

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

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Kevin Dick
 District Health Officer
 Leslie Admirand
 Deputy District Attorney

WASHOE COUNTY HEALTH DISTRICT
 1001 East Ninth Street, Reno, Nevada 89512
 P.O. Box 11130, Reno, Nevada 89520
 Telephone 775.328-2400 • Fax 775.328.3752
 www.washoecounty.us/health

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, March 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.	Call to Order Pledge of Allegiance - Led by Invitation	Ms. Kitty Jung
*2.	Roll Call	Ms. Dawn Spinola
*3.	Public Comment Limited to three (3) minutes per person. No action may be taken.	Ms. Kitty Jung
4.	Approval of Agenda March 26, 2015 Regular Meeting	Ms. Kitty Jung
5.	Approval of Draft Minutes February 26, 2015 Regular Meeting	Ms. Kitty Jung
*6.	Recognitions A. Years of Service 1. Kristina Craig, 15 years, hired 3/27/2000 – AQM 2. Richard Sanchez, 15 years, hired 3/27/2000 – EHS 3. Brenda Wickman, 15 years, hired 3/27/2000 – EHS	Mr. Kevin Dick Ms. Kitty Jung

Time/ Item	Agenda Item	Presenter
	B. New Hires 1. Heather Kerwin, Part-Time Statistician, hired 2/17/15, – EPHP EMS C. Transfers 1. Carmen Mendoza, Office Assistant II, from WIC to Vital Statistics on 3/23/15. D. Promotions 1. Genine Wright, 2/25/15, from Air Quality Specialist I to Air Quality Specialist II - AQM	
7.	Proclamation A. National Public Health Week	Mr. Kevin Dick Ms. Kitty Jung
8.	Consent Agenda Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval. A. Budget Amendments / Interlocal Agreements 1. Approve 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 \$112,285 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); Approve amendments totaling an increase of \$12,742 in both revenue and expense to the FY15 CDC Immunization Federal Grant Program, IO 10029; and if approved authorize the Chairman to execute. 2. Approve 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 total amount of \$129,456 in support of the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) Federal Grant Program, IO 10014; Approve amendments totaling an increase of \$14,955 in both revenue and expense to the FY15 CDC STD Federal Grant Program, IO 10014; and if approved authorize the Chairman to execute. 3. Approve Notice of Subgrant Award from the Division of Public and Behavioral Health to provide funding in the total amount of \$110,000 for the period March 29, 2015 through	Ms. Patsy Buxton

Time/ Item	Agenda Item	Presenter
	<p>March 28, 2016 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010; and if approved authorize the Chairman to execute.</p> <p>4. Approve the abolishment of one vacant Intermittent Hourly Public Health Nurse II position (#70007952), one vacant Intermittent Hourly Registered Nurse I position (#70007575), one vacant Intermittent Hourly Health Educator II position (#70002278), and one vacant Intermittent Hourly Environmental Health Aide position (#70008715).</p> <p>5. Approve 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 total amount of \$110,706 in support of the Centers for Disease Control and Prevention (CDC) Tuberculosis Prevention and Control (TB) Federal Grant Program, IO 10016; Approve amendments totaling an increase of \$11,867 in both revenue and expense to the FY15 CDC TB Federal Grant Program, IO 10016; and if approved authorize the Chairman to execute.</p> <p>6. Ratification of Contract between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for the University of Nevada College of Agriculture, Biotechnology & Natural Resources students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Contract.</p> <p>B. Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report</p>	<p>Ms. Charlene Albee</p>

Time/ Item	Agenda Item	Presenter
	C. Acceptance of the 2014 Annual Report to the Regional Planning Commission by the Washoe County Health District as the Solid Waste Management Authority.	Mr. James English
9.	Regional Emergency Medical Services Authority A. Review and Acceptance of the REMSA Operations Reports for February, 2015. *B. Update of REMSA's Community Activities During February, 2015.	Mr. Jim Gubbels
10.	Appointment of Matthew Buehler to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning March 26, 2015 and ending March 25, 2018.	Mr. James English
11.	Acknowledge receipt of the Health District Fund Financial Review for February Fiscal Year 2015	Ms. Anna Heenan
12.	Review, discussion and acknowledgment of Business Impact Statements regarding Washoe County Health District Proposed Fees; and other matters properly related thereto; and set a public hearing for possible adoption of Proposed Fees for April 23, 2015 at 1:00 pm.	Ms. Erin Dixon
13.	Fiscal Year 2015-2016 Budget Update	Mr. Kevin Dick
14.	Presentation, Discussion, and Possible Direction to Staff regarding a report on the implementation of Fundamental Review Recommendations. Take action to direct staff to continue with implementation of the plan as approved <i>or</i> direct staff to make changes as discussed.	Mr. Kevin Dick
15.	Presentation, Discussion and Possible Acceptance of the February 2015 Nevada Legislative Session Report and Provide input and/or direction as DBOH may feel is appropriate.	Mr. Kevin Dick
*16.	Staff Reports and Program Updates A. Director, Air Quality Management Program Update, Divisional Update, Program Reports B. Director, Community and Clinical Health Services Program Report – World TB Day, Divisional Update, Program Reports	Ms. Charlene Albee Mr. Steve Kutz

Time/ Item	Agenda Item	Presenter
	<p>C. Director, Environmental Health Services EHS Division Update, Program Updates - Food, IBD, Land Development, Safe Drinking Water, UST/LUST, Vector-Borne Disease, Waste Management, EHS Inspections / Permits / Plan Review, and “Dogs in Bars” report.</p> <p>D. Director, Epidemiology and Public Health Preparedness Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services</p> <p>E. District Health Officer, Office of the District Health Officer District Health Officer Report – Budget, Legislature, Community Health Improvement Plan, County Health Rankings, Other Events & Activities and Health District Media Contacts</p>	<p>Mr. Robert Sack</p> <p>Dr. Randall Todd</p> <p>Mr. Kevin Dick</p>
*17.	<p>Board Comment Limited to announcements or issues for future agendas.</p>	Ms. Kitty Jung
18.	Emergency Items	Mr. Kevin Dick
*19.	<p>Public Comment Limited to three (3) minutes per person. No action may be taken.</p>	Ms. Kitty Jung
20.	Adjournment	Ms. Kitty Jung

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

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

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

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

Response to Public Comments: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the

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

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

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

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

Sparks City Hall, 431 Prater Way, Sparks, NV

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

Washoe County Health District Website www.washoecounty.us/health

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

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

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Members

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

**Thursday, February 26, 2015
1:00 p.m.**

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

The Washoe County District Board of Health met in regular session on Thursday, February 26, 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 1:05 p.m.

Phil Ulibarri led the pledge to the flag.

2. Roll Call

The following members and staff were present:

Members present:	Chair Kitty Jung Vice Chair Julia Ratti (arrived at 1:27 p.m.) Dr. George Hess Dr. John Novak Michael D. Brown
Members absent:	David Silverman 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 Randall Todd, Division Director, EPHP Jeff Whitesides, Supervisor, EPHP Christina Conti, EMS Program Manager, EPHP Phil Ulibarri, Public Communications Program Manager, ODHO Kelli Goatley-Seals, Health Educator Coordinator, CCHS Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

3. Public Comment

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

4. Approval of Agenda

Dr. Hess moved to approve the agenda for the February 26, 2015, District Board of Health meeting. Dr. Novak seconded the motion which was approved four in favor and none against.

5. Approval of Draft Minutes

Dr. Novak moved to approve the minutes of the January 22, 2015 District Board of Health regular meeting as written. Dr. Hess seconded the motion which was approved four in favor and none against.

6. Recognitions

Presented by Mr. Dick and Chair Jung

A. Years of Service

1. Paula Valentin, 15 years of service, hired 2/3/2000 – EHS

Mr. Dick thanked Ms. Valentin and presented her with a Certificate of Appreciation.

2. Maria Magana, 20 years of service, hired 2/13/1995 – CCHS

Mr. Dick thanked Ms. Magana and presented her with a Certificate of Appreciation.

B. New Hires

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

Mr. Gray provided an overview of his background.

2. Andrea Esp – Public Health Emergency Response Coordinator, hired 1/26/15 – EPHP

Mr. Whitesides introduced Ms. Asp and stated the division was happy to have her.

3. Cara Argall – Health Educator, hired 1/26/15 – EPHP

Mr. Whitesides introduced and welcomed Ms. Argall.

4. Heather Kerwin – Part-Time Statistician, hired 2/17/15 – EPHP EMS

Mr. Dick introduced Ms. Kerwin and noted she had been the Independent Contractor who had compiled the Community Health Needs Assessment. Ms. Conti briefly reviewed Ms. Kerwin's qualifications and stated they were very happy to have her.

C. Transfers

1. Mary Clauson, OAIL – Transferred from Vitals to EHS Front Desk effective 1/12/15

Mr. Dick introduced and congratulated Ms. Clauson.

D. Departures

1. Megan McKinlay, 1/29/07 - 1/12/15 – EPHP

Ms. McKinlay was not in attendance.

E. Presentation of Award

1. Extra Mile Award presented to the Reno Housing Authority (RHA)

Ms. Seals congratulated the City of Reno Housing Authority for implementing the Smoke-Free Living Program in all of their housing units, as well as offering cessation services to their residents. Mishawn Griffin accepted the award on behalf of the RHA and explained residents and staff appreciated being smoke-free.

F. Achievements

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

Ms. Conti introduced Kent Choma, Chairman of the IHCC, who provided a brief overview of the organization's activities over the past year. Ms. Conti explained the complete list had been included in the Board packet.

Dr. Hess stated the IHCC was an amazing group and one of the places where all four hospitals truly cooperate. Chair Jung thanked him for maintaining his liaison services.

7. Regional Emergency Medical Services Authority

A. Review and Acceptance of the REMSA Operations Reports for January, 2015.

Mr. Gubbels reported for the month of January Priority One compliance in Zone A was 93 percent. For Priority One Zones B, C and D, it was 99 percent. Year-to-date average for July through January for Priority One Zone A was 93 percent. For Priority One Zones B, C and D, it was 98 percent.

Average Priority One response time in minutes was 5:13 for Reno, 5:55 for Sparks and 9:42 for Washoe County. Average Priority Two response time in minutes was 5:27 for Reno, 6:42 for Sparks and 9:53 for Washoe County. Year-to-date average for July through January for Priority One response was 5:16 for Reno, 5:59 for Sparks and 9:32 for Washoe County. Cumulative Average Priority Two response time will be compiled by First Watch and reported to the Board in March.

Average bill for January was \$1,070, bringing the year-to-date total to \$1,070.

Mr. Gubbels noted a new page in the report which listed clock edits and upgrades, as required by the new franchise agreement. He pointed out there were five clock edits included, which represent corrections to times entered incorrectly or omitted under unusual circumstances and corrected after review. There had been one call upgraded from a Priority Two to a Priority One.

Mr. Gubbels pointed out the report also provided a section that clarifies which classes had been hosted at REMSA versus which classes they oversee at the American Heart Association center. He noted another requirement of the franchise was for them to report how many CPR classes they provide for the community and those numbers had been included.

Mr. Gubbels noted the results of the first EMS survey had been received and included in the report. He reviewed the structure of the survey and discussed the questions that were the most important to REMSA. The survey does allow for comments and any negative

comments were followed up on. In answer to the question posed by Dr. Hess, Mr. Gubbels explained that the survey was sent to a randomly-selected 10 percent of all transported patients.

Vice Chair Ratti thanked Mr. Gubbels and stated the numbers provided were the ones she had been looking for.

Chief Brown moved to accept the report as presented. Dr. Hess seconded the motion which was approved five in favor and none against.

*B. Update of REMSA's Community Activities for January, 2015.

Mr. Gubbels introduced three members of his staff, Kevin Romero, Aaron Abbott and J.W. Hodge. Mr. Hodge highlighted three items from the community report, including an article that had been published regarding some of the site courses discussed earlier and a fund-raising run that had been conducted to raise funding for CPR training kits for schools. Another run is scheduled for June.

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

Staff Representative: Ms. Heenan

Ms. Heenan reviewed the highlights of the report. She explained the District had been in a negative cash situation in January due to a general fund transfer timing issue with Washoe County. It had not created a fiscal instability situation but processes are being established to be sure that does not reoccur.

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

9. Approval of the Fiscal Year 2015 – 2016 Budget

Staff Representative: Mr. Dick

Mr. Dick provided a Power Point presentation (attached Exhibit A) which gave an overview of the budget and the components utilized in its development.

Vice Chair Ratti asked if the numbers assumed a full staff or if there was an offset for vacancies. Mr. Dick replied it was for the full complement and the District would anticipate some gaps during turnovers, creating a contingency. He added that the District was now budgeting for anticipated retirement payouts.

Dr. Hess stated he felt the overview was very well done but noted the absence of detail for each of the divisions that had been included previously.

Mr. Dick stated all of the credit for the quality of the budget and the overview should go to Ms. Heenan and the Fiscal Compliance Officers, Patsy Buxton and Erin Dixon, and the Division Directors and Supervisors. He explained to Dr. Hess that staff would be happy to provide him with any additional detail he would like to receive.

Chair Jung asked if there would be any reason to review the County-Wide Cost Allocation Plan (COWCAP) and see if the services provided could be provided elsewhere for a lower cost. Ms. Heenan explained there had not been an analysis, but she explained that the major components covered by COWCAP were not candidates for contracting out. Chair

Jung noted that some departments had contracted with outside agencies for some services and the County did not object to that.

Vice Chair Ratti expressed her appreciation for the budget report format.

Mr. Dick continued with his presentation.

Chair Jung asked if Mr. Dick had been consulted by the labor negotiations team as to what the District budget could sustain. Mr. Dick had provided the budget packet to John Listinsky, who heads up labor negotiations in the Human Resources Department (HR), and discussed the financial constraints with him. Chair Jung asked if Mr. Dick would like to be part of the labor relations conversation that occurs between the Board of County Commissioners (BCC), attorneys and chief negotiators. Mr. Dick stated the District had a relationship with HR so was involved, and he felt he was being engaged and consulted. He suggested that if he were invited to one of the meetings he could determine if it was worthwhile for him to continue to attend. Chair Jung suggested it would be beneficial for the BCC members to see him there.

Dr. Novak asked what percentage of staff was covered by a labor agreement. Mr. Dick explained it was everyone except Division Directors and himself. Chair Jung stated the customary procedure is that the unrepresented staff are offered the same raise agreed to through negotiation as the represented staff were. If there are cuts, the BCC takes any cuts, makes the same cuts to the non-represented managers and then requests others to follow.

Vice Chair Ratti asked how the health care costs would affect the budget, as they were not yet accounted for. Ms. Heenan explained the Health Care Committee was in negotiations so until those were done and approved by the BCC, the District would not know if the insurance costs would increase or stay flat. Negotiations are expected to be finalized by April or May. That will be included in the budget before it is finalized and submitted. Ms. Heenan noted the ending fund balance could potentially be brought down to zero if the increases were substantial. If that were the case it may be necessary to further reduce expenditures or to request more funds from the County because the District budget cannot lawfully be submitted with a negative fund balance.

Chair Jung explained the BCC had asked for a different budget process while still meeting public hearing requirements. It had been decided the Finance staff would review the budgets and the County Manager would present them to the BCC. Additionally, each commissioner will be consulted as to what projects they would like to work on with respect to the budget, increasing engagement and involvement.

Chair Jung commended the presentation and applauded Mr. Dick for not manipulating the ending fund balance to appear sustainable. She noted it was fortunate that balance did not need to be large because the District was considered a sub-entity to the County, so the County could help if necessary, and will support the District on its path to sustainability.

Chair Jung stated the District Board of Health was entirely different than in previous years. She credited Mr. Dick and his administrative skills.

Dr. Hess noted Hazardous Materials was no longer funded and asked how they were being monitored. Mr. Sack explained the line item was a misnomer. It was for a grant from the State Department of Environmental Protection (NDEP) to do inspections related to certain hazardous waste generators. It was determined the program did not have much value so it was dropped. Environmental Health Services (EHS) oversees underground tanks, but in general does not have the authority to oversee the transportation of hazardous materials.

They do work closely with police and fire when responding to incidents. Those activities are covered by the general fund.

Dr. Hess asked who was responsible for monitoring above-ground tanks and Mr. Sack explained those were regulated by fire code. EHS would not get involved unless there was a leak. The larger facilities are regulated by NDEP and the Occupational Safety and Health Administration.

Chief Brown asked if the District had a rough idea how much all of the activities related to medical marijuana would cost. Mr. Dick explained inspection costs were included in the air quality permit fee. The cultivation facilities will also require a solid waste management permit. As the fees are included in the permits, it is not anticipated to be a large expense to the District.

Vice Chair Ratti moved to approve the budget as presented. Dr. Novak seconded the motion which was approved five in favor and none against.

Vice Chair Ratti asked if there would be additional budget meetings. Mr. Dick explained updates would be presented with the monthly meetings but special meetings could be called if necessary. Currently none were scheduled.

10. 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.

Staff Representative: Ms. Admirand

Deputy District Attorney (DDA) Admirand presented the staff report, and provided an overview of the ILA and the ILA amendments. She requested Board members identify any portion that they felt should be discussed and possibly amended.

Chair Jung explained this was a compulsory action that was supposed to occur annually and was another action being taken to bring the Board closer to compliance. She noted it would take an act of the Legislature to fundamentally change the Board but invited discussion.

Dr. Novak expressed concern about Section 7.b. which gives the entities the right to give 15 days notice prior to the end of the year for them to terminate the agreement. He suggested that time be lengthened to six months. Chair Jung suggested the other signatories would be unlikely to want to change that, but noted others had also brought it up.

Chair Jung requested Council's input on the matter. DDA Admirand opined it made sense and was something she could research and provide draft language to the Board for consideration. Dr. Hess asked if the elected members should explore the idea with their boards and attorneys prior to anyone spending time on the issue.

Vice Chair Ratti noted the past few years had been contentious and the current period was quiet in comparison, providing the District the opportunity to attend to other details. She agreed the topic was important, but suggested this was not the best time to bring up another controversial issue. She suggested they take no formal action today, but to engage others in informal conversations to gauge their reactions. If the Board believes it should be addressed later, they can request it be agendaized.

Dr. Hess requested a summary of any changes to NRS 439 since the last Legislative session and DDA Admirand stated she would provide them for him.

Vice Chair Ratti moved to accept the ILA in its current format. Dr. Novak seconded the motion.

Vice Chair Ratti requested confirmation that ratification did not nullify the ability to make changes in the future. DDA Admirand clarified that was correct.

The motion was approved five in favor and none against.

11. 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.

Staff Representative: Mr. Dick

Mr. Dick noted each Board member had received an updated legislative tracking report, current as of the previous day (attached Exhibit B). He also drew their attention to the draft Health District 2015 Legislative Principles (HDLP), which had been developed at Chair Jung's request as a guideline for staff to follow in between Board meetings. They were based on the Washoe County principles adopted by the BCC, and altered to meet the needs of the Health District.

Mr. Dick reviewed the status of bills that were presently of the most interest to the District, staff activity associated with them, and the District's position on each of them.

Chair Jung requested Mr. Sack conduct additional research on the Dogs in Bars topic. She expressed her support of the HDLP as written and expounded on its usefulness as a guiding document for staff decision making when Board members were not available for consultation.

Vice Chair Ratti shared a story about how the topic of guiding principles and lack thereof had been brought up at the Legislature the previous day, and the jurisdictions which had legislative principles they could point to had provided a good position for those staff. She suggested a next step of developing more robust and detailed positions on known or recurring legislative topics, which was something the City of Sparks has done, that would be useful for future legislative sessions.

Dr. Hess requested additional information about the bills being tracked. Chair Jung suggested he contact Mr. Dick and discuss how he would like to see the report presented. Mr. Dick suggested staff could provide him with links to the bills.

Chief Brown moved to approve the draft Washoe County Health District 2015 Legislative Principles and accept the February 2015 Nevada Legislative Session report. Dr. Hess seconded the motion which was approved five in favor and none against.

12. Staff Reports and Program updates

A. Director, Air Quality Management

Ms. Albee stated she had nothing to add and offered to answer questions.

B. Director, Community and Clinical Health Services

Mr. Kutz reported staff had acted upon Chair Jung's request to check with patients to be sure they had enough food to last through the month and direct them to agencies that could help if they did not. Chair Jung asked that the service be tracked and Mr. Kutz explained that function would be integrated it into the electronic health record system.

C. Director, Environmental Health Services

Mr. Sack distributed copies of a bear and garbage video developed in conjunction with the Department of Wildlife to educate the public about being bear aware. It will be made widely available. Chair Jung opined Mr. Sack should make the same presentation to the BCC.

D. Director, Epidemiology and Public Health Preparedness

Dr. Todd stated he was receiving daily measles updates from the State. Currently there were eight confirmed cases, none in Washoe County. Two probable cases are located here, one has been ruled out due to negative lab results.

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

Mr. Dick stated he had nothing to add.

Chair Jung noted the District staff had been quite busy and thanked them for their good work.

13. Board Comment

Vice Chair Ratti congratulated District staff on a successful kickoff to the HPV immunization awareness campaign.

14. Emergency Items

None.

15. *Public Comment

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

16. Adjournment

At 2:58 p.m., Dr. Novak moved to adjourn. Dr. Hess seconded the motion which was approved five in favor and none against.

Respectfully submitted,



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

Dawn Spinola

Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2015.

DRAFT

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

Proclamation

WHEREAS, the week of April 6–12, 2015, is National Public Health Week, and the public health community is rallying around the goal of making the United States the Healthiest Nation in One Generation – by 2030; and

WHEREAS, 2015 marks the 20th anniversary of the American Public Health Association sponsoring National Public Health Week and educating everyone about issues important to improving health; and

WHEREAS, the United States trails other countries in life expectancy and other measures of good health; and

WHEREAS, there are unacceptable disparities in health by zip code, race and ethnic group; and

WHEREAS, influential leaders, companies and organizations are taking important steps in line with creating the healthiest nation by building momentum and broader connections; and

WHEREAS, the public health community celebrates major public health accomplishments like improvement in the average lifespan for Americans, a drop in adult smoking rates, and reduction in HIV/AIDS-related deaths; and

WHEREAS, Washoe County Health District looks forward to bringing a renewed focus to the work ahead with the Healthy Communities efforts, and making contributions to become the Healthiest Nation in One Generation,

Now, therefore, be it resolved, that the Washoe County District Board of Health does hereby proclaim the week of April 6-12, 2015, as

National Public Health Week 2015

in Washoe County, Nevada.

Kitty Jung, Chair
Washoe County District Board of Health

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

STAFF REPORT
BOARD MEETING DATE: March 26, 2015

DATE: March 10, 2015

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approve 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 \$112,285 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); Approve amendments totaling an increase of \$12,742 in both revenue and expense to the FY15 CDC Immunization Federal Grant Program, IO 10029; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee. A copy of the Notice of Subgrant Award is attached.

The Health District received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health which provides for grant funding for the on-going Immunization Program, IOs 10028 & 10029. A copy of the Award is attached.

District Board of Health strategic priority: Achieve targeted improvements in health outcomes and health equity.

BCC Strategic Objective supported by this item: Safe, secure, and healthy communities.

Approval of the Notice of Subgrant Award also supports the Health District Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

PREVIOUS ACTION

The Washoe County District Board of Health approved a Notice of Subgrant Award for Calendar Year 2014 in the amount of \$335,053, representing "Round 3" of funding, in support of the Immunization Program on September 25, 2014.

BACKGROUND

The Division of Public and Behavioral Health issued the Washoe County Health District a Notice of Subgrant Award for the period January 1, 2015 through December 31, 2015 in the amount of \$112,285 representing “Round 1” of funding from the CDC. The total award amount after receiving all rounds of funding will be \$336,855 (\$112,964-317 Ops and \$223,891-VFC Ops).

The FY15 CDC IZ Vaccines for Children (VFC) Budget, IO 10029 was adopted with \$221,023 in revenue (\$195,428 direct and \$25,595 indirect). The total award amount will be \$223,891 (\$198,134 direct and \$25,757 indirect). A budget amendment in the amount of \$12,742 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget. This amendment takes into account the total budget authority required (\$208,170) for actual direct expenditures from July – December (\$109,103-prior award) plus 50% of the direct expenditures from January – June (\$99,067-current award). A budget adjustment is not necessary for the indirect revenue.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 15 budget will be **increased by \$12,742** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10029	-431100 Federal Revenue	\$12,742
	Total Revenue	\$12,742
2002-IO-10029	-701412 Salary Adjustment	12,742
	Total Expenditures	\$12,742

RECOMMENDATION

Staff recommends that the District Board of Health approve 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 \$112,285 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); Approve amendments totaling an increase of \$12,742 in both revenue and expense to the FY15 CDC Immunization Federal Grant Program, IO 10029; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve 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 \$112,285 for the Centers for Disease Control and Prevention (CDC) Immunization Program Grant (IOs 10028 & 10029); Approve amendments totaling an increase of \$12,742 in both revenue and expense to the FY15 CDC Immunization Federal Grant Program, IO 10029; and if approved authorize the Chairman to execute.



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

HD #: **14808**
 Budget Account: 3213
 Category: 20
 GL: 8516
 Job Number: 9362815

NOTICE OF SUBGRANT AWARD

Program Name: Nevada State Immunization Program Bureau of Child, Family & Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: 01/01/2015 – 12/31/2015	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400 Q Dun & Bradstreet: 73786998

Purpose of Award: To eliminate cases of vaccine preventable diseases in Washoe County by raising immunization rates.

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

Approved Budget Categories:

1. Personnel	\$ 93,038
2. Travel	\$ 2,567
3. Operating	\$ 667
4. Equipment	\$ _____
5. Contractual/Consultant	\$ _____
6. Other	\$ 3,095
7. Indirect	\$ 12,918
Total Cost:	\$ 112,285

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$112,285.00** during the subgrant period.

Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. Nevada Immunization & Vaccine for Children Federal Grant (CDC)	100	93.628	5H23IP000727-03

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

- Expenditures must comply with appropriate state and/or federal regulations;
- This award is subject to the availability of appropriate funds; and
- The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:

Section A: Assurances;
 Section B: Description of Services, Scope of Work and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;
 Section E: Audit Information Request; and
 Section F: DPBH Business Associate Addendum
 Section G: Exhibit A to Section C

	Signature	Date
Kevin Dick District Health Officer		
Karissa Loper, MPH Program Manager, NSIP		3/2/15
Christine Mackie Bureau Chief, CFCW		3/2/15
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health		

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

SECTION A

Assurances

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

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

The Nevada State Division of Public and Behavioral Health

Attn: Administrative Services Officer IV

4150 Technology Way, Suite 300

Carson City, NV 89708-2009

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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

SECTION B

Description of Services, Scope of Work and Deliverables

The intent of this subgrant is to perform activities deemed effective in improving immunization coverage and to reduce hepatitis B disease among children and adults in Washoe County. The activities addressed in this subgrant are required under the federal Immunization and Vaccines for Children Grant, CFDA 93.268, administered by the Centers for Disease Control and Prevention (CDC), and identified within the Immunization Program Operations Manual (IPOM) dated 1/1/2013 – 12/31/2017.

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

CHAPTER A – PROGRAM STEWARDSHIP AND ACCOUNTABILITY

VFC COMPLIANCE VISITS

VFC compliance visits ensure that federally provided vaccine is stored and handled appropriately. **All county Quality Assurance Coordinators are required to work closely with state Provider Quality Assurance Manager**

Goal: Enhance stewardship and accountability for all publicly purchased vaccine and VFC and Section 317 funding.

Objectives	Activities	Date Due By	Documentation
<p>(IPOM A-7)</p> <p>By 12/31/2015, assure that VFC-enrolled providers comply with VFC Program requirements through compliance visits to at least <u>50%</u> of active VFC-enrolled providers in jurisdiction.</p>	<p>1) Throughout 2015, the state Provider Quality Assurance Manager and county coordinators are responsible for conducting compliance visits including the required VFC component training on a minimum of 50% of enrolled VFC providers. State and county coordinators are responsible for their specific jurisdiction. Every month, state and county coordinators are responsible for conducting a minimum designated amount of VFC compliance visits. This will help coordinators meet their goal of 50%. The following are required for VFC compliance visits:</p> <p>a) Utilize the most current VFC compliance visit questionnaire as provided by the state Provider Quality Assurance Manager.</p> <p>b) Conduct VFC compliance visits on 100% of newly enrolled VFC providers no sooner than ninety (90) days and no later than 120 days of completion of enrollment.</p> <p>c) Provide technical assistance and/or follow-up visits for VFC Providers as directed by the NSIP.</p>	<p>12/31/2015</p>	<ul style="list-style-type: none"> • Mid-Year & End-of-Year Progress Report • Within 30 days of the VFC compliance visit submit the following documentation: <ul style="list-style-type: none"> ○ VFC Compliance Visit signed Provider “Acknowledgement of Receipt” • Enter the compliance visit data into the PEAR online tool within 2 weeks of the visit.

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	<p>d) Complete required VFC Program requirements training annually as instructed by the Provider Quality Assurance Manager.</p> <p>2) As assigned by the state Vaccine Manager, perform unannounced VFC Provider Storage & Handling Visits.</p> <p>3) Ensure that during 2015, every VFC provider completes the mandatory VFC training as required by the CDC.</p> <ul style="list-style-type: none"> o VFC compliance visit <u>or</u> o Certificates of completion from the "You Call the Shots" modules 10 & 16 <u>or</u> o QA coordinator training session utilizing the VFC Training Elements check list in person or over the phone. 		<ul style="list-style-type: none"> • Enter follow-up provider contacts until 100% compliance is reached. • Within 30 days of the unannounced VFC Provider Storage & Handling visit, submit the required VFC Compliance Visit signed Provider "Acknowledgement of Receipt." • Provide VFC office staff training data to state Quality Assurance Manager as requested to assist with tracking VFC Provider compliance.
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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

CHAPTER B – ASSESSING PROGRAM PERFORMANCE

AFIX ASSESSMENTS

Assessment, Feedback, Incentives and Exchange (AFIX) is a continuous quality improvement process that is used to improve VFC providers' immunization practice and raise immunization coverage rates in individual offices. **All county Quality Assurance Coordinators are required to work closely with the state Provider Quality Assurance Manager.**

Goal: Assess program performance for program improvement.			
Objectives	Activities	Date Due By	Documentation
<p>(IPOM B-3)</p> <p>By 12/31/2015, work with VFC providers on quality improvement processes to increase coverage levels and decrease missed opportunities using AFIX components, as appropriate and move toward use of IIS as primary source of data for provider coverage level assessment by the end of the project period.</p>	<p>1) Throughout 2015, the state Provider Quality Assurance Manager and county coordinators will conduct childhood AFIX assessments on selected VFC providers. The following will be conducted during each AFIX visit:</p> <ul style="list-style-type: none"> a) Utilize Nevada WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. c) After receiving the updated immunization information from the providers, generate the antigen series rate in CoCASA for the immunization series 4.3.1.3.3.1.4, the individual antigen rates and the missed opportunity rates. d) Utilizing the online AFIX tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback, and all follow-up sessions. e) Conduct the required follow-up session within six (6) months of the feedback session and include an AFIX assessment on the same age cohort. f) Promote reminder/recall programs and NILE activities during provider visits. g) Perform immunization assessments for all Nevada WebIZ users in jurisdiction for the annual Silver Syringe Awards. <ul style="list-style-type: none"> - Coordinate with NSIP staff to conduct an immunization assessment on all VFC providers/users in jurisdiction. 	<p>12/31/2015</p>	<ul style="list-style-type: none"> • Mid-Year & End-of-Year Progress Report • Within 30 days of the AFIX visit submit the following documentation for visits completed: <ul style="list-style-type: none"> • AFIX series 4.3.1.3.3.1.4 Summary Report – page 1 and Single Antigen Report. • Enter the AFIX visit data into the AFIX online tool within two (2) weeks of the visit. • Progress in Quality Improvement Activities will be documented in the AFIX online tool at each follow-up visit.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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	<p>2) Throughout 2015, Washoe County Health District will conduct AFIX assessments on four (4) VFC providers who immunized 10 or more adolescents born in 2001. The following will be conducted with each AFIX visit:</p> <ul style="list-style-type: none"> a) Utilize Nevada WebIZ to conduct AFIX assessments or directly enter immunization records into the most current CoCASA module as provided by the CDC. b) Complete the Assessment Questionnaire and assist the provider to select 2 areas of Quality Improvement. c) After receiving the updated immunization information from providers, generate the antigen series rate in CoCASA for 1 Tdap, 1 MCV4, 3 HPV, 1 HPV, 3 HepB, 2 MMR, and 2 Varicella. d) Utilizing the online AFIX tool, enter the correct provider information, general AFIX visit information, Assessment Questionnaire, assessment results, feedback, and all follow-up sessions. e) Conduct the required follow-up session within six (6) months of the feedback session and include an AFIX assessment on the same age cohort. f) Progress in selected Quality Improvement Activities will be assessed and documented during 2015. g) Goal: Increase adolescent immunization rates within a provider practice by 15%. 	<ul style="list-style-type: none"> • Mid-Year & End-of-Year Progress Report • Within 30 days of the AFIX session, submit the paper reports of the adolescent immunization assessment. • Enter the AFIX visit data into the AFIX online tool within two (2) weeks of the visit. • Progress in the Quality Improvement Activities will be documented in the AFIX online tool at each follow-up visit.
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CHAPTER C – ASSESSING ACCESS TO VACCINATIONS

PERINATAL HEPATITIS B PREVENTION

Based on the success of past endeavors of Hepatitis B disease reduction among both children and adults, the CDC seeks to eliminate Hepatitis B virus transmission in the United States. However this goal cannot be achieved without assistance from the immunization grantees, especially the Perinatal Hepatitis B prevention coordinators. **All county Perinatal Hepatitis B Coordinators are required to work closely with the state Perinatal Hepatitis B Coordinator.**

All jurisdictions are required to use the Perinatal Hepatitis B Module within Nevada WebIZ to conduct case management activities for all infants born to HBsAg positive mothers. Case, infant and contact information including serology, HBIG and hepatitis B vaccination dates must be documented in this module.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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The annual Perinatal Hepatitis B Prevention Assessment is due to Doug Banghart no later than March 1, 2015.

Goal: Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission.			
Objectives	Activities	Date Due By	Documentation
(IPOM C-5a) By 12/31/2015, identify HBsAg-positive pregnant women.	1) Throughout 2015, educate prenatal, postpartum, and pediatric providers on the importance of screening all women during every pregnancy for HBsAg.	12/31/2015	Mid-Year & End-of-Year Progress Report
	2) Throughout 2015, improve mechanisms to identify women who are HBsAg-positive and pregnant.	12/31/2015	Mid-Year & End-of-Year Progress Report
	3) Throughout 2015, identify household and sexual contacts. Offer testing and Hepatitis B vaccination.	12/31/2015	Mid-Year & End-of-Year Progress Report
(IPOM C-5b) By 12/31/2015, prophylax newborns with hepatitis B vaccine and HBIG.	1) Throughout 2015, provide technical assistance to each birthing hospital to establish mechanisms to confirm women's HBsAg status at time of delivery and, if a woman presents for delivery without documentation or HBsAg status is unknown, establish policies or mechanisms to immediately test for HBsAg status.	12/31/2015	Mid-Year & End-of-Year Progress Report
	2) Throughout 2015, if mother is HBsAg-positive, establish policies or mechanisms to administer hepatitis B vaccine and HBIG to infant within 12 hours of birth. If HBsAg status is unknown at birth, administer hepatitis B vaccine to infant within 12 hours of birth. Provide technical assistance to each birthing hospital to establish policies or mechanisms to administer HBIG to infant as soon as HBsAg-positive status is confirmed, but no later than one week after birth.	12/31/2015	Mid-Year & End-of-Year Progress Report
	3) Throughout 2015, review mechanisms for birthing hospitals to routinely provide documentation of date and time of HBIG and hepatitis B vaccine administration to exposed newborn to the infant's identified health care provider and the Perinatal Hepatitis B Prevention Program.	12/31/2015	Mid-Year & End-of-Year Progress Report

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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	4) Throughout 2015, review policies and mechanisms to have birthing hospitals routinely provide documentation of date/time and type of post-exposure prophylaxis administered to infants born to women with unknown HBsAg status to the newborn's pediatrician and the county Perinatal Hepatitis B Prevention Program and to provide results of HBsAg screening to program when results become available.	12/31/2015	Mid-Year & End-of-Year Progress Report
	5) Throughout 2015, provide technical assistance to each birthing hospital to develop policies or procedures for administering the first dose of hepatitis B vaccine to all infants born to HBsAg-negative women before hospital discharge or, for infants weighing less than 2,000 grams, at one month or hospital discharge, whichever comes first.	12/31/2015	Mid-Year & End-of-Year Progress Report
(IPOM C-5c) By 12/31/2015, increase timely completion of doses two and three.	1) Throughout 2015, review and improve mechanisms and implement remind/recall of infants enrolled in the Perinatal Hepatitis B Prevention Program so that they receive all required vaccine doses of the hepatitis B vaccine series on schedule.	12/31/2015	Mid-Year & End-of-Year Progress Report
	2) Throughout 2015, review and improve protocols to actively follow up with families that do not receive the full hepatitis B vaccine series according to the most current ACIP-recommended childhood immunization schedule.	12/31/2015	Mid-Year & End-of-Year Progress Report
	3) Throughout 2015, review and improve mechanisms to ensure that the Perinatal Hepatitis B Prevention Program receives documentation of administration data (mm/dd/yyyy) for all hepatitis B vaccine doses administered to identified infants born to HBsAg-positive women.	12/31/2015	Mid-Year & End-of-Year Progress Report
(IPOM C-5d) By 12/31/2015, increase post-vaccination serology.	1) Throughout 2015, identify contributing factors that prevent infants from obtaining post-vaccination serologic testing (PVST) within the ACIP-recommended testing and time frame.	12/31/2015	Mid-Year & End-of-Year Progress Report
	2) Throughout 2015, develop and implement action plan to reduce/eliminate identified factors within program's control that prevent infants from obtaining timely PVST. Provide a copy of the plan to State Perinatal Hepatitis B Coordinator.	6/30/2015	Mid-Year & End-of-Year Progress Report • Copy of action plan

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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	3) Throughout 2015, identify, contact, and collaborate with other entities that may be able to reduce or eliminate identified factors outside program control that prevent infants from obtaining timely and appropriate PVST.	12/31/2015	Mid-Year & End-of-Year Progress Report
	4) Throughout 2015, develop and implement mechanisms that remind/recall infants enrolled in the Perinatal Hepatitis B Prevention Program to receive PVST when due.	12/31/2015	Mid-Year & End-of-Year Progress Report
	5) Throughout 2015, review and improve protocols that actively follow up with families of infants that do not obtain PVST according to the ACIP recommendations.	12/31/2015	Mid-Year & End-of-Year Progress Report
	6) Throughout 2015, review and improve protocols to close infants to Perinatal Hepatitis B Prevention Program services with PVST results that report the infants are protected against hepatitis B infection.	12/31/2015	Mid-Year & End-of-Year Progress Report
	7) Throughout 2015, review and improve protocols to actively follow-up with families of infants with PVST results that indicate infants remain susceptible to hepatitis B infection to revaccinate infant with 2 nd hepatitis B vaccine series and receive PVST after the completion of the 2 nd hepatitis B vaccine series.	12/31/2015	Mid-Year & End-of-Year Progress Report
	8) Throughout 2015, review and improve mechanisms to obtain and document date of infant's PVST and results from appropriate sources (i.e., family, lab, healthcare provider, etc.	12/31/2015	Mid-Year & End-of-Year Progress Report

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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CHAPTER E – IMPROVE AND MAINTAIN PREPAREDNESS

SEASONAL INFLUENZA VACCINATION

Goal: Conduct seasonal influenza vaccine activities to improve preparedness for an influenza pandemic.			
Objectives	Activities	Date Due By	Documentation
(IPOM E-3) Throughout calendar year 2015, work with new and existing partners to increase demand for seasonal influenza vaccine to improve preparedness for an influenza pandemic, including school-located vaccination.	1) Work with Immunize Nevada, Washoe County School District and other local partners, especially those who serve groups at high risk for complications from influenza infection and/or in underserved population groups, to increase demand for seasonal influenza immunization.	12/31/2015	<ul style="list-style-type: none"> Mid-Year & End-of-Year Progress Report
	2) In partnership with Immunize Nevada and the Washoe County School District, conduct school-located vaccination clinics throughout calendar year 2015. <ul style="list-style-type: none"> a) Reports should include, where feasible, the number of flu clinics held, total number of individuals targeted, dates of clinics with respect to jurisdiction's influenza season, and a description of target population by age and race/ethnicity. 	12/31/2015	<ul style="list-style-type: none"> Mid-Year & End-of-Year Progress Report

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5H23IP00727-003 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of neither the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5H23IP00727-03 from The Centers for Disease Control and Prevention (CDC).

Subgrantee agrees to adhere to the following budget

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 93,038	See Exhibit A to Section C	
		\$	
2. Travel	\$ 2,567		
		\$	
3. Operating	\$ 667		
		\$	
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Other	\$ 3,095		
		\$	
7. Indirect	\$ 12,918		
		\$	
Total Cost	\$ 112,285		

- Categorical adjustments of 10% or less are permitted and must be requested and approved through the Nevada State Immunization Program Manager. Written permission must be obtained and can be done via e-mail.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15th) day of each month for the prior month's actual expenses;
- The maximum available through this subgrant is \$112,285.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursements will not be processed without all **mandatory reporting documents**:
 - Request for Reimbursement Form
 - Reimbursement Worksheet
 - Receipts for supplies, travel, equipment, and other items purchased.
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
- Submit one hard copy via postal mail of original, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantees for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documents; and
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Both parties agree:

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

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

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

Financial Reporting Requirements

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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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HD#: **14808**

STATE OF NEVADA
DEPARTMENT OF HEALTH & HUMAN SERVICES
REQUEST FOR REIMBURSEMENT

Budget Account: 3213/20

GL: 8516

Draw #: _____

Program Name: Nevada State Immunization Program Bureau of Child, Family & Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: 01/01/2015 - 12/31/2015	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400 Q</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar year: 2015

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$93,038.00	\$0.00	\$0.00	\$0.00	\$93,038.00	0.0%
2 Travel	\$2,567.00	\$0.00	\$0.00	\$0.00	\$2,567.00	0.0%
3 Operating	\$667.00	\$0.00	\$0.00	\$0.00	\$667.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Other	\$3,095.00	\$0.00	\$0.00	\$0.00	\$3,095.00	0.0%
7 Indirect	\$12,918.00	\$0.00	\$0.00	\$0.00	\$12,918.00	0.0%
Total	\$112,285.00	\$0.00	\$0.00	\$0.00	\$112,285.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

**Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009**

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO

3. When does your organization's fiscal year end?

June 30, 2015

4. What is the official name of your organization?

Washoe County Health District

5. How often is your organization audited?

Annually

6. When was your last audit performed?

October 29, 2014

7. What time period did your last audit cover

July 1, 2013 - June 30, 2014

8. Which accounting firm conducted your last audit?

Kafoury, Armstrong & Co.

Administrative Health Services Officer

Signature

Date

Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.

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5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).

4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the

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Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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

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

1. Permitted Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held

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confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

1. Effect of Termination:

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
- b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
- c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created,

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retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity

Business Associate

Division of Public and Behavioral Health

4150 Technology Way, Suite 300

Carson City, NV 89706

Phone: (775) 684-5975

Fax: (775) 684-4211

Washoe County Health District

Business Name

1001 E. Ninth St. Bldg B

Business Address

Reno, NV 89512

Business City, State and Zip Code

775-328-2410

Business Phone Number

775-328-3752

Business Fax Number

Authorized Signature

Authorized Signature

for Richard Whitley, MS

Kitty Jung

Print Name

Print Name

Administrator,

Division of Public and Behavioral Health

Chair, District Board of Health

Title

Title

Date

Date

S-14808 Washoe County Health District - Round 1

Exhibit A to Section C

317 Ops Approved Budget					317 Ops Round 1 Award				
	Qty	Total Wages	Time	Total		Qty	Rate	Time	Total
IZ PHN	1	109,366	0.25	\$ 27,342	33%	1	96,568	0.33333	\$ 32,189
IZ PHN	1	113,766	0.3292	\$ 37,452					
IZ PHN	1	105,606	0.25	\$ 26,402					
Peri Hep-B Coord	1	107,474	0.05	\$ 5,374					
				\$ -					
Total Wages include Fringe				\$ -					
Total Personnel:				\$ 96,568	Total Personnel:				\$ 32,189
Travel:	Staff	Rate	Time	Total	Travel:	Qty	Rate	Time	Total
2015 Nevada Health Conference					33%	1	\$ 2,899.78	0.333333	\$ 967
Registration	2	250		\$ 500.00					
Airfare to Las Vegas	2	250		\$ 500.00					
Lodging	2	105	2	\$ 420.00					
Per Diem	2	71	3	\$ 426.00					
Gas	2	0.575	60	\$ 69.00					
Parking	2	14	3	\$ 84.00					
Motor Pool	1	201	2	\$ 201.00					
Various Meetings and Provider Visits				\$ -					
Mileage	1,217	0.575		\$ 699.78					
Total Travel:				\$ 2,900	Total Travel:				\$ 967
Operating/Supplies:	Qty	Rate	Time	Total	Operating/Supplies:	Qty	Rate	Time	Total
General Office Supplies	1	41.67	12	\$ 500.00	33%	1	\$ 500.00	0.3333	\$ 167
Total Operating:				\$ 500	Total Operating:				\$ 167
Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total
Total Equipment:				\$ -	Total Equipment:				\$ -
Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total
Total Contractual:				\$ -	Total Contractual:				\$ -
Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total
Total Other:				\$ -	Total Other:				\$ -
Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total
(rounded)	99,969		0.13	\$ 12,995.91	33%	1	\$ 12,995.91	0.3333	\$ 4,332
Total Indirect:				\$ 12,996	Total Indirect:				\$ 4,332
Total 317 Ops Budget:				\$ 112,964	Total 317 Ops Budget:				\$ 37,655

VFC Ops Approved Budget					VFC Ops Round 1 Award				
Personnel:	Qty	Rate	Time	Total	Personnel:	Qty	Rate	Time	Total
VFC/AFIX Coord	1	112,812	0.90	\$ 101,530	33%	1	182,549	0.33333	\$ 60,849
VFC/AFIX Coord	1	109,366	0.50	\$ 54,683					
Admin Asst	1	65,840	0.40	\$ 26,336					
				\$ -					
				\$ -					
Total Wages include Fringe				\$ -					
Total Personnel:				\$ 182,549	Total Personnel:				\$ 60,849
Travel:	Qty	Rate	Time	Total	Travel:	Qty	Rate	Time	Total
2015 Nevada Health Conference									
Registration	3	250		\$ 750.00					
Airfare to Las Vegas	3	250		\$ 750.00					
Lodging	3	105	2	\$ 630.00					
Per Diem	3	71	3	\$ 639.00					
Gas	3	0.575	60	\$ 103.50					
Parking	3	14	3	\$ 126.00					
Motor Pool	2	151	3	\$ 302.00	33%	1	\$ 4,800.45	0.33333	\$ 1,600
Silver State Syringe Conference									
Registration	3	150		\$ 450.00					
Various Meetings and Provider Visits				\$ -					\$ -
Mileage	1826	0.575		\$ 1,049.95					\$ -
Total Travel:				\$ 4,800	Total Travel:				\$ 1,600
Operating:	Qty	Rate	Time	Total	Operating:	Qty	Rate	Time	Total
General Office Supplies	1	125	12	\$ 1,500.00	33%	1	\$ 1,500.00	0.33333	\$ 500
Total Operating:				\$ 1,500	Total Operating:				\$ 500
Equipment:	Qty	Rate	Time	Total	Equipment:	Qty	Rate	Time	Total
Total Equipment:				\$ -	Total Equipment:				\$ -
Contractual:	Qty	Rate	Time	Total	Contractual:	Qty	Rate	Time	Total
Total Contractual:				\$ -	Total Contractual:				\$ -
Other:	Qty	Rate	Time	Total	Other:	Qty	Rate	Time	Total
MD Consultant	1	3,782	n/a	\$ 3,782	33%	1	9,284	0.33333	\$ 3,095
Service Contract (Refrigerator Alarm)	1	2,268	n/a	\$ 2,268					\$ -
Repair & Maintenance	1	568	n/a	\$ 568					\$ -
Copy Machine	1	108.33	12	\$ 1,300					\$ -
Books & Subscription	1	500	n/a	\$ 500					\$ -
Postage	1	8.33	12	\$ 100					\$ -
Printing	1	46	n/a	\$ 46					\$ -
Telephone	1	60	12	\$ 720					\$ -
Total Other:				\$ 9,284	Total Other:				\$ 3,095
Indirect	Qty	Rate	Time	Total	Indirect	Qty	Rate	Time	Total
	198,134		0.13	\$ 25,757		1	\$ 25,757.43	0.33333	\$ 8,586
Total Indirect:				\$ 25,757	Total Indirect:				\$ 8,586
Total VFC/AFIX Budget:				223,891	Total VFC/AFIX Budget:				74,630

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

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

DATE: March 16, 2015
TO: District Board of Health
FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approve 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 total amount of \$129,456 in support of the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) Federal Grant Program, IO 10014; Approve amendments totaling an increase of \$14,955 in both revenue and expense to the FY15 CDC STD Federal Grant Program, IO 10014; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015 in the total amount of \$129,456 in support of the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) Federal Grant Program, IO 10014. A copy of the Notice of Subgrant Award is attached.

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

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

Goal supported by this item: Approval of the Subgrant Award supports the Health District Sexual Health Program Mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

There has been no previous action taken by the Board this fiscal year. The District Health Officer approved the Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health in

the amount of \$59,512 for the period July 1, 2014 to December 31, 2014 in support of the CDC STD Grant program on September 10, 2014.

BACKGROUND

Funding from this award will be used to support personnel, laboratory testing expenditures, and indirect expenditures.

The FY15 CDC STD Budget was adopted with \$119,023 in revenue (\$108,913 direct and \$10,110 indirect). The total award amount is \$129,456 (\$118,190 direct and \$11,266 indirect). A budget amendment in the amount of \$14,955 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget. This amendment takes into account the budget authority required for actual direct expenditures from July – Dec which total \$64,773 (prior award) plus 50% of the new award direct expenditures \$59,095 (Jan-June). A budget adjustment is not necessary for the indirect revenue.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 15 budget will be **increased by \$14,955** in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10014	-431100	Federal Revenue	\$14,955
		Total Revenue	\$14,955
2002-IO-10014	-701412	Salary Adjustment	15,676
2002-IO-10014	-710721	Outpatient	(722)
		Total Expenditures	\$14,955

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve 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 total amount of \$129,456 in support of the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) Federal Grant Program, IO 10014; Approve amendments totaling an increase of \$14,955 in both revenue and expense to the FY15 CDC STD Federal Grant Program, IO 10014; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve 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 total amount of \$129,456 in support of the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Disease (STD) Federal Grant Program, IO 10014; Approve amendments totaling an increase of \$14,955 in both revenue and expense to the FY15 CDC STD Federal Grant Program, IO 10014; and if approved authorize the Chairman to execute.

STATE OF NEVADA

BRIAN SANDOVAL
Governor

ROMAINE GILLILAND
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300
Carson City, Nevada 89706
Telephone: (775) 684-5975 · Fax: (775) 684-4211

February 12, 2015

Washoe County Health District
ATTN: Eileen Stickney
P.O. Box 11130
Reno, NV 89520

Re: Subgrant WCHD STD Prevention and Control Program

Enclosed, please find two copies of the STD Prevention and Control Program subgrant for the period of January 1, 2015 to December 31, 2015. This subgrant is awarding \$129,456 to Washoe County Health District to support STD prevention and control activities in Washoe County, NV.

This memorandum additionally requests that the following subgrant be approved for a retroactive start date effective January 1, 2015, ensuring that the program maintains a continuous contract agreement and service dates.

If the terms of this subgrant are satisfactory, please sign both copies and return both copies for final signature to *Jane Dreiling, DPBH Office of Epidemiology, 4126 Technology Way, Suite 200, Carson City, NV 89706.*

If you have questions about the enclosed document, please feel free to contact Sandi Larson at 702.486.0068 or at slarson@health.nv.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandi Larson", written over a horizontal line.

Sandi Larson, MPH
HIV Surveillance Coordinator

CC: Julia Peek, MHA, OPHIE Office Manager
Mary E. Wherry, Deputy Administrator, Community Services



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

HD #: 14827
 Budget Account: 3219
 Category: 09
 GL: 8516
 Job Number: 9397715

NOTICE OF SUBGRANT AWARD

Program Name: STD Prevention and Control Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subgrantee Name: Washoe County Health District (WCHD)
Address: 3811 W. Charleston Blvd., Ste. 205 Las Vegas, NV 89102	Address: P.O. Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2015 through December 31, 2015.	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>07-378-6998</u>

Purpose of Award: To identify, treat and control Sexually Transmitted Diseases (STD) in Washoe County.

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

Approved Budget Categories:

1. Personnel	\$ <u>106,058</u>
2. Travel	\$ -
3. Operating	\$ <u>12,132</u>
4. Equipment	\$ -
5. Contractual/Consultant	\$ -
6. Training	\$ -
7. Other	\$ -
8. Administrative Fee	\$ <u>11,266</u>
Total Cost:	\$ <u>129,456</u>

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$129,456.00** during the subgrant period.

Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. Centers for Disease Control and Prevention	100%	93.977	5H25PS004376-02

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

1. Expenditures must comply with appropriate state and/or federal regulations;
2. This award is subject to the availability of appropriate funds; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:

Section A: Assurances;
 Section B: Description of Services, Scope of Work and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;
 Section E: Audit Information Request; and
 Section F: DPBH Business Associate Addendum

Administrative Health Services Officer Washoe County Health District	Signature	Date
Sandra Larson Program Manager		2/13/15
Mary E. Wherry, Deputy Administrator <i>Community Services</i> for Richard Whitley, MIS Administrator, Division of Public & Behavioral Health		

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

SECTION A

Assurances

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

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***The Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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

SECTION B

Description of Services, Scope of Work and Deliverables

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

Scope of Work for Washoe County Health District

Goal 1: Identify and report persons with STD (Chlamydia, Gonorrhea, and Syphilis).

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Conduct STD testing, case identification, and partner services in Nevada.	<p>1.1. Provide testing and clinical services to all patients, contacts, and suspects referred to or volunteering for examination, treatment, or counseling for sexually transmitted diseases (STDs) as specified in the budget, during the subgrant period. The services will be provided at STD clinics, Family Planning Clinics, and non-traditional sites where services are provided by County-Level Community Outreach.</p> <p>1.2. Provide and supervise Communicable Disease Investigators, Public Health Nurses, Laboratory and Administrative Staff, and other staff necessary for the successful provision of testing and clinical services to patients, contacts, and suspects for STDs during the subgrant period.</p> <p>1.3. Provide interview and investigative services including pre and post-test evaluations of STD patients seeking STD evaluations per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC) throughout the subgrant period.</p>	December 31, 2015	1. Surveillance data
2. Conduct Syphilis testing, case identification, and partner services in Nevada.	2.1 Conduct testing and partner servers for all Primary, Secondary, and congenital syphilis cases in Nevada based on CDC guidelines and ensure treatment bases on 2010 STD treatment guidelines.	December 31, 2015	2. Surveillance data

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

Goal 2: Improve STD Surveillance in Nevada.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Conduct STD surveillance which includes the regular monitoring of STD surveillance database (STD*MIS, NBS, or equivalent system), maintaining case files and records, and conducting investigations.	1.1 Minimum information required will be obtained through active surveillance and entered into STD*MIS, NBS, or compatible system for all reported and confirmed STD cases within 90 days of receiving report. 1.2 Complete and maintain an STD file system that adequately and timely documents all STD program activity conducted during the subgrant period. 1.3 STD Program will ensure that providers/facilities as well as laboratories are reporting all cases and labs required by law through established routine quality and assurance.	December 31, 2015	1. Case files or demographic information, as requested.
2. Prepare and submit reports, as required.	2.1 Submit electronically to the Division of Public and Behavioral Health STD*MIS or Compatible System Reports to DPBH-OPHIE.	Weekly	2. File compatible to be sent to CDC.
3. Respond to STD outbreaks in Nevada.	3.1 Develop and maintain an outbreak response plan for STDs in given jurisdiction using current data and epidemiological methods or direction from the DPBH. Notify DPBH of outbreaks according to the policy.	At least annual update and weekly/monthly monitoring	3. Outbreak response plan.

Goal 3: Provide outreach and education.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To provide STD outreach and education to residents, organizations and communities in Nevada.	1.1 The Subgrantee will provide STD outreach and education to the community and health care providers, to identified high risk populations in Nevada. a. These outreach and education activities could include (but not limited to) the following populations/organizations and should focus on trainings to strengthen screening processes and staffs' recognition of symptoms of STD.	December 31, 2015	1. Summary of activity for interim and annual reports as requested by DPBH.

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

Goal 4: Develop reports for annual and interim progress reports for CDC.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Prepare and submit reports, as required.	<p>1.1 The STD Clinic and/or surveillance/investigation program, or designated individual responsible for reporting on behalf of both programs, will prepare and submit the following:</p> <p style="padding-left: 40px;">a. Annual and Interim Progress Reports are required within thirty (30) days of the end of the calendar year. These reports must follow the template provided by the Nevada Division of Public and Behavioral Health TB Program.</p>	Feb 1, 2015 and August 1, 2015	1. Report as requested by DPBH.

Goal 5: Implement and adhere to Security and Confidentiality procedures.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. The STD Program will complete a confidentiality and security training with all surveillance staff, IT department staff that have access to computers/servers containing HIV data, and all staff located within the office where the STD Program is located.	1.1 Provide STD confidentiality training and document this training requirement for each employee in their personnel file.	December 31, 2015	Documentation training was completed

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

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5H25PS004376-02 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5H25PS004376-02 from the Centers for Disease Control and Prevention (CDC).

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 106,058		
		\$ 77,711	2.5 FTE Disease Information Specialists at \$77,711 (\$77,711).
		\$ 28,347	Fringe benefits for Disease Intervention Specialists at 36.477%.
2. Travel	\$		
3. Operating	\$ 12,132		
		\$ 12,132	1,348 Aptima Tests x \$9 each
4. Equipment	\$		
5. Contractual Consultant	\$		
6. Training	\$		
7. Other	\$		
8. Administrative Fee	\$ 11,266		
		\$ 11,266	Administrative fee of 9.532% of direct costs above.
Total Cost	\$ 129,456		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, unless otherwise authorized.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

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

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

- Reimbursement will not exceed \$129,456 for the period of the subgrant; additionally, not more than 50% of the total funded amount (\$64,728) will be reimbursed to the subgrantee during each six (6) month period (January 1, 2015 through June 30, 2015 and July 1, 2015 through December 31, 2015). Full reimbursement is contingent on funding the CDC provides to Nevada which may not be fully realized until the final quarter of 2015,
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation of invoices or receipts are needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- The STD Prevention and Control Program will provide or accomplish the following items to ensure successful completion of this project, such as:
 - Provide reimbursement of activities related to this subgrant, not to exceed **\$129,456** during the subgrant period, given receipt of appropriate documentation;
 - Providing technical assistance, upon request from the Subgrantee;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to CDC.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- Site-visit monitoring and/or audits may be conducted by the Division of Public and Behavioral Health or the Centers for Disease Control and Prevention or related staff of the Subgrantee's STD program in its entirety at any time. Program and fiscal audits shall occur annually or as needed.
- The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

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

Financial Reporting Requirements

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

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

SECTION D

Request for Reimbursement

HD#: 14827

Budget Account: 3219

GL: 8516

Draw #: _____

Program Name: STD Prevention and Control Program Nevada Division of Public and Behavioral Health Office of Public Health Informatics and Epidemiology	Subgrantee Name: Washoe County Health District (WCHD)
Address: 3811 W. Charleston Blvd., Ste. 205 Las Vegas, NV 89102	Address: P.O. Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2015 through December 31, 2015.	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$106,058.00	\$0.00	\$0.00	\$0.00	\$106,058.00	0.0%
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Operating	\$12,132.00	\$0.00	\$0.00	\$0.00	\$12,132.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7 Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8 Administrative Fee	\$11,266.00	\$0.00	\$0.00	\$0.00	\$11,266.00	0.0%
Total	\$129,456.00	\$0.00	\$0.00	\$0.00	\$129,456.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time period did your last audit cover _____
8. Which accounting firm conducted your last audit? _____

Signature Date

Title

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

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District (WCHD)

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

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

8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statues or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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

subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.

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

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

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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

2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

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

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity	Business Associate
Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706	_____ Business Name
Phone: (775) 684-5975	_____ Business Address
Fax: (775) 684-4211	_____ Business City, State and Zip Code
	_____ Business Phone Number
	_____ Business Fax Number
_____ Authorized Signature	_____ Authorized Signature
for Richard Whitley, MS _____ Print Name	_____ Print Name
Administrator, Division of Public and Behavioral Health _____ Title	_____ Title
_____ Date	_____ Date



WCHD

STD

PERSONNEL

77,711.00
2.00
30,855.50*

30,855.50X
2.00
77,711.00*

77,711.00X
36.477%
28,346.64*↑

PERSONNEL
TOTAL

77,711.00†
28,347.00†
106,058.00*

OPERATING

1,348.00X
9.00
12,132.00*

ADMIN
COST

106,058.00†
12,132.00†
118,190.00*

118,190.00X
9.532%
11,265.87*↑

TOTAL
BUDGET

106,058.00†
12,132.00†
11,266.00†
129,456.00*

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

**STAFF REPORT
BOARD MEETING DATE: 3/26/15**

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approve Notice of Subgrant Award from the Division of Public and Behavioral Health to provide funding in the total amount of \$110,000 for the period March 29, 2015 through March 28, 2016 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee. A copy of the Contract is attached.

The Health District has received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period March 29, 2015 through March 28, 2016 in the amount of \$110,000 in support of the Tobacco Prevention and Control Program. A copy of the Subgrant Award is attached.

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

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

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period March 29, 2014 through March 28, 2015 in the total amount of \$113,000 on April 24, 2014.

BACKGROUND

This Subgrant provides funding for personnel and indirect expenditures. The purpose of the award is to provide tobacco education and prevention activities and services in Washoe County.

FISCAL IMPACT

Should the Board approve this Subgrant Award, there will be no additional fiscal impact to the FY15 adopted budget.

RECOMMENDATION

Staff recommends that the District Board of Health approve Notice of Subgrant Award from the Division of Public and Behavioral Health to provide funding in the total amount of \$110,000 for the period March 29, 2015 through March 28, 2016 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve Notice of Subgrant Award from the Division of Public and Behavioral Health to provide funding in the total amount of \$110,000 for the period March 29, 2015 through March 28, 2016 (continuing grant) for the Tobacco Prevention and Control Program Grant, IO 10010; and if approved authorize the Chairman to execute.

Division of Public and Behavioral Health
Notice of Subgrant Award



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

HD #: **14843**
Budget Account: 3220
Category: 10
GL: 8516
Job Number: _____

NOTICE OF SUBGRANT AWARD

Program Name: Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	Address: P.O. Box 11130 Reno, Nevada 89520
Subgrant Period: March 29, 2015 – March 28, 2016	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>73-786-998</u>

Purpose of Award: To provide tobacco education and prevention activities and services in Washoe County

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

Approved Budget Categories:		Disbursement of funds will be as follows:
1. Personnel	\$ <u>108,127</u>	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$110,000 during the subgrant period.
2. Travel	\$ <u>0</u>	
3. Supplies	\$ <u>0</u>	
4. Contractual/Consultant	\$ <u>0</u>	
5. Other	\$ <u>0</u>	
6. Indirect	\$ <u>1,873</u>	
Total Cost:	\$ <u>110,000</u>	

Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)	100%	93.305	

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

- Expenditures must comply with appropriate state and/or federal regulations;
- This award is subject to the availability of appropriate funds; and
- The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:

- Section A: Assurances;
- Section B: Description of Services, Scope of Work and Deliverables;
- Section C: Budget and Financial Reporting Requirements;
- Section D: Request for Reimbursement;
- Section E: Audit Information Request; and
- Section F: DPBH Business Associate Addendum
- Section G: Annual Workplan
- Section H: Quarterly Program Activity Tracking and Evaluation
- Section I: Staff Certification

	Signature	Date
Mónica Morales Section Manager, CDPHP		3/11/15
Christine Mackie Bureau Chief, CFCW		3/11/15
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health		

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SECTION A

Assurances

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

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

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

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

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Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.

10. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
11. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
12. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
13. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
14. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***The Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District will provide tobacco education and prevention activities and services in Washoe County.

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

CDPHP Tobacco Control Program WCHD Scope of Work 3/29/15 to 3/28/16

Date: 03/02/2015 Version: 0.2

CDPHP Tobacco Prevention and Control Program Goals

Goal 1: Eliminate exposure to secondhand smoke

Goal 2: Promote quitting among adults and youth

Goal 3: Prevent initiation among youth

Goal 4: Identify and eliminate disparities among population groups

Goal 5: Enhance infrastructure and capacity to provide program administration, program data, management and support to improve program planning of tobacco prevention and cessation related activities

Goal 1: Goal 1: Eliminate exposure to secondhand smoke						
<i>Project Period Objective (PPO): Research issues, develop policy, and design an advocacy campaign to increase the number of Nevada Casinos who go smoke-free from 0 to 1 by March 28, 2020.</i>						
Objective	Activities	Outputs	Timeline Begin/Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
1.1 Maintain and promote information related to 100%	1.1.1 Maintain and update the GetHealthyWashoe website with information on	Promotional and educational materials developed and number	Ongoing through March 2016	Leaders, decision-makers, and the public	Number of materials developed and promoted	Quarterly reports

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smoke free meeting and event spaces in Washoe County through March 28, 2016.	smoke free meeting and event spaces	distributed				
	1.1.2 Promote existing smoke free meeting and event spaces through a specific number of website updates	Website updates and website hits	Ongoing through March 2016	Leaders, decision-makers, and the public	Number of website updates Number of website hits	Quarterly reports
	1.1.3 Provide educational articles to area publications when requested by the community with an expected minimum number of articles	Dates and publication information for articles written and distributed	Ongoing through March 2016	Leaders, decision-makers, and the public	Number of educational articles provided to area publications	Quarterly reports Publications
1.2 Maintain participation with the Nevada Tobacco Prevention Coalition (NTPC) and the Northern Nevada Action Committee	1.2.1 Present to NTPC executive board and/or committees, including policy and communications committees on current status of activities related to eliminating second hand smoke in	Presentation on county activities to eliminate second hand smoke	Ongoing through March 2016	Leaders, decision-makers, and the public	Number of presentations	Quarterly reports NNAC minutes NTPC minutes NTPC/NNAC Organizational charts

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(NNAC) in efforts related to eliminating exposure to secondhand smoke.	Washoe County					
	1.2.2 Coordinate monthly NNAC meetings and create organizational chart summarizing roles and policy positions on key current secondhand smoke policies	Attendance at NNAC meetings, agendas, and organizational chart	Ongoing through March 2016	Leaders, decision-makers, and the public	Number of organizational charts	Quarterly reports NNAC minutes NTPC minutes NTPC/NNAC Organizational charts
1.3 Collaborate with community partners on instituting smoke free policies in Incline Village.	1.3.1 Participate on leadership committee working on smoke free efforts in Incline Village	Draft of a smoke free policy specific to Incline Village	Ongoing through March 2016	Leaders, decision-makers, and the public	Number of smoke free policy drafts	Quarterly reports NNAC minutes NTPC minutes Policy draft
	1.3.2 Assist with advancing smoke free initiatives as determined by the leadership committee and formulate into an action plan	Develop an action plan with activities to advance smoke free initiatives	Ongoing through March 2016	Leaders, decision-makers, and the public	Number of action plans	Quarterly reports NNAC minutes NTPC minutes Action plan

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Goal 2: Promote quitting among adults and youth
PPO: Increase the number of callers to the Nevada Tobacco Quitline who maintain abstinence from tobacco use at seven month evaluation by 5% by March 28, 2020.

Objective	Activities	Outputs	Timeline Begin/Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
2.1 Promote Nevada Tobacco Quitline in all mass reach media campaigns through March 28, 2016.	2.1.1 Media campaigns and literature distributed with funds from other tobacco grants will include promotion of the Nevada Tobacco Quitline logo and 1-800-QUIT-NOW phone number	Media campaigns implemented with Funds for a Healthy Nevada/MSA funds will be executed to ensure inclusion of the Nevada Tobacco Quitline information	Ongoing through March 2016 as funds are available for media	Tobacco users	Number of materials, digital media, radio and television spots, brochures, quit cards, etc.	Quitline data Quarterly reports Publications

Goal 3 will not be addressed in this subgrant.

Goal 4: Identify and eliminate disparities among population groups
PPO: Reduce the prevalence of tobacco use and SHS Exposure by increasing the availability of smoke-free multi-unit housing by at least three properties per year through March 28, 2020.

Objective	Activities	Outputs	Timeline Begin/Completion	Target Population	Evaluation Measure (indicator)	Evaluation Tool
4.1 Maintain coordination of	4.1.1 Maintain smoke free MHU	Information confirmed and	Ongoing through March 28, 2016	Disparate Populations	Number of smoke free MUH	Quarterly reports Publications

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outreach and education efforts to multi-unit housing (MUH) owners and managers related to smoke free housing policies through March 28, 2014.	information on GetHealthyWashoe website	posted on Get Healthy Washoe website			hits on website	
	4.1.2 Present information and assistance to MUH owners and managers for implementation of smoke free policies	Presentations, technical assistance and direction provided	Ongoing through March 28, 2016	MUH owners and managers	Policy drafts Number of presentations to MUH owners Number of instances of TA to MUH owners	Quarterly reports
	4.1.3 Coordinate efforts of part time WCHD staff working on to assess status of different smoke free MUH efforts through the Funds for a Healthy Nevada/MSA grant	Supervision of and direction provided to part time staff to assess smoke free MUH efforts	Ongoing through March 28, 2016 as funds are available for part time staff	Disparate populations MUH owners and managers	Number of assessments of current smoke free MUH efforts	Quarterly reports
4.2 Promote cessation information	4.2.1 Provide evidence-based cessation information to	Information and resources distributed to providers and	Ongoing through March 28, 2016	Health care providers	Number resources provided, dates delivered, and list	Quarterly reports

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within the low SES community in Washoe County through March 28, 2014.	providers that work with the low income community.	organizations working with low income populations			of organizations receiving information	
	4.2.2 Provide evidence-based cessation information at Project Homeless Connect	Date and numbers reached at Project Homeless Connect	January 2016	Disparate Populations	Number and dates of people reached at Project Homeless Connect	Quarterly reports
4.3 Disseminate information to health care providers on cessation for 2 target populations in Washoe County through March 28, 2016.	4.3.1 Provide a specific number of health care providers with evidence-based cessation information with expected outreach to a specific number of pregnant/post-partum women	Evidence-based cessation resources provided on ongoing basis	Ongoing through March 28, 2016	Disparate Populations Health care providers	Number of health providers who serve pregnant/post-partum patients that are given resources	Quitline data Quarterly reports
	4.3.2 Provide a specific number of health care providers with evidence-based cessation	Evidence-based cessation resources provided on ongoing basis	Ongoing through March 28, 2016	Disparate Populations Health care providers	Number of health providers who serve the Native American population that are given	Quitline data Quarterly reports

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	information with expected outreach to a specific number of Native Americans				resources	
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<i>Goal 5: Enhance infrastructure and capacity to provide program administration, program data, management and support to improve program planning of tobacco prevention and cessation related activities</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
5.1 Increase understanding of program evaluation and program planning to ensure 100% of the 8 objectives and 18 activities are measurable.	5.1.1 Compile any needed past data to update 2015-2016 CORE work plan to have 100% SMART objectives and create 1 future work plan draft	Baseline data to be used for planning	Ongoing through Apr 30, 2015	TPCP CDPHP NDPBH CDC	100% of objectives and activities are measurable and attainable Number of work plans	Quarterly reports Revised work plan
	5.1.2 Conduct, monitor activities, and collect data to produce 4 Quarterly Progress Reports; participate in 12	Progress Reports; agenda and meeting notes from Technical Assistance calls to track	Quarterly for reports (15 days after end of each quarter)	TPCP CDPHP NDPBH CDC	4 quarterly Reports Agenda and notes of 12 of TA calls	Quarterly Reports

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	monthly Technical Assistance calls with Tobacco Control Coordinator to provide program updates and implement improvements as needed	improvement	Monthly for TA calls		documenting program improvement	
	5.1.3 Attend 1 workshop to incorporate SMART objectives and improve activities	2015-2016 work plan revision; 2016-17 work plan draft	Apr 3, 2015-Apr 30, 2015	TPCP CDPHP NDPBH CDC	100% of objectives and activities are measurable Number of work plans	Quarterly Reports Revised work plan

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SECTION C

Budget and Financial Reporting Requirements

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

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number _____ from The Centers for Disease Control and Prevention (CDC).

Subgrantee agrees to adhere to the following budget:

PERSONNEL Position Title and Name	Annual Salary	Fringe	Percent of Time	Months	Amount Requested
<u>Health Educator Coordinator</u>	\$77,047	\$33,616	50%	12	\$55,332
This position directs the overall operation of projects; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and budget management; and is the responsible staff person for ensuring necessary reports/documentation are submitted to the Nevada State Tobacco Prevention Control Program. This position relates to all program objectives.					
<u>Health Educator II</u>	\$72,674	\$32,916	50%	12	\$52,795
This position will assist the Health Educator Coordinator to implement project activities, coordinate with other agencies, develop materials, participate in developing and carrying out in-service and trainings, participate in meetings, data collection and interpretation, and report progress on meeting grant deliverables on a monthly basis. This position also relates to all program objectives.					
TOTAL ANNUAL SALARIES & WAGES	\$ 74,861.00				
	TOTAL FRINGE BENEFITS	\$33,266.00			
			TOTAL PERSONNEL COSTS:		\$108,127.00
INDIRECT COSTS:					
Reduced Indirect Cost rate applied due to funding cap. 1.7322% of total direct costs					
			TOTAL INDIRECT COSTS:		\$1,873
			TOTAL DIRECT COSTS:		\$108,127
TOTAL BUDGET:					\$110,000

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- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, so long as the adjustment is reasonable to support the activities described with the Scope of Work and the adjustment does not alter the Scope of Work. Subgrantee must notify or obtain written, prior authorization for such modifications.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 30 days of the end of the previous month and no later than 30 days from the end of the subgrant period which is March 28, 2016.
- The maximum amount available under this subgrant is \$110,000.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Quarterly invoices will not be approved for payment until quarterly reports are received by the Tobacco Program Coordinator.
- DPBH reserves the right to conduct a site visit in regards to the subgrant and deliverables. If deliverables are not met for this subgrant period, DPBH is not obligated to issue continuation funding.
- Additional expenditure detail will be provided on a quarterly basis to the Nevada State Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

Sub grantee agrees to participate in the following Technical Assistance calls throughout the project period. Technical Assistance calls will be held monthly throughout the subgrant period on the fourth Tuesday of every month beginning April 28, 2015 at 8:30 AM PST.

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Participation in a minimum of four calls is required.

Sub grantee agrees to provide quarterly reports according to the schedule specified below and in accordance with the quarterly report template.

The Division agrees:

- The Division of Public and Behavioral Health shall provide technical assistance, upon request from the Sub grantee;
- The Division of Public and Behavioral Health shall provide prior approval of reports or documents to be developed;
- The Division of Public and Behavioral Health shall forward reports to the CDC.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

An annual site visit will be performed by the Division of Public and Behavioral Health,, Bureau of Child, Family and Community Wellness, Tobacco Program Coordinator.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

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

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

Financial Reporting Requirements

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

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SECTION D

Request for Reimbursement

HD#: **14843**
 Budget Account: 3220
 GL: 8516
 Draw #: _____

Program Name: Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, Nevada 89706-2009	Address: P.O. Box 11130 Reno, Nevada 89520
Subgrant Period: March 29, 2015 – March 28, 2016	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS
 (must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	108,127.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4 Contract/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Indirect	\$1,873.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$110,000.00	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO

3. When does your organization's fiscal year end?

June 30, 2015

4. What is the official name of your organization?

Washoe County Health District

5. How often is your organization audited?

Annually

6. When was your last audit performed?

10/29/14

7. What time period did your last audit cover

7/1/13 - 6/30/14

8. Which accounting firm conducted your last audit?

Kafoury, Armstrong & Co.

Signature

Date

Administrative Health Services

Title Officer

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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

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7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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- Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
 6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
 7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
 8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
 9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
 10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
 11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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

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

1. Permitted Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for

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which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

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

b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.

3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.

4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:

a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.

b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.

c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. Term. The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

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3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity

Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706

Phone: (775) 684-5975

Fax: (775) 684-4211

Business Associate

Washoe County Health District

Business Name

PO Box 11130

Business Address

Reno, Nevada 89520

Business City, State and Zip Code

775-328-2410

Business Phone Number

775-328-3752

Business Fax Number

Authorized Signature

for Richard Whitley, MS

Print Name

Administrator,
Division of Public and Behavioral Health

Title

Date

Authorized Signature

Kitty Jung

Print Name

Chair, District Board of Health

Title

Date

SECTION G
Annual Workplan

CDPHP Tobacco Control Program WCHD Annual Work Plan 3/29/15 to 3/28/16

Date: 03/02/2015 Version: 0.2

<p>Goal 1: Eliminate exposure to secondhand smoke Project Period Objective (PPO): Research issues, develop policy, and design an advocacy campaign to increase the number of Nevada Casinos who go smoke-free from 0 to 1 by March 28, 2020. Outcome(s):</p>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
<p>1.1 Maintain and promote information related to 100% smoke free meeting and event spaces in Washoe County through March 28, 2016.</p>	<p>1.1.1 Maintain and update the GetHealthyWashoe website with information on smoke free meeting and event spaces</p>	<p>Promotional and educational materials developed and number distributed</p>	<p>Ongoing through March 2016</p>	<p>Number of materials developed and promoted</p>	<p>WCHD Coordinator, WCHD staff</p>
	<p>1.1.2 Promote existing smoke free meeting and event spaces through a specific number of website updates</p>	<p>Website updates and website hits</p>	<p>Ongoing through March 2016</p>	<p>Number of website updates Number of website hits</p>	<p>WCHD Coordinator, WCHD staff</p>
	<p>1.1.3 Provide educational articles to area publications when requested by the community with an expected minimum number of articles</p>	<p>Dates and publication information for articles written and distributed</p>	<p>Ongoing through March 2016</p>	<p>Number of educational articles provided to area publications</p>	<p>WCHD Coordinator, WCHD staff</p>
<p>1.2 Maintain</p>	<p>1.2.1 Present to NTPC executive board and/or</p>	<p>Presentation on county activities to eliminate</p>	<p>Ongoing through March 2016</p>	<p>Number of presentations</p>	<p>WCHD Coordinator,</p>

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participation with the Nevada Tobacco Prevention Coalition (NTPC) and the Northern Nevada Action Committee (NNAC) in efforts related to eliminating exposure to secondhand smoke.	committees, including policy and communications committees on current status of activities related to eliminating second hand smoke in Washoe County	second hand smoke			WCHD staff
	1.2.2 Coordinate monthly NNAC meetings and create organizational chart summarizing roles and policy positions on key current secondhand smoke policies	Attendance at NNAC meetings, agendas, and organizational chart	Ongoing through March 2016	Number of organizational charts	WCHD Coordinator, WCHD staff
1.3 Collaborate with community partners on instituting smoke free policies in Incline Village.	1.3.1 Participate on leadership committee working on smoke free efforts in Incline Village	Draft of a smoke free policy specific to Incline Village	Ongoing through March 2016	Number of smoke free policy drafts	WCHD Coordinator, WCHD staff
	1.3.2 Assist with advancing smoke free initiatives as determined by the leadership committee and formulate into an action plan	Develop an action plan with activities to advance smoke free initiatives	Ongoing through March 2016	Number of action plans	WCHD Coordinator, WCHD staff

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Goal 2: Promote quitting among adults and youth					
PPO: Increase the number of callers to the Nevada Tobacco Quitline who maintain abstinence from tobacco use at seven month evaluation by 5% by March 28, 2020.					
Outcome(s):					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
2.1 Promote Nevada Tobacco Quitline in all mass reach media campaigns through March 28, 2016.	2.1.1 Media campaigns and literature distributed with funds from other tobacco grants will include promotion of the Nevada Tobacco Quitline logo and 1-800-QUIT-NOW phone number	Media campaigns implemented with Funds for a Healthy Nevada/MSA funds will be executed to ensure inclusion of the Nevada Tobacco Quitline information	Ongoing through March 2016 as funds are available for media	Number of materials, digital media, radio and television spots, brochures, quit cards, etc.	WCHD Coordinator, WCHD staff

Goal 4: Identify and eliminate disparities among population groups					
PPO: Reduce the prevalence of tobacco use and SHS Exposure by increasing the availability of smoke-free multi-unit housing by at least three properties per year through March 28, 2020.					
Outcome(s):					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
4.1 Maintain coordination of outreach and education efforts to multi-unit housing (MUH) owners and managers related to smoke free housing policies through March 28, 2014.	4.1.1 Maintain smoke free MHU information on GetHealthyWashoe website	Information confirmed and posted on Get Healthy Washoe website	Ongoing through March 28, 2016	Number of smoke free MUH hits on website	WCHD Coordinator, WCHD staff
	4.1.2 Present information and assistance to MUH owners and managers for implementation of smoke free policies	Presentations, technical assistance and direction provided	Ongoing through March 28, 2016	Number of presentations to MUH owners Number of	WCHD Coordinator, WCHD staff

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				instances of TA to MUH owners	
	4.1.3 Coordinate efforts of part time WCHD staff working on to assess status of different smoke free MUH efforts through the Funds for a Healthy Nevada/MSA grant	Supervision of and direction provided to part time staff to assess smoke free MUH efforts	Ongoing through March 28, 2016 as funds are available for part time staff	Number of assessments of current smoke free MUH efforts	WCHD Coordinator, WCHD staff
4.2 Promote cessation information within the low SES community in Washoe County through March 28, 2014.	4.2.1 Provide evidence-based cessation information to providers that work with the low income community.	Information and resources distributed to providers and organizations working with low income populations	Ongoing through March 28, 2016	Number resources provided, dates delivered, and list of organizations receiving information	WCHD Coordinator, WCHD staff
	4.2.2 Provide evidence-based cessation information at Project Homeless Connect	Date and numbers reached at Project Homeless Connect	January 2016	Number and dates of people reached at Project Homeless Connect	WCHD Coordinator, WCHD staff
4.3 Disseminate information to health care providers on cessation for 2 target populations in Washoe County through March 28, 2016.	4.3.1 Provide a specific number of health care providers with evidence-based cessation information with expected outreach to a specific number of pregnant/post-partum women	Evidence-based cessation resources provided on ongoing basis	Ongoing through March 28, 2016	Number of health providers who serve pregnant/post-partum patients that are given resources	WCHD Coordinator, WCHD staff
	4.3.2 Provide a specific number of health care providers with evidence-based cessation information with expected outreach to a specific number of Native Americans	Evidence-based cessation resources provided on ongoing basis	Ongoing through March 28, 2016	Number of health providers who serve the Native American population that are given resources	WCHD Coordinator, WCHD staff

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Goal 5: Enhance infrastructure and capacity to provide program administration, program data, management and support to improve program planning of tobacco prevention and cessation related activities					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
5.1 Increase understanding of program evaluation and program planning to ensure 100% of the 8 objectives and 18 activities are measurable.	5.1.1 Compile any needed past data to update 2015-2016 CORE work plan to have 100% SMART objectives and create 1 future work plan draft	Baseline data to be used for planning	Ongoing through Apr 30, 2015	100% of objectives and activities are measurable and attainable Number of work plans	WCHD Coordinator, WCHD Staff
	5.1.2 Conduct, monitor activities, and collect data to produce 4 Quarterly Progress Reports; participate in 12 monthly Technical Assistance calls with Tobacco Control Coordinator to provide program updates and implement improvements as needed	Progress Reports; agenda and meeting notes from Technical Assistance calls to track improvement	Quarterly for reports (15 days after end of each quarter) Monthly for TA calls	4 quarterly Reports Agenda and notes of 12 of TA calls documenting program improvement	WCHD Coordinator, Tobacco Control Program Coordinator, Tobacco Control Program Evaluator
	5.1.3 Attend 1 workshop to incorporate SMART objectives and improve activities	2015-2016 work plan revision; 2016-17 work plan draft	Apr 3, 2015-Apr 30, 2015	100% of objectives and activities are measurable Number of work plans	WCHD Coordinator, WCHD Staff, Evaluation Team

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SECTION H

Quarterly Program Activity Tracking and Evaluation

ES Worksheet 4. CDPHP Tobacco Control Program Quarterly Program Activity Tracking/Evaluation

Washoe County Health District
 2015-2016 Core Progress Report

Action Plan Period: 3/29/2015 -3/28/2016

Data Collection Date: MM/DD/YY

Goal 1: Eliminate exposure to secondhand smoke				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
1.1 Maintain and promote information related to 100% smoke free meeting and event spaces in Washoe County through March 28, 2016.	1.1.1 Maintain and update the GetHealthyWashoe website with information on smoke free meeting and event spaces	Promo and educational materials and number distributed	MM/DD/YY (begin with date, dates, or range of dates in Q1) MM/DD/YY (begin with date, dates, or range of dates in Q2) MM/DD/YY (begin with date, dates, or range of dates in Q3) MM/DD/YY (begin with date, dates, or range of dates in Q4)	
	1.1.2 Promote existing smoke free meeting and event spaces through a specific number of website updates	Website updates and website hits	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	1.1.3 Provide educational articles to area publications when requested by the	Dates and publication information for articles	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	

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Goal 1: Eliminate exposure to secondhand smoke				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
	community with an expected minimum number of articles	written and distributed		
1.2 Maintain participation with the Nevada Tobacco Prevention Coalition (NTPC) and the Northern Nevada Action Committee (NNAC) in efforts related to eliminating exposure to secondhand smoke.	1.2.1 Present to NTPC executive board and/or committees, including policy and communications committees on current status of activities related to eliminating second hand smoke in Washoe County	Presentatio n on county activities to eliminate second hand smoke	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	1.2.2 Coordinate monthly NNAC meetings and create organizational chart summarizing roles and policy positions on key current secondhand smoke policies	Attendance at NNAC meetings, agendas, and organization al chart	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
1.3 Collaborate with community partners on instituting smoke free policies in Incline Village.	1.3.1 Participate on leadership committee working on smoke free efforts in Incline Village	Draft of a smoke free policy	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	1.3.2 Assist with advancing smoke free initiatives as determined by the	Action plan with activities to	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	

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Goal 1: Eliminate exposure to secondhand smoke				
Objectives	Activities	Outputs	Quarterly Program Progress <small>(Outputs, When, How, Who, Barriers)</small>	Evaluation <small>(for evaluator use only)</small>
	leadership committee and formulate into an action plan	advance smoke free initiatives		
Progress:	(paragraph format reporting entered in here) Text...			
Successes:	1. 2.			
Barriers:				
TA Requests:	1. 2. 3.			
Other:				

Goal 2: Promote quitting among adults and youth				
Objectives	Activities	Outputs	Quarterly Program Progress <small>(Outputs, When, How, Who, Barriers)</small>	Evaluation <small>(for evaluator use only)</small>
2.1 Promote Nevada Tobacco Quitline in all mass reach media campaigns through March 28, 2016.	2.1.1 Media campaigns and literature distributed with funds from other tobacco grants will include promotion of the Nevada Tobacco Quitline logo and 1-800-QUIT-NOW phone number	Media campaign and support materials	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:	(paragraph format reporting entered in here) Text...			
Successes:	1. 2.			

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Goal 2: Promote quitting among adults and youth				
Objectives	Activities	Outputs	Quarterly Program Progress <small>(Outputs, When, How, Who, Barriers)</small>	Evaluation <small>(for evaluator use only)</small>
Barriers:				
TA Requests:	1. 2. 3.			
Other:				

Goal 4: Identify and eliminate disparities among population groups				
Objectives	Activities	Outputs	Quarterly Program Progress <small>(Outputs, When, How, Who, Barriers)</small>	Evaluation <small>(for evaluator use only)</small>
4.1 Increase the number of Clark County smoke-free multi-housing (MH) buildings that have a smoke-free policy from 0 to 3 by March 28, 2016.	4.1.1 Maintain smoke free MHU information on GetHealthyWashoe website	Info confirmed and posted on website	MM/DD/YY (begin with date, dates, or range of dates in Q1) MM/DD/YY MM/DD/YY MM/DD/YY	
	4.1.2 Present information and assistance to MUH owners and managers for implementation of smoke free policies	Presentations and technical assistance	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	4.1.3 Coordinate efforts of part time WCHD staff working on to assess status of different smoke free MUH efforts through the Funds for a Healthy	Direction to PT staff to assess smoke free MUH efforts	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	

Division of Public and Behavioral Health
Notice of Subgrant Award

Goal 4: Identify and eliminate disparities among population groups				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
4.2 Promote cessation information within the low SES community in Washoe County through March 28, 2014.	4.2.1 Provide evidence-based cessation information to providers that work with the low income community.	Info and resources distributed	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	4.2.2 Provide evidence-based cessation information at Project Homeless Connect	Date and numbers reached	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
4.3 Disseminate information to health care providers on cessation for 2 target populations in Washoe County through March 28, 2016.	4.3.1 Provide a specific number of health care providers with evidence-based cessation information with expected outreach to a specific number of pregnant/post-partum women	Evidence-based cessation resources provided	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	4.3.2 Provide a specific number of health care providers with evidence-based cessation information with expected outreach to a specific number of Native Americans	Evidence-based cessation resources provided	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
Progress:	(paragraph format reporting entered in here) Text...			
Successes:	1. 2.			

Division of Public and Behavioral Health
Notice of Subgrant Award

Goal 4: Identify and eliminate disparities among population groups				
Objectives	Activities	Outputs	Quarterly Program Progress <small>(Outputs, When, How, Who, Barriers)</small>	Evaluation <small>(for evaluator use only)</small>
Barriers:				
TA Requests:	1. 2. 3.			
Other:				

Goal 5: Enhance infrastructure and capacity to provide program administration, program data, management and support to improve program planning of tobacco prevention and cessation related activities				
Objectives	Activities	Outputs	Quarterly Program Progress <small>(Outputs, When, How, Who, Barriers)</small>	Evaluation <small>(for evaluator use only)</small>
5.1 Increase understanding of program evaluation and program planning to ensure 100% of the 8 objectives and 18 activities planned are measurable.	5.1.1 Compile any needed past data to update 2015-2016 CORE work plan to have 100% SMART objectives and create 1 future work plan draft	Baseline data	MM/DD/YY (begin with date, dates, or range of dates in Q1) MM/DD/YY MM/DD/YY MM/DD/YY	
	5.1.2 Conduct, monitor activities, and collect data to produce 4 Quarterly Progress Reports; participate in 12 monthly Technical Assistance calls with Tobacco Control Coordinator to provide program updates and implement improvements as needed	Progress Reports; agenda and meeting notes from Technical Assistance calls	MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	5.1.3 Attend 1 workshop to incorporate SMART objectives and improve	2015-2016 work plan revision;	MM/DD/YY MM/DD/YY MM/DD/YY	

Division of Public and Behavioral Health
Notice of Subgrant Award

Goal 5: Enhance infrastructure and capacity to provide program administration, program data, management and support to improve program planning of tobacco prevention and cessation related activities				
Objectives	Activities	Outputs	Quarterly Program Progress <small>(Outputs, When, How, Who, Barriers)</small>	Evaluation <small>(for evaluator use only)</small>
	activities	2016-17 work plan draft	MM/DD/YY	
Progress:	(paragraph format reporting entered in here) Text...			
Successes:	1. 2.			
Barriers:				
TA Requests:	1. 2. 3.			
Other:				

Division of Public and Behavioral Health
Notice of Subgrant Award

SECTION I

Staff Certification

**Washoe County Health District
STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES**

For the Period March 29, 2015 through June 30, 2015

Employee Name	Title	% time (level of effort) spent on duties related to HD 14843	% time (level of effort) spent on	% time (level of effort) spent on	% time (level of effort) spent on	Total must equal 100%	I certify that the % of time (level of effort) I have stated is true and correct	
							Employee Signature	Date Certified
	Health Educator Coordinator					0.00%		
	Health Educator II					0.00%		
	Public Service Intern					0.00%		

Note: The Notice of Subgrant Award received from the State of Nevada provides funding for the employees above. All duties performed by these employees support the objectives/deliverables of the federal award.

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Authorized Official Name

Title

Signature

Date

These certification forms must be prepared at least Quarterly and signed by the employee and an authorized official having firsthand knowledge of the work performed by the employee.

Note: Add columns as needed to reflect % allocation across all funding sources.

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

**STAFF REPORT
BOARD MEETING DATE: 3/26/15**

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approve the abolishment of one vacant Intermittent Hourly Public Health Nurse II position (#70007952), one vacant Intermittent Hourly Registered Nurse I position (#70007575), one vacant Intermittent Hourly Health Educator II position (#70002278), and one vacant Intermittent Hourly Environmental Health Aide position (#70008715).

SUMMARY

It is recommended that the District Board of Health approve the abolishment of one vacant Intermittent Hourly Public Health Nurse II position (#70007952), one vacant Intermittent Hourly Registered Nurse I position (#70007575), one vacant Intermittent Hourly Health Educator II position (#70002278), and one vacant Intermittent Hourly Environmental Health Aide position (#70008715).

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

PREVIOUS ACTION

The Board abolished one vacant Intermittent Hourly Licensed Engineer position (#70007454) on January 22, 2015.

BACKGROUND

The Intermittent Hourly Public Health Nurse II position has been vacant since July 1, 2014. The position resides in the Community and Clinical Health Services Division and was established to allow for additional staffing support. This level of staffing support is no longer necessary as the Intermittent Hourly Registered Nurse classification is utilized instead.

The Intermittent Hourly Registered Nurse I position has been vacant since June 30, 2010. The position resides in the Epidemiology and Public Health Preparedness Division and was established to allow for additional staffing support in response to H1N1.

The Intermittent Hourly Health Educator II position has been vacant since it was established. The position resides in the Community and Clinical Health Services Division. Due to reduced HIV Prevention grant funding, in April 2013, a vacant full-time, benefitted Health Educator II position was reclassified to the Intermittent Hourly Health Educator II position (#70002278). Staff has been able to achieve their grant program objectives without this position.



The Intermittent Hourly Environmental Health Aide position has been vacant since October 28, 2014. The position resides in the Environmental Health Services and was created with a different level of education and experience requirement than that of a Public Service Intern. The intent of having an Environmental Health Aide position was to be able to retain interns as they graduate to reduce yearly training hours. Staff is able to achieve their program objectives without utilizing this classification.

These positions do not have funding and as such, the Washoe County Health District is requesting that these positions be removed from the authorized position list effective March 1, 2015.

FISCAL IMPACT

Should the Board approve to abolish these positions, there will be no additional fiscal impact to the FY15 adopted budget.

RECOMMENDATION

Staff recommends that the District Board of Health approve the abolishment of one vacant Intermittent Hourly Public Health Nurse II position (#70007952), one vacant Intermittent Hourly Registered Nurse I position (#70007575), one vacant Intermittent Hourly Health Educator II position (#70002278), and one vacant Intermittent Hourly Environmental Health Aide position (#70008715).

POSSIBLE MOTION

Move to approve the abolishment of one vacant Intermittent Hourly Public Health Nurse II position (#70007952), one vacant Intermittent Hourly Registered Nurse I position (#70007575), one vacant Intermittent Hourly Health Educator II position (#70002278), and one vacant Intermittent Hourly Environmental Health Aide position (#70008715).

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

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

DATE: March 16, 2015
TO: District Board of Health
FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approve 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 total amount of \$110,706 in support of the Centers for Disease Control and Prevention (CDC) Tuberculosis Prevention and Control (TB) Federal Grant Program, IO 10016; Approve amendments totaling an increase of \$11,867 in both revenue and expense to the FY15 CDC TB Federal Grant Program, IO 10016; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period January 1, 2015 through December 31, 2015 in the total amount of \$110,706 in support of the Centers for Disease Control and Prevention (CDC) Tuberculosis (TB) Federal Grant Program, IO 10016. A copy of the Notice of Subgrant Award is attached.

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

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

PREVIOUS ACTION

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

BACKGROUND

Funding from this award will be used to support personnel, operating and laboratory testing expenditures, and indirect expenditures.

The FY15 CDC TB Budget was adopted with \$101,586 in revenue (\$95,022 direct and \$6,564 indirect). The total award amount is \$110,706 (\$97,970 direct and \$12,736 indirect). A budget amendment in the amount of \$11,867 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget. This amendment takes into account the budget authority

required for actual direct expenditures from July – Dec which total \$54,808 (prior award) plus 50% (with the exception of travel as the conferences will fall in FY15) of the new award direct expenditures \$52,081 (Jan-June). A budget adjustment is not necessary for the indirect revenue.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 15 budget will be **increased by \$11,867** in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10016	-431100	Federal Revenue	\$11,867
		Total Revenue	\$11,867
2002-IO-10016	-701412	Salary Adjustment	6,340
2002-IO-10016	-710300	Operating Supplies	120
	-710500	Other Expense	2,254
	-710509	Seminars and Meetings	780
	-710512	Auto Mileage	264
	-710519	Cell phone	(597)
	-710721	Outpatient	306
	-711210	Travel	2,400
	-711504	Equipment non capital	(7,950)
	-781004	Equipment capital	7,950
		Total Expenditures	\$11,867

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve 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 total amount of \$110,706 in support of the Centers for Disease Control and Prevention (CDC) Tuberculosis Prevention and Control (TB) Federal Grant Program, IO 10016; Approve amendments totaling an increase of \$11,867 in both revenue and expense to the FY15 CDC TB Federal Grant Program, IO 10016; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve 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 total amount of \$110,706 in support of the Centers for Disease Control and Prevention (CDC) Tuberculosis Prevention and Control (TB) Federal Grant Program, IO 10016; Approve amendments totaling an increase of \$11,867 in both revenue and expense to the FY15 CDC TB Federal Grant Program, IO 10016; and if approved authorize the Chairman to execute.



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

HD #: 14816
 Budget Account: 3219
 Category: 14
 GL: 8516
 Job Number: 9311615

NOTICE OF SUBGRANT AWARD

Program Name: Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health		Subgrantee Name: Washoe County Health District (WCHD)		
Address: 3811 W. Charleston Blvd., Suite 205 Las Vegas, NV 89102		Address: PO Box 11130 Reno, NV 89520		
Subgrant Period: January 1, 2015 through December 31, 2015.		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>		
Purpose of Award: To fund activities for the prevention and control of <i>M. tuberculosis</i> in Washoe County.				
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe County				
Approved Budget Categories:		Disbursement of funds will be as follows:		
1. Personnel	\$ <u>76,873.00</u>	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$110,706.00 during the subgrant period.		
2. Travel	\$ <u>7,752.00</u>			
3. Operating	\$ <u>-</u>			
4. Equipment	\$ <u>-</u>			
5. Contractual/Consultant	\$ <u>-</u>			
6. Training	\$ <u>-</u>			
7. Other	\$ <u>13,345.00</u>			
8. Administrative Fee	\$ <u>12,736.00</u>			
Total Cost:	\$ <u>110,706.00</u>			
Source of Funds:		% of Funds:	CFDA:	Federal Grant #:
1. Centers for Disease Control and Prevention (CDC)		100%	93.116	1U52PS004681-01
Terms and Conditions: In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.				
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Business Associate Addendum				
Director of Administrative Services Washoe County Health District		Signature		Date
Camy Retzl TB Controller				3-10-13
Mary E. Wherry, Deputy Administrator Community Services				
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health				

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

SECTION A

Assurances

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

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

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

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations.
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

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

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

*The Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009*

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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

SECTION B

Description of Services, Scope of Work and Deliverables

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

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

Scope of Work for Washoe County Health District, Tuberculosis Clinic

Goal 1: Provide TB evaluation, treatment and case management

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Conduct TB evaluation and treatment	1. The Subgrantee will conduct evaluation and treatment, if necessary, for active TB cases, suspected cases of tuberculosis and high-risk contacts.	12/31/2015	Case files, as requested
2. Conduct case management activities	<p>2. The TB clinic and/or surveillance/investigation program will coordinate case management activities for active TB cases, suspected cases of tuberculosis and high-risk contacts by regular reporting; investigating; assurance of patient adherence to medication regimen; legal referral for non-adherence; and home visits for assessment, provision of Direct Observed Therapy (DOT) and monitoring of treatment regimes.</p> <p>a. The TB clinic will provide incentives or enablers with the intent that they help patients (for both TB disease and latent tuberculosis infection) and contacts more readily complete appropriate testing, therapy and/or adhere to treatment. The incentives and enablers are defined as, but not limited to, transportation, gasoline or food vouchers, personal items, telephone calling cards, housing and utility assistance and patient centered behavioral reinforcement items.</p>	12/31/2015	Case files, as requested

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

Goal 2: Conduct TB surveillance

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Conduct TB surveillance which includes the regular monitoring of EDN, maintaining case files and records, and conducting investigations.	1. The Subgrantee will conduct TB Surveillance by performing the following activities:	1a-1c 12/31/2015	Case files or demographic information, as requested
	<ul style="list-style-type: none"> a. Will initiate timely checking and response to Electronic Disease Notification (EDN) alerts regarding immigrants and refugees (Class B cases) b. Will conduct TB surveillance for epidemiological trends c. Will maintain case files, contact investigation and other records that are necessary for the planning, implementation and evaluation of the program; upon request to allow the Division of Public and Behavioral Health TB Program personnel to observe clinics, to communicate directly with the staff, to have access to all information and records pertinent to the Tuberculosis Prevention and Control Program. d. Will notify Nevada's Division of Public and Behavioral Health TB Program within 24 hours of confirmed TB outbreak occurring within Nevada. During a declared outbreak of TB, Subgrantee will provide case and contact records on demand and will provide written status reports every thirty (30) days to the Nevada Division of Public and Behavioral Health TB Program personnel, until such personnel declare the outbreak to have ceased. In the event the Subgrantee is unable to provide an electronic version, a hardcopy version may be accepted with prior verbal authorization. 	30 days after confirmed outbreak	Outbreak Reports

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

Goal 2: Conduct TB surveillance (Continued)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>2. Prepare and submit reports, as required</p>	<p>1. The TB Clinic and/or surveillance/investigation program, or designated individual responsible for reporting on behalf of both programs, will prepare and submit the following:</p> <p>a. A Report of Verified Case of Tuberculosis (RVCT) will be submitted for all Mycobacterium Tuberculosis Complex (MTBC) confirmed cases identified in the county(s) designated in this notice. The RVCT form must be submitted via the National Epidemiology Data Surveillance System (NEDSS) National Base System (NBS).</p> <p>b. An Aggregate Report for Tuberculosis Program Evaluation (ARPE) will be submitted no later than August 1st. The ARPE are to be submitted electronically to cretz@health.nv.gov or other designated e-mail. The ARPE will be completed using the template provided by the Nevada Division of Public and Behavioral Health TB Program.</p> <p>c. A Quarterly Report with narrative will be submitted no later than thirty (30) days after the end of each quarter. Quarters end on March 31st, June 30th, September 30th and December 31st. Quarterly reports are to be submitted electronically to cretz@health.nv.gov or other designated e-mail. The required narrative must follow the template provided by the Nevada Division of Public and Behavioral Health TB Program.</p> <p>d. Annual Progress Reports are required within thirty (30) days of the end of the calendar year. These reports must follow the template provided by the Nevada Division of Public and Behavioral Health TB Program.</p>	<p>Within 45 days of diagnosis</p> <p>August 1st</p> <p>April 30th July 30th Oct. 30th Jan. 30th</p> <p>Jan. 30th</p>	<p>RVCT</p> <p>ARPE</p> <p>Quarterly Report</p> <p>Annual Progress Reports</p>

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

Goal 3: Provide outreach and education

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<p>1. To provide TB outreach and education to residents, organizations and communities in Nevada.</p>	<p>1. The Subgrantee will provide TB outreach and education to the community and health care providers, as requested.</p> <p>a. These outreach and education activities could include (but not limited to) the following populations/organizations and should focus on trainings to strengthen screening processes and staffs' recognition of symptoms of TB: detention centers, clinics and hospitals, homeless shelters, group homes, correction facilities and immigrant/refugee programs.</p> <p>b. The Subgrantee may also be asked to assist with TB evaluation in treatment and residential care centers to ensure compliance with licensure regulations upon request.</p> <p>c. The Subgrantee will provide one (1) activity per quarter (3 month period) specifically for high-risk populations in Nevada which includes immigrants/refugees, corrections inmates and/or pediatrics.</p> <p>d. The Subgrantee will perform outreach and education activities with a minimum of two (2) office visits or events with pediatric health care providers in the Subgrantee's community per quarter (3 month period); activities are to include the distribution of the "Provider Packets" supplied to Subgrantee by the Nevada Division of Public and Behavioral Health's TB Program.</p> <p>e. All outreach and education activities will be reported to the Nevada TB Controller within thirty (30) days of the end of the quarter using the Quarterly Report</p>	<p>1a-1e April 30th July 30th Oct. 30th Jan. 30th</p>	<p>Quarterly Report</p>

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

Goal 4: Participate in evaluation and human resource development activities

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To participate in the TB Program Evaluation and Human Resource Development activities as outlined by Nevada's Division of Public and Behavioral Health TB Program.	1. The Subgrantee will participate in regularly scheduled site visits that will occur at least one (1) time per year, which will evaluate TB program and activities conducted by this Subgrantee.	Dec. 31st	Quarterly Reports & Annual Progress Report
	2. The Subgrantee will track attendance and participation of staff at any Human Resource Development or training activity on a quarterly basis. a. Report to Nevada TB Controller within thirty (30) days of end of quarter using provided Quarterly Report.	April 30 th July 30 th Oct. 30 th Jan. 30 th	Quarterly Report

Goal 5: Conduct a Cohort Review of TB cases on annual basis

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To conduct an annual Cohort Review that will include all confirmed active TB cases in Subgrantee's geographical area from the previous year.	1. The Subgrantee will participate in an annual Cohort Review that will include all cases of confirmed active TB cases in Subgrantee's geographical area from the previous year. a. The Subgrantee is responsible for following the CDC's "TB Cohort Review Process: Instruction Guide (2006)," as well as provide any applicable materials and logistics needed for the event.	Dec. 31st	Powerpoint and other materials, as needed, created by Subgrantee. CDC's "TB Cohort Review Process: Instruction Guide (2006)"

Goal 6: Adhere to all Nevada regulatory and Centers for Disease Control and Prevention recommended policies and protocols

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. To adhere to procedures and protocols for TB care and investigation, infection control and OSHA requirements by following Nevada regulations, the Center for Disease Control and Prevention's recommendations, AND/OR request clarification or guidance on these policies from Nevada's TB Controller.	1. The Subgrantee will follow and adhere to all Nevada health regulations: NAC 441A.	N/A	N/A
	2. The Subgrantee will follow guidance provided by Nevada TB Controller	N/A	N/A
	3. The Subgrantee will follow guidance and recommendations provided by the Center for Disease Control and Prevention	N/A	N/A

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SECTION C

Budget and Financial Reporting Requirements

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 1U52PS004681-01 from the Center for Disease Control and Prevention (CDC).

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 76,873		
		\$ 68,750	TB Program Coordinator at 58% of \$79,978 = \$46,387; Fringe at 48.21% of salary of \$46,387 = \$22,363; Total Salary with Fringe (\$46,387 + \$22,363) = \$68,750
		\$ 8,123	Intermittent hourly PHN with hourly rate of \$26.69 x 300 hours = \$8,007; Medicare at 1.45% of \$8,007 = \$116; Total hourly PHN with Medicare (\$8,007 + \$116) = \$8,123
2. Travel	\$ 7,752		
		\$ 2,478	In-State Travel: 2 staff to attend Francis J Curry International Tuberculosis Center in Las Vegas: Airfare at \$380/round trip x 2 staff = (\$760); Per diem at \$71 x 5 days x 2 staff = (\$710); Airport Parking at \$14 x 5 days x 2 staff = (\$140); Ground Transportation at \$50 x 2 staff = (\$100); and Lodging at \$96 x 4 nights x 2 staff = (\$768) = \$2,478
		\$ 1,950	Out-of-State Travel: 1 staff to Atlanta for NTBA conference: Airfare at \$550 for 1 staff (\$550); Per diem at \$56/day x 5 days (\$280); Airport Parking at \$16/day x 5 days (\$80); Ground Transportation at \$50 per trip (\$50); Lodging at \$135/night x 4 nights (\$540); and conference registration fee of \$450 (\$450) = \$1,950
		\$ 3,324	Out-of-State Travel: 2 staff to Denver for National Jewish TB training: Airfare at \$550 x 2 staff (\$1,100); Per diem at \$66/day x 5 days x 2 staff (\$660); Airport Parking at \$16/day x 5 days x 2 staff (\$160); Ground Transportation at \$50 per trip x 2 staff (\$100); Lodging at \$163/night x 4 nights x 2 staff (\$1,304) = \$3,324
3. Operating	\$ 0		
		\$	
4. Equipment	\$ 0		
		\$	
5. Contractual Consultant	\$ 0		
		\$	
6. Training	\$ 0		
		\$	
7. Other	\$ 13,345		
		\$ 2,700	Patient housing support: \$180/month x 5 patients x 3 months
		\$ 2,750	Incentives: \$10 per incentive (includes Wal-Mart gift cards and fast food cards) X 235 cards = (\$2,350); and \$20 grocery cards x 20 cards = (\$400)
		\$ 540	Transportation enablers: \$45/month x 12 months
		\$ 240	Promotional and educational materials: \$3 per booklet x 80 booklets
		\$ 1,480	\$200 per phone x 2 phones (\$400) + \$45/month for service x 2 phones x 12 months (\$1,080)
		\$ 5,635	IGRA testing (TB blood test): \$49 per test x 115 tests
8. Administrative Fee	\$ 12,736		
		\$ 12,736	Administrative Fee of 13% of costs above
Total Cost	\$ 110,706		

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- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. Subgrantee must notify or obtain prior authorization (email notification is acceptable) for any funding adjustment(s).
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$110,706.00 for the period of the subgrant; additionally, not more than 50% of the total funded amount (\$55,353.00) will be reimbursed to the Subgrantee during each six (6) month period (January 1, 2015 through June 30, 2015 and July 1, 2015 through December 31, 2015). Full reimbursement is contingent on funding the CDC provides to Nevada which may not be fully realized until the final quarter of 2015;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional supporting documentation of invoices or receipts are needed in order to request reimbursement; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- Provide technical assistance, upon request from the Subgrantee;
- Provide assistance for the implementation of program activities;
- Coordinate with other state, federal, and international agencies;
- Tabulate and interpret required data and program evaluation;
- Seek Epidemiology Aide and other assistance from the Centers for Disease Control and Prevention (CDC) if needed to prevent or control a TB outbreak in designated county(s);
- Forward any opportunities for education related to TB disease or program management;
- Forward any changes in the recommendations for the care of TB cases or latent TB infection from the CDC;
- Serve as the authority responsible for ensuring necessary reports and documents are submitted to the CDC, per reporting deadlines;
- Forward reports to appropriate facility, e.g. CDC, interstate agencies, Dept. of Quarantine, etc.; and
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

Site-visit monitoring and/or audits will be conducted by the Division of Public and Behavioral Health or the Centers for Disease Control and Prevention or related staff of the Subgrantee's TB program to evaluate progress and compliance with the activities outlined in the Scope of Work. Program and fiscal audits shall occur as needed. Site visits will occur at least one (1) time per year.

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The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

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

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

Financial Reporting Requirements

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

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SECTION D

Request for Reimbursement

HD#: 14816
 Budget Account: 3219
 GL: 8516
 Draw #: _____

Program Name: Tuberculosis Prevention and Control Program Office of Public Health Informatics and Epidemiology Nevada Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 3811 W. Charleston Blvd., Suite 205 Las Vegas, NV 89102	Address: PO Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2015 through December 31, 2015.	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 76,873.00	\$ -	\$ -	\$ -	\$ 76,873.00	0.0%
2 Travel	\$ 7,752.00	\$ -	\$ -	\$ -	\$ 7,752.00	0.0%
3 Operating	\$ -	\$ -	\$ -	\$ -	\$ -	-
4 Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	-
5 Contract/Consultant	\$ -	\$ -	\$ -	\$ -	\$ -	-
6 Training	\$ -	\$ -	\$ -	\$ -	\$ -	-
7 Other	\$ 13,345.00	\$ -	\$ -	\$ -	\$ 13,345.00	0.0%
8 Administrative Fee	\$ 12,736.00	\$ -	\$ -	\$ -	\$ 12,736.00	0.0%
Total	\$ 110,706.00	\$ -	\$ -	\$ -	\$ 110,706.00	0.0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

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

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

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

*Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009*

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?

YES NO

3. When does your organization's fiscal year end?

4. What is the official name of your organization?

5. How often is your organization audited?

6. When was your last audit performed?

7. What time period did your last audit cover

8. Which accounting firm conducted your last audit?

Signature

Date

Title

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SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District (WCHD)

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

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8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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

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

1. Permitted Uses and Disclosures:

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

2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization,

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in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

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

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

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

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity

Business Associate

**Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706**

Phone: (775) 684-5975

Fax: (775) 684-4211

Business Name

Business Address

Business City, State and Zip Code

Business Phone Number

Business Fax Number

Authorized Signature

Authorized Signature

for Richard Whitley, MS

Print Name

Print Name

Administrator,
Division of Public and Behavioral Health

Title

Title

Date

Date



**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

**STAFF REPORT
BOARD MEETING DATE: 3/26/15**

DATE: March 10, 2015
TO: District Board of Health
FROM: Patsy Buxton, Fiscal Compliance Officer, 775-328-2418, pbuxton@washoecounty.us

SUBJECT: Ratification of Contract between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for the University of Nevada College of Agriculture, Biotechnology & Natural Resources students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Contract.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee. A copy of the Contract is attached.

District Board of Health strategic priority: Strengthen District-wide infrastructure to improve public health.

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

PREVIOUS ACTION

The District Board of Health has approved similar agreements with the various schools at the University.

BACKGROUND

The Contract provides for utilizing the Washoe County Health District's facilities for student educational experiences as part of preparation of Nutrition and other related professionals.

The learning opportunities will have an emphasis on education rather than services without disruption of usual Washoe County Health District activities.

The College of Agriculture, Biotechnology & Natural Resources shall select, in consultation with the Health District, learning experiences to which the students will be assigned. Dates and times for the use of the facilities by students will be mutually determined. The College of Agriculture,

ADMINISTRATIVE HEALTH SERVICES

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



Biotechnology & Natural Resources will prepare and provide specific student schedules and other plans for instruction practice with the primary view of obtaining maximum educational benefit from the Health District's programs. The instruction period for each student is planned on academic semesters or an equivalent time period and will conform to the School calendar as approved by the Board of Regents.

The student's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations. Preceptors will be assigned to each student as appropriate and a mutually agreed upon plan for educational experience will be developed and incorporated into a Service Learning Agreement or other agreed upon document.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Contract.

FISCAL IMPACT

Should the Board approve this Contract, there will be no additional impact to the adopted FY 15 budget as students and faculty will not receive compensation in connection with this Contract.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Contract between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for the University of Nevada College of Agriculture, Biotechnology & Natural Resources students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Contract.

POSSIBLE MOTION

Move to ratify the Contract between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide educational opportunities for the University of Nevada College of Agriculture, Biotechnology & Natural Resources students in a public health agency environment for the period upon approval of the Board of Regents and the Washoe County Board of Health through June 30, 2015 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute the Contract.

STAFF REPORT
BOARD MEETING DATE: March 26, 2015

TO: District Board of Health

FROM: Charlee Albee, Director
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report

SUMMARY

As a local government or affected entity, Nevada Revised Statutes (NRS) 278.0286 requires that an annual report be submitted to the Regional Planning Commission and the Regional Planning Governing Board indicating how actions in the previous year (Calendar Year 2014) have furthered or assisted in implementing the Regional Plan. This report satisfies the requirement.

Health District Strategic Objective supported by this item: Demonstrate the value and contribution of public health.

PREVIOUS ACTION

March 27, 2014 Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.

March 28, 2013 Accepted the AQMD portion of the Truckee Meadows Regional Plan Annual Report.

BACKGROUND

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

This attached report summarizes the progress made in 2014 by the Washoe County Health District, Air Quality Management Division (AQMD) to implement the Truckee Meadows Regional Plan. It also includes a section on ongoing projects or policies scheduled to be completed early 2015. Additionally, the report includes projects or policies that are planned to begin early 2015 that further or assist in carrying out the Regional Plan.

FISCAL IMPACT

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

RECOMMENDATION

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

POSSIBLE MOTION

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

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

2014 Regional Plan Annual Report
Washoe County Health District - Air Quality Management Division
(Reporting Period: January - December 2014)

B.7 Natural Resource Management, Air Quality

In 2014, there were six exceedances of the 24-hour PM_{2.5} National Ambient Air Quality Standards (NAAQS), one exceedance of the 24-hour PM₁₀ NAAQS, and one exceedance of the 8-hour Ozone NAAQS. The PM_{2.5} and PM₁₀ exceedances occurred during the King Fire in September. There were no additional exceedances of any other criteria air pollutant or averaging times.

Residential wood combustion accounts for approximately half of wintertime fine particulate matter (PM_{2.5}). The Washoe County Health District, Air Quality Management Division (AQMD) partnered with the University of Nevada, Business Environmental Program (UNR | BEP) to implement a woodstove exchange program. Funding was obtained through a settlement agreement between the EPA and Edge Products, LLC. The settlement requires Edge to mitigate particulate matter emissions equivalent to replacing 197 older, non-EPA certified, higher polluting woodstoves with newer, cleaner devices. The exchange program began in Spring 2014 and will continue for two years, or until 197 non-EPA certified stoves are replaced.

The AQMD continued a project with the UNR | BEP to collaborate with local fleets assisting their efforts to improve fuel efficiency and reduce vehicle emissions. The collaborative effort includes reestablishment of the local Clean Cities Coalition which will provide additional funding opportunities to improve our local fleets. The project is being implemented in conjunction with the local chapter of the Rocky Mountain Fleet Managers Association. Funding for the project was provided through a grant received from the DMV Pollution Control Excess Reserve account.

The AQMD was an active member of the Truckee Meadows Bicycle Alliance, Bike to Work Week, Bicycle and Pedestrian Advisory Committee, and Safe Routes to Schools committee. Approximately 167 riders, 10 schools, and over 500 students participated in the 2014 events to help reduce vehicle trips, vehicle miles traveled, and air pollutant emissions. Riders logged 8,082 miles which equaled 387,937 calories burned and 3.9 tons of CO₂ emissions saved, removing 290 vehicles from the road that week. Additionally, AQMD partnered with GREENevada to develop and implement an Idle Reduction pilot program at six local high schools. The pilot program reduced idling by 40 percent and one of the six schools reduced idling by 68 percent. At the end of 2014, 17 Washoe County schools became Idle Free.

Improving energy efficiency in buildings reduces energy consumption and air pollutant emissions. The AQMD continued to participate in green building initiatives such as HomeFree Nevada (EPA's Home Performance with Energy Star sponsor for Nevada), and the Nevada State Office of Energy, EnergyFit Nevada Campaign. Homeowners are eligible for significant rebates and audit discounts for conducting an energy audit and retrofit that achieves 15 percent or more energy savings through the HomeFree Nevada program. An additional benefit of green building design and retrofits is the opportunity to improve indoor air quality and reduce water consumption associated with the buildings and landscaping.

The District Health Officer continued to serve as President of HomeFree Nevada. AQMD staff actively participated in the Regional Green Team and Washoe County Green Team to coordinate with other local government jurisdictions on energy efficiency, renewable energy, green building, and other sustainability approaches and projects.

Transportation-related emissions are a significant source of air pollutants in Washoe County. The Washoe County Health District, Air Quality Management Division (AQMD) actively participated on the Regional Transportation Commission's Technical Advisory Committee to support cleaner transportation options such as ride sharing, improved bikeways and pedestrian facilities, and an expanded public transportation network. Good community design promotes active transportation choices and a healthier community. AQMD is also a member of the American Planning Association.

F. A Glimpse at 2015

The EPA establishes health-based National Ambient Air Quality Standards (NAAQS) for six criteria pollutants including Ozone. These NAAQS are required to be reviewed every five years. In 2014, EPA proposed strengthening the current 8-hour Ozone NAAQS of 75 ppb to a level in the range of 65-70 ppb. EPA is expected to finalize the standard in Fall 2015. If the final standard is on the lower end of the 65-70 ppb range, Washoe County may be designated as a non-attainment area. The Clean Air Act requires non-attainment areas to develop federally enforceable plans to reduce emissions from the largest sources of Ozone precursors such as on-road motor vehicles, off-road vehicles, and gasoline dispensing facilities. Although technology can provide cleaner cars and trucks, the greatest challenge will be behavioral changes to reduce vehicle miles traveled.

In 2015, EPA will finalize New Source Performance Standards (NSPS) for woodstoves and pellet stoves. By 2020, new woodstoves and pellet stoves sold throughout the country will be 50 percent cleaner than today's models. Because wood burning accounts for half the wintertime PM2.5 emissions, promulgation of this NSPS will improve help improve air quality in the Truckee Meadows.

During the 2011 Nevada Legislature, AB-2 was adopted which created a new "Classic Vehicle" license plate. The criteria for obtaining this plate is that the vehicle at least 25 years old, driven less than 5,000 miles in the previous year, and had not failed a smog inspection within the prior 90 days. Mileage is reported to the Department of Motor Vehicles via a general form, but no physical verification of the odometer is conducted. This unenforceable component can lead to abuse, excess ozone precursor emissions, and higher air pollution levels. Ozone levels in Washoe County are currently approaching the NAAQS and may violate the standard depending on EPA's upcoming proposed ozone standard. The Advisory Committee on Control of Emissions from Motor Vehicles, which the AQMD is a member of, will support revisions to AB-2 that reduce abuse, improve compliance rates, and minimize excess tailpipe emissions.

STAFF REPORT
BOARD MEETING DATE: 3/26/2015

TO: District Board of Health Members

FROM: James English, Environmental Health Specialist Supervisor
jenglish@washoecounty.us; 775-328-2610

SUBJECT: Acceptance of the 2014 Annual Report to the Regional Planning Commission by the Washoe County Health District as the Solid Waste Management Authority.

SUMMARY

In accordance with Nevada Revised Statutes 278.0286, the Environmental Health Services Division of the Washoe County Health District, acting as the Solid Waste Management Authority for Washoe County has completed the 2014 Annual Report for the Regional Planning Commission. This report is due to the Regional Planning Commission by April first of each year with a reporting period of the preceding calendar year.

EHS staff recommends the Board approve the annual report as written and submit it to the Regional Planning Commission prior to April 1, 2015.

BACKGROUND

The Washoe County Health District, acting as the Solid Waste Management Authority is required to submit various annual reports to different agencies related to solid waste activities within the Health District. The annual report submitted to the Regional Planning Commission provides an update on solid waste facilities and the implementation of the solid waste management plan for the community. Data used within the report is from 2013 as the current recycling and tonnage reports are not calculated until on or after April 1st for the following year.

This year's report includes a pie chart showing the breakdown of recyclable materials by type for the community.

FISCAL IMPACT

There will be no fiscal impact to the Washoe County Health District associated with the approval of this report.

RECOMMENDATION

Environmental Health Services staff recommends that the Washoe County District Board of Health (Board) approve and submit the 2014 Annual Report to the Regional Planning Commission as drafted.

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be "Move to approve the 2014 Annual Report to the Regional Planning Commission and submit the report by April 1, 2015."

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

March 26, 2015

Patricia Rogers
Government Relations - Community Outreach Representative
Truckee Meadows Regional Planning Agency
1105 Terminal Way, Suite 316
Reno, NV 89502

RE: 2014 Annual Report to the Regional Planning Commission

Dear Ms. Rogers:

In accordance with NRS 278.0286, an annual report has been prepared for the Regional Planning Commission by the Washoe County Health District, Environmental Health Services Division. The attached report addresses solid waste management issues only.

If you have any questions regarding the report, please contact Bob Sack at (775) 328-2644 or James English at (775) 328-2610.

Sincerely,



Kevin Dick
District Health Officer

Enclosure

cc: Bob Sack, Division Director, Environmental Health Services Division
James English, Environmental Health Specialist Supervisor

2014 ANNUAL REPORT TO
THE REGIONAL PLANNING COMMISSION
(Reporting Period: January – December 2014)

By the Washoe County Health District as the Solid Waste Management Authority

C. Public Services and Facilities

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

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

At the present rate of waste generation, the existing transfer stations are adequate. Furthermore, the franchised waste hauler has started designing the expansion of the transfer station located on East Commercial Row, which will include the addition of a materials recovery facility.

The 2011 Solid Waste Management Plan for Washoe County was adopted by the Washoe County District Board of Health in October 2011. The Nevada Division of Environmental Protection approved the plan in December 2011. An implementation plan and schedule has been developed outlining goals and timelines for the next five years. The purpose of the plan is to ensure the safe and adequate management of all solid waste produced or generated in Washoe County. The secondary purpose of the plan is to explore the feasibility of alternative uses of solid waste (e.g., recycling, re-use, waste to energy, composting, etc.). Goals relevant to these potential options are outlined in the plan.

2013 Dataset Inventory:

The amount of domestic solid waste disposed at the landfill: MSW = 457,685.17 T

The amount of industrial and special waste generated: I & P = 245,685.77 T

The total amount of MSW generated in the county: 721,863.51 T

The total waste generated in the county: 1,262,071.69 T

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

The amount of recycled material diverted from disposal at the landfill: Recycled MSW = 264,178.34 T

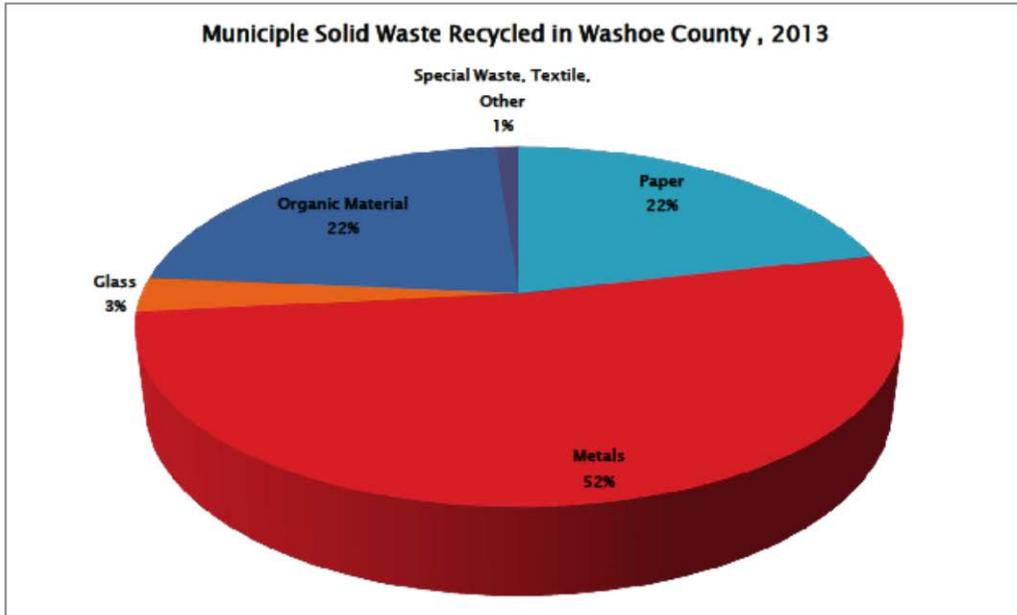
The amount of construction and demolition debris diverted from disposal at the landfill: Recycled C & D = 294,222.41 T

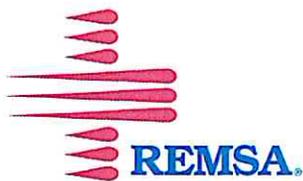
The total recycled material collected: Recycled MSW + C&D = 558,400.75 T

MSW recycling rate = 37%

C & D recycling rate = 44%

2013 Washoe County Recycling Rate = 37%





Regional Emergency Medical Services Authority

REMSA

OPERATIONS REPORTS

FOR

FEBRUARY 2015

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.	6 mins. 6 secs.	92%	98%
Mar.			
Apr.			
May			
June 2015			

Year to Date: July 2014 through February 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	5:28	6:06	9:36
	P-2	6:04	6:50	9:59
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 February 2015

Priority	Reno	Sparks	Washoe County
P-1	5:17	6:00	10:07

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.	3372	\$3,614,031	\$1,072	\$1,070
Mar.			\$0	\$1,070
Apr.			\$0	\$1,070
May			\$0	\$1,070
June 2015			\$0	\$1,070
Totals	29832	\$31,934,035	\$1,070	
				Allowed ground avg bill - \$1,076.00

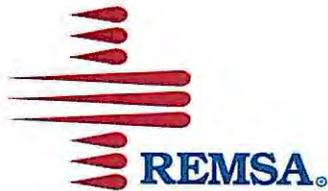


REMSA OCU Incident Detail Report

Period: 02/01/2015 thru 02/28/2015

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 Reno	Zone A	02/06/2015 15:57:17	02/06/2015 16:02:54	339	00:08:59	00:05:37	-00:03:22
A-08-IC Reno	Zone A	02/08/2015 15:50:47	02/08/2015 15:59:17	340	00:08:59	00:08:30	-00:00:29
A-08-IC Reno	Zone A	02/28/2015 10:07:43	02/28/2015 10:13:35	330	00:08:59	00:05:52	-00:03:07



GROUND AMBULANCE OPERATIONS REPORT

February 2015

1. OVERALL STATISTICS:

Total Number Of System Responses	4933
Total Number Of Responses In Which No Transport Resulted	1505
Total Number Of System Transports	3428

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	51%
OB	0%
Psychiatric/ Behavioral	7%
Transfers	12%
Trauma – MVA	7%
Trauma – Non MVA	18%
Unknown/Other	3%

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: 2803

Total number of above calls receiving QA reviews: 138

Percentage of charts reviewed from the above ALS transports: 5%

Note: Due to the switch of our ePCR platform from Health EMS to Zoll, we are able to confidently confirm that 138 charts were reviewed. However, we know that many more were reviewed due to the increased filter parameters with the Zoll system but the process flow needed to be revised to capture those charts in the numbers. We have fixed that problem going forward. We can quite assuredly say we actually reviewed twice the number of charts reflected in the final processed count if not more.

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: February 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	3	24	3	24	0	0
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	6	1	6	0	0
ACLS R	18	112	6	60	12	52
ACLS S	2	2	2	2	0	0
AEMT	1	25	1	25		
AEMT T	0	0	0	0		
BLS	55	349	11	96	44	253
BLS I	1	10	0	0	1	10
BLS R	50	186	25	120	25	66
BLS S	35	72	8	8	27	64
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	2	44	2	44		
EMT T	0	0	0	0		
FF CPR	6	60	0	0	6	60
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	2	22	0	0	2	22
HS CPR	47	256	5	55	42	201
HS CPR FA	62	458	4	45	58	413
HS CPR FA S	1	1	1	1	0	0
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	14	99	1	1	13	98
HS FA S	0	0	0	0	0	0
HS PFA	4	14	1	6	3	8
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	9	1	9	0	0
ITLS S	0	0	0	0	0	0
PALS	3	15	2	11	1	4
PALS I	0	0	0	0	0	0
PALS R	12	50	2	19	10	31
PALS S	2	2	0	0	2	2
PEARS	1	7	0	0	1	7
PM	1	26	1	26		
PM T	0	0	0	0		

Discipline	Total Classes	Total Students Legend	REMSA Classes	REMSA Students	Site Classes	Site Students Classes w/ CPR
ACLS		Advanced Cardiac Life Support				
ACLS EP		Advanced Cardiac Life Support for Experience Providers				256
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				1382
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				
EMR		Emergency Medical Responder				
EMR R		Emergency Medical Responder Recert				
EMS I		Emergency Medical Services Instructor				
EMT		Emergency Medical Technician				
EMT T		Emergency Medical Technician Transition				
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				
HS PFA S		Heartsaver Pediatric First Aid Skills				
ITLS		International Trauma Life Support				
ITLS A		International Trauma Life Support Access				
ITLS I		International Trauma Life Support Instructor				
ITLS P		International Trauma Life Support - Pediatric				
ITLS R		International Trauma Life Support Recert				
ITLS S		International Trauma Life Support Skills				
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:

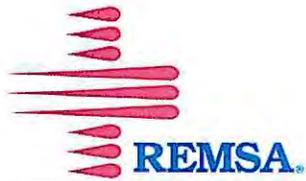
Point of Impact

Date	Description	Attending
2/17/15	Statewide Child Passenger Safety Advisory Board Meeting, Las Vegas	1 staff
2/21/15	Child Safety Seat Checkpoint, Baby Depot at Burlington Coat Factory, Reno; 16 cars and 31 seats inspected.	15 volunteers; 3 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
2/3/15	Safe Kids Board of Directors meeting	1 staff, 5 volunteers
2/3/15	Esther Bennett Elementary School Safety Committee Meeting	1 staff, 5 volunteers
2/3/15	Cribs for Kids 2015 Nevada Health Conference Planning meeting, Reno	1 staff
2/6/15	Cribs for Kids attends Washoe County Child Death Review Meeting, Reno	2 staff
2/6/15	Cribs for Kids attends Maternal Child Health Advisory Committee meeting, Carson City	1 staff
2/9/15	Cribs for Kids attends Northern Nevada Maternal Child Health Coalition meeting, Reno	1 staff
2/10/15	Safe Kids Washoe County membership committee meeting	1 staff, 4 volunteers
2/10/15	Safe Kids Washoe County monthly coalition meeting	13 volunteers; 2 staff
2/12/15	Safe Kids USA New Coordinator Webinar	1 staff
2/12/15	Cribs for Kids hosts a booth at Early Head start Safety Fair, Reno	2 staff
2/18/15	Safe Routes to Schools monthly meeting	1 volunteer
2/18/15	Cribs for Kids attends Fetal Infant Mortality Review meeting, Reno	1 staff
2/19/15	Cribs for Kids Train the Trainer at REMSA	1 staff, 7 attendees
2/19/15	Join Together Northern Nevada monthly meeting	1 staff, 1 intern

2/25/15	Cribs for Kids attends Child Death Review Executive Committee meeting, Carson City	1 staff
2/27/15	Esther Bennett Safety Patrol Photojournalism field trip to UNR and downtown Reno	8 students, 4 volunteers



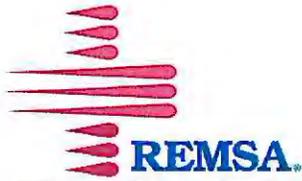
Regional Emergency Medical Services Authority

**INQUIRIES
FOR
FEBRUARY 2015**

INQUIRIES

February 2014

There were no inquiries in the month of February.



Regional Emergency Medical Services Authority

CUSTOMER SERVICE
FOR
FEBRUARY 2015

Recd 2-11-15

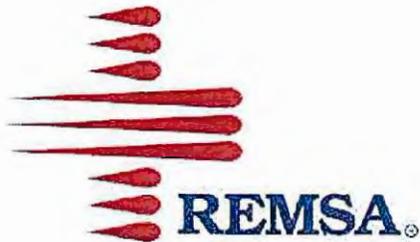
Thank You!

To All who came and helped me,

About a year and a half ago, I was experiencing a horrible pregnancy and hemorrhaged really badly. My husband had to call 911, and I had to be taken to the hospital where I stayed for two months and nearly lost my life while bringing my beautiful daughter into the world. I have been wanting to say thank you to whoever came to our house that August night, kept us calm, and got me to the hospital safely. The dispatcher was incredible on the phone, the EMTs were so caring, and everyone worked together to ensure my baby and I were ok. We will always be forever grateful, and I wish I could see you all again to thank you in person. I have so much respect for your profession. Thank you for keeping me safe.

Love,
Kelly

Assess your vital signs.



REMSA
Reno, NV

Client
7299

EMS System Report
February 2015



Number of Your Patients in this Report:

41

Monthly Score

93.35

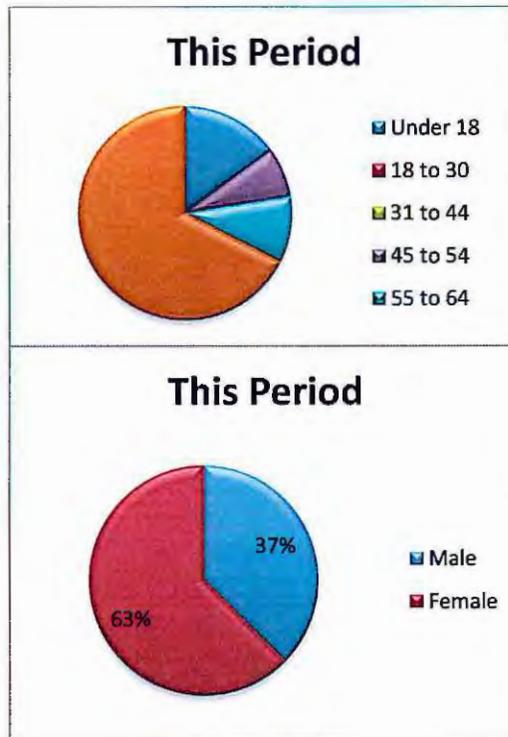
1515 Center St.
Lansing, MI 48096
1-877-583-3100
service@EMSSurveyTeam.com
www.EMSSurveyTeam.com





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	6	3	3
18 to 30	-	-	-
31 to 44	-	-	-
45 to 54	3	-	3
55 to 64	4	1	3
65 or older	27	11	16
Total	40	15	25





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	Feb-15
Helpfulness of the person you called for ambulance service	93.52	96.55
Concern shown by the person you called for ambulance service	92	97.41
Extent to which you were told what to do until the ambulance arrived	91.67	95.54
Extent to which the ambulance arrived in a timely manner	94.7	92.50
Cleanliness of the ambulance	97.66	96.34
Care shown by the medics who arrived with the ambulance	96.88	92.33
Degree to which the medics took your problem seriously	97.58	93.62
Degree to which the medics listened to you and/or your family	98.28	93.45
Skill of the medics	96.88	96.05
Extent to which the medics kept you informed about your treatment	95.69	91.47
Extent to which medics included you in the treatment decisions (if applicable)	96.74	90.03
Degree to which the medics relieved your pain or discomfort	93.52	91.94
Medics' concern for your privacy	94.64	95.00
Extent to which medics cared for you as a person	95.97	94.11
Professionalism of the staff in our billing office	92.71	90.48
Willingness of the staff in our billing office to address your needs	90.63	92.50
How well did our staff work together to care for you	94.53	94.08
Extent to which our staff eased your entry into the medical facility	94.53	94.87
Appropriateness of Emergency Medical Transportation treatment	95	91.67
Extent to which the services received were worth the fees charged	88.39	86.03
Overall rating of the care provided by our Emergency Medical Transportation service	95.31	93.62
Likelihood of recommending this ambulance service to others	96.88	92.59
REMSA Survey Rating	94.62	93.35
Responses	35	41

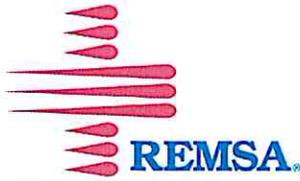


Assess your vital signs.

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

GROUND AMBULANCE CUSTOMER COMMENTS February 2015

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	It was a positive experience. Thank you all very much! It was a positive experience. Thank you all very much! We were treated with great respect & understanding We definitely recommend this ambulance service.		
2	Very good service always	Nothing	
3	Thank all your guys. Saved my life.		
4	Wonderful.Great folks with knowledge! Great group	Champagne	
5	They were very experienced and concerned. Very helpful. I felt safe.They were very caring and made sure I was in condition before letting me go.		Keep up the good work
6		Do his job. I couldn't walk or drive. I needed help. I'm not a drug addict, I'm a Senior who needed their help getting to the hospital.	The first thing that came out of the male medic's (the driver) mouth was (and you want us to take you to the hospital).
7	The ambulance was very helpful, they were very reassuring. They told me everything. All the steps that they were doing. Great customer service. My son felt very cared for by the staff. Thank you.Such a caring team.The medics grabbed me from ER waiting room and reunited me with my son.		
8	Very satisfactory.No complaints	Cannot think of anything	
9			Continue to be patient and compassionate.
10		Nothing. The team was great!	
11			Thanks for all you did. Thank god for all of you.
12			Thank you for your service.
13			Thank you for the attendants who understood the need for my medical service dog.
14	The staff was very professional and took care of all my needs!		
15		Price was too high	
16	Great		Great
17	Very caring! Did their job great!		
18	These men were awesome with both my daughter & myself. Thank you very much		
19	Good care given by all attending personnel.All EMTS were capable and did their work with teamwork beautifully.All your men are the very best!		Keep up the great work. We hope we don't need you again.No problems!
20		I live in a secure condo & it took about 15 more minutes for them to see how to get in the building. I had to walk to the front of the building & then to the back & call them 2 or 3 times after they were here.	I have told friends about your yearly rate. It is very good
21			Very good!!!



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
FEBRUARY 2015

PUBLIC RELATIONS

February 2015

ACTIVITY	RESULTS
Wrote and distributed media advisory regarding Running Red for Heart event.	Channels 2, 4 and 8 attended the race and ran a story.
Edited and submitted a column from Brenda Staffan to JEMS (Journal of Emergency Medical Services) regarding Community Health Programs.	Column will come out in March.
Wrote and distributed press release regarding CPR program in Washoe County Schools.	Channels 2, 4 and 8 ran a story during their evening newscasts on 2/24./15



Regional Emergency Medical Services Authority

FOR IMMEDIATE RELEASE:

February 5, 2015

CONTACT: Scott Walquist, KPS|3, 775-686-2116, scott@kps3.com

MEDIA ADVISORY

**REMSA HOLDS 3RD ANNUAL
"RUNNING RED FOR HEART" 5K RUN/WALK**

- WHO:** Regional Emergency Medical Services Authority (REMSA)
- WHAT:** In honor of February's National American Heart Month, REMSA will hold its third annual Running Red for Heart 5K run/walk. 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.
- WHEN:** Start of the race is at 8 a.m., Saturday, Feb. 7.
- WHERE:** Scheels, 1200 Scheels Blvd. in Sparks.
- WHY:** 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.



Early Morning Run Aims To Provide CPR Kits To Washoe Schools

Posted: Sat 9:37 AM, Feb 07, 2015

By: Staff Email

RENO, NV - February is National American Heart Month and REMSA's Running Red for Heart 5K run/walk brought out some folks this morning.

Proceeds raised from this year's run/walk will go to the implementation of CPR kits in Washoe County schools.

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.

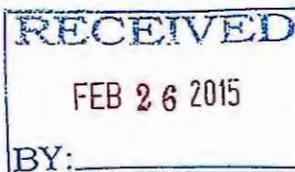


WASHOE COUNTY SHERIFF

Commitment to Community



Chuck Allen
Sheriff



February 23, 2015

Jim Gubbels
REMSA
450 Edison Way
Reno, NV 89502

Dear Jim,

I would like to express my sincere thanks to you, REMSA and your staff. On February 20, 2015, I went on a ride-along with Paramedics Rich Norgrove and Jason Boyd, as a requirement to the LRS program I am attending. I truly appreciate your accommodating my request to experience a "day on the job" with your fine professionals.

We spent the day together and I found Rich and Jason to be courteous, professional and extremely competent in their work. I was extremely impressed by the kind and thoughtful manner in which they treated every patient and interacted with every citizen while going about their work.

After witnessing the various kinds of call outs Rich and Jason tended to, I have a newfound respect for the men and women who deal with these calls on a daily basis. They always reacted quickly and efficiently, and were polite to everyone we encountered.

I would like to commend your entire agency for your excellent training and your kindness in allowing me to ride along with two of your Paramedics.

Sincerely,

A handwritten signature in black ink, appearing to read "Russ Pedersen".

Russ Pedersen
Washoe County Sheriff's Office



Regional Emergency Medical Services Authority

FOR IMMEDIATE RELEASE:

February 23, 2015

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

Washoe County School District Students to Learn CPR as Part of “CPR Education in Schools” Program

MEDIA NOTE: Media is invited to attend the kick-off of the program with the first CPR training with Traner Middle School students at 10 a.m. on Tuesday, Feb. 24 at Traner Middle School (1700 Carville Drive, Reno). Representatives from the Washoe County School District, Traner Middle School, Wells Fargo, REMSA, Renown Health, and the American Heart Association will be available for interviews.

Reno, Nev. – Washoe County School District (WCSD) students will be learning a new skill that cannot be found in math, science or English textbooks. WCSD middle and high school students will be taught the life-saving skill of CPR (Cardiopulmonary resuscitation) as part of a new “CPR Education in Schools” program. The district will receive 18 CPR in Schools kits that include a facilitator’s guide, lesson plan, detailed how-to DVD and 10 inflatable CPR mannequins. Without any prior knowledge of CPR, teachers will be able to use the kits to properly and safely teach their students the basics of CPR during a 30-minute interactive, hands-on session.

The program was adopted by the WCSD with support and donations from local, regional, and national sponsors who together will ensure we are training northern Nevada schoolchildren the lifesaving skill of CPR.

Partners include:

- Wells Fargo
- Ross Stores
- Regional Emergency Medical Services Authority (REMSA)
- Renown Health
- American Heart Association

Each partner was instrumental in working with the WCSD in implementing this program by donating the funds that were used to purchase kits.

Although the program will be rolled out in phases with Traner Middle School receiving the first set of kits, the goal of the “CPR Education in Schools” program is to distribute the additional kits throughout the district, circulating them among the middle and high schools so that every student is taught CPR.

Sudden cardiac arrest is a leading cause of death in the country. Immediate, effective CPR could more than double a victim's chance of survival. More than 300,000 people will die from coronary heart disease this year before reaching the hospital. Victims that receive immediate CPR and a shock from an AED within three to five minutes have up to a 74 percent chance of survival. Currently, less than 8 percent of victims survive due to lack of CPR and AED use across the country. Teaching students CPR could save thousands of lives by filling the Northern Nevada community with a new generation of responders trained to give sudden cardiac arrest victims the immediate help they need to survive.

###

REMSA Brings CPR Skills to School

Posted: Feb 24, 2015 8:55 AM PST Updated: Feb 24, 2015 11:35 AM PST

By Landon Miller

Middle and high school students in Washoe County are learning a lesson that could potentially save lives: CPR.

The "CPR Education in Schools" Program from the American Heart Association teaches students how to recognize the signs of cardiac arrest, and how to administer CPR the correct way.



"The take home message is to recognize the emergency," said JW Hodge, Education and Community Outreach Manager at REMSA. "Call 911 when you see an emergency so something doesn't go unrecognized. And the third is to find the center of the chest and push hard and push fast."

The school district is getting 18 CPR kits which contain everything necessary to conduct CPR with 10 students at once.

The program kicks off Tuesday at Traner Middle School.

"We're thinking we will have 600 kids trained in the next few weeks," said Hodge. "That's just one school. Then we'll start going out to all the middle schools, we could have upwards of 10,000 kids trained in a year."



STAFF REPORT
BOARD MEETING DATE: 3/26/2015

TO: District Board of Health Members

FROM: James English, Environmental Health Specialist Supervisor
jenglish@washoecounty.us; 775-328-2610

SUBJECT: Appointment of Matthew Buehler to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning March 26, 2015, and ending March 25, 2018.

SUMMARY

In accordance with direction provided by the District Board of Health (Board) at the meeting of September 25, 2014, Environmental Health Services (EHS) staff took action to locate individuals to fill two vacancies on the SWS Board.

EHS staff recommends the Board appoint Matthew Buehler to the SWS Board for a three year term. This recruitment fills the seat vacated by George Georgeson, P.E. on October 27, 2014.

BACKGROUND

The SWS Board considers regulation changes and variance applications pertaining to sewage, wastewater, sanitation, and well drilling. Over the years, staff has sought the valuable expertise of professionals in these fields to support and enhance technical knowledge provided by staff.

At the Board meeting of September 25, 2014, staff reported two vacancies on the SWS Board. George Georgeson and Bruce MacKay's terms were ending on October 27, 2014. The Board instructed staff to proceed with recruitment to fill the vacancies.

The EHS staff contacted various agencies and groups regarding the vacancies, including running paid advertising with the Reno Gazette-Journal, to notify the public of the open SWS seats.

The outreach provided a viable applicant to fill Mr. Georgeson's seat but not Mr. MacKay's whose vacancy must be filled with a licensed general engineering contractor or a general building contractor in the State of Nevada as defined in [NRS 624.215](#). EHS will continue to pursue outreach options to fill the one remaining seat on the seven-member SWS Board.

FISCAL IMPACT

There will be no fiscal impact to the Washoe County Health District associated with this appointment.

RECOMMENDATION

Environmental Health Services staff recommends that the Washoe County District Board of Health (Board) appoint Matthew Buehler to the SWS Board for a three year term beginning March 26, 2015 and ending March 25, 2018.

POSSIBLE MOTION

Should the Board agree with staff recommendations, a possible motion would be "Move to appoint Mr. Matthew Buehler to the Sewage, Wastewater and Sanitation Hearing Board for a three-year term beginning March 26, 2015, and ending March 25, 2018."



BIOGRAPHY



UNITED STATES AIR FORCE

LT COL MATTHEW R. BUEHLER, USAF (RET)

Retired on June 1, 2014.

Lt Col Matthew R. Buehler retired from the United States Air Force on June 1, 2014 after completing twenty years of active duty service. In his last assignment, he served as the Commander and Professor of Aerospace Studies for Air Force ROTC, Detachment 035 at Fresno State, where he oversaw the education and training of 85 Air Force officer trainees. Prior to his AFROTC assignment, Lt Col Buehler was an Assistant Professor of Biology at the United States Air Force Academy in Colorado Springs, CO, where he taught over 250 cadets in both the biology core course and the major's Cell Biology course. In addition, he mentored and advised twenty-six cadets majoring in Biology. Before teaching at the Academy, Lt Col Buehler was a master's degree student in Biology at the University of Nevada, Reno, where he studied developmental neuroscience, immunology and the up-and-coming field of "psychoneuroimmunology". His master's defense, *A proposed mechanism for autism: an aberrant neuroimmune response manifested as a psychiatric disorder*, was published in the journal *Medical Hypotheses* (76 (2011) 863-870).



In his primary specialty, Lt Col Buehler functioned as an engineering, acquisition and test professional, with APDP certifications in T&E (Level III), SPRDE (Level II), Program Management (Level I) and Scientist (Level I). He has weapons development and EW test and evaluation experience in test scoping (budgeting), planning, executing, analysis and reporting that spans many platforms and systems, including the HH/MH-60G/K, AF/Joint CSAR testing, ALR/ALE-40/47, CV-22, EC-130H, F-15C/E, F-16, B-1, B-52, JSTARS, MQ-9, UCAV, F-22A, CLOVerS, F-117, B-2, JASSM, advanced RF/IRCMs, IR missile warning system stimulators, RWRs, HUDs, NVGs, FLIR and EO/IR/RF threat testing. His extensive EW expertise was invaluable in the long-range strategic planning process for infrastructure upgrades to the Nevada Test and Training Range from 2000-2004. In addition, Lt Col Buehler has worked on the Air Staff conducting OPLAN metric development and risk-assessment, as well as fighter, bomber and CSAR force optimization and requirements analysis for the 2005 QDR.

Lt Col Buehler was born on November 18, 1968 at the Naval Air Station at Patuxent River, MD. He is a 1987 graduate of Robert E. Lee High School in Springfield, VA, and was commissioned in December 1992 through the Air Force Reserve Officer Training Corps, Detachment 025, at Arizona State University in Tempe, AZ. His father, a 1960 U.S. Naval Academy graduate, served more than 27 years as a Navy test pilot. He spent his childhood following his father to assignments in Maryland, California, Virginia and New York, as well as overseas in Tehran, Iran. Lt Col Buehler's two older brothers were

also military officers. His oldest brother is a 1984 West Point graduate and former Army officer, while his other brother is a 1985 Annapolis graduate and former officer in the United States Marine Corps. Together they have served more than 58 years as commissioned officers in all four major branches of our Nation's military.

EDUCATION

1992 B.S.E. in Bioengineering, Arizona State University
1999 Squadron Officer School, Maxwell Air Force Base, AL
2004 M.B.A. (Information Systems), University of Nevada-Las Vegas
2004 Air Command and Staff College, by correspondence
2009 M.S. in Biology, University of Nevada-Reno

ASSIGNMENTS

1. April 1994-March 1996. Deputy PM, Explosive Development (61C). AFRL, Munitions Directorate, Eglin AFB, FL.
2. April 1996-March 1997. HH-60G Tactics and Test Analyst (61A). 422 TES/DOH, Nellis AFB, NV.
3. March 1997-March 1998. HH-60G Operational Test Engineer (61A). 422 TES/DOH, Nellis AFB, NV.
4. March 1998-March 2000. HH-60G Flight Test Engineer (X62G). 422 TES/DOH, Nellis AFB, NV.
5. April 2000-March 2002. Range Project Engineer (63A). AFOTEC/OL-NN, Classified Location, Las Vegas, NV.
6. March 2002-March 2003. Director of Operations (63A). AFOTEC/OL-NN, Classified Location, Las Vegas, NV.
7. March 2003-July 2004. F-22A Range Project Officer (63A). AFOTEC/OL-NN, Classified Location, Las Vegas, NV.
8. July 2004-March 2005. Air Campaign Analyst (Y61S4). AF Studies and Analysis Agency, Washington, D.C.
9. March 2005-March 2006. Chief, Force Presentation Br (Y61S4). HQ USAF/A9, The Pentagon, Washington, D.C.
10. March-October 2006. Chief of Security (Y61S4). HQ USAF/A9, The Pentagon, Washington, D.C.
11. November 2006-July 2007. Chief, Force Optimization Analysis (Y61S4), HQ USAF/A9, and Action Officer, Cyberspace Task Force Office (Y61S4). The Pentagon, Washington, D.C.
12. August 2007-May 2009. AFIT-CI (USAF Academy) Graduate Student (92S), University of Nevada, Reno, NV.
13. June 2009-May 2010. Instructor of Biology/Personnel Officer (81T), Biology Department, USAF Academy CO.
14. June 2010-June 2011. Instructor/Deputy for Manpower (T61C), Biology Department, USAF Academy CO.
15. July 1011-June 2012. Assistant Professor of Biology/Deputy for Manpower (T61C), Biology Department, USAF Academy CO.
16. July 2012-May 2014. Commander (91C0), Professor of Aerospace Studies and Department Chair, Air Force ROTC Detachment 035, California State University-Fresno, Fresno, CA.

AWARDS AND DECORATIONS

AF Meritorious Service Medal with two oak leaf clusters
AF Commendation Medal
AF Achievement Medal
National Defense Service Medal with bronze star
Global War on Terrorism Service Medal

HONOR SOCIETIES AND ASSOCIATIONS

Alpha Epsilon Delta (Pre-medical Honor Society)
Arizona State University Alumni Association
Beta Beta Beta (Biological Honor Society)
Biomedical Engineering Society
Golden Key National Honor Society
Tau Beta Pi (Engineering Honor Society)

EFFECTIVE DATES OF PROMOTION

Second Lieutenant	24 August 1993
First Lieutenant	24 August 1995
Captain	24 August 1997
Major	01 January 2004
Lieutenant Colonel	03 April 2009

(Current as of September 2014)

Lt Col Matthew R. Buehler, USAF (Ret)

180 Southridge Drive, Reno, NV 89509

(702) 743-4735 (Home/Cell)

mattsuebuehler@hotmail.com (E-mail)

EDUCATION

M.S. in Biology, University of Nevada, Reno, May 2009

Air Command and Staff College, by correspondence, June 2004

M.B.A. (Information Systems), University of Nevada, Las Vegas, May 2004

Squadron Officer School, Maxwell Air Force Base, AL, May 1999

B.S.E. in Bioengineering, Arizona State University, December 1992

DoD Security Clearance: Top Secret (SBPR, 2011 04 20, with SCI eligibility– DCID 6/4)

DoD APDP Certifications: T&E (Level III), SPRDE (Level II), PM (Level I), Scientist (Level I)

Computer Skills: MS Office, MS Project, Programming (BASIC, C++), PeopleSoft HRMS, AutoCAD, PSpice, Database Design/Management

EMPLOYMENT/ASSIGNMENT HISTORY

2014 – Present. Math Teacher, North Valleys High School, Reno, NV. Mentor and teach Formal Geometry and Algebra II courses to more than 150 sophomore and junior-level students.

2012 – 2014. AFROTC, Detachment 035, California State University (CSU) - Fresno. Led Detachment of 85 cadets and 5 staff in developing future officers and leaders of character for the United States Air Force. Taught Aerospace Studies courses to both sophomore and senior-level cadets. Active member of University's Faculty Senate and Council of Chairs engaged in both analyzing and solving University issues. Volunteered as a faculty advisor to the University's Tau Beta Pi Engineering Honor Society.

- Commander (91C0), Professor of Aerospace Studies and Department Chair, July 2012 – May 2014

2009 – 2012. HQ USAFA/DFB, United States Air Force Academy, Colorado Springs, CO. Taught core biology and major's Cell and Molecular Biology courses to more than 250 junior (Second Class) Cadets. Advised and mentored 26 cadets majoring in Biology. Supervised two officer instructors and one civilian associate professor. Managed Biology Department's instructor pipeline (future) and current faculty manning, coordinated Air Force's Biomedical Sciences Corps application process and oversaw Academy's Pre-Health Professions Program. Courses Taught: *Cell and Molecular Biology* (Course Director; 2 Semesters), *Introductory Core (Human) Biology* (Course Manager; 5 Semesters), and *Independent Study* in conjunction with Engineering Mechanics Department's Micro Air Vehicle and Cyborgs projects (1 Semester).

- Assistant Professor of Biology (T61C3) and Deputy for Manpower, June 2011 – June 2012
- Instructor of Biology (T61C3) and Deputy for Manpower, June 2010 – June 2011
- Instructor of Biology (81T0) and Personnel Officer, June 2009 – June 2010

2007 – 2009. AFIT Graduate Student, Biology (USAF Academy Faculty Pipeline), University of Nevada-Reno, Reno, NV. (92S0). Defense: *A proposed mechanism for autism: an aberrant neuroimmune response manifested as a psychiatric disorder (Medical Hypotheses: 76 (2011) 863-870).*

2004 – 2007. HQ USAF/A9, The Pentagon, Washington, DC. (Y61S4). Led analyses of key AF programs, as well as critical operational and acquisition issues for HQ USAF, JCS and OSD, directly impacting over 30 percent of AF budget. Managed and conducted vital computer-model simulation and

optimization analysis of fighter, bomber and SOF aircraft requirements to meet AF/DoD objectives for postulated wartime Major Combat Operations (MCOs) and contingencies. Directed classified analysis of wartime utility for vital weapon systems such as JASSM to defend budget and procurement decisions.

- Action Officer, Cyberspace Task Force, May – July 2007
- Chief, Force Optimization Analysis, November 2006 – April 2007
- Chief of Security, March 2006 – October 2006
- Chief, Force Presentation Branch, April 2005 – February 2006
- Air Campaign Analyst, July 2004 – March 2005

2000 – 2004. AFOTEC/OL-NN, Classified Location, Las Vegas, NV. (63A3). Managed range support for AFOTEC OT&E programs worth over \$100B at key operating location providing classified testing of high-priority weapon systems. Responsible for scoping/budgeting, planning/designing, executing/directing, analyzing data and reporting on IOT&Es of EW system upgrades for conventional and LO fixed-wing, as well as tilt-rotor and rotary-wing aircraft. Formulated/coordinated AFOTEC inputs to the NTTR long-range strategic plan for range infrastructure upgrades and test requirements. Lead AFOTEC engineer for F-22A IOT&E to determine platform's operational effectiveness and suitability.

- F-22A Range Project Officer, March 2003 – July 2004
- Director of Operations, March 2002 – March 2003
- Range Project Engineer, April 2000 – March 2002

1996 – 2000. 422 TES/DOH, Nellis AFB NV. Responsible for planning, provisioning, executing, data management and reporting of HQ ACC-directed HH-60G operational tests and tactics development and evaluations. Lead ACC test engineer for ARC HH-60G Self-Protection System (SPS) program geared toward integrating and enhancing the aircraft's defensive systems capabilities with advanced infrared countermeasure munition (AIRCMM) flares, improved IR jammer, and improved chaff capacity and counter-RF threat tactics. Conducted FME and analyzed data against various MDS aircraft. Supervised one officer, one DoD civilian and one contractor employee.

- HH-60G Flight Test Engineer (X62E3G), March 1998 – March 2000
- HH-60G Operational Test Engineer (61S3A), April 1996 – March 1998

1994 – 1996. Wright Laboratory (AFRL), Eglin AFB FL. (61S1C). Led \$1.8M effort toward developing high-energy explosives for advanced AF munitions. Employed techniques of analytical chemistry to characterize components of and formulate new, composite high-energy explosives for future AF munitions. Led four person Small Business Innovative Research (SBIR) proposal evaluation team to develop unique additives to explosives to enhance blast energy/weapons effects. Managed *Super-Saturated Aluminum-Hydrogen Powder* SBIR program to enhance energy of TNT-based explosives.

- Deputy Program Manager, Explosives Development, April 1994 – March 1996

DoD PUBLICATIONS

- *HH-60G Self Protection System (SPS)* (Paper for 1999 IR Information Symposium)
- *Char of the Hydrodynamic Performance Props of AFX-235 and 65/35 Fine Grain Octol Explosives*
- *Super-Saturated Aluminum-Hydrogen Powder High Energy Solid Fuel Component for Use in Hard-Target Destructive Warheads*
- *Characterization of the Sensitivity and Performance Properties of 1,3,5-Trinitrobenzene and Bis-(2,2- Dinitropropyl) Fumerate* (Paper/presentation, 1995 Intl Energetic Materials Symposium)

OTHER EXPERIENCES: USAFA ALO (2014), DIB Food Pantry, Reno (2014), Pediatric Trauma Center, Las Vegas (2003), Andre House Homeless Shelter, Phoenix (1989-94), US Senator Robert Dole Presidential

Campaign (1988), Hurricane Island Outward Bound (1987), Foreign Exchange Student to Buenos Aires, Argentina (1986), US Senate Page (1986), Colorado Outward Bound (1985).

**WASHOE COUNTY
HEALTH DISTRICT**
ENHANCING QUALITY OF LIFE

STAFF REPORT
BOARD MEETING DATE: March 26, 2015

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health District Fund Financial Review for February Fiscal Year 2015

SUMMARY

The eight months of the fiscal year 2015 (FY15) ended with a cash balance of \$281,558. Total revenues were \$11.0 million, 57.1% of budget and an increase of 8.7% compared to fiscal year 2014 (FY14). With 66.7% of the fiscal year completed the expenditures totaled \$12.7 million, 60.9% of the budget and 3.4% more than FY14. Salaries and benefits continue to be the single largest category increase over FY14 at an increase of \$539,037, 6.0%, for a total cost of \$9.5 million.

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

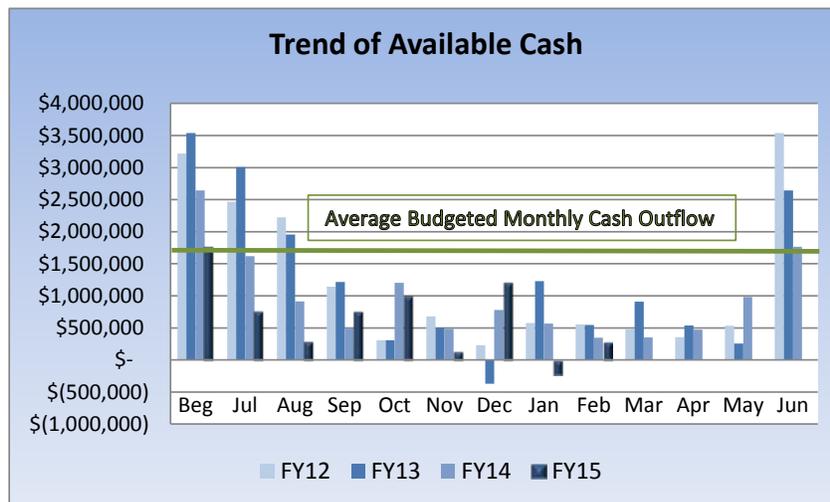
PREVIOUS ACTION

Fiscal Year 2015 Budget was adopted May 19, 2014.

BACKGROUND

Review of Cash

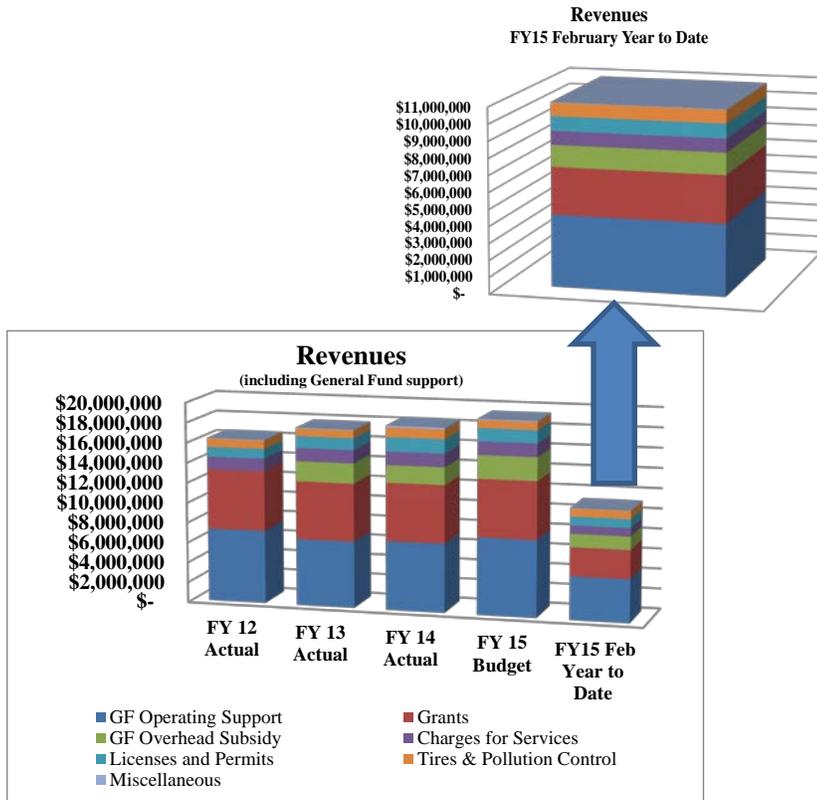
The available cash at the end of the eight months of FY15 was \$281,558 which was 16.2% of the average budgeted monthly cash outflow of \$1.7 million and down 19.0%, \$65,966, compared to FY14. The County General Fund has transferred \$5.6 million for the year, 56.0% of the total budgeted transfer.



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.

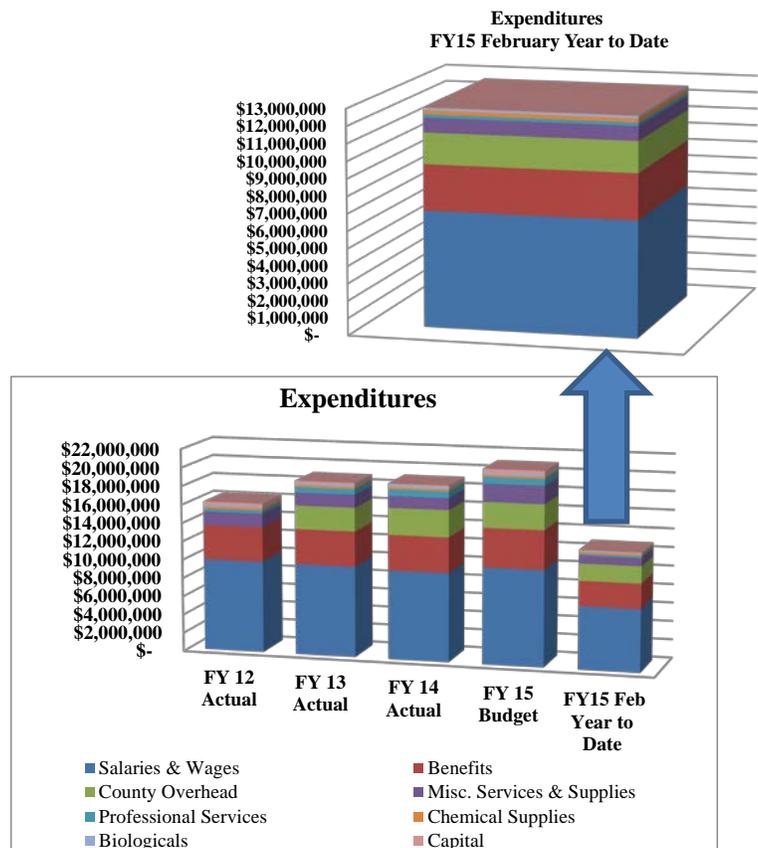


Review of Revenues (including transfers from General fund) and Expenditures by category



Total year to date **revenues** of \$11.0 million were up \$875,724, 8.7%, from the same time last fiscal year and were 57.0% of budget. The following revenue categories were down compared to FY14: charges for services by 0.6%, \$5,230; and, miscellaneous revenue by 50.3%, \$29,720. The revenue categories that were up over last fiscal year are as follows: licenses and permits by 2.8%, \$24,022; federal and state grants by 6.0%, \$162,090; and, tire fees and pollution control fees by 21.2%, \$139,055.

Total year to date **expenditures** of \$12.7 million increased 3.4%, \$420,621, compared to the same time frame for last fiscal year 2014. The following expenditure categories have had a significant increase over the year to date in February of FY14: salaries and benefits expenditures by 6.0%, \$539,037; advertising by 1065.9%, \$113,286, for grant funded Tobacco Use and HIV Prevention; and, County fleet management billings by 14.1%, \$15,031. The expenditure categories with a significant decrease over FY14 include: contact and professional services by 12.2%, \$33,704; operating supplies by 21.2%, \$12,989; general fund overhead by 5.4%, \$104,649; and non-capital equipment by 29.9%, \$23,257; and, capital by 72.8%, \$68,426. The total services and supplies of \$3.2 million were down \$49,990, 1.5%, over fiscal year 2014.



Review of Revenue and Expenditures by Division

AQM division revenue is in line with the prior year with a slight decline of 0.5%, \$7,759, over FY14. EHS is up 27.5%, \$256,874, over FY14 with the majority of that increase due to the tire fee revenue; excluding the tire fee revenue the increase over FY14 is still significant at 12.1%, \$91,667. EPHP is down from FY14 by 12.5%, \$124,800, mainly due to anticipated reduction in the Public Health Preparedness grant funding. County General Fund transferred \$5.6 million of the budgeted transfer leaving a balance of \$4.4 million for the remainder of the fiscal year.

With 66.7% of the fiscal year completed the total expenditures of \$12.7 million were less at 60.9% of total budget. All divisions are reflecting savings compared to budget except AHS which continues to be high due to the unbudgeted retirement payouts. AQM is considerably low compared to budget, 51.7%, due to unspent capital funding. EHS is low due to unspent funding in the restricted tire fee revenue account. The EPHP is showing savings due to vacant positions. The County General Fund overhead charges for the eight months totaled \$1.8 million, 56.5% of total services and supplies expenditures year to date.

Washoe County Health District								
Summary of Revenues (including County General Fund transfers) and Expenditures								
Fiscal Year 2011/2012 through February 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	February Year to Date	Adjusted Budget	February Year to Date	Percent of Budget	FY15 Increase over FY14
Revenues (all sources of funds)								
ODHO	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	32,929	61,113	151	0.2%	-99.5%
AQM	1,966,492	2,068,697	2,491,036	1,509,662	2,116,070	1,501,903	71.0%	-0.5%
CCHS	3,706,478	3,322,667	3,388,099	1,603,873	3,528,098	1,801,900	51.1%	12.3%
EHS	1,755,042	1,828,482	1,890,192	934,890	1,931,774	1,191,764	61.7%	27.5%
EPHP	1,670,338	1,833,643	1,805,986	998,286	1,630,280	873,486	53.6%	-12.5%
GF Operating	7,250,850	6,623,891	6,853,891	3,998,103	7,666,420	4,297,019	56.0%	7.5%
GF Overhead Subsidy	-	2,000,000	1,750,000	1,020,833	2,333,772	1,308,076	56.0%	28.1%
Total Revenues	\$16,349,208	\$17,710,834	\$18,267,134	\$10,098,576	\$19,267,526	\$10,974,300	57.0%	8.7%
Expenditures								
ODHO	-	-	-	-	442,477	273,587	61.8%	-
AHS	1,202,330	1,305,407	1,247,924	790,399	1,004,343	705,912	70.3%	-10.7%
AQM	1,955,798	2,297,077	2,170,911	1,395,381	2,752,520	1,421,845	51.7%	1.9%
CCHS	6,086,866	5,757,304	5,779,003	3,686,914	5,982,646	3,902,988	65.2%	5.9%
EHS	4,848,375	4,772,942	4,804,597	3,246,125	5,603,142	3,327,505	59.4%	2.5%
EPHP	2,084,830	2,129,310	2,022,331	1,250,178	2,350,969	1,262,430	53.7%	1.0%
GF Overhead Charge	-	2,553,372	2,898,034	1,932,023	2,741,061	1,827,374	66.7%	-5.4%
Total Expenditures	\$16,178,200	\$18,815,411	\$18,922,800	\$12,301,020	\$20,877,158	\$12,721,641	60.9%	3.4%
Revenues (sources of funds) less Expenditures:								
ODHO	-	-	-	-	(442,477)	(273,587)		
AHS	(1,202,322)	(1,271,953)	(1,159,994)	(757,470)	(943,230)	(705,761)		
AQM	10,694	(228,380)	320,125	114,281	(636,450)	80,058		
CCHS	(2,380,389)	(2,434,637)	(2,390,904)	(2,083,041)	(2,454,548)	(2,101,088)		
EHS	(3,093,333)	(2,944,460)	(2,914,405)	(2,311,235)	(3,671,368)	(2,135,741)		
EPHP	(414,492)	(295,666)	(216,345)	(251,892)	(720,689)	(388,944)		
GF Operating	7,250,850	6,623,891	6,853,891	3,998,103	7,666,420	4,297,019		
GF Overhead Subsidy	-	(553,372)	(1,148,034)	(911,190)	(407,289)	(519,298)		
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ (2,202,444)	\$ (1,609,632)	\$ (1,747,341)		
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799		\$ 546,168			
FB as a % of Expenditures	24.2%	14.9%	11.4%		2.6%			

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

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for February Fiscal Year 2015.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for February Fiscal Year 2015.

Attachment:
Health District Fund summary report with line item detail

Run by: AHEENAN
 Run date: 03/10/2015 14:01:50
 Report: 400/ZS16

Washoe County
 Plan/Actual Rev-Exp 2-yr (FC)

Page: 1/ 4
 Horizontal Page: 1/ 1
 Variation: 1/ 112

Period: 1 thru 8 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-	33,995-	12,322-	73	63,177-	40,806-	22,371-	65
422504 Pool Permits	97,000-	28,416-	68,584-	29	74,690-	24,057-	50,633-	32
422505 RV Permits	11,000-	8,269-	2,731-	75	13,306-	8,299-	5,007-	62
422507 Food Service Permits	420,000-	303,921-	116,079-	72	492,181-	287,873-	204,308-	58
422508 Wat Well Const Perm	30,000-	23,527-	6,473-	78	23,567-	19,810-	3,757-	84
422509 Water Company Permits	5,000-	8,771-	3,771	175	3,200-	5,325-	2,125	166
422510 Air Pollution Permits	474,103-	342,701-	131,402-	72	584,012-	327,548-	256,464-	56
422511 ISDS Permits	75,000-	53,211-	21,789-	71	66,522-	57,873-	8,649-	87
422513 Special Event Permits	105,000-	47,262-	57,738-	45	99,623-	52,207-	47,416-	52
422514 Initial Applic Fee	31,000-	19,622-	11,378-	63	35,226-	21,874-	13,352-	62
* Licenses and Permits	1,294,420-	869,695-	424,725-	67	1,455,504-	845,672-	609,832-	58
431100 Federal Grants	5,197,010-	2,554,728-	2,642,283-	49	5,301,515-	2,310,237-	2,991,278-	44
431105 Federal Grants - Indirect	235,667-	137,052-	98,615-	58	243,178-	155,118-	88,061-	64
432100 State Grants	311,068-	157,827-	153,241-	51	741,802-	224,822-	516,980-	30
432105 State Grants-Indirect	16,026-	3,734-	12,292-	23	2,205-	1,073-	1,132-	49
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-	453,222-	134,555	142	300,000-	479,375-	179,375	160
* Intergovernmental	6,546,987-	3,649,086-	2,897,901-	56	7,057,248-	3,347,940-	3,709,308-	47
460162 Services to Other Agencies								
460500 Other Immunizations	89,000-	25,290-	63,711-	28	89,000-	32,761-	56,239-	37
460501 Medicaid Clinical Services	8,200-	2,202-	5,998-	27	8,200-	1,678-	6,523-	20
460503 Childhood Immunizations	20,000-	9,160-	10,840-	46	20,000-	10,594-	9,406-	53
460504 Maternal Child Health								
460505 Non Title X Revenue								
460508 Tuberculosis	4,100-	3,713-	387-	91	4,100-	2,955-	1,145-	72
460509 Water Quality								
460510 IT Overlay	35,344-	21,531-	13,813-	61	35,344-	22,842-	12,502-	65
460511 Birth and Death Certificates	480,000-	299,211-	180,789-	62	450,000-	301,008-	148,992-	67
460512 Duplication Service Fees		301-	301			756-	756	
460513 Other Healt Service Charges		359-	359			206-	206	
460514 Food Service Certification	18,000-	12,164-	5,836-	68	19,984-	12,349-	7,635-	62
460515 Medicare Reimbursement								
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-	4,054-	2,946-	58
460518 STD Fees	21,000-	8,161-	12,839-	39	21,000-	12,320-	8,680-	59
460519 Outpatient Services								
460520 Eng Serv Health	50,000-	30,985-	19,015-	62	50,707-	32,755-	17,952-	65
460521 Plan Review - Pools & Spas	3,600-	3,033-	567-	84	3,816-	3,380-	436-	89
460523 Plan Review - Food Services	20,000-	14,898-	5,102-	74	18,765-	13,156-	5,609-	70
460524 Family Planning	32,000-	20,687-	11,313-	65	27,000-	22,740-	4,260-	84
460525 Plan Review - Vector	42,000-	32,123-	9,877-	76	36,021-	36,730-	709	102
460526 Plan Review-Air Quality	57,889-	37,175-	20,714-	64	65,272-	20,099-	45,173-	31
460527 NOE-AQM	116,984-	77,272-	39,712-	66	113,934-	77,731-	36,203-	68

Run by: AHEENAN
 Run date: 03/10/2015 14:01:50
 Report: 400/ZS16

Washoe County
 Plan/Actual Rev-Exp 2-yr (FC)

Period: 1 thru 8 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-	65,225-	34,108-	66	135,389-	55,565-	79,824-	41
460529 Assessments-AQM	51,336-	33,294-	18,042-	65	57,888-	30,504-	27,384-	53
460530 Inspector Registr-AQ	2,162-	855-	1,307-	40	14,655-	2,113-	12,542-	14
460531 Dust Plan-Air Quality	142,403-	83,192-	59,211-	58	187,690-	92,599-	95,091-	49
460532 Plan Rvw Hotel/Motel		3,490-	3,490			480-	480	
460533 Quick Start								
460534 Child Care Inspection	8,514-	6,009-	2,505-	71	10,560-	5,305-	5,255-	50
460535 Pub Accomod Inspectn	19,000-	12,150-	6,850-	64	22,540-	11,930-	10,610-	53
460570 Education Revenue					2,900-	796-	2,104-	27
* Charges for Services	1,329,615-	821,055-	508,560-	62	1,403,515-	826,285-	577,230-	59
483000 Rental Income		151-	151					
484050 Donations Federal Pgm Income	37,550-	17,589-	19,961-	47	37,550-	24,218-	13,332-	64
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		10,011-	10,011					
485121 Jury Reimbursements		120-	120			80-	80	
485300 Other Misc Govt Rev		1,497-	1,497		62,229-	2,515-	59,714-	4
* Miscellaneous	98,663-	29,369-	69,294-	30	193,167-	59,089-	134,078-	31
** Revenue	9,269,685-	5,369,205-	3,900,480-	58	10,109,435-	5,078,987-	5,030,447-	50
701110 Base Salaries	9,207,669	6,035,685	3,171,984	66	9,191,190	5,605,116	3,586,074	61
701120 Part Time	408,927	223,058	185,869	55	565,940	276,832	289,108	49
701130 Pooled Positions	508,176	251,491	256,685	49	464,481	287,695	176,786	62
701140 Holiday Work	4,319	2,853	1,466	66	2,819	3,145	326-	112
701150 xcContractual Wages								
701200 Incentive Longevity	155,100	81,672	73,428	53	165,426	83,144	82,281	50
701300 Overtime	62,405	38,646	23,759	62	69,920	36,732	33,188	53
701403 Shift Differential		65	65-					
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-			73,653	73,653-	
701417 Comp Time		11,950	11,950-			9,751	9,751-	
701419 Comp Time - Transfer						6,038	6,038-	
701500 Merit Awards								
* Salaries and Wages	10,408,329	6,768,616	3,639,713	65	10,230,689	6,382,004	3,848,685	62
705110 Group Insurance	1,457,971	943,695	514,276	65	1,422,035	870,386	551,649	61
705210 Retirement	2,509,362	1,602,257	907,105	64	2,515,667	1,525,698	989,968	61
705215 Retirement Calculation								
705230 Medicare April 1986	134,717	92,463	42,254	69	136,701	85,945	50,757	63
705320 Workmens Comp	67,787	45,192	22,595	67	66,992	44,092	22,900	66
705330 Unemploy Comp	15,179	10,120	5,060	67	15,375	15,179	196	99
705360 Benefit Adjustment	31,202		31,202					
* Employee Benefits	4,216,218	2,693,726	1,522,492	64	4,156,770	2,541,301	1,615,470	61

Period: 1 thru 8 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	132,852	91,630	59	246,791	137,015	109,775	56
710714 Referral Services		1,356	1,356-		6,328	452	5,876	7
710721 Outpatient	88,786	48,607	40,179	55	93,093	50,820	42,272	55
710872 Food Purchases	4,889	1,402	3,486	29	10,176	450	9,725	4
711010 Utilities					180		180	
711020 Water/Sewer								
711100 ESD Asset Management	66,526	43,076	23,450	65	47,436	32,696	14,740	69
711113 Equip Srv Replace	27,586	18,014	9,572	65	27,084	18,405	8,679	68
711114 Equip Srv O & M	41,538	29,318	12,220	71	46,869	27,352	19,517	58
711115 Equip Srv Motor Pool	5,000		5,000		16,741		16,741	
711117 ESD Fuel Charge	48,591	31,124	17,467	64	55,492	28,048	27,444	51
711119 Prop & Liab Billings	74,502	49,668	24,834	67	74,502	49,668	24,834	67
711210 Travel	221,064	57,396	163,667	26	269,811	44,479	225,332	16
711300 Cash Over Short		20-	20			20	20-	
711399 ProCard in Process		65	65-					
711400 Overhead - General Fund	2,741,061	1,827,374	913,687	67	2,898,034	1,932,023	966,011	67
711504 Equipment nonCapital	100,626	54,626	46,001	54	135,712	77,883	57,829	57
* Services and Supplies	5,856,268	3,233,772	2,622,496	55	6,328,754	3,283,762	3,044,992	52
781004 Equipment Capital	373,694	25,527	348,167	7	332,748	93,954	238,794	28
781007 Vehicles Capital	25,000		25,000		100,000		100,000	
* Capital Outlay	398,694	25,527	373,167	6	432,748	93,954	338,794	22
** Expenses	20,879,509	12,721,641	8,157,867	61	21,148,962	12,301,020	8,847,942	58
485193 Surplus Supplies Sales						653-	653	
* Other Fin. Sources						653-	653	
621001 Transfer From General	10,000,192-	5,605,096-	4,395,096-	56	8,603,891-	5,018,936-	3,584,955-	58
* Transfers In	10,000,192-	5,605,096-	4,395,096-	56	8,603,891-	5,018,936-	3,584,955-	58
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192-	5,605,096-	4,395,096-	56	8,603,891-	5,019,589-	3,584,302-	58
*** Total	1,609,632	1,747,341	137,709-	109	2,435,636	2,202,444	233,192	90

STAFF REPORT
BOARD MEETING DATE: March 26, 2015

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer
775-328-2419, edixon@washoecounty.us

SUBJECT: **Review, discussion and acknowledgment of Business Impact Statements regarding Washoe County Health District Proposed Fees; and other matters properly related thereto; and set a public hearing for possible adoption of Proposed Fees for April 23, 2015 at 1:00 pm.**

SUMMARY

The Washoe County District Board of Health must approve changes to the Health District Fee Schedule. Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Fees.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health

Fundamental Review recommendation supported by this item: Update fee schedules and billing processes regularly for all clinical and environmental health services provided

PREVIOUS ACTION

April 25, 2013 the Board approved the current Fee Schedule.

September 25, 2014 the Board directed staff to bring back the proposed new fees.

October 23, 2014 the Board directed staff to bring back the proposed new fees with item seven (7) split into two separate fees; a Validated Facility Complaint fee and a Validated Foodborne Illness Outbreak fee.

November 20, 2014 the Board directed staff to take the proposed new fees to the community for input and bring back to the Board the proposed fees for consideration and possible adoption into the current fee schedule.

BACKGROUND

During a review of our business processes for the Accela Regional License and Permits project and the reassessment of all other business processes and associated fees it was discovered that there are several activities that the current fee schedule does not allow for the Health District to charge a fee. At the September 25, 2014 board meeting staff was directed to develop those fees for the activities identified and bring them back to the Board for discussion and direction. Further discussion occurred at the October 23, 2014 and November 20, 2014 where staff was directed to take the fees to the community for input.

On January 22, 2015, notices were mailed to 3,622 affected permit holders, businesses, as well as other identified stakeholders and members of industry, giving notice of the proposed fees and offering multiple methods of providing input. The mailing list is available. A combined Workshop and Public Hearing Notice was published in the Reno Gazette Journal on January 29, 30, and February 2, 2015. The proposed fees were posted on the Health District website homepage.

Public Workshops were held on February 18th at 10 am and February 25th at 5:30 pm. The workshops were held at the Washoe County Health District. A total of twelve community members attended the workshops. In addition, individual meetings were held with the Washoe County School District and the Land Users Working Group hosted by Builder's Association of Northern Nevada.

Business impact statements have been prepared in accordance with NRS 237.090 and are attached for each fee.

Community feedback received, if any, was positive or neutral for the following proposed fees:

Air Quality Management

- Transfer of Woodstove Certificate of Compliance
- NESHAP Notification Administrative Modification

Environmental Health Services

- New Facility/Change of Ownership – Application Fee
- Limited Advisory Inspection (Normal and Non-standard Working Hours)
- Reinspection
- Quick Start (Expanded)
- Water System Construction Plan Review
- Late Payment

The following community feedback was received for:

Air Quality Management

- Notification of Asbestos application/removal
 - During this process it was determined that there are many more NESHAP removals not being reported to the Washoe County Health District than previously anticipated. If approved, staff will work closely with the abatement contractors to ensure that all asbestos applications/removal is being reported.

- The Washoe County School District expressed concerns about the impact this change would have on their larger upgrade projects (i.e. replacing flooring in multiple schools). Staff agreed that it would be beneficial for both organizations to have those projects covered under our current Annual Notification Fee for Notification of Asbestos, limiting paperwork and staff time, while reaching the same public health outcome. This does not require any additional changes to the fee schedule.
- Dust Control Permit Administrative Modification
 - During this process it was determined that a contractor must be listed prior to final map review. Air Quality and Environmental Health staff have discussed this requirement and deemed that there is no statutory requirement for the dust control permit to be issued prior to approving the final map. Process improvement will remove the dust control permit requirement from final map conditions. This should limit the number of changes required for Administrative Modification.
- Smoke Management Plan Review
 - At the February 18th public workshop it was identified that the area's Smoke Managers had some questions about the logistical requirements of this fee. There was little concern over the amount of fee or the justification for the fee. Staff met with the Smoke Managers and confirmed the logistics and day to day operations.

Environmental Health Services:

- Underground Storage Tanks (UST) New construction, Remodel/Upgrade/Repair, and Decommissioning
 - Community feedback was submitted from one contractor that completes the majority of UST projects in Washoe County. Support was provided for the proposed fees and it was requested that the Washoe County Health District implement fees, regulations, and permitting that goes beyond what is being proposed. Staff will be taking this request into consideration at a future date.
- School Institutions
 - Staff met with the Washoe County School District and while there was appreciation for the need for cost recovery the School District was concerned about finding the available resources to pay the new fees. In addition, it was suggested that since the inspections are NRS mandated the State of Nevada should cover the costs of the activities.
- Validated Foodborne Illness Investigation/Validated Facility Complaint
 - During both public workshops there were questions regarding these fees. After staff explained when and how these fees would be implemented there was minimal concern shared.

Subject:
Date:
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FISCAL IMPACT

Should the Board approve all proposed new fees, it is anticipated that the Air Quality Division will have an increase in revenue of \$10,167.00 and the Environmental Health Division will have an increase of \$89,823.00. This increase is already included in the FY16 proposed budget.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health review, discuss and acknowledge the Business Impact Statements regarding Washoe County Health District Proposed Fees; and other matters properly related thereto; and set a public hearing for possible adoption of Proposed Fees for April 23, 2015 at 1:00 pm.

POSSIBLE MOTION

Should the Board agree with staff's recommendation a possible motion would be "Move to acknowledge the Business Impact Statements regarding Washoe County Health District Proposed Fees; and other matters properly related thereto; and set a public hearing for possible adoption of Proposed Fees for April 23, 2015 at 1:00 pm."

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of NESHAP Notification Administrative Modification fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were mailed to all current permit holders that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada.

No negative public comments were provided on the NESHAP Notification Administrative Modification fee.

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

Adverse effects: Businesses request administrative changes to their NESHAP form will be required to pay \$47.00 for the completion of those changes.

Beneficial effects: It is anticipated an annual revenue of \$235.00.

Direct effects: Passage of this fee would allow for recovery of some of the costs to modify NESHAP forms.

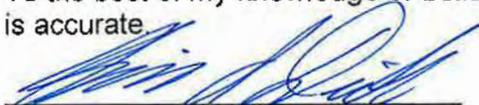
Indirect effects: No indirect effects are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

Washoe County Health District Air Quality Management regulations require specific contact information be provided on the NESHAP notification form. Currently there is no established process to make administrative changes which has resulted in delays in the approval process when there has been a change in abatement contractors. This fee provides for the modification of the NESHAP notification and avoidance of delays and potential compliance issues. The Air Quality Management Division is currently not financially sustainable as structured and required services need to be reimbursed.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents no significant increase in the costs related to changing NESHAP forms.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 235.00.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the costs associated with modifying NESHAP forms.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Notification of Asbestos application/removal fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were mailed to all current permit holders that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada.

No negative public comments were provided on the Notification of Asbestos application/removal fee.

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

Adverse effects: Businesses that conduct construction activities requiring NESHAP demolition after abatement will now be required to submit an application for removal plan and pay \$162.00.

Beneficial effects: It is anticipated an annual revenue of \$1,620.00.

Direct effects: Passage of this fee would allow for recovery of some of the costs to review NESHAP demolition plans.

Indirect effects: No indirect effects are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

Washoe County Health District Air Quality Management regulations have required both NESHAP and non-NESHAP plan submittal, however, the fee schedule only allowed for the collection of fees for non-NESHAP plan review. This fee corrects that oversight. The Air Quality Management Division is currently not financially sustainable as structured and required services need to be reimbursed.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents no significant increase in the costs related to reviewing NESHAP plans.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 1,620.00.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the costs associated with reviewing NESHAP plan reviews.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Dust control administrative modifications fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted.*)

Informational postcards were mailed to all current permit holders that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada.

No negative public comments were provided on the Dust Control Permit Administration Fee.

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

Adverse effects: Businesses that modify their Dust Control Permit, including changing contractors, developer, and owner would now be required to pay this fee.

Beneficial effects: It is anticipated an annual revenue of \$2,350.00

Direct effects: Passage of this fee would allow for recovery of some of the costs to provide changes to the Dust Control Permits.

Indirect effects: No indirect effects are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses ad a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine.*)

During this process it was determined that a contractor must be listed prior to final map review. Air Quality and Environmental Health staff have discussed this requirement and deemed that there is no statutory requirement for the dust control permit to be issued prior to approving the final map. Process improvement will remove the dust control permit requirement from final map conditions. This should limit the number of changes required for Administrative Modification.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents no significant increase in the costs related to modifying Dust Control Permits.

5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 2,350.00.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the costs associated with modifying Dust Control Permits.

7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Transfer of Woodstove Certificates of Compliance fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. *(List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).*

Informational postcards were mailed to all current permit holders that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada.

No negative public comments were provided on the Transfer of Woodstove Certificates of Compliance fee.

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

Adverse effects: Businesses that require a change of title or loan company would be required to pay \$13.00 for the amended certificate.

Beneficial effects: It is anticipated an annual revenue of \$130.00.

Direct effects: Passage of this fee would allow for recovery of some of the costs to amend Woodstove Certificates of Compliance.

Indirect effects: No indirect effects are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: *(Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine).*

Washoe County Health District Air Quality Management currently amends Woodstove Certificates free of charge. The Air Quality Management Division is currently not financially sustainable as structured and required services need to be reimbursed.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents no significant increase in the costs related to amending Woodstove Certificates
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 130.00
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the costs associated with amending Woodstove Certificates of Compliance.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Smoke Management Plan Review Fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were mailed to all current Land Managers that would be impacted by this fee. Announcements of the proposed fees were published in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada.

No negative public comments were provided on the Smoke Management Plan Review Fee.

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

Adverse effects: Organizations that are required to submit a Smoke Management Plan will now be required to pay a fee of \$72.00 for the original plan and an additional \$18.00 per unit.

Beneficial effects: It is anticipated an annual revenue of \$5,832.00

Direct effects: Passage of this fee would allow for recovery of some of the costs to review Smoke Management Plans.

Indirect effects: No indirect effects are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

Washoe County Health District Air Quality Management currently reviews Smoke Management Plans without reimbursement. Other jurisdictions in Nevada that review Smoke Management Plans charge an annual fee. Through this process after meeting with Land Managers, Air Quality Management staff agreed to have a renewal process and timeline that properly supports the work of the Smoke Management Plans.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents no significant increase in the costs related to reviewing Smoke Management Plans.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 5,832.00
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the costs associated with reviewing Smoke Management Plans.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of New Application/Change of Ownership Fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were mailed to all current permit holders that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. Individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and the Washoe County School District.

No negative public comments were provided on the New Application/Change of Ownership Fee.

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

Adverse effects: The only businesses impacted will be those that change owners.

Beneficial effects: Revenue anticipated in the annual amount of \$7,650 will be collected to support the activities required as part of the new application and change of ownership process for permits.

Direct effects: Passage of this fee would allow for recovery of some of the costs to provide additional information and resources that has already been conducted with the previous permit holder.

Indirect effects: Although indirect effects may occur, none are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

The Washoe County Health District has been offering additional assistance to those permit holders that become new owners. The Environmental Health Division is not financial sustainable in the current structure.

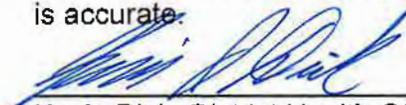
4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents no significant increase in the costs related to change of ownership for annual permit holders.

5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 7,650.00 annually.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the expenses associated when permit holders change ownerships.

7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of School Institution Inspection fees.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were sent to every current school facility that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. Individual meetings were held with the Washoe County School District and the Health Land Users Working Group hosted by Builder's Association of Northern Nevada.

Washoe County School District had concerns about their ability to pay the fee. There were no concerns about the need for cost recovery or the requirement that WCHD complete the inspections.

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

Adverse effects: Schools will be charged \$151 a year per facility for WCHD to inspect and comply with NRS 444.335. These inspections have been provided free of charge.

Beneficial effects: It is estimated that this increase in fees will add an additional \$20,838 annually to offset some expenses of conducting the school inspections.

Direct effects: The passage of these fees will directly increase the fees paid and will result in additional money to recover some of the costs of conducting School Institution Inspections.

Indirect effects: The passage of these fees is sure to have indirect effects, however at this time, those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

Washoe County Health District has provided these services without implementing a fee. Financially the Environmental Health Division is no longer sustainable with the current structure.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.

5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 20,838.00 annually.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the expenses related to staff conducting School Institution Inspections.

7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Underground Storage Tank (UST) Inspection fees.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. *(List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).*

Announcements of the proposed fees were posted in the Reno Gazette Journal three times. Local contractors that have worked on recent UST projects were emailed information on the proposed fees. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. Individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada and the Washoe County School District.

During the public comment process it was requested that the Washoe County Health District provide more inspections and permits for USTs than what is currently proposed. This is something that will be researched at a future date.

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

Adverse effects: Current UST new constructions, large remodels, and decommissioning will cost between \$1,333 and \$1,603. These inspections have been provided free of charge.

Beneficial effects: It is estimated that this increase in fees will add an additional \$45,390 annually to sustain the UST program which is current grant funded and not financially sustainable.

Direct effects: The passage of these fees will directly increase the fees paid and will result in additional money to recover some of the costs of conducting UST inspections.

Indirect effects: The passage of these fees is sure to have indirect effects, however at this time, those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: *(Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine).*

Washoe County Health District has tried to provide these services without implementing a fee like other local jurisdictions in Nevada. Financially the UST program is no longer sustainable with the current structure. Public comment has indicated that the community would appreciate more UST inspections, permits and fees. This is something that will be considered at a future date.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted. If the fees are not passed the work will need to cease.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 45,390.00 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the expenses related to staff conducting UST Inspections.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Limited Advisory Inspection Fees (Normal working hours and Non-Standard Working Hours).

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were mailed to all current permit holders that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. Individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada and the Washoe County School District.

No negative public comments were provided on the Limited Advisory Inspection Fees.

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

Adverse effects: Only businesses requesting this service will be impacted by this fee.

Beneficial effects: This is a customer requested service and may allow businesses to coordinate requested services with less business impact.

Direct effects: Passage of this fee would allow for reimbursement of some of the costs associated with providing limited advisory inspections during and off standard working hours.

Indirect effects: No indirect effects are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

This is a customer service driven fee and only applies to businesses that request this service.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents a potential increase in staff time and expense spent on Limited Advisory Inspections.

5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 3,520.00 annually.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the expenses related to staff completing Limited Advisory Inspections.

7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Reinspection Fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were mailed to all current permit holders that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. Individual meetings were held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada and the Washoe County School District.

No negative public comments were provided on the Reinspection Fee.

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

Adverse effects: The only businesses impacted will be those that require reinspections over the number of inspections that are already included in the original permit fee.

Beneficial effects: It is anticipated that this fee will reduce the amount of time staff spend on conducting repeat inspections

Direct effects: Passage of this fee would allow for recovery of some of the costs to provide additional inspections.

Indirect effects: It is anticipated that more businesses will complete required actions in fewer inspections.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses ad a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

The Washoe County Health District has been expending extra effort to provide additional inspections. Other ideas to reduce this effort were considered but it was determined they would not have been as successful in increasing compliance with required actions in fewer inspections.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents no significant increase in the costs related to conducting inspections.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: \$ 2,130.00 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the costs associated with conducting reinspections.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Validated Facility Complaint fees.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were sent to all current permit holders that could be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada.

During the public comment process there were a number of questions. There were no concerns about this fee once the process was fully understood.

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

Adverse effects: Currently businesses that don't comply with recommendations and contribute to a preventable Validated facility complaint are not responsible for the staff time required to investigate, provide recommendations, and follow up to ensure those recommendations are followed. This fee would allow those businesses to pay a fee of \$71/hour of staff time worked.

Beneficial effects: It is unknown the financial benefit as the anticipated annual volume is infrequent.

Direct effects: It is estimated that the passage of this fee will increase the business owners' willingness to comply with recommendations quickly to help prevent a validated Facility Complaint. This would reduce staff time required to respond to such events.

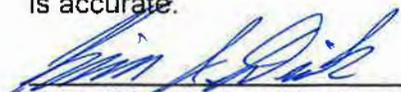
Indirect effects: The passage of these fees is sure to have indirect effects, however at this time, those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

Washoe County Health District has provided these services without implementing a fee. Financially the Environmental Health Services Division is no longer sustainable with the current structure.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: unknown.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the expenses related to staff conducting Validated Facility Complaint Investigations.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Validated Foodborne Illness (FBI) Investigation fees.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were sent to all current permit holders that could be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada.

During the public comment process there were a number of questions. There were no concerns about this fee once the process was fully understood.

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

Adverse effects: Currently businesses that don't comply with recommendations and contribute to a preventable Validated FBI are not responsible for the staff time required to investigate, provide recommendations, and follow up to ensure those recommendations are followed. This fee would allow those businesses to be charged a fee of \$71/hour of staff time worked.

Beneficial effects: It is unknown the financial benefit as the anticipated annual volume is infrequent.

Direct effects: It is estimated that the passage of this fee will increase the permit holders willingness to comply with recommendations quickly to help prevent a validated FBI. This would reduce staff time required to respond to such events.

Indirect effects: The passage of these fees is sure to have indirect effects, however at this time, those effects cannot be quantified.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

Washoe County Health District has provided these services without implementing a fee. Financially the Food Program is no longer sustainable with the current structure.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: unknown.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover some of the expenses related to staff conducting Validated FBI Investigations.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

March 17, 2015

Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Quick Start Fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were mailed to all current permit holders that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Work Group hosted by the Builders Association of Northern Nevada.

No negative public comments were provided on the expanded Quick Start Fee.

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

Adverse effects: Only businesses requesting this service will be impacted by this fee.

Beneficial effects: This is a customer requested service and may allow limited construction activities while plans are being processed through various agencies.

Direct effects: Passage of this fee would allow for quick start activities across Environmental Health Services and not just in the Food Program as previously written.

Indirect effects: No indirect effects are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

This is a customer service driven fee and only applies to businesses that request this service.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents a potential increase in staff time and expense spent on Quick Start activities.

5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 370.00 annually.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing Quick Start activities.

7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Water System Construction Plan Review Fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada, and Truckee Meadows Water Authority was notified of the proposed changes.

During the public comment process it was determined that, as anticipated, the fee is being applied inconsistently. Bringing this already written fee forward to the public was to confirm that it will be applied uniformly moving forward.

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

Adverse effects: No adverse effects are anticipated.

Beneficial effects: Customers will know how the fee will be calculated for every project.

Direct effects: There are no direct effects at this time.

Indirect effects: No indirect effects are anticipated at this time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

No changes were made to how this fee was written or calculated, therefore, no alternatives were considered.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: There is no increase in anticipated annual cost as the work is already being conducted.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 500.00 annually.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: Recover expenses related to staff completing Water System Construction Plan Reviews.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.


Kevin Dick, District Health Officer

March 17, 2015
Date

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Late Payment Fee.

1. The following constitutes a description of the number of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (*List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted*).

Informational postcards were mailed to all current permit holders that would be impacted by this fee. Announcements of the proposed fees were posted in the Reno Gazette Journal three times. The proposed fees were posted on the Health District website and two public workshops were held to solicit feedback. An individual meeting was held with the Health Land Users Working Group hosted by Builder's Association of Northern Nevada.

No negative public comments were provided on the Late Payment Fee.

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

Adverse effects: Only businesses that do not pay their permit fees on time will be impacted by this fee.

Beneficial effects: It is anticipated that this fee will reduce the amount of time staff spend on attempting to collect permit fees in a timely manner.

Direct effects: Passage of this fee would directly increase the fees paid by businesses with operational permits that do not pay their annual permit fee on time.

Indirect effects: It is anticipated that more businesses will pay their annual permit fee on time.

3. The following constitutes a description of the methods the local government considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (*Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that business could pay a lower fee or fine*).

The Washoe County Health District has been expending extra effort to invoice and collect late payment from permit holders. Other ideas to reduce this effort were considered but it was determined they would not have been as successful in increasing on time payment.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: The proposed change presents no significant increase in the costs related to collection of permit revenue.

5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: \$ 8,925.00 annually.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: Process permit invoices.

7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary: The proposed change is not duplicative, or more stringent than existing federal, state or local standards. It is consistent with current Washoe County Health District, Air Quality Management fees.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.



Kevin Dick, District Health Officer

March 17, 2015

Date

STAFF REPORT
BOARD MEETING DATE: March 26, 2015

TO: District Board of Health

THROUGH: Kevin Dick, District Health Officer
328-2416, kdick@washoecounty.us

FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us

SUBJECT: Fiscal Year 2015-2016 Budget update

Budget Update:

Meeting with the Managers of the Cities and County

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 District Health Officer met with the Managers on March 5, 2015 to present the budget that was approved by the District Board of Health on February 26, 2015.

- The Manager of the City of Reno expressed his concerns about the fund balance being so low. The District Health Officer explained that a goal from the Fundamental Review was to look at ways to increase revenues along with looking for areas to reduce costs. While the fund balance was low, the Health District intended to make necessary adjustments to fee schedules during FY 16 to ensure that costs were fully recovered and that this was anticipated to contribute additional revenue the following year. It was also mentioned that given the unique relationship with the County, in the past a large fund balance had become problematic when dealing with the County General Fund support so the best practice has been to keep a low fund balance.
- The Manager of the City of Sparks also expressed concern about the low ending fund balance and asked what the “back stop” for funding is. The District Health Officer stated that the County is where the Health District would have to turn to for additional transfer of funds if required.
- The County Manager expressed his appreciation for a conservative approach to the budget for FY16 which is the same approach the County is adopting.

All Managers accepted the budget as presented.

Meeting with the County Management Budget Team

On March 11, 2015 the District Health Officer presented the approved budget to the County Management Budget Team. The main feedback from the team was that they appreciated the

ADMINISTRATIVE HEALTH SERVICES

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Health District's direction in trying to increase revenues along with decreasing expenditures where appropriate.

Given that the County is still in labor and health insurance negotiations the increases for Health Insurance and Risk Management billings were not included in the February report to the District Board of Health; however, at the County Management Budget Team meeting it was reported that the County anticipates including a 6% increase in Health Insurance and a 2% increase in the Risk Management Billings (workers compensation, unemployment and property & liability insurance). The impact of the increase is anticipated to be \$92,355 for the Health District with \$34,553 being absorbed by grants and restricted funding and \$57,802 from local funds. This will bring the anticipated ending fund balance from \$169,410 to \$111,608, .6% of total expenses, which is a sufficient ending fund balance for the Health Fund given the transfer from the County General Fund.

Next Steps

- **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

STAFF REPORT
BOARD MEETING DATE: March 26, 2015

TO: District Board of Health

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

SUBJECT: **Presentation, Discussion, and Possible Direction to Staff regarding a report on the implementation of Fundamental Review Recommendations. Take action to direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed.**

SUMMARY

On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in a Fundamental Review. The attached report and color-coded dashboard provide an update on implementations that have occurred since that time.

District Health Strategic Objective supported by this item: Strengthen District-wide infrastructure to improve public health, Secure and deploy resources for sustainable impact, Strengthen WCHD as an innovative, high- performing organization

PREVIOUS ACTION

The Washoe County Health District Fundamental Review was presented to the District Board of Health on February 27, 2014. On March 27, 2014 the DBOH approved an implementation plan for the recommendations provided in the Fundamental Review. A detailed progress report on the implementation of the Fundamental Review recommendations was provided to DBOH in October 2014. An implementation dashboard has been provided monthly.

FISCAL IMPACT

There is no additional fiscal impact to the FY15 budget should the Board accept the Fundamental Review Implementation Report.

RECOMMENDATION

Staff recommends the District Board of Health direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to direct staff to continue with implementation of the plan as approved *or* direct staff to make changes as discussed."

Implementation of Fundamental Review Recommendations

1. Place the WIC program organizationally where it is most closely aligned with other similar programmatic functions.
 - a) **Completed.** WIC was moved to CCHS effective January 21, 2014. The integration of delivery of other CCHS services to WIC clients is underway with scheduling of other clinical services in conjunction with WIC client scheduling beginning on July 15, 2014.
2. Develop a Washoe County District Board of Health orientation manual and program.
 - a) **Completed.** An orientation program and draft manual was developed and presented to the DBOH for consideration August 28, 2014.
3. Strengthen customer focus within regulatory programs exploring the potential for User Groups to share consumer viewpoints while continuing to focus on the purpose of regulatory efforts.
 - a) **Implement** this recommendation by establishing a land development and construction user group, and a food service user group to share consumer viewpoints of the regulatory programs provided through AQM and EHS. Establish user groups with initial meetings by July 1, 2014.

Underway. A land development and construction user group (land development group) has been established and has met since May 15, 2014. The group is hosted by the Builders Association of Northern Nevada and has improved Health District communication with this group. Results include work together with the Nevada Division of Environmental Protection to change NAC to allow some construction activities such as mass grading and sub-grade utility installation to occur prior to final map approvals. Most recently, a long-standing requirement to require a dust control plan to be issued prior to final map approval was identified as potentially unnecessary and with detrimental unintended consequences. This requirement is being reviewed for elimination.
4. Critically examine clinic appointment scheduling from a patient access perspective.
 - a) **Implement** this recommendation initially by shifting CCHS staff resources as budget allows to begin providing immunization services at the Health District five days a week. If funding for a vital records position is provided in the FY14/15 budget begin providing vital records services five days a week and during lunch hours. Provide walk in access for immunization services.

Complete. Home visiting program resources were shifted and additional staff hired to provide five day per week immunization program services at the health district. This has been implemented and walk-ins are being accepted on a limited basis. An additional vital records position was created and this office now provides window service five days per week. In addition, modifications are being piloted in the sexual health clinic to provide access to the STD results line all day, and provide additional appointment slots.

- b) **Longer term:** Assess current after hours and weekend services provided and provide this information to DBOH. Consider opportunities and costs for extended hours/weekend provision of clinical services.

Complete. Immunization service hours have been extended to provide evening access by scheduling staffing from 10 am to 7 pm on the first, third, and fifth Wednesdays of the month (began December 2014). This provides expanded hours of access at no additional cost by shifting staff schedules and utilizing extended hours security services already provided for the family planning program and sexual health services. Providing weekend IZ service hours on campus is not currently economically feasible, although weekend clinics are offered offsite in conjunction with Immunize Nevada.

- c) **Implement** this recommendation by adding staffing with funding included in the FY 14/15 adopted budget.

Complete. An Office Assistant II has been hired and trained, allowing the program to provide service to the public five days per week and over the lunch hour.

- d) **Longer Term:** Explore opportunity to utilize Interactive Voice Response (IVR) software, which will be acquired for the regional permit software platform to automate clinical services scheduling.

Underway, but stalled. Our current scheduling software system does not provide IVR, plan to develop this capability, or want to collaborate with others to provide IVR. We are exploring other options.

- 5. Update fee schedules and billing processes for all clinical and environmental services provided.

- a) **Implement** this recommendation initially by improving clinical billing through utilization of a third-party billing service by August 1, 2014. Establish contracts with insurance providers and Medicaid for reimbursement by July 1, 2014.

Underway, but overcoming issues. Third-party billing began on July 1, 2014 using Netsmart's Insight Revenue Cycle Management (RCM) Program. They have not performed as projected. They are operating to implement a performance improvement plan and the Health District is assessing continuation or other options.

- b) **Intermediate Term:** Identify costs for permits and services, which currently are not being charged, but are clearly a cost that should be included in fee schedules under the existing fee determination approach and adjust fees or propose new fees as appropriate to be included in the FY16 budget cycle.

Underway. New fees have been proposed for EHS and AQM services for which fees previously have not been charged. Workshops have been heard and the fees are anticipated to go to a DBOH public hearing for possible adoption in April, for implementation as of July 1, 2015.

- c) **Longer Term:** Determine what costs of regulatory programs are not included in existing fees and what may be included in fee schedules. Determine these costs and discuss potential changes to the fee schedule with the regulated community. As directed by DBOH, propose updated fee schedules and hold workshops and public hearings. Planned for FY 16.
 - d) **Intermediate and Longer Term:** Identify community and clinical services that are offered, or might be offered through the Health District for which reimbursement is available and would benefit the community. Provide and bill for these services.
- 6. Explore and vet a tiered level of services for environmental health regulatory programs and inspections
 - a) **“Parking Lot.”** Consider the desire and support for this type of tiered structure in the user groups, potential impacts to overall service levels, and consider this item in the larger context of the updated fee schedules addressed under Recommendation 5 (above).
- 7. Participate in the business process analysis currently underway across all building permitting in the county.
 - a) **Underway.** The DBOH, Reno, Sparks, and Washoe County signed an Interlocal Agreement to formalize participation in the Regional Business License and Permit Software Project in June, 2014. On June 30, 2014, Washoe County signed a contract with Accela for subscriptions to the software and implementation of the project. A 16-month implementation schedule is in progress.
- 8. Strengthen organizational effectiveness by developing infrastructure to support the District Health Officer.
 - a) **Underway.** The Office of the District Health Officer (ODHO) was established July 1, 2014 under the adopted FY14/15 budget. The ODHO includes the Health Officer, Public Health Communications Program Manager, QI Officer, and Administrative Secretary. The Nevada Public Health Foundation Independent Contractor that conducted the Community Health Assessment was housed in the ODHO. The Public Health Nurse II position of the QI Officer has been reclassified to a new position as Director of Programs and Projects that will support cross-divisional initiatives, and outreach, collaboration, and partnership with other organizations in the community. That position is filled effective March 31, 2015.
- 9. Implement time coding for employees in order to generate an accurate accounting of how employee time/costs are allocated.
 - a) **Underway.** Time Coding in EHS and AQM is underway and the time accounting data is being evaluated. Current software has limited functionality in this area. The Accela permitting project implementation is expected to improve time accounting automation and information.

10. Perform cost analysis of all programs

- a) **Implement** this recommendation by developing a schedule for conducting cost analysis of programs, and a cost analysis methodology. Report progress to DBOH quarterly.

Underway: DBOH approved the phased schedule for cost analysis of Health District programs presented on June 26, 2014. The “pilot” phase cost analysis of AHS is completed and the Phase I cost/benefit analysis is well underway.

11. Perform assessment of needed administrative and fiscal staffing to increase efficiencies

- a) **Assess** need for fiscal staffing and administrative staffing as workload for program cost analysis is conducted.

12. Demonstrate a concerted effort among all parties to address the tensions regarding overhead/direct costs

- a) **Underway.** Approval of an additional \$1.4 million in the FY 14/15 General Funds Transfer from Washoe County has substantially reduced current tensions regarding overhead/direct costs. An FY 2015 budget without any above the base funding request from the County has been approved by DBOH. The Health District continues to operate at a deficit and additional cost control/revenue recovery measures are required in the future.

13. Align programs and services with public demand for services to reflect burden of disease and effective public health intervention

- a) **Implement** this recommendation initially by shifting home visiting resources to provide additional clinical services to mothers and children visiting the WIC program and to provide immunization services five days a week.

Completed. Home visiting services were curtailed effective June 1, 2014. Resources have been redeployed to support MCH and immunization clinical services to clients at the Health District and to integrate the delivery of these services with the WIC program.

- b) **Assess** changes in service levels and program alignment in light of results of the Community Health Assessment, Community Health Improvement Plan, and Strategic Plan actions, or as needed to respond to service level reductions required by reductions in funding.

14. Conduct a Community Health Assessment (CHA) in concert with current partner organizations for Washoe County Health District and constituent communities.

- a) **Implement** this recommendation.

Completed. A Washoe County Community Health Needs Assessment was completed in January 2015. The Assessment was conducted in collaboration with Renown Health, with funding support from Washoe County Social Services and Schwab Bank. The development of the Assessment was managed under a subcommittee to the Truckee Meadows Healthy Communities Committee. The Assessment is available on the Health District website. The executive summary

was provided to the participants of the January 8, 2015 Truckee Meadows Healthy Communities Conference and presented at the Conference.

15. Develop metrics for organizational success and improved community health

Implement this recommendation.

- a) **Implement** this recommendation. During FY15, programs will continue to identify metrics that help to manage programs and resources and which tell our story to our partners and the community. Outcome based measures will also be developed which can be used in assessing progress to address public health issues and which provide opportunities to critically evaluate delivery of Health District services. This will be an ongoing continuous quality improvement process. These metrics will be reported to the Board.

Underway. Additional metrics are being reported monthly to the Board. Additional work in this area remains.

16. Continue current collaborative action plan to resolve REMSA oversight issues with engagement of key partners and stakeholders

- a) **Underway.** An Amended and Restated Franchise for Emergency Ambulance Services with REMSA was signed by REMSA and DBOH in May 2014. The agreement provides for additional data reporting by REMSA, and enhanced oversight by DBOH. REMSA has been operating under the new agreement since July 1, 2014 and REMSA response data reporting under the agreement has been enhanced.

An Interlocal Agreement for the District Board of Health to provide Regional Emergency Medical Services Oversight of REMSA, Reno Fire Department EMS, Sparks Fire Department EMS, Truckee Meadows Fire Protection District EMS, and associated EMS dispatch functions has been ratified.

EMS Program staffing has been completed and quarterly response data from the first two quarters of FY 15 has been compiled and analyzed. The EMS Advisory Board has been established and has conducted three meetings.

17. Maintain current levels of local and state financial support

- a) **Implement.** Action on this recommendation is captured under Recommendation 12 above.
- b) **Implement.** Advocate to sustain or enhance funding through State Agencies that aligns with Health District Programs and priorities.

18. Conduct a governance assessment utilizing the National Association of Local Boards of Health (NALBOH) Version 3 of the National Public Health Performance Standards.

- a) **Completed** January 16, 2014. Determine future schedule to conduct the assessment.

19. Undertake an organizational strategic plan to set forth key health district goals and objectives so that priorities are clearly articulated for the Board, staff, stakeholders and community.

- a) **Implement** recommendation by conducting a strategic planning initiative following the completion of the Community Health Assessment and a Community Health Improvement Plan.

Not Yet Underway. Planning to conduct a Community Health Improvement Planning Process in calendar 2015 is underway. It is anticipated to take six to nine-months to develop the plan. The recruitment process for a Director of Programs and Projects in the ODHO is underway. This position will play a lead role in developing the CHIP.

20. Implement a performance management system

- a) **Longer Term:** Utilize the results of the program cost analysis, metrics developed under Recommendation 15, and the Strategic Plan developed under Recommendation 19 to develop and implement a performance management system.

Not Yet Underway. A grant proposal was submitted to NACCHO to provide funding support for development of a performance management system. It was not funded.

21. Consider alternative governance structures in order to accommodate multiple related but potentially competing objectives

- a) This is **not a recommendation** for staff action.

22. Take a greater leadership role to enhance the strong current State/Local collaboration

- a) **Short Term:** The Health District needs to be prepared to respond to legislative and regulatory issues. However, it is recommended that the initial Health District efforts in response to the Fundamental Review recommendations are to focus on internal and local issues.

Underway. Staff are tracking BDRs and Bills, providing monthly legislative updates, and operating in accordance with 2015 legislative principles adopted by DBOH. The Health District is coordinating with the County legislative initiative and other partners, and providing testimony as appropriate.

- b) **Longer Term:** Seek direction from DBOH on a greater leadership role once the bulk of the fundamental review recommendations are implemented and the Health District is operating sustainably, and is engaged and supported at the local level.

Not Yet Underway.

23. Develop an organizational culture to support quality by taking visible leadership steps.

- a) **Underway.** Management from the Supervisor level up have been trained and involved in discussion of the approach to develop a quality improvement culture. Staff from across the Divisions who compose the QTeam have received additional training on use of QI tools and processes and utilized this training to develop

project facilitation skills through pilot QI projects with teams they led. The QTeam is now working to streamline tools and processes to make them more accessible and readily usable by staff in their day-to day work responsibilities. These tools will be delivered in training rolled out at the Divisional level during the next few months. A QI project to improve fleet efficiency is underway.

24. Seek Public Health Accreditation Board accreditation

- a) **Longer Term:** Seek DBOH direction on this recommendation once the Community Health Assessment, Community Health Improvement Plan, and the Strategic Plan have been completed.

Not Yet Underway.

Fundamental Review Recommendation Status

Legend:

March 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

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

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

Fundamental Review Recommendation Status

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

Acronyms: IZ - Immunizations
 ILA - Interlocal Agreement
 CHA - Community Health Assessment
 CHIP - Community Health Improvement Plan
 SP - Strategic Plan
 QI - Quality Improvement
 DBOH - District Board of Health
 NALBOH - National Association of Local Boards of Health

STAFF REPORT
BOARD MEETING DATE: March 26, 2015

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 775.328.2416, kdick@washoecounty.us
SUBJECT: **Presentation, Discussion and Possible 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.

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. The Washoe County Health District 2015 Legislative Principles were approved on February 26, 2015 to guide decision making during the session.

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.

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 accept the February 2015 legislative session report, and provide input and/or direction as DBOH may feel is appropriate.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept the February 2015 Nevada legislative session report, [*and provide input and/or direction as DBOH may feel is appropriate*]."

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	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	CCHS; 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	02/24/15	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, including nutrition, physical activity, screen time, and breastfeeding	CCHS; CD	Track			Support	
209	AB156	Assemblyman Thompson	Active	Revises provisions governing family resource centers	CCHS; ODHO	Monitor				
638	AB157	Assemblyman Oscarson	Active	Revises provisions governing service animals.	EHS	Monitor	No		Neutral	
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	No		Neutral	CCHS already has an extensive training and skills evaluation /competency program for Epi admin. No impact to Division at this point

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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
43	AB163	Assemblyman Hansen	Active	Provides for the establishment of Rangeland Fire Protection Associations	EPHP; EMS; ODHO					
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	Assemblywoma n Seaman	Active	Makes various changes to liquor.	EHS	Monitor	Maybe		Neutral	BS - This bill does not apply other than it may have an indirect effect of having a few more bars or food facilities that may come into existence because of it. Some of these faciilies will serve food and drinks
456	AB19	Nevada League of Cities and Municipalities	Active	Revises provisions governing timing of adoption of tentative budgets by local governments.	AHS;O DHO	Monitor				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. 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.

2015 Legislative Tracking Report

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BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
552	AB199	Legislative Commission	Active	Makes various changes to certain advisory committees in the field of health care	AQM; CCHS; EPHP; CD	Monitor				KS - The bill abolishes or makes changes to certain advisory committees. As written, the bill does not affect the Health District, but we will monitor to watch for any changes.
694	AB232	Assemblyman Thompson	Active	Revises provisions governing health districts.	ODHO	Monitor	No		Neutral	A Southern Nevada issue sponsored by S. Nevada legislators. Changes administration of Health District in counties of 700,000+
117	AB243	Thompson	Active	Provides for targeted HIV outreach and testing	CCHS; EPHP	Monitor	Maybe			JH - waiting to hear from Lyell at NDPBH but most likely support
899	AB269	Assemblyman Jones	Active	Revises provisions governing professional licensing.	AQM; CCHS; EPHP	Track	Yes			
812	AB285	Assemblywoman Woodbury	Active	Revises provisions governing pupils.	EPHP		Yes			SK - CCHS has no interest in this bill
167	AB305	Senate Commission Transportation	Active	Revises provisions governing community paramedicine programs.	EPHP; EMS; ODHO					SK - CCHS has no interest in this bill
803	AB307	Assemblywoman Spiegel	Active	Makes various changes to the provision of care for children with special needs.	CCHS		Yes			
798	AB308	Assemblywoman Woodbury	Active	Revises provisions relating to emergency medical services.	EPHP; EMS		Yes			
128	AB322	Aizley	Active	Revises provisions governing the health and safety of children	CCHS; CD					

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No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
1052	AB326	Assemblyman Carrillo	Active	Revises provisions governing motor vehicle registration.	AQM	Monitor	Yes		Support	
650	AB333	Assemblyman Kirner	Active	Provides for the merger of certain fire protection districts in certain counties.	EPHP; EMS; ODHO		Yes			
474	AB36	Clark County	Active	Revises provisions governing requirements for hospitals to provide emergency services and care.	CCHS; EPHP; EMS					
335	AB38	Public and Behavioral Health, Division of - Health and Human Services	Active	Revises provisions governing certification and decertification of persons for involuntary court-ordered admissions.	CCHS	Monitor	No		Neutral	SK - depending out outcome, may affect our Registered Nurses.
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.
158	AB49	Attorney General	Active	Revises provisions governing the unlawful dissemination of an intimate image of another person.	CCHS					JH - attaching documentation supporting amendments, this bill highlights the need for comprehensive sex ed
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).

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
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;E PHP	Monitor				SK - it seems like it pertains to the State Board of Nursing.
346	AB77	State Dept of Ag	Active	Makes various changes relating to the regulation of agriculture	EHS	Monitor	Yes	2/19/15		BS - We have talked to both the State Health Division and Department of Agriculture. We have been assured that the program will not change when it moves under Dept of Ag. Bob sat through the hearing on the bill but did not testify. We do not have an issue with the move. We continue to be neutral on the bill 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	2/19/15		BS - This is a companion bill to AB 77. Comments for this bill are the same as it.

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
175	AB83	Attorney General	Active	Revises provisions governing the sale of electronic cigarettes and licensure of machinery used to manufacture cigarettes.	CCHS; 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.
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.
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 \$60,000 from the requirement to obtain a state business license	AQM; CCHS; EHS; CD	Monitor	No		Neutral	BS - no effect on our ability to issue permits

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
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; EHPH; 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.
88	SB105	Senator Settlemeyer	Active	Allows a stand-alone bar to permit dogs to enter the establishment at the discretion of the establishment's owner	EHS	Monitor	Yes	02/16/2015	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.
284	SB11	Goicoechea	Active	Grants power to local governments to perform certain acts or duties which are not prohibited or limited by statute.	ODHO					
609	SB110	Senator Goicoechea	Active	Revises provisions governing the disposal of abandoned recreational vehicles.	EHS					
691	SB117	Senate Committee 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.

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
893	SB122	Senator Denis	Active	Revises provisions relating to recycling.	AQM; EHS	Monitor	Maybe	02/13/2015	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
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.	CCHS; CD					
72	SB144	Manendo	Active	Revises provisions governing traffic laws	CCHS; CD					
3	SB15	Senate Comm on Health & Human Services	Active	Revises provisions relating to mental health	CCHS; 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.
52	SB151	Senator Atkinson, Assemblywoman 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	CCHS; CD					

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
797	SB172	Senator Farley	Active	Revises provisions relating to medical students.	CCHS;					
235	SB178	Hardy	Active	Makes various changes to encourage physical activity in schools	CCHS;	Track CD	Yes		Support	Bill would mandate physical education for students in K-11, and require collection of height and weight data for BMI analysis.
121	SB185	Kieckhefer	Active	Makes various changes relating to fire and emergency medical services in Washoe County	EPHP;					
84	SB196	Senate Comm on Health & Human Services	Active	Revises provisions relating to licensing of medical professionals	CCHS	Monitor			Support	SB 196 would require the State to establish and maintain a Stroke Registry. This would help the NDPBH reach a goal in the State Plan for Chronic Disease Prevention related to the creation of a stroke registry. Some medical providers are already providing this data; this bill will expand the entities that are required to do so. Using the American Heart Association Get with the Guidelines program will help minimize the costs of the program.

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
144	SB201	Senate Committee on Finance	Active	Makes various changes relating to the regulation of e-cigarettes	CCHS; EHS; CD	Track	Yes		Support	SB 201 would include e-cigarettes in the Nevada Clean Indoor Air Act and prohibit their use in places that combustible cigarettes are prohibited. In the case of a proposed amendment exempting vape shops from complying, we would still support.
404	SB205	Leg Comm on Education	Active	Revises provisions relating to plans for schools to use in responding to a crisis or emergency.	EPHP	Track	No		Neutral	CC - WCHD works closely with WCSD on emergency plans, specifically recovery plans. It will be important for EPHP to know if there are legislative actions regarding preparedness.
837	SB214	Senate Committee on Finance	Active	Provides for a statewide strategy regarding receipt of federal funds.	ALL		Yes			
796	SB225	Senator Farley	Active	Revises provisions relating to the regulation of certain products.	CCHS; CD	Monitor	Yes			
686	SB267	Senator Woodhouse	Active	Revises provisions relating to safe transportation of children.	CCHS; EPHP; CD	Monitor	Yes			NA - At this point I'm thinking we need to keep monitoring SB267. I might be overly cautious in saying so though. It's been heard in the committee but it's not looking like any further action has yet taken place. Will keep watching it

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
589	SB273	Senator Hardy	Active	Revises provisions relating to medical records.	AHS;C CHS;E HS;EP HP;CD ;EMS	Monitor	Yes			SK - Correct, monitor/track
439	SB277	Segerblom	Active	Enacts an "Environmental Policy Act" for Nevada.	AQM; EHS					
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
951	SB291	Senate Majority Leader	Active	Revises provisions relating to civil actions.	AHS;A QM;E HS;EP HP;O DHO					SK - no interest for CCHS.

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
954	SB292	Senate Majority Leader	Active	Revises provisions relating to medical malpractice.	CCHS;					
938	SB300	Senate Majority Leader	Active	Revises provisions relating to comparative negligence.	AQM;		Yes			
					CCHS;					
					EHS;E					
					PHP;E					
					MS					
676	SB301	Senator Hammond	Active	Revises provisions relating to programs of instruction in sex education.	CCHS	Monitor	Yes		Oppose	JH - Oppose as is but support amendments to include the use of outside presenters and to require comprehensive, medically/legally accurate sexual health education
656	SB305	Senator Segeberblom	Active	Authorizes industrial hemp farming in Nevada and makes various other changes relating to hemp	AQM;		Yes			
					EHS					
214	SB309	Kieckhefer	Active	Creates Nevada's "Good Samaritan Drug Overdose Law."	CCHS;	Monitor				
					EPHP					
957	SB314	Senate Majority Leader/Assemb lyman Thomson	Active	Revises provisions governing health districts.	ALL	Monitor			Support	SK - follow until we know more. JH - (this is super important to syringe service programs and is being backed by NNOT)
833	SB318	Senator Kieckhefer	Active	Revises provisions relating to fire districts.	EPHP;		Yes			
					EMS					
1017	SB327	Senator Farley	Active	Revises certain provisions governing air ambulances.	EPHP;					
					EMS					
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					

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
873	SB339	Senator Smith	Active	Revises provisions governing prohibitions on smoking tobacco in certain locations.	CCHS; CD		Yes			
141	SB343	Smith	Active	Revises provisions relating to vital statistics	EHPH					
498	SB49	Clark County	Active	Revises provisions governing the regulation of county emergency shelters for children.	EHS;E PHP					SK - No impact to CCHS.
448	SB59	Secretary of State	Active	Revises provisions governing the State Business Portal	ALL	Monitor	Yes	2/4/15	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. 2/26 - Amendments presented to emphasize Silver Flume is not intended to be mandatory but enabling and recognizes the effort being put into Accela. No further impacts expected once the amended language is adopted.

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
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					
155	SB70	Attorney General	Active	Revises provisions governing meetings of public bodies	AQM; EHS;O DHO	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. 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>

2015 Legislative Tracking Report

Includes Bills added or updated between February 25 and March 17, 2015.

No relevant BDRs introduced since February 25, 2015.

BDR	Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation
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	CCHS; CD	Monitor			Support	
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.
347	SB86	PUC of NV	Active	Revises provisions governing pipeline and subsurface safety	EHS					
370	SB89	EPA Div of Conservation & 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.

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

DATE: March 13, 2015

TO: District Board of Health

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

SUBJECT: Program Update, Divisional Update, Program Reports

1. Program Update

a. Legislative Testimony – AB 146

Testimony was presented on February 24, 2015, in opposition to Assembly Bill 146 as proposed by the Assembly Committee on Transportation. The bill proposes to amend the existing vehicle emissions testing program (NRS 445B.795) by extending the frequency of required emissions testing on new cars from 2 to 4 years and renewals from annual to every two years. The bill does include provisions to increase the certificate fee from \$6 to \$12 as an attempt to reduce the fiscal impacts even though there would still be lost revenue of two years on every new car. It should be noted this is the 12th session the vehicle emissions testing program has been challenged. However, this year there was a tremendous amount of opposition to the bill from the emissions testing industry which would be decimated if the bill is adopted.

A primary pollutant of concern for Washoe County is ozone which is formed as the result of chemical reactions between precursor pollutants, consisting of oxides of nitrogen (NOx) and volatile organic compounds (VOCs), in the presence of heat and sunlight. Emissions from on-road vehicles contribute approximately 24% of the VOCs and 61% of the NOx precursors in Washoe County. Computer modeling performed by Clark County Department of Air Quality indicates AB 146 will result in increased emissions of approximately 0.5%.

The U.S. Environmental Protection Agency has established health based National Ambient Air Quality Standards for criteria air pollutants. As a delegated agency,

Washoe County Air Quality Management (AQM) is charged with developing and implementing programs, policies, and rules to be included in SIPs which are submitted to EPA for approval. Once approved, the SIPs become federally enforceable. Washoe County was designated in attainment of the 2008 8-hour ozone standard of 75 parts per billion (ppb) with a maintenance plan as a result of a previous non-attainment designation for the 1-hour standard. The emissions testing program was developed as a control measure to mitigate air pollution issues related to motor vehicles and played a significant role in successfully achieving attainment of the 2008 standard. The emissions testing program allows for timely identification of "gross polluter" vehicles and for them to be repaired to reduce air pollution emissions.

On November 25, 2014, the EPA proposed to strengthen the ozone standard to between 65 and 70 ppb based on extensive scientific evidence about the effects of ozone, especially for children, the elderly and people of all ages who have lung diseases such as asthma. Currently, the ozone design value for Washoe County is 69 ppb. The design value is used to determine attainment of the National Ambient Air Quality Standard. A design value of 69 ppb means that when EPA finalizes the new ozone standard, Washoe County will be either barely within compliance or will exceed the standard. This means that returning to non-attainment status is a real possibility.

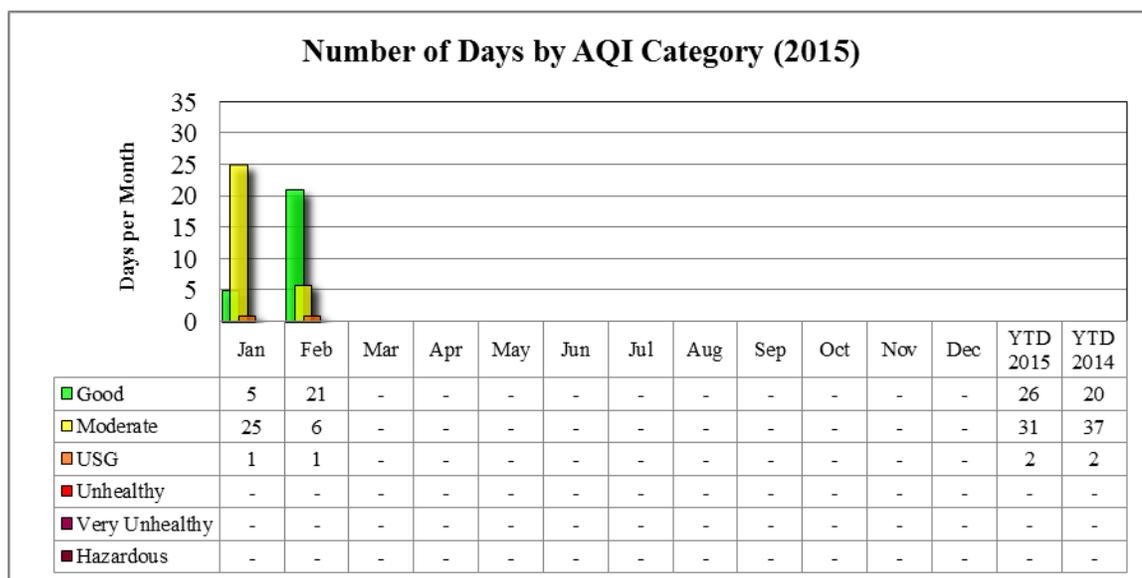
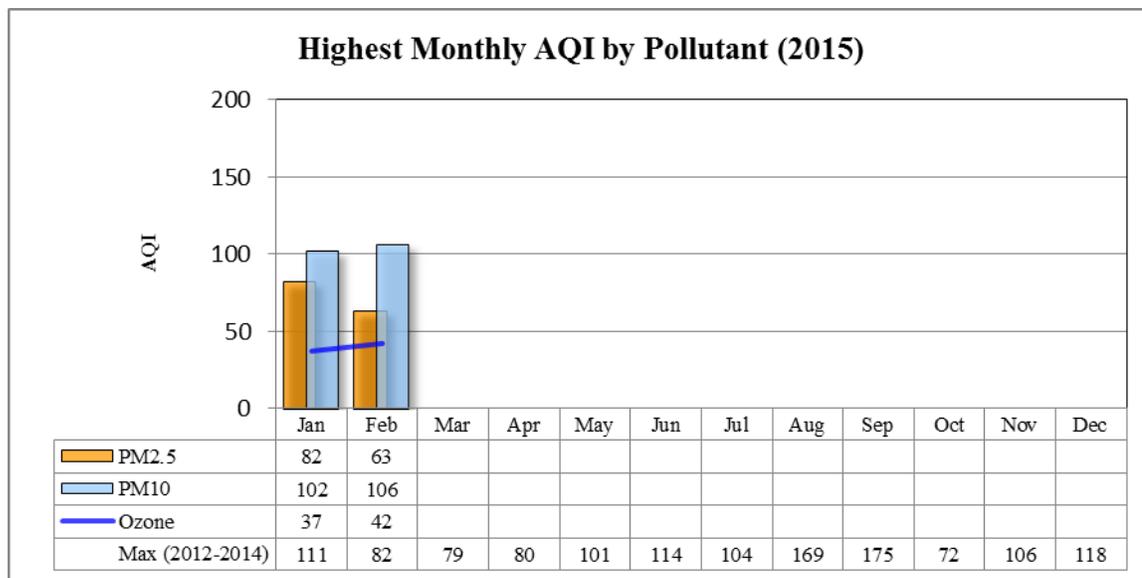
As we prepare for implementation of the new standard and revisions to existing SIPs, we will need to account for the increased emissions that would result from reduced emission testing requirements. This may result in additional control measures and associated costs being imposed on other regulated sources of emissions, including new and existing business and industry or consumers. Some impacts might include costly air pollution control technologies for new and existing businesses, and replacement of older construction equipment with advanced cleaner burning diesel engines. But, aside from these costs, not attaining the ozone standard will mean that Washoe County residents will be suffering the health consequences of ozone pollution, including more trips to the emergency room, missing school, missing work, and a diminished quality of life.

A healthy community is the ultimate mission of the Washoe County Health District. The Air Quality Management Division is delegated authority from EPA. It is our responsibility to prevent our population from suffering the health and economic consequences of air pollution.

Charlene Albee, Director,
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of February. 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 for the most recent AQI Summary.

3. Program Reports

a. Planning & Monitoring

Keep It Clean. Know the Code Summary (2014-15)

November 2014						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December 2014						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January 2015						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2015						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Below is a summary of the last five Know the Code seasons.

Season	Green	Yellow	Red
2014-15	102	11	7
2013-14	75	30	15
2012-13	96	19	5
2011-12	96	17	8
2010-11	115	3	2

On February 3, 2015, EPA promulgated a new residential wood heater New Source Performance Standard (NSPS). By 2020, new woodstoves and pellet stoves sold throughout the United States will be 50 percent cleaner than today's models. Because wood burning accounts for half the wintertime PM_{2.5} emissions, promulgation of this NSPS will help improve air quality in the Truckee Meadows.

EPA has tentatively approved AQMD's request to close the Galletti monitoring station and establish a new station at Lazy 5 Park in Spanish Springs. AQMD staff is collaborating with Washoe County Regional Parks and Open Space on the new monitoring station.

Planning Staff participated in an American Planning Association "Sustaining Places Through the Comprehensive Plan" webinar hosted by the Washoe County Planning and Development Division. Staff also participated in EPA conference calls regarding: 1) The new residential wood heater NSPS, 2) exceptional event demonstration streamlining, and 3) State Implementation Plan requirements for the 2008 ozone NAAQS.

Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2015		2014	
	February	YTD	February	Annual Total
Renewal of Existing Air Permits	99	196	103	1328
New Authorities to Construct	18	26	4	133
Dust Control Permits	13 (103 acres)	19 (161 acres)	7 (65 acres)	114 (1172 acres)
Wood Stove Certificates	29	49	15	322
WS Dealers Affidavit of Sale	8 (6 replacements)	26 (19 replacements)	6 (6 replacements)	105 (80 replacements)
WS Notice of Exemptions	432 (3 removed)	788 (4 removed)	250 (3 stoves removed)	7143 (63 stoves removed)
Asbestos Assessments	93	172	66	862
Asbestos Demo and Removal (NESHAP)	32	54	12	199

Staff reviewed twenty one (21) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- The Permitting Section continues work on the development of the new Accela Program. All To-Be-Documents have been reviewed by Air Quality Staff and returned to Accela with corrections noted. Air Quality's subject matter expert has been having WebEx meetings with Accela staff to finalize the To-Be-Documents so that configuration can begin.
- Inspection staff is working with RTC, Aspen Development and various asbestos abatement contractors to monitor and ensure continued compliance for the Pyramid Highway expansion project. The project to date has 18 homes that have been abated and 10 homes demolished.

Staff conducted seventy seven (77) stationary sources in February 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2015*		2014	
	February	YTD	February	Annual Total
Asbestos	3	5	2	27
Burning	1	1	1	9
Construction Dust	1	6	2	53
Dust Control Permit	0	0	3	20
General Dust	1	6	5	52
Diesel Idling	0	0	0	3
Odor	4	8	2	16
Spray Painting	0	3	1	8
Permit to Operate	0	0	0	31
Woodstove	0	7	3	12
TOTAL	10	36	19	231
NOV's	February	YTD	February	Annual Total
Warnings	4	5	1	41
Citations	0	1	1	11
TOTAL	4	6	2	52

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

COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT
BOARD MEETING DATE: March 26, 2015

DATE: March 13, 2015
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Program Report – World TB Day, Divisional Update, Program Reports

1. Program Report – World TB Day – Tuberculosis Prevention and Control Program



World TB Day marks the date in 1882 when Dr. Robert Koch, a German physician, announced the discovery of the bacterium that causes tuberculosis (TB). He was awarded the Nobel Prize in 1905 for this discovery.

World TB Day is an opportunity to promote awareness:

- **Globally**, TB is second only to HIV/AIDS as the leading cause of death among infectious disease.
 - TB claims 1.4 million lives each year, despite being a curable infectious disease.
 - One-third of the global population carries the bacterium that causes TB, and nearly 9 million people will become sick with active TB disease each year.¹
- **Nationally**, the number of persons with TB has declined each year since 1992, when the United States experienced a resurgence of tuberculosis related to decreased infrastructure, increased numbers of persons with HIV/AIDS and increasing immigration.
 - In 2013, the latest year available, there were 9,582 persons with tuberculosis reported; the lowest number since reporting began in 1953.
 - However, TB among foreign-born persons in the U.S. reached an all-time high in 2013. The case rate among foreign-born persons was 15.6 per 100,000 and for U.S.-born persons 1.2 per 100,000.²
- **Nevada** has also experienced declining TB cases with 92 people diagnosed in 2013.
 - Slightly over 65% were from TB endemic countries.
- **Washoe County** is a low incidence county with an average of 10 people diagnosed with TB each year.
 - Mirroring national and state cases, the majority of Washoe County's TB patients are from countries where TB is endemic.

¹ World Health Organization www.who.int/tb

² CDC. *Reported Tuberculosis in the United States, 2013*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, October 2014.

Washoe County Health District's Tuberculosis Prevention and Control Program (TBPCP) mission is to prevent and control tuberculosis to reduce morbidity, disability and premature death caused by tuberculosis.

On December 16, 2014 the TBPCP hosted the second annual northern and rural Nevada cohort review. Rural Nevada counties, Carson City and Washoe County shared their treatment and contact investigation outcomes for 2013 TB patients.

This presented an opportunity for participants/stakeholders to learn the complexity of tuberculosis treatment – that takes 6 -12 months or more to complete – and the time intensive nature of contact investigations and to explore what went well and what could be improved in the future.

The TBPCP utilized seven objective targets from the National Tuberculosis Indicators Project (NTIP) to highlight TB care and treatment provided to Washoe County residents diagnosed with TB in 2013.

The NTIP objectives were created as a monitoring system for tracking the progress of U.S. tuberculosis control programs toward achieving the national TB program objectives.

NTIP Objective – Recommended Initial Therapy: Increase the proportion of patients who are started on the recommended initial 4 drug regimen or Rifampin, Isoniazid, Pyrazinamide and Ethambutol (RIPE) when suspected of having TB disease.

- In 2012, seven clients were started on RIPE when TB was suspected, for one client the suspicion for TB was low despite risk factors.
- In 2013, eight clients were started on RIPE, for one client TB was not suspected despite risk factors, and TB signs and symptoms.
- In order to meet this objective in the future we need to increase efforts to help our community MD's to remember to "Think TB".

National 2015 Target	WCHD 2012 Performance	WCHD 2013 Performance
93.4%	87.5%	89%

NTIP Objective – Treatment Initiation: Increase the proportion of TB patients with positive AFB sputum smear results who initiate treatment within 7 days of specimen collection.

- All clients in both 2012 and 2013 with positive AFB sputum smears were started on therapy, most within 24 hours.

National 2015 Target	WCHD 2012 Performance	WCHD 2013 Performance
Not set	100%	100%

NTIP Objective – Universal Genotyping: Increase the proportion of culture confirmed TB cases with a genotyping result reported.

- Six of nine WCHD TB Program cases had culture growth.
- All six cases had an isolate submitted by NSPHL for genotyping.

National 2015 Target	WCHD 2012 Performance	WCHD 2013 Performance
94%	100%	100%

NTIP Objective – HIV status: Increase the proportion of TB cases with positive or negative HIV test result reported.

- All WCHD TBPCP clients with active TB in 2012 and in 2013 had HIV testing completed.

National 2015 Target	WCHD 2012 Performance	WCHD 2013 Performance
88.7%	100%	100%

NTIP Objective – Sputum Culture Conversion: Increase the proportion of TB patients with positive sputum culture results who have documented conversion to sputum culture negative within 60 days of treatment initiation.

- In 2012, 4 out of 5 clients converted to culture negative in 60 days. One client was found to be mal-absorbing and took 62 days to convert.
- In 2013, 4 out of 6 clients converted to culture negative in 60 days. One took 62 days, another client with mal-absorption issues and extensive disease, took 95 days.

National 2015 Target	WCHD 2012 Performance	WCHD 2013 Performance
61.5%	80%	67%

NTIP Objective – Completion of Treatment: For patients with newly diagnosed TB, for whom 12 months or less of treatment is indicated, increase the proportion of patients who complete treatment within 12 months.

- In 2012, seven clients completed treatment within 365 days.
 - One client with extensive disease took 367 days (2 days over the goal) to complete treatment.
- In 2013, eight WCHD TB Program cases completed treatment within 365 days.
 - There was one case over 365 days of treatment this was due to slow symptom resolution; no specimen sample to guide treatment, and difficulties with treatment because of the site of disease was in the eye (ocular TB).

National 2015 Target	WCHD 2012 Performance	WCHD 2013 Performance
93%	87%	89%

NTIP Objective – Contact Investigation: Contact Elicitation: Increase the proportion of TB patients with positive acid fast bacillus (AFB) sputum smear results who have contacts elicited to 100%. Evaluation: Increase the proportion of contacts to sputum AFB smear positive TB patients who are evaluated for infection and disease to 93%. Treatment Initiation: Increase the proportion of contacts to sputum AFB smear positive TB patients with newly diagnosed latent TB infection (LTBI) who start treatment to 88%. Treatment Completion: For contacts to sputum AFB smear positive TB patients who have started treatment for the newly diagnosed LTBI, increase the proportion that complete treatment to 79%.

WCHD TBPCP included AFB sputum smear negative clients in the evaluation.

NTIP Objective	National 2015 Target	WCHD 2012 Performance Smear Pos. N=4	WCHD 2012 Performance Smear Neg. N=1	WCHD 2013 Performance Smear Pos. N=4	WCHD 2013 Performance Smear Neg. N=2
Contact Elicitation	100%	100%	100%	100%	100%
Evaluation	93%	93%	75%	92%	100%
Treatment (tx) Initiation	88%	13/16 persons identified 81%	None/2 0	32/45 71%	None/1 0
Treatment Completion	79%	10/13 persons that started tx 77%	0/2 0	27/32 84%	0/1 0%

Contact investigations are labor intensive and complex and they require coordination and collaboration with individuals who are not familiar with TB and may have different and competing priorities.

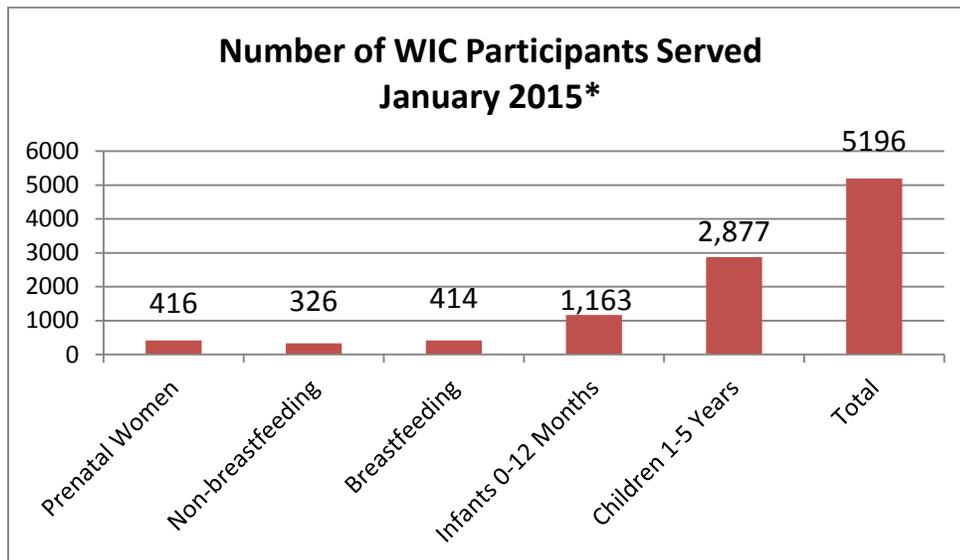
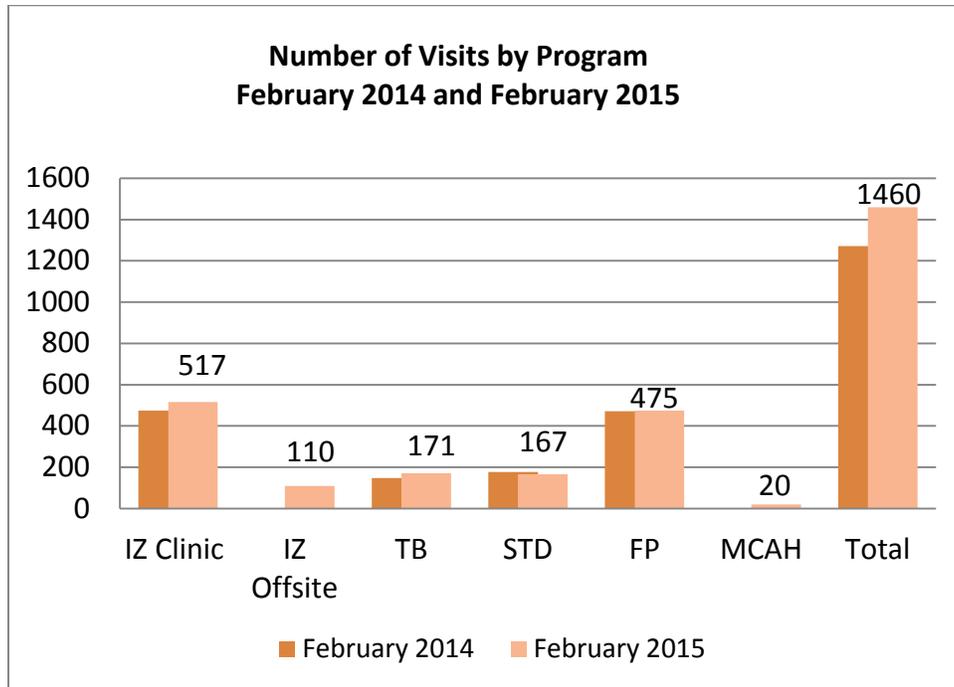
The numbers below are representative of our 2013 case investigations. These are goals for contact investigations following CDC Guidelines for the Investigation of Persons with Infections Tuberculosis, Dec.16, 2005/Vol. 54/No. RR-15.

Sputum Smear Positive (4)	Sputum Smear Negative (2)
Index interviewed w/in 1 day = 4/4	Index interviewed w/in 3 days = 2/2
Transmission sites assessed w/in 3 days = 4/4	Transmission sites assessed w/in 5 days = 1/2
Contacts initial interview w/in 3 days = 2/4	Contacts initial interview w/in 3 days = 1/2
High priority contacts tested w/in 7 days = 2/4	High priority contacts tested w/in 7 days= N/A
Medium priority contacts tested w/in 14 days = 2/4	Medium priority contacts tested w/in 14 days = 2/2

2. Divisional Update

- a. Electronic Health Record (EHR) Database – Our EHR Workgroup will be having an onsite demonstration of the Patagonia Health EHR database March 19 - 20, 2015.
- b. Revenue and Reimbursement – I am finalizing the Anthem contract to be a provider of clinical services, and expect to have another contract (Prominence Health) to the District Attorney's office for final review. These contracts are expected to improve revenues and reimbursement for CCHS clinical services.

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.

3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff are implementing changes to the disease investigation process following the Partner Services training in February. Changes will improve efficiencies while soliciting more contacts per index case.
- b. **Immunizations** – Staff have updated the Immunization Clinic Measles Protocol. The Immunization Team continues to partner with the Communicable Disease Program with measles related specimen collection and MMR vaccine administration as needed, as well as other communicable diseases, including Hepatitis A.
- c. **Tuberculosis Prevention and Control Program** – Please see item one, above, for this month's report.
- d. **Family Planning/Teen Health Mall** – The program's recently hired Advanced Practice Registered Nurse (APRN) and the clinic's new Medical Director will be attending the Contraceptive Technology conference in San Francisco this month.

Implementation of Insight's Family Planning Module has been delayed while the Division explores moving to a different Electronic Health Record, as noted above. However, staff is working on other changes within Insight to improve coding to maximize billing efforts.

- e. **Chronic Disease Prevention Program (CDPP)** – Kelli Goatley-Seals has been selected to be a member of the Student Wellness Advisory Committee meeting of the Washoe County School District, and attended the committee's first meeting on February 18, 2015. A priority of this committee is to bring a wellness policy forward to the school board for approval.

Jessica Barker joined the CDPP team as a new Public Service Intern. Jessica will be assisting the team primarily with tobacco related projects.

Nicole Alberti is partnering with the Washoe County Green Team to help promote drinking water in Washoe County. The Green Team received a grant to install 17 filtered water dispensers in local public buildings to promote reusable/refillable drinking water. CDPP staff are working with the project to promote drinking more water and less sugar-sweetened beverages.

Staff are monitoring legislative bills and BDRs that could potentially affect state law on combustible and electronic cigarettes (e-cigarettes).

- f. **Maternal, Child and Adolescent Health (MCAH)** – On April 20, 2015, the Fetal Infant Mortality Review (FIMR) team will join the Northern Nevada Maternal Child Health Coalition to conduct the first Community Action Team (CAT) meeting. This collaborative effort will include 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. FIMR staff is working with the Nevada Division of Public and Behavioral Health (DPBH) to develop a REDcap (Research Electronic Data Capture) database system for FIMR data collection and report building, developed by Vanderbilt University. REDcap will replace the current database that does not offer a reporting component and is not web-based, and there are no fees associated with utilizing this system.

- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – The WIC/Lactation Connection partnership with the Renown Newborn Care Center has rapidly expanded. Beginning in June 2014, WIC provided five electric breast pumps to the Lactation Connection to assist with breastfeeding infants born prematurely, with medical conditions or with special needs. WIC mothers receive the pumps there at the hospital and later, when no longer needed, return the breast pumps to WIC at a regularly scheduled WIC appointment. WIC clients receive counseling and assistance with the pumps as long as needed. WIC is now providing and managing thirty-one electric breast pumps on loan to WIC breastfeeding mothers through this partnership alone, outside of the pumps provided at WIC clinics.

**ENVIRONMENTAL HEALTH SERVICES
DIRECTOR STAFF REPORT
BOARD MEETING DATE: March 26, 2015**

DATE: March 13, 2015
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division Update, Program Updates - Food, IBD, Land Development, Safe Drinking Water, UST/LUST, Vector-Borne Disease, Waste Management, EHS Inspections / Permits / Plan Review, and “Dogs in Bars” report.

DIVISION UPDATE

- The EHS Division has initiated two quality improvement projects. One is related to reducing the cost and improving the efficiency of county vehicle usage among field staff, and the other is an effort to develop a social media campaign to enhance public outreach methods.

PROGRAM UPDATES

Food

- Food Protection Program staff presented the proposed regulations governing food establishments during a public meeting in front of the Food Protection Hearing and Advisory Board on March 5, 2015. Two public workshops were held on March 11 and 12, 2015, to gather comments and input on the proposed regulation amendments. Both public workshops were well attended by food establishment operators including temporary food operators, mobile food operators, food protection manger instructors, industry association representatives and the general public.
- Special Events/Temporary Foods - Staff reviewed more than 40 Reno Business Licenses for Special Events in February and March for the upcoming season. There are several new events proposed including concerts on Retrac, Slide the City which consists of a half mile water slide down Ralston Avenue, and a concert in Rancho San Rafael Park. Additionally, there is a new event license for Sparks to replace the Thursday Farmers Markets which moved to Reno.

Invasive Body Decoration/Tattoo (IBD)

- The updated IBD draft regulations have been completed and are going through a semantic and structure review before sending to the Washoe County Health District Attorney for review. The regulations will be submitted to the District Board of Health following the food regulation revision schedules. Staff in the IBD program is gearing up for Lady Luck Tattoo Expo March 20-22, 2015, at Circus-Circus Hotel in Downtown Reno. It is the largest local IBD event and we are anticipating more than 50 tattoo artists to inspect.



Land Development

- Four Final Maps were signed as a result of new development. Residential construction growth is being seen in the Spanish Springs and Southeast Reno areas.

Safe Drinking Water

- Staff presented the Water Emergency Response Guidance Document as part of a Table Top Exercise at the Regional Emergency Operations Center. After the presentation, staff also participated in the exercise.
- Six Water Projects were approved as part of new development projects within the Health District.
- Staff is working with the Nevada Division of Environmental Protection (NDEP) on streamlining permitting and construction requirements for new water systems within the Health District.

UST/LUST Program

- Staff completed oversight of the intensive piping remodel at the Regional Transportation Commission's (RTC) bus facility located in Reno, Nevada.

Vector-Borne Disease

- Staff met this week with RTC and CH2M hill on the Southeast Connector discussing the Program's design's criteria with the proposed infrastructure they will be constructing with the new road system. In particular, the focus is the 60 acres of wetlands that will be built north of Pembroke Drive. The designs the Program are proposing, if accepted, will minimize the need for treatment for insects in these bodies of water.
- Our Program is receiving calls due to the emergence of adult mosquitoes and midges. With the dry mild winter and warming temperatures we will be responding to more of these calls.
- Staff gave a bed bug presentation to 40 senior citizens at the Washoe Mills Apartments. In the presentation, identification was stressed as a key before any treatment is started. Room cleanliness, bed sheets washed weekly, clothing regularly washed folded and put away, and mattress and bedsprings covered in bed bug proof encasements are some of the tips to avoid bed bugs. Staff has been called to this facility before because of bed bugs in the units. Seniors moving into this apartment unit are bringing with them other items besides their personal belongings.

Waste Management

- Staff issued five new permits for businesses and six liquid waste hauling trucks operating within the Health District. One of the businesses is a tire recycling facility located in Verdi, Nevada. This is the first recycling facility specializing in the processing and reuse of tires.
- Staff completed the first opening inspection of a Medical Marijuana Cultivation Facility located within the City of Reno.
- Staff participated in the public workshops for a proposed aggregate recycling facility to be based in Verdi, Nevada.

- At the request of the City of Reno Community Development Department, staff participated in the development of updated special use permit codes and spoke on the subject at the February Reno Planning Commission Meeting.

EHS 2015 Inspections/Permits/Plan Review

	JAN 2015	FEB 2015	Inc/(Dec)	Mo. Avg
Child Care	5	11	6	8
Complaints	49	53	4	51
Food	404	543	139	474
General	63	103	40	83
Plan Review (Commercial Food/Pool/Spa)	19	10	9	15
Plan Review (Residential Septic/Well)	46	44	(2)	45
Residential Septic/Well Inspections	33	77	44	55
Temporary Food/Special Events	26	46	20	36
Well Permits	8	12	4	10
Waste Management	8	21	13	15
TOTAL	661	920	269	791

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

**REPORT
BOARD MEETING DATE: 3/26/2015**

Date: March 16, 2015
To: Members of the Washoe County Health District Board of Health
From: Bob Sack, Environmental Health Services (EHS) Director
Re: Response to Commissioner Jung's request for information regarding "Dogs in Bars"

Section 160.155 of the Regulations of The Washoe County District Board of Health Governing Food Establishments states:

"Live animals are prohibited within food establishments. This exclusion does not apply to edible fish, crustaceans, shellfish, fish in aquariums, dogs used by peace officers in the performance of their official duties and dogs used as aids by the visually or aurally handicapped."

The National Association of State Public Health Veterinarians (NASPHV) publishes a yearly compendium which provides standardized recommendations for use by public health officials and others concerned with the prevention of disease associated with animals in public settings.

According to the Compendium of Measures to Prevent Disease Associated With Animals in Public Settings, 2013 published in the *Journal of the American Veterinary Medical Association* (<http://avmajournals.avma.org/doi/pdfplus/10.2460/javma.243.9.1270>) there are many "positive benefits of human-animal contact; however, infectious disease outbreaks related to such contacts have been increasingly reported" and "an inadequate understanding of disease transmission and animal behavior can increase the likelihood of infectious diseases."

According to the 2013 Compendium, the primary mode of disease transmission is fecal-oral and "because animal fur, hair, feathers, scales, skin, and saliva harbor fecal organisms, transmission can occur when persons pet, touch, feed, or are licked by animals."

In order to be most protective of public health, animals (with the exception of service animals) are prohibited in food establishments within Washoe County which is also consistent with both the State of Nevada and the FDA Food Code.

As stated above, service animals are an exception. According to the Association for Professional Infection Control and Epidemiology (APIC), which is a multidisciplinary organization of healthcare professionals who practice infection control, "there is no appreciable body of evidence to suggest that healthy, vaccinated, well-trained service dogs pose any threat to public health and safety that is significantly greater than the risks posed by the general public" and there have been no reported clusters or epidemics attributed to service animals (<http://www.petpartners.org/document.doc?id=404>).

In addition, EHS staff is aware that it is becoming increasingly common among public health jurisdictions to allow dogs in outside patio or dining areas. EHS staff has worked with several food establishment operators within Washoe County to allow this practice as long as there are procedures in place to ensure the protection of public health.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: February 26, 2015**

DATE: March 16, 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 34 suspect cases reported by local healthcare providers between January 30 and March 10. Of these 34, staff investigation and laboratory results have allowed 26 to be ruled out. Of the 8 remaining individuals 3 are pending lab results, 3 more are considered probable cases for surveillance purposes but were not able to be laboratory confirmed, one case most likely tested positive as a result of recent vaccination, and one case moved out of Washoe County. Staff members continue to track suspect cases as they occur to determine whether symptoms fully develop to identify them as probable or confirmed cases. This is an important effort due to the highly contagious nature of this vaccine-preventable disease.

Shigellosis – CD staff investigated a cluster of 4 cases of Shigellosis associated with one household. The index case was the source of infection for the other three. Three of these cases involved exclusions from sensitive occupations (food handlers or school attendees). Shigellosis is an infectious disease caused by a group of bacteria called *Shigella*. Most people who are infected with *Shigella* develop diarrhea, fever, and stomach cramps starting a day or two after they are exposed to the bacteria. Shigellosis usually resolved in 5 to 7 days. Some people who are infected may have no symptoms at all, but may still pass the *Shigella* bacteria to others. The spread of *Shigella* can be stopped by frequent and careful hand washing with soap and taking other hygiene measures.

Rotavirus – CD staff identified a significant increase in rotavirus. During the first eight weeks of this year, 21 cases have been reported. By way of comparison there were 21, 20, and 16 cases reported for the entirety of 2014, 2013, and 2012 respectively. Rotavirus is a contagious virus that can cause inflammation of the stomach and intestines. Symptoms can include severe watery diarrhea, often with vomiting, fever, and abdominal pain. Infants and young children are most likely to contract this disease. They can become severely dehydrated and may need to be hospitalized.

Salmonellosis – CD staff members are investigating a cluster of seven salmonellosis cases with indistinguishable Pulsed-field Gel Electrophoresis (PFGE) patterns. PFGE is a technique used

by scientists to generate a DNA fingerprint for a bacterial isolate. Like human fingerprints, each bacteria and its offspring have a unique PFGE pattern. If two bacteria are found with an indistinguishable pattern, it is likely they have a common source. These seven cases were reported between February 7 and March 9. Six of the cases were from Washoe County. A seventh case with matching PFGE pattern was reported from Churchill County. An exposure investigation is ongoing at this time.

Influenza – For the week ending March 7 (Week 9), eleven of the twelve participating sentinel healthcare providers reported a total of 121 patients with influenza-like-illness (ILI) out of a total of 6,398 patients seen. This represents an ILI percentage of 1.9% which is below the regional baseline of 2.7%. During week 8, the percentage of ILI patient visits to US sentinel healthcare providers was 2.5% which is above the national baseline of 2.0%. On a regional level the ILI percentage ranged from 1.1% to 4.7%.

Fourteen death certificates were received for week 8 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 8 was 95. This reflects a P&I ratio of 14.7 which is above the epidemic threshold set by CDC for week 8 at 7.2%. The national P&I for week 8 was at the epidemic threshold at 7.2%. The total P&I deaths registered to date in Washoe County for the 2014-2015 influenza surveillance season is 156. This reflects an overall P&I ratio of 8.1% (156/1,937).

In terms of severity, among laboratory-confirmed cases of influenza there have been 207 hospitalizations, 27 admissions to intensive care and 7 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.

Public Health Preparedness (PHP) –

Medical Reserve Corps (MRC) - WCHD's MRC Volunteer Program hosted the Volunteer Association of Northern Nevada (VANN) meeting on February 18, 2015 here at the WCHD. Over 15 different volunteer organizations attended the meeting. Information was shared on how to increase the effectiveness of Northern Nevada's Volunteer Organizations.

Hazard Mitigation - PHP staff completed a hazard profile for the County Hazard Mitigation Committee as it relates to infectious disease threats to Washoe County residents. PHP staff then presented the information to the Hazard Mitigation Committee and suggested the committee include "Infectious Disease" as a potential manmade *and* natural hazard in the 2015 Washoe County Multi-Hazard Mitigation Plan. The current 2010 Plan only includes biological infections as a potential *manmade threat* to Washoe County residents. The 2015 Plan will now profile *natural* infectious disease threats (e.g. Ebola, pandemic influenza, measles) as well as manmade biological threats.

Points of Dispensing (PODs) - PHP staff are currently working to develop a Point of Dispensing (POD) website for Private POD Partners and the Washoe County community. The Private POD Partner portion of the website will contain resources needed in the event of a biological attack or pandemic. The community portion of the website will contain basic information related to public health emergencies and what to expect of the Washoe County

Health District in the event of a public health emergency. Furthermore, the site will allow for Medical Screening Forms or Vaccine Consent Forms, specific to a threat, to be uploaded to the site in the event of a real emergency. This will allow for Private POD Partners and community members to download and complete the appropriate forms prior to coming to a POD, thereby allowing for smoother and more efficient traffic flow during the time of an emergency.

Examples of information to be included on the POD website include educational:

- Videos
- Job Action Sheets
- Sample organizational charts
- Private POD Plan template
- Fact Sheets related to threats (i.e., Category A agents and Pandemic Influenza)

PHP staff met with a traffic expert with the Washoe County Sherriff's Office Community Emergency Response Team to review traffic flow patterns for all public and private POD sites. Based on the information received at this meeting, updates are being made to POD traffic flow patterns for the majority of public and private POD sites.

PHP Staff are working on Scope of Work documents for the ASPR and CDC Preparedness Grants due this month. The State is again proposing funding cuts to the local health authorities. Although Nevada received an additional \$23,000 in funding, WCHD is expected to take a \$38,000 cut in preparedness funding.

Emergency Medical Services (EMS) – The EMS Advisory Board met on March 5, 2015. Several items were discussed during the meeting to include approval of bylaws to govern the meetings, presentation and acceptance of the Quarter 2 Data Report, a presentation by Chief Charles Moore on the licensure of a transport ambulance, and the discussion of developing an annual EMS training calendar.

EMS program staff met with REMSA personnel to discuss the Truckee Meadows Fire Protection District EMS Review dated January 26, 2015. A response from the WCHD has been submitted and is included in the TMFPD Board of Fire Commissioners meeting scheduled for March 24, 2015.

EMS program staff met with Emergency Manager Don Pelt from Pyramid Lake Paiute Tribe on March 11, 2015 in Nixon, NV. The meeting was to discuss fire/EMS response and mutual aid in Wadsworth. EMS program staff received maps from Mr. Pelt that will be given to GIS to help clearly identify tribal land versus unincorporated Washoe County.

EMS program staff provided training on WebEOC and patient tracking to members of the Inter Hospital Coordinating Council (IHCC). The training was for regional hospital partners, REMSA and WCHD staff. This training generated a great discussion and several possible improvements to the patient tracking board used by the region during a multi-casualty incident.

EMS program staff is currently developing a Mutual Aid Evacuation Annex (MAEA) drill that will be conducted on Friday, May 15, 2015 at Saint Mary's Regional Medical Center. The drill is

designed to test our current hospital evacuation processes as well as a new evacuation system created by Disaster Management Systems, Inc. The outcome of the drill will determine whether the MAEA revisions will include an overall of evacuation processes and procedures.

**REMSA Percentage of Compliant Responses
 FY 2014 -2015**

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%
February 2015	91.8%	100%	93.9%	100%	97.6%	92.2%
YTD	92.4%	97.8%	96.7%	100%	97.4%	92.8%

REMSA 90th Percentile Response

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
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*
February 2015	8:35	13:16	18:23	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.

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

DATE: March 16, 2015
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 (775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report – Budget, Legislature, Community Health Improvement Plan, County Health Rankings, Other Events & Activities and Health District Media Contacts.

Budget

I continue to work with Ms. Heenan to advance the FY 16 budget. The Division Directors, Fiscal Compliance Officers and I met with the City and County Managers on March 5 to discuss the budget. On March 11, Ms. Heenan and I met with the County Budget Team to review the budget with them.

Legislature

The Health District continues to monitor bills for the 2015 Legislative Session and provide comment or testimony as appropriate.

Community Health Improvement Plan

Recruitment to fill a newly reclassified Director of Programs and Projects position in the Office of the District Health Officer proceeded. After an open national recruitment, Ms. Sara Dinga accepted a promotion to the position that will begin effective March 31, 2015. The position will be responsible for leading the development of a Community Health Improvement Plan and for supporting the Health Districts QI Initiative and the development of a performance management system.

I plan to attend the Truckee Meadows Healthy Communities Committee meeting on March 20.

County Health Rankings

I assisted Dr. John Packham, UNR, in organizing a County Health Rankings Event scheduled at the County Commission Chambers on March 25. The event is designed to provide information on the 2015 Nevada County Health Ranking and utilization of county-level data for community health improvement. I will present results of the Washoe County Community Health Needs Assessment.

Other Events and Activities

I met with the Division Directors on March 4 and 18. I conduct individual meetings with the Division Directors and Communication Manager on a bi-weekly schedule.

I attended the Regional Business and Permits Program Oversight Group meeting on March 3.

I participated on a Nevada Health Authorities coordination conference call held on March 4.

I attended the EMS Advisory Board Meeting held on March 5.

I submitted a quarterly report for the State Board of Health meeting and was prepared to present, but the March 13 meeting was cancelled due to lack of a quorum.

I attended the UNR Community Health Sciences Advisory Committee meeting on March 13.

I participated on a State conference call to discuss FY 16 Public Health Preparedness funding on March 13.

I participated on a State conference call to discuss e-cigarette taxation on March 16.

I provided a presentation at the Introduction to the Health District employee orientation on March 16.

I plan to attend the RTC Blue Ribbon Committee on Transit on March 19.

I plan to attend the REMSA Board Meeting scheduled for March 20.

I plan to attend March 24 Board of Fire Commissioners meeting to be present for Item 9, Acknowledge Receipt of Truckee Meadows Fire Protection District Emergency Medical Services Review from the Internal Audit Division to include responses from the Washoe County Health District and REMSA

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. The organization is planning to merge with another sustainability oriented not-for-profit GreenChips which will continue to deliver the EnergyFit Nevada programs.

Subject: District Health Officer Report
Date: March 16, 2015
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Health District Media Contacts: February 14 - March 16, 2015

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
3/12/2015	KOLO CH8 - ABC Reno	Colin Lygren	Food Regulation Changes - McNinch/Ulibarri
3/12/2015	KOLO CH8 - ABC Reno	Terri Russell	Urban Institute - Kutz/Alberti/Ulibarri
2/23/2015	KRNV CH4 - NBC Reno	Joe Hart	Measles Symptoms - Ulibarri

Press Releases/Media Advisories/Editorials

3/6/2015	Media Advisory	PIO Ulibarri	Emergency Stocks Preparedness
2/27/2015	Media Advisory	PIO Ulibarri	Proposed Food Regulation Meetings Scheduled
2/20/2015	Media Advisory	PIO Ulibarri	All Laboratory Tests for Measles Cases Negative