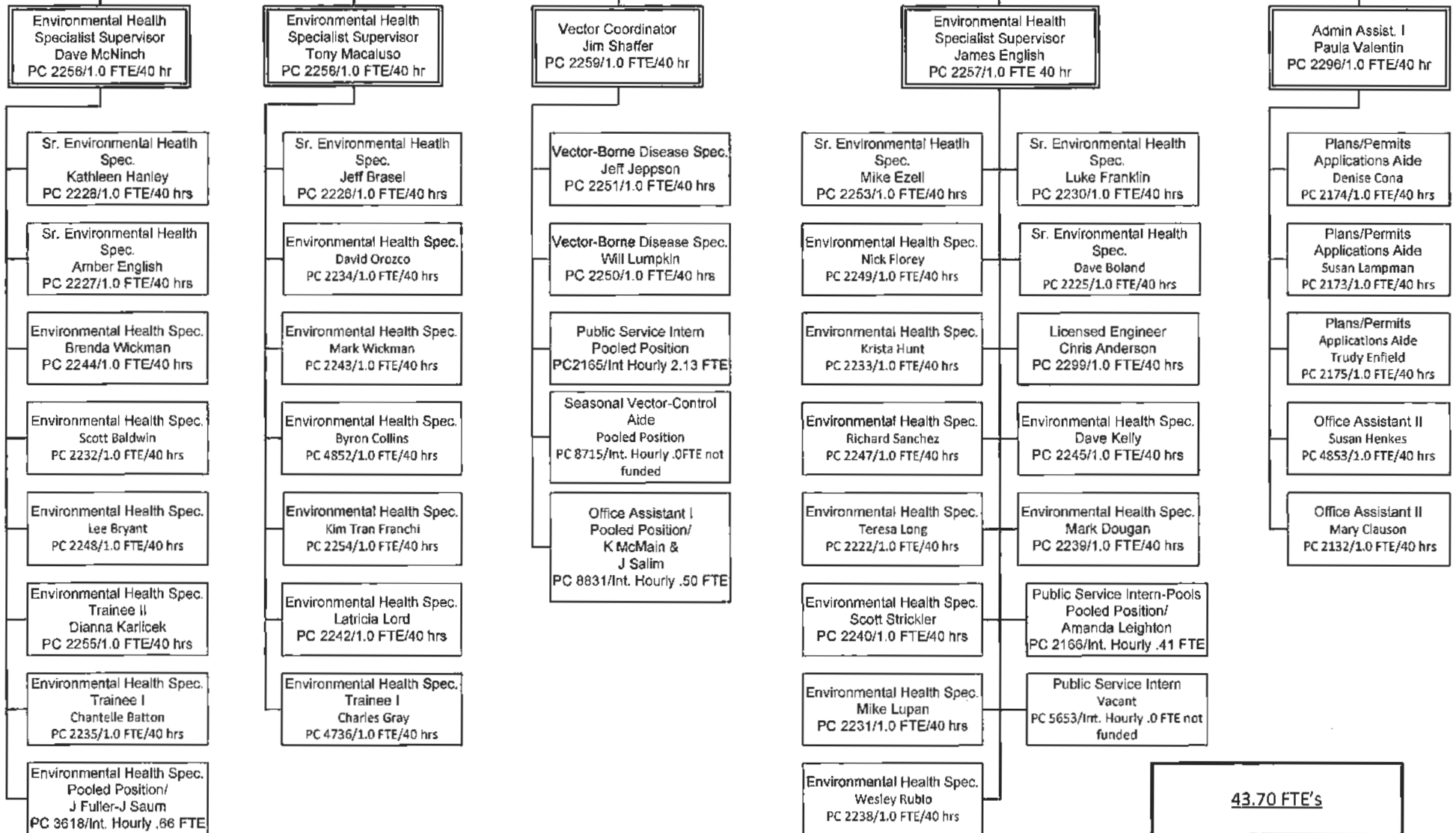
Division Director – EHS  
Robert Sack  
PC 2280/1.0 FTE/40 hrs

**Food**

**Vector**

**Waste Mgmt/Land Dvlpmt/SDW**

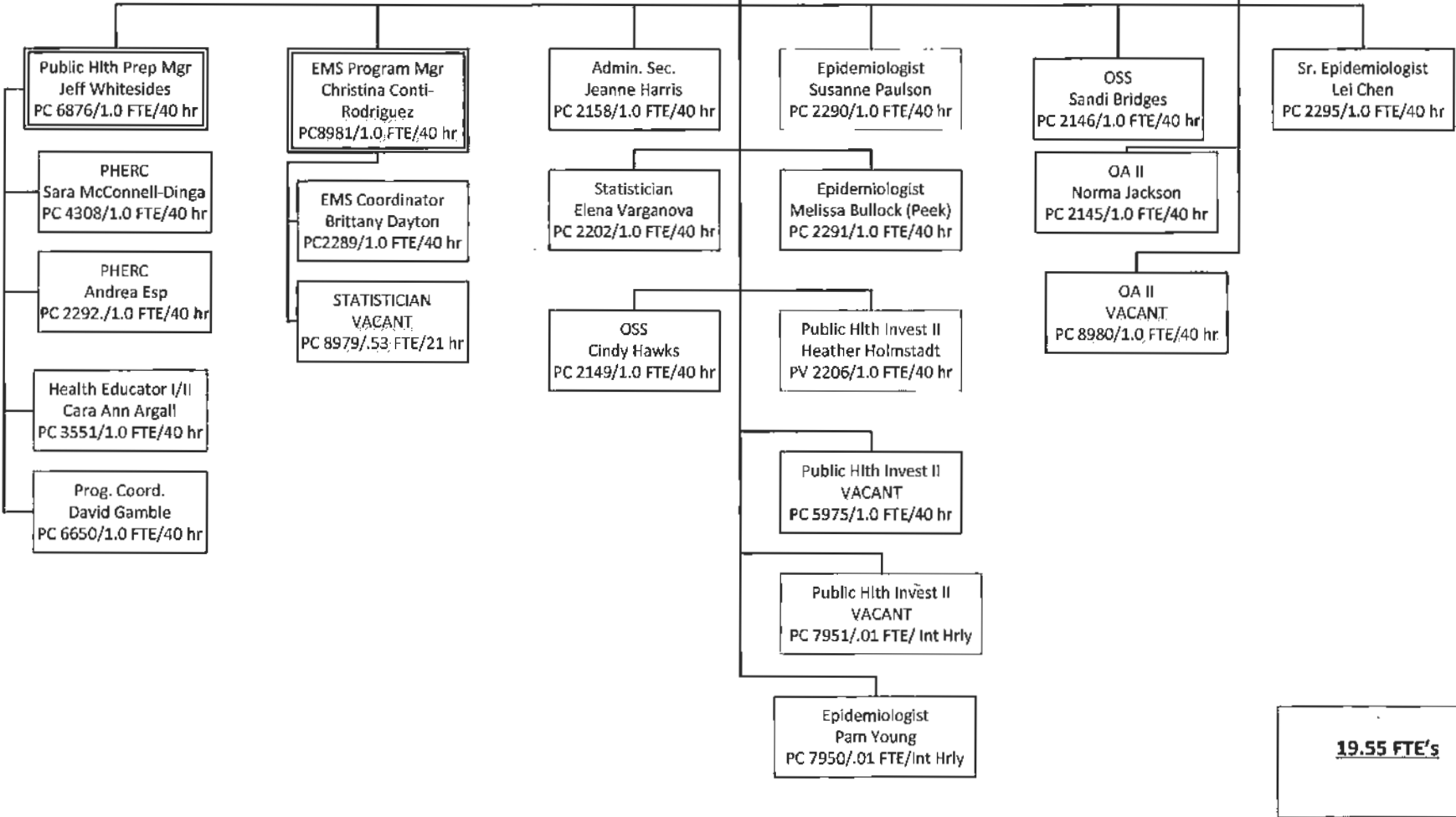
**Admin Support**





**Epidemiology & Public Health Preparedness  
Recommended FY16 Budget**

**EPI Center Director  
Randall Todd  
PC 2293/1.0 FTE/40 hr**



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**Washoe County Health District  
Components of Fund Balance**

**Appendix E**

<b>FISCAL YEAR 2014 (FY14) FUND BALANCE:</b>		
<b>Pollution Control Fund NRS 445B.830</b> (IN20288-restricted for programs related to the improvement of the quality of the air per NRS 445B.830 section 2d)	\$ 233,982	
<b>DMV Excess Reserve FY14/15 NRS 445B.830</b> (IN20392-restricted for programs related to the improvement of the quality of the air per NRS 445B.830 section 6)	312,389	
<b>Tire Fees</b> (restricted for solid waste management per NRS 444.616 section 1(d) & 2)	458,107	
<b>Robert Wood Johnson Grant</b> (IN20385)	52,886	
<b>Medical Reserve Corps-NACCHO Grants</b> (IN10655)	10,879	
<b>Sub-total restricted as to use within the Health Fund</b>	\$ 1,068,243	[a]
FY14 Fund balance used for the Opening Fund of FY15	666,788	
Reserved for budgeted ending fund balance in FY15	125,399	
<b>Unanticipated reimbursement from County Equipment Services Fund (ESD)</b> for prior year replacement charges paid on grant funded vehicles that were not owned by ESD but by the Health District therefore should not have been paid	46,450	
<b>Balance of fund balance</b> is mainly due to salary and benefit savings on position held vacant during the year	248,919	
<b>FY14 ENDING FUND BALANCE</b>	<b>\$ 2,155,799</b>	
<b>FISCAL YEAR 15 (FY15) OPENING FUND BALANCE</b>		
	\$ 2,155,799	[b]
<b>FY15 Estimate to complete:</b>		
<b>Budgeted Revenue</b> for FY15-anticipate receiving the original budgeted revenue	18,901,863	
<b>Anticipated changes compared to Opening Budget for FY15 Revenue:</b>		
Additional Licenses and Permits revenue	16,413	
Additional Funding in Grants and Restricted funds	483,643	
Reduction in revenue for Charges for Services	(29,381)	
Increase in Miscellaneous Revenue	21,794	
<b>Total Estimated FY15 Revenues (incl General Fund transfer)</b>	<b>19,394,333</b>	[c]
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$ 21,550,132</b>	[b]+[c]
<b>Budgeted Expenditures</b> for FY15-anticipate spending the original budget	(19,443,252)	
Restricted funding carried over from FY14 (a) is assumed to be 100% spent (or is already spent) so that it would not fall to fund balance and be reallocated to general operating expenditures - excludes the portion that we rebudgeted in FY16 (b)	(1,052,064)	[a] less [e]
<b>Anticipated changes compared to Opening Budget for FY15 Expenditures:</b>		
Savings in Salaries & Benefits due to vacancies reduced the budgeted expenditure level	82,619	
Savings in Services & Supplies not related to grants & restricted funding	145,976	
Savings in Capital not related to grants & restricted funding	39,492	
Additional Expenditures due to additional grants and restricted funding	(512,375)	
<b>TOTAL USES OF FUNDS</b>	<b>\$ (20,739,604)</b>	[d]
<b>FY15 ESTIMATE TO COMPLETE ENDING FUND BALANCE</b>	<b>\$ 810,528</b>	[b]+[c]+[d]
<b>FISCAL YEAR 16 (FY16) ANTICIPATED OPENING FUND BALANCE</b>		
	\$ 810,528	
<b>FY16 Recommended Budget:</b>		
Restricted Tire Fee revenue in FY15 (IN20269) rebudgeted FY16	(16,179)	[c]
Estimated FY16 Revenues (incl General Fund transfer)	19,348,167	
Estimated FY16 Expenditures (excluding the restricted funds rebudgeted (b) in FY15)	(19,973,106)	
<b>FY16 RECOMMENDED BUDGET ENDING FUND BALANCE</b>	<b>\$ 169,410</b>	



# Washoe County District Attorney

CHRISTOPHER J. HICKS  
DISTRICT ATTORNEY

## STAFF REPORT

**BOARD MEETING DATE:** February 26, 2015

**TO:** District Board of Health  
**FROM:** Leslie H. Admirand, Deputy District Attorney  
775-324-3297, Ladmirand@da.washoecounty.us

**SUBJECT:** Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County.

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### **SUMMARY**

Section 7(c) of the Interlocal Agreement requires annual review of the Agreement by the Board and that recommendations for possible amendments may be made to Reno, Sparks and Washoe County.

**District Health Strategic Objective supported by this item:** Strengthen WCHD as an innovative, high- performing organization.

### **BACKGROUND**

On November 27, 1972, the governing bodies of the Cities of Reno and Sparks and the County of Washoe formed the Washoe County Health District by adopting an Interlocal Agreement in conformance with the provisions of NRS 439.

The Interlocal Agreement was amended in August of 1986 to delegate to the Health District the powers granted to the Cities and County to displace or limit competition in the grant of any franchise for ambulance services.

The Interlocal Agreement was further amended in August of 1993 after a legislative revision to the composition of the Board of Health pursuant to NRS 439.390. The revision required the seventh member of the board, the member appointed by the other six, to be a physician.

There have been no further amendments to the Agreement.

This item will be calendared for review annually.

### **FISCAL IMPACT**

There are no fiscal impacts for the Board's review of the Interlocal Agreement.

### **RECOMMENDATION**

Staff recommends the District Board of Health review, discuss and provide direction to staff regarding the provisions of the Interlocal Agreement entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Staff further recommends the Board take action to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the ILA in its current form *or* direct staff to forward any recommendations as discussed for possible amendments to Reno, Sparks and Washoe County."

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R E S O L U T I O N

WHEREAS, the District Board of Health of Reno, Sparks and Washoe County was created in 1959 in accordance with NRS 439.370; and

WHEREAS, said District Board of Health has been and is now composed of representatives appointed by the Board of Washoe County Commissioners, the Reno City Council and Sparks City Council, together with one member appointed by said District Board of Health, all in accordance with NRS 439.390; and

WHEREAS, officials representing the Cities of Reno and Sparks and the County of Washoe entered into an informal, unwritten agreement in the spring of 1962; by which agreement the County of Washoe was to assume responsibility for the funding, compensation, and administration of the District Health Department and District Health Officer of Reno, Sparks and Washoe County and the Cities of Reno and Sparks were to contribute to the funding of said District Health Department and Officer by relinquishing their right to receive certain moneys from the tax revenues based on the assessed property valuation within the jurisdiction of each aforesaid political subdivision; and

WHEREAS, pursuant to the aforesaid agreement, the amount of tax revenues received by the County of Washoe have been increased and the District Health Department has been administered and funded as a Department within Washoe County Government under the supervision of the Board of Washoe County Commissioners; and

WHEREAS, it is in the best interests of the County of Washoe and Cities of Reno and Sparks to regularize and normalize the operations of the District Health Department of Reno, Sparks and Washoe County by setting forth in a written agreement the exact terms and conditions of the aforesaid informal agreement respecting the administration and funding of said Health Department.

NOW, THEREFORE, BE IT RESOLVED that the District Board of Health of Reno, Sparks, and Washoe County requests that the City Councils of Reno and Sparks and the Board of Washoe County Commissioners enter into a written cooperative agreement pursuant to Chapter 277 of the Nevada Revised Statutes setting forth the terms and conditions of the informal agreement which has heretofore existed among said political subdivisions with respect to the operation, administration, and funding of the District Health Department of Reno, Sparks, and Washoe County, including but not limited to the following matters:

1. The percentage of such Health Department's annual budget, including compensation of the District Health Officer, to be provided by the Cities of Reno and Sparks and the County of Washoe respectively;
2. The designation of the local government responsible for the actual administration and operation of said District Health Department, including matters related to the jurisdiction and control of Health Department employees, such as the responsibility for providing for the health benefits, unemployment benefits, and retirement benefits of said employees;
3. The enumeration of the powers and duties of said District Board of Health with respect to said Health Department and the District Health Officer.

IT IS FURTHER RESOLVED that the Chairman of the District Board of Health of Reno, Sparks, and Washoe County forward the above request and a copy of this Resolution to the Area Council of Governments, the city managers and city attorneys of Reno and Sparks and the Washoe County Manager and the Chief Civil Deputy District Attorney of Washoe County together with the directive of this Board that said officials immediately begin the drafting of the aforesaid cooperative agreement, so that said Area Council

of Governments can forward this matter to the local governments for execution as quickly as possible, thereby regularizing and normalizing the operations of the aforesaid District Health Department.

IT IS FINALLY RESOLVED that upon the execution of the aforesaid cooperative agreement, the original copy be forwarded by the responsible officials of the Cities of Reno and Sparks and the County of Washoe to the Chairman of the aforesaid District Board of Health for inclusion in the official minutes of said Board.

Proposed on the 21st day of March, 1972.

<sup>Ad</sup>  
Proposed by Dr. Myles.

Passed on the 21st day of March, 1972.

Vote:

Ayes: Mayor John E. Chism

Commissioner Dwight A. Nelson

Councilman Michael R. Schulz

Dr. Robert K. Myles

Dr. J. Stephen Phalen

Dr. Frank C. Stokes

Nayes: None

Absent: None

Richard C. Sheretz  
Chairman of the District Board  
of Health of Reno, Sparks, and  
Washoe County

ATTEST:

W. W. Winkler M.D.  
Secretary of the District Board  
of Health of Reno, Sparks, and  
Washoe County



INTER-LOCAL AGREEMENT CONCERNING WASHOE  
COUNTY HEALTH DISTRICT

WHEREAS, a Health District with a Health Department consisting of a District Health Officer and a District Board of Health of Reno, Sparks and Washoe County, composed of representatives appointed by the Board of Washoe County Commissioners, the City Councils of Reno and Sparks, together with one member appointed by the aforesaid representatives of said Board of Health, all in accordance with NRS 439.390, has been created by a Resolution duly passed by the aforesaid governing bodies of Washoe County and the cities of Reno and Sparks, all of which are political subdivisions of the State of Nevada; and

WHEREAS, the District Board of Health of Reno, Sparks and Washoe County has exercised since its creation all the powers, duties and authority as a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, the County of Washoe and the City of Reno and the City of Sparks, acting through their respective governing bodies, desire to regularize and normalize the operations of the aforesaid District Health Department and District Board of Health, thereby making the most efficient use of their powers and resources in providing health services and facilities to the residents of the aforesaid Health District;

NOW, THEREFORE, BE IT RESOLVED as follows:

I. DISTRICT BOARD OF HEALTH OF WASHOE COUNTY HEALTH DISTRICT:

"A. Composition and organization of Board of Health; appointment and qualifications of members of said Board."

1. The District Board of Health of Reno, Sparks, and Washoe County shall hereafter

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only

be known as the District Board of Health of Washoe County Health District and shall consist of Seven members as follows: Two members shall be appointed by the Mayor of the City of Reno with the consent of the Reno City Council, Two members shall be appointed by the Mayor of the City of Sparks with the consent of the Sparks City Council, Two members shall be appointed by the Chairman of the Board of Washoe County Commissioners with the consent of said Board, and One additional member shall be chosen and appointed by the aforesaid members appointed to the District Board of Health of Washoe County Health District.

2. Each of the members of the District Board of Health of Washoe County Health District appointed to said Board by the Mayors of Reno or Sparks or the Chairman of the Board of Washoe County Commissioners shall be appointed to serve either a Two year or Four year term commencing on January 1, 1973, and each member so appointed or any new such member may be reappointed or appointed to serve any number of Two year or Four year terms upon appropriate action by said Mayors and Chairman and the respective governing bodies of the Cities of Reno and Sparks and the County of Washoe.

3. The member chosen and appointed by the aforesaid members appointed to the District Board of Health of Washoe County Health District by the Mayors of the Cities of Reno and Sparks

and the Chairman of the Board of Washoe County Commissioners shall be appointed to serve a Two year term commencing on January 1, 1973, and said member or any new such member so appointed may be reappointed or appointed to serve any number of Two year terms upon appropriate action by the other aforesaid members of the District Board of Health of Washoe County Health District.

4. If any additional incorporated towns or cities are formed in the County of Washoe, State of Nevada, the governing body of each said town or city shall appoint Two members to serve on the District Board of Health of Washoe County Health District for a Two year or Four year term, subject to reappointment as set forth in Paragraph 2. above; in this event, the number of members comprising said District Board of Health shall be increased accordingly and all other provisions of this Agreement shall be made to conform to the new conditions created by the increased number of members on said Board.

5. Not less than One of the Two members of the District Board of Health of Washoe County Health District appointed by the Chairman of the Board of Washoe County Commissioners shall be a physician licensed to practice medicine in the State of Nevada.

6. If the members of the District Board of Health of Washoe County Health District

appointed by the Mayors of Reno and Sparks and the Chairman of the Board of Washoe County Commissioners fail to choose the additional member within Thirty days after January 1, 1973 or at any time thereafter when the term of said additional member expires, said member may be appointed by the Nevada State Health Officer.

7. No later than January 31, 1973, the appointed members of the District Board of Health of the Washoe County Health District shall meet and elect a Chairman and Vice-Chairman from among its members and such other officers as said Board deems necessary to carry out its assigned functions in accordance with this Agreement; and said Chairman and Vice-Chairman and any other officers so elected shall serve a two-year term from the date of their election in January, 1973, and they or their successors shall be re-elected or elected for any number of succeeding two-year terms by the members serving on said Board when any two-year term of each aforesaid officer expires.

8. The District Board of Health of Washoe County Health District is hereby authorized to establish any procedural rules for the organization of meetings of said Board on a regular basis and to adopt any other operational or procedural rules and guidelines to carry out the assigned functions and

duties of said Board in an efficient and orderly manner..

B. Powers, duties, authority and jurisdiction of District Board of Health of Washoe County Health District.

1. The District Board of Health of Washoe County Health District shall exercise all powers, duties and authority, including rule making authority, conferred on a district board of health in Chapter 439 of the Nevada Revised Statutes and any other powers, duties, and authority conferred on such a board by either the Nevada State Legislature or the Nevada State Board of Health.

2. The District Board of Health of Washoe County Health District shall have jurisdiction over all public health matters in the Washoe County Health District, the boundaries of which are coterminous with the County of Washoe, State of Nevada.

3. The District Board of Health of Washoe County Health District shall appoint the District Health Officer, who shall serve at the pleasure of said District Board of Health.

4. The District Board of Health of Washoe County Health District shall, pursuant to the statutory powers and duties conferred on said Board:

- a. [Abate nuisances within Washoe County Health District in accordance with law;]

b. Take whatever action is necessary to control contagious or infectious or communicable diseases within Washoe County Health District, including all necessary steps to restrain, quarantine, and disinfect any person sick with or exposed to such diseases that are dangerous to the public health;

c. [Oversee all sanitary conditions within the Washoe County Health District;] and

d. Promote and protect the public health generally by establishing and implementing a comprehensive health program, including all appropriate measures to prolong the life and to promote the physical well being of the people of Washoe County, State of Nevada.

5. The District Board of Health of Washoe County Health District shall direct the District Health Officer or his authorized representatives to make periodic inspections of any establishment, building or dwelling, vehicle or area within the Washoe County Health District for the purpose of determining whether or not said places, structures, or locations comply with all state and local health regulations and health requirements or standards.

6. The District Board of Health of Washoe County Health District may direct the District

Health Officer to disseminate information as received from the Nevada State Board of Health or Nevada State Health Officer to other public agencies, persons, boards, etc., or to any other persons, firms, corporations, or entities within the Washoe County Health District and to cooperate with the Nevada State Board of Health and Nevada State Health Officer or with other agencies in promoting the public health within the Washoe County Health District.

7. The District Board of Health of Washoe County Health District shall cooperate with the Board of Washoe County Commissioners or its authorized representatives in the administration of the District Health Department of Washoe County Health District in the manner as hereinafter set forth, except that the District Board of Health of Washoe County Health District is hereby declared to be supreme in all nonadministrative health matters arising within the Washoe County Health District vis-a-vis any other local governing body or entity.

C. Preparation of annual budget; accounting for funds of District Health Department of Washoe County Health District supervision of District Health Department of Washoe County Health District.

1. On or about the 1st day of January of each year the District Board of Health of Washoe County Health District shall review

the proposed annual budget for the operation of the District Health Department of Washoe County Health District submitted by the District Health Officer, which budget shall include the compensation to be received by the District Health Officer of Washoe County Health District.

2. Following review and approval of the proposed annual budget as stated above, either the Chairman of the District Board of Health of Washoe County Health District or the District Health Officer shall immediately forward same to the County Manager of the County of Washoe, the City Manager of the City of Reno, and the City Manager of the City of Sparks for their review, recommendations, and ultimate approval.

3. Upon the approval of the proposed annual budget of the District Health Department of the Washoe County Health District by the aforesaid Managers in accordance with the preceding paragraph, the Washoe County Manager shall include said proposed budget in the annual budget to be adopted by the Board of Washoe County Commissioners for the operation of all divisions, departments, agencies, offices, etc., of Washoe County government; and said Manager shall forward a copy of the approved District Health Department budget to the Chairman of the District Board of Health of Washoe County Health District.



4. The Board of Washoe County Commissioners cannot reduce, increase, or otherwise alter an annual budget for the District Health Department of Washoe County Health District approved by the aforesaid Managers without adequate notice to the Reno City Council and Sparks City Council and without obtaining the recommendations of both said Councils or their authorized representatives concerning any budget alteration.

5. Neither the District Health Department nor the District Health Officer of Washoe County Health District may petition the Board of Washoe County Commissioners to increase or otherwise alter an approved budget for the District Health Department without obtaining prior approval of the City Councils of Reno and Sparks. However, nothing contained herein shall prevent the Washoe County Manager from making or recommending an interfund transfer of funds under the control of the Board of Washoe County Commissioners if done lawfully within the provisions of the Nevada Local Government Budget Act, PROVIDED such transfer shall not materially affect the funding of or the tax levy to be permitted for the support of said District Health Department by the Cities of Reno and Sparks. In addition, any nonlocal funds received during any fiscal year from other sources, such as the State and Federal Governments, may be added to an approved

budget of the District Health Department by the Washoe County Manager upon recommendation of the District Health Officer or District Board of Health without the prior approval of the City Councils of Reno and Sparks.

6. All local funds, i.e. those to be provided each year in accordance with the provisions herein by the parties to this Agreement, for the operation of the District Health Department of Washoe County Health District must be appropriated by the Board of Washoe County Commissioners on or before the start of each fiscal year from available tax revenues or any other source of monies or revenues available to and under the control of said Board.

7. The Board of Washoe County Commissioners or its authorized representative shall require the District Health Officer of said District to keep a proper accounting for all expenses incurred in the operation of the District Health Department of said District.

8. No obligations shall be incurred or payments made in the operation of said District Health Department, except by the approval of the District Health Officer of said District or by his designee. All such approved claims shall be submitted to the Office of the Washoe County Comptroller for payment by the County of Washoe.

9. The Washoe County Treasurer's Office shall be designated as the Office to and from which

funds of the aforesaid District Health Department shall be deposited or dispersed.

10. The District Board of Health of Washoe County Health District shall supervise all public health programs of the aforesaid District Health Department and shall authorize new public health programs upon the recommendation of said District Health Officer, provided sufficient funds are available to implement and operate such programs at the time they are authorized. Nothing contained herein shall preclude the three governments from cutting back on any programs authorized by District Board of Health if insufficient local funds are available to maintain such programs. Nothing contained herein shall preclude the parties to this Agreement or their respective Managers from recommending and approving an annual budget for the operation of the District Health Department of Washoe County Health District that may result in the restriction of or elimination of any public health programs authorized by the aforesaid District Board of Health if insufficient local funds are available to maintain such programs.

II. DISTRICT HEALTH OFFICER OF WASHOE COUNTY HEALTH DISTRICT: Qualifications; powers; duties; responsibilities; and removal from office.

A. The District Health Officer of the Washoe County Health District shall be appointed by the District

Board of Health of Washoe County Health District, and he shall reside within the boundaries of said Health District during the tenure of his office.

B. The District Health Officer shall hold office at the pleasure of the District Board of Health of Washoe County Health District, but he shall not be removed from office except upon a 2/3 vote of all members of the District Board of Health.

C. Qualifications of District Health Officer of Washoe County Health District.

1. The District Health Officer of the Washoe County Health District shall have the following basic education and experience:

a. He shall have had a minimum of two years of premedical education, including courses in the natural and social sciences and humanities;

b. He shall have graduated with a degree of doctor of medicine from a medical school of recognized standing;

c. He shall have served an internship and/or residency of at least one year in an approved hospital;

d. He shall be licensed and in good standing to practice medicine in the State of Nevada;

e. He shall have graduated or have obtained at least one year's training at the graduate level from an accredited school of public health, or, in the alternative, he shall have completed an approved residency train-

ing in public health or general preventive medicine;

f. He shall have had at least three years' experience in a public health agency which includes planned and supervised instruction and participation in a comprehensive public health program.

2. The District Board of Health of Washoe County Health District shall have the power to waive or modify the qualifications of the aforesaid District Health Officer set forth in Paragraph C 1. above but only for good and sufficient cause, except said Board shall not waive the qualification that said District Health Officer must be a graduate of a medical school of recognized standing or the qualification that said District Health Officer shall be licensed to practice medicine either in the State of Nevada or one of the other states of the United States or the District of Columbia.

3. Nothing contained herein shall be construed to prevent any otherwise qualified person from being appointed as the District Health Officer of Washoe County Health District on account of sex, race, religion, or national origin.

D. The District Health Officer of Washoe County Health District shall have full authority as a county health officer in the Washoe County Health District and shall receive such compensation as is agreed upon by the governing bodies of the political subdivisions within said Health District

and as is included in the budget of the District Health Department of said District submitted to the Board of Washoe County Commissioners in the manner specified in Section I C above.

E. The District Health Officer of said District is empowered to appoint such deputies, assistants, and other employees of the aforesaid District Health Department as may be necessary to carry out the authorized health programs of the Washoe County Health District; and said persons shall receive such compensation as provided in the approved salary schedule of Washoe County and as adopted by the Board of Washoe County Commissioners, provided sufficient funds are available in the approved annual budget of said District Health Department. In addition, said District Health Officer shall comply with the provisions of Section III C. below in making any appointments to the staff of said District Health Department.

F. The District Health Officer of Washoe County Health District shall require complete records to be kept of all public health programs administered by the aforesaid District Health Department.

G. The District Health Officer of Washoe County Health District, upon request, shall provide the Washoe County Manager, the Reno City Manager, the Sparks City Manager, and the Chairman of the aforesaid District Board of Health with any desired report of the activities of the District Health Department of Washoe County Health District.

H. The District Health Officer of Washoe County Health District shall cooperate with the aforesaid District Board of Health and Nevada State health authorities and shall make such reports or return such information to said District Board of Health or Nevada State Board of Health or Nevada State Health Officer as such Boards or Officer may require.

I. The District Health Officer of Washoe County Health District shall be the chief executive officer of the aforesaid District Health Department, and he shall be responsible to the Washoe County Manager and Board of Washoe County Commissioners for the proper administration of all affairs of said Department not subject to the supervision and control of the District Board of Health of Washoe County Health District as set forth above.

J. To perform his duties during his temporary absence or disability, the District Health Officer of Washoe County Health District 1) shall designate by letter filed with the Washoe County Manager and Chairman of the District Board of Health of Washoe County Health District and by proper notice to the staff of the District Health Department a qualified person to act as administrative head of said Department with the title of "Acting Executive Officer of the District Health Department of Washoe County Health District"; and 2) shall designate by letter filed with the Washoe County Manager and Chairman of the District Board of Health of Washoe County Health District and by proper notice to the

staff of the District Health Department a physician licensed to practice in the State of Nevada who shall act as a consultant on all medical matters of concern to the District Health Department and its staff. In the event of failure of the District Health Officer to make such designation, the District Board of Health of Washoe County Health District may by resolution appoint an Acting Executive Officer of the District Health Department and a licensed physician who shall advise said Department on all medical matters.

K. During any vacancy in the office of the District Health Officer other than said Officer's temporary absence or disability, the District Board of Health shall appoint an acting District Health Officer with the same qualifications as a District Health Officer, who shall have the powers and duties of the District Health Officer until a new Officer is appointed. No member of the District Board of Health of Washoe County Health District shall be appointed acting District Health Officer.

III. DISTRICT HEALTH DEPARTMENT OF WASHOE COUNTY HEALTH DISTRICT: Powers; duties; and administration.

A. The District Health Department of Washoe County Health District shall be organized in the same manner as other divisions, departments, agencies, offices, etc. of Washoe County government.

B. The District Health Department of Washoe County Health District shall have jurisdiction over all public health matters arising within the Washoe County Health District and shall have the responsi-



bility of implementing and enforcing all public health programs approved by the District Board of Health of Washoe County Health District.

C. The District Health Department of Washoe County Health District shall be administered under the auspices of the Washoe County Manager and Board of Washoe County Commissioners, except as to those matters under the exclusive control and supervision of the District Board of Health of Washoe County Health District as enumerated above.

1. All personnel matters, except for the appointment or removal of such deputies, assistants, and other employees appointed by the District Health Officer of Washoe County Health District, shall be regulated by those Washoe County ordinances applicable to all Washoe County employees.

2. Said District Health Officer shall be charged with employing qualified personnel under the merit system established by the State of Nevada, until such time as the County of Washoe devises a merit system for its employees that is acceptable to the Federal Government, at which time said County merit system shall apply.

3. All employees of the District Health Department involved in any Federal or Nevada State-assisted health programs shall be subject to all regulations of the Nevada State Personnel System and shall have all rights accorded to employees in said regulations.

4. All other employees of said District Health Department shall serve at the pleasure of the District Health Officer, subject to any applicable provisions of Washoe County Ordinances in force now or in the future.

D. The District Health Department shall be charged with the responsibility of cooperating with the District Board of Health of Washoe County Health District and the Nevada State health authorities in carrying out and implementing all public health programs within the Washoe County Health District.

#### IV.

This interlocal agreement shall be in effect for a period of One-year from January 1, 1973, shall continue on a year-to-year basis, and shall automatically be renewed for a One-year period on each anniversary date after January 1, 1973, unless either the Board of Washoe County Commissioners or the City Council of the City of Reno or the City Council of the City of Sparks serves by certified mail on the other parties to this agreement a written notice of termination Fifteen (15) days prior to the date of expiration (which shall coincide with each anniversary date of this agreement), in which event this agreement shall terminate on the day of expiration. As used herein, the "expiration date" or "day of expiration" shall refer to the last day of this agreement or the last day of any extended One-year period under the terms of this agreement. If no written notice of termination has been received by any party to this agreement from any other party to this agreement at the end of any One-year period after the date this

agreement commences, it shall automatically be renewed for another One-year period and will continue in full force and effect during such renewal. However, nothing contained herein shall prevent any participating local entity in any year next succeeding the election of any members to any governing body which is a party to this Agreement after January 1, 1974 from terminating this Agreement without cause upon written notice to the other parties to this Agreement at any time up to Thirty (30) days after said newly elected members are sworn into office.

V.

All property acquired by the District Health Department of Washoe County Health District during the term of this agreement shall be subject to the jurisdiction and control of the Board of Washoe County Commissioners, except that property purchased with Federal funds. Upon the termination of this agreement, all property held for said District Health Department shall revert to and become the property of the County of Washoe, State of Nevada, except that the aforesaid property purchased with Federal funds must be disposed of by a proper agency of the Federal Government and compensation must be made to the cities of Reno and Sparks in proportion to their contribution to the District Health Department for the year immediately preceding termination of this Agreement.

VI.

The original copy of this agreement as signed by all parties shall be filed in the Office of the Washoe County Clerk with duplicate signed copies to be filed in the Office of the Reno City Clerk and Office of the

Sparks City Clerk and Office of the District Health Officer.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the day and year appearing by the signatures below.

THE COUNTY OF WASHOE, STATE OF NEVADA.  
By and Through its BOARD OF COUNTY COMMISSIONERS

By: Roy Payne  
Chairman

DATE: NOVEMBER 27, 1972

ATTEST: H.K. Brown, CLERK  
By [Signature]  
TITLE: CHIEF DEPUTY CLERK

THE CITY OF RENO By and Through its City Council

By: John Edw. Creamer  
Mayor

DATE: November 13, 1972

ATTEST:  
[Signature]  
TITLE: CITY CLERK



THE CITY OF SPARKS By and Through its City Council

By: James G. Richard  
Mayor

DATE: Nov. 27, 1972

ATTEST:  
[Signature]  
TITLE: City Clerk

AMENDMENT OF INTERLOCAL AGREEMENT  
CONCERNING THE WASHOE COUNTY HEALTH DISTRICT

WHEREAS, the Washoe County Health District has heretofore been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of Nevada Revised Statutes and an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created;

NOW, THEREFORE, the Interlocal Agreement Concerning the Washoe County Health District is hereby amended to read as follows:

INTERLOCAL AGREEMENT CONCERNING THE  
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

SECTION 1. Definitions.

A. As used in this agreement, unless the context otherwise requires:

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1. "Board" means the Washoe County District Board of Health.

2. "Chairman" means the chairman of the Board.

3. "County" means Washoe County, a political subdivision of the State of Nevada.

4. "Department" means the Washoe County District Health Department.

5. "Health Officer" means the health officer of the Washoe County Health District.

6. "Reno" means the City of Reno, Nevada.

7. "Sparks" means the City of Sparks, Nevada.

B. Except as otherwise expressly provided in this agreement or required by the context:

1. The masculine gender includes the feminine and neuter genders.

2. The singular number includes the plural number, and the plural includes the singular.

3. The present tense includes the future tense.

The use of a masculine noun or pronoun in conferring a benefit or imposing a duty does not exclude a female person from that benefit or duty. The use of a feminine noun or pronoun in conferring a benefit or imposing a duty does not exclude a male person from that benefit or duty.

SECTION 2. District Board of Health; Creation; composition.

A. The Washoe County District Board of Health, consisting of seven members appointed by Reno, Sparks and the County is hereby created.

B. Two members of the Board shall be appointed by the Reno Council only one of whom shall be an elected member of the governing body.

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C. Two members of the Board shall be appointed by the Sparks Council only one of whom shall be an elected member of the governing body.

D. Two members of the Board shall be appointed by the Board of County Commissioners. One of those members shall be a physician licensed to practice medicine in this State and the other shall be an elected member of the governing body.

E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

F. Except as provided in subsection J, below, members of the Board shall serve four year terms commencing January 1, 1979. Each member may be reappointed in the same manner as their original appointment to serve not more than two additional terms. Upon the expiration of this term of office, a member shall continue to serve until his successor is appointed and qualifies.

G. Not later than January 31, 1979, the Board shall meet and conduct an organizational meeting. At that meeting, the Board shall select a chairman and vice-chairman from among its members and may appoint such officers from among its members as it deems necessary to assist it in carrying out its prescribed duties. The chairman and vice-chairman shall serve two years and until their successors are appointed by the Board and qualify.

H. Except as otherwise provided in this Agreement or by law, a majority of the Board constitutes a quorum for the conduct of business and a majority vote of the quorum is necessary to act on any matter.

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I. If a vacancy occurs on the Board, the entity which appointed the member whose position is vacated shall appoint a person to fill the remainder of that member's unexpired term. At the end of that term, the appointee may be reappointed to serve not more than two additional terms.

J. When a person appointed to the Board as a member of the governing body of Reno, Sparks or the County no longer qualifies to serve as a member of that governing body, his term of office on the Board expires and a vacancy automatically occurs. That vacancy shall be filled in the same manner specified in subsection I, above.

K. If the boundaries of the Health District are enlarged to include any additional political subdivision of the State of Nevada, or if any additional political subdivision is created within the District's boundaries, the political subdivision, upon request, may become a party to this agreement. In that event, the number of members on the Board shall be increased by appointment of two persons by the political subdivision, only one of whom shall be an elected member of the governing body of that political subdivision, and this agreement shall apply in all particulars to the new party thereto.

L. The Board may adopt procedural rules for the organization of its meetings and may adopt any other operational or procedural rules and guidelines to carry out their assigned functions and duties in an efficient and orderly manner. Such operational or procedural rules and guidelines must be consistent with the other terms of this agreement.

SECTION 3. Board of Health; Jurisdiction; powers; duties.

A. The Board, through the Department, has jurisdiction over all public health matters in the Health District. As used



in this subsection, "Health District" means the Washoe County Health District with boundaries conterminous with the boundaries of the County and as those boundaries may be amended from time to time.

B. The Board may exercise all powers conferred on such boards by the Nevada Revised Statutes, regulations and other laws.

C. The Board shall perform, or cause to be performed through the Department, all duties prescribed by Nevada Revised Statutes, regulations and other laws.

D. The Board of Health may exercise the power granted to the cities of Reno and Sparks regarding ambulance services specifically set forth in NRS 268.081 and NRS 268.083 and may exercise the power granted to Washoe County regarding ambulance services specifically set forth in NRS 244.187 and NRS 244.188. In that regard, the District Board of Health may displace or limit competition in the grant of any franchise for ambulance service.

E. The Board of County Commissioners shall assist the Board by providing the administrative procedures by which the Board, through the Department, shall exercise the powers and perform the duties specified in Subsections B, C and D of this section. However, the Councils of Reno and Sparks and the Board of County Commissioners recognize and agree that ultimate responsibility for establishing policies and procedures relating to public health programs rests solely with the Board.

SECTION 4. Preparation of annual budget; accounting for funds of District Health Department; supervision of District Health Department.

A. A proposed annual budget for the Department including estimates of revenues to be derived from service

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charges, permits, donations, contracts, grants and any other sources other than local tax resources for the budget period as well as planned operating expenditures shall be prepared by the Health Officer or his designee prior to the start of the fiscal year for which that budget is prepared and in accordance with the budget preparation time frame established by the County. Copies of the proposed budget shall be transmitted to the City Managers of Reno and Sparks and to the County Manager for their review or a review by their designated representatives.

B. Prior to the adoption of a final budget by the Board of County Commissioners, the Board shall review the proposed annual budget for the Department. Comments received from the City Managers of Reno and Sparks and the County Manager shall be presented to the Board for consideration as part of that budget review. The Board will approve a tentative budget for the Department and transmit that budget, in a format designated by the County, to the County for action by the Board of County Commissioners and inclusion within the County budget documents, being separately designated a special revenue fund known as the Health Fund in accordance with the Local Government Budget Act.

C. The Board of County Commissioners shall allocate the local tax resources and approve a final budget for the Department using the same policies and procedures that are used to allocate and approve budgets for County Departments. However, the allocation shall not be determined on the basis of the public health policies, procedures or programs established by the Board pursuant to Subsection E of Section 3 of this Agreement. The Board of County Commissioners shall notify the Board of the total amount of the allocation for each fiscal year. The Board shall be responsible for carrying out the public health goals, objectives and priorities established for the Department within the limits of that final budget as approved by the Board of County Commissioners.

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D. Once the budget for the Department has been included within the final approved budget for the County and filed with the State in accordance with applicable law, it cannot be reduced, increased or otherwise altered by the County without the approval of the Councils of Reno and Sparks except under the circumstances hereinafter described. 1) Should it become necessary to increase the budget as a result of salary and/or benefit increases negotiated with recognized employee associations of the County in effect now and in the future, the budget for the Department will be increased by that necessary amount through appropriation of local tax resources by the County in the same manner as County Department budgets are increased as a result of those negotiations and in accordance with the provisions of the Local Government Budget Act. 2) Any nonlocal funds made available to the Department from such sources as the State or Federal government, foundations or through donations may be added to the final approved budget upon approval by the Board and through action of the Board of County Commissioners in accordance with the provisions of the Local Government Budget Act and consistent with County policy or ordinance on budget amendments. Any proposed decrease by the County in the unappropriated fund balance of the Health Fund will be brought to the notice of the Board who may make comment to the County regarding the proposed action.

E. The Health Officer or his designee shall keep a proper accounting for all expenses incurred and revenues received in the operation of the Department.

F. No obligation may be incurred or payment made in the operation of the Department except by the approval of the Health Officer or his designee. Approved claims shall be submitted to the Office of the County Comptroller who shall execute payment of such approved claims.

G. The County Treasurer's Office is hereby designated as the office to and from which funds of the Department shall be deposited or disbursed.

H. The County Purchasing Department is hereby designated as the office through which the Board shall exercise its authority under the Local Government Purchasing Act.

I. The Board shall establish a policy for supervision of all public health programs of the Department.

J. The Board may authorize new public health programs upon the recommendation of the Health Officer or his designee provided sufficient funds are available to carry out such programs at the time they are authorized.

K. In the event that grant, donation, contract or foundation funds for a specific program are terminated, that program will also be terminated, including its personnel, unless it is determined by the Board that continuation of the program is necessary and sufficient local tax resources are appropriated by the Board of County Commissioners for the program.

L. If insufficient funds are available to maintain a program and it becomes necessary to restrict or eliminate the program, the Board shall notify the City Managers of Reno and Sparks and the County Manager of the proposed restriction or elimination.

M. If an external fiscal audit of a grant or contract funded program requires a fiscal adjustment in the benefit of the contractor or grantor, such fiscal adjustment will be made within the existing appropriations of the Department.

SECTION 5. Health Officer; position created; appointment; qualifications; powers; duties and authority.

A. There is hereby created the position of Health Officer of the Washoe County Health District.

B. The Health Officer shall be appointed, and may only be removed, by a majority vote of the total membership of the Board. The Health Officer shall hold his position and serve at the pleasure of the Board. He shall reside within the boundaries of the Washoe County Health District.

C. The Board may only appoint as Health Officer a person who possesses the qualifications set forth by law for that position.

D. The salary of the Health Officer shall be established and approved in the manner specified in Chapter 439 of the Nevada Revised Statutes.

E. The Health Officer is empowered to appoint such deputies and delegate such authority as he deems necessary to carry out the authorized health programs of the Washoe County Health District and those deputies shall receive such compensation for the classification designated as provided in the approved salary schedule of the County and as adopted by the Board of County Commissioners; provided sufficient funds are available in the approved annual budget of the Department. In addition, the Health Officer shall comply with the provisions of Section 6 below in making any such appointment to the staff of the Department.

F. The Health Officer shall be responsible to the Board for the proper administration of the Department in areas not directly subject to the supervision and control of the Board as set forth above.

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G. The Health Officer and his deputies shall maintain complete records concerning public health programs provided by the Department.

H. The Health Officer, upon request, shall provide to the City Managers of Reno and Sparks, the County Manager and to any member of the Board a copy of any report or record of any activity of the Department.

I. The Health Officer shall cooperate with the State Board of Health, State Health Division and Federal agencies in all matters affecting public health. He shall make such reports and provide such information as the State Board, State Health Division and Federal agencies require.

J. The Health Officer shall designate a person to act in his stead during his temporary absence from the District or during his temporary disability. The Health Officer shall make such designation by letter to the Chairman of the Board, to the staff of the Department, to the City Managers of Reno and Sparks and the County Manager. The person so designated shall occupy the position of "Acting Health Officer" during the Health Officer's absence or disability. If necessary, the Health Officer shall also designate a physician licensed to practice medicine in this state to act as a consultant on all medical matters with which the Department is involved. If the Health Officer fails to make the designation or designations required by this subsection, the Board may do so by resolution.

K. If the position of Health Officer becomes vacant, an Acting Health Officer shall be appointed by the Board to fill the position until the Board appoints a new Health Officer.

L. No member of the Board may be appointed as Health Officer or Acting Health Officer.

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SECTION 6. District Health Department of Washoe County Health District.

There is hereby established a District Health Department of the Washoe County Health District, subject to the following provisions:

A. The Department shall be organized in the same manner as divisions, departments, agencies, offices, etc. of the County are organized for the purpose of providing a structure for the day-to-day execution of the public affairs of the Department.

B. The Department has jurisdiction over all public health matters arising within the Washoe County Health District and shall carry out all public health programs approved by the Board.

C. All personnel matters in the Department shall be regulated by those ordinances applicable to County employees, except as otherwise provided herein.

D. The Health Officer or his designee shall employ qualified persons under the County's Merit Personnel Ordinance. Those persons shall receive the compensation specified for the classification designated in the approved salary schedule adopted by the Board of County Commissioners provided sufficient funds are available in the approved budget of the Department. The Health Officer or his designee may only select persons to fill authorized vacancies within the Department.

E. The Health Officer or his designee may take disciplinary action against any employee, including suspension or termination of any employee of the Department in accordance with any applicable provisions of County ordinances in effect now and in the future and any negotiated contracts with recognized employee associations in effect now and in the future.

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F. The Department shall cooperate with the State Health Division and State Board of Health in carrying out all public health programs within the Washoe County Health District as permitted or required by the Nevada Revised Statutes and other laws.

SECTION 7. Term of agreement.

A. Except as provided in subsection D, this agreement shall be in effect for a period of one year from January 1, 1979.

B. After the initial one-year term has expired, this agreement shall automatically be renewed for a one-year period on each anniversary date after December 31, 1979, unless either Reno, Sparks, or the County serves by certified mail on the other parties to this agreement a written notice of termination 15 days prior to the date of expiration (which shall coincide with each anniversary date of this agreement), in which event this agreement shall terminate on the day of expiration. As used herein, "the expiration date" or "day of expiration" means the last day of this agreement or the last day of any extended one-year period under the terms of this agreement. If no written notice of termination has been received by any party to this agreement from any other party to this agreement at the end of its initial term or at the end of any one-year renewal period after the initial term of this agreement has expired, it shall automatically be renewed for another one-year period and will continue in full force and effect during such renewal.

C. This agreement shall be reviewed annually by the Board, and recommendations for possible amendments may be made to Reno, Sparks and the County.

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D. This agreement may be amended by mutual consent of the parties hereto not later than 90 days before its annual renewal date.

E. Reno, Sparks or the County may terminate this agreement for cause, including the breach of any provision thereof, upon written notice to the other parties to this agreement. In that event, the agreement shall terminate 60 days after the parties have received the written notice of termination for cause.

SECTION 8. Property acquired by District Health Department.

A. All property acquired by the Department during the term of this agreement shall be subject to the jurisdiction and control of the Board through the Health Officer and the Department.

B. Upon termination of this agreement, all property acquired by or held in the name of the Department shall become the property of the County, except that any property purchased with Federal funds must be disposed of in accordance with Federal Grants Administration policies.

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IN WITNESS WHEREOF, the parties hereto have executed this amended agreement on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By [Signature]  
Chairman  
Date August 26, 1986



ATTEST

[Signature]  
County Clerk

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CITY OF RENO, by and through its City Council

By [Signature]  
Mayor  
Date 8/25/86



ATTEST

[Signature]  
City Clerk

CITY OF SPARKS, by and through its City Council

By [Signature]  
Mayor  
Date 8/25/86



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ATTEST

[Signature]  
City Clerk

RECORDS  
CLERK  
WASHOE COUNTY DA  
86 SEP 19 P 1: 12

COUNTY RECORDER  
FEE NONE DEP

8/10/93

AMENDMENT TO THE  
INTERLOCAL AGREEMENT CONCERNING THE  
WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

WHEREAS, the Washoe County Health District has been established with a District Health Department including a District Health Officer and a District Board of Health, composed of representatives appointed by the governing bodies of the cities of Reno and Sparks and Washoe County, together with one member appointed by the members of the Board of Health, all in accordance with Chapter 439 of the Nevada Revised Statutes, and pursuant to an Interlocal Agreement adopted as of November 27, 1972, by those governing bodies and amended from time to time; and

WHEREAS, the District Board of Health of the Washoe County Health District has exercised, since its creation, all the powers, duties and authority of a District Board of Health pursuant to Chapter 439 of the Nevada Revised Statutes; and

WHEREAS, it is the desire of the District Board of Health and of the governing bodies of the cities of Reno and Sparks and Washoe County that certain revisions be made to the Interlocal Agreement by which the Board and the Department were created in order to comply with legislative amendments to Chapter 439 of the Nevada Revised Statutes;

NOW THEREFORE, Sections 2.D. and E. of the Interlocal Agreement Concerning the Washoe County Health District are hereby amended to read as follows:

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CITY OF SPARKS  
CITY CLERK

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2. D. Two members of the Board shall be appointed by the Board of County Commissioners only one of whom shall be an elected member of the governing body.

2. E. The remaining member of the Board shall be appointed by the other members of the Board at their organizational meeting. This member must be a physician licensed to practice medicine in this state. If the members of the Board appointed by Reno, Sparks and the County fail to choose the additional member within 30 days after January 1, 1979 or within 30 days after the term of the additional member becomes vacant or expires, that member shall be appointed by the State Health Officer.

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AUG 13 1993

IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the day and in the year appearing by the signatures below.

WASHOE COUNTY, by and through its Board of County Commissioners

By *James Cornwall*  
Chairman

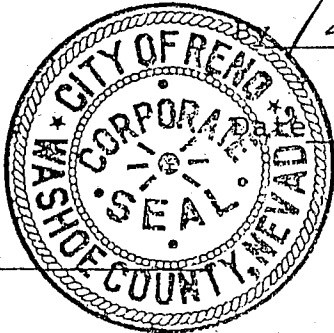
Date *July 20, 1993*

ATTEST:  
*Judi Baul*  
County Clerk

CITY OF RENO, by and through its City Council

*Pete Spangola*  
Mayor

Date *8/24/93*



ATTEST:  
*James Cook*  
City Clerk

CITY OF SPARKS, by and through its City Council

By *[Signature]*  
Mayor

Date *August 9, 1993*

ATTEST:  
*[Signature]*  
City Clerk

APPROVED AS TO FORM:

*Steven P. Elliott*  
STEVEN P. ELLIOTT, City Attorney

CITY OF SPARKS  
OFFICE OF THE CITY CLERK

AUG 13 1993

**STAFF REPORT**

**BOARD MEETING DATE:** February 17, 2014

**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775.328.2416, kdick@washoecounty.us

**SUBJECT: Presentation, Discussion and Possible Adoption of the draft Washoe County Health District 2015 Legislative Principles, Acceptance of the February 2015 Nevada Legislative Session Report and Provide input and/or direction as DBOH may feel is appropriate.**

**SUMMARY**

This is a monthly update regarding bill draft requests (BDRs) or bill drafts which may be of interest to the District Board of Health. Legislative Principles have been drafted for consideration by the Board to guide the Health District's legislative activities.

**District Health Strategic Objective supported by this item:** Demonstrate the value and contribution of public health, secure and deploy resources for sustainable impact, strengthen WCHD as an innovative, high- performing organization and achieve targeted improvements in health outcomes and health equity.

**PREVIOUS ACTION**

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health. A staff report for the 2015 legislative session has been provided monthly since the December 18, 2014 meeting.

**BACKGROUND**

Staff will monitor and provide comment as bill drafts are released and/or legislative action occurs during the period between DBOH meetings. DBOH will be briefed on these comments and activities during the monthly 2015 meetings. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District's legislative activities. The attached Legislative Principles have been drafted based on the suggestion of the DBOH Chair to provide a guiding framework for Health District legislative activities.

**FISCAL IMPACT**

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY15 budget

**RECOMMENDATION**

Staff recommends the Board adopt the draft Washoe County Health District 2015 Legislative Principles, accept the February 2015 legislative session report, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2015 Legislative Session bill drafts affecting the Health District and/or public health.

**POSSIBLE MOTION**

A possible motion would be: Approve the draft Washoe County Health District 2015 Legislative Principles, accept the February 2015 Nevada legislative session report, and *[provide input and/or direction as DBOH may feel is appropriate]*.

## Washoe County Health District 2015 Legislative Principles

### **Partners Providing Service to Our Shared Constituents**

All Governments in Nevada (State, County, Cities, Health Districts, School Districts, and Special Districts) are partners in providing consistent and reliable services to our shared constituents, and therefore all levels of government must be viable in order for our citizens to enjoy an outstanding quality of life. A great State requires strong, effective, mutually-respectful government at all levels.

### **Prevent, Promote, and Protect**

The District Board of Health recognizes that public health is an essential health and safety function of government. The District Board of Health does not support actions at the State level that will negatively impact the health of Washoe County residents or visitors. The District Board of Health supports prudent actions that enhance public health in cost effective manners within the resource constraints of State and local governments.

### **Focus on Outcomes**

Public health services should be provided efficiently; should be effective; and must demonstrate measurable results. The Washoe County Health District should be held accountable for measurable outcomes and cost-effective performance, while at the same time be given the flexibility to let the District Board of Health decide how best to achieve those outcomes.

### **Local Determination**

Statewide public health policy decisions should be made by State leaders; local public health policy decisions should be made by local health boards. Legislation should foster local flexibility and assist local boards of health and the citizens they represent in addressing problems in ways that best serve their community. Local health boards should have discretion on delivering State programs and services when funding is reduced or diverted by the State.

### **Unfunded Mandates**

The District Board of Health believes the Nevada State Legislature should not impose mandated functions, activities, or regulations on local governments without providing financial resources or means to meet the costs of carrying out those mandates.



## **Long Term, Sustainable Solutions**

The economy and tax revenue base on which all governments in Nevada rely are undergoing a fundamental restructure. Simply shifting the service burden or revenues from one government service provider to another will not responsibly and sustainably meet the needs of the citizens of Nevada and Washoe County. All governments need to be working together toward long-term solutions for service provision and equitable, stable funding for those services, and not at one another's expense.

## **Legislative Relations**

The District Board of Health recognizes that local governments in the region have numerous areas of mutual interest, and that a cooperative and integrated approach to legislative relations best serves the interests of the residents of Washoe County.

## 2015 Legislative Session Tracking Report

Includes BDRs introduced since January 22, 2015 report  
and Bills actively being tracked by WCHD

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
407	AB107	Legislative Committee on Education	Active	Revises provisions relating to information included in the annual report of accountability prepared by school districts and sponsors of charter schools	CD	Monitor			KS - AB107 is something that I think many of our partners in the area of childhood nutrition would support. I don't see us playing an active role in this legislation but we may want to continue to monitor it. I think it would supply good data related to income and academic success.
15	AB146	Assembly Committee on Transportation	Active	Revises provisions governing motor vehicle licensing.	AQM	Track	Yes	Oppose	CA - Extending smog check on new vehicles from 2 to 4 yrs has fiscal impact. Extending renewal smog check to every 2 yrs has potential environmental impact on ozone attainment status.
623	AB152	Assemblyman Araujo	Active	Establishes provisions to address childhood obesity for children in child care facilities.	CCHS CD				
209	AB156	Assemblyman Thompson	Active	Revises provisions governing family resource centers	CCHS ODHO	Monitor			

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Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test Support/ ify Oppose	Evaluation
66	AB158	Leg Comm on Health Care	Active	Provides for certain businesses to obtain and use auto-injectable epinephrine in certain circumstances	CCHS EPHP	Monitor		
43	AB163	Assemblyman Hansen	Active	Provides for the establishment of Rangeland Fire Protection Associations	EMS ODHO			
804	AB169	Assembly Committee on Health and Human Services	Active	Provides for the collection and applicaiton of graywater for a single-family residence.	EHS			
456	AB19	Nevada League of Cities and Municipalities	Active	Revises provisions governing timing of adoption of tentative budgets by local governments.	AHS ODHO	Monitor		<p>AH - yes AHS should keep an eye on this AB but given that they are not changing the time frame for when the Property Tax projections are due to the County March 25th is the final proforma from the State I cannot imagine the County ever moving the public hearing into March but you never know.</p> <p>Health always has the budget done long before the County completes the consolidated budget for the County so I think we are in good shape.</p>

## 2015 Legislative Session Tracking Report

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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
474	AB36	Clark County	Active	Revises provisions governing requirements for hospitals to provide emergency services and care.	CCHS EPHP EMS				
228	AB4	Hickey	Active	Revises provisions relating to the operation of wineries in Nevada.	AQM EHS	Monitor	No	Neutral	BS It does apply to our county but there is no negative impact to us as a Public Health Agency.
192	AB52	Leg Comm on Child Welfare and Juvenile Justice	Active	Revises provisions relating to child welfare	CCHS CD				
309	AB60	Comm on Ethics	Active	Revises provisions of the Nevada Ethics in Government Law	ALL				CA - No significant AQM impact. As an EPA delegated agency AQM already addresses conflict of interest issues (ethics).
445	AB65	Secretary of State	Active	Revises provisions relating to notaries public.	EHS	Monitor			CA - Looks like the District impact will be as an employer of a notary: We can't prevent them from performing notary tasks and we can't advertise thier services. The rest is about training appointments and penalties.
161	AB72	Attorney General	Active	Revises provisions governing state professional licensing boards	CCHS EHS EPHP	Monitor			SK - it seems like it pertains to the State Board of Nursing.

## 2015 Legislative Session Tracking Report

Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Testify Oppose	Evaluation
346	AB77	State Dept of Ag	Active	Makes various changes relating to the regulation of agriculture	EHS	Monitor	Yes	BS - We are neutral but that could change after we talk to Dept of Ag. CA - AB77 is not applicable to air quality. SK no interest. BS Testified 2/19/15. BS attended meeting but did not testify 2/19/15.
345	AB79	State Dept of Ag	Active	Revises provisions relating to the State Department of Agriculture and the regulation of agriculture	EHS	Monitor	Yes	BS - Not sure yet. This is being proposed by State Ag. With no discussion with any of the health authorities. Joe Pollock is trying to set up a meeting with Ag. To talk about what is driving this and how they would carry out the program. It may be okay but it may also be bad if they want to loosen requirements. BS testified 2/19/15. BS attended meeting but did not testify 2/19/15.
175	AB83	Attorney General	Active	Revises provisions governing the sale of electronic cigarettes and licensure of machinery used to manufacture cigarettes.	EPHP CD	Monitor		KS - AB83 relates to licensing of cigarette rolling machines. While it's not directly applicable to the HD it may be something that we would support because it would strengthen continuity of regulations impacting access of cigarettes. This would be something that I would recommend we support but not necessarily take action on.

## 2015 Legislative Session Tracking Report

Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify Oppose	Support/ Oppose	Evaluation
326	AB87	Dept of Health and Human Services	Active	Revises provisions governing duties of insurers self-insured plans pharmacy benefit managers group health plans other organizations that issue policies of health insurance and service benefit plans regarding payments made by Medicaid for health care	CCHS				
391	AB90	Emergency Mgt DPS	Active	Establishes the Nevada Intrastate Mutual Aid System to create a flexible and scalable method of implementing intrastate mutual aid among political subdivisions special districts and federally recognized tribes within the State for all hazards	ALL	Monitor			CA - EPHP bill – no AQM impact other than staff with ICS training may be requested to respond. SK it could impact the entire Health District depending upon the emergency.

## 2015 Legislative Session Tracking Report

Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
27	AB93	Frierson	Active	Requires suicide awareness and prevention training for licensed educational personnel and certain other professionals	CCHS EPHP CD	Monitor			SK - Still no mention of nursing so still no interest on CCHS' behalf. I would continue to monitor should they decide to add nursing in somewhere along the way. BS - No impacts to us. RT This bill does not appear to have any direct impact on EPHP programs
34	AB95	Hansen	Active	Exempts home-based businesses with an annual gross income of less than \$60000 from the requirement to obtain a state business license	AQM EHS CD	Monitor	No	Neutral	BS - no effect on our ability to issue permits
53	AB99	Assemblyman Ellison	Active	Makes various changes relating to nonprofit camping programs for children.	EHS	Monitor			
484	SB102	Legislative Committee on Public Lands	Active	Creates a nonprofit Rangeland Fire Protection Association in each county in Nevada.	AQM EMS	Monitor			CA - No significant impact for AQM. Any approved rangeland fire protection associations will be required to submit Smoke Management Plans to AQM if they intent to perform any prescribed or training burns. If SB102 passes AQM will contact the State Forester Firewarden for contact information to notify the new association of the permitting requirements.

## 2015 Legislative Session Tracking Report

Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
88	SB105	Senator Settleme yer	Active	Allows a stand-alone bar to permit dogs to enter the establishment at the discretion of the establishment's owner	EHS	Monitor	Yes	Oppose	BS - this bill allows dogs in bars. It also allows dogs in any bar that chooses to serve food. We can not support dogs or any animals in food prep areas. SK No interest to CCHS. BS testified 2/16/15.
284	SB11	Goicoech ea	Active	Grants power to local governments to perform certain acts or duties which are not prohibited or limited by statute.	ODHO				
609	SB110	Senator Goicoech ea	Active	Revises provisions governing the disposal of abandoned recreational vehicles.	EHS				
691	SB117	Senate Committ ee on Health and Human Services	Active	Revises provisions relating to immunizations.	CCHS	Monitor	Yes	Support	SK - this bill adds HPV and Meningococcal vaccinations to the list of required immunizations.



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Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
893	SB122	Senator Denis	Active	Revises provisions relating to recycling.	AQM EHS	Monitor	May	Neutral	EHS - Does not affect us directly but that could change if amended AQM - may result in an increase in the number of recycling facilities operating in the area affecting permitting & compliance staff resources. BS testified 2/13/15.
715	SB139	Senator Gustavson	Active	Makes various changes relating to certain businesses.	EHS	Monitor			CA - SB139 has no AQM impact. Emissions from microbreweries are below permit trigger levels.
718	SB142	Senator Gustavson	Active	Revises provisions governing the equipment and training required to operate a motorcycle.	CD				
72	SB144	Manendro	Active	Revises provisions governing traffic laws	CD				
3	SB15	Senate Commission on Health & Human Services	Active	Revises provisions relating to mental health	CD	Monitor		Support	SK - We'll monitor and would support. No fiscal impact. Nurses already are mandatory reporters this appears to expand the scope of what and to whom to report to.

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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify Oppose	Support/ Oppose	Evaluation
52	SB151	Senator Atkinson Assembly woman Kirkpatrick	Active	Makes various changes concerning infrastructure for natural gas	EHS		Yes		
17	SB152	Senator Spearman Senator Woodhouse Senator Manendo	Active	Makes various changes to provisions governing public safety	CD				
797	SB172	Senator Farley	Active	Revises provisions relating to medical students.	CCHS EHPH				

## 2015 Legislative Session Tracking Report

Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
464	SB28	Nevada League of Cities and Municipalities	Active	Clarifies provisions governing the fees that may be charged for providing copies of public records.	ALL	Monitor	No	Support	SK - Not of particularly high interest to CCHS. CA - This bill establishes the "extraordinary" effort so supply public records as more than 30 minutes or 25 or more pages (paper or electronic). I believe this bill supports our Fundamental Review for cost recovery when fulfilling the Freedom of Information Act. A bill to monitor with testimony only if recommended by AHS. AH - It would be a good idea to keep an eye on this one.
465	SB29	Nevada Association of Counties	Active	Grants authority for a Board of Commissioners to adopt ordinances regulating specific health and safety issues.	ALL	Track	No	Neutral	CA - Grants authority to BCC unless otherwise assigned to another agency. DBOH has authority so this shouldn't have an effect
475	SB33	Clark County	Active	Revises provisions relating to the public records of county hospitals and meetings of the governing bodies of county hospitals.	EPHP ODHO				
498	SB49	Clark County	Active	Revises provisions governing the regulation of county emergency shelters for children.	EHS EPHP				SK - No impact to CCHS.

## 2015 Legislative Session Tracking Report

Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Testify	Support/ Oppose	Evaluation
448	SB59	Secretary of State	Active	Revises provisions governing the State Business Portal	ALL	Monitor	Yes	Neutral	SK - No interest to CCHS. CA - This bill has the potential to have a significant impact on the District. The Secretary of State's Office was made aware of the Accela Project at the last session so I expect an update will be provided by someone during this session. The other problem is the State portal is not the most efficient at receiving information so IT continues to work on the problems. BS testified 2/4/15.
366	SB65	State Dept. of Conservation & Natural Resources	Active	Makes various changes relating to the adjudication of vested water rights appropriation of public waters underground water and wells and planning and development of water resources	EHS				

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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify Oppose	Support/ Oppose	Evaluation
155	SB70	Attorney General	Active	Revises provisions governing meetings of public bodies	AQM EHS ODHO	Monitor	No		<p>DS - no fiscal impact as the only alteration of the secretary's tasks involves signing a form and retaining it with the meeting records. However retrieving records in the case of a complaint could be time consuming if they are not maintained in a concise and easily accessible way.</p> <p>CA - I agree there should be no significant fiscal impact since the completion of the Attorney General's form would be the only change. We already keep records and provide them upon request. The Committee's that we are members of already have alternate delegates assigned in writing.</p> <p>I don't believe there's anything else that would have an impact on Air Quality. KD - I agree. BS - Other than the form listed below I think we are already doing what this bill says</p>
307	SB79	Department of Taxation	Active	Clarifies provisions governing taxation of tobacco products other than cigarettes to specifically include the consumable part of e-cigarettes and nicotine heated in a vapor device	CD	Monitor		Support	

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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify Oppose	Support/ Oppose	Evaluation
347	SB86	PUC of NV	Active	Revises provisions governing pipeline and subsurface safety	EHS				
370	SB89	EPA Division & Natural Resources	Active	Clarifies provisions governing expenditure of money from the Fund for Cleaning Up Discharges of Petroleum	EHS	Monitor	Support		BS - no impacts but we support if needed to.
951		Senate Majority Leader	Pending	Revises provisions relating to civil actions.	AHS AQM CCHS EHS EPHP ODHO				
954		Senate Majority Leader	Pending	Revises provisions relating to medical malpractice.	CCHS EPHP				
955		Senate Majority Leader	Pending	Makes certain changes relating to public safety.	AQM CCHS EHS EPHP CD				

## 2015 Legislative Session Tracking Report

Includes BDRs introduced since January 22, 2015 report  
and Bills actively being tracked by WCHD

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
957		Senate Majority Leader/As sembly man Thompso n	Pending	Revises provisions governing health districts.	ALL				
959		Senate Minority Leader	Pending	Revises provisions relating to animals.	EHS				
961		Assembly Minority Leader	Pending	Rvises provisions governing Medicaid reimbursements.	AHS CCHS	Track			
967		Assembly Minority Leader	Pending	Revises provisions relating to tow trucks.	AQM				
970		Senate Majority Leader	Pending	Makes various changes relating to real property.	AQM EHS				

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Includes BDRs introduced since January 22, 2015 report  
and Bills actively being tracked by WCHD

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify Oppose	Support/ Oppose	Evaluation
972		Senate Majority Leader Joint with Senator Atkinson Senator Kihuen	Pending	Makes various changes relating to state financial administration.	AHS				
978		Senate Committee on Health and Human Services	Pending	Revises provisions relating to services for persons with disabilities.	CCHS				
980		Senate Committee on Health and Human Services	Pending	Makes various changes relating to medical marijuana.	AQM EHS				



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Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
981		Senate Committee on Health and Human Services	Pending	Makes various changes relating to public health.	ALL	Track			
982		Senate Committee on Health and Human Services	Pending	Revises provisions relating to persons who are blind.	CCHS				
983		Senate Committee on Commerce Labor and Energy	Pending	Revises provisions relating to insurance.	AHS CCHS				
988		Senate Committee on Commerce Labor and Energy	Pending	Revises provisions relating to cottage-food industries.	EHS				

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Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
991		Senate Committee on Commerce Labor and Energy	Pending	Revises provisions relating to business.	ALL				
992		Senate Committee on Commerce Labor and Energy	Pending	Makes various changes relating to business.	ALL				
994		Assembly woman Titus	Pending	Revises provisions governing off-highway vehicles.	AQM				
996		Senator Seeger Blom	Pending	Revises provisions governing medical marijuana dispensaries.	AQM EHS				
998		Assembly man Wheeler	Pending	Revises provisions governing foster care.	CCHS				
1003		Assembly man Stewart	Pending	Revises provisions relating to insurance.	AHS CCHS				

## 2015 Legislative Session Tracking Report

Includes BDRs introduced since January 22, 2015 report  
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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
1008		Senator Gustavson	Pending	SJR: Proposes to amend the Nevada Constitution to enact the Health Care Freedom Protection Act.	CCHS				
1015		Senator Spearman	Pending	Revises provisions relating to children.	CCHS	Monitor			Need additional info.
1016		Senator Denis	Pending	Makes certain changes concerning registration of mopeds and similar vehicles.	AQM				
1017		Senator Farley	Pending	Revises certain provisions governing air ambulances.	EPHP EMS				
1020		Assembly Committee on Health and Human Services	Pending	Revises provisions relating to emergency medical services.	EPHP EMS				

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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
1021		Senate Committee on Government Affairs	Pending	Revises provisions relating to local financial administration.	AHS				
1023		Senator Goicoechea	Pending	Revises provisions relating to local financial administration.	AHS				
1028		Senator Hardy	Pending	Revises provisions relating to environmental restorations.	AQM EHS				
1031		Senator Kieckhefer	Pending	Revises provisions relating to public safety.	ALL				
1039		Assemblyman Silberkras	Pending	Revises provisions relating to craft distilleries.	AQM EHS				
1050		Assemblywoman Seaman	Pending	Revises provisions governing cosmetology.	EHS				
1052		Assemblyman Carrillo	Pending	Revises provisions governing motor vehicle registration.	AQM				

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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Test ify	Support/ Oppose	Evaluation
1055		Assembly man Oscarson	Pending	Revises provisions governing service contracts.	AHS CCHS				
1058		Assembly woman Joiner	Pending	Establishes a Health Professional Workforce Program.	CCHS EPHP				
1066		Assembly man Jones	Pending	Repeals provisions creating and providing for the Silver State Health Insurance Exchange.	AHS CCHS				
1068		Assembly woman Dooling	Pending	Establishes an independent citizens commission to set salaries of certain public officers.	AHS ODHO				
1071		Assembly Committee on Transportation	Pending	Revises provisions relating to special license plates.	AQM				

**AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: February 26, 2015**

**DATE:** February 13, 2015

**TO:** District Board of Health

**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us

**SUBJECT:** Program Update, Divisional Update, Program Reports

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**1. Program Update**

a. Idle Free Schools wins Truckee Meadows Tomorrow Award

The District Board of Health previously recognized the efforts of students from the Washoe County School District promoting the Idle Free Program with the goal of reducing emissions from car and bus idling on school campuses. To date, twenty (20) Washoe County schools have voluntarily been designated as Idle Free Schools. The efforts of the students are now being recognized in the community. Truckee Meadows Tomorrow (TMT) is a volunteer organization that collaborates with business owners, community leaders, educators, policy-makers and active citizens across Washoe County to establish measurable indicators to monitor how the community is preserving and enhancing the quality of life. The Air Quality Management Division supports TMT through the adoption of the air quality indicator.

TMT sponsors an annual Take It Personally Contest to recognize citizens involvement in improving the quality of life in our community. This photo of the students from Reed High School was submitted to represent the Idle Free Schools partnership between Washoe County Health District AQMD, Alliance for Climate Education (ACE), GREENevada, WCSD Transportation Department and Safe Routes to School. TMT selected the photo as an award winner in recognition of the benefits of reducing engine idling on school campuses including making for cleaner air, healthier lungs for kids, and more money in people's pockets.

The success of the Idle Free Program is also being recognized by the Washoe County School District Board of Trustees. At the request of Trustee Veronica Frenkel, the

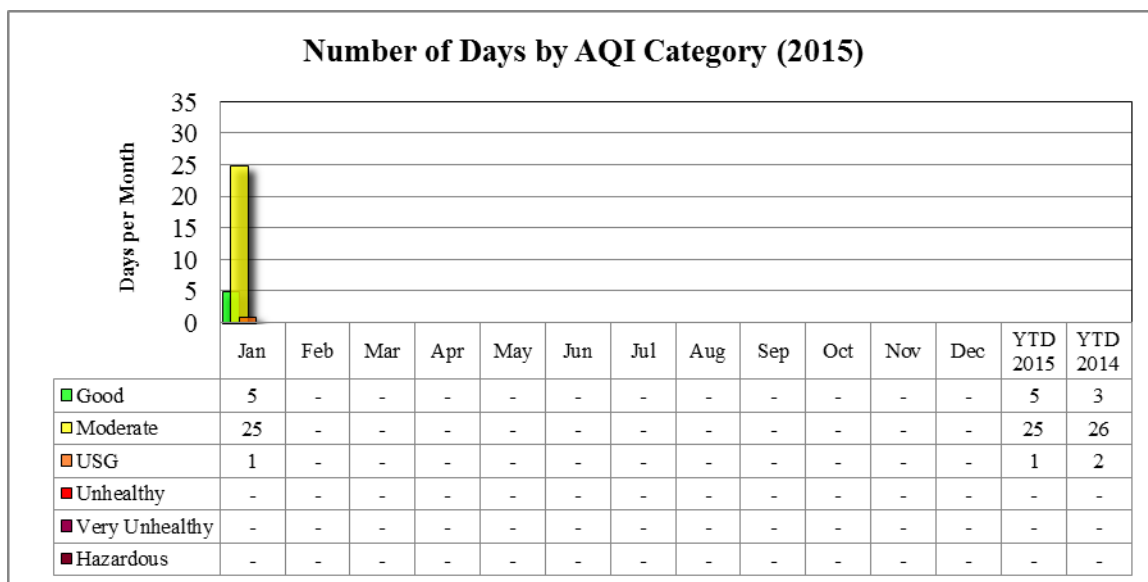
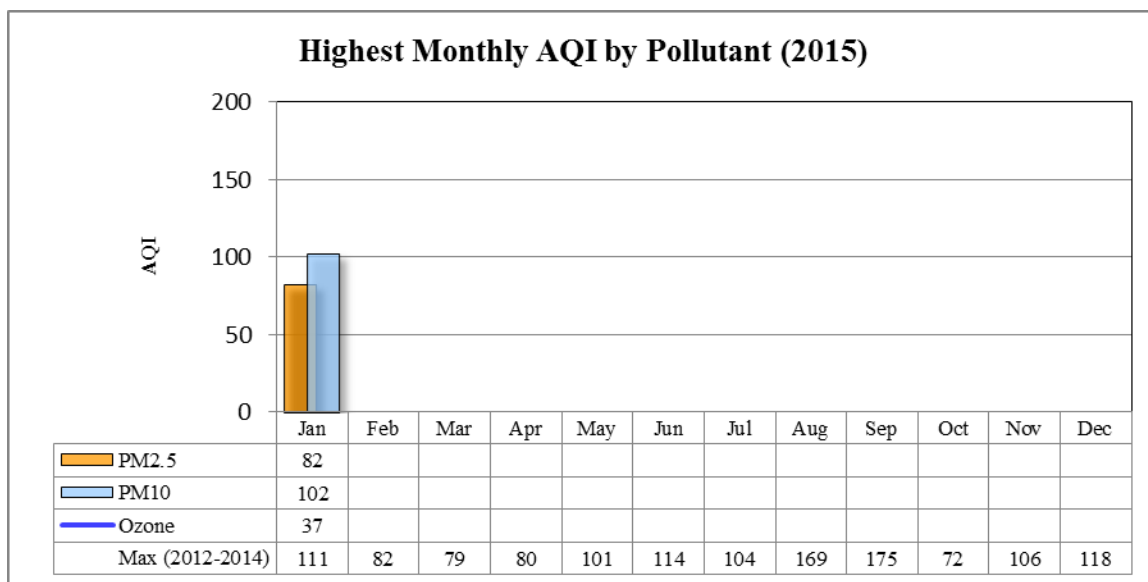
Idle Free partners gave a presentation on the status and future goals of the program at the February 10<sup>th</sup> School Board meeting. The ultimate goal is to have the Idle Free Program adopted as a policy for all Washoe County schools. Turn your key and be Idle Free!



Charlene Albee, REM  
Director, Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of January. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit [www.OurCleanAir.com](http://www.OurCleanAir.com) for the most recent AQI Summary.



### 3. Program Reports

#### a. Planning & Monitoring

There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of January.

The *Know the Code* totals for January were 19 Green, 7 Yellow, and 5 Red Burn Codes. The public's support of the Yellow and Red Codes prevented fine particulate matter (PM<sub>2.5</sub>) from exceeding the health based NAAQS. A 2014-15 *Know the Code* summary will be included in next month's report.

Planning Staff participated in an American Planning Association (APA) "Safe Mobility Planning" webinar hosted by the Washoe County Planning and Development Division. The built environment strongly influences the health of our community. Staff is collaborating with local APA members to find opportunities to incorporate healthy solutions into local projects and policies.

AQMD and the Truckee Meadows Fire Protection District (TMFPD) will be implementing a pilot program to extend the Spring residential open burning season. Per AQM Regulation 040.035, residential open burning is currently prohibited from November 1 through February 28/29. The pilot program will advance the end date of the prohibition from February 28/29 to February 14. Residential open burning will be allowed if weather conditions meet air quality and fire safety criteria. This pilot program only applies to areas in TMFPD's jurisdiction and includes other specific requirements. Staff developed a form to be included with the TMFPD burn permit application to collect data during the pilot project. Data including the burn dates, location, and quantity of materials burned, will be used to evaluate the effectiveness of the pilot project. For more information on the pilot project burn period, contact the TMFPD or check their website at [www.washoecounty.us/tmfpd](http://www.washoecounty.us/tmfpd).

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2015		2014	
	January	YTD	January	Annual Total
<b>Renewal of Existing Air Permits</b>	97	97	104	1328
<b>New Authorities to Construct</b>	8	8	6	133
<b>Dust Control Permits</b>	6 (58 acres)	6 (58 acres)	9 (118 acres)	114 (1172 acres)
<b>Wood Stove Certificates</b>	20	20	17	322
<b>WS Dealers Affidavit of Sale</b>	18 (13 replacements)	18 (13 replacements)	6 (5 replacements)	105 (80 replacements)
<b>WS Notice of Exemptions</b>	356 (1 removed)	356 (1 removed)	570 (8 stoves removed)	7143 (63 stoves removed)
<b>Asbestos Assessments</b>	79	79	65	862
<b>Asbestos Demo and Removal (NESHAP)</b>	22	22	13	199

Staff reviewed twenty-eight (28) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

COMPLAINTS	2015		2014	
	January	YTD	January	Annual Total
Asbestos	2	2	2	27
Burning	0	0	0	9
Construction Dust	5	5	2	53
Dust Control Permit	0	0	0	20
General Dust	5	5	2	52
Diesel Idling	0	0	0	3
Odor	4	4	2	16
Spray Painting	3	3	0	8
Permit to Operate	0	0	2	31
Woodstove	7	7	1	12
<b>TOTAL</b>	<b>26</b>	<b>26</b>	<b>8</b>	<b>231</b>
NOV's	January	YTD	January	Annual Total
Warnings	1	1	2	41
Citations	1	1	5	11
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>52</b>

\*Discrepancies in totals between monthly reports can occur due to data entry delays.

- Inspection staff continues working with RTC, Aspen Development and various asbestos abatement contractors to monitor and ensure continued compliance for the Pyramid Highway expansion project. The project will involve asbestos abatement in 63 homes currently owned by RTC.

Staff conducted fifty two (52) stationary source and fifty two (52) gas station inspections in January 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

**CCHS DIVISIONAL STAFF REPORT**  
**BOARD MEETING DATE: February 26, 2015**

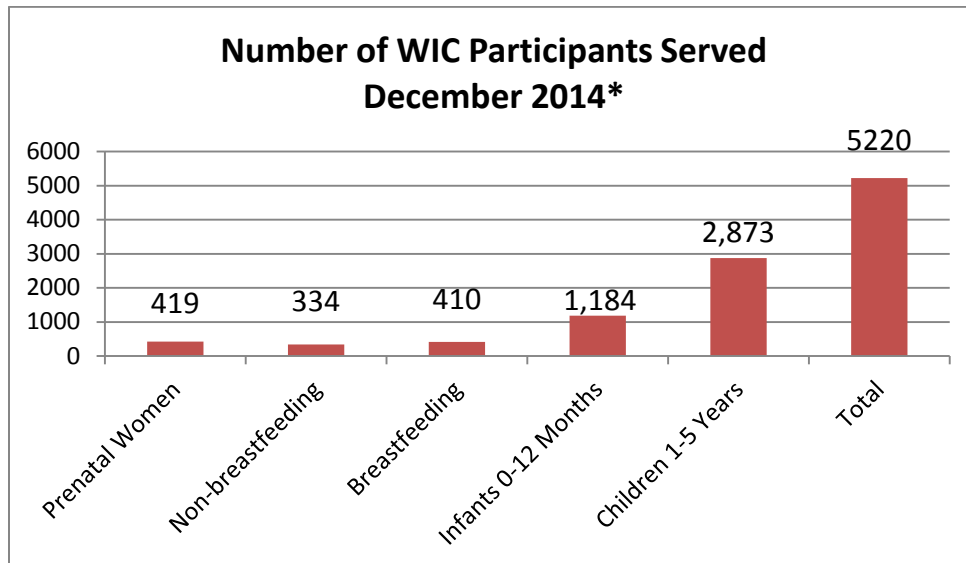
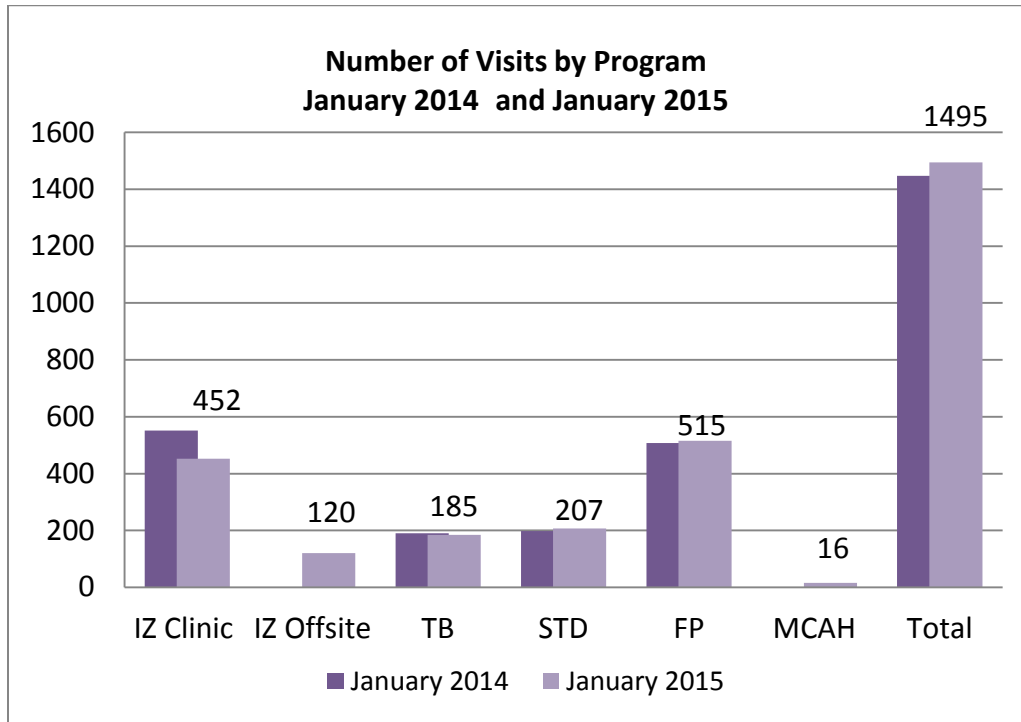
**DATE:** February 12, 2015  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
 775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Program Update – Divisional Update, Program Reports

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**1. Divisional Update**

- a. Electronic Health Record (EHR) Database – CCHS management, along with Administrative Health representation, has begun evaluation of alternative EHRs. Rationale for this is the need for a database that is easier to use, will provide more robust reporting and productivity metrics, along with software that allow us to meet Meaningful Use requirements when the time comes (the driver being percentage of Medicaid population in Family Planning). One database looks promising and appears to meet divisional needs. We have scheduled an onsite demonstration next month.
- b. Affordable Care Act (ACA) – I am finalizing an agreement with Immunize Nevada for a contract staff member to work with CCHS on third party billing/reimbursement and contracts. This contract staff member will be of great assistance in executing insurance plan contracts, developing policy and procedure, training staff, and enhancing coding for maximum reimbursement.

c. Data/Metrics –



\*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.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

## 2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Syphilis morbidity continues to be an area of high concern, related to the public health implications and indicators of high risk behaviors in the community. Testing and appropriate treatment of syphilis also offers the opportunity to test for HIV, which is accessible through WCHD. The importance of co-testing for HIV and Syphilis is highlighted by 2014 syphilis case analysis. Of the 55 infectious syphilis cases reported in the community to the WCHD, 29 (52%) were among men who have sex with men (MSM). Of those 29 MSM cases, 14 (48%) were co-infected with HIV. Unknown HIV status was documented in 10% of the infectious syphilis cases. With regard to age, 50% of the total cases were 30 years of age and younger. A campaign to promote syphilis and HIV testing while assessing for sexual risk of all clients was disseminated to over 1,300 Washoe County physicians. In this campaign, information on identifying and working with MSM clients was also included, along with provider requirements for disease reporting. In addition to the burden of syphilis in the MSM community, two congenital syphilis cases identified in 2014 were recently reported to the Nevada Division of Public and Behavioral Health, based on clinical and surveillance case definitions.

Reaching MSM impacted by the syphilis outbreak has been challenging. A large portion of the case load are young MSM who are not co-infected with HIV, however their risk behavior indicates that they are at high risk for HIV infection. Staff has stressed the importance of testing through media ads on social media, TV, and print advertisements. Partner Services activities among MSM are also difficult. Many clients deny contact information for disease investigation of syphilis, therefore preventing a means to identify and prevent HIV infection in a very high-risk population. Special events targeting young MSM of color and offering testing also have not yielded positives. Also, MSM recruiters have been identified to participate in social network strategy for HIV and STD testing. Recruiters have not been successful in convincing their social networks to test, mainly because of disclosure and stigma concerns. Staff continues to work with the recruiters to identify new approaches and engage in skill building to address these barriers.

Staff recently participated in a syphilis visual case analysis webinar, which is part of the “Passport to Partner Services”. Staff will be attending the instructor led portion of the training at the end of February, completing this training. Additional training is vital in enhancing skills and tools in order for staff to best combat the ongoing increase of STDs in Washoe County. This is apparent when looking at STD case and contact increases from 2009-2014:

<u>Disease</u>	<u>Cases</u>	<u>Contacts</u>
Chlamydia	+47%	+27%
Gonorrhea	+284%	+186%
Syphilis – primary and secondary	+1700%	+319%
Syphilis – early latent	+750%	NA

Sexual Health team members met with staff from HOPES on February 11, 2015 for a meet and greet amongst new staff, as well as to discuss reporting issues. Staff is conducting a small scale continuous quality improvement project to address scheduling issues. The team will be piloting having the STD results line open all day, thus opening additional appointment slots as well as making it easier for clients to obtain their test results.

- b. **Immunizations** – The program has increased immunization clinics to meet the increased demand for immunizations due local suspect and probable measles cases. The team has also been working closely with the Epi team for immunization record review, specimen collection, MMR administration, Physician Alerts and other immunization related technical assistance.

Staff participated in Project Homeless Connect on January 27, 2015, to provide immunizations in partnership with the Kids to Seniors Korner program.

Beginning with this month's Board report, offsite immunization clinics will be captured in the "Data/Metrics" section above under "IZ Offsite", in addition to a narrative section. In January 2015, all offsite clinical services were provided in partnership with Kids to Seniors Program.

- c. **Tuberculosis Prevention and Control Program** – Staff currently have several complex cases which require extensive case management, as well as three cases requiring daily direct observed therapy. Staff is working closely with Pulmonary Medical Associates and community medical providers to assure that the clients are receiving optimal care. Staff recently collaborated with Access to Healthcare Network to insure that clients have a medical home, and a primary care provider. Staff participated with tuberculosis related continuing education via webinars twice this past month.

- d. **Family Planning/Teen Health Mall** – Staff is in the process of completing the Family Planning Annual Report (FPAR). The FPAR is the only source of annual, uniform reporting by all Title X family planning services grantees. The FPAR consists of 14 tables and provides a summary of clients served and services provided. The report indicates a 2% increase in clients served this past year from 2,847 clients to 2,919 clients. Although this increase is small it is important to note that the program experienced the retirement of a Nurse Practitioner and it took three separate recruitment efforts to locate a replacement. Also of interest was a 179% increase in clients with Medicaid (189 in 2013, versus 527 in 2014).
- e. **Chronic Disease Prevention Program (CDPP)** – Kelli Goatley-Seals has been selected to be on the Washoe County School District (WCSD) Student Wellness Advisory Committee. The goal of this committee is to align WCSD nutrition and physical education policies with the current Nevada State Wellness Policies.

The CDPP team participated in the Nevada Chronic Disease Planning Summit at the University of Nevada Reno on January 27, 2015. The State of Nevada Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion Section and statewide local Chronic Disease Prevention Program leadership staff collaborated in planning this event. Stakeholders from throughout Nevada met to discuss building capacity to address chronic disease prevention activities throughout the state by working together to improve surveillance and communication activities, address modifiable risk factors and promote policy, systems and environmental change.

CDPP ran a tobacco cessation campaign in January with TV ads, billboards and a video posted on YouTube - <https://www.youtube.com/watch?v=uGMWdAX6NQ0>. The campaign targeted adults ages 18-54 and met the goal for reach for this target population. The YouTube video got nearly 40,000 views by the time of this report, while the TV campaign ran on the four major networks and reached 75.6% of the target population (with an estimated frequency of 6.2 views).

Staff attended Project Homeless Connect on January 27, 2015, to provide Tobacco Cessation information, Quit Cards as well as other program information.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review (FIMR) team held a Case Review Team (CRT) meeting on January 21, 2015. The team will continue to meet monthly to review fetal and infant deaths in Washoe County. The first Community Action Team (CAT) meeting is tentatively scheduled for April 22, 2015.



The CAT team is comprised of community representatives and local health professionals who take the recommendations from the CRT team and develop interventions to be implemented into the local health system and community. The FIMR coordinators attended a CRT meeting in Yolo County on February 12, 2015 in order to gain knowledge and obtain assistance for the FIMR process. The Maternal Child Health clinic continues to see pregnant and parenting clients to provide education and resources. The Public Health Nurse (PHN) continues to provide education and assistance for children in the community with elevated lead levels. The PHN also assists with locating and providing education to families who have children with an abnormal metabolic screening who have not returned for follow up testing or medical care.

- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – Staff attended a demonstration of the new WIC system for client data that the Health District will be piloting for the State in August. The WIC State Office is also changing their conference call format to a web meeting which enables participants to follow presentations via computer while still interacting with the group via teleconference.

**EHS DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: February 26, 2015**

**DATE:** February 12, 2014  
**TO:** District Board of Health  
**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)  
775-328-2644; [bsack@washoecounty.us](mailto:bsack@washoecounty.us)  
**SUBJECT:** EHS Division Update, Program Updates - Food, Land Development, UST/LUST, Vector-Borne Disease, Waste Management and EHS Inspections / Permits / Plan Review.

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**DIVISION UPDATE**

- Fifteen new development applications have been submitted by the three entities through the middle of February and Land Management, Vector and Waste Management staff are busy reviewing. Vector staff attended meetings discussing the Program's comments associated with these projects.

**PROGRAM UPDATES**

**Food**

- An intern student from the University of Nevada Reno, School of Community Health Sciences joined us February 9 for the next several months. She will be assisting with public/industry outreach projects related to the proposed food regulation amendments, specifically working on educating industry on the proposed “no bare hand contact with ready-to-eat foods” requirement.
- Food Safety Program staff held two internal workshops on January 29 and February 4, 2015, in order for staff to provide comments and/or input regarding the proposed regulations Governing Food Establishments. Staff from the Food Safety and Land Development programs attended both workshops in preparation for the upcoming public workshops.
- Special Events staff completed 15 inspections in January, which is average for the past 3 years. Staff is gearing up for one of the largest indoor tasting events of the year, Rotary Fat Tuesday on February 17, at the Atlantis where 22 permits were issued to sample vendors with various cuisines.

**Land Development**

- The residential septic and well program is seeing substantial growth year over year. Plan reviews continue to increase and this ongoing trend demonstrates sustained economic growth in the housing market. Test hole inspection permits have increased over 125% year over year for the month of January.
- Water projects related to new residential and commercial construction continue to be submitted. The merger of TMWA and Washoe County Water Resources has been a smooth transition as it relates to our project review and program objectives.

- Silver Knolls Mutual Water Company has been issued a formal Findings of Alleged Violations and Order from the Nevada Division of Environmental Protection (NDEP) for failure to meet the water system’s arsenic exemption which expired on January 23, 2015. EHS staff continues to work with the water system to assist them in achieving compliance with the State’s order.

**UST/LUST Program**

- The Program received concurrence correspondence with a request sent to the Nevada Division of Environmental Protection (NDEP) to close a historical fuel release located at the former National Car Rental property at the airport. This case had been pending closure for over two years.

**Vector-Borne Disease**

- The Nevada Department of Agriculture requested a PowerPoint presentation from staff on components of a Vector Program at the Annual Nevada Landscape Association Trade Show & Conference on February 4. Staff’s fifty minute presentation on "Elements of a Vector Program" included Prevention, Identify, Monitoring, Action and Control.



**Waste Management**

- The program has been working in conjunction with the City of Reno in updating some of the City’s Codes related to development and special use permit reviews as they relate to facilities which handle and or store hazardous materials and wastes.
- Program staff continues to review multiple waste management plans and permits for medical marijuana facilities. Staff expects to begin issuing permits in the month of February as growing facilities begin to open. Growing facilities will be the first operations to be permitted.
- Staff has begun training another Environmental Health Specialist in the program to help build program depth with the ongoing anticipated growth in the program.

**EHS 2015 Inspections/Permits/Plan Review**

	JAN 2015	vs.	JAN 2014	+ / (-)
Child Care	5		6	(1)
Complaints	49		70	(21)
Food	404		499	(95)
General	63		63	0
Plan Review (Commercial)	19		14	5
Plan Review (Residential Septic)	46		21	25
Residential Septic Inspections	33		22	11
Temporary Food/Special Events	26		28	(2)
Well Permits	8		11	(3)
Waste Management	8		12	(4)
<b>TOTAL</b>	<b>661</b>		<b>746</b>	<b>(85)</b>

\* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

**EPHP DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: February 26, 2015**

**DATE:** February 17, 2015  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
 775-328-2443, rtodd@washoecounty.us  
**Subject:** Program Updates for Communicable Disease, Public Health Preparedness, and  
 Emergency Medical Services

**Communicable Disease (CD) –**

**Measles** – CD staff investigated and evaluated 21 suspect cases reported by local healthcare providers between January 30 and February 11. One probable case in school resulted in a large contact investigation and exclusion of non-immunized students. Staff continue to track suspect cases as they occur to determine whether symptoms fully develop to identify them as probable or confirmed cases.

**Pertussis** – CD staff investigated two pertussis cases. One of these was a student who attended school while infectious. Therefore, a large contact investigation had to be initiated.

**Influenza** – For the week ending February 7 (Week 5), the twelve participating sentinel healthcare providers reported a total of 294 patients with influenza-like-illness (ILI) out of a total of 6,807 patients seen. This represents an ILI percentage of 4.3% which is above the regional baseline of 2.7%. During week 4, the percentage of ILI patient visits to US sentinel healthcare providers was 4.1% which is above the national baseline of 2.0%. On a regional level the ILI percentage ranged from 2.1% to 6.7%. Unfortunately, analysis of deaths certificates listing pneumonia (P) or influenza (I) as a factor contributing to death is still not possible due to a continuing technical problem at the State. Overall, the ILI surveillance appears to have peaked for this season during the last week of 2014 at about 6%. This is relatively high compared to other recent influenza seasons. A secondary peak later in the season is not uncommon. Currently the ILI activity appears to have plateaued but is holding at a relatively high level compared to most recent seasons.

In terms of severity, among laboratory-confirmed cases of influenza there have been 179 hospitalizations, 20 admissions to intensive care and 4 deaths cumulatively this season. By comparison, for the entirety of last year's influenza season there were 101 hospitalizations, 29 admissions to intensive care and 9 deaths.

**Countywide Antibigram** - An antibiogram is a report that reflects the percentage of a given list of organisms that is susceptible to each of the antimicrobial agents routinely tested. It is intended to help guide physicians with empiric therapy decisions. As such, it is one way of



helping to control antimicrobial resistance. The Health District produces an antibiogram based on local data every other year. The antibiogram based on local data from 2013 has now been published and is available online.

### **Public Health Preparedness –**

**Vaccination Training** - In January 2015, PHP staff coordinated additional Fire Vaccination Administration Trainings to continue the certification process for Reno, Sparks and Truckee Meadows firefighters. A total of 283 intermediate and advanced EMTs have now been trained to assist with vaccination administration during a public health emergency, such as pandemic influenza. This training is a collaboration between EPHP, CCHS, RFD, SFD, TMFPD and State EMS. Dr. Larson serves as the Physician of Record.

**Ebola Funding Applications** - PHP staff applied for three separate Ebola grants:

- 1) CDC Public Health Emergency Response Supplemental- Monitoring
  - Funding for Direct and/or Direct Active Monitoring of potential Ebola patients and plan revision
- 2) CDC Epidemiology and Laboratory Capacity
  - Funding for infectious disease consultant, epidemiologist to participate in Statewide Hospital Acquired Infection Advisory Group, conduct assessment of Ebola Assessment hospitals and address gaps determined by assessment, and funding for management oversight and guidance for these activities
- 3) CDC Public Health Emergency Response Supplemental
  - Funding for updating of Ebola Virus Disease (EVD)Emergency Response Plan and Infection and Bloodborne Exposure Control Plan
  - Sharing of information through healthcare coalitions and the Northern Nevada Infection Control Committee
  - Updating of Isolation and Quarantine Plan as it relates to EVD
  - Legal review of this plan
  - Exercise with Law Enforcement and Public Health to test plan
  - Purchase of Personal Protective Clothing for local Law Enforcement and Public Health workers
  - Exercise involving transport of Ebola patient from a rural location to a Washoe County Ebola assessment hospital and an exercise involving transport of Ebola patient to a California Ebola treatment hospital

**Medical Reserve Corps (MRC)** - WCHD's Medical Reserve Corps (MRC) Volunteer Program is a member of the Volunteer Association of Northern Nevada (VANN) and will host their meeting on February 18, 2015 here at the WCHD. VANN is comprised of approximately 15 different volunteer organizations with the purpose of sharing information to increase the effectiveness of Northern Nevada's Volunteer Organizations.

On March 19, 2015 the University of Nevada, Reno (UNR) will be conducting an active assailant exercise. The MRC Coordinator has signed up to be an observer during this exercise. WCHD's MRC is also collaborating with the Washoe County Community Emergency Response Team (CERT) to help identify volunteers from their organization to participate as "players."

WCHD's MRC volunteers are signing up to take training classes at REMSA's Educational Facility. Volunteers have four different levels of Basic Disaster and First Aid/CPR classes that they may attend.

PHP staff are partnering with EMS Program Manager, EHS staff, Washoe County Emergency Manager and regional partners on a water restoration tabletop. The exercise will provide an opportunity for the water restoration guidelines, developed during FY 2013-2014 to be reviewed.

### **Emergency Medical Services (EMS) -**

The EMS Program Manager conducted interviews for the part-time Statistician and is pleased to announce that Heather Kerwin was the successful candidate. Heather has extensive experience with data analysis to include matching different data sets and compiling reports for community partners. Heather will begin immediately and will work on the Quarter 2 EMS data report.

EMS staff met with regional Fire Chiefs regarding Quarter 1 data report. Several items were discussed and consensus was reached for next steps. With the addition of a statistician that is 100% devoted to the EMS program, inquiries into outliers will be further expedited,

EMS staff, in cooperation with Carson City Health & Human Services, sponsored a Family Assistance Center (FAC) tabletop exercise held on February 5<sup>th</sup>. Over 50 people were in attendance and the recently updated Washoe County FAC plan was reviewed during the process. Valuable feedback was given from the partner agencies and the plan will reflect those suggestions before its finalized. Carson City Health & Human Services has requested that Washoe County FAC trained personnel participate as trainers in their full scale exercise in the spring.

As reported last month, EMS Program staff will provide the Board with calculations on a monthly basis of REMSA's compliance with Article 7.1 of the Amended and Restated Franchise for Ambulance Service. The calculations are based on the data pulled from REMSA's Online Compliance Utility (OCU). Below are the compliance percentages (for priority 1 calls) for Zone A and Zones B, C and D combined. Zones B, C and D are also broken out separately to facilitate a more detailed performance analysis. Also, 90<sup>th</sup> percentile response times are shown by zone.

### **REMSA Percentage of Responses Meeting Time Standards**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2014	93.1%	93.1%	93.7%	100%	93.4%	93.1%
August 2014	91.9%	97.5%	98.0%	100%	97.8%	92.4%
September 2014	91.5%	98.6%	93.0%	100%	96.6%	91.9%
October 2014	92.3%	97.6%	100%	100%	98.4%	92.7%
November 2014	93.2%	100%	100%	100%	100%	93.7%
December 2014	92.5%	94.9%	98.5%	100%	96.6%	92.8%
January 2015	93.1%	100%	95.6%	100%	98.6%	93.4%
<b>YTD</b>	<b>92.5%</b>	<b>97.5%</b>	<b>97.1%</b>	<b>100%</b>	<b>97.4%</b>	<b>92.9%</b>

**REMSA 90<sup>th</sup> Percentile Response**

<b>Month</b>	<b>Zone A 8:59</b>	<b>Zone B 15:59</b>	<b>Zone C 20:59</b>	<b>Zone D 30:59</b>
July 2014	8:30	13:58	18:11	N/A*
August 2014	8:39	13:51	18:12	N/A*
September 2014	8:43	12:22	19:22	N/A*
October 2014	8:27	11:46	16:50	N/A*
November 2014	8:17	12:00	17:22	N/A*
December 2014	8:32	12:22	18:21	N/A*
January 2015	8:23	12:22	19:16	N/A*

*\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.*

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**DISTRICT HEALTH OFFICER STAFF REPORT**  
**BOARD MEETING DATE: February 26, 2015**

**DATE:** February 12, 2015  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
 (775) 328-2416, kdick@washoecounty.us  
**SUBJECT:** District Health Officer Report - Measles, Truckee Meadows Healthy Communities Conference, Fundamental Review, Other Events & Activities and Health District Media Contacts.

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Measles

The Health District responded to notification of two possible measles cases on February 2. WCHD worked closely with the Washoe County School District on student and staff exclusions and with a local factory on a worker exclusion. Both efforts included assisting with communications to parents of children and/or employees. Several media advisories and over 25 media interviews were provided. I attended the Assembly Health and Human Services Committee meeting on measles on February 6. My speaking point notes are attached.

Truckee Meadows Healthy Communities

Meetings and interviews with 89502 residents were conducted to assist in developing projects/initiatives to address community identified needs that would be supported community members. Several committee meetings were held to plan progress forward from the conference in support of project activity in the 89502 area code and development of a Community Health Implementation Plan. A conference evaluation survey was distributed to conference participants. I met with Care Chest representatives regarding the Truckee Meadows Healthy Communities Conference and potential engagement in 89502 area projects on January 29.

Fundamental Review

Progress continues:

- Workshops for proposed fees were held on February 18 and 25.(Fundamental Review Item 5)
- Recruitment continues for the ODHO Director of Programs and Projects Position. The position will support the Health District Community Health Improvement Planning, QI and Performance Management Initiatives. (Fundamental Review Items 8, 19, and 20)
- The Community Health Needs Assessment was completed. (Fundamental Review Item 14)



Subject:  
Date:  
Page 2 of 2

The current dashboard on progress implementing of the Fundamental Review recommendations implementation is attached.

### Other Events and Activities

I met with the Division Directors on February 4 and 18. I conduct individual meetings with the Division Directors and Communication Manager on a bi-weekly schedule. My monthly meeting with the County Manager occurred on February 6.

I provided opening remarks, "Mobilizing Around a Common Vision," for the State Chronic Disease Prevention and Health Promotion Summit at UNR on January 27.

A Nevada Health Authorities coordination conference call was held on February 2.

I attended the Air and Waste Management Association Dinner meeting on February 3.

I participated in a tour, with other Health District staff, of High Sierra Industries on February 4. Sparks Councilman Ron Smith had suggested that the facility might be useful as an emergency shelter for individuals with developmental disabilities during the Regional FEMA Training and exercise last year in Emmitsburg. The tour was informative and provided initial information to assist with public health preparedness planning.

I attended the American Lung Association Honor Awards Dinner on February 5.

Dr. Todd, Mr. Kutz and I met with Sheriff Allen, Under Sheriff Spencer, and Chief Deputy Sheriff Pederson on February 9, to discuss cooperation and coordination between the two agencies.

I attended the Truckee Meadows Fire Board meeting on February 10 to address comments regarding the Quarterly EMS Oversight Data Report and issues with the Truckee Meadows Fire Protection District Emergency Medical Services Review.

I was unable to attend the REMSA Board Meeting on February 13; Christina Conti attended on my behalf.

I attended the RTC Blue Ribbon Committee on Transit on February 19.

I attended the Health District Land Development User Group at BANN on February 19.

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.

**Assembly Health and Human Services, 2/6/15, Measles Discussion**  
**Kevin Dick, District Health Officer, Washoe County Health District**  
**(WCHD)**

**Measles Response – Speaking Points**

Staff working before first probable cases occurred and have been working during weekend and just about around the clock for almost a week.

Epi-News Physician Alert and Addendum on Measles distributed 1/26 and 1/28, and on laboratory testing for measles on 2/5.

Saturday 1/31 – CD Team contacted regarding probable Churchill case, handed on to State Division and provided assistance to them.

Monday, 2/2, received original reports of 2 possible measles cases. One diagnosed by an urgent care on Friday 1/30, one that presented with symptoms and diagnosed as probable over the weekend, that had notified the school.

Obtained and reviewed medical records. Interviews with families, active monitoring of contacts, and identification of suspect cases and similar follow-through with them.

Coordinated with Washoe County School District (WCSD). Identified unvaccinated or immune-compromised students for exclusion from school. Connect Ed communication to SSES families by WCSD. WCHD Media Advisory issued. Calls to notify parents of exclusion on children. Currently 11 children excluded.

Coordinated with Factory of second case, regarding exclusion of worker and letter from WCHD to notify employees.

**Activated WCHD Outbreak Response Team. Additional suspect cases identified.**

**Providing guidance and recommendations in response to numerous questions from school personnel. Providing recommendations for staff exclusions and attending WCSD Crisis Action Team meetings.**

**We've expanded staffing for immunizations (IZ), 95-100% of calls to IZ regarding measles. Traffic way up and additional vaccine ordered. Also making referrals to Pharmacies offering MMR after hrs to 7+ year olds.**

**Coordinated with facilities to provide recommendations for them to provide vaccinations.**

**Used TB clinic to collect samples in negative pressure environment.**

**Participating in CDC and CA health official calls to remain current n status and information.**

**Daily Line listings to NDPBH.**

**Coordinating with Physicians on WCHD protocols and procedures with Dr. Larson, UNR re: IZ, and Dr. Murphy re: CD.**

**Working with affected business to maximize public health benefit while minimizing disruption of business.**

**Lead entity on communication and outreach to the community with 25 media contacts and over 1000 local media stories on measles broadcast. ImmunizeNevada significant partner for information to community through media interviews and website. Recognize Heidi Parker, CEO.**

**Awaiting lab results for confirmation of measles or to eliminate the virus as cause of illnesses.**

**Health District Media Contacts: January 14 - February 13, 2015**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
2/12/2015	Reno Gazette-Journal	Marcella Corona	Measles - Ulibarri
2/11/2015	Reno Gazette-Journal	Marcella Corona	Measles - Ulibarri
2/11/2015	KOLO CH8 - ABC Reno	Terri Russell	Measles Testing - Todd
2/6/2015	KKOH Radio - 780AM	Jim Fannon	Measles - Ulibarri
2/6/2015	KTVN CH2 - CBS Reno	Erin Breen	Measles - Ulibarri
2/6/2015	KOLO CH8 - ABC Reno	Terri Russell	Measles - Ulibarri
2/6/2015	Reno Gazette-Journal	David Jacobs	Measles - Ulibarri
2/6/2015	Reno Gazette-Journal	Marcella Corona	Measles - Ulibarri
2/5/2015	KRNV CH4 - NBC Reno	Ryan Kern	Measles - Ulibarri
2/5/2015	KTVN CH2 - CBS Reno	Erin Breen	Measles - Ulibarri
2/5/2015	Las Vegas Review Journal	Steve Moore	Measles - Ulibarri
2/5/2015	KOLO CH8 - ABC Reno	Terri Russell	Measles - Ulibarri
2/5/2015	Reno Gazette-Journal	David Jacobs	Measles - Ulibarri
2/5/2015	Reno Gazette-Journal	Marcella Corona	Measles - Ulibarri
2/4/2015	Reno Gazette-Journal	Marcella Corona	Measles - Todd/Ulibarri
2/4/2015	UNIVISION	Laura Calzada	Measles - Todd/Ulibarri
2/4/2015	KRNV CH4 - NBC Reno	Ryan Kern	Measles - Todd/Ulibarri
2/4/2015	KOLO CH8 - ABC Reno	Terri Russell	Measles - Todd/Ulibarri
2/4/2015	KTVN CH2 - CBS Reno	Erin Breen	Measles - Todd/Ulibarri
2/3/2015	KRNV CH4 - NBC Reno	Terri Hendry	Measles - Todd
2/3/2015	KNEWS Radio - 107.3 FM	Sean Patrick	Measles - Todd
2/3/2015	Reno Gazette-Journal	Marcella Corona	Measles - Todd
2/3/2015	KTVN CH2 - CBS Reno	Erin Breen	Measles - Todd
2/3/2015	KOLO CH8 - ABC Reno	Terri Russell	Measles - Todd
2/3/2015	KUNR Radio - NPR Reno	Michelle Bliss	Measles - Todd
1/29/2015	KTVN CH2 - CBS Reno	Jeff Martinez	mPowered Program - Schnieder
1/29/2015	Sparks Tribune	Alana Ridge	Know the Code/Air Quality - Inouye
1/26/2015	KTVN CH2 - CBS Reno	Gabby Tafolla	Measles - Ulibarri
1/26/2015	KRNV CH4 - NBC Reno	Alex Sacks	Measles - Ulibarri
1/23/2015	KRNV CH4 - NBC Reno	Kaasic Bahta	Measles - Ulibarri
1/23/2015	KKOH Radio - 780AM	Jim Fannon	Measles - Ulibarri
1/23/2015	RTC/KOLO CH8 - ABC Reno	Joe Harrington	RTC The Road Ahead - Hunter
1/22/2015	Sacramento Bee	Dale Kasler	Death Certificates/Vital Statistics - Ulibarri/Whitesides
1/21/2015	UNIVISION	Ivet Contreras	Measles - Ulibarri
1/21/2012	KOLO CH8 - ABC Reno	Terri Russell	Measles - Ulibarri
1/20/2015	KOLO CH8 - ABC Reno	Noel Bond	Chronic Disease - Seals

**Press Releases/Media Advisories/Editorials**

2/9/2015	Media Advisory	PIO Ulibarri	Spanish Springs Student Measles Case Tests Negative
2/6/2015	Media Advisory	PIO Ulibarri	Adult Suspected Measles Case Tests Negative
2/2/2015	Media Advisory	PIO Ulibarri	Suspected Measles Cases

## Fundamental Review Recommendation Status

Legend:

February 26, 2015

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

	<b>1</b>	<b>Place WIC organizationally where it is most closely aligned with similar functions</b>
	a.	WIC moved to CCHS effective 1/21/14
	<b>2</b>	<b>Develop a DBOH orientation manual and program</b>
	a.	Design an orientation program and compile a draft manual
	<b>3</b>	<b>Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints</b>
	a.	Land development user group established
	<b>4</b>	<b>Critically examine clinic appointment scheduling from a patient access perspective</b>
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established. Consider opportunities and costs for weekend clinical services
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	<b>5</b>	<b>Update fee schedules and billing processes for all clinical and environmental services</b>
	a.	Third-party billing service began July 1, 2014
	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

## Fundamental Review Recommendation Status

	<b>6</b>	<b>Explore tiered level of services for Environmental Health programs and inspections</b>
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	<b>7</b>	<b>Participate in the business process analysis across all building permitting in the county</b>
	a.	ILA and contract with Accela signed. 16-month implementation proceeding.
	<b>8</b>	<b>Develop infrastructure to support the District Health Officer</b>
	a.	The Office of the District Health Officer was established on July 1, 2014. Staffing in process.
	<b>9</b>	<b>Implement time coding for employees</b>
	a.	Time coding in EHS has been expanded, AQM timecoding is underway. CCHS timestudy occurring.
	<b>10</b>	<b>Perform cost analysis of all programs</b>
	a.	A proposed schedule approved on June 26, 2014 by DBOH. Pilot analysis of Administration completed.
	<b>11</b>	<b>Perform assessment of needed administrative and fiscal staffing to increase efficiencies</b>
	a.	Will be performed in conjunction with program const analysis. See 10a
	<b>12</b>	<b>Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs</b>
	a.	Additional General Fund transfer provided in FY 15 adopted budget to support unrecoverable indirect costs.
	<b>13</b>	<b>Align programs and services with public demand</b>
	a.	Shifted home visiting resources to provide additional clinical services on June 1, 2014
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	<b>14</b>	<b>Conduct a CHA in concert with current partner organizations</b>
	a.	Complete.
	<b>15</b>	<b>Develop metrics for organizational success and improved community health</b>
	a.	In FY15, continue to identify metrics that help to manage programs and resources and tell our story
	<b>16</b>	<b>Continue current collaborative action plan to resolve REMSA oversight issues</b>
	a.	Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
	<b>17</b>	<b>Maintain current levels of local and state financial support</b>
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	<b>18</b>	<b>Conduct a governance assessment utilizing NALBOH criteria</b>
	a.	Completed January 16, 2014. Determine future schedule to repeat
	<b>19</b>	<b>Undertake an organizational strategic plan to set forth key Health District goals and objectives</b>
	a.	Conduct a strategic planning initiative following the completion of the CHA and a CHIP
	<b>20</b>	<b>Implement a performance management system</b>
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. system

## Fundamental Review Recommendation Status

	<b>21</b>	<b>Consider alternative governance structures</b>
	a.	This is not a recommendation for staff action
	<b>22</b>	<b>Take a greater leadership role to enhance the strong current State/Local collaboration</b>
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role
	<b>23</b>	<b>Develop an organizational culture to support quality by taking visible leadership steps</b>
	a.	Cross-Divisional Q-Team established and Div. QI projects conducted. Additional mgmt. training completed.
	<b>24</b>	<b>Seek Public Health Accreditation Board accreditation</b>
	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

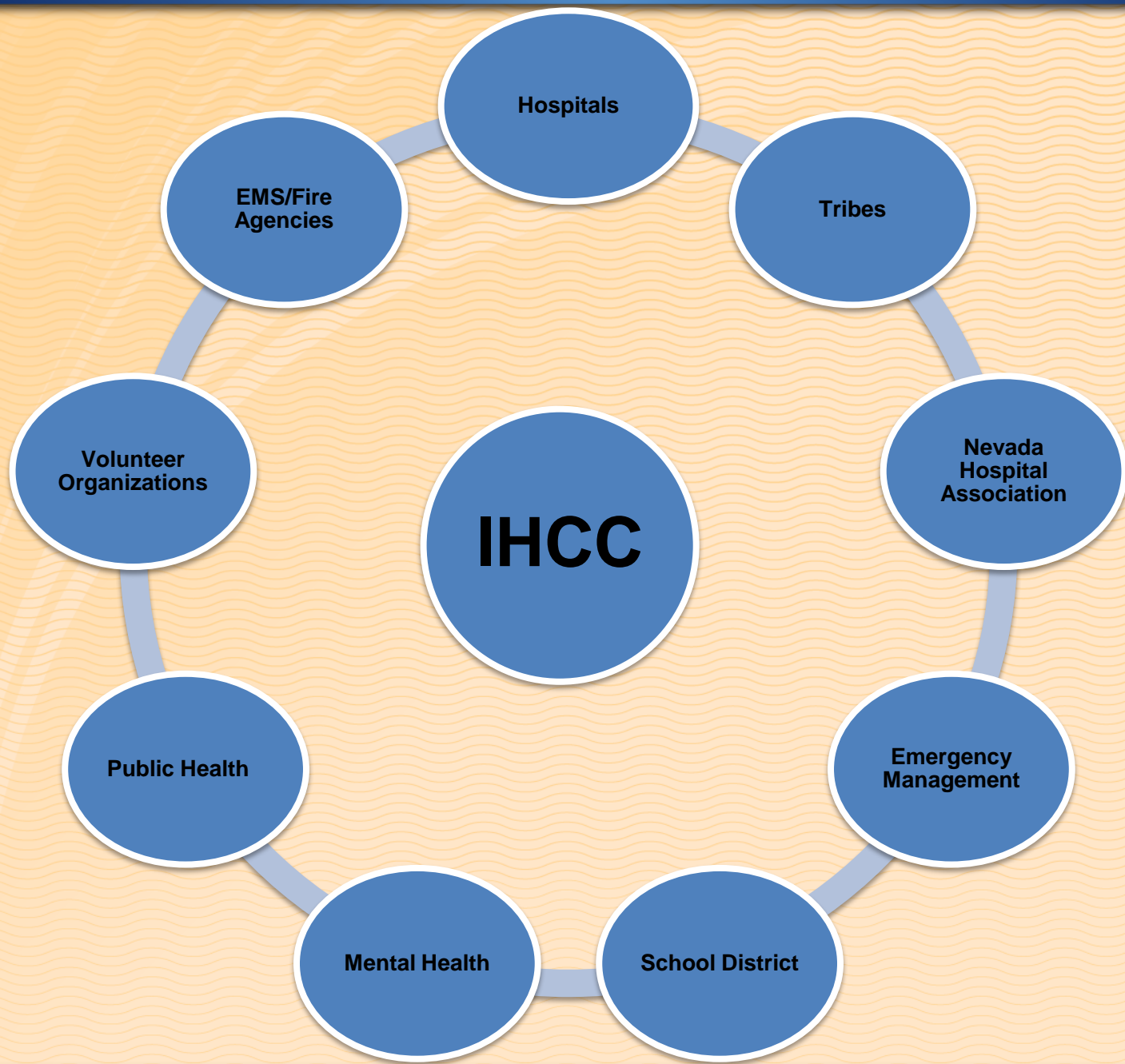
# Inter-Hospital Coordinating Council

Kent Choma, Ph.D., P.E.  
IHCC Chair

**WASHOE COUNTY  
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE





# Accomplishments

- Regional Emergency Water Restoration Plan
  - Collaboration between TMWA, WCHD and IHCC
- Public Information / Public Warning Annex
  - A healthcare specific annex was added to the regional plan
- Medical Reserve Corp MOU
- Regional Hazard Mitigation Plan



# Exercises

- ARkStorm Flood Tabletop Exercise
  - Tested community impact and response to sequential storms
- Federal Coordinating Center Plan Training
  - May 7, 2014, VA Sierra Nevada Health System
- Broken Wing Exercise
  - Reno Tahoe Airport Authority, Triennial exercise
  - Includes field triage, transport, medical surge and mass fatality
- POD Full-Scale Exercise



**Thank you**

# **District Health Officer's Recommended Fiscal Year 2015-2016 Budget**

**District Board of Health  
February 26, 2015**



Fiscal Year  
2015-2016  
Recommended  
Budget

- **Health District Programs**
- **Summary of Revenue and expenditures**
- **Trend of FTEs per 100,000 population**
- **FY16 Sources and Uses**
- **Impact of Recommendations on Future Fund Balance**
- **Steps to close the gap**
- **External Challenges**
- **Next Steps**



**Health  
District  
provides  
twenty-two  
different  
programs  
to the  
Community**

**Office of the District Health Officer**

**Administrative Health Services**

**Air Quality Management**

**Community and Clinical Health  
Services**

Chronic Disease Prevention  
Community & Clinical Health  
Family Planning  
Immunizations  
Maternal, Child & Adolescent Health  
Sexual Health – HIV  
Sexual Health – STD  
Tuberculosis  
Women, Infants and Children

**Environmental Health Services**

Environmental Health Services  
Food Protection  
Safe Drinking Water  
Solid Waste Management  
Underground Storage Tanks  
Vector Borne Diseases

**Epidemiology and Public Health  
Preparedness**

Emergency Medical Services  
Epidemiology Surveillance  
Public Health Preparedness  
Vital Statistics



**FY16**

**Recommended  
Expenditures  
(includes County  
Indirect Costs)  
and FTEs for  
each Division**

**No Above  
Base Funding  
is being  
Requested**

## **Office of the District Health Officer**

- **Total program FTEs: 4.0**
- **Total FY 2016 Revenues \$0**
- **Total FY 2016 Expenditures: \$558,908**

## **Administrative Health Services**

- **Total program FTEs: 10.0**
- **Total FY 2016 Revenues \$0**
- **Total FY 2016 Expenditures: \$1,034,019**

## **Air Quality Management**

- **Total program FTEs: 18.00**
- **Total FY 2016 Revenues \$2,253,177**
- **Total FY 2016 Expenditures: \$2,710,807**





**FY16**

**Recommended  
Expenditures  
(includes County  
Indirect Costs)  
and FTEs for  
each Division**

**No Above  
Base Funding  
is being  
Requested**

## **Community & Clinical Health Services**

- **Total program FTEs: 54.76**
- **Total FY 2016 Revenues \$3,480,526**
- **Total FY 2016 Expenditures: \$7,141,915**

## **Environmental Health Services**

- **Total program FTEs: 43.70**
- **Total FY 2016 Revenues \$1,937,876**
- **Total FY 2016 Expenditures: \$6,060,792**

## **Epidemiology and Public Health Preparedness**

- **Total program FTEs: 19.55**
- **Total FY 2016 Revenues \$1,599,732**
- **Total FY 2016 Expenditures: \$2,482,844**



Summary  
Of  
Health  
Fund  
Revenue

**Total projected revenue - \$19,348,167 a  
2.4% increase over FY15**

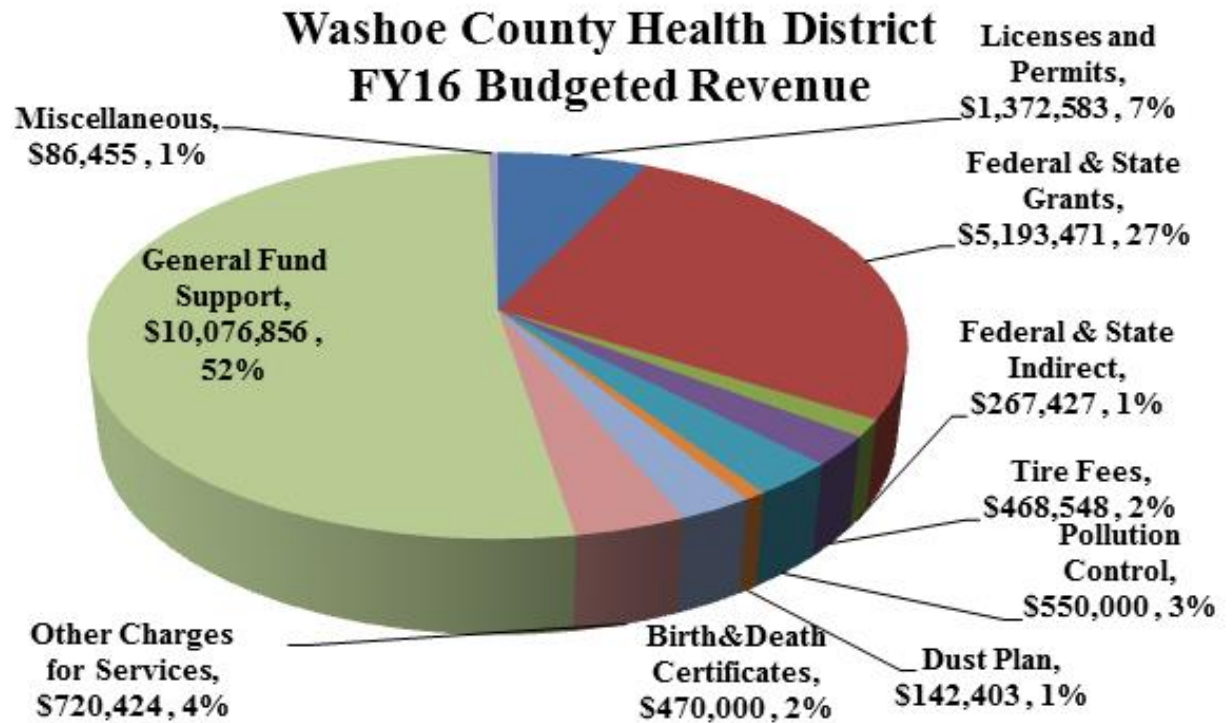
- **Licenses and Permits - \$1,372,583, up 6%**
  - Includes \$100,000 for anticipated new fees
- **Grants - \$5,460,898, up 1.3%**
  - No new grant funding is anticipated in the budget
- **Tire Fees and Pollution Control revenue - \$1,018,548, up 29.4%**
  - Increase due to a change in budgeting methodology – prior to FY16 this was not included in the budget
- **Charges for services - \$1,332,827, up 0.2%**
- **Miscellaneous Revenue – \$86,455, down 12.4%**
- **County General Fund Support - \$10,076,856**
  - No additional County support will be requested



# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

## Summary of Health Fund Revenue



Summary  
Of  
Expenditures

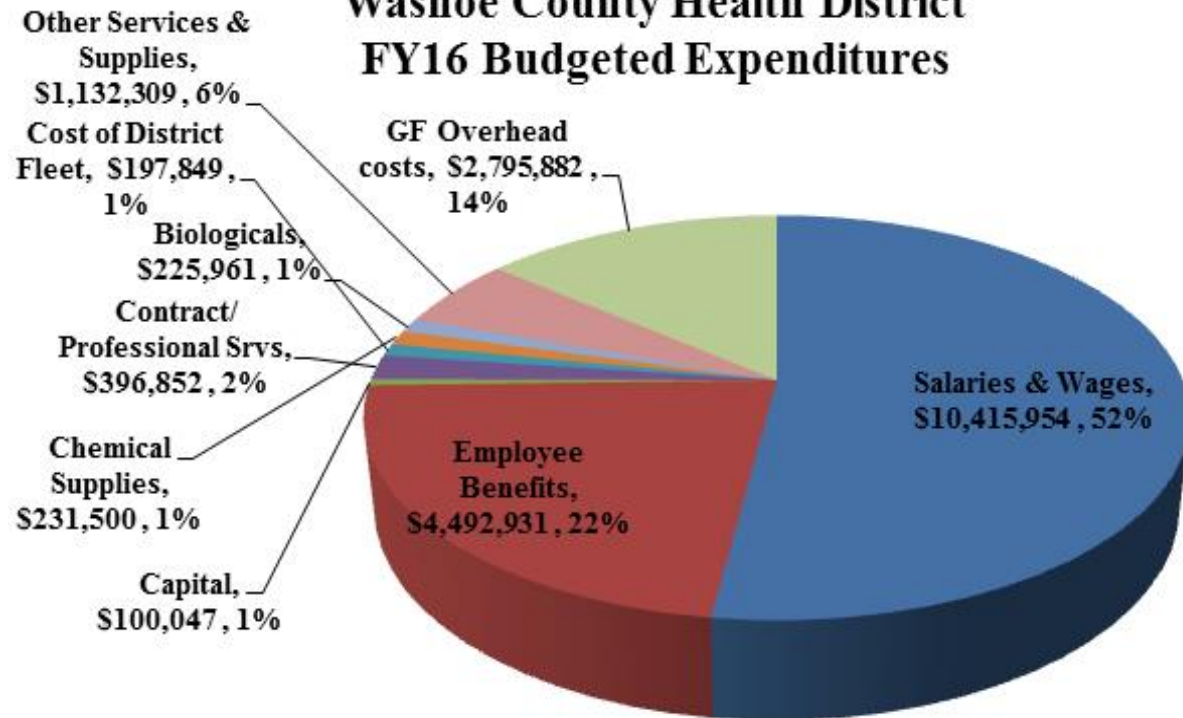
**Total projected Expenditures: \$19,989,285 a 2.8% increase over FY15 adopted budget**

- **Salaries and Wages - \$10,415,954, up 1.1%**
  - 150.01 FTEs up from 149.83 due to adjustments in the intermittent hourly & seasonal staff funding available
  - Includes merit increases
- **Employee Benefits - \$4,492,931, up 7.1%**
  - Assumes no increase in group insurance
  - Retirement up from 25.75% to 28.0%
- **Services and Supplies - \$4,980,353, up 2.1%**
  - Operating supplies - \$23,295, up 22.8%, from grants
  - Advertising - \$58,117, up 49.6% from grant funding
  - Fleet Operations - \$23,285, up 12.6%, County billings
  - County Overhead - \$54,821, up 2%
  - Miscellaneous accounts down \$58,796, 3.4%
- **Capital - \$100,047, up 49.2%**
  - Air Monitoring Equipment & Electronic Health Records



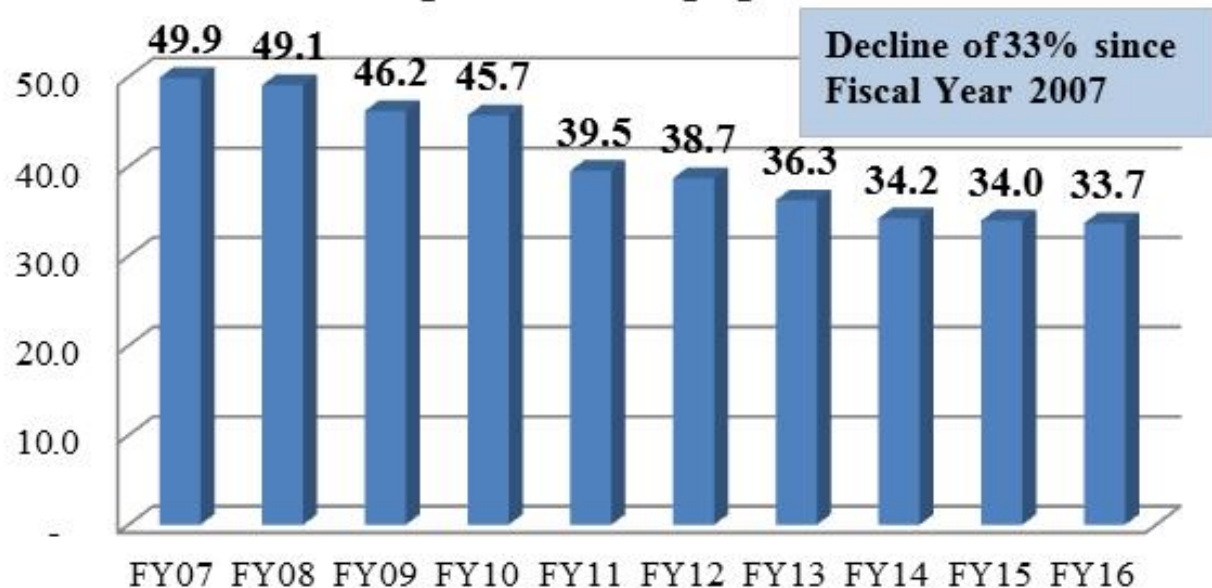
**Summary  
of  
Expenditures**

**Washoe County Health District  
FY16 Budgeted Expenditures**



FTE Trend  
since  
Pre-  
Recession  
Fiscal Year  
2007

## Washoe County Health District FTEs per 100,000 population





FUND SUMMARY:	Actual				ETC	Recommended
	FY 2010-2011	FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
<b>SOURCES OF FUNDS:</b>						
<b>Opening Fund Balance</b>	3,194,988	3,745,034	3,916,042	2,811,464	2,155,799	<b>810,528</b>
<b>Revenue:</b>						
Licenses and Permits	1,042,434	984,267	1,179,756	1,406,086	1,310,833	<b>1,372,583</b>
Federal & State Grants	5,944,967	5,968,145	5,772,186	5,795,912	5,670,868	<b>5,460,898</b>
Tire Fees	450,911	513,800	432,642	314,136	468,548	<b>468,548</b>
Pollution Control (Note (1))	306,945	313,965	314,903	634,731	618,667	<b>550,000</b>
Birth & Death Certificates	359,725	439,910	476,829	457,596	465,000	<b>470,000</b>
Other Charges for Services	928,440	825,839	837,422	881,963	812,881	<b>862,827</b>
Miscellaneous	44,676	52,432	73,204	172,819	47,344	<b>86,455</b>
<b>Total Revenue</b>	<b>9,078,098</b>	<b>9,098,358</b>	<b>9,086,942</b>	<b>9,663,243</b>	<b>9,394,141</b>	<b>9,271,311</b>
Total General Fund transfer	8,192,500	7,250,850	8,623,891	8,603,891	10,000,192	<b>10,076,856</b>
<b>Total Sources of Funds</b>	<b>20,465,586</b>	<b>20,094,242</b>	<b>21,626,875</b>	<b>21,078,599</b>	<b>21,550,132</b>	<b>20,158,695</b>
<b>USES OF FUNDS:</b>						
<b>Expenditures:</b>						
Salaries & Wages	10,502,906	9,861,088	9,803,867	9,591,107	10,229,748	<b>10,415,954</b>
Employee Benefits	3,749,582	3,745,285	3,794,135	3,829,396	4,135,517	<b>4,492,931</b>
Contract/Professional Svcs	614,224	557,610	713,360	809,059	641,657	<b>396,852</b>
Chemical Supplies	321,497	265,304	231,490	231,398	231,437	<b>231,500</b>
Biologicals	130,575	180,620	226,789	247,975	214,322	<b>225,961</b>
Cost of District Fleet	164,958	176,543	136,051	161,263	190,241	<b>197,849</b>
Other Services and Supplies	1,151,440	1,075,820	1,143,722	1,007,779	2,248,911	<b>1,132,309</b>
GF Overhead costs	-	-	2,553,372	2,898,034	2,741,062	<b>2,795,882</b>
Capital	85,369	315,930	212,624	146,788	106,709	<b>100,047</b>
<b>Total Uses of Funds</b>	<b>16,720,552</b>	<b>16,178,200</b>	<b>18,815,411</b>	<b>18,922,800</b>	<b>20,739,604</b>	<b>19,989,285</b>
<b>Ending Fund Balance (FB)</b>	<b>3,745,034</b>	<b>3,916,042</b>	<b>2,811,464</b>	<b>2,155,799</b>	<b>810,528</b>	<b>169,410</b>
<b>FB as a percent of Uses of Funds</b>	<b>22.4%</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>	<b>3.9%</b>	<b>0.8%</b>

Note: (1) Pollution Control funding increase from FY13 to FY14 is due to a shift from the revenue being reported as a grant to reporting as a separate restricted source of revenue.



# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Fiscal Year 2016  
Recommendations  
Impact to  
Health Fund

December 2014  
reported negative  
fund balance of  
\$780,256 in FY17  
the deficit has  
been reduced by  
\$531,110

FUND SUMMARY:	ETC	Recommended	Projected		
	FY 2014-2015	FY 2015-2016	FY 2016-2017	FY 2017-2018	FY 2018-2019
<b>SOURCES OF FUNDS:</b>					
<b>Opening Fund Balance</b>	2,155,799	<b>810,528</b>	169,410	(249,146)	(986,974)
<b>Revenue:</b>					
Licenses and Permits	1,310,833	<b>1,372,583</b>	1,747,785	1,865,074	1,990,235
Federal & State Grants	5,670,868	<b>5,460,898</b>	5,474,557	5,474,557	5,474,557
Tire Fees	468,548	<b>468,548</b>	468,548	468,548	468,548
Pollution Control (Note (1))	618,667	<b>550,000</b>	555,500	561,055	572,276
Birth & Death Certificates	465,000	<b>470,000</b>	474,700	479,447	484,241
Other Charges for Services	812,881	<b>862,827</b>	862,827	862,827	862,827
Miscellaneous	47,344	<b>86,455</b>	86,996	88,226	88,730
<b>Total Revenue</b>	9,394,141	<b>9,271,311</b>	9,670,913	9,799,734	9,941,414
Total General Fund transfer	10,000,192	<b>10,076,856</b>	10,076,856	10,076,856	10,076,856
<b>Total Sources of Funds</b>	21,550,132	<b>20,158,695</b>	19,917,179	19,627,444	19,031,296
<b>USES OF FUNDS:</b>					
<b>Expenditures:</b>					
Salaries & Wages	10,229,748	<b>10,415,954</b>	10,487,708	10,566,253	10,659,354
Employee Benefits	4,135,517	<b>4,492,931</b>	4,594,224	4,903,589	4,970,751
Contract/Professional Svcs	641,657	<b>396,852</b>	396,852	396,852	396,852
Chemical Supplies	231,437	<b>231,500</b>	231,500	231,500	231,500
Biologicals	214,322	<b>225,961</b>	225,961	225,961	225,961
Cost of District Fleet	190,241	<b>197,849</b>	178,064	188,652	195,255
Other Services and Supplies	2,248,911	<b>1,132,309</b>	1,128,500	1,119,625	1,116,021
GF Overhead costs	2,741,062	<b>2,795,882</b>	2,851,800	2,908,836	2,967,012
Capital	106,709	<b>100,047</b>	71,715	73,149	74,612
<b>Total Uses of Funds</b>	20,739,604	<b>19,989,285</b>	20,166,324	20,614,418	20,837,319
<b>Ending Fund Balance (FB)</b>	<b>810,528</b>	<b>169,410</b>	<b>(249,146)</b>	<b>(986,974)</b>	<b>(1,806,023)</b>
<b>FB as a percent of Uses of Funds</b>	3.9%	0.8%	-1.2%	-4.8%	-8.7%





Steps to  
be taken  
to close  
the Gap

- **Greater cost recovery for licenses & permits**
- **Anticipated reduction in fleet billings due to a Quality Improvement project focusing on reducing fleet costs**
- **5.5 % Growth in salaries and benefits for merit increases, health insurance(FY17-19), and cost of retirements due to accumulated vacation and sick leave payouts**
- **Assumes grant reimbursement is flat and expenditures will be adjusted to match the grant award with no transfer of costs to the local dollars**

*(Note: Adjustments being anticipated that require a vote for a policy decision will be brought back to the Board for direction and possible approval prior to implementation (i.e. fee increase)*



External  
Challenges not  
included in  
FY16  
Recommended  
Budget

- **Cost to implement Medical Marijuana Regulations**
- **Affordable Care Act**
- **Employee workers compensation insurance, unemployment, and property and liability insurance**
- **Labor and insurance negotiations**
- **Final funding and indirect billings from the County General Fund**
- **Impacts of the Legislative Session**



## Next Steps

- **February, 2015**
  - Recommended FY16 Budget due to the County
- **March, 2015**
  - District Health Officer delivers FY16 budget to County and City Managers
  - DBOH update on the Managers meeting for FY16 Budget
- **April, 2015**
  - Health District budget presentation to the Board of County Commissioners (BCC) if required
- **May, 2015**
  - May 12, BCC meeting, Manager's recommendations for FY16 budget, General Fund support should be finalized
  - May 18, BCC Public Hearing and possible adoption of the FY16 Final Budget
- **June, 2015**
  - June 2, Final County Budget due to the Department of Taxation



Staff requests approval of the FY16 Budget and direction to submit to the Cities and County Managers for comment as outlined in the Interlocal Agreement

**Staff recommends that the DBOH approve the Fiscal Year 2015-2016 Budget which in summary includes:**

- Approval to fund 22 programs
- Total Revenues budgeted of \$19.3 million
- Use of FY15 anticipated savings, opening fund balance, for FY16 to cover the shortfall in revenues compared to expenditures in FY16
- Total Expenditures budgeted at \$20.0 million
- Budget authorization for 150.01 FTEs
- Anticipated ending fund balance of \$169,410

**Approval today does not prevent adjustments that may be necessary prior to the final adoption of the budget by the Board of County Commissioners on May 18, 2015**



**Fiscal Year  
2015-2016  
Recommended  
Budget**

**Questions?**



## 2015 Legislative Tracking Report

Includes Bills added or updated and  
BDRs introduced since February 19, 2015

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
15	AB146	Assembly Committee on Transportati on	Active	Revises provisions governing motor vehicle licensing.	AQM	Track	Yes	24-Feb	Oppose	CA - Extending smog check on new vehicles from 2 to 4 yrs has fiscal impact. Extending renewal smog check to every 2 yrs has potential environmental impact on ozone attainment status.
66	AB158	Leg Comm on Health Care	Active	Provides for certain businesses to obtain and use auto-injectable epinephrine in certain circumstances	CCHS; EHPH	Monitor	No		Neutral	SK - CCHS already has an extensive training and skills evaluation /competency program for Epi admin. No impact to Division at this point.
804	AB169	Assembly Committee on Health and Human Services	Active	Provides for the collection and application of graywater for a single-family residence.	EHS	Monitor	Yes		Support	Mandates that local jurisdictions allow grey water disposal systems on those lots which are allowed to have insite sewage disposal. We already allow for it in our regulations
854	AB186	Assemblywo man Seaman	Active	Makes various changes to liquor.	EHS		Yes			

## 2015 Legislative Tracking Report

Includes Bills added or updated and  
BDRs introduced since February 19, 2015

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor/ No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
335	AB38	Public and Behavioral Health, Division of - Health and Human Services	Pending	Revises provisions governing certification and decertification of persons for involuntary court-ordered admissions.	CCHS	Monitor	No		Neutral	SK - depending on outcome, may affect our Registered Nurses.
346	AB77	State Dept of Ag	Active	Makes various changes relating to the regulation of agriculture	EHS	Monitor	Yes	19-Feb		BS - We are neutral but that could change after we talk to Dept of Ag. CA - AB77 is not applicable to air quality. SK no interest.
345	AB79	State Dept of Ag	Active	Revises provisions relating to the State Department of Agriculture and the regulation of agriculture	EHS	Monitor	Yes	19-Feb		BS - Not sure yet. This is being proposed by State Ag. With no discussion with any of the health authorities. Joe Pollock is trying to set up a meeting with Ag. To talk about what is driving this and how they would carry out the program. It may be okay but it may also be bad if they want to loosen requirements

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88	SB105	Senator Settlemeier	Active	Allows a stand-alone bar to permit dogs to enter the establishment at the discretion of the establishment's owner	EHS	Monitor	Yes	16-Feb	Oppose	BS - this bill allows dogs in bars. It also allows dogs in any bar that chooses to serve food. We can not support dogs or any animals in food prep areas. SK No interest to CCHS.
893	SB122	Senator Denis	Active	Revises provisions relating to recycling.	AQM; EHS	Monitor	Maybe	13-Feb	Neutral	EHS - Does not affect us directly but that could change if amended; AQM - may result in an increase in the number of recycling facilities operating in the area affecting permitting & compliance staff resources
235	SB178	Hardy	Active	Makes various changes to encourage physical activity in schools	CCHS; CD					
121	SB185	Kieckhefer	Active	Makes various changes relating to fire and emergency medical services in Washoe County	EPHP; EMS; ODHO					



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448	SB59	Secretary of State	Active	Revises provisions governing the State Business Portal	ALL	Monitor	Yes	4-Feb	Neutral	SK - No interest to CCHS. CA - This bill has the potential to have a significant impact on the District. The Secretary of State's Office was made aware of the Accela Project at the last session so I expect an update will be provided by someone during this session. The other problem is the State portal is not the most efficient at receiving information so IT continues to work on the problems.
153	SB85	Attorney General	Active	Clarifies provisions of the Nevada Insurance Code	CCHS	Monitor				Currently only pertains to insurance fraud. Plan to monitor to ensure no other language added that may pertain specifically to the WCHD.
1095		Assembly Committee on Government Affairs	Pending	Revises provisions relating to public notices.	AHS;A QM;E HS;EP HP;E MS;O DHO					

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1099		Assembly Committee on Government Affairs	Pending	Revises provisions relating to local governmental financial administration.	AHS					
1101		Assembly Committee on Government Affairs	Pending	Revises provisions relating to local governmental administration.	ODHO					
1102		Assembly Committee on Government Affairs	Pending	Extends the deadline for approval of the revision of the boundary line between Storey and Washoe Counties.	AQM; CCHS; EHS;E PHP;E MS					
1105		Senate Committee on Transportation	Pending	Revises provisions relating to transportation.	AQM; EHS					
1107		Senate Committee on Transportation	Pending	Revises provisions relating to motor vehicles.	AQM; EHS					

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1111		Senate Committee on Government Affairs	Pending	Revises provisions relating to regional transportation commissions.	AQM; EHS; ODHO					
1114		Senate Committee on Government Affairs	Pending	Limits the information that a city or county may request from a public utility.	AQM; EHS					
1115		Senate Committee on Government Affairs	Pending	Revises provisions relating to government.	ODHO					
1116		Senate Committee on Government Affairs	Pending	Revises provisions relating to government.	ODHO					
1117		Senate Committee on Government Affairs	Pending	Makes various changes relating to government.	ODHO					

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1127		Assembly Committee on Commerce and Labor	Pending	Makes various changes relating to mobile home parks.	EHS					
1132		Seanta Committee on Finance	Pending	Revises provisions relating to inspections of certain medical facilities and offices.	CCHS					
1144		Assembly Committee on Transportati on	Pending	Revises provisions governing special license plates.	AQM					
1159		Administrati on, Department of	Pending	Revises the list of preferred prescription drugs used for the Medicaid program.	CCHS					
1165		Administrati on, Department of	Pending	Requires the licensing of commercial animal food sold in Nevada.	EHS					

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1175		Administration, Department of	Pending	Revises provisions governing the financial administration of off-highway vehicle titling and registration.	AQM					
1179		Administration, Department of	Pending	Provides for the rolling reissuance of license plates by the Department of Motor Vehicles.	AQM					
1182		Administration, Department of	Pending	Increases cigarette tax.	CCHS; CD					
1184		Administration, Department of	Pending	Provides for long-term modernization of the Nevada Plan for providing state financial aid to school districts.	CCHS					

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1190		Administration, Department of	Pending	Provides for the certification of Community Health Workers in Nevada.	CCHS; CD					
1200		Governor	Pending	Provides for the implementation of a "Breakfast After the Bell" program in certain public schools.	CCHS; CD					
1214		Administration, Department of	Pending	Revises provisions governing the additional fee for the issuance of license plates for motor vehicles, trailers and semitrailers.	AQM					