

## **Washoe County District Board of Health Meeting Notice and Agenda**

### **Members**

Kitty Jung, Chair  
Dr. John Novak, Vice Chair  
Oscar Delgado  
Dr. George Hess  
Kristopher Dahir  
Michael D. Brown  
Tom Young

**Thursday, August 24, 2017  
1:00 p.m.**

**Washoe County Administration Complex  
Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV**

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**An item listed with asterisk (\*) next to it is an item for which no action will be taken.  
1:00 p.m.**

- 1. \*Roll Call and Determination of Quorum**
- 2. \*Pledge of Allegiance**
- 3. \*Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

- 4. Approval of Agenda – (For possible action)  
August 24, 2017**
- 5. \*Recognitions**

**A. New Hires**

- i. Rayona Dixon, 8/7/2017, Health Educator II – ODHO

**B. Accomplishments**

- i. Chantelle Batton, 8/1/2017, Registered Environmental Health Specialist - EHS
- ii. Matthew Christensen, 8/1/2017, Registered Environmental Health Specialist - EHS
- iii. Michael Touhey, 8/1/2017, Registered Environmental Health Specialist - EHS
- iv. Ellen Messinger-Patton, 8/1/2017, Registered Environmental Health Specialist - EHS
- v. Briana Johnson, 8/1/2017, Registered Environmental Health Specialist - EHS

**C. Years of Service**

- i. Stacy Hardie, Public Health Nurse Supervisor, 30 years, hired 8/31/1987 - CCHS
- ii. Sandra Maestas, Office Assistant II, 10 years, hired 8/6/2007 - CCHS

**D. Retirements**

- i. Stacy Hardie – 9/5/2017, Public Health Nurse Supervisor, 30 years – CCHS

- ii. Sandra Maestas, 9/14/2017, Office Assistant II, 10 years - CCHS

**6. Consent Items – (For possible action)**

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

**A. Approval of Draft Minutes – (For possible action)**

July 27, 2017

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

- i. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$280,035 (with \$28,003.50 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; Approval of authorization to travel and travel reimbursements for three non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$6,464, to attend the Health Care Coalition Conference in San Diego, CA (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Patsy Buxton

- ii. Accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to October 1, 2016 through September 30, 2017 for an additional amount of \$19,635.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; and if approved, authorize the District Health Officer to execute the Subgrant Amendment.

Staff Representative: Nancy Kerns-Cummins

- iii. Approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$684,306 (\$68,431 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304.

Staff Representative: Nancy Kerns-Cummins

- iv. Accept a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, retroactive to July 1, 2017 through June 30, 2019 in the amount of \$211,073.00 each fiscal year (no required match) in support of the Comprehensive Tobacco Prevention Program; approval of amendments totaling a net increase of \$8,422.00 in both revenue and expenses to the adopted FY18 Comprehensive Tobacco Prevention Program Grant budget, IO# 11128; and if approved, authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- v. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$660,331 (with \$66,033.10 or 10% match) in support of the Centers for Disease Control and Prevention (CDC)

Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Patsy Buxton

- C. Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2018 – **(For possible action)**

Staff Representative: Anna Heenan

- D. Approve FY18 Purchase Requisition #3000033962 issued to Sloan Vazquez McAfee in the approximate amount of \$107,470.00 in support of a Waste Characterization Study, on behalf of the Environmental Health Services Division of the Washoe County Health District. – **(For possible action)**

Staff Representative: Patsy Buxton

- E. Approve three Interlocal Agreements between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic, to provide vasectomy procedures to clients referred by the Clinic and to provide colposcopy and/or biopsy services to clients referred by the Clinic retroactive to July 1, 2017 through June 30, 2018 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. – **(For possible action)**

Staff Representative: Nancy Kerns-Cummins

- F. Approve the modification of the Community and Clinical Health Services laboratory fee schedule to add ThinPrep Pap test, associated Pathologist review and HPV high risk testing. – **(For possible action)**

Staff Representative: Nancy Kerns-Cummins

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

Presented by: JW Hodge and Don Vonarx

- A. Review and Acceptance of the REMSA Operations Report for July 2017 – **(For possible action)**

\*B. Update of REMSA's Public Relations during July 2017

## **8. \*Presentation: Update Report from REMSA Board**

Presented by: James Begbie

## **9. \*Regional Emergency Medical Services Advisory Board August Meeting Summary**

Presented by: Christina Conti

## **10. Presentation and possible acceptance of a progress report on the 2016-2018 Strategic Plan. – (For possible action)**

Staff Representative: Kevin Dick

## **11. \*Presentation: NALBOH Conference Update**

Presented by: John Novak

## **12. \*Staff Reports and Program Updates**

- A. **Air Quality Management, Charlene Albee, Director**  
Program Update, Divisional Update, Program Reports

**B. Community and Clinical Health Services, Steve Kutz, Director**

Divisional Update – National Immunization Awareness Month; Data & Metrics; Program Reports

**C. Environmental Health Services, Kevin Dick, Acting Director**

EHS Division and Program Updates – Childcare, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

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

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

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

District Health Officer Report – Water System Regulation and Plan Reviews, Quality Improvement, Public Health Accreditation, Workforce Development, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

**13. \*Board Comment**

Limited to announcements or issues for future agendas.

**14. \*Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

**15. Adjournment – (For possible action)**

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

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

**Public Comment.** During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (\*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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

**Posting of Agenda; Location of Website.**

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

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)  
State of Nevada Website: <https://notice.nv.gov>

**How to Get Copies of Agenda and Support Materials.** Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [lrogers@washoecounty.us](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

## **Washoe County District Board of Health Meeting Minutes**

### **Members**

Kitty Jung, Chair  
Dr. John Novak, Vice Chair  
Oscar Delgado  
Dr. George Hess  
Kristopher Dahir  
Michael D. Brown  
Tom Young

**Thursday, July 27, 2017  
1:00 p.m.**

**Washoe County Administration Complex  
Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV**

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### **1. \*Roll Call and Determination of Quorum**

Chair Jung called the meeting to order at 1:03 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair  
Dr. John Novak, Vice Chair  
Oscar Delgado  
Kristopher Dahir

Members absent: Michael Brown  
Tom Young  
Dr. George Hess

**Ms. Rogers verified a quorum was present.**

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Charlene Albee  
Steve Kutz  
Dr. Randall Todd

### **2. \*Pledge of Allegiance**

Mr. Dahir led the pledge to the flag.

### **3. \*Public Comment**

Ms. Cathy Brandhorst voiced concerns for senior citizens in the community.

**Chair Jung closed the public comment period.**

### **4. Approval of Agenda**

July 27, 2017

Dr. Novak moved to approve the agenda for the July 27, 2017, District Board of Health

regular meeting. Mr. Delgado seconded the motion which was approved four in favor and none against.

## **5. Recognitions**

### **A. New Hires**

i. Victoria Stebbins, 6/26/2017, Office Assistant III in Vitals – EPHP

Dr. Todd introduced Ms. Stebbins and informed that she was previously employed by the State of Nevada. Dr. Todd indicated that Vitals can be complicated, and that Ms. Stebbins has been doing a wonderful job there.

ii. Birdiana Mendoza, 7/10/2017, Office Assistant II in Immunizations – CCHS

Mr. Kutz informed that Ms. Mendoza is the new Office Assistant II in the Immunization Program, and that she had been previously employed by Renown Health as a Hospitalist Coordinator in Inpatient Financial Assistance. He stated that she brings a wealth of knowledge in insurance eligibility verification, and that they are excited to have her in their program.

Chair Jung extended her welcome to Ms. Mendoza.

iii. Vanessa Ramirez, 7/10/2017, Office Assistant II in Clinic – CCHS

Mr. Kutz introduced Ms. Ramirez as their new Office Assistant II in the Central Clinical area of CCHS, and that she previously worked for A & B Precision Metals as a Production Control Assistant. He informed that Ms. Ramirez had started at an entry level position and worked her way up to front office in the company and, that she has volunteered in Planned Parenthood and in outreach programs in CCHS for five years. Mr. Kutz stated that they were very pleased to have Ms. Ramirez on board.

Chair Jung welcomed Ms. Ramirez to the Health District.

### **B. Re-Classes**

These are the re-classes approved during the budget cycle effective 7/1/2017:

i. Lori Mendoza, from Air Quality Specialist to Senior Air Quality Specialist, 7/1/2017 – AQM

Ms. Mendoza was not present. Mr. Dick informed that her position was reclassified due to the additional responsibilities that she'd assumed.

ii. Will Lumpkin, from Vector Borne Disease Specialist to Environmental Health Specialist, 7/1/2017 – EHS

Mr. Lumpkin was not in attendance. Mr. Dick stated that, although he would continue to work in the Vector Borne Disease Program, the reclass of these positions will allow for greater flexibility to provide support in other areas of Environmental Health.

iii. Jeff Jeppson, from Vector Borne Disease Specialist to Environmental Health Specialist 7/1/2017 – EHS

Mr. Dick thanked Mr. Jeppson for coming to be recognized. Mr. Jeppson had also been a Vector Borne Disease Specialist, and was reclassified to Environmental Health Specialist to allow flexibility for support within Environmental Health.

Chair Jung congratulated Mr. Jeppson.

- iv. William Mountjoy, Environmental Health Specialist Trainee I to Environmental Health Specialist Trainee, 7/1/2017 – EHS

\*Trainee I & Trainee II levels combined into one Trainee level position

Mr. Dick introduced Mr. Mountjoy and explained that the Trainee I and II positions had been combined.

#### C. Years of Service

- i. Carol (Lynnie) Shore, Public Health Nurse, 15 years, hired 7/1/2002 – CCHS

Mr. Dick congratulated Ms. Shore on her fifteen years of service as Public Health Nurse with the Health District. Mr. Dick expressed that she was committed and passionate in her dedication to the Immunization Program.

- ii. Daniel Timmons, Air Quality Specialist, 5 years, hired 7/2/2012 – AQM

Mr. Timmons was not in attendance.

- iii. Brendan Schnieder, Air Quality Specialist, 5 years, hired 7/16/2012 – AQM

Mr. Dick stated that Mr. Schneider does a tremendous job in the Health District's monitoring and planning program. He informed that the air quality alerts that the public receives is due to Mr. Schneider's efforts in getting that program up and running.

Chair Jung congratulated Mr. Schneider.

## 6. Consent Items

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

#### A. Approval of Draft Minutes

June 22, 2017

#### B. Budget Amendments/Interlocal Agreements

- i. Accept a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to July 1, 2017 through June 30, 2018 in the total amount of \$64,576.00 (no required match) in support of the Community and Clinical Health Services Division Fetal Infant Mortality Review (FIMR) Program IO#11176 and authorize the District Health Officer to execute the Subgrant Award

Staff Representative: Nancy Kerns Cummins

#### C. Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2017

Staff Representative: Anna Heenan

#### D. Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5588 Issued to Pine-Reno LLC, Case No. 1195, with a \$5,640.00 Negotiated Fine

- i. Pine-Reno LLC – Case No. 1195, Notice of Violation No. 5588

Staff Representative: Charlene Albee

#### E. Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5544 Issued to Landcap Investment Partners LLC, Case No. 1196, with a \$1,100.00 Negotiated Fine

- i. Landcap Investment partners LLC – Case No. 1196, Notice of Violation No. 5544

Staff Representative: Charlene Albee



Ms. Cathy Brandhorst voiced concerns regarding access to insurance coverage.

**Chair Jung closed the public comment period.**

**Mr. Dahir moved to accept the Consent Agenda as presented. Dr. Novak seconded the motion which was approved four in favor and none against.**

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

Presented by JW Hodge and Dean Dow

### **A. Review and Acceptance of the REMSA Operations Report for June 2017**

Mr. Dow introduced himself as the President and CEO of REMSA and Care Flight.

Ms. Cathy Brandhorst spoke on REMSA operations and the collaboration between REMSA and the hospitals.

Chair Jung informed that REMSA provides services for all persons whether or not they are insured or United States citizens.

**Chair Jung closed the public comment period.**

**Dr. Novak moved to approve the Review and Acceptance of the REMSA Operations Report for June 2017. Mr. Delgado seconded the motion which was approved four in favor and none against.**

### **\*B. Update of REMSA's Public Relations during June 2017**

Mr. Dow introduced Mr. Burton, Director of Operations for REMSA, to provide highlights of the June Public Relations Report.

Mr. Burton informed that on June 9<sup>th</sup>, REMSA assembled the State Mobile Hospital to allow certain components to be retrofitted. This state-owned Mobile Hospital is housed at REMSA, has twelve pods, and allows for up to 300 patients. REMSA maintains the Hospital and are contracted with the State to set it up as needed within the State.

He informed that the retrofit is paid for by a State Subgrant, and the improvements have allowed for more expedient deployment and set up.

Mr. Burton stated REMSA had provided medical coverage for the Reno Rodeo from June 16-25 in conjunction with the Reno Rodeo Association and Justin's Sports Medicine.

He announced that REMSA has been working Aaron Kenneston and Richard Walsh of Gerlach to provide mutual aid coverage during the Burning Man event from August 26<sup>th</sup> through September 9<sup>th</sup>.

Also, Mr. Burton informed that they are completing Incident Action Plans and are increasing staff for upcoming Hot August Nights events.

Dr. Novak asked if the Mobile Hospital is deployed during wildfires. Mr. Burton informed that it has not yet been deployed for wildfires, but has been for other large scale events such as the Air Races. To date, they have not been called upon by the State to deploy the Hospital.

## **8. Presentation on completion of Panther Drive Septic to Sewer Conversion Project to address public health threat posed by perched groundwater and failed septic systems**

Presented by: Dwayne Smith, Director, Engineering and Capital Projects, Washoe County Community Services Department

Mr. Smith informed that this was a very successful project, requiring coordination between internal departments, other jurisdictions and the State, and all with the focus on Public Health.

Mr. Smith reminded that, in the spring of 2016, area residents informed the Health District of possible sewage contamination in the ditches along Panther Drive. The Health District investigated the complaints, tested, and discovered untreated wastewater in the roadside ditches. The Health District immediately posted warnings and sent information to the residents to avoid the water. Then, the Health District reached out to the Washoe County Community Services Engineering Department to devise possible solutions. Issues encountered included older septic systems and high perched ground water in the area. Mr. Smith informed that they also found a City of Reno sewer interceptor in close proximity, just at the corner of the street. This led to a municipal sewer option to correct this public health issue.

The greatest time investment of the project was to identify a cost strategy to help fund the infrastructure in the Washoe County right-of-way and provide for abandonment of the resident's on-site septic systems, connecting them to the interceptor. Mr. Smith explained that CSD has experience with the Clean Drinking Water funds at the Nevada Department of Environmental Protection, and that Michelle Stamates of NDEP worked tirelessly to devise a funding strategy to help pay for this project. The final strategy resulted in a Principal Forgiveness Loan through the Clean Drinking Water State Revolving Fund, and was a loan that could be forgiven. Due to the size of the project, it would fall within the \$500K limit of this type of loan, and that included the municipal system connection fees paid to the City of Reno.

Mr. Smith informed that this project required community meetings that were attended by Mr. Dick, himself and other staff members, to explain the project and gain concurrence to be able to move forward. After the residents understood the funding for the project would not be their responsibility, their only concern was the monthly bill for the sewer service. When they understood the work that CSD and the Health District were doing for their benefit, they agreed to the project.

Mr. Smith stated that construction began in April of 2017 and it was just completed. The total project cost was just under the \$500K limit. He thanked the Board for allowing him time to discuss the success of this project and thanked Mr. Dick for his partnership on this project.

Mr. Dahir thanked Mr. Smith for his work in the community and that he appreciated the effort it took to move this project forward.

Mr. Dick stated that this project was a great partnership between the Community Services Department, the Health District and the State, and that they worked together in a very solution oriented process to solve this health issue. He recognized Health District staff members that were involved with this project, Mr. Jim English, Mr. Wes Rubio and Mr. Dave Kelly. Mr. Dick informed that, after the community meetings were held and they obtained the resident's agreement to proceed with the project, Mr. Smith and the Engineering Department worked to complete the construction. Mr. Dick thanked all those involved and expressed what a wonderful outcome it was to have been able to utilize the Clean Drinking Water funding for the project.

Mr. Dick and Mr. Smith noted that this project was unique because of the limited size of the project it fit within the \$500,000 principal forgiveness limit and therefore required no additional initial investment on the part of the residences.

Mr. Smith also wished to thank members of his staff as well, Mr. Alan Jones, Senior Project Manager, and Lydia Peri who managed this project.

Chair Jung stated that this is a prime example of how government is supposed to work, and that she was very proud of the work that culminated in this accomplishment. She

informed that the Clean Drinking Water fund was established to insure that persons who cannot otherwise afford expenses, such as in this case, be assured of clean water to drink.

**Dr. Novak moved to accept the presentation on completion of Panther Drive Septic to Sewer Conversion Project to address public health threat posed by perched groundwater and failed septic systems. Mr. Dahir seconded the motion which was approved four in favor and none against.**

**9. Discussion and assignment of Board Members as subject matter experts for specific Health District program areas**

Presented by: Dr. John Novak

Dr. Novak informed of the decision for Board Members to be assigned to Divisions within the Health District that most closely match the Member's expertise. It is planned that the assigned Board Member will meet quarterly with the Division Director and Mr. Dick to review the current needs and future plans and projects that may require Board involvement.

The assignments are:

CCHS – Chair Jung and Dr. Hess

EHS – Mr. Young

AQM – Mr. Dahir

AHS – Mr. Delgado

EPHP – Mr. Brown and Dr. Novak

Chair Jung agreed that greater Board involvement will enhance the Health District's ability to progress in an even more efficient manner in their many important initiatives.

Mr. Delgado expressed appreciation for Dr. Novak's suggestion and the conversations that led to this decision, and that he was looking forward to his assignment in Finance.

**Chair Jung moved to accept the discussion and assignment of Board Members as subject matter experts for specific Health District program areas. Mr. Delgado seconded the motion which was approved four in favor and none against.**

**10. Review, discussion and possible direction regarding correspondence to be sent on behalf of the District Board of Health identifying concerns and opposition to proposed cuts to EPA and CDC programs and the potential impacts to Washoe County.**

Staff Representative: Kevin Dick

Mr. Dick informed that this item is in response to a discussion from the June DBOH Meeting regarding the desire to draft a letter to be sent from the District Board of Health to our Congressional Representatives. He stated that staff, Chair Jung and he had worked to develop this letter for the Board to consider, alerting our Representatives to concerns regarding the proposed Federal budget cuts. Mr. Dick inquired if the Board had any comments or requests for edits.

**Mr. Delgado motioned to accept the review, discussion and possible direction regarding correspondence to be sent on behalf of the District Board of Health identifying concerns and opposition to proposed cuts to EPA and CDC programs and the potential impacts to Washoe County. Mr. Dahir seconded the motion which was approved four in favor and none against.**

Dr. Novak opined that this was a very well drafted letter.

**11. \*Staff Reports and Program Updates**

**A. Air Quality Management, Charlene Albee, Director**

Program Update, Divisional Update, Program Reports

Ms. Albee informed that the House Appropriations Committee did approve a revised budget that allowed for level funding for the amount enacted in FY17. She stated that this translates into approximately a two percent cut to Air Quality Management, which is an amount that can be absorbed without serious negative effects.

Ms. Albee stated that the trade-off in this transaction were significant concessions in regulatory programs.

She opined that the outreach from organizations such as the Health District were instrumental in supporting our elected official's efforts to stay the extensive budget cuts, and stated that she appreciated the Board's contribution.

Mr. Dahir asked how the fires are accounted for in Washoe County's air quality reporting, and Ms. Albee informed that Exceptional Event Demonstrations are done when the area's air quality exceeds the health standard. She informed that this program is in the State Implementation Plan.

Ms. Albee informed that their first program loss in the event of the potentially severe budget cuts to AQM would be the outreach budget for Public Health Announcements, radio and television ads, etc., that provide information to the public. She stressed the importance of providing this information to allow the public to make the most informed health decisions.

Dr. Novak asked if the announcements of the Air Quality Index were paid for through AQM's budget. Ms. Albee informed that their cost was staff time only for AQI and National Weather Service reporting. As far as informational advertisement, such as the nOzone campaign, these are budget expenses.

**B. Community and Clinical Health Services, Steve Kutz, Director**

Divisional Update – Patagonia Health; Data & Metrics; Program Reports

Mr. Kutz extended praise to Ms. Dixon and Ms. Heenan for their collaboration with Mr. Gross and Mr. Martin of the Washoe County Community Services Department in the WIC hallway project. He informed that the project became more extensive and disruptive than originally estimated, and they quickly organized a cleaning team to mitigate the impact to CCHS' Clinical Services. Mr. Kutz informed that the replacement flooring for the hallway remains uncompleted because conditions encountered during demolition of the flooring were different than anticipated.

Mr. Kutz also wished to thank his very flexible staff and management team. He informed that the most impacted was Central Clinic Services, WIC and the Immunization Program.

He informed that Administrative Health's Ms. Heenan and Mr. Hancock, Department System Specialist, were credited with saving Immunizations Department computers that were severely impacted with dust from construction.

Mr. Kutz again extended his thanks to the Washoe County and Health District staff members involved in this effort.

**C. Environmental Health Services, Kevin Dick, Acting Director**

EHS Division and Program Updates – Food, Land Development, Safe Drinking Water, Schools, UST/LUST, Vector-Borne Disease and Waste Management

Mr. Dick provided an update on the report received earlier in the week of seven mosquito pools that had tested positive for West Nile Virus. He informed that staff had

been fogging in these areas, and that an area-wide larvicide application had been delivered by helicopter on July 12<sup>th</sup> and 13<sup>th</sup>. Mr. Dick stated that the Health District is on track for the next larvicide application in August as prescribed for maximum effectiveness to sustain abatement activity.

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

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Dr. Todd reported on the two new cases of carbapenem-resistant infections. One was a New-Delhi Metallo-beta-lactamase-producing (NDM) *E. coli*. This case and one similar case involved the patient's travel to India. There may be more to report after current investigations are complete.

Regarding the article published by Dr. Todd and Dr. Chen in the Morbidity and Mortality Weekly Report (MMWR) concerning the first NDM case, Dr. Todd informed that this paper has the highest Altmetrics score of any article published thus far in the MMWR. While a score of nine or higher is deemed to be significant, Dr. Todd informed that their paper had a score of 2,072. Scoring is based on the number of persons accessing it through social media.

Dr. Todd informed the number of Coccidioidomycosis cases had increased to eight for the year from the time his report had been written. The average had been two or three cases per year, and there had been travel history in these instances. In the past three years, cases have increased to eight or nine per year. Dr. Todd stated that the collective opinion is that the endemic area has perhaps expanded. The known endemic area had been south of Washoe County. The common name for this is Valley Fever, also known as Cocci, and is caused by a fungus that lives in the soil and can be inhaled with the disturbance of the soil. It is quite prevalent in Arizona.

Dr. Todd stated that there had been a conference earlier in the week with subject matter experts presenting from the Centers of Disease Control and Nevada Department of Agriculture. They worked with the The State Public Health Laboratory and did field testing to collect soil samples for possible identification of local genetic markers, allowing for more exact diagnoses.

Chair Jung congratulated Dr. Todd on the success of his and Dr. Chen's paper. She inquired if the migration of Cocci could have anything to do with climate change, and requested a report on the matter at the next District Board of Health Meeting in August. Dr. Todd informed that there have been cases as far north as Washington State, and had thought it was possible that climate change may be affecting the spread to new areas. He explained that Cocci can be difficult to find because it occurs in patches in the soil.

Dr. Novak congratulated Dr. Todd, and stated that the meeting was very well done and informative, and that the presenters were extremely knowledgeable. He noted that the questions from the audience, which included individuals that were very experienced on the subject, contributed to a more in-depth sharing of information.

Dr. Todd informed that the meeting was mostly Dr. Lei Chen's work, and that he would communicate the praise to her.

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

District Health Officer Report – Federal Budget and Policy, NACCHO Annual Conference, Water System Regulation and Plan Reviews, Quality Improvement, Public Health Accreditation, Strategic Plan, Workforce Development, Truckee Meadows

Healthy Communities, SB429 –Urban Agriculture and Community Gardens, Other Events and Activities and Health District Media Contacts

Mr. Dick informed that three separate letters had been sent to our Congressional Delegation; one on the Better Care Reconciliation Act, another for the proposed elimination of Federal Title X Family Planning Program Funding, and lastly, a letter on the proposed elimination of funding for Nevada’s Hospital Preparedness and Planning Program. Copies of these letters were provided to the County Manager’s Legislative Representatives, Mr. Al Rogers and Ms. Jamie Rodriguez, for transmittal to the County’s Legislative Lobbyists in Washington D.C.

Mr. Dick highlighted information obtained from the NACCHO Annual Conference that he attended in July. He directed the Board’s attention to an attachment to his monthly report, NACCHO’s Public Health 3.0 Issue Briefing Paper. He expressed that he was very encouraged to learn that the Health District’s activities are in alignment with the most advanced practices in Community Health Strategy and the use of Multi-Sectoral Coalitions to implement those strategies, and in addressing the Social Determinates of Health and Health Equity in the community. A common issue is the difficulty in obtaining sustainable and flexible funding to support these initiatives. Mr. Dick informed that Accreditation is also identified in 3.0 as being an important goal to attain.

Mr. Dick presented a portion of a population health presentation that Dr. Sandro Galea had presented at the conference. The presentation showed that the United States far surpasses other countries for dollars spent on Health per capita, but for Social Services, the US spends far less. A comparison of countries for life expectancy vs. health expenditure over time shows the United States with the lowest increase in life expectancy in spite of much higher expenditures for healthcare.

Mr. Dick informed that U.S. health expenditures are, for the greatest majority, spent on treatment of illness vs. the prevention of illness. Funding for genetics has increased, while funding for non-genetic population health has decreased substantially. The incidence of obesity has increased dramatically along with portion size and calorie content over the past twenty years.

Mr. Dick reviewed the presentation’s actions toward building a world that generates health, such as expansion of transit developments, rehabilitating housing, worksite obesity prevention programs, early childhood education, and public health outcomes from increases in the Earned Income Tax Credit. It was shown that those with poor health outcomes affect the whole, underscoring the need to build a world that generates health.

Mr. Dick presented HI-5, an initiative developed by the CDC to improve population health in five years or less. This initiative produces fourteen interventions that earned the highest evidence ratings, show positive health impact within five years and report cost effectiveness and savings over the lifetime of the population or earlier. HI-5 is being used by an initiative called the Big Cities Program, where big cities are working around these issues and developing policies and scoring and rating their progress. Mr. Dick informed that Clark County is one of the participants in this program. The Health District currently has programs in many of the initiatives outlined in HI-5, and so is in line with other communities working to improve public health nationally.

Mr. Dick informed the Board that work is ongoing to address concerns regarding the Health District’s role in water system regulation and plan reviews. He stated that there had been several meetings previously, and another with TMWA and CSD will be held to discuss the process on Monday, July 31<sup>st</sup>. Mr. Dick stated that the Health District review time for plan review is currently fifteen calendar days. The water system plans are

required to meet the requirement in the Nevada Administrative Code. He stressed that neither the Health District, the District Board of Health, nor the District Health Officer have the authority to waive those regulations and he would continue to uphold them as required by State law. Mr. Dick opined that it will be a process to inform those submitting plans as to what the parameters of the NAC are for them to be successfully approved.

Mr. Dahir asked if the fifteen day review time was what the process had historically required. Mr. Dick informed it had been, and explained the process. In the instance of a development that occurs in TMWA's distribution area, the plans are submitted to TMWA. He was informed that TMWA's time for plan review is approximately six weeks. When TMWA's review is completed, they submit the plans to the Health District for review. Because the submittal originated with TMWA, the plans are returned to TMWA who returns them to the builder to begin construction. TMWA assumes ownership of the system after the infrastructure is built.

Mr. Dick stated that an option may be to concurrently review the plans, especially if there are revisions required by law to be made.

Mr. Dahir agreed that any measure to expedite plan review and maintain compliance would be beneficial, stating that public consensus seems to be that the Health District has changed procedures that are causing delays in plan review.

Mr. Dick informed the only change is the Health District may have not reviewed plans in full conformity with the NAC in the past. The regulations have not changed; however, the awareness of what is required to be done has changed. He explained that, soon after he'd become the Health Officer, the Engineer position was vacant and the state had been reviewing plans for the Health District. A meeting resulted in which the State informed the Health District that revision of their procedures was necessary to comply with the NAC. Subsequently, measures have been taken to rectify those issues.

Mr. Dick stated that he and Mr. Don Tatro from the Builders Association met with Ms. Jennifer Carr, Deputy Administrator with NDEP, in Carson City, to discuss concerns regarding NAC and to assure the Health District's interpretation and enforcement was correct. Ms. Carr offered to consider a list of proposed items in NAC for possible changes to the regulations. Mr. Dick submitted a short list of regulations to Mr. Tatro for him to consider with Builders Association members, and is also in discussion with TMWA to come away with a list of regulations that is of collective importance. Mr. Dick informed that the process of changing the NAC is a longer process, but beneficial to future operations.

Mr. Delgado opined that, since Mr. Dahir sits on both TMWA and the City of Sparks Boards, that he would be an excellent conduit of information to the public and those Boards. Mr. Delgado offered Mr. Dahir his support in bringing clarity to this issue for his constituents.

Mr. Dahir asked if the perceived delay in plan review time was due to lack of staffing. Mr. Dick stated that the staff is sufficient in number and are working hard to process plan review, so is not an issue.

Mr. Dick reported on SB429, the Urban Agriculture and Community Gardens bill, in response to a request at the June District Board of Health Meeting in regards to what it allows cities and counties to do. He informed that the bill provides for an urban agricultural zone to be created by ordinance, and provides that an urban agricultural element may be included in a master plan. If included in a master plan, the element must include a plan to inventory any vacant or blighted lands owned by the city or county to

determine whether such lands are suitable for urban farming or gardening. It provides that the governing body of a city or county may, by ordinance, authorize the use of vacant or blighted land for community gardening, and the ordinance may establish fees for the use of the land, provide requirements for liability insurance and provide requirements for a deposit to use the land. In summary, Mr. Dick explained that the Legislation facilitates the ability of cities or counties to establish community gardens on city or county lands.

## **12. \*Board Comment**

Dr. Novak stressed the importance of the Health District's continued efforts toward the attainment of Accreditation, and requested a status report at the next District Board of Health's Meeting.

## **13. \*Public Comment**

Ms. Cathy Brandhorst commended those facilities that provide food for those in need and the good works of Waste Management.

**Chair Jung closed the public comment period.**

## **14. Adjournment**

**Chair Jung adjourned the meeting at 2:35 p.m.**

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

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

**Public Comment.** During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (\*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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

### **Posting of Agenda; Location of Website.**

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

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV  
Sparks City Hall, 431 Prater Way, Sparks, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)  
State of Nevada Website: <https://notice.nv.gov>



**How to Get Copies of Agenda and Support Materials.** Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [lrogers@washoecounty.us](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

DD	AH	___
DHO	___	AD ___
DA	LA	___
Risk	___	___

**STAFF REPORT**  
**BOARD MEETING DATE: August 24, 2017**

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT:** Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$280,035 (with \$28,003.50 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; Approval of authorization to travel and travel reimbursements for three non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$6,464, to attend the Health Care Coalition Conference in San Diego, CA (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. 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 the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2017 through June 30, 2018 in the total amount of \$280,035 in support of the ASPR Public Health Preparedness Grant Program, IO 10708. A copy of the Notice of Subgrant Award is attached.

**District Health Strategic Objective supported by this item:**

1. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
2. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

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

### **PREVIOUS ACTION**

The Board approved the Notice of Subgrant Award for the period July 1, 2016 through June 30, 2017 in the total amount of \$259,817 on August 25, 2016.

### **BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** ASPR Public Health Preparedness Program

**Scope of the Project:** The Subgrant Award scope of work addresses the following capabilities:

- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response and Recovery Coordination
- Continuity of Health Care Service Delivery
- Medical Surge
- Program Administration

**Benefit to Washoe County Residents:** This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

**On-Going Program Support:** These funds support on-going activities in the Public Health Preparedness Program. A portion of the funds will be used to support the transition of the IHCC into a mature coalition as outlined in the Funding Opportunity Announcement and the completion of a Hazard Vulnerability Assessment (HVA) and resource assessment.

**Award Amount:** Total award is \$280,035 (\$254,577 direct/\$25,458 indirect)

**Grant Period:** July 1, 2017 – June 30, 2018

**Funding Source:** Assistant Secretary for Preparedness and Response (ASPR)

**Pass Through Entity:** State of Nevada, Department of Health and Human Services  
Division of Public & Behavioral Health

**CFDA Number:** 93.889

**Grant ID Number:** TBD

**Match Amount and Type:** 10% match is required and is met through Shared Services expenditures

**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

### **FISCAL IMPACT**

As the FY18 budget in Internal Order 10708 was adopted with a total of \$280,035 in revenue (includes \$25,458 of indirect) and \$254,577 in expenditure authority, no budget amendment is necessary.

### **RECOMMENDATION**

Staff recommends that the District Board of Health retroactively approve of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$280,035 (with \$28,003.50 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; Approve of authorization to travel and travel reimbursements for three non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$6,464, to attend the Health Care Coalition Conference in San Diego, CA (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$280,035 (with \$28,003.50 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; Approve of authorization to travel and travel reimbursements for three non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed \$6,464, to attend the Health Care Coalition Conference in San Diego, CA (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award."



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

HD #: **16073**  
 Budget Account: 3218  
 Category: 23  
 GL: 8516  
 Job Number: 9388917

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Public Health Preparedness Program Bureau of Preparedness, Assurance, Inspections, Statistics (PAIS)		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)																										
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth St. / PO Box 11130 Reno, NV 89520																										
<b>Subgrant Period:</b> July 1, 2017 through June 30, 2018		<b>Subgrantee's:</b> EIN: 88-6000138 Vendor #: T40283400 Dun & Bradstreet: 073786998																										
<b>Purpose of Award:</b> Funds are intended to demonstrate achievement in the Hospital Preparedness Program (HPP) domains according to the HPP and PHEP Cooperative Agreement.																												
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>																												
<b>Approved Budget Categories:</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$</td><td style="text-align: right;">191,826.00</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$</td><td style="text-align: right;">7,209.00</td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$</td><td style="text-align: right;">17,107.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$</td><td style="text-align: right;">37,000.00</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$</td><td style="text-align: right;">1,435.00</td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$</td><td style="text-align: right;">25,458.00</td></tr> <tr><td><b>Total Cost:</b></td><td style="text-align: right;"><b>\$</b></td><td style="text-align: right;"><b>280,035.00</b></td></tr> </table>		1. Personnel	\$	191,826.00	2. Travel	\$	7,209.00	3. Supplies	\$	17,107.00	4. Equipment	\$	0.00	5. Contractual/Consultant	\$	37,000.00	6. Other	\$	1,435.00	7. Indirect	\$	25,458.00	<b>Total Cost:</b>	<b>\$</b>	<b>280,035.00</b>	<b>Disbursement of funds will be as follows:</b>  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 <b>\$280,035.00</b> during the subgrant period.		
1. Personnel	\$	191,826.00																										
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<b>Terms and Conditions:</b> In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> <li>1. Expenditures must comply with appropriate state and/or federal regulations;</li> <li>2. This award is subject to the availability of appropriate funds; and</li> <li>3. The recipient of these funds agrees to stipulations listed in the incorporated documents.</li> </ol>																												
<b>Incorporated Documents:</b> 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; Section F: DPBH Business Associate Addendum; Attachment 1: Match Certification; Attachment 2: Detailed Work Plan.																												
Kevin Dick District Health Officer	Signature			Date																								
Erin Lynch, MPH Program Manager, PHP	Erin Lynch			7/18/17																								
Chad Westom Bureau Chief, PAIS	Chad Westom			7.19.17																								
for Cody L. Phinney, MPH 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 anything 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 stated 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:

***Nevada State Division of Public and Behavioral Health  
Attn: Contract Unit  
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:

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 1, July 1, 2017 through June 30, 2018 and is broken down by domain, goals, objectives, capabilities, and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by June 30, 2018. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
  - October 31, 2017      1<sup>st</sup> Quarter Progress Report      (For the period of 7/1/17 - 9/30/17)
  - January 31, 2018      2<sup>nd</sup> Quarter Progress Report      (For the period of 7/1/17 - 12/31/17)
  - April 30, 2018      3<sup>rd</sup> Quarter Progress Report      (For the period of 7/1/17 - 3/31/18)
  - July 31, 2018      Final Progress Report      (For the period of 7/1/17 - 6/30/18)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
  - October 31, 2017      1<sup>st</sup> Quarter      (For the period of 7/1/17 - 9/30/17)
  - January 31, 2018      2<sup>nd</sup> Quarter      (For the period of 10/1/17 - 12/31/17)
  - April 30, 2018      3<sup>rd</sup> Quarter      (For the period of 1/1/18 - 3/31/18)
  - July 31, 2018      4<sup>th</sup> Quarter      (For the period of 4/1/18 - 6/30/18)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.



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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 (TBD) 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 (TBD) from the 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>	
<b>1. Personnel</b>	<b>\$ 191,826</b>			
			<b>Annual Salary</b>	<b>% of Time</b>
		\$ 25,115	Director, Epidemiology & Public Health Preparedness \$167,431 x 15% = \$25,115	15%
		\$ 15,742	Preparedness & EMS Program Manager \$98,386 x 16% = \$15,742	16%
		\$ 81,674	Public Health Emergency Response Coordinator \$85,973 x 95% = \$81,674	95%
		\$ 14,185	Office Support Specialist \$56,739 x 25% = \$14,185	25%
		\$ 55,110	Fringe @ 40.31% \$136,716 x 40.31% = \$55,110	
<b>2. Travel</b>	<b>\$ 7,209</b>			
		\$ 745	Local Mileage to attend meetings around the region on behalf of the Inter-Hospital Coordinating Council (IHCC) coalition 1,392.5 miles x \$.535/mile = \$745	
		\$ 6,464	Health Care Coalition (HCC) Conference – San Diego, CA 4 IHCC coalition members to attend 5 days, 4 nights, 4 members Not to exceed \$6,464	
<b>3. Supplies</b>	<b>\$ 17,107</b>			
		\$ 15,534	Supplies for IHCC coalition members as determined by Hazard Vulnerability Assessment (HVA) such as but not limited to: bleed control kits, Mass Casualty Incident (MCI) supplies, Mutual Aid Educational Annex (MAEA) supplies, and radios	
		\$ 998	Triage and evacuation tags for IHCC members to be utilized for patient evacuation exercises or real world events	
		\$ 375	Office supplies such as but not limited to: pens, paper, and ink \$31.25/month x 12 months = \$375	
		\$ 200	Staff operating supplies as needed for projects \$16.66/month x 12 months = \$200	
<b>4. Equipment</b>	<b>\$ 0</b>			

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5. Contractual/ Consultant	\$	37,000	
	\$	31,412	Contractor to provide training for IHCC coalition members. Training includes Incident Command System (ICS) 300 and 400, MCI, MAEA, Hospital Incident Command System (HICS), Regional West Medical Surge, WebEOC, etc. \$7,853 x 4 trainings = \$31,412
	\$	5,000	Exercise support to include facilitation of training or exercises
	\$	588	Webinar system for IHCC coalition communication for preparedness and emergency response activities
6. Other	\$	1,435	
	\$	900	Copy machine usage charges and lease allocation \$75/month x 12 months = \$900
	\$	360	Landlines \$15/month x 2 lines x 12 months = \$360
	\$	150	Minor furniture and equipment as needed, such as but not limited to: printer, fax, and office chairs \$12.50/month x 12 months = \$150
	\$	25	Postage \$2.08/ month x 12 months = \$25
7. Indirect	\$	25,458	
			Indirect Rate @ 10% \$254,577 x 10% = \$25,458
Total Cost	\$	280,035	

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$28,003.50), within approved Scope of Work, with an approved redirect. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without a prior written amendment from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect and amendment requests may not be submitted within 60 days of the close of the subgrant period. Approval from Program Manager is required on all redirects.
- Meal/Food Costs: Subgrantee should continue to exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in their approved spend plans and budgets. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
  - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training.
  - Meal costs are not duplicated in participants' per diem or subsistence allowances.
  - Meeting participants (majority) are traveling from a distance of more than 50 miles.
  - Guest meals (i.e., meals for non-essential attendees) are not allowable.
- 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).

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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.

- Submit monthly/quarterly Requests for Reimbursement no later than 30 days following the end of the month; submit a final Request for Reimbursement for activities completed through the month of June no later than July 31, 2018. The final Request for Reimbursement date is subject to change upon direction from the Division.
- The maximum available through the subgrant is \$280,035.00
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$28,003.50. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- A complete financial accounting of all expenditures to the Division 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:**

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- 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:**

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

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- Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subgrantee will, in the performance of the Detailed Work Plan 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 30<sup>th</sup> 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**

	<b>HD#:</b> <span style="background-color: yellow;">16073</span> Budget Account: 3218 Category: 23 GL: 8516 Job #: 9388917 Draw #: _____
<b>REQUEST FOR REIMBURSEMENT</b>	

<b>Program Name:</b> Public Health Preparedness Program Preparedness, Assurance, Inspections and Statistics	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way Suite# 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth St. / PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> July 1, 2017 through June 30, 2018	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> DUNS#: <u>073786998</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	\$191,826.00	\$0.00	\$0.00	\$0.00	\$191,826.00	0.0%
2 Travel	\$7,209.00	\$0.00	\$0.00	\$0.00	\$7,209.00	0.0%
3 Supplies	\$17,107.00	\$0.00	\$0.00	\$0.00	\$17,107.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$37,000.00	\$0.00	\$0.00	\$0.00	\$37,000.00	0.0%
6 Other	\$1,435.00	\$0.00	\$0.00	\$0.00	\$1,435.00	0.0%
7 Indirect	\$25,458.00	\$0.00	\$0.00	\$0.00	\$25,458.00	0.0%
<b>Total</b>	<b>\$280,035.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$280,035.00</b>	<b>0.0%</b>

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

\_\_\_\_\_  
 Authorized Signature (BLUE INK) 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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**Reimbursement Worksheet**

**Washoe County Health District (WCHD)**

**Reimbursement Worksheet**

**July 2017**

<p align="center"><b>Reimbursement Worksheet</b> <b>Washoe County Health District (WCHD)</b> <b>Reimbursement Worksheet</b> <b>July 2017</b></p>							
<b>Personnel</b>	<b>Title</b>	<b>Description</b>					<b>Amount</b>
<b>TOTAL</b>							
<b>Travel</b> (Name of Traveler)	<b>Travel Dates</b>	<b>To</b>	<b>Mileage</b> @ \$0.535/mi	<b>Lodging</b> & Per Diem	<b>AirFare</b> & Misc	<b>Purpose/ Description</b>	<b>Amount</b>
<b>TOTAL</b>							
<b>Supplies</b> (Items under \$5,000 & consumed within 1 yr)	<b>Description</b>					<b>Amount</b>	
<b>TOTAL</b>							
<b>Equipment</b> (Items over \$5,000 or <u>not</u> consumed within 1 yr)	<b>Description (attach invoice copies for all items)</b>					<b>Amount</b>	
<b>TOTAL</b>							
<b>Contract / Consultant</b>	<b>Description</b>					<b>Amount</b>	
<b>TOTAL</b>							
<b>Other</b>	<b>Description</b>					<b>Amount</b>	
<b>TOTAL</b>							
<b>Indirect</b>	<b>Description</b>					<b>Amount</b>	
<b>TOTAL</b>							
<b>TOTAL EXPENDITURES</b>							

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Budget per Capability**

**Nevada Division Public & Behavioral Health : Public Health Preparedness  
Assistant Secretary for Preparedness and Response (ASPR)  
Hospital Preparedness Program (HPP)  
Budget per Capability  
Washoe County Health District (WCHD)  
July 1, 2017 through June 30, 2018**

**Contact Name:** Christina Conti  
**Phone Number:** 775-326-6042  
**E-Mail Address:** [cconti@washoecounty.us](mailto:cconti@washoecounty.us)  
**Applicant/Agency Name:** WCHD  
**Total Agency Request:** \$208,035

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.  
\*\*Please contact us if you have any questions.

**Budget Summary**

Monthly Expenditure:	% of Budget	(a)	(b)	(c)
		Budget	Current \$ Expended	Current % Expended
<b>1. Foundation for Health Care and Medical Readiness:</b>	<b>20%</b>	<b>\$ 56,008</b>		
F1: Establish a Health Care Coalition (HCC)		\$ 14,002	\$ -	0%
F2: Identify risk and needs		\$ 14,002	\$ -	0%
F3: Develop HCC preparedness work plan		\$ 14,002	\$ -	0%
F4: Train & prepare the health care & medical workforce		\$ 14,002	\$ -	0%
F5: Ensure preparedness is sustainable		\$ -	\$ -	0%
<b>2. Health Care and Medical Response and Recovery Coordination:</b>	<b>20%</b>	<b>\$ 56,008</b>		
F1: Develop coordinated response plans		\$ 14,002	\$ -	0%
F2: Develop information sharing processes & platforms		\$ 14,002	\$ -	0%
F3: Coordinate response strategy, resources, and communications		\$ 14,002	\$ -	0%
F4: Ensure health care system recovery		\$ 14,002	\$ -	0%
<b>3. Continuity of Health Care Service Delivery:</b>	<b>20%</b>	<b>\$ 56,008</b>		
F1: Identify essential functions for health care delivery		\$ 33,604	\$ -	0%
F2: Plan for continuity of operations		\$ 5,601	\$ -	0%
F3: Maintain access to non-personnel resources during an event		\$ -	\$ -	0%
F4: Develop strategies to protect health care cyber networks		\$ -	\$ -	0%
F5: Protect responders safety & health		\$ 5,601	\$ -	0%
F6: Plan for health care evacuation & relocation		\$ 5,601	\$ -	0%
F7: Coordinate health care system recovery		\$ 5,601	\$ -	0%
<b>4. Medical Surge:</b>	<b>18%</b>	<b>\$ 50,406</b>		
F1: Plan for a medical surge		\$ 16,802	\$ -	0%
F2: Respond to a medical surge		\$ 16,802	\$ -	0%
F3: Exercise medical surge response		\$ 16,802	\$ -	0%
<b>5. Program Administration:</b>	<b>22%</b>	<b>\$ 61,605</b>	\$ -	0%
	<b>100%</b>	<b>\$ 280,035</b>	\$ -	<b>0%</b>

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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: Contract Unit  
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, 2018
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? FY17 - in progress
7. What time period did your last audit cover? 7/1/16 - 6/30/17
8. Which accounting firm conducted your last audit? Eide Bailly

Signature (BLUE INK)

Date

Title

Annabeenan 7/27/17

Administrative Health Services Officer



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

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

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

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

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

- I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
  2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
  3. **CFR** stands for the Code of Federal Regulations.
  4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
  5. **Covered Entity** shall mean the name of the 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 agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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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 agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

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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 Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

**VI. MISCELLANEOUS**

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

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

THIS SPACE INTENTIONALLY LEFT BLANK

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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

1001 East Ninth St. / PO Box 11130

Business Address

Reno, NV 89520

Business City, State and Zip Code

775-326-6051

Business Phone Number

775-325-8031

Business Fax Number

Authorized Signature (BLUE INK)

Authorized Signature (BLUE INK)

for Cody L. Phinney, MPH

Print Name

Kevin Dick

Print Name

Administrator,  
Division of Public and Behavioral Health

Title

District Health Officer

Title

Date

Date

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**ATTACHMENT 1**  
Match Certification

Date: \_\_\_\_\_

External Funding Source: Assistant Secretary for Preparedness and Response (ASPR) –  
Hospital Preparedness Program (HPP) \_\_\_\_\_

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

Funding Recipient: Washoe County Health District \_\_\_\_\_

Project Title: HPP and PHEP Cooperative Agreement \_\_\_\_\_

Project Grant #: TBD \_\_\_\_\_

Duration: From: July 1, 2017 \_\_\_\_\_ To: June 30, 2018 \_\_\_\_\_

Total cost sharing/matching cost contribution: \$28,003.50 / Percentage: 10% \_\_\_\_\_

Source of cost sharing/matching cost contribution:

Name: Shared Services Expenditures \_\_\_\_\_

Account # (if applicable): 172801 \_\_\_\_\_

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

Washoe County Health District \_\_\_\_\_  
Name and Title  
(Funding Recipient)  
  
Signature (BLUE INK) \_\_\_\_\_  
Date 7/27/17  
  
Administrative Health Services Officer



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ATTACHMENT 2

Washoe County Health District (WCHD)  
ASPR Hospital Preparedness Program (HPP)  
Detailed Work Plan  
July 1, 2017 through June 30, 2018 (BP1)

DOMAIN 1: HPP STRENGTHEN COMMUNITY RESILIENCE		
STATEWIDE GOAL: Nevada will have resilient communities to plan, prepare and recover from all-hazard events.		
STATEWIDE OBJECTIVE 1: Each of Nevada's Healthcare Coalitions (HCCs) will develop a HCC Preparedness Plan by June 30, 2018.		
STATEWIDE OBJECTIVE 2: Each of Nevada's HCC's will complete a Hazard Vulnerability Assessment by June 30, 2018.		
Planned Activity Type:	<input checked="" type="checkbox"/> Build	<input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity
<b>Domain 1 Activity 1: Partner with Stakeholders by Developing &amp; Maturing Health Care Coalitions (HCC)</b>		
Local Objective 1: By June 30, 2018, the Inter-Hospital Coordinating Council (IHCC) will meet the requirements of a mature coalition as outlined in the FOA.		
<b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 1: Foundation for Health Care &amp; Medical Readiness</b>		
<input checked="" type="checkbox"/>	Objective 1: Establish a Health Care Coalition	
<input type="checkbox"/>	Objective 2: Identify Risk and Needs	
<input checked="" type="checkbox"/>	Objective 3: Develop an HCC Preparedness Work plan	
<input type="checkbox"/>	Objective 4: Train and Prepare the Health Care and Medical Workforce	
<input type="checkbox"/>	Objective 5: Ensure Preparedness is Sustainable	
1)	<p><b>Planned activity(s) for Domain 1 Activity 1</b></p> <p>Review and revise, if necessary, IHCC bylaws. Governance structure needs to include the following:</p> <ul style="list-style-type: none"> <li>• IHCC membership                             <ul style="list-style-type: none"> <li>○ Identification of core members</li> </ul> </li> <li>• Organizational structure                             <ul style="list-style-type: none"> <li>○ Identification of how IHCC integrates into the existing local management structure and IHCC's specific role</li> </ul> </li> <li>• EFS # lead agency with IHCC jurisdiction</li> <li>• Member guidelines for participation</li> <li>• Appropriate policies and procedures</li> </ul>	<p>Activity Documentation</p> <p>Agenda, meeting minutes</p> <p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1</p>
2)	Identify and update appropriate IHCC documentation to include the Medical Until Leader interaction with Coalition members during an emergency.	<p>Activity Documentation</p> <p>Meeting notes</p> <p>Completion Quarter</p> <p>Q2</p>

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3) Develop a preparedness plan. The plan is to include required components as outlined in the FOA.	Agendas, meeting minutes	Q3
4) Implement the HPP-provided tool to self-assess IHCC's progress toward meeting program requirements and the 2017-2022 Health Care Preparedness and Response Capabilities.	Agenda, meeting minutes	Q2
5) Identify a mechanism to collaborate with a variety of stakeholders to ensure the community has: <ul style="list-style-type: none"> <li>• Medical equipment and supplies,</li> <li>• Real-time information,</li> <li>• Communication systems, and</li> <li>• Trained and educated health care personnel to respond to an emergency.</li> </ul>	Agenda, meeting minutes	Q4
<b>Output(s) for planned activities in Domain 1 Activity 1:</b>		
1) Bylaws		
2) IHCC Preparedness Plan		
3) Completed HPP-provided tool		
<b>Domain 1 Activity 2: Characterize Probable Risk of the Jurisdiction &amp; the HCC</b>		
<b>Local Objective 1:</b> By June 30, 2018, will complete a Hazard Vulnerability Assessment (HVA) and resource assessment.		
<b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 1: Foundation for Health Care &amp; Medical Readiness</b>		
<input type="checkbox"/>	Objective 1: Establish a Health Care Coalition	
<input checked="" type="checkbox"/>	Objective 2: Identify Risk and Needs	
<input checked="" type="checkbox"/>	Objective 3: Develop an HCC Preparedness Work plan	
<input type="checkbox"/>	Objective 4: Train and Prepare the Health Care and Medical Workforce	
<input type="checkbox"/>	Objective 5: Ensure Preparedness is Sustainable	
<b>Planned activity(s) for Domain 1 Activity 2</b>		
1) Complete annual IHCC HVA.	HVA	Completion Quarter (Q1, Q2, Q3, Q4) Q2
2) Complete annual IHCC resource assessment (hospital survey).	Resource assessment	Q3
3) Identify mechanism to track and share resource information.	Meeting minutes	Q4
<b>Output(s) for planned activities in Domain 1 Activity 2:</b>		
1) IHCC HVA		
2) Resource assessment		
<b>Domain 1 Activity 3: Characterize Populations at Risk</b>		
<b>Local Objective 1:</b> Every six months, starting July 2017, IHCC will identify existing data sources and de-identified data from emPOWER and use for all-inclusive planning.		

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**Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 1: Foundation for Health Care & Medical Readiness**

- Objective 1: Establish a Health Care Coalition
- Objective 2: Identify Risk and Needs
- Objective 3: Develop an HCC Preparedness Work plan
- Objective 4: Train and Prepare the Health Care and Medical Workforce
- Objective 5: Ensure Preparedness is Sustainable

Planned activity(s) for Domain 1 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Participate in the identification of how to increase inclusive risk planning for the whole community.	Meeting minutes	Q4
2) Obtain de-identified data from emPOWER (ever 6 months).	De-identified data	Q4
3) Identify IT tools already in use that can help identify children, seniors, pregnant women, people with disabilities, and other unique needs.	Meeting minutes	Q3
4) Share IT tools (data) with appropriate partners to increase situational awareness and to support planning efforts.	Meeting minutes or email(s)	Q4
5) Work with home health agencies to educate and prepare their cliental to remain in their residences during certain emergencies.	Educational Materials	Q4
6) Identify health care delivery support agencies for ANF populations (pre- and – post-event) that can prevent stress on hospitals during an emergency.	Agency information	Q3

**Output(s) for planned activities in Domain 1 Activity 3:**

- 1) Two de-identified data sets
- 2) Health care delivery support agency list
- 3) Developed educational materials

**Domain 1 Activity 4: Engage Communities & Health Care Systems**

**Local Objective 1:** By December 2017, IHCC will develop a funding structure that supports the mission of the coalition and identify materials designed to increase engagement.

**Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 1: Foundation for Health Care & Medical Readiness**

- Objective 1: Establish a Health Care Coalition
- Objective 2: Identify Risk and Needs
- Objective 3: Develop an HCC Preparedness Work plan
- Objective 4: Train and Prepare the Health Care and Medical Workforce
- Objective 5: Ensure Preparedness is Sustainable

Planned activity(s) for Domain 1 Activity 4	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Local health department continued participation in the coalition.	Documented meeting attendance	Q4
2) Identify means to increase sustainability of the coalition.	Meeting minutes	Q2

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3) Identify appropriate material that identifies and articulates the benefits of HCC activities to it members and additional stakeholders to promote HCC preparedness efforts.	Meeting minutes	Q2
4) Develop a financing structure and document the funding model.	Bylaws	Q1
5) Develop censuses among coalition members on how to engage executives.	Meeting minutes	Q2
<b>Output(s) for planned activities in Domain 1 Activity 4:</b>		
1) Bylaws		
<b>Domain 1 Activity 5: Operationalize Response Plans</b>		
Local Objective 1: No planned objectives		

**DOMAIN 2: HPP STRENGTHEN INCIDENT MANAGEMENT**

<b>STATEWIDE GOAL:</b> Nevada will strengthen its ability to conduct all-hazard incident management by preparation, planning, training and exercising at all jurisdictional levels.		
<b>STATEWIDE OBJECTIVE 1:</b> Each of Nevada's Public Health Authorities will obtain input for all-hazards plans from HCCs, partners, and the public by June 30, 2018.		
Planned Activity Type:	<input checked="" type="checkbox"/> Build	<input type="checkbox"/> Sustain
	<input type="checkbox"/> Scale Back	<input type="checkbox"/> No Planned Activity
<b>Domain 2 Activity 1: Coordinate Emergency Operations</b>		
Local Objective 1: By June 2018, WCHD will seek input on from IHCC and the public on emergency preparedness plans.		
Local Objective 2: By BP1, IHCC will define essential elements of information (EIs).		
<b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 1 Foundation for Health Care &amp; Medical Readiness</b>		
<input checked="" type="checkbox"/>	Objective 4: Train and Prepare the Health Care and Medical Workforce	
<b>CAPABILITY 2 Health Care and Medical Response Coordination</b>		
<input checked="" type="checkbox"/>	Objective 1: Develop Coordinated Response Plans	
<input checked="" type="checkbox"/>	Objective 3: Coordinate Response Strategy, Resources and Communications	
<b>CAPABILITY 3 Continuity of Health Care Service Delivery</b>		
<input type="checkbox"/>	Objective 2: Plan for Continuity of Operations	
<input type="checkbox"/>	Objective 7: Coordinate Health Care System Recovery	
<b>Planned activity(s) for Domain 2 Activity 1</b>		<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1) IHCC will be given an opportunity to provide updates to the All-hazards Emergency Preparedness and Response Plan in jurisdiction.	Activity Documentation	Q1
2) Define IHCC's role in emergency response.	Meeting minutes	Q2
3) Define essential elements of information (EIs).	Preparedness Plan	Q4
4) Develop a draft plan to share EIs by the end of BP2.	Meeting minutes	Q4
	Draft plan	Q4

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<b>Output(s) for planned activities in Domain 2 Activity 1:</b>			
1) IHCC Preparedness Plan			
2) Draft plan with EEs			
<b>Domain 2 Activity 2: Standardize Incident Command Structures for Public Health</b>			
<b>Local Objective 1:</b> No planned objectives (There are no HPP requirements under Activity 2)			
<b>Domain 2 Activity 3: Establish Incident Command Structures for Health Care Organizations &amp; HCC</b>			
<b>Local Objective 1:</b> Throughout BP1, IHCC will promote NIMS training opportunities and guidance as appropriate.			
<b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b>			
<b>CAPABILITY 1: Foundation for Health Care &amp; Medical Readiness</b>			
<input checked="" type="checkbox"/>	Objective 4: Train and Prepare the Health Care and Medical Workforce		
<b>CAPABILITY 2: Health Care and Medical Response Coordination</b>			
<input checked="" type="checkbox"/>	Objective 1: Develop Coordinated Response Plans		
<input type="checkbox"/>	Objective 3: Coordinate Response Strategy, Resources and Communications		
<b>CAPABILITY 3: Continuity of Health Care Service Delivery</b>			
<input checked="" type="checkbox"/>	Objective 2: Plan for Continuity of Operations		
<input checked="" type="checkbox"/>	Objective 7: Coordinate Health Care System Recovery		
<b>Planned activity(s) for Domain 2 Activity 3</b>			<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1)	Ensure IHCC leadership receives NIMS training based on evaluation of existing NIMS education.	Activity Documentation	Q4
2)	Continue to promote NIMS training opportunities.	Training information	Q4
3)	Assist IHCC members, as requested, with incorporating NIMS components into their emergency operations plans.	Agendas, training information Request for assistance	Q4
<b>Output(s) for planned activities in Domain 2 Activity 3:</b>			
1) Identified and promoted trainings			
<b>Domain 2 Activity 4: Ensure HCC Integration &amp; Collaboration with ESF-8</b>			
<b>Local Objective 1:</b> Throughout BP1, IHCC will begin planning for the development of their response plan.			
<b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b>			
<b>CAPABILITY 1: Foundation for Health Care &amp; Medical Readiness</b>			
<input type="checkbox"/>	Objective 4: Train and Prepare the Health Care and Medical Workforce		
<b>CAPABILITY 2: Health Care and Medical Response Coordination</b>			
<input type="checkbox"/>	Objective 1: Develop Coordinated Response Plans		
<input type="checkbox"/>	Objective 3: Coordinate Response Strategy, Resources and Communications		
<b>CAPABILITY 3: Continuity of Health Care Service Delivery</b>			
<input checked="" type="checkbox"/>	Objective 2: Plan for Continuity of Operations		
<input checked="" type="checkbox"/>	Objective 7: Coordinate Health Care System Recovery		

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Planned activity(s) for Domain 2 Activity 4	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
<p>1) Develop a work plan to complete a response plan by BP2. The response plan will clearly outline the following:</p> <ul style="list-style-type: none"> <li>• Individual HCC member organization and HCC contact information,</li> <li>• Locations that may be used for multiagency coordination,</li> <li>• Process for multiagency coordination if location is virtual,</li> <li>• A brief summary of each individual member's resources and responsibilities,</li> <li>• Integration with appropriate ESF-8 lead agency,</li> <li>• Emergency activation thresholds and processes,</li> <li>• Alert and notification procedures,</li> <li>• EEIs agreed to be shared, including information format,</li> <li>• Communication and IT platforms and redundancies for information sharing,</li> <li>• Support and mutual aid agreements,</li> <li>• Evacuation and relocation processes, and</li> <li>• Activation and notification processes for initiation and implementing medical surge response coordination.</li> </ul>	Meeting minutes	Q3
2) IHCC will participate in the pre-emergency recovery planning activities.	Meeting minutes	Q4
3) IHCC will start identifying the components for a continuity of operations plan (COOP).	Meeting minutes	Q4
<b>Output(s) for planned activities in Domain 2 Activity 4:</b>		
1) Outline of the response plan		
<b>Domain 2 Activity 5: Expedite Fiscal Preparedness Procedures</b>		
<b>Local Objective 1:</b> No planned objectives, this is a State level activity.		

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**DOMAIN 3: HPP STRENGTHEN INFORMATION MANAGEMENT**

**STATEWIDE GOAL:** Nevada will be able to collect, share, and disseminate accurate and timely information across all healthcare, public health partners, and the public.

**STATEWIDE OBJECTIVE 1:** Each of Nevada's Public Health Authorities, in collaboration with HCCs, will develop systems for information sharing by all HCC partners by June 30, 2018.

**STATEWIDE OBJECTIVE 2:** Nevada and its statewide partners will develop a workgroup to evaluate current information sharing platforms (i.e. WebEOC, HAVBED) for efficiency and usability by December 31, 2017.

**STATEWIDE OBJECTIVE 3:** HCCs and Public Health will coordinate to identify redundant communications systems by March 31, 2018.

Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**Domain 3 Activity 1: Share Situational Awareness Across the Health Care & Public Health Systems**

**Local Objective 1:** Throughout BP1, IHCC will increase situational awareness through its ability to access and share pertinent emergency information.

**Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 2: Health Care & Medical Response Coordination**

- Objective 2: Develop Information sharing processes and platforms
- Objective 3: Coordinate Response Strategy, Resources and Communications

**Planned activity(s) for Domain 3 Activity 1**

- | Planned activity(s) for Domain 3 Activity 1  | Activity Documentation            | Completion Quarter (Q1, Q2, Q3, Q4) |
|--|-----------------------------------|-------------------------------------|
| 1) IHCC will identify how to provide situational awareness, including data on bed availability.  | Meeting minutes                   | Q4                                  |
| 2) IHCC members will agree to participate in situational awareness initiatives for the 5 year project period.  | Meeting minutes                   | Q1                                  |
| 3) IHCC will identify a mechanism to ensure that the coalition is able to access and collect timely, relevant, and actionable information about their members during emergencies.                            | Regional Medical Situation Report | Q2                                  |
| 4) Identify a mechanism to share pertinent emergency information with IHCC members, the ESF-8 lead agency and other stakeholders, to be documented in the response plan required to be completed during BP2. | Meeting Minutes                   | Q4                                  |

**Output(s) for planned activities in Domain 3 Activity 1:**

- 1) Updated Regional Medical Situation Report
- 2) Outline of the response plan

**Domain 3 Activity 2: Share Emergency Information & Warnings Across Disciplines & Jurisdictions & HCCs & their Members**

**Local Objective 1:** By March 31, 2018, IHCC will have the ability to effectively coordinate information during emergencies.

**Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 2: Health Care & Medical Response Coordination**

- Objective 2: Develop Information sharing processes and platforms

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<input checked="" type="checkbox"/> <b>Objective 3: Coordinate Response Strategy, Resources and Communications</b>		
<b>Planned activity(s) for Domain 3 Activity 2</b>	<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1) IHCC will evaluate its members' ability to rapidly alert and notify their employees, patients, and visitors.	Meeting minutes	Q1
2) Then, if applicable, assist those members develop the ability.	Request for assistance	Q3
3) Identify and, if needed, develop a primary and secondary redundant communications systems and platforms capable of sending EEIs.	Meeting minutes (possibly communication system or platform)	Q2
4) Ensure multiple IHCC members, as deemed appropriate, understand and have access to the coalition's information sharing systems/platforms.	User information to platforms	Q3
5) IHCC will be able to demonstrate its ability to use these systems/platforms to effectively coordinate information during emergencies, planned events, and on a regular basis (medical surge exercise).	Exercise documents	Q3
<b>Output(s) for planned activities in Domain 3 Activity 2:</b>		
1) AAR/IP		
<b>Domain 3 Activity 3: Conduct External Communication with the Public</b>		
<b>Objective 1:</b> Throughout BP1, IHCC will collaborate with the jurisdictional JIC to increase the ability to disseminate information to the community using one voice.		
<b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 2: Health Care &amp; Medical Response Coordination</b>		
<input type="checkbox"/> <b>Objective 2:</b> Develop Information sharing processes and platforms		
<input checked="" type="checkbox"/> <b>Objective 3:</b> Coordinate Response Strategy, Resources and Communications		
<b>Planned activity(s) for Domain 3 Activity 3</b>		
1) Collaborate with JIC, as appropriate, to determine type of information that will be disseminated to the public ensure information is accurate and consistent.	Activity Documentation Meeting minutes, preparedness plan	Completion Quarter (Q1, Q2, Q3, Q4) Q3
<b>Output(s) for planned activities in Domain 3 Activity 3:</b>		
1) IHCC preparedness plan		



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**DOMAIN 4: HPP STRENGTHEN COUNTERMEASURES & MITIGATION**

**STATEWIDE GOAL:** Nevada will strengthen access to and the administration of medical and other countermeasures for pharmaceutical and non-pharmaceutical interventions.

**STATEWIDE OBJECTIVE 1:** Nevada's Public Health Authorities will integrate AFN, rural, tribal, and first responders in plans, training and exercises for administration of medical and other countermeasures for pharmaceutical and non-pharmaceutical interventions by June 30, 2018.

Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**Domain 4 Activity 1: Manage Access to and Administration of Pharmaceutical & Non-pharmaceutical Interventions**

**Local Objective 1:** Throughout BP1, IHCC will be provided education on the Medical Countermeasure (MCM) distribution plan.

**Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 1: Foundation for Health Care Readiness & Medical Readiness**

Objective 2: Identify Risk and Needs

**CAPABILITY 3: Continuity of Health Care Service Delivery**

Objective 3: Maintain Access to Non-Personnel Resources during an Event

Objective 5: Protect Responders' Safety and Health

Planned activity(s) for Domain 4 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Provide education to IHCC on the MCM distribution plan.	Agenda, training materials	Q4
2) Identify a mechanism to conduct supply chain integrity assessment.	Meeting minutes	Q2
3) Review strategies for acquisition, storage, rotation with day-to-day supplies in regards to purchasing pharmaceuticals and identify strategies for other medical material.	Meeting minutes	Q4

**Output(s) for planned activities in Domain 4 Activity 1:**

- 1) Documentation of trainings for IHCC members trained on the MCM distribution plan

**Domain 4 Activity 2: Ensure Safety & Health of Responders**

**Local Objective 1:** By February 28, 2018, IHCC will identify the top three equipment, trainings, and resources necessary to protect responders, employees, and their families from hazards during response and recovery operations.

**Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 1: Foundation for Health Care Readiness & Medical Readiness**

Objective 2: Identify Risk and Needs

**CAPABILITY 3: Continuity of Health Care Service Delivery**

Objective 3: Maintain Access to Non-Personnel Resources during an Event

Objective 5: Protect Responders' Safety and Health

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Planned activity(s) for Domain 4 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) IHCC will identify the equipment, trainings and resources necessary to protect responders, employees and their families from hazards during response and recovery operations.	Meeting minutes	Q3
2) Identify the top three equipment, trainings and resources needs for IHCC members.	Meeting minutes	Q3
<b>Output(s) for planned activities in Domain 4 Activity 2:</b>		
1) List of equipment, training, and resources		
<b>Domain 4 Activity 3: Operationalize Response Plans</b>		
<b>Local Objective 1: No planned objectives</b>		

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**DOMAIN 5: HPP STRENGTHEN SURGE MANAGEMENT**

**STATEWIDE GOAL:** Nevada will coordinate response to the public health, medical surge, and mass care needs of affected communities impacted by an incident.

**STATEWIDE OBJECTIVE 1:** Each of Nevada's Public Health Authorities will coordinate with Mass Care ESF-6 to incorporate vulnerable populations and AFN into statewide planning efforts by June 30, 2018.

**STATEWIDE OBJECTIVE 3:** Each of Nevada's HCCs will conduct an annual surge test exercise integrating with the statewide medical surge plan and ESF #8 by June 30, 2018.

**STATEWIDE OBJECTIVE 4:** Nevada will coordinate with each LHA and emergency management agency to streamline the Volunteer Reception Center (VRC) process to ensure continuity of planning and response by June 30, 2018.

Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**TO MANAGE PUBLIC HEALTH SURGE**

**Domain 5 Activity 1: Address Mass Care Needs**

**Local Objective 1:** Throughout BP1, IHCC will be available to assist, as appropriate, in addressing health issues by those in congregate locations.

**Local Objective 2:** Throughout BP1 IHCC will serve as a planning resource and subject matter expert during the revision of mass shelter plans and medical care at shelter sites.

**Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 3: Continuity of Health Care Service Delivery**

Objective 6: Plan for Health Care Evacuation and Relocation

- CAPABILITY 4: Medical Surge**
- Objective 1: Plan for Medical Surge
- Objective 2: Respond to a Medical Surge

Planned activity(s) for Domain 5 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Serve as subject matter experts to PHEP awardees, as requested, on the health care needs of those impacted by an incident at a congregate location.	Meeting minutes	Q4
2) Serve as a planning resource and subject matter expert, as appropriate, during the revision of mass shelter plans and medical care at shelter sites.	Meeting minutes	Q4

**Output(s) for planned activities in Domain 5 Activity 1:**

- 1) Input for PHEP
- 2) Preparedness Plan

**Domain 5 Activity 2: Address surge needs**

**Local Objective 1:** Throughout BP1, IHCC will serve as planning resources and subject matter experts during family reunification.

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<p><b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b></p> <p><b>CAPABILITY 3: Continuity of Health Care Service Delivery</b></p> <p><input checked="" type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation</p> <p><b>CAPABILITY 4: Medical Surge</b></p> <p><input type="checkbox"/> Objective 1: Plan for Medical Surge</p> <p><input type="checkbox"/> Objective 2: Respond to a Medical Surge</p>			Completion Quarter (Q1, Q2, Q3, Q4)
Planned activity(s) for Domain 5 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1) Serve as a subject matter expert, utilizing obtained data, for family reunification planning efforts.	Meeting minutes	Q4	
2) Review the FOA to identify how IHCC does/will coordinate the activities outlined in the FOA to ensure the ability to meet the demands during a highly infectious disease response.	Meeting minutes	Q4	
<b>Output(s) for planned activities in Domain 5 Activity 2:</b>			
1) Preparedness Plan			
<b>Domain 5 Activity 3: Coordinate Volunteers</b>			
Local Objective 1: Throughout BP1, IHCC will promote the management of volunteers in the hospitals and other health care settings.			
<p><b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b></p> <p><b>CAPABILITY 3: Continuity of Health Care Service Delivery</b></p> <p><input type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation</p> <p><b>CAPABILITY 4: Medical Surge</b></p> <p><input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge</p> <p><input checked="" type="checkbox"/> Objective 2: Respond to a Medical Surge</p>			
Planned activity(s) for Domain 5 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1) Promote the management of volunteers in the hospitals and other health care settings trainings and exercises through IHCC meetings.	Meeting minutes	Q4	
<b>Output(s) for planned activities in Domain 5 Activity 3:</b>			
1) Continued promotion and encouragement of volunteers in the hospitals and other health care settings trainings and exercises as documented in IHCC meeting minutes			
<b>Domain 5 Activity 4: Prevent / Mitigate, Injuries &amp; Fatalities</b>			
Local Objective 1: Throughout BP1, IHCC will be available to increase coordination with PHEP partners to ensure the proper tracking, transportation, handling, and storage of human remains.			
Local Objective 2: Throughout BP1, IHCC will be available to increase coordination with PHEP partners to ensure access to mental and behavioral health services for responders and families impacted by an incident.			

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<p><b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b>  <b>CAPABILITY 3: Continuity of Health Care Service Delivery</b>  <input checked="" type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation  <b>CAPABILITY 4: Medical Surge</b>  <input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge  <input type="checkbox"/> Objective 2: Respond to a Medical Surge</p>			Completion Quarter (Q1, Q2, Q3, Q4)
Planned activity(s) for Domain 5 Activity 4	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1) IHCC will be available as subject matter experts for PHEP partners for planning relating to preventing or mitigating injuries and fatalities.	Meeting minutes	Q4	
<p><b>Output(s) for planned activities in Domain 5 Activity 4:</b>            1) Updated community fatality preparedness plans</p>			
<b>TO MANAGE MEDICAL SURGE</b>			
<b>Domain 5 Activity 5: Conduct health care facility evacuation planning &amp; execute evacuations</b>			
Local Objective 1: By March 31, 2018, IHCC will have participated in a medical surge exercise.			
<p><b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b>  <b>CAPABILITY 3: Continuity of Health Care Service Delivery</b>  <input checked="" type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation  <b>CAPABILITY 4: Medical Surge</b>  <input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge  <input checked="" type="checkbox"/> Objective 2: Respond to a Medical Surge</p>			
Planned activity(s) for Domain 5 Activity 5	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1) Review the MCIP to ensure all health care organizations, public health agencies, and emergency management organizations are included in evacuation, transportation, and relocation planning and execution during exercises and real incidents. 2) Conduct in an exercise using the "Coalition Surge Test".	Review documents  Exercise Materials	Q4  Q3	
<p><b>Output(s) for planned activities in Domain 5 Activity 5:</b>            1) MCIP review documents or update            2) AAR/IP</p>			
<b>Domain 5 Activity 6: Address emergency department &amp; inpatient surge</b>			
Local Objective 1: By March 31, 2018, IHCC will have participated in a medical surge exercise.			
<p><b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b>  <b>CAPABILITY 3: Continuity of Health Care Service Delivery</b>  <input checked="" type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation</p>			

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<p><b>CAPABILITY 4: Medical Surge</b></p> <p><input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge</p> <p><input checked="" type="checkbox"/> Objective 2: Respond to a Medical Surge</p>			
Planned activity(s) for Domain 5 Activity 6	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1) Plan and respond together to address emergency department and inpatient surge (MCIP).	Exercise documents	Q3	
2) Identify IHCC's role in CSC and begin to document information as outlined in the FOA.	Meeting minutes	Q4	
<p><b>Output(s) for planned activities in Domain 5 Activity 6:</b></p> <p>1) AAR/IP</p>			
<p><b>Domain 5 Activity 7: Develop Alternate Care Systems</b></p>			
<p>Local Objective 1: Throughout BP1, IHCC will participate in the planning for alternate care systems.</p>			
<p><b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b></p>			
<p><b>CAPABILITY 3: Continuity of Health Care Service Delivery</b></p> <p><input checked="" type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation</p>			
<p><b>CAPABILITY 4: Medical Surge</b></p> <p><input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge</p> <p><input checked="" type="checkbox"/> Objective 2: Respond to a Medical Surge</p>			
Planned activity(s) for Domain 5 Activity 7	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
1) Participate, in collaboration with local public health and emergency management, in the planning for alternate care systems.	Meeting minutes	Q4	
<p><b>Output(s) for planned activities in Domain 5 Activity 7:</b></p> <p>1) Preparedness Plan</p>			
<p><b>Domain 5 Activity 8: Address Specialty Surge including: pediatrics, chemical/ radiation, burn/ trauma, behavioral health, &amp; highly infectious diseases</b></p>			
<p>Local Objective 1: By March 31, 2018, IHCC member hospitals will have participated in a medical surge exercise.</p>			
<p><b>Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)</b></p>			
<p><b>CAPABILITY 3: Continuity of Health Care Service Delivery</b></p> <p><input checked="" type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation</p>			
<p><b>CAPABILITY 4: Medical Surge</b></p> <p><input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge</p> <p><input checked="" type="checkbox"/> Objective 2: Respond to a Medical Surge</p>			

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Planned activity(s) for Domain 5 Activity 8	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Identify appropriate way to incorporate pediatrics, chemical or radiation, burn and trauma, behavioral health, and infectious disease into IHCC's plans.	Meeting Minutes	Q4
2) Evaluate IHCC member hospitals are able to receive, stabilize, and manage pediatric patients.	Exercise documents	Q3
3) Identify concepts in the MCIP related to a large burn and trauma emergencies to be revised.	Review documents	Q4
4) Review and identify areas, if any, of the Ebola plan to enhance preparedness and response for all infectious disease emergencies that stress the health care delivery system.	Review documents	Q3
5) Identify how HAI coordinators and quality improvement professionals at the health care facility and jurisdictional levels can be included in IHCC activities.	Meeting minutes	Q1
<b>Output(s) for planned activities in Domain 5 Activity 8:</b>		
1) AAR/IP		
2) Preparedness Plan		

**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>
<p>1. Conduct STD testing, case identification, and partner services in Nevada.</p>	<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>	<p>12/31/2018</p>	<p>1. Surveillance data</p>
<p>2. Conduct Syphilis testing, case identification, and partner services in Nevada.</p>	<p>2.1 Conduct testing and partner services for all Primary, Secondary, and congenital syphilis cases in Nevada based on CDC guidelines and ensure treatment bases on 2017 STD treatment guidelines.</p>	<p>12/31/2018</p>	<p>2. Surveillance data</p>



**Goal 2: Improve STD Surveillance in Nevada.**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. Conduct STD surveillance which includes the regular monitoring of STD surveillance database [Sexually Transmitted Disease*Management Information System (STD*MIS), National Electronic Disease Surveillance (NEDS) Base System (NBS), or equivalent system)], maintaining case files and records, and conducting investigations.	<p>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.</p> <p>1.2 Complete and maintain an STD file system that adequately and timely documents all STD program activity conducted during the subgrant period.</p> <p>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.</p>	12/31/2018	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 (DPBH) STD*MIS or Compatible System Reports to DPBH-OPHIE.	12/31/2018	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.	12/31/2018	3. Outbreak response plan.

**Goal 3: Provide Outreach and Education**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
1. To provide STD outreach and education to residents, organizations and communities in Nevada.	<p>1.1 The Subgrantee will provide STD outreach and education to the community and health care providers, to identified high risk populations in Nevada.</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 STD.</p>	6/30/2018 and 12/31/2018	1. Summary of activity for interim and annual reports as requested by DPBH.

**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>a. <u>Annual and Interim Progress Reports</u> are required within thirty (30) days after they are requested. These reports must follow the template provided by the Nevada Division of Public and Behavioral Health.</p>	Within 30 days of Request.	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.	12/31/2018	1. Documentation training was completed

DD	AH	_____	-
DHO	_____	KD	_____
DA	_____		_____
Risk	_____		_____

**Staff Report**  
**Board Meeting Date:** August 24, 2017

**TO:** District Board of Health

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

**SUBJECT:** Accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to October 1, 2016 through September 30, 2017 for an additional amount of \$19,635.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; and if approved, authorize the District Health Officer to execute the Subgrant Amendment.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other 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 Community and Clinical Health Services Division received a Notice of Subgrant Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health to support the Women, Infants and Children Program (WIC) Program. The funding period is retroactive to October 1, 2016 and extends through September 30, 2017. A copy of the Notice of Subgrant Amendment is attached. The Amendment is retroactive as it was received on July 26<sup>th</sup>.

**District Health Strategic Priority supported by this item:** Improve the health of our community by empowering individuals to live healthier lives.

**PREVIOUS ACTION**

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

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Women, Infants and Children Program (WIC) Program

**Scope of the Project:** The supplemental funding application requested funding for various items to include but not limited to cubical walls for client privacy at the Moana location, educational materials for clients, telephone headsets for reception staff, faucet replacements and installation of badge entry at the 9<sup>th</sup> Street location and indirect costs.

**Benefit to Washoe County Residents:** The WIC program provides supplemental nutritious foods, nutrition education and referrals to other health and social services to eligible pregnant and postpartum women, infants and children up to age five in Washoe County to prevent the occurrence of health problems and to improve the health status of these persons.

**On-Going Program Support:** The Health District anticipates receiving continuous funding to support the WIC Program.

**Award Amount:** \$19,635.00  
**Grant Period:** October 1, 2016 – September 30, 2017  
**Funding Source:** USDA / Food and Nutrition Service / WIC  
**Pass Through Entity:** State of Nevada Department of Health and Human Services,  
Division of Public & Behavioral Health  
**CFDA Number:** 10.557  
**Grant ID Number:** 7NV700NV7  
**Match Amount and Type:** No match required.  
**Sub-Awards and Contracts:** No Sub-Awards or contracts are anticipated.

### **FISCAL IMPACT**

The FY18 budget was adopted with \$1,041,318.00 in expenditures. The supplemental award amount is \$19,635.00 (\$19,250.00 direct and \$385.00 indirect). A budget amendment in the amount of \$19,250.00 is necessary to bring the Notice of Subgrant Award into alignment with the adopted budget.

Should the Board approve this Subgrant Amendment, the adopted FY18 budget will need to be amended as follows:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10031 -431100	Federal Revenue	\$ 19,250.00
	<b>Total Revenue</b>	<b>\$ 19,250.00</b>
2002-IO-10031 -710300	Operating Supplies	\$ 11,881.08
-711504	Equipment non-capital	\$ 7,368.92
	<b>Total Expenditures</b>	<b>\$ 19,250.00</b>

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to October 1, 2016 through September 30, 2017 for an additional amount of

Subject: WIC Subgrant Amendment  
Date: August 24, 2017  
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\$19,635.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; and if approved, authorize the District Health Officer to execute the Subgrant Amendment.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to October 1, 2016 through September 30, 2017 for an additional amount of \$19,635.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031; and if approved, authorize the District Health Officer to execute the Subgrant Amendment."



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

Original HD #: **15722**  
 Budget Account: 3214  
 Category: 14  
 GL: 8516  
 Job Number: 1055717A

## SUBGRANT AMENDMENT #1

<b>Program Name:</b> Women, Infants and Children Program (WIC) Bureau of Child, Family and Community Wellness	<b>Subgrantee Name:</b> Washoe County Health District WIC		
<b>Address:</b> 400 West King Street, Ste. 300 Carson City, NV 89703	<b>Address:</b> 1001 East Ninth Street/PO Box 11130 Reno, NV 89520		
<b>Subgrant Period:</b> October 1, 2016 through September 30, 2017	<b>Amendment Effective Date:</b> Upon approval by all parties.		
<b>This amendment reflects a change to:</b> <input type="checkbox"/> Scope of Work <input type="checkbox"/> Term <input checked="" type="checkbox"/> Budget			
<b>Reason for Amendment:</b> <u>Increasing Operating and Other line item budget amounts.</u>			
<b>Required Changes:</b> <b>Current Language:</b> Total reimbursement not to exceed \$1,062,144.00 See Section C: Budget and Financial Reporting Requirements of the original subgrant. <b>Amended Language:</b> Total reimbursement will not exceed \$1,081,779.00. See Exhibit A: Amended Budget Detail. This exhibit replaces Section C of the original subgrant.			
Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$ 1,003,907.00	\$ 0.00	\$ 1,003,907.00
2. Travel	\$ 800.00	\$ 0.00	\$ 800.00
3. Operating	\$ 36,611.00	\$ 19,250.00	\$ 55,861.00
4. Equipment	\$ 0.00	\$ 0.00	\$ 0.00
5. Contractual/Consultant	\$ 0.00	\$ 0.00	\$ 0.00
6. Training	\$ 0.00	\$ 0.00	\$ 0.00
7. Other	\$ 20,826.00	\$ 385.00	\$ 21,211.00
<b>Total</b>	<b>\$ 1,062,144.00</b>	<b>\$ 19,635.00</b>	<b>\$ 1,081,779.00</b>
<b>Incorporated Documents:</b> Exhibit A: Amended Budget Detail Exhibit B: Original Notice of Subgrant Award and all previous amendments			

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

Kevin Dick District Health Officer	Signature	Date
Michelle Walker Program Manager, WIC		
Beth Handler, MPH Bureau Chief, CFCW		
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

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

**EXHIBIT A**

**Amended Budget**

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 7NV700NV7 from the United States Department of Agriculture, Food and Nutrition Services, Women, Infants and Children Program

Subgrantee agrees to adhere to the following amended budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 1,003,907.00		
		\$	
2. Travel	\$ 800.00		
		\$	
3. Operating	\$ 55,861.00		
		\$ 36,611.00	Approved budget this line item \$
		5,300	<b>Purchase cubical walls for Clinic #301 Breastfeeding Room \$5,300.00</b>
		13,950	<b>Purchase WIC related educational materials/exam table, telephone headsets for Reception staff, office and operating supplies,</b>
			<b>LAN Adapter for Waiting Room area televisions access to online WIC education materials.</b>
			<b>Repairs/Maintenance: Replace sinks/faucets in Clinic #302, Repair Door at Clinic #301, Repair/Update Front Counter at Clinic #301, Keyless Entry Pad for internal office door from waiting area to staff at WIC Clinic #302.</b>
4. Equipment	\$ 0.00		
		\$	
5. Contractual Consultant	\$ 0.00		
		\$	
6. Training	\$ 0.00		
		\$	
7. Other	\$ 21,211.00		
		\$ 20,826	Approved budget this line item is \$20,826.24
		385	<b>Increase Indirect cost @ \$19,250 x 2% of Total Direct Costs = \$385.12</b>
Total Cost	\$ 1,081,779.00		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work. Funds may be transferred to another approved category after a written request, with supporting document for the change, has been received and approved by the Division.
- 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.

- State WIC Program shall reimburse subgrantee monthly, and upon submission of a monthly Division of Public and Behavioral Health Request for Reimbursement with supporting documentation acceptable to the State WIC program, provided the requested amount does not exceed authorized subgrant amount. Any amount in excess of the authorized subgrant amount shall be borne by subgrantee. Monthly reports shall be submitted by the 15th of the month following service to participant. The final Request for Reimbursement report must be submitted by November 30<sup>th</sup> following the end of each Federal Fiscal Year ended September 30<sup>th</sup>.
- Maximum allowable for the term of the subgrant is **\$1,081,779.00**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- **Allowable Expense:** Subgrantee shall be paid only for allowable expenses, as defined in the applicable regulations (OMB Uniform Guidance, Title 2, Subpart E- Cost Principles). It is the policy of the State Board of Examiners to restrict contractors/subgrantees travel 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; see State Administrative Manual (SAM) Sections 0200.0 and 0320.0. Standard mileage reimbursement rate will be at the current Nevada State per mile rate. WIC program shall have the right to determine whether expenditures made by subgrantee from funds provided pursuant to this subgrant were made in accordance with the regulations, and to withhold payment or demand reimbursement of disallowed expenditures from subgrantee. Additional expenditure detail will be provided upon request from the Division.
- **Nutrition Education Requirement:** Subgrantee shall expend a minimum of one-sixth of all funds provided in this subgrant for nutrition education by including Time and Effort Studies and Unit Breakdown forms with Request for Reimbursements. The State WIC program shall have the right to determine if the subgrantee has fulfilled this requirement in accordance with the regulations, and to withhold payment from subgrantee for the difference between the amount expended on nutrition education and an amount equal to the one-sixth of the total subgrant.
- **Refunds:** Subgrantee shall pay the State WIC program the amounts, including any interest thereon, of any and all refunds, rebates, credits, or other amounts accruing to or received by Subgrantee for services provided by Subgrantee in performance of this subgrant from any outside source to the extent that such amounts are allocable to costs for which Subgrantee has been or may be reimbursed by State WIC program pursuant to this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division of Public and Behavioral Health are SUBJECT TO AUDIT.
- **Audit Exceptions:** Subgrantee shall pay to State WIC program any and all amounts claimed for reimbursement of WIC program funds brought against subgrantee as a result of state or federal audits.
- **Food Instrument Security:** Subgrantee shall pay the State WIC program any and all amounts equal to the value of EBT cards which were in their custody and were lost, misused, or otherwise diverted from WIC program purposes through negligence, fraud, theft, embezzlement, or unexplained causes. Subgrantee shall have an opportunity to submit evidence, explanation or information concerning alleged instances of non-compliance or diversion prior to a final determination being made by State WIC program as to the imposition of this requirement.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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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:**

- Providing technical assistance, upon request from the Subgrantee;
- 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:**

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.

The amount of this subgrant is subject to the availability of appropriate funds from the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS). The amount of this Federal Fiscal Year (FFY) 2017 subgrant was based on several factors including a monthly average of the WIC participants served during FFY 2016 by each local agency, and the number of clinics offered by each local agency. If that monthly average of participants or the number of clinics changes in a material way, the Division may revise the amount of the subgrant for the local agency for FFY 2017 to reflect an increase or decrease commensurate with that change. Any revision may be dependent on the total grant funding provided to the Division by the USDA FNS. The Division would provide a minimum of 60 days' notice of that change to the local agency.

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 party has served written notice upon the other party and 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 for any reason the Division of Public and Behavioral Health, State, and/or Federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**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 15<sup>th</sup> 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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DA	__
Risk	__

**Staff Report**  
**Board Meeting Date:** August 24, 2017

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, nkcummins@washoecounty.us

**SUBJECT:** Approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$684,306 (\$68,431 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304.

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**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 Community and Clinical Health Services Division received a Notice of Award from the Department of Health and Human Services, Public Health Service on August 3, 2017 to support the Title X Family Planning Program. The funding period is retroactive to April 1, 2017 and extends through March 31, 2018. A copy of the Notice of Award is attached.

This award provides the remaining FY2017 funding under the Consolidated Appropriations Act, 2017. It also shortens our previously awarded project period to March 31, 2018 and approves carryover funds totaling \$164,307.

**District Health Strategic Objective supported by this item:**

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

**Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

**PREVIOUS ACTION**

The Board of Health approved the Notice of Award for the Family Planning Grant Program in the amount of \$508,000 representing the first installment of funding for the grant retroactive to April 1, 2017 through March 31, 2018 on April 27, 2017.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Family Planning Grant Program

**Scope of the Project:** The application including the following objectives: Partner with programs and community outreach initiatives to reach identified populations; provide community outreach/education activities through multiple methods; maintain and improve accessible high quality

family planning services for men and women; maintain and improve client assistance with accessing necessary health and social resources.

The Subgrant provides funding for personnel, travel and training, operating supplies, professional services, laboratory testing, medications, educational supplies, advertising and other expenses, including funding specifically for community outreach, planning meetings and program participation via use of incentives (including but not limited to bus passes, taxi vouchers, gift certificates, educational outreach items, nutritious food and beverage, and gift cards) and indirect expenditures.

**Benefit to Washoe County Residents:** This Award supports the Family Planning Program mission to promote and assure that all Washoe County citizens have access to confidential, high quality, culturally competent reproductive health and family planning services that foster healthy communities.

**On-Going Program Support:** The Health District anticipates receiving continuous funding to support the Title X Family Planning Program.

**Award Amount:** \$ 684,306.00  
**Grant Period:** April 1, 2017 – March 31, 2018  
**Funding Source:** U.S. Department of Health and Human Services  
Public Health Service  
**Pass Through Entity:** n/a  
**CFDA Number:** 93.217  
**Grant ID Number:** 5 FPHPA096238-02-00  
**Match Amount and Type:** \$68,431.00 cash match  
**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

### **FISCAL IMPACT**

The Division was anticipating full funding of this award, therefore no fiscal impact to the adopted FY18 budget is required at this time.

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$684,306 (\$68,431 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$684,306 (\$68,431 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304."

1. DATE ISSUED MM/DD/YYYY 08/03/2017 | 2. CFDA NO. 93.217 | 3. ASSISTANCE TYPE Project Grant

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**PUBLIC HEALTH SERVICE  
OASH Office of Grants Management**

1101 Wootton Parkway  
Suite 550  
Rockville, MD 20852

1a. SUPERSEDES AWARD NOTICE dated 04/04/2017  
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 FPHPA096238-02-01 Formerly | 5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 04/01/2016 Through 03/31/2018

7. BUDGET PERIOD MM/DD/YYYY From 04/01/2017 Through 03/31/2018

**NOTICE OF AWARD**  
AUTHORIZATION (Legislation/Regulations)  
P.L. 91-572 PHS Act Sec. 1001 as Amended, 42 CFR 59

8. TITLE OF PROJECT (OR PROGRAM)  
Family Planning Services in Washoe County

9a. GRANTEE NAME AND ADDRESS  
COUNTY OF WASHOE  
1001 E 9th St Bldg B  
Reno, NV 89512-2845

9b. GRANTEE PROJECT DIRECTOR  
Ms. Lisa Lottritz  
1001 E 9th St Bldg B  
CCHS  
Reno, NV 89512-2845  
Phone: 775-328-2465

10a. GRANTEE AUTHORIZING OFFICIAL  
Mr. Kevin Dick  
1001 EAST 9TH STREET BUILDING B  
RENO, NV 89512-2845  
Phone: 775-328-2416

10b. FEDERAL PROJECT OFFICER  
Rebecca McTall  
90 7th St. Ste.5100  
San Francisco, CA 94103-6706  
Phone: 415-437-8403

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	<b>II</b>
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages .....	417,635.00
b. Fringe Benefits .....	154,744.00
c. Total Personnel Costs .....	572,379.00
d. Equipment .....	0.00
e. Supplies .....	15,233.00
f. Travel .....	3,000.00
g. Construction .....	0.00
h. Other .....	668,832.00
i. Contractual .....	57,875.00
j. TOTAL DIRECT COSTS →	1,317,319.00
k. INDIRECT COSTS	91,670.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>1,408,989.00</b>
m. Federal Share	1,192,306.00
n. Non-Federal Share	216,683.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	1,192,306.00
b. Less Unobligated Balance From Prior Budget Periods	164,306.00
c. Less Cumulative Prior Award(s) This Budget Period	508,000.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>520,000.00</b>
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>2,056,000.00</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3	1,070,000.00	d. 6	
b. 4		e. 7	
c. 5		f. 8	

<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>	
a. DEDUCTION	
b. ADDITIONAL COSTS	
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	<b>e</b>

**16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**

a. The grant program legislation  
b. The grant program regulations.  
c. This award notice including terms and conditions, if any, noted below under REMARKS.  
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)  
See next page

GRANTS MANAGEMENT OFFICIAL: Alice M Bettencourt, Grants Management Officer

17. OBJ CLASS 41.45	18a. VENDOR CODE 1886000138A1	18b. EIN 886000138	19. DUNS 073786998	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 7-3094509	b. FPHPA6238A	c. FPH70	d. \$520,000.00	e. 75-17-0359
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 6 FPHPA096238-02-01	

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REMARKS:

This award provides remaining FY17 funds for Title X family planning services under the Consolidated Appropriations Act, 2017. It also shortens your previously awarded project period to end on March 31, 2018 per the letter sent to you dated 07/12/17. Please note the updated Federal Financial Reporting Cycle on page three of this award and the additional Reporting Requirements for final reports to closeout this grant at the end of the project period.

This award also approves carryover funds in the amount of \$164,307 to be used within the grant period April 1, 2017 through March 31, 2018 per request submitted 7/13/17. Finally, it approves retroactive to July 22, 2017, the new Project Director, Lisa Lottritz, per the request dated July 20, 2017.

All previous Terms and Conditions remain in effect, unless specifically removed.

NOTICE OF AWARD (Continuation Sheet)

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
04/01/2016	06/30/2016	Quarterly	07/30/2016
07/01/2016	09/30/2016	Annual	12/29/2016
10/01/2016	12/31/2016	Quarterly	01/30/2017
01/01/2017	03/31/2017	Quarterly	04/30/2017
04/01/2017	06/30/2017	Quarterly	07/30/2017
07/01/2017	09/30/2017	Annual	12/29/2017
10/01/2017	12/31/2017	Quarterly	01/30/2018
01/01/2018	03/31/2018	Final	06/29/2018

**SPECIAL TERMS AND REQUIREMENTS**

1. The unobligated balance amount authorized in block 12b of this Notice of Award is a maximum amount authorized based on recipient reports of unobligated funds. Should additional unobligated funds be identified, the recipient must seek prior approval to expend those additional funds. Should the unobligated balances be determined to be less than the amount authorized in 12b, the recipient is only authorized to spend the actual amount available. It is the recipient’s responsibility to reconcile reports submitted to PMS and to OASH. Reconciliation consists of ensuring that disbursements equal obligations and drawdowns or making any adjustments as necessary, e.g., for an overpayment. OASH is not liable should recipient expenditures exceed the actual amount available. Please note, carryover amounts do not add to the total authorized; they are funds re-authorized for expenditure during the current budget period. The total Federal funds authorized to date for the project period is the amount in Block 13 of this NoA.

**STANDARD TERMS**

1. The *Consolidated Appropriations Act, 2017* (Public Law 115-31), limits the use of federal funds from the HHS Office of the Assistant Secretary for Health (OASH) on all grant or cooperative agreements henceforth including the current budget period.

(1) Salary Limitation

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

**Effective January 8, 2017, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale.** That amount is **\$187,000**. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

(2) Anti-Lobbying

“(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111– 148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or

NOTICE OF AWARD (Continuation Sheet)

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order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

2. Consistent with 45 CFR § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.

Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

*HHS OASH Office of Grants Management  
1101 Wootton Parkway, Suite 550  
Rockville, MD 20852*

**AND**

*US Department of Health and Human Services  
Office of Inspector General  
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES  
PO Box 23489  
Washington, DC 20026*

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp> (Include "Mandatory Grant Disclosures" in subject line)

**Fax:** 1-800-223-8164 (Include "Mandatory Grant Disclosures" in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 CFR §75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR Parts 180 & 376 and 31 U.S.C. 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

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## REPORTING REQUIREMENTS

1. **Closeout Requirements:** This project is in its final budget period. Once the project period has ended the organization is required to submit a Final Program Progress report, the SF-425 Final Federal Financial report, a Tangible Personal Property report and/or Disposition report within 90 calendar days after the expiration of the project and budget period end date. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active projects or activities involving your organization. The Final Program Progress Report and Tangible Personal Property report and/or Disposition report must be submitted via Grant Notes in Grant Solutions and the SF-425 must be submitted via the FFR module in Grant Solutions. The instructions for completing a Tangible Personal Property report and/or Disposition report will be provided in the Pre-closeout letter from the Office of Grants Management. You may find the instructions for completing the FFR form on the Web at:  
<http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>

## CONTACTS

1. GrantSolutions is our web-based system that will be used to manage your grant throughout its life cycle. Please contact GrantSolutions User Support to establish an account if you do not have one. Your Grants Management Specialist has the ability to create a GrantSolutions account for the Grantee Authorized Official and Principle Investigator/Program Director roles. Financial Officer accounts may only be established by GrantSolutions staff. All account requests must be signed by the prospective user and their supervisor or other authorized organization official. For assistance on **GrantSolutions** issues please contact: **GrantSolutions User Support at 202-401-5282 or 866-577-0771**, email [help@grantsolutions.gov](mailto:help@grantsolutions.gov), Monday – Friday, 8 a.m. – 6 p.m. ET. Frequently Asked Questions and answers are available at <https://grantsolutions.secure.force.com/>.
2. For assistance on **grants administration** issues please contact: Robin Fuller, Grants Management Specialist, at **(240) 453-8830**, FAX (240) 453-8823, e-mail [robin.fuller@hhs.gov](mailto:robin.fuller@hhs.gov) or OASH Grants Management Office, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.



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**Staff Report**  
**Board Meeting Date:** August 24, 2017

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, nkcummins@washoecounty.us

**SUBJECT:** Accept a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, retroactive to July 1, 2017 through June 30, 2019 in the amount of \$211,073.00 each fiscal year (no required match) in support of the Comprehensive Tobacco Prevention Program; approval of amendments totaling a net increase of \$8,422.00 in both revenue and expenses to the adopted FY18 Comprehensive Tobacco Prevention Program Grant budget, IO# 11128; and if approved, authorize the District Health Officer to execute the Subgrant Award.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other 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 Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on July 14, 2017 in support of the Comprehensive Tobacco Prevention Program, IO# 11128. A copy of the Notice of Subgrant Award is attached.

**District Health Strategic Priority supported by this item:** Improve the health of our community by empowering individuals to live healthier lives.

**PREVIOUS ACTION**

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

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Comprehensive Tobacco Prevention and Control Program

**Scope of the Project:** To eliminate exposure to secondhand smoke, prevent initiation of tobacco use among youth and young adults and identify and eliminate tobacco-related disparities.

This award includes funding for personnel, travel, professional services, educational materials, special awards (to include but not limited to signage, plaques, awards, for smoke free multi-unit housing complexes), incentives to include promotional products and gift cards, operating and indirect expenditures.

**Benefit to Washoe County Residents:** This Award supports the Chronic Disease Prevention Program to include evidence-based interventions that help reduce the rate of tobacco use and exposure to second-hand smoke.

**On-Going Program Support:** The Health District anticipates receiving continuous funding to support the Tobacco Prevention and Control Program.

**Award Amount:** \$211,073.00 per fiscal year  
**Grant Period:** July 1, 2017 – June 30, 2019  
**Funding Source:** Funds for Healthy Nevada  
**Pass Through Entity:** State of Nevada Department of Health and Human Services,  
Division of Public & Behavioral Health  
**CFDA Number:** n/a  
**Grant ID Number:** HD# 16044

**Match Amount and Type:** No match required.

**Sub-Awards and Contracts:** No Sub-Awards will be funded. The award includes \$88,068 for contractual expenses each fiscal year.

### **FISCAL IMPACT**

The FY18 budget was adopted with \$187,016 in expenditures. The total award amount is \$211,073 per fiscal year (\$195,438 direct and \$15,635 indirect). A budget amendment in the amount of \$8,422 is necessary to bring the Notice of Subgrant Award into alignment with the adopted budget.

Should the Board approve this Subgrant Award, the adopted FY18 budget will need to be amended as follows:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11128 -432100	State Revenue	\$ 8,422.00
	<b>Total Revenue</b>	<b>\$ 8,422.00</b>
2002-IO-11128 -701412	Salary Adjustment	\$ 14,146.59
-710100	Professional Services	\$ 16,706.37
-710300	Operating Supplies	\$ 5,582.04
-701334	Copies	\$ (120.00)
-710360	Postage	\$ (150.00)
-710400	Payments to Other Agencies	\$ 8,800.00
-710500	Other	\$ 500.00

-710502	Printing	\$ (200.00)
-710508	Telephone	\$ 24.00
-710512	Auto Expense	\$ 285.00
-710546	Advertising	\$ (39,732.00)
-710210	Travel	\$ 2,580.00
	<b>Total Expenditures</b>	<b>\$ 8,422.00</b>

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health accept a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, retroactive to July 1, 2017 through June 30, 2019 in the amount of \$211,073.00 each fiscal year (no required match) in support of the Comprehensive Tobacco Prevention Program; approval of amendments totaling a net increase of \$8,422.00 in both revenue and expenses to the adopted FY18 Comprehensive Tobacco Prevention Program Grant budget, IO# 11128; and if approved, authorize the District Health Officer to execute the Subgrant Award.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Funds for a Healthy Nevada, retroactive to July 1, 2017 through June 30, 2019 in the amount of \$211,073.00 each fiscal year (no required match) in support of the Comprehensive Tobacco Prevention Program; approval of amendments totaling a net increase of \$8,422.00 in both revenue and expenses to the adopted FY18 Comprehensive Tobacco Prevention Program Grant budget, IO# 11128; and if approved, authorize the District Health Officer to execute the Subgrant Award."



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

HD #: **16044**  
 Budget Account: 3220  
 Category: 32  
 GL: 8516  
 Job Number: HLTHNV18

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Section (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	<b>Subgrantee Name:</b> Washoe County Health District (WCHD) Kelli Seals, Health Educator II (775) 825-8244														
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, Nevada 89520														
<b>Subgrant Period:</b> July 1, 2017 – June 30, 2019	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073-786-998</u>														
<b>Purpose of Award:</b> To eliminate exposure to secondhand smoke, prevent initiation of tobacco use among youth and young adults, and identify and eliminate tobacco-related disparities.															
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>															
<b>Approved Budget Categories:</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>144,812</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>6,766</u></td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$ <u>7,560</u></td></tr> <tr><td>4. Contractual/Consultant</td><td style="text-align: right;">\$ <u>176,136</u></td></tr> <tr><td>5. Other</td><td style="text-align: right;">\$ <u>55,602</u></td></tr> <tr><td>6. Indirect</td><td style="text-align: right;">\$ <u>31,270</u></td></tr> <tr><td><b>Total Cost:</b></td><td style="text-align: right;"><b>\$ <u>422,146</u></b></td></tr> </table>	1. Personnel	\$ <u>144,812</u>	2. Travel	\$ <u>6,766</u>	3. Supplies	\$ <u>7,560</u>	4. Contractual/Consultant	\$ <u>176,136</u>	5. Other	\$ <u>55,602</u>	6. Indirect	\$ <u>31,270</u>	<b>Total Cost:</b>	<b>\$ <u>422,146</u></b>	<b>Disbursement of funds will be as follows:</b>  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 <b>\$211,073 per fiscal year for a two-year project period</b> . Total for this subgrant period will be <b>\$422,146</b> .
1. Personnel	\$ <u>144,812</u>														
2. Travel	\$ <u>6,766</u>														
3. Supplies	\$ <u>7,560</u>														
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6. Indirect	\$ <u>31,270</u>														
<b>Total Cost:</b>	<b>\$ <u>422,146</u></b>														
<b>Source of Funds:</b> 1. Funds for Healthy Nevada	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>% Funds:</b></td> <td style="width: 33%;"><b>CFDA:</b></td> <td style="width: 33%;"><b>Federal Grant #:</b></td> </tr> <tr> <td style="text-align: center;">100%</td> <td style="text-align: center;">n/a</td> <td style="text-align: center;">n/a</td> </tr> </table>	<b>% Funds:</b>	<b>CFDA:</b>	<b>Federal Grant #:</b>	100%	n/a	n/a								
<b>% Funds:</b>	<b>CFDA:</b>	<b>Federal Grant #:</b>													
100%	n/a	n/a													
<b>Terms and Conditions:</b> 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.															
<b>Incorporated Documents:</b> 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: Quarterly Program Activity Tracking and Evaluation Template Section H: Work Plan Template Section I: Staff Certification															
Kevin Dick District Health Officer, WCHD	Signature	Date													
Jenni Bonk, MS Program Manager, CDPHP															
Beth Handler, MPH Bureau Chief, CFCW															
for Ms. Cody L. Phinney, MPH 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 stated 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:

***Nevada State Division of Public and Behavioral Health  
Attn: Contract Unit  
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 (WCHD)**

**CDPHP Tobacco Prevention and Control Program (TPCP) Subgrantee Year One Annual Work Plan  
July 1, 2017 to June 30, 2018**

<b><i>Component 1: Tobacco Prevention and Control</i></b>					
<b><i>Goal 1: Preventing initiation among youth and young adults</i></b>					
<b><i>Annual Objectives</i></b>	<b><i>Activities</i></b>	<b><i>Outputs</i></b>	<b><i>Timeline Begin/Complete</i></b>	<b><i>Evaluation Measure (indicator)</i></b>	<b><i>Responsible Persons</i></b>
<p>1.1 By June 30, 2018, increase the number of higher education campuses working towards a tobacco-free campus by <u>one (1)</u>.</p> <p>Target Audience: Students and faculty of Truckee Meadows Community College (TMCC), Sierra Nevada College (SNC), trade schools, and other institutes of higher education in Washoe County.</p>	1.1.1 Provide leadership and technical assistance (TA) to TMCC as they prepare to implement a tobacco-free policy at their main and satellite campuses.	Meetings agendas and notes	July – Dec 2017	# of Tobacco Free Committee meetings  # of instances of TA	<p>Health Educator</p> <p>Public Service Intern/Student Intern</p>
	1.1.2 Organize and participate in at least two (2) educational activities/events at TMCC focusing on tobacco-free campuses.	Educational activities/events	Nov 2017 & March 2018	# of educational activities/events  # of attendees	
	1.1.3 Continue to offer and provide TA to SNC administration to encourage and educate about tobacco-free policies.	Meetings agendas and notes	Ongoing	# of incidences of TA	
	1.1.4 Organize and participate in at least one (1) educational activity or event at SNC focusing on tobacco-free campuses.	Educational activity/event	Nov 2017 & March 2018	# of educational activities/events  # of attendees	
	1.1.5 Conduct a small outreach campaign with messages regarding tobacco-free college campuses.	Tobacco-free college campus outreach campaign (social media, print ads, etc.)	Jan – June 2018	# of outreach campaigns  # reached	

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

	1.1.6 Identify and assess institutes of higher education and trade schools for readiness to consider a tobacco-free policy.	List of potential tobacco-free campus candidates	April – June 2018	# of assessments completed	
1.2 By June 30, 2018, complete one (1) Standardized Tobacco Assessment for Retail Settings (STARS) assessment with at least 25 retailers in the 89502-zip code.  Target Audience: Decision-makers and Stakeholders within the City of Reno.	1.2.1 Identify and train at least one (1) college-aged young adult to assist with the STARS assessment.	Individual Trained	July – Dec 2017	# of young adults trained on STARS assessments	Health Educator  Public Service Intern/Student Intern
	1.2.2 At least 25 tobacco retailers identified and assessed with the STARS surveillance tool in the 89502-zip code.	STARS assessments  List of identified retailers	July – Dec 2017	# of assessments completed  # of tobacco retailers identified	
	1.2.3 Develop a report summarizing the results of the STARS assessment.	STARS assessment report	Oct – Dec 2017	# of STARS assessment reports	
	1.2.4 Share STARS assessment report findings with at least five (5) key decision-makers and stakeholders in the City of Reno.	List of decision-makers and stakeholders informed	April – June 2018	# of decision-makers and stakeholders informed	
	1.2.5 Collaborate with statewide partners to develop a plan that includes a Washoe County role in addressing a key youth policy issue (e.g., tobacco flavoring, tobacco marketing to youth, or tobacco 21).	Collaborative Action Plan	April – June 2018	# of collaborations  # of plans	



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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<b>Component 1: Tobacco Prevention and Control</b>					
<b>Goal 2: Eliminating nonsmokers' exposure to secondhand smoke</b>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Complete</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
<p>2.1 By June 30, 2018, increase support for smoke-free (SF) jurisdictions in Washoe County by increasing the number of SF indoor and outdoor spaces, working towards a goal of a SF jurisdiction in Washoe County.</p> <p>Target Audience: Washoe County residents, businesses, and decision-makers.</p>	<p>2.1.1 Continue work with the Nevada Tobacco Prevention Coalition (NTPC) on the strategic plan objective of expanding tobacco-free workplaces by assessing decision-makers in Washoe County for knowledge and attitudes related to SF casinos and workplaces.</p>	<p>Summary Report on decision-makers assessed</p>	<p>July 2017 – June 2018</p>	<p># of decision-makers assessed</p> <p># of summary reports</p>	<p>Health Educator</p> <p>Public Service Intern</p>
	<p>2.1.2 Assist at least three (3) Multi-Unit Housing (MUH) properties in developing indoor SF policies. Signage will be provided as needed.</p>	<p>SF MUH policies</p>	<p>July 2017 – June 2018</p>	<p># of policies/signage</p> <p># of SF MUH properties and units assisted</p>	<p>Health Educator</p>
	<p>2.1.3 Conduct one (1) campaign promoting SF living using outdoor art targeting the community, youth, and businesses.</p>	<p>SF living promotion campaign</p>	<p>April –June 2018</p>	<p># of art installations</p> <p># of campaigns</p>	
	<p>2.1.4 Encourage businesses to adopt SF policies by meeting with at least three (3) human resource (HR) directors regarding SF meetings/events policies.</p>	<p>Meetings agendas and notes</p>	<p>July 2017 – June 2018</p>	<p># of HR directors informed</p> <p># of informational materials distributed</p>	<p>WCHD staff</p> <p>Nevada Cancer Coalition (NCC)</p>
	<p>2.1.5 Conduct one (1) campaign (mail, social media, or other means) to provide outreach targeting HR professionals and office managers showcasing SF meeting venues and encouraging the adoption of SF policies.</p>	<p>Targeted small media campaign</p>	<p>July 2017 – June 2018</p>	<p># reached</p> <p># of campaigns</p>	

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

	2.1.6 Provide TA to at least four (4) businesses adopting or enhancing SF policies.	Smoke-free policies  TA Records	July 2017 – June 2018	# of instances of TA  # of policies	
	2.1.7 Provide TA and signage to at least four (4) LGBTQ events, and/or youth and family-friendly outdoor locations, and/or events to go SF.	TA records  SF signage	Oct 2017 – June 2018	# of locations/ events  # of instances of TA  # of signage	Health Educator  Public Service Intern
	2.1.8 Acknowledge a community advancement towards a SF jurisdiction through an Extra Mile Award (or similar type of acknowledgement).	Extra Mile Award (or similar type of acknowledgement)  List of award winners	April – June 2018	# of awards or acknowledgements	
	2.1.9 Promote activities that work towards a smoke-free jurisdiction (e.g., smoke-free meetings, smoke-free living, and smoke-free family-friendly outdoor locations and events) through small media and communication campaigns.	SF jurisdiction promotion campaigns (social media, print ads, etc.)	July 2017 – June 2018	# and type of outreach campaigns  # reached	Health Educators
	2.1.10 Report to decision-makers and leaders about increase in SF locations (including MUH, meetings and events, outdoor locations, and campuses) and importance of SF jurisdictions.	Report educating about SF jurisdictions  List of decision-makers/leaders informed	April – June 2018	# of reports provided  # of decision-makers/leaders reached	Health Educators
2.2 Support a collaboration initiative to maintain one (1) statewide coalition to advance and promote tobacco control policies through June 30, 2018.	2.2.1 Maintain administrative support of NTPC meetings, including at least six (6) board meetings and three (3) general membership meetings.	Agendas and meeting notes  Attendance Records  NTPC Meeting Support Materials (talking points, fact sheets)	July 2017 – June 2018	# of NTPC meetings  % and # of attendees  # of participating organizations	WCHD Staff  NTPC  NTPC Member Organizations  NCC

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

Target Audience: Statewide tobacco prevention partners.	2.2.2 Facilitate NTPC communications, including emails, periodic newsletters, social media, and website.	Information shared among NTPC members	July 2017 – June 2018	# of newsletters sent; # reached  # of website updates  Social media analytics
	2.2.3 Coordinate an annual NTPC strategic planning session to update or produce a strategic plan prioritizing objectives and establishing workgroups.	Strategic Plan	July 2017 – March 2018	# of strategic plans  # of sessions  # of objectives and priority status  # of workgroups established

<b>Component 2: Health Systems</b>					
<b>Goal 3: Promote health systems changes to support tobacco cessation</b>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Complete</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>
3.1 By June 30, 2018, support at least one (1) health systems enhancement within a clinical setting that links/connects with the Nevada Tobacco Quitline.  Target Audiences: Health care providers in Washoe County.	3.1.1 WCHD staff will develop technical expertise and receive training on health information technology as it relates to tobacco cessation intervention and referrals.	Training Sessions  Attendance Lists	July – Sept 2017	# of staff educated  # of trainings	Health Educator Coordinator  Health Educator
	3.1.2 Develop/obtain materials that educate those working in clinical settings about EMR tobacco cessation referrals. Distribute to healthcare providers.	Educational Materials	Oct 2017 – March 2018	# of cessation materials developed  # of clinical settings reached	
	3.1.3 Survey health/clinical settings to participate in an assessment that will identify capabilities and readiness to adopt a health systems enhancement that supports cessation.	Survey Assessment of local health systems	Oct 2017 – March 2018	# of survey assessments completed  % readiness	

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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	3.1.4 Identify priorities in the health systems enhancement plan and budget, and fund at least one (1) priority systems change.	List of priorities identified  Systems enhancement completed	April – June 2018	# of priorities identified  # of systems enhancements implemented	
	3.1.5 Engage a clinical partner serving the low-income pregnant and post-partum population in tobacco cessation through structural implementation of the BABY & ME – Tobacco Free Program.	Clinical partner identified  Low-income pregnant and post-partum population reached	April – June 2018	# of clinical partners engaged  # of clients enrolled in program	Public Service Intern

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

**CDPHP Tobacco Prevention and Control Program (TCP) Subgrantee Year Two Annual Work Plan  
July 1, 2018 to June 30, 2019: Scope of Work Guidelines**

Sub grantee agrees to provide a work plan for State Fiscal Year 2019 outlining continuing activities and/or new activities to be conducted in the second year of the grant using the provided work plan template by April 30, 2018. Work plan activities must conform to the guidelines set in the Tobacco Prevention and Control – Requests for Applications State Fiscal Years 2018-2019 (RFA):

<b>Component</b>	<b>Funding Priority</b>
<b>1</b>	<ul style="list-style-type: none"> <li>• Prevent initiation among youth and young adults</li> <li>• Promote smoke-free jurisdictions</li> <li>• Statewide collaboration</li> </ul>
<b>2</b>	Promote health systems changes to support tobacco cessation

- Component 1 activities will address state and national tobacco prevention and control *Goal I: Preventing initiation among youth* and young adults and *Goal II: Eliminating nonsmokers' exposure to secondhand smoke*. This component should employ “environmental approaches that promote health and support and reinforce healthful behaviors statewide and in communities.” The scope of Goal II activities must support one specific objective that should identify a county or city (or another type of jurisdiction may substitute) with the intention of promoting the public health benefits of implementing a comprehensive smoke-free (or tobacco-free) policy within the identified jurisdiction. The statewide collaboration initiative will continue in State Fiscal Year 2019 to support coalition development of the Nevada Tobacco Prevention Coalition and facilitate statewide strategic planning.
- Component 2 activities will address the strategy to *promote health systems changes to support tobacco cessation* and align with state efforts to improve health services. Additionally, this component will employ “health system interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, and reduce or eliminate risk factors, and mitigate or manage complications.” Key activities are expected to include or lead to at least one of the following outcomes: 1) establishing provider reminder systems which prompt healthcare providers to screen and, as appropriate, refer patients to tobacco cessation services, or 2) leverage existing Electronic Health Record (EHR) systems in regions or local communities to refer to the Nevada Tobacco Quitline and monitor provider performance.

**Program Reporting and other Requirements**

- Participate in a majority of Technical Assistance calls held quarterly throughout the subgrant period on the second Friday on the third month of every quarter beginning September 8, 2017 at 10:00 am PST.
- Attend annual partner meetings to be held in State Fiscal Year 2018 and State Fiscal Year 2019.
- Sub grantee agrees to submit updated quarterly reports according to the schedule specified below and using the provided quarterly report template.

<b>SFY</b>	<b>Quarter Period</b>	<b>Due Date for Quarterly Report</b>
18	Quarter 1 (July 1-September 30, 2017)	October 16, 2017
18	Quarter 2 (October 1-December 31, 2017)	January 15, 2018
18	Quarter 3 (January 1-March 31, 2018)	April 16, 2018

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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18	Quarter 4 (April 1-June 30, 2018)	July 16, 2018
19	Quarter 1 (July 1-September 30, 2018)	October 15, 2018
19	Quarter 2 (October 1-December 31, 2018)	January 15, 2019
19	Quarter 3 (January 1-March 31, 2019)	April 15, 2019
19	Quarter 4 (April 1-June 30, 2019)	July 15, 2019

- The sub grantee agree to provide an estimate of outcomes they are likely to achieve as part of the quarterly report due April 16, 2018. This will be the interim report used to determine the continuation of funding for State Fiscal Year 2019 as indicated on page 14 of the RFA.
- Adhere to all budget requirements as specified on page 11 of the RFA.

**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 Division of Public and Behavioral Health using Funds for Healthy Nevada. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division using Funds for Healthy Nevada.

Subgrantee agrees to adhere to the following budget:

**Budget Year 1 – July 1, 2017 through June 30, 2018**

<b>YEAR 1 PERSONNEL Position Title and Name</b>	<b>Annual Salary</b>	<b>Fringe</b>	<b>Percent of Time</b>	<b>Months</b>	<b>Amount Requested</b>
<u>Intermittent Hourly Health Educator</u>	\$25,300	\$367	100%	12	\$25,667

**Job Description:**

This will be an 18-hour per week intermittent hourly position - \$27.03/hr x 18 hrs x 52 weeks = 936 hours/\$25,300 + \$367 Medicare. This position will primarily oversee the implementation of project activities related to tobacco free campus efforts, including those at TMCC, SNC, and other institutes of advanced learning.

<u>Intermittent Hourly Health Educator</u>	\$25,260	\$366	100%	12	\$25,626
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**Job Description:**

This will be a 16-hour per week intermittent hourly position - \$30.36/hr x 16 hrs x 52 weeks = 832 hours/\$25,260 + \$366 Medicare. This position will primarily oversee the implementation of project activities related to smoke-free Multi-Unit Housing (MUH) efforts.

<u>Public Service Intern</u>	\$6,552	\$95	100%	12	\$6,647
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**Job Description:**

In addition to providing support to the Intermittent Hourly Health Educators and full-time staff on various tobacco-related activities, this position will provide focused assistance on health systems change and dissemination of cessation materials to providers. Additionally, this position will help with social media and other campaigns.

<u>Health Educator II</u>	\$77,005	\$38,719	12.5%	12	\$14,466
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**Job Description:**

This position will lead and oversee the NTPC fiscal and administrative activities, the smoke-free meetings activities, and will lead the activities associated with health systems enhancements. In addition, this position will provide technical assistance to the Intermittent Hourly Health Educators and Public Service Intern as needed.

**TOTAL ANNUAL SALARIES & WAGES            \$66,738**

**TOTAL FRINGE BENEFITS                    \$5,668**

<b>TOTAL PERSONNEL COSTS:</b>	<b>\$72,406</b>
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**TRAVEL:**

**In-State Travel**

**Local travel** \$803

Mileage: (\$0.535 per mile x 1,500 miles) \$803

**Justification:**

Estimated mileage for: SF MUH and STARS outreach 50 miles/month x 12 months = 600 miles for outreach and follow-up; Mileage for Tobacco Free Campus activities (Sierra Nevada College in Incline Village and TMCC) - 600 miles for outreach activities; SF family-friendly outdoor locations and events - 100 miles; NTPC and partner activities - 200 miles

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Travel to annual partner meeting** \$1,508

**Justification:**

Attendance at the annual tobacco training is required per the grant. The two (2) full-time staff in the tobacco program will be supported to travel to Las Vegas for this training, which is estimated to last two (2) days and may include travel to an outlying area.

**Travel to NTPC annual strategic planning session** \$1,072

**Justification:**

Statewide collaboration is important for the TPCP and associated activities. Two (2) staff members serve on the NTPC Board of Directors and on NTPC workgroups and sub-committees. Inherent to this level of participation in NTPC is required attendance at the annual strategic planning session.

**Sub-Total for Travel: \$3,383**

**TOTAL TRAVEL COSTS: \$3,383**

**SUPPLIES**

General Office Supplies (pens, pencils, paper, etc.) \$480  
12 months x \$40/month  
Education Materials \$3,300

**Justification:**

General office supplies will be used by staff members to carry out daily activities of the program. Educational materials will include any needed tobacco brochures or posters, as well as a membership/subscription to a service which allows for creation of County-specific materials (i.e., Pictochart) @ \$300. Educational materials will also include \$3000 (component 2) to educate health systems decision-makers about tobacco cessation and health systems enhancements, to include but not be limited to printed materials, an educational video, and a training.

**TOTAL SUPPLIES COSTS: \$3,780**

**CONTRACTUAL**

**Name of Contractor: Nevada Cancer Coalition (NCC), Non-profit organization**

**Method of Selection:** Sole Source, NCC is the fiscal agent for NTPC. NCC currently coordinates all SF meeting efforts in Washoe County and NV.

**Period of Performance:** July 1, 2017 - June 30, 2018

**Scope of Work:** NCC serves as the NTPC fiscal and administrative agent and in this role, provides administrative support for all NTPC activities, as well as organization of the annual NTPC strategic planning session. As a collaborative partner in NTPC, the WCHD's Tobacco Prevention Program has agreed to work with NCC to provide fiscal agent and administrative services. See Work Plan and NTPC fiscal and administrative agent description. NCC will also provide technical assistance to businesses to adopt voluntary SF policies, in support of SF jurisdictions. See Work Plan.

**Method of Accountability:**

For NTPC activities, with support from the NTPC Board of Directors, progress will be monitored by the Health Educator II to ensure all components of the agreed-upon scope of work are completed. For SF Meetings activities, the Health Educator Coordinator will insure all components of the agreed-upon scope of work are completed.

**Sub-Total : \$37,800**

**Justification:**

Providing funding for statewide collaboration through NTPC is a grant requirement and NTPC has chosen NCC as their fiscal and administrative agent. When organizations adopt SF policies it advances efforts to support a smoke-free jurisdiction. NCC is the appropriate provider of these services, because they have been leading the SF work in Washoe County and throughout Nevada for several years. They are knowledgeable about tobacco and have built strong relationships within the community, including the business community with whom they will be working. For these reasons, as well as their having the staffing resources to take on a project of this scope, NCC is the appropriate organization for this work.



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

**Name of Contractor:** Media and Communications, vendors TBD

**Method of Selection:** More than one vendor to be selected using Washoe County Purchasing Department policies and procedures

**Period of Performance:** July 1, 2017 - June 30, 2018

**Scope of Work:** Small and/or large media campaigns will be used to promote the specific activities in the Work Plan, including the campaign promoting smoke-free living using outdoor art. Media and communication campaigns may include social media, TV, radio, print and/or digital media, outdoor art, and other formats as needed.

**Method of Accountability:**

With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

**Sub-Total : \$50,268**

**Justification:**

The CDC's Best Practices for Comprehensive Tobacco Control Programs shows that mass-reach health communication interventions can be a powerful tool for impacting tobacco use and shaping social norms and can change awareness, knowledge, attitudes, and behaviors. Small and/or large media campaigns related to Work Plan activities - \$25,268; smoke-free living outdoor art campaign and installation - \$25,000.

**TOTAL CONTRACTUAL COSTS: \$88,068**

**OTHER**

Printing Services: \$16.66/mo. x 12 months	\$200
Copy Machine: \$20/mo. x 12 months	\$240
Postage: \$4.17/mo. x 12 months	\$50
Phone Line: \$12/mo. x 12 months	\$144
Signs (indoor/outdoor signs; temporary and permanent)	\$4,800
Health systems enhancements (component 2)	\$19,167
Award Plaques	\$200
Survey Incentives	\$3,000

**Justification:**

Printing: Printing for tobacco free campus and youth advocacy outreach activities. In-House Copier: Miscellaneous small volume copies to help meet grant deliverables. Postage: Postage for grant-related correspondence including outreach activities. Phone line for IH Health Educator and Public Service Intern. Signs: 60 signs for SF MUH - \$1,800; 30 signs for SF outdoor locations and events - \$3,000. Awards such as Extra Mile Awards (plaques) - \$200. Incentives for work plan activities, including surveys and activities related to TMCC and Sierra Nevada College, SF MUH, SF outdoor events/locations, STARS - \$2,000, to include \$5-\$20 gift cards or similar gifts upon approval. Survey incentives to health systems decision-makers to participate in assessments of readiness for health care enhancements and participate in education about tobacco-related health care enhancements - \$1,000. Health care enhancements such as making changes to EMR systems or investing in training for staff on health information technology - \$19,167. Tobacco and advocacy training for youth to build knowledge and skills needed to be effective advocates, to include but not limited to facilitator services, transportation assistance, location rental, training materials, speaker honorarium, etc.

**TOTAL OTHER COSTS: \$27,801**

**INDIRECT COSTS:**

8% of total Direct Costs

**TOTAL INDIRECT COSTS: \$15,635**

**TOTAL DIRECT COSTS: \$195,438**

**TOTAL YEAR 1 BUDGET: \$211,073**

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

**Budget Year 2 – July 1, 2018 through June 30, 2019**

<b>YEAR 2 PERSONNEL Position Title and Name</b>	<b>Annual Salary</b>	<b>Fringe</b>	<b>Percent of Time</b>	<b>Months</b>	<b>Amount Requested</b>
<u>Intermittent Hourly Health Educator</u>	\$25,300	\$367	100%	12	\$25,667

**Job Description:**

This will be an 18-hour per week intermittent hourly position - \$27.03/hr x 18 hrs x 52 weeks = 936 hours/\$25,300 + \$367 Medicare. This position will primarily oversee the implementation of project activities related to tobacco free campus efforts, including those at TMCC, SNC, and other institutes of advanced learning.

<u>Intermittent Hourly Health Educator</u>	\$25,260	\$366	100%	12	\$25,626
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**Job Description:**

This will be a 16-hour per week intermittent hourly position - \$30.36/hr x 16 hrs x 52 weeks = 832 hours/\$25,260 + \$366 Medicare. This position will primarily oversee the implementation of project activities related to smoke-free Multi-Unit Housing (MUH) efforts.

<u>Public Service Intern</u>	\$6,552	\$95	100%	12	\$6,647
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**Job Description:**

In addition to providing support to the Intermittent Hourly Health Educators and full-time staff on various tobacco-related activities, this position will provide focused assistance on health systems change and dissemination of cessation materials to providers. Additionally, this position will help with social media and other campaigns.

	\$77,005	\$38,719	12.5%	12	\$14,466
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Health Educator II

**Job Description:**

This position will lead and oversee the NTPC fiscal and administrative activities, the smoke-free meetings activities, and will lead the activities associated with health systems enhancements. In addition, this position will provide technical assistance to the Intermittent Hourly Health Educators and Public Service Intern as needed.

**TOTAL ANNUAL SALARIES & WAGES      \$66,738**

**TOTAL FRINGE BENEFITS      \$5,668**

<b>TOTAL PERSONNEL COSTS:</b>					<b>\$72,406</b>
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**TRAVEL:**

**In-State Travel**

**Local travel** \$803

Mileage: (\$0.535 per mile x 1,500 miles) \$803

**Justification:**

Estimated mileage for: SF MUH and STARS outreach 50 miles/month x 12 months = 600 miles for outreach and follow-up; Mileage for Tobacco Free Campus activities (Sierra Nevada College in Incline Village and TMCC) - 600 miles for outreach activities; SF family-friendly outdoor locations and events - 100 miles; NTPC and partner activities - 200 miles

**Travel to annual partner meeting** \$1,508

**Justification:**

Attendance at the annual tobacco training is required per the grant. The two (2) full-time staff in the tobacco program will be supported to travel to Las Vegas for this training, which is estimated to last two (2) days and may include travel to an outlying area.

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Statewide collaboration is important for the TPCP and associated activities. Two (2) staff members serve on the NTPC Board of Directors and on NTPC workgroups and sub-committees. Inherent to this level of participation in NTPC is required attendance at the annual strategic planning session.

<b>Sub-Total for Travel:</b>					<b>\$3,383</b>
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<b>TOTAL TRAVEL COSTS:</b>					<b>\$3,383</b>
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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**SUPPLIES**

General Office Supplies (pens, pencils, paper, etc.)	\$480
12 months x \$40/month	
Education Materials	\$3,300

**Justification:**

General office supplies will be used by staff members to carry out daily activities of the program. Educational materials will include any needed tobacco brochures or posters, as well as a membership/subscription to a service which allows for creation of County-specific materials (i.e., Pictochart) @ \$300. Educational materials will also include \$3000 (component 2) to educate health systems decision-makers about tobacco cessation and health systems enhancements, to include but not be limited to printed materials, an educational video, and a training.

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**Scope of Work:** NCC serves as the NTPC fiscal and administrative agent and in this role, provides administrative support for all NTPC activities, as well as organization of the annual NTPC strategic planning session. As a collaborative partner in NTPC, the WCHD's Tobacco Prevention Program has agreed to work with NCC to provide fiscal agent and administrative services. See Work Plan and NTPC fiscal and administrative agent description. NCC will also provide technical assistance to businesses to adopt voluntary SF policies, in support of SF jurisdictions. See Work Plan.

**Method of Accountability:**

For NTPC activities, with support from the NTPC Board of Directors, progress will be monitored by the Health Educator II to ensure all components of the agreed-upon scope of work are completed. For SF Meetings activities, the Health Educator Coordinator will insure all components of the agreed-upon scope of work are completed.

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**Justification:**

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**Name of Contractor: Media and Communications, vendors TBD**

**Method of Selection:** More than one vendor to be selected through Washoe County Purchasing Department policies and procedures

**Period of Performance:** July 1, 2018 - June 30, 2019

**Scope of Work:** Small and/or large media campaigns will be used to promote the specific activities in the Work Plan, including the campaign promoting smoke-free living using outdoor art. Media and communication campaigns may include social media, TV, radio, print and/or digital media, outdoor art, and other formats as needed.

**Method of Accountability:**

With guidance from the Health Educator Coordinator, the Health Educators working on the specific activities will develop scopes of work and will ensure all components are completed.

**Sub-Total: \$50,268**

**Justification:**

The CDC's Best Practices for Comprehensive Tobacco Control Programs shows that mass-reach health communication interventions can be a powerful tool for impacting tobacco use and shaping social norms and can change awareness, knowledge, attitudes, and behaviors. Small and/or large media campaigns related to Work Plan activities - \$25,268; smoke-free living outdoor art campaign and installation - \$25,000.

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<b>TOTAL CONTRACTUAL COSTS:</b>		<b>\$88,068</b>
<b>OTHER</b>		
Printing Services: \$16.66/mo. x 12 months	\$200	
Copy Machine: \$20/mo. x 12 months	\$240	
Postage: \$4.17/mo. x 12 months	\$50	
Phone Line: \$12/mo. x 12 months	\$144	
Signs (indoor/outdoor signs; temporary and permanent)	\$4,800	
Health systems enhancements (component 2)	\$19,167	
Award Plaques	\$200	
Survey Incentives	\$3,000	
<b>Justification:</b>		
<p>Printing: Printing for tobacco free campus and youth advocacy outreach activities. In-House Copier: Miscellaneous small volume copies to help meet grant deliverables. Postage: Postage for grant-related correspondence including outreach activities. Phone line for IH Health Educator and Public Service Intern. Signs: 60 signs for SF MUH - \$1,800; 30 signs for SF outdoor locations and events - \$3,000. Awards such as Extra Mile Awards (plaques) - \$200. Incentives for work plan activities, including surveys and activities related to TMCC and Sierra Nevada College, SF MUH, SF outdoor events/locations, STARS - \$2,000, to include \$5-\$20 gift cards or similar gifts upon approval. Survey incentives to health systems decision-makers to participate in assessments of readiness for health care enhancements and participate in education about tobacco-related health care enhancements - \$1,000. Health care enhancements such as making changes to EMR systems or investing in training for staff on health information technology - \$19,167. Tobacco and advocacy training for youth to build knowledge and skills needed to be effective advocates, to include but not limited to facilitator services, transportation assistance, location rental, training materials, speaker honorarium, etc.</p>		
<b>TOTAL OTHER COSTS:</b>		<b>\$27,801</b>
<b>INDIRECT COSTS:</b>		
8% of total Direct Costs		
<b>TOTAL INDIRECT COSTS:</b>		<b>\$15,635</b>
<b>TOTAL DIRECT COSTS:</b>		<b>\$195,438</b>
<b>TOTAL YEAR 2 BUDGET:</b>		<b>\$211,073</b>

**Total cost of Year 1 and Year 2 is \$422,146**

- 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 (e-mail notification is acceptable) for any funding adjustment(s).
- Equipment purchased with these funds belongs to the federal/state 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).

**The 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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- Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 15 days of the end of the previous month and no later than 15 days from the end of the subgrant period which is Year 1 – June 30, 2018 and Year 2 – June 30, 2019.
- This subgrant is not to exceed \$422,146.00 for the subgrant period from July 1, 2017 through June 30, 2019;
- Total reimbursement will not exceed \$211,073.00 during the subgrant period from July 1, 2017 through June 30, 2018;
- Total reimbursement will not exceed \$211,073.00 during the subgrant period from July 1, 2018 through June 30, 2019;
- Any unspent funding from year 1 (July 1, 2017 through June 30, 2018) reverts back to the State General Fund and cannot be carried over into year 2 (July 1, 2018 through June 30, 2019), no exceptions;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Monthly 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 upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 15 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, upon request from the Subgrantee;
- To provide prior approval of reports or documents to be developed;
- To forward reports to the Department of Health and Human Services;
- To reserve 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, Chronic Disease Prevention and Health Promotion Section Tobacco Prevention and Control 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.

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

**Financial Reporting Requirements**

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subgrant agreement.
- 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.

**CDPHP and Nevada Wellness Attribution Requirements:**

Subgrantees are required to include two key attributions to any publication, promotional item, or media paid for through this subgrant: 1) Funding attribution, and 2) Nevada Wellness Logo.

***Funding Attribution***

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 Division of Public and Behavioral Health through Funds for Healthy Nevada. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Funds for Healthy Nevada.

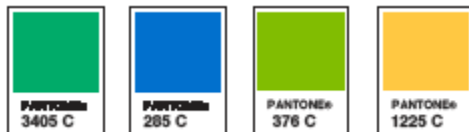
***Nevada Wellness Logo***

Use of this logo may not be used for any other commercial purpose without permission from the Chronic Disease Prevention and Health Promotion (CDPHP) Section within the Nevada Division of Public and Behavioral Health (DPBH). User groups may not use the Nevada Wellness logo for profit and must comply with usage guidelines. Nevada Wellness is a registered trademark of the CDPHP Section within Nevada DPBH. Derivative versions of the Nevada Wellness logo are generally prohibited, as they dilute the Nevada Wellness brand identity. Please contact Health Promotions for any questions regarding usage guidelines at [cdphp@health.nv.gov](mailto:cdphp@health.nv.gov).

**Usage Guidelines**

- **Logo Elements:** The logo consists of two figures with a background of a mountain and sun, with the words "Nevada Wellness" below. These elements cannot be used separately.
- **Size Elements:** The size specifications for the logo are as follows: 303px width x 432px height or 4.208in width x 6in height. Resolution should be set at 72 or higher.
- **Spatial Elements:** The logo should appear unaltered in every application and should not be stretched or have a drop shadow or any other effect applied. Any secondary logos or images surrounding the logo should be of sufficient contrast so that the logo is not crowded or obscured. There must be a minimum of one quarter inch (1/4) clear space around the logo. The logo should be proportional to the size of your publication, promotional item, or website.
- **Font:** Industria LT Std
- **Logo Color:** The printed logo should always appear in these colors or in black & white. When printing or placing the logo on a field that is low contrast, the logo should have a white outline.

- **PMS Colors:**



- **CMYK Colors:**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
NOTICE OF SUBGRANT AWARD

C:75, M:0, Y:75, K:0

C:83, M:40, Y:0, K:0

C:40, M:0, Y:100, K:0

C:0, M:20, Y:85, K:0

○ **RGB Colors:**

**RGB Colors**

Green: R: 43 G: 182 B: 115

Blue: R: 2 G: 130 B: 198

Lime Green: R: 166 G: 206 B: 57

Yellow: R: 255 G: 200 B: 67

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

**SECTION D**

**Request for Reimbursement Instructions**

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

An explanation of the form is provided below. The cells are pre-programed and will auto populate when data is entered.

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

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

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

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

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

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

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



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

YEAR 1 REQUEST FOR REIMBURSEMENT

HD#: 16044  
 Budget Account 3220  
 GL: 8516  
 Draw #: \_\_\_\_\_

<b>Program Name: Tobacco Prevention and Control</b> Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, Nevada 89520
<b>Subgrant Period:</b> Year One July 1, 2017 – June 30, 2018	<b>Subgrantee's:</b> 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	\$72,406.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$3,383.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$3,780.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4 Contract/Consultant	\$88,068.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Other	\$27,801.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Indirect	\$15,635.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$211,073.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>-</b>

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**

YEAR 2 REQUEST FOR REIMBURSEMENT

HD#: 16044  
 Budget Account 3220  
 GL: 8516  
 Draw #: \_\_\_\_\_

<b>Program Name:</b> Tobacco Prevention and Control Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, Nevada 89520
<b>Subgrant Period:</b> Year Two July 1, 2018 – June 30, 2019	<b>Subgrantee's:</b>  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	\$72,406.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$3,383.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$3,780.00	\$0.00	\$0.00	\$0.00	\$0.00	-
4 Contract/Consultant	\$88,068.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Other	\$27,801.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6 Indirect	\$15,635.00	\$0.00	\$0.00	\$0.00	\$0.00	-
<b>Total</b>	<b>\$211,073.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>-</b>

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: Contract Unit  
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 30th
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? August 2016
7. What time period did your last audit cover? July 2015 - June 2016
8. Which accounting firm conducted your last audit? Eide Bailly

\_\_\_\_\_  
Signature Date

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

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

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

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

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

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the 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  
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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 agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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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 agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

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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 Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

**VI. MISCELLANEOUS**

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



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

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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
<p><b>Division of Public and Behavioral Health</b>  <b>4150 Technology Way, Suite 300</b>  <b>Carson City, NV 89706</b></p>	<p>Washoe County Health District</p> <hr/>
<p><b>Phone: (775) 684-5975</b></p>	<p>Business Name</p>
<p><b>Fax: (775) 684-4211</b></p>	<p>P.O. Box 11130</p> <hr/>
	<p>Business Address</p>
	<p>Reno, Nevada 89520</p> <hr/>
	<p>Business City, State and Zip Code</p>
	<p>775-328-2400</p> <hr/>
	<p>Business Phone Number</p>
	<p>775-328-3752</p> <hr/>
	<p>Business Fax Number</p>
<hr/>	<hr/>
<p>Authorized Signature</p>	<p>Authorized Signature</p>
<p>for Cody L. Phinney, MPH</p> <hr/>	<p>Kevin Dick</p> <hr/>
<p>Print Name</p>	<p>Print Name</p>
<p>Administrator, Division of Public and Behavioral Health</p> <hr/>	<p>District Health Officer</p> <hr/>
<p>Title</p>	<p>Title</p>
<hr/>	<hr/>
<p>Date</p>	<p>Date</p>

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

**SECTION G**

**ES Worksheet 4. CDPHP Tobacco Control Program Quarterly Program Activity Tracking/Evaluation  
Washoe County Health District FHN Progress Report**

**Action Plan Period:** 07/01/17 - 06/30/18

**Data Collection Date:** MM/DD/YY

<b>Funding Amount:</b>	\$211,073
<b>Reimbursement to date:</b>	\$

Component 1: Tobacco Prevention and Control				
Goal 1: Preventing initiation among youth and young adults				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
1.1	1.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	1.1.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	1.1.3		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
1.2	1.2.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	1.2.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	1.2.3		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
<b>Progress:</b>	(paragraph format reporting entered in here) Text...			
<b>Successes:</b>	1. 2.			
<b>Barriers:</b>				
<b>TA Requests:</b>	1. 2.			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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Component 1: Tobacco Prevention and Control				
Goal 2: Eliminating nonsmokers' exposure to secondhand smoke				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
2.1	2.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	2.1.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
2.2	2.2.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	2.2.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
<b>Progress:</b>				
<b>Successes:</b>				
<b>Barriers:</b>				
<b>TA Requests:</b>				

Component 2: Health Systems				
Goal 3: Promote health systems changes to support tobacco cessation				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
3.1	3.1.1		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	
	3.1.2		MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY	

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

Component 2: Health Systems				
Goal 3: Promote health systems changes to support tobacco cessation				
Objectives	Activities	Outputs	Quarterly Program Progress (Outputs, When, How, Who, Barriers)	Evaluation (for evaluator use only)
<b>Progress:</b>				
<b>Successes:</b>				
<b>Barriers:</b>				
<b>TA Requests:</b>				

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

**SECTION H**

**Work Plan Template**

<i>Component 1: Tobacco Prevention and Control</i>					
<i>Goal 1: Preventing initiation among youth and young adults</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

<i>Component 1: Tobacco Prevention and Control</i>					
<i>Goal 2: Eliminating nonsmokers' exposure to secondhand smoke</i>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

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


<b>Component 2: Health Systems</b>					
<b>Strategy: Promote health systems changes to support tobacco cessation</b>					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

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

**SECTION I**

**Staff Certification**

**WASHOE COUNTY HEALTH DISTRICT (WCHD)  
STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES  
For the Period July 1, 2017 through June 30, 2019**

Employee Name	Title	% time (level of effort) spent on duties related to HD 16044	% 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
S. Chen	Health Educator	100%				0.00%		
L. Bogale	Health Educator	100%						
K. Mitchell	Public Service Intern	100%						
N. Alberti	Health Educator	12.5%						

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.**



DD	AH	_____	-
DHO	_____	KD	_____
DA	_____		_____
Risk	_____		_____

**STAFF REPORT**  
**BOARD MEETING DATE: August 24, 2017**

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT:** Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$660,331 (with \$66,033.10 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. 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 the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2017 through June 30, 2018 in the total amount of \$660,331 in support of the CDC Public Health Preparedness Grant Program, IO 10713. A copy of the Notice of Subgrant Award is attached.

**District Health Strategic Objective supported by this item:**

1. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
2. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

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

**PREVIOUS ACTION**

The Board approved the Notice of Subgrant Award for the period July 1, 2016 through June 30, 2017 in the total amount of \$649,712 on August 25, 2016.

## **BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** CDC Public Health Preparedness Program

**Scope of the Project:** The Subgrant Award scope of work addresses the following capabilities:

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Medical Countermeasure Dispensing
- Medical Material Management and Distribution
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management
- Program Administration

**Benefit to Washoe County Residents:** This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

**On-Going Program Support:** These funds support on-going activities in the Public Health Preparedness Program.

**Award Amount:** Total award is \$660,331 (\$600,301 direct/\$60,030 indirect)

**Grant Period:** July 1, 2017 – June 30, 2018

**Funding Source:** Centers for Disease Control and Prevention (CDC)

**Pass Through Entity:** State of Nevada, Department of Health and Human Services  
Division of Public & Behavioral Health

**CFDA Number:** 93.069

**Grant ID Number:** 1NU90TP921907-01-00

**Match Amount and Type:** 10% match is required and is met through Shared Services expenditures

**Sub-Awards and Contracts:** No Sub-Awards are anticipated.

## **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY18 budget in Internal Order 10713 was adopted with a total of \$660,331 in revenue (includes \$54,315.47 of indirect) and \$606,015.53 in expenditure authority, no budget amendment is necessary.

### **RECOMMENDATION**

Staff recommends that the District Board of Health retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$660,331 (with \$66,033.10 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2017 through June 30, 2018 in the total amount of \$660,331 (with \$66,033.10 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award."



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

HD #: **16067**  
 Budget Account: 3218  
 Category: 22  
 GL: 8516  
 Job Number: 9306917

### NOTICE OF SUBGRANT AWARD

<b>Program Name:</b> Public Health Preparedness Program Bureau of Preparedness, Assurance, Inspections, Statistics (PAIS)		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)	
<b>Address:</b> 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		<b>Address:</b> 1001 East Ninth St. / PO Box 11130 Reno, NV 89520	
<b>Subgrant Period:</b> July 1, 2017 through June 30, 2018		<b>Subgrantee's:</b> <div style="text-align: right; margin-right: 50px;">           EIN: <b>88-6000138</b>            Vendor #: <b>T40283400</b>            Dun &amp; Bradstreet: <b>073786998</b> </div>	
<b>Purpose of Award:</b> Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) domains according to the HPP and PHEP Cooperative Agreement.			
<b>Region(s) to be served:</b> <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe</u>			
<b>Approved Budget Categories:</b>		<b>Disbursement of funds will be as follows:</b>	
1. Personnel	\$ <b>584,152.00</b>	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 <b>\$660,331.00</b> during the subgrant period.	
2. Travel	\$ <b>0.00</b>		
3. Supplies	\$ <b>178.00</b>		
4. Equipment	\$ <b>0.00</b>		
5. Contractual/Consultant	\$ <b>0.00</b>		
6. Other	\$ <b>15,971.00</b>		
7. Indirect	\$ <b>60,030.00</b>		
<b>Total Cost:</b>	<b>\$ 660,331.00</b>		
<b>Source of Funds:</b>			
1. Centers for Disease Control and Prevention (CDC)	100%	CFDA: 93.069	FAIN: NU90TP921907 Federal Grant #: 1NU90TP921907-01-00
<b>Terms and Conditions:</b> 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.			
<b>Incorporated Documents:</b> 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; Section F: DPBH Business Associate Addendum; Attachment 1: Match Certification; Attachment 2: Detailed Work Plan.			
Kevin Dick District Health Officer	Signature		Date
Erin Lynch, MPH Program Manager, PHP	<i>Erin Lynch</i>		8/7/17
Chad Westom Bureau Chief, PAIS	<i>C. W. Westom</i>		8.8.17
for Cody L. Phinney, MPH 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 stated 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:

***Nevada State Division of Public and Behavioral Health  
Attn: Contract Unit  
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:

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 1, July 1, 2017 through June 30, 2018 and is broken down by domain, goals, objectives, capabilities, functions, and activities. The Detailed Work Plan contains the activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by June 30, 2018. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
  - October 31, 2017      1<sup>st</sup> Quarter Progress Report      (For the period of 7/1/17 - 9/30/17)
  - January 31, 2018      2<sup>nd</sup> Quarter Progress Report      (For the period of 7/1/17 - 12/31/17)
  - April 30, 2018      3<sup>rd</sup> Quarter Progress Report      (For the period of 7/1/17 – 3/31/18)
  - July 31, 2018      Final Progress Report      (For the period of 7/1/17 – 6/30/18)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
  - October 31, 2017      1<sup>st</sup> Quarter      (For the period of 7/1/17 - 9/30/17)
  - January 31, 2018      2<sup>nd</sup> Quarter      (For the period of 10/1/17 – 12/31/17)
  - April 30, 2018      3<sup>rd</sup> Quarter      (For the period of 1/1/18 – 3/31/18)
  - July 31, 2018      4<sup>th</sup> Quarter      (For the period of 4/1/18 – 6/30/18)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**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 1NU90TP921907-01-00 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 1NU90TP921907-01-00 from the 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	\$ 584,152			
			<b>Annual Salary</b>	<b>% of Time</b>
		\$ 108,830	\$167,431	65%
			Director, Epidemiology & Public Health Preparedness $\$167,431 \times 65\% = \$108,830$	
		\$ 15,742	\$98,386	16%
			Preparedness & EMS Program Manager $\$98,386 \times 16\% = \$15,742$	
		\$ 58,083	\$66,003	88%
			Administrative Secretary $\$66,003 \times 88\% = \$58,083$	
		\$ 87,773	\$87,773	100%
			Public Health Preparedness Response Coordinator $\$87,773 \times 100\% = \$87,773$	
		\$ 44,262	\$88,523	50%
			Public Health Communications Manager $\$88,523 \times 50\% = \$44,262$	
		\$ 4,299	\$85,973	5%
			Public Health Emergency Response Coordinator $\$85,973 \times 5\% = \$4,299$	
		\$ 70,748	\$70,748	100%
			MRC Program Coordinator $\$70,748 \times 100\% = \$70,748$	
		\$ 14,185	\$56,739	25%
			Office Support Specialist $\$56,739 \times 25\% = \$14,185$	
		\$ 180,230	Fringe @ 44.62% $\$403,922 \times 44.62\% = \$180,230$	
2. Travel	\$ 0			
3. Supplies	\$ 178			
		\$ 118	Office supplies such as but not limited to: pens, paper, ink $\$9.80/\text{month} \times 12 \text{ months} = \$118$	
		\$ 60	Staff operating supplies needed for projects $\$5/\text{month} \times 12 \text{ months} = \$60$	
4. Equipment	\$ 0			
5. Contractual/ Consultant	\$ 0			



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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6. Other	\$	15,971	
	\$	12,900	Trailer/vehicle expenses such as but not limited to: county fees, and trailer/vehicle maintenance \$1,075/month x 12 months = \$12,900
	\$	2,706	Satellite phones, cell phones, landlines, network \$225.48/month x 12 months = \$2,706
	\$	360	Copy machine usage charges and lease allocation \$30/month x 12 months = \$360
	\$	5	Postage \$.40/month x 12 months = \$5
7. Indirect	\$	60,030	
			Indirect Rate @ 10% \$600,301 x 10% = \$60,030
Total Cost	\$	660,331	

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$66,033.10), within approved Scope of Work, with an approved redirect. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without a prior written amendment from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect and amendment requests may not be submitted within 60 days of the close of the subgrant period. Approval from Program Manager is required on all redirects.
- Meal/Food Costs: Subgrantee should continue to exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in their approved spend plans and budgets. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
  - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training.
  - Meal costs are not duplicated in participants' per diem or subsistence allowances.
  - Meeting participants (majority) are traveling from a distance of more than 50 miles.
  - Guest meals (i.e., meals for non-essential attendees) are not allowable.
- 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.

- Submit monthly/quarterly Requests for Reimbursement no later than 30 days following the end of the month; submit a final Request for Reimbursement for activities completed through the month of June no later than July 31, 2018. The final Request for Reimbursement date is subject to change upon direction from the Division.
- The maximum available through the subgrant is \$660,331.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).

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

- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$66,033.10. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- A complete financial accounting of all expenditures to the Division 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:**

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- 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:**

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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 30<sup>th</sup> 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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**SECTION D**

HD#: **16067**

Budget Account: 3218

Category: 22

GL: 8516

Job #: 9306917

Draw #: \_\_\_\_\_

**REQUEST FOR REIMBURSEMENT**

<b>Program Name:</b> Public Health Preparedness Program Preparedness, Assurance, Inspections and Statistics	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way Suite# 200 Carson City, NV 89706	<b>Address:</b> 1001 East Ninth St. / PO Box 11130 Reno, NV 89520
<b>Subgrant Period:</b> July 1, 2017 through June 30, 2018	<b>Subgrantee's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> DUNS#: <u>073786998</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	\$584,152.00	\$0.00	\$0.00	\$0.00	\$584,152.00	0.0%
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$178.00	\$0.00	\$0.00	\$0.00	\$178.00	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	\$15,971.00	\$0.00	\$0.00	\$0.00	\$15,971.00	0.0%
7 Indirect	\$60,030.00	\$0.00	\$0.00	\$0.00	\$60,030.00	0.0%
<b>Total</b>	<b>\$660,331.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$660,331.00</b>	<b>0.0%</b>

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

Authorized Signature (BLUE INK) \_\_\_\_\_ 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: \_\_\_\_\_

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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Washoe County Health District (WCHD) Reimbursement Worksheet July 2017							
Personnel	Title	Description					Amount
<b>TOTAL</b>							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.535/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
<b>TOTAL</b>							
Supplies (Items under \$5,000 & consumed within 1 yr)	Description					Amount	
<b>TOTAL</b>							
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)	Description (attach invoice copies for all items)					Amount	
<b>TOTAL</b>							
Contract / Consultant	Description					Amount	
<b>TOTAL</b>							
Other	Description					Amount	
<b>TOTAL</b>							
Indirect	Description					Amount	
<b>TOTAL</b>							
<b>TOTAL EXPENDITURES</b>							

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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**Nevada Division of Public & Behavioral Health: Public Health Preparedness  
Centers for Disease Control and Prevention (CDC)  
Public Health Emergency Preparedness (PHEP)  
Budget per Capability  
Washoe County Health District (WCHD)  
July 1, 2017 through June 30, 2018**

<b>Contact Name:</b>	Christina Conti
<b>Phone Number:</b>	775-326-6042
<b>E-Mail Address:</b>	<a href="mailto:cconti@washoecounty.us">cconti@washoecounty.us</a>
<b>Applicant/Agency Name:</b>	WCHD
<b>Total Agency Request:</b>	\$660,331

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

**\*\*Please contact us if you have any questions.**

**Budget Summary**

Monthly Expenditure:	% of Budget	(a)	(b)	(c)
		Budget	Current \$ Expended	Current % Expended
<b>Capability</b>				
1. Community Preparedness:	14%	\$ 95,088	\$ -	0%
2. Community Recovery:	5%	\$ 29,715	\$ -	0%
3. Emergency Operations Coordination:	19%	\$ 124,803	\$ -	0%
4. Emergency Public Information and Warning:	7%	\$ 47,544	\$ -	0%
5. Fatality Management:	3%	\$ 17,829	\$ -	0%
6. Information Sharing:	5%	\$ 35,658	\$ -	0%
7. Mass Care:	0%	\$ -	\$ -	0%
8. Medical Countermeasure Dispensing:	10%	\$ 65,373	\$ -	0%
9. Medical Material Management and Distribution:	8%	\$ 53,487	\$ -	0%
10. Medical Surge:	0%	\$ -	\$ -	0%
11. Non-Pharmaceutical Interventions:	0%	\$ -	\$ -	0%
12. Public Health Laboratory Testing:	0%	\$ -	\$ -	0%
13. Public Health Surveillance and Epi Investigation:	3%	\$ 17,829	\$ -	0%
14. Responder Safety and Health:	5%	\$ 35,658	\$ -	0%
15. Volunteer Management:	11%	\$ 71,316	\$ -	0%
16. Program Administration:	10%	\$ 66,031	\$ -	0%
<b>TOTAL</b>	<b>100%</b>	<b>\$ 660,331</b>	<b>\$ -</b>	<b>0%</b>

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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: Contract Unit  
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 (BLUE INK)

\_\_\_\_\_  
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**

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Hereinafter referred to as the "Covered Entity"

and

**Washoe County Health District**

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Hereinafter referred to as the "Business Associate"

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

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

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

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

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

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
  2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
  3. **CFR** stands for the Code of Federal Regulations.
  4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
  5. **Covered Entity** shall mean the name of the 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 agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

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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 agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

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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 Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

**VI. MISCELLANEOUS**

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

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

THIS SPACE INTENTIONALLY LEFT BLANK

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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.

<b>Covered Entity</b>	<b>Business Associate</b>
<b>Division of Public and Behavioral Health</b> 4150 Technology Way, Suite 300 Carson City, NV 89706  Phone: (775) 684-5975  Fax: (775) 684-4211	<hr/> <p style="text-align: center;">Washoe County Health District (WCHD)</p> <hr/> <p style="text-align: center;">Business Name</p> <hr/> <p style="text-align: center;">1001 East Ninth St. / PO Box 11130</p> <hr/> <p style="text-align: center;">Business Address</p> <hr/> <p style="text-align: center;">Reno, NV 89520</p> <hr/> <p style="text-align: center;">Business City, State and Zip Code</p> <hr/> <p style="text-align: center;">775-326-6051</p> <hr/> <p style="text-align: center;">Business Phone Number</p> <hr/> <p style="text-align: center;">775-325-8031</p> <hr/> <p style="text-align: center;">Business Fax Number</p>
<hr/> <p>Authorized Signature (BLUE INK)</p>	<hr/> <p>Authorized Signature (BLUE INK)</p>
<hr/> <p>for Cody L. Phinney, MPH</p> <hr/> <p>Print Name</p>	<hr/> <p>Kevin Dick</p> <hr/> <p>Print Name</p>
<hr/> <p>Administrator, Division of Public and Behavioral Health</p> <hr/> <p>Title</p>	<hr/> <p>District Health Officer</p> <hr/> <p>Title</p>
<hr/> <p>Date</p>	<hr/> <p>Date</p>

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**ATTACHMENT 1**  
Match Certification

Date: \_\_\_\_\_

External Funding Source: Centers for Disease Control and Prevention (CDC) – Public Health Emergency Preparedness (PHEP)  
\_\_\_\_\_

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

Funding Recipient: Washoe County Health District (WCHD)  
\_\_\_\_\_

Project Title: HPP and PHEP Cooperative Agreement  
\_\_\_\_\_

Project Grant #: 1NU90TP921907-01-00  
\_\_\_\_\_

Duration: From: July 1, 2017 To: June 30, 2018  
\_\_\_\_\_

Total cost sharing/matching cost contribution: \$66,033.10 / Percentage: 10%  
\_\_\_\_\_

**Source of cost sharing/matching cost contribution:**

Name: \_\_\_\_\_

Account # (if applicable): \_\_\_\_\_

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

**Washoe County Health District**

\_\_\_\_\_  
Name and Title  
(Funding Recipient)

\_\_\_\_\_  
Signature (BLUE INK)

\_\_\_\_\_  
Date

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ATTACHMENT 2

Washoe County Health District  
CDC Public Health Emergency Preparedness (PHEP)

Detailed Work Plan

July 1, 2017 through June 30, 2018 (BP1)

**DOMAIN 1: PHEP STRENGTHEN COMMUNITY RESILIENCE**

STATEWIDE GOAL: Nevada will have resilient communities to plan, prepare and recover from all-hazard events.

Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

Domain 1 Activity 1: Partner with Stakeholders by Developing and Maturing Health Care Coalitions

Local Objective 1: No planned objectives

Domain 1 Activity 2: Characterize the Probable Risks to the Jurisdiction and the HCC

Local Objective 1: By March 31, 2018 Washoe County will identify probable risks for the jurisdiction and Health Care Coalition (HCC).

**Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 1: Community Preparedness**

- Function #1: Determine risks to the health of the jurisdiction
- Function #2: Build community partnerships to support health preparedness
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts

**CAPABILITY 2: Community Recovery**

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations
- Function #3: Implement corrective actions to mitigate damages from future incidents

Planned activity(s) for Domain 1 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Review of current findings of the National Health Security Preparedness Index and State Preparedness Reports	Crosswalk between reports and JRA identified gaps	Q3
Output(s) for planned activities in Domain 1 Activity 2:		
1) Work plan for FY19 to update JRA		
<b>Domain 1 Activity 3: Characterize Populations at Risk</b>		
Local Objective 1: By March 31, 2018, Washoe County will update emergency response plans to ensure inclusiveness risk planning for the entire community.		
<b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 1: Community Preparedness</b>		
<input type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction		



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<input checked="" type="checkbox"/> Function #2: Build community partnerships to support health preparedness <input type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks <input checked="" type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts	and mental/behavioral health social networks preparedness efforts	<b>CAPABILITY 2: Community Recovery</b> <input type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs <input type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations <input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents	and mental/behavioral health system recovery operations future incidents	<b>Planned activity(s) for Domain 1 Activity 3:</b>  1) Expand AFN working group to include non-represented AFN populations, such as seniors, low income, to be Subject Matter Experts and provide input and review on WCHD emergency plans 2) Facilitate the quarterly Access and Functional Needs workshop meetings 3) Update MCM plan based on feedback from low income/AFN/Tribal working group 4) Review current integration of CBRNE response components in DEMP, MCM, POD, Medical Surge and MCIP Plans and; create timetable for developing comprehensive CBRNE planning elements to include in existing plans or independent plan. 5) Research existing capabilities for environmental health tracking, if applicable, research and identify a tracking program to utilize during a public health emergency.	Activity Documentation  Meeting Agendas, Meeting notes, plan updates  Meeting agendas and notes  Each Operations Manual contains a page which lists "Plan Reviews and Changes" – this page will be updated to include all changes.  Emails, meeting agendas, meeting notes, planning timetable.  Research notes	Completion Quarter (Q1, Q2, Q3, Q4)  Q3  Q4  Q4  Q3  Q3
<b>Output(s) for planned activities in Domain 1 Activity 3:</b> 1) Expanded AFN workshop 2) Updated emergency response plans 3) Development of CBRNE response plan timetable. 4) Identified system						
<b>Domain 1 Activity 4: Engage Communities and Health Care Systems</b>						
<b>Local Objective 1:</b> Throughout BP1, Washoe County will continue to build and sustain community partnerships, specifically focusing on tribal representatives.						
<b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b> <b>CAPABILITY 1: Community Preparedness</b> <input type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction <input checked="" type="checkbox"/> Function #2: Build community partnerships to support health preparedness <input checked="" type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks <input checked="" type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts						

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Planned activity(s) for Domain 1 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
<p><b>CAPABILITY 2: Community Recovery</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs</li> <li><input checked="" type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations</li> <li><input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents</li> </ul>		
1) Provide training on the Medical Countermeasures plan to Reno-Sparks Indian Colony Tribal Health Clinic and Pyramid Lake Tribal Health Clinic.	Meeting Agendas, Meeting notes	Q1
2) Provide training on the Regional Pharmaceutical plan to Reno-Sparks Indian Colony Tribal Health Clinic and Pyramid Lake Tribal Health Clinic	Meeting Agendas, Meeting notes	Q1
3) Conduct Regional POD activation exercise at Reno-Sparks Indian Colony and the Pyramid Lake Tribal Health Clinic	Completed Situation Manual and Exercise Evaluation Guide	Q2
4) Facilitate the quarterly Access and Functional Needs workgroup meetings	Meeting agendas and notes	Q4
5) Public Health to continue to participate in the coalition meetings	Meeting attendance	Q4
<b>Output(s) for planned activities in Domain 1 Activity 4:</b>		
1) Training materials for MCM		
2) Pharmacy Plan with Tribal partners		
3) POD exercise AAR/IP		
<b>Domain 1 Activity 5: Operationalize Response Plans</b>		
<b>Local Objective 1:</b> By the end of BP1, Washoe County will coordinate a community exercise to test progress towards community initiatives and ensure engagement in preparedness efforts.		
<b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 1: Community Preparedness</b>		
<input type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction		
<input type="checkbox"/> Function #2: Build community partnerships to support health preparedness		
<input type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks		
<input checked="" type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts		
<b>CAPABILITY 2: Community Recovery</b>		
<input type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs		
<input type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations		
<input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents		
Planned activity(s) for Domain 1 Activity 5:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Conduct joint functional exercise with community partners and HCC	Exercise documents	Q4
<b>Output(s) for planned activities in Domain 1 Activity 5:</b>		
1) Draft AAR/IP on functional exercise		

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**DOMAIN 2: PHEP STRENGTHEN INCIDENT MANAGEMENT**

**STATEWIDE GOAL:** Nevada will strengthen its ability to conduct all-hazard incident management by preparation, planning, training and exercising at all jurisdictional levels.

**STATEWIDE OBJECTIVE 1):** Each of Nevada’s Public Health Authorities will obtain input for all-hazard plans from HCCs, partners, and the public by June 30, 2018.

Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**Domain 2 Activity 1: Coordinate Emergency Operations**

**Local Objective 1:** Throughout BP1, Washoe County will continue to provide training for community members and partners to improve understanding and facilitation of Operations Plan, allowing for updates to the plan.

**Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 3: Emergency Operations Coordination**

- Function #1: Conduct preliminary assessment to determine need for public activation
- Function #2: Activate public health emergency operations
- Function #3: Develop incident response strategy
- Function #4: Manage and sustain the public health response
- Function #5: Demobilize and evaluate public health emergency operations

Planned activity(s) for Domain 2 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Provide ICS 300/400 training for community members	Agendas, Sign in Sheets	Q4
2) Revision to the Department Emergency Operations Plan	Updated Plan	Q2
3) Present public health and medical emergency preparedness and response plans to the public to provide an opportunity for comment and input.	Meeting notices/agendas	Q2
<b>Output(s) for planned activities in Domain 2 Activity 1:</b>		
1) Thirty community members trained on activities and requirements of the Incident Command System.		
2) Updated Emergency Operations Plan		
<b>Domain 2 Activity 2: Standardize Incident Command Structures for Public Health</b>		
<b>Local Objective 1:</b> Throughout BP1, Washoe County will update the emergency plans and staff lists regularly, in advance of need, ensure the ability to keep information flowing during an emergency.		
<b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 3: Emergency Operations Coordination</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation</li> <li><input type="checkbox"/> Function #2: Activate public health emergency operations</li> <li><input type="checkbox"/> Function #3: Develop incident response strategy</li> <li><input checked="" type="checkbox"/> Function #4: Manage and sustain the public health response</li> <li><input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations</li> </ul>		

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Planned activity(s) for Domain 2 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Track department emergency response and request updates to identified plans	Log of plans, including date last updated, next update required, person responsible and frequency of updates	Q4
2) Revision to the Department Emergency Operations Plan	Updated Plan	Q2
3) Revisions to Medical Countermeasures plan	Updated Plan	Q3
4) Maintain identified staff list for medical or public health response	NXT updates/list	Q1
<b>Output(s) for planned activities in Domain 2 Activity 2:</b>		
1) Updated plans		
2) Updated Department Emergency Operations Plan		
3) Updated Medical Countermeasures plan		
4) NXT updates/list of staff		
<b>Domain 2 Activity 3: Establish Incident Command Structures for Health Care Organizations &amp; HCC</b>		
<b>Local Objective 1: No planned activities – HPP activity</b>		
<b>Domain 2 Activity 4: Ensure HCC integration &amp; Collaboration with ESF-8</b>		
<b>Local Objective 1: No planned activities – HPP Activity</b>		
<b>Domain 2 Activity 5: Expedite Fiscal Preparedness Procedures</b>		
<b>Local Objective 1: No planned activity - State activity</b>		

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**DOMAIN 3: PHEP STRENGTHEN INFORMATION MANAGEMENT**

**STATEWIDE GOAL:** Nevada will be able to collect, share, and disseminate information timely and accurately across all health care, public health partners, and the public.

**STATEWIDE OBJECTIVE 1):** Each of Nevada’s Public Health Authorities, in collaboration with HCCs, will develop systems for information sharing by all HCC partners by June 30, 2018.

**STATEWIDE OBJECTIVE 2):** Statewide partners will develop a work group to evaluate current information sharing platforms (i.e. WebEOC, HavBed) for efficiency and usability.

**STATEWIDE OBJECTIVE 3):** HCCs and Public Health will coordinate to identify redundant communication systems available in HCC Preparedness Plans.

Planned Activity Type:    Build    Sustain    Scale Back    No Planned Activity

**Domain 3 Activity 1: Share Situational Awareness Across the Health Care & Public Health Systems**

Local Objective 1: Throughout BP 1, Washoe County will ensure information sharing between Public Health and Health Care.

**Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 4: Emergency Public Information & Warning**

- Function #1: Activate the emergency public information system
- Function #2: Determine the need for a joint public information system
- Function #3: Establish and participate in information system operations
- Function #4: Establish avenues for public interaction and information exchange
- Function #5: Issue public information alerts, warnings and notifications

**CAPABILITY 6: Information Sharing**

- Function #1: Identify stakeholders to be incorporated into information flow
- Function #2: Identify and develop rules and data elements for sharing
- Function #3: Exchange information to determine a common operating picture

Planned activity(s) for Domain 3 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Collaborate with Healthcare Coalition to determine the type of information that will be disseminated to the public during an emergency to ensure information is accurate and consistent.	meeting notes	Q3
2) Work with Joint Information Center (JIC), when applicable, to ensure information is accurate, consistent, linguistically and culturally appropriate, and disseminated to the community using one voice during an emergency.	Interpreting services information, exercises or real world event documentation	Q4
3) Identify and ensure information sharing systems are in place to include redundant equipment, appropriately trained public health information officers, procedures for media notification, message development, and plans describing how the public can contact the health department.	Review of PIC Plan	Q4
<b>Output(s) for planned activities in Domain 3 Activity 1:</b>		
1) Identified types of information		
2) Interpreting services contract		

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3) Updated PIC plan as appropriate		
<b>Domain 3 Activity 2: Share Emergency Information &amp; Warnings Across Disciplines &amp; Jurisdictions &amp; HCCs &amp; their Members</b>		
Local Objective 1: By March 31, 2018 Washoe County will work with the Health Care Coalition to identify the types of information that will be shared during an emergency response.		
<p><b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b></p> <p><b>CAPABILITY 4: Emergency Public Information &amp; Warning</b></p> <p><input type="checkbox"/> Function #1: Activate the emergency public information system</p> <p><input type="checkbox"/> Function #2: Determine the need for a joint public information system</p> <p><input type="checkbox"/> Function #3: Establish and participate in information system operations</p> <p><input type="checkbox"/> Function #4: Establish avenues for public interaction and information exchange</p> <p><input type="checkbox"/> Function #5: Issue public information alerts, warnings and notifications</p>		
<p><b>CAPABILITY 6: Information Sharing</b></p> <p><input checked="" type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow</p> <p><input checked="" type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing</p> <p><input type="checkbox"/> Function #3: Exchange information to determine a common operating picture</p>		
Planned activity(s) for Domain 3 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Collaborate with Healthcare Coalition to determine the type of information that will be disseminated to the public during an emergency to ensure information is accurate and consistent.	meeting notes	Q3
Output(s) for planned activities in Domain 3 Activity 2:		
1) Identified types of information		
<b>Domain 3 Activity 3: Conduct External Communication with the Public</b>		
Local Objective 1: By the end of BP1, Washoe County will review and review the Public Information Plan.		
<p><b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b></p> <p><b>CAPABILITY 4: Emergency Public Information &amp; Warning</b></p> <p><input type="checkbox"/> Function #1: Activate the emergency public information system</p> <p><input type="checkbox"/> Function #2: Determine the need for a joint public information system</p> <p><input type="checkbox"/> Function #3: Establish and participate in information system operations</p> <p><input type="checkbox"/> Function #4: Establish avenues for public interaction and information exchange</p> <p><input type="checkbox"/> Function #5: Issue public information alerts, warnings and notifications</p>		
<p><b>CAPABILITY 6: Information Sharing</b></p> <p><input checked="" type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow</p> <p><input checked="" type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing</p> <p><input checked="" type="checkbox"/> Function #3: Exchange information to determine a common operating picture</p>		

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Planned activity(s) for Domain 3 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
<p>1) Identify and ensure information sharing systems are in place to include redundant equipment, appropriately trained public health information officers, procedures for media notification, message development, and plans describing how the public can contact the health department.</p>	<p>Review of PIC Plan</p>	<p>Q4</p>
<p><b>Output(s) for planned activities in Domain 3 Activity 3:</b></p> <p>1) Updated PIC plan as appropriate</p>		

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**DOMAIN 4: PHEP STRENGTHEN COUNTERMEASURES & MITIGATION**

**STATEWIDE GOAL:** Nevada will strengthen access to and administration of medical and other countermeasures for pharmaceutical & non-pharmaceutical interventions.

**STATEWIDE OBJECTIVE 1):** Nevada’s Public Health Authorities will integrate access and functional needs populations (AFN), rural, tribal and first responders in plans, training, and exercises for administration of medical and other countermeasures for pharmaceutical and non-pharmaceutical interventions by June 30, 2018.

Planned Activity Type:    Build    Sustain    Scale Back    No Planned Activity

**Domain 4 Activity 1: Manage Access to & Administration of Pharmaceutical & Non-pharmaceutical Interventions**

**Local Objective 1:** By the end of BP 1, Washoe County will create, facilitate and update plans to incorporate the SNS into MCM during exercises, including security, and training of POD staff.

**Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 8: Medical Countermeasure Dispensing**

- Function #1: Identify and initiate medical countermeasure dispensing strategies
- Function #2: Receive medical countermeasures
- Function #3: Activate dispensing modalities
- Function #4: Dispense medical countermeasures to identified populations
- Function #5: Report adverse events

**CAPABILITY 9: Medical Materiel Management & Distribution**

- Function #1: Direct and activate medical materiel management and distribution
- Function #2: Acquire medical materiel
- Function #3: Maintain updated inventory management and reporting system
- Function #4: Establish and maintain security
- Function #5: Distribute medical materiel
- Function #6: Recover medical materiel and demobilize distribution operations

**CAPABILITY 11: Non-Pharmaceutical Interventions**

- Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions
- Function #2: Determine non-pharmaceutical interventions
- Function #3: Implement non-pharmaceutical interventions
- Function #4: Monitor non-pharmaceutical interventions

**CAPABILITY 14: Responder Safety & Health**

- Function #1: Identify responder safety and health risks
- Function #2: Identify safety and personal protective needs
- Function #3: Coordinate with partners to facilitate risk-specific safety and health training
- Function #4: Monitor responder safety and health actions

	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Planned activity(s) for Domain 4 Activity 1:		
1) Meet with State PHP and develop inventory protocol for SNS materials	Meeting agenda, meeting notes.	Q1



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distribution		
2) Conduct POD inventory drills in conjunction with POD exercise—track material through WebCRA	EEG’s, AAR-IP	Q3
3) Exercise SNS material transfer with Department of Public Safety	EEG, AAR-IP	Q3
4) Develop POD Incident Command course for Health District staff required to respond.	Instruction materials, presentation	Q3
5) Provide POD Incident Command course to Health District staff	Sign in sheets	Q2
6) Provide POD Incident Command course to IHCC membership	Sign in sheets	Q3
7) Update ORR, tracking plans	Plans	Q4
8) Develop POD vaccination endorsement program for local fire agencies	Forms, training program information	Q2
<b>Output(s) for planned activities in Domain 4 Activity 1:</b>		
1) Completed SNS inventory exercise		
2) Development of a POD Incident Command Course with push out to Health District and IHCC members		
3) MCM engagement of HCC		
4) ORR tracking sheet		
<b>Domain 4 Activity 2: Ensure Safety &amp; Health of Responders</b>		
<b>Local Objective 1:</b> By the end of BP 1, Washoe County will create, facilitate and update plans to address incorporate disseminating medical countermeasures or PPE during an emergency response.		
<b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 8: Medical Countermeasure Dispensing</b>		
<input type="checkbox"/>	Function #1: Identify and initiate medical countermeasure dispensing strategies	
<input type="checkbox"/>	Function #2: Receive medical countermeasures	
<input checked="" type="checkbox"/>	Function #3: Activate dispensing modalities	
<input checked="" type="checkbox"/>	Function #4: Dispense medical countermeasures to identified populations	
<input type="checkbox"/>	Function #5: Report adverse events	
<b>CAPABILITY 9: Medical Materiel Management &amp; Distribution</b>		
<input type="checkbox"/>	Function #1: Direct and activate medical materiel management and distribution	
<input type="checkbox"/>	Function #2: Acquire medical materiel	
<input type="checkbox"/>	Function #3: Maintain updated inventory management and reporting system	
<input type="checkbox"/>	Function #4: Establish and maintain security	
<input type="checkbox"/>	Function #5: Distribute medical materiel	
<input type="checkbox"/>	Function #6: Recover medical materiel and demobilize distribution operations	
<b>CAPABILITY 11: Non-Pharmaceutical Interventions</b>		
<input type="checkbox"/>	Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions	
<input type="checkbox"/>	Function #2: Determine non-pharmaceutical interventions	
<input type="checkbox"/>	Function #3: Implement non-pharmaceutical interventions	
<input type="checkbox"/>	Function #4: Monitor non-pharmaceutical interventions	

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Planned activity(s) for Domain 4 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
<p><b>CAPABILITY 14: Responder Safety &amp; Health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Function #1: Identify responder safety and health risks</li> <li><input checked="" type="checkbox"/> Function #2: Identify safety and personal protective needs</li> <li><input checked="" type="checkbox"/> Function #3: Coordinate with partners to facilitate risk-specific safety and health training</li> <li><input type="checkbox"/> Function #4: Monitor responder safety and health actions</li> </ul>	Sign in - sheets Cache plans	Q4
<p>1) Training on the usage of selected PPEs by subject matter experts.</p> <p>2) Develop/refine mechanism to provide pharmaceutical, supply rotation, cache, and non-pharmaceutical interventions to responders and their families, especially for rural communities' local caches or relationships.</p> <p>3) Develop plans and strategies for pushing out NPI (Non-pharmaceutical interventions)</p> <p>4) Implement respiratory protection program for Health District public health responders (Fit testing, PAPR training)</p>	Cache plans	Q4
<p><b>Output(s) for planned activities in Domain 4 Activity 2:</b></p> <ul style="list-style-type: none"> <li>1) Develop cache plans</li> <li>2) Develop cache plans</li> <li>3) Health District public health responders will be Fit tested</li> </ul>	Written program documents	Q2
<b>Domain 4 Activity 3: Operationalize Response Plans</b>		
<p><b>Local Objective 1:</b> Plans will be exercised, reviewed and completed by June 30, 2018, with an emphasis on PODs and responders.</p>		
<p><b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b></p>		
<p><b>CAPABILITY 8: Medical Countermeasure Dispensing</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies</li> <li><input checked="" type="checkbox"/> Function #2: Receive medical countermeasures</li> <li><input checked="" type="checkbox"/> Function #3: Activate dispensing modalities</li> <li><input checked="" type="checkbox"/> Function #4: Dispense medical countermeasures to identified populations</li> <li><input type="checkbox"/> Function #5: Report adverse events</li> </ul>		
<p><b>CAPABILITY 9: Medical Materiel Management &amp; Distribution</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Function #1: Direct and activate medical materiel management and distribution</li> <li><input checked="" type="checkbox"/> Function #2: Acquire medical materiel</li> <li><input type="checkbox"/> Function #3: Maintain updated inventory management and reporting system</li> <li><input type="checkbox"/> Function #4: Establish and maintain security</li> <li><input type="checkbox"/> Function #5: Distribute medical materiel</li> <li><input type="checkbox"/> Function #6: Recover medical materiel and demobilize distribution operations</li> </ul>		
<p><b>CAPABILITY 11: Non-Pharmaceutical Interventions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions</li> </ul>		

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<ul style="list-style-type: none"> <li><input type="checkbox"/> Function #2: Determine non-pharmaceutical interventions</li> <li><input type="checkbox"/> Function #3: Implement non-pharmaceutical interventions</li> <li><input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions</li> </ul>			
<b>CAPABILITY 14: Responder Safety &amp; Health</b>			
<ul style="list-style-type: none"> <li><input type="checkbox"/> Function #1: Identify responder safety and health risks</li> <li><input type="checkbox"/> Function #2: Identify safety and personal protective needs</li> <li><input type="checkbox"/> Function #3: Coordinate with partners to facilitate risk-specific safety and health training</li> <li><input type="checkbox"/> Function #4: Monitor responder safety and health actions</li> </ul>			
<b>Planned activity(s) for Domain 4 Activity 3:</b>		<b>Activity Documentation</b>	<b>Completion Quarter (Q1, Q2, Q3, Q4)</b>
1)	Identify needs for handling radioactive contamination	Lists, diagrams, printed information	Q1
2)	Research and develop planning documents for Community Reception Centers for sheltering and monitoring those potentially exposed to radioactive material.	Research documents	Q4
3)	Engage local jurisdictions to discuss developing a personnel surge plan for emergencies.	Meeting agenda's, meeting notes	Q3
4)	Develop local jurisdiction messaging for emergency personnel surge events	Completed messaging, updated MCM and PIC plan	Q4
5)	Integrate personnel surge planning into Volunteer Management Plan	Updated Volunteer Management plan	Q4
6)	Integrate National Guard into MCM planning	Updated MCM plan	Q4
7)	Develop planning documents for regional POD exercise	Situation manual, EEG's	Q1
8)	Work with IHCC on activity planning for POD exercise	IHCC meeting notes, agendas, meeting minutes	Q1
9)	Conduct regional POD exercise	Completed EEG's, notes, flyers	Q2
10)	Determine throughput numbers for POD partners	Completed throughput numbers in AAR-IP	Q3
11)	Work in collaboration with the State and Carson City Health and Human Services to streamline volunteer processing.	Meeting agendas	Q3
<b>Output(s) for planned activities in Domain 4 Activity 3:</b>			
1) MCM plan updated to include local jurisdiction personnel surge plan, integration of National Guard into MCM planning.			
2) Updated Volunteer Management plan.			
3) Regional POD exercise – AAR/IP			
4) Community Reception Center workplan			

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**DOMAIN 5: PHEP STRENGTHEN SURGE MANAGEMENT**

STATEWIDE GOAL: Nevada will coordinate response to the public health,, medical surge, and mass care needs of affected communities impacted by an incident.

STATEWIDE OBJECTIVE 1): Each of Nevada’s Public Health Authorities will coordinate with Mass Care ESF-6 to incorporate vulnerable populations and AFN into statewide planning efforts by June 30, 2018.

STATEWIDE OBJECTIVE 4): Nevada will coordinate with each LHA and emergency management to streamline the Volunteer Reception Center (VRC) process to ensure continuity of planning and response by June 30, 2018.

Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**TO MANAGE PUBLIC HEALTH SURGE**

**Domain 5 Activity 1: Address Mass Care Needs**

Local Objective 1: By the end of BP1, Washoe County will identify planning considerations for activating and coordinating volunteers to support public health surge operations.

**Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 5: Fatality Management**

- Function #1: Determine role for public health in fatality management
- Function #2: Activate public health fatality management operations
- Function #3: Assist in the collection and dissemination of ante-mortem data
- Function #4: Participate in survivor mental/behavioral health services
- Function #5: Participate in fatality processing and storage operations

**CAPABILITY 7: Mass Care**

- Function #1: Determine public health role in mass care operations
- Function #2: Determine mass care needs of the impacted population
- Function #3: Coordinate public health, medical, and mental/behavioral health services
- Function #4: Monitor mass care population health

**CAPABILITY 10: Medical Surge**

- Function #1: Assess the nature and scope of the incident
- Function #2: Support activation of medical surge
- Function #3: Support jurisdictional medical surge operations
- Function #4: Monitor non-pharmaceutical interventions

**CAPABILITY 15: Volunteer Management**

- Function #1: Coordinate volunteers
- Function #2: Notify volunteers
- Function #3: Organize, assemble, and dispatch volunteers
- Function #4: Demobilize volunteers

Planned activity(s) for Domain 5 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Coordinate with the IHCC, as Subject Matter Experts, to develop a document	Meetings, relevant data and the Document	Q4

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that address the public health, medical and mental health needs of those impacted by an incident utilizing identified data.		
2) Identify community volunteers supporting public health surge operations in the community	Partner agency	Q4
3) Coordinate with community volunteers to incorporate vulnerable populations in mass care plans,	Meeting notes	Q4
4) If applicable, train volunteers to support public health surge operations	Training announcement	Q4
<b>Output(s) for planned activities in Domain 5 Activity 1:</b>		
1) Mass Care document		
2) Identification of community volunteers and partner agencies		
3) Newly trained volunteers prepared to staff public health support locations.		
4) Identified information for volunteers in public health surge planning.		
<b>Domain 5 Activity 2: Address Surge Needs</b>		
<b>Local Objective 1:</b> By the end of BP1, Washoe County will research and identify family reunification processes.		
<b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 5: Fatality Management</b>		
<input type="checkbox"/>	Function #1: Determine role for public health in fatality management	
<input type="checkbox"/>	Function #2: Activate public health fatality management operations	
<input type="checkbox"/>	Function #3: Assist in the collection and dissemination of ante-mortem data	
<input checked="" type="checkbox"/>	Function #4: Participate in survivor mental/behavioral health services	
<input type="checkbox"/>	Function #5: Participate in fatality processing and storage operations	
<b>CAPABILITY 7: Mass Care</b>		
<input type="checkbox"/>	Function #1: Determine public health role in mass care operations	
<input type="checkbox"/>	Function #2: Determine mass care needs of the impacted population	
<input type="checkbox"/>	Function #3: Coordinate public health, medical, and mental/behavioral health services	
<input type="checkbox"/>	Function #4: Monitor mass care population health	
<b>CAPABILITY 10: Medical Surge</b>		
<input type="checkbox"/>	Function #1: Assess the nature and scope of the incident	
<input type="checkbox"/>	Function #2: Support activation of medical surge	
<input type="checkbox"/>	Function #3: Support jurisdictional medical surge operations	
<input type="checkbox"/>	Function #4: Monitor non-pharmaceutical interventions	
<b>CAPABILITY 15: Volunteer Management</b>		
<input checked="" type="checkbox"/>	Function #1: Coordinate volunteers	
<input checked="" type="checkbox"/>	Function #2: Notify volunteers	
<input checked="" type="checkbox"/>	Function #3: Organize, assemble, and dispatch volunteers	
<input type="checkbox"/>	Function #4: Demobilize volunteers	

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Planned activity(s) for Domain 5 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Coordinate planning with community partners to identify and document family reunification processes	Family reunification process	Q4
<b>Output(s) for planned activities in Domain 5 Activity 2:</b>		
1) Family Reunification process		
<b>Domain 5 Activity 3: Coordinate Volunteers</b>		
Local Objective 1: <i>Throughout BP 1, Washoe County will sustain the Medical Reserve Corps volunteer program.</i>		
<b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 5: Fatality Management</b>		
<input type="checkbox"/> Function #1: Determine role for public health in fatality management <input type="checkbox"/> Function #2: Activate public health fatality management operations <input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data <input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services <input type="checkbox"/> Function #5: Participate in fatality processing and storage operations		
<b>CAPABILITY 7: Mass Care</b>		
<input type="checkbox"/> Function #1: Determine public health role in mass care operations <input type="checkbox"/> Function #2: Determine mass care needs of the impacted population <input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services <input type="checkbox"/> Function #4: Monitor mass care population health		
<b>CAPABILITY 10: Medical Surge</b>		
<input type="checkbox"/> Function #1: Assess the nature and scope of the incident <input type="checkbox"/> Function #2: Support activation of medical surge <input type="checkbox"/> Function #3: Support jurisdictional medical surge operations <input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
<b>CAPABILITY 15: Volunteer Management</b>		
<input checked="" type="checkbox"/> Function #1: Coordinate volunteers <input checked="" type="checkbox"/> Function #2: Notify volunteers <input checked="" type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers <input checked="" type="checkbox"/> Function #4: Demobilize volunteers		
Planned activity(s) for Domain 5 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Inclusion of volunteers in PHP department POD exercises and drills	Volunteer request	Q4
2) Continue to identify situations that Volunteers may respond to hospitals and Health Care facilities during an emergency.	Hospitals/Health Care MOUs	Q4
3) Work in collaboration with the State and Carson City Health and Human Services to streamline volunteer processing, specifically the rapid credentialing	Meeting notes	Q4

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of volunteers		
4) In collaboration with the State, exercise VRC (Volunteer Reception Centers) plan to process SUVs (Spontaneous Unaffiliated Volunteers)	Exercise documents	Q4
5) Health care providers and volunteers will participate in the Remote Area Medical event in October.	Registration Form and Sign in Sheets	Q1
6) Partner with Truckee Healthy Communities event "Family Health Festival".	Registration Form and Sign in Sheets	Q4
<b>Output(s) for planned activities in Domain 5 Activity 3:</b>		
1) AAR/IP, if applicable		
2) Review and update if needed MOUs with hospitals.		
3) Updated volunteer management plan		
4) Training and exercise documents		
5) AAR/IP documentation to indicates use of volunteer		
<b>Domain 5 Activity 4: Prevent or Mitigate Injuries and Fatalities</b>		
Local Objective 1: Washoe County will collaborate with Clark County Coroner's Office to research and identify a statewide UVIS-alternative system by June 30, 2018.		
<b>Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)</b>		
<b>CAPABILITY 5: Fatality Management</b>		
<input checked="" type="checkbox"/>	Function #1: Determine role for public health in fatality management	
<input type="checkbox"/>	Function #2: Activate public health fatality management operations	
<input checked="" type="checkbox"/>	Function #3: Assist in the collection and dissemination of ante-mortem data	
<input type="checkbox"/>	Function #4: Participate in survivor mental/behavioral health services	
<input type="checkbox"/>	Function #5: Participate in fatality processing and storage operations	
<b>CAPABILITY 7: Mass Care</b>		
<input type="checkbox"/>	Function #1: Determine public health role in mass care operations	
<input type="checkbox"/>	Function #2: Determine mass care needs of the impacted population	
<input type="checkbox"/>	Function #3: Coordinate public health, medical, and mental/behavioral health services	
<input type="checkbox"/>	Function #4: Monitor mass care population health	
<b>CAPABILITY 10: Medical Surge</b>		
<input type="checkbox"/>	Function #1: Assess the nature and scope of the incident	
<input type="checkbox"/>	Function #2: Support activation of medical surge	
<input type="checkbox"/>	Function #3: Support jurisdictional medical surge operations	
<input type="checkbox"/>	Function #4: Monitor non-pharmaceutical interventions	
<b>CAPABILITY 15: Volunteer Management</b>		
<input type="checkbox"/>	Function #1: Coordinate volunteers	
<input type="checkbox"/>	Function #2: Notify volunteers	
<input type="checkbox"/>	Function #3: Organize, assemble, and dispatch volunteers	
<input type="checkbox"/>	Function #4: Demobilize volunteers	

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Planned activity(s) for Domain 5 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Washoe County Medical Examiner Coroner's Office will collaborate to research and identify a new system to replace the UVIS-system, utilized during mass fatality response that will integrate with the existing case management system.	software systems reviewed	Q4
2) The Washoe County Regional Medical Examiner's Office will collaborate with the Clark County Coroner's Office to assist them in the development of the Southern Nevada Disaster Victim Recovery Team.	training documentations	Q4
3) The Washoe County Regional Medical Examiner's Office will do further recruitment and continue to train team members of the Northern Nevada Disaster Victim Recovery Team.	training documentations	Q4
<b>Output(s) for planned activities in Domain 5 Activity 4:</b>		
1) Identified system		
2) Trainings		
<b>TO MANAGE MEDICAL SURGE</b>		
<b>Domain 5 Activity 5: Conduct Health Care Facility Evacuation Planning and Exercise</b>		
Local Objective 1: <b>No planned activities - HPP activity.</b>		
<b>Domain 5 Activity 6: Address Emergency Department and Inpatient Surge</b>		
Local Objective 1: <b>No planned activities - HPP activity.</b>		
<b>Domain 5 Activity 7: Develop Alternate Care Systems</b>		
Local Objective 1: <b>No planned activities - HPP activity.</b>		
<b>Domain 5 Activity 8: Address Specialty Surge</b>		
Local Objective 1: <b>No planned activities - HPP activity.</b>		



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**DOMAIN 6: PHEP STRENGTHEN BIOSURVEILLANCE**

**STATEWIDE GOAL:** Nevada will sustain and strengthen its abilities to surveil, detect, investigate and test for emerging threats and injuries to the health of the public in all-hazard events.

**STATEWIDE OBJECTIVE 1:** Each of Nevada’s Public Health Authorities will develop epidemiological personnel surge plans for disease outbreaks and public health surveillance in all-hazard events by June 30, 2018.

Planned Activity Type:  Build  Sustain  Scale Back  No Planned Activity

**Domain 6 Activity 1: Conduct Epidemiological Surveillance & Investigation**

Local Objective 1: Throughout BP1, Washoe County will continue to conduct epidemiological surveillance and investigation.

**Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 12: Public Health Laboratory Testing**

- Function #1: Manage laboratory activities
- Function #2: Perform sample management
- Function #3: Conduct testing and analysis for routine and surge capacity
- Function #4: Support public health investigations
- Function #5: Report results

**CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation**

- Function #1: Conduct public health surveillance and detection
- Function #2: Conduct public health and epidemiological investigations
- Function #3: Recommend, monitor and analyze mitigation actions
- Function #4: Improve public health surveillance and epidemiological investigation systems

Planned activity(s) for Domain 6 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Maintain existing surveillance systems including NEDSS Base System.	NEDSS Base System records	Q4
2) Continue to provide feedback to healthcare providers utilizing the EpiNews.	EpiNews publications	Q4
3) Continue to investigate reported cases and outbreaks per protocols.	Investigation reports	Q4
4) Continue to review and update CD protocols with Medical consultant.	CD protocols	Q4
<b>Output(s) for planned activities in Domain 6 Activity 1:</b>		
1) NEDSS Base System records and epidemiological investigation notes.		
2) EpiNews publications.		
3) Epidemiological investigation protocols.		
<b>Domain 6 Activity 2: Detect Emerging Threats /Injury</b>		
<b>Local Objective 1:</b> Throughout BP1, Washoe County will continue to monitor surveillance systems and maintain communications with healthcare providers to detect emerging threats.		

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**Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)**

**CAPABILITY 12: Public Health Laboratory Testing**

- Function #1: Manage laboratory activities
- Function #2: Perform sample management
- Function #3: Conduct testing and analysis for routine and surge capacity
- Function #4: Support public health investigations
- Function #5: Report results

**CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation**

- Function #1: Conduct public health surveillance and detection
- Function #2: Conduct public health and epidemiological investigations
- Function #3: Recommend, monitor and analyze mitigation actions
- Function #4: Improve public health surveillance and epidemiological investigation systems

Planned activity(s) for Domain 6 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Continue to monitor surveillance systems, MMWR, EpiX, etc.	Meeting notes	Q4
2) Continue to participate in hospital infection control meetings.	Meeting notes	Q4
<b>Output(s) for planned activities in Domain 6 Activity 2:</b>		
1) Meeting notes		
<b>Domain 6 Activity 3: Conduct Laboratory Testing</b>		
<b>Local Objective 1: No planned activities – Laboratory Activity</b>		

DD	NA	___
DHO	___	KD
DA	NA	___
Risk	NA	___

**STAFF REPORT**  
**BOARD MEETING DATE: August 24, 2017**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2018

**SUMMARY**

**Update for Fiscal Year 2017 (FY17):**

Total FY17 revenues reported as of June 30, 2017 were \$21,860,880 and expenditures were \$21,147,615 reflecting a surplus of \$713,265. With the year end processing of grant reimbursements, as of August 9, 2017, the FY17 revenues are at \$22,370,420 and the expenditures are at \$21,157,367 for a surplus of \$1,213,053. The fund balance is projected to be \$4,180,896 or 20% of total expenditures for FY17.

**Fiscal Year 2018 (FY18):**

FY18 opened the year with a cash balance of \$3,423,191 and by the end of July the cash increased by \$303,011 for a July 31<sup>st</sup> balance of \$3,726,202. Total revenues were \$1,273,566 which was 5.8% of budget and a decrease of \$508 over FY17. The expenditures totaled \$2,200,494 or 9.7% of budget and up \$488,205 or 28.5% compared to FY17 due to the increased costs associated with additional mosquito abatement treatments. In July the Board of County Commissioners approved an additional \$534,835 of general fund support to reimburse the Health District for the cost of the increased mosquito abatement treatments required due to the floods in FY17.

**District Health Strategic Objective supported by this item:** Financial Stability: Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

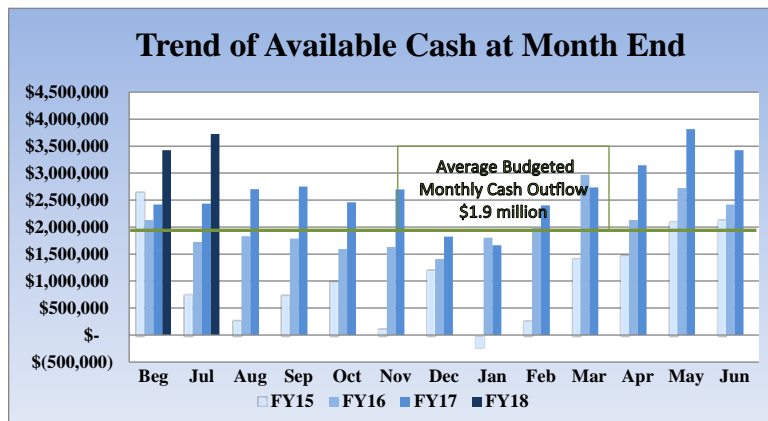
**PREVIOUS ACTION**

Fiscal Year 2018 Budget was adopted May 23, 2017.

**BACKGROUND**

**Review of Cash**

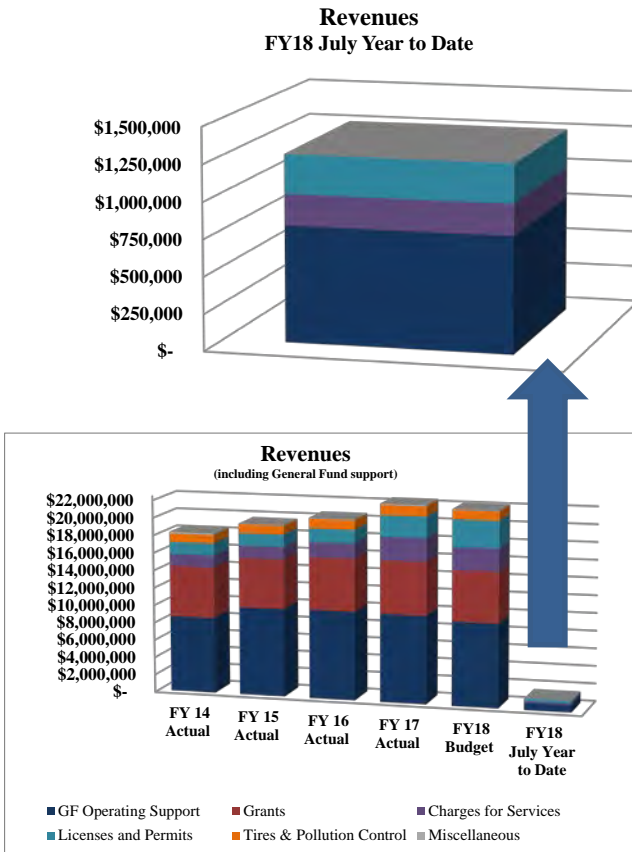
The available cash at the end of July, FY18, was \$3,726,202 which was 198.0% of the average budgeted monthly cash outflow of \$1,881,820 for the fiscal year and up 53.0% or \$1,290,237 compared to the same time in FY17. The encumbrances and other liability portion of the cash balance totals \$1,600,416; the portion of cash restricted as to use is approximately \$1,117,484 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$1,008,302.



Note: January FY15 negative cash is due to no County General Fund support being transferred to the Health Fund leading to a negative cash situation.

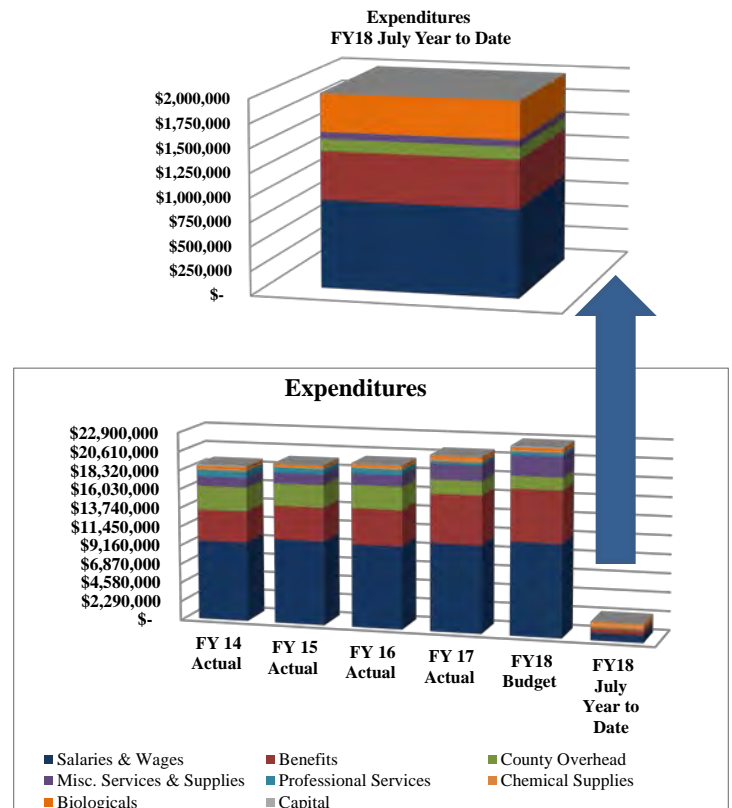


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



Total year to date **revenues** of \$1,273,566 were down \$508 compared to July FY17. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$266,825 were up \$88,562 or 49.7% mainly due to an increase in the workload; federal and state grant reimbursements, which normally are not collected in July, of \$1,404 were up \$1,329; and, charges for services of \$211,219 were up \$58,642 or 38.4%. The revenue categories that were down compared to FY17 include: tire and pollution control funding of \$0 down \$112,815 due the July distribution for Tire Fee revenue being posted in June; miscellaneous revenues of \$1,047 were down \$12,892; and, the County General Fund transfer of \$793,071 was down \$23,333 or 2.9%.

The total year to date **expenditures** of \$2,200,494 increased by \$488,205 or 28.5% compared to the same time frame in FY17 mainly due to the \$355,524 additional chemical supplies purchased for Mosquito abatement. Salaries and benefits expenditures for the fiscal year were \$1,410,406 up \$93,587 or 7.1% over the prior year. The total services and supplies and regional permitting system expenditures of \$785,859 were up \$390,390 due the increased chemical costs. The major expenditures included in the services and supplies are: the professional services which totaled \$2,789 and were down \$1,116 or 28.6% over the prior year; chemical supplies of \$587,017 were up 680.5% or \$511,803 over last year; the biologicals of \$281 were down \$1,478 or 84.0%; and, County overhead charges of \$126,718 were down 10.6% or \$15,015. There has been \$4,229 in capital expenditures this fiscal year.



**Review of Revenues and Expenditures by Division**

**ODHO** has received grant funding of \$1,404 for workforce development initiatives and spent \$68,047 up \$19,474 over FY17 mainly due to the cost associated with the Community Health Needs Assessment and the hiring of Public Service Interns. **AHS** has spent \$95,022 up \$3,010 due to increased salaries and benefit costs. **AQM** revenue was \$131,102 which was up \$12,329 compared to FY17 and spent \$215,077 down \$45,382 over last fiscal year due to costs for advertisement campaigns and support for the Reno-Tahoe Clean Cities Coalition in FY17 not spent in FY18. **CCHS** revenue was \$51,542 which was up \$35,986 over FY17 mainly due to Medicaid and Insurance reimbursements and spent \$560,670 or \$43,272 more than FY17 due to an increase in salaries and benefit costs for FY18. **EHS** revenue was \$255,728 down \$12,623 over FY17 and spent \$1,061,514 which was an increase of \$474,247 over last year due to the increased chemical cost for the Vector program. **EPHP** revenue was \$40,720 down \$14,271 over last year mainly due to loss of grant funding for the Public Health Preparedness program and expenditures were \$200,166 down \$6,414 over FY17.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2013/2014 through July Year to Date Fiscal Year 2017/2018 (FY18)									
	Actual Fiscal Year			Fiscal Year 2016/2017		Fiscal Year 2017/2018			
	2013/2014	2014/2015	2015/2016	Actual Year End (unaudited)	July Year to Date	Adjusted Budget	July Year to Date	Percent of Budget	FY18 Increase over FY17
<b>Revenues (all sources of funds)</b>									
ODHO	-	-	15,000	51,228	-	5,754	1,404	24.4%	-
AHS	87,930	151	-	-	-	-	-	-	-
AQM	2,491,036	2,427,471	2,520,452	2,979,720	118,773	3,195,239	131,102	4.1%	10.4%
CCHS	3,388,099	3,520,945	3,506,968	3,872,898	15,555	3,747,513	51,542	1.4%	231.3%
EHS	1,890,192	2,008,299	2,209,259	3,436,951	268,351	3,786,623	255,728	6.8%	-4.7%
EPHP	1,805,986	1,555,508	2,141,334	2,027,242	54,990	1,815,200	40,720	2.2%	-26.0%
GF support	8,603,891	10,000,192	10,076,856	10,002,381	816,405	9,516,856	793,071	8.3%	-2.9%
<b>Total Revenues</b>	<b>\$18,267,134</b>	<b>\$19,512,566</b>	<b>20,469,870</b>	<b>\$22,370,420</b>	<b>\$ 1,274,074</b>	<b>\$22,067,185</b>	<b>\$ 1,273,566</b>	<b>5.8%</b>	<b>0.0%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	-	481,886	594,672	904,268	48,573	1,078,360	68,047	6.3%	40.1%
AHS	1,336,740	1,096,568	996,021	1,119,366	92,012	1,156,241	95,022	8.2%	3.3%
AQM	2,524,702	2,587,196	2,670,636	2,856,957	260,459	3,361,217	215,077	6.4%	-17.4%
CCHS	6,949,068	6,967,501	6,880,583	7,294,144	517,398	7,640,122	560,670	7.3%	8.4%
EHS	5,737,872	5,954,567	5,939,960	6,366,220	587,267	6,785,752	1,061,514	15.6%	80.8%
EPHP	2,374,417	2,312,142	2,688,659	2,616,411	206,580	2,560,143	200,166	7.8%	-3.1%
<b>Total Expenditures</b>	<b>\$18,922,800</b>	<b>\$19,399,859</b>	<b>19,770,532</b>	<b>\$21,157,367</b>	<b>\$ 1,712,289</b>	<b>\$22,581,835</b>	<b>\$ 2,200,494</b>	<b>9.7%</b>	<b>28.5%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	-	(481,886)	(579,672)	(853,040)	(48,573)	(1,072,606)	(66,643)		
AHS	(1,248,810)	(1,096,417)	(996,021)	(1,119,366)	(92,012)	(1,156,241)	(95,022)		
AQM	(33,666)	(159,725)	(150,184)	122,763	(141,686)	(165,978)	(83,974)		
CCHS	(3,560,969)	(3,446,556)	(3,373,615)	(3,421,246)	(501,843)	(3,892,609)	(509,128)		
EHS	(3,847,680)	(3,946,268)	(3,730,701)	(2,929,270)	(318,916)	(2,999,129)	(805,786)		
EPHP	(568,431)	(756,634)	(547,325)	(589,168)	(151,590)	(744,943)	(159,446)		
GF Operating	8,603,891	10,000,192	10,076,856	10,002,381	816,405	9,516,856	793,071		
<b>Surplus (deficit)</b>	<b>\$ (655,666)</b>	<b>\$ 112,707</b>	<b>699,338</b>	<b>\$ 1,213,053</b>	<b>\$ (438,214)</b>	<b>\$ (514,650)</b>	<b>\$ (926,928)</b>		
Fund Balance (FB)	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,896		\$ 3,666,247			
FB as a % of Expenditures	11%	12%	15%	20%		16%			

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

**FISCAL IMPACT**

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

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2018.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2018.

Attachment:  
Health District Fund financial system summary report

Period: 1 thru 1 2018 P&L Accounts  
 Accounts: GO-P-L  
 Business Area: \*

Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
422503 Environmental Permits	79,990-	6,331-	73,659-	8	56,527-	3,725-	52,802-	7
422504 Pool Permits	245,334-	8,729-	236,606-	4	169,246-	3,441-	165,805-	2
422505 RV Permits	25,783-	2,877-	22,906-	11	18,590-	1,746-	16,844-	9
422507 Food Service Permits	1,263,372-	91,848-	1,171,525-	7	805,632-	53,115-	752,517-	7
422508 Wat Well Const Perm	146,747-	17,849-	128,898-	12	78,840-	5,930-	72,910-	8
422509 Water Company Permits	29,941-	7,263-	22,678-	24	21,850-	2,490-	19,360-	11
422510 Air Pollution Permits	766,406-	75,643-	690,763-	10	608,864-	63,792-	545,072-	10
422511 ISDS Permits	234,031-	26,453-	207,578-	11	165,195-	14,057-	151,138-	9
422513 Special Event Permits	208,827-	24,502-	184,325-	12	168,108-	16,694-	151,414-	10
422514 Initial Applic Fee	104,711-	5,331-	99,380-	5	55,800-	13,273-	42,527-	24
* Licenses and Permits	3,105,142-	266,825-	2,838,317-	9	2,148,652-	178,263-	1,970,389-	8
431100 Federal Grants	5,075,467-	1,404-	5,074,063-	0	5,651,096-	75-	5,651,021-	0
431105 Federal Grants - Indirect	472,592-		472,592-		461,750-		461,750-	
432100 State Grants	211,363-		211,363-		211,364-		211,364-	
432105 State Grants-Indirect	17,396-		17,396-		16,597-		16,597-	
432310 Tire Fee NRS 444A.090	450,000-		450,000-		475,000-		362,185-	24
432311 Pol Ctr1 445B.830	587,828-		587,828-		550,000-		550,000-	
* Intergovernmental	6,814,646-	1,404-	6,813,242-	0	7,365,806-	112,890-	7,252,916-	2
460162 Services to Other Agencies	19,000-		19,000-		39,417-		39,417-	
460500 Other Immunizations	20,000-	5,112-	14,888-	26	42,150-	1,417-	40,733-	3
460501 Medicaid Clinical Services	85,500-	20,832-	64,668-	24	59,935-	885-	59,050-	1
460503 Childhood Immunizations	200-		200-		13,024-	93-	12,931-	1
460507 Medicaid Admin Claiming								
460508 Tuberculosis	6,580-	564-	6,016-	9	7,000-	259-	6,741-	4
460509 Water Quality	500-		500-		500-		224-	55
460510 IT Overlay	48,435-	920-	47,516-	2	39,025-	3,263-	35,762-	8
460511 Birth and Death Certificates	515,000-	40,668-	474,332-	8	490,000-	42,395-	447,605-	9
460512 Duplication Service Fees								
460513 Other Health Service Charges	75,753-	16,181-	59,572-	21	60,908-	7,666-	53,242-	13
460514 Food Service Certification								
460515 Medicare Reimbursement	66,000-	15,867-	50,133-	24	16,394-	4,339-	12,055-	26
460516 Pgm Inc-3rd Prty Rec								
460517 Influenza Immunization								
460518 STD Fees	25,000-	3,489-	21,511-	14	17,200-	2,712-	14,488-	16
460519 Outpatient Services	500-		500-		1,200-		1,200-	
460520 Eng Serv Health	168,844-	17,765-	151,079-	11	120,960-	8,955-	112,005-	7
460521 Plan Review - Pools & Spas	1,179-	847-	332-	72	8,470-	515-	7,955-	6
460523 Plan Review - Food Services	81,584-	6,645-	74,939-	8	56,150-	2,891-	53,259-	5
460524 Family Planning	40,000-	4,682-	35,318-	12	35,000-	4,432-	30,568-	13
460525 Plan Review - Vector	99,179-	9,464-	89,715-	10	82,842-	9,754-	73,088-	12
460526 Plan Review-Air Quality	122,695-	7,385-	115,310-	6	79,589-	4,916-	74,673-	6
460527 NOE-AQM	238,433-	15,013-	223,420-	6	176,103-	13,540-	162,563-	8
460528 NESHAP-AQM	225,847-	9,280-	216,567-	4	153,862-	12,460-	141,402-	8

Period: 1 thru 1 2018 P&L Accounts Health Fund  
 Accounts: GO-P-L Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
460529 Assessments-AQM	106,866	10,062	96,804	9	81,614	5,714	75,900	7
460530 Inspector Registr-AQ	6,750		6,750		4,608		4,608	
460531 Dust Plan-Air Quality	334,771	10,038	324,733	3	257,784	18,351	239,433	7
460532 Plan Rvw Hotel/Motel		2,826	2,826		2,530		2,530	
460533 Quick Start						251		
460534 Child Care Inspection	21,169	2,894	18,275	14	14,904	2,209	12,696	15
460535 Pub Accomod Inspectn	46,666	4,358	42,308	9	33,060	4,109	28,951	12
460570 Education Revenue		6,327	191,201	3	97,142		97,142	
460723 Other Fees	2,553,979	211,219	2,342,760	8	1,991,371	152,577	1,838,794	8
* Charges for Services								
481150 Interest-Mon Pooled								
484000 Donations, Contributions								
484050 Donations, Federal Pgm Income	16,050	995	15,055	6	24,201	1,344	22,857	6
484197 Non-Gov. Grants-Indirect	14,428		14,428		11,367	2,654	8,713	23
485100 Reimbursements	46,084		46,084		42,576	9,941	32,635	23
485300 Other Misc Govt Rev		52	52		35,000		35,000	
* Miscellaneous								
** Revenue								
701110 Base Salaries	76,562	1,047	75,515	1	117,144	13,939	103,205	12
701120 Part Time	12,550,329	480,495	12,069,834	4	11,622,973	457,669	11,165,304	4
701130 Pooled Positions	10,242,685	835,877	9,406,807	8	9,864,879	793,091	9,071,788	8
701140 Holiday Work	230,388	22,246	208,142	10	314,723	24,116	290,607	8
701150 xcContractual Wages	349,605	44,887	304,719	13	475,463	37,537	437,926	8
701199 Bud Labor Cost Savings-Wages	4,319	71	4,247	2	4,319		4,319	
701200 Incentive Longevity								
701300 Overtime	164,408	3,286	164,408	5	165,730	5,085	165,730	6
701403 Shift Differential	68,566	31	65,280	10	80,479	6	75,394	2
701406 Standby Pay	38,000	2,746	35,254	7	38,000	2,795	35,205	7
701408 Call Back	5,000	195	4,805	4	5,000	576	4,424	12
701412 Salary Adjustment	61,272		61,272		84,557		84,557	
701413 Vac Payoff/Sick Pay-Term	84,041	184	83,857	0	84,423	1,159	83,264	1
701414 Vacation Denied-Payoff								
701417 Comp Time		4			0	0	0	300
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages								
705110 Group Insurance	11,248,584	909,528	10,339,056	8	11,117,860	864,365	10,253,495	8
705115 Employer HSA Contributions	1,634,991	129,957	1,505,033	8	1,755,795	143,875	1,611,920	8
705190 OPEB Contribution	66,000		66,000		529		529	
705199 Lab Cost Sav-Benef	1,305,189	108,766	1,196,423	8	1,181,460	98,455	1,083,005	8
705210 Retirement		240,925	2,737,601	8	2,907,355	229,708	2,677,647	8
705215 Retirement Calculation	2,978,526							
705230 Medicare April 1986	146,547	12,510	134,037	9	143,403	11,846	131,557	8



Period: 1 thru 1 2018  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
705240 Insur Budgeted Incr	48,610	8,343	48,610	9	93,193	8,459	84,734	9
705320 Workmens Comp	97,239	377	88,896	4	13,751	39,889	53,641	290
705330 Unemploy Comp	10,224		9,847		21,529		21,529	
705360 Benefit Adjustment	26,216	500,878	26,216	8	6,117,014	452,453	5,664,561	7
* Employee Benefits	6,313,542	1,950	5,812,664	1	655,630	3,820	651,810	1
710100 Professional Services	304,516		302,566					
710101 Lab Testing Services		339	9,632	3	9,971	85	9,886	1
710105 Medical Services	9,971	500	58,936	1	61,210		61,210	
710108 MD Consultants	59,436		59,537		39,600		39,600	
710110 Contracted/Temp Services	59,537							
710119 Subrecipient Payments								
710155 Lobbying Services	108,993	3,456	105,536	3	91,731	4,033	87,698	4
710201 Laundry Services		102	102					
710205 Repairs and Maintenance	9,545	291	9,254	3	14,843	849	13,994	6
710210 Software Maintenance	3,000		3,000		12,319		12,319	
710300 Operating Supplies	118,458	957	117,501	1	178,449	12,105	166,344	7
710302 Small Tools & Allow	1,435		1,435		1,435	89	1,346	6
710308 Animal Supplies	1,600	598	1,002	37	1,600	409	1,191	26
710319 Chemical Supplies	232,700	587,017	354,317	252	438,225	75,213	363,012	17
710325 Signs and Markers								
710334 Copy Machine Expense	25,701	1,589	24,112	6	35,875	1,467	34,409	4
710335 Copy Machine-Copy Charges	4,644	22	4,622	0	2,001	169	1,832	8
710350 Office Supplies	35,016	1,648	33,368	5	42,667	397	42,270	1
710355 Books and Subscriptions	4,953	155	4,798	3	15,690		15,690	
710360 Postage	19,155		19,155		21,774		21,774	
710361 Express and Courier	100		100		370		370	
710391 Fuel & Lube	125		125		125		125	
710400 Payments to Other Agencies	111,850		111,850		31,500		31,500	
710412 Do Not Use								
710500 Other Expense	19,024	50	18,974	0	105,780		105,780	
710502 Printing	14,506		14,506		26,573		26,573	
710503 Licenses & Permits	8,745	200	8,545	2	9,245	200	9,045	2
710504 Registration								
710505 Rental Equipment					1,800		1,800	
710506 Dept Insurance Deductible								
710507 Network and Data Lines	7,550		7,550		9,662	400	9,262	4
710508 Telephone Land Lines	35,735	2,456	33,279	7	36,606	2,483	34,123	7
710509 Seminars and Meetings	34,805	1,398	33,407	4	47,577	35	47,542	0
710512 Auto Expense	8,178	583	7,595	7	13,109	894	12,215	7
710514 Regulatory Assessments	20,000		20,000		20,000	3,418	16,582	17
710519 Cellular Phone	14,641		14,641		14,833	1	14,832	0
710529 Dues	32,230	1,160	31,070	4	8,362	25,080	16,718	300

Period: 1 thru 1 2018 P&L Accounts Health Fund  
 Accounts: GO-P-L Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2016 Plan	2016 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
710535 Credit Card Fees	52,297	5,116	47,181	10	52,157	20,270	52,157	14
710546 Advertising	173,907	595	173,312	0	149,712		129,442	
710551 Cash Discounts Lost		6	6-					
710563 Recruitment								
710571 Safety Expense	55,000		55,000		55,000		55,000	
710577 Uniforms & Special Clothing	3,200		3,200		5,657	118	5,539	2
710585 Undesignated Budget	612,426		612,426		450,000		450,000	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 LT Lease-Office Space	76,607	6,384	70,223	8	76,607	6,384	70,223	8
710620 LT Lease-Equipment								
710703 Biologicals	274,631	281	274,350	0	302,681	1,759	300,922	1
710714 Referral Services	6,780		6,780		6,780		6,780	
710721 Outpatient	111,667	133	111,534	0	108,555		108,555	
710872 Food Purchases	2,744	30	2,714	1	2,994		2,994	
711008 Combined Utilities	90,800	7,567	83,233	8	90,800	7,567	83,233	8
711010 Utilities								
711100 ESD Asset Management	40,091	3,528	36,563	9	47,382	3,900	43,482	8
711113 Equip Srv Replace	55,159	3,399	51,759	6	44,876	3,358	41,518	7
711114 Equip Srv O & M	64,486	6,530	57,957	10	66,315	4,963	61,352	7
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	27,852	2,585	25,268	9	34,167	2,495	31,672	7
711119 Prop & Liab Billings	82,007	6,834	75,173	8	82,007	6,559	75,448	8
711210 Travel	153,890	7,827	146,063	5	183,341	4,694	178,646	3
711300 Cash Over Short								
711399 ProCard in Process								
711400 Overhead - General Fund	1,520,621	126,718	1,393,903	8	1,700,797	141,733	1,559,064	8
711504 Equipment nonCapital	73,179	3,735	69,444	5	75,392	326	75,065	0
711508 Computers nonCapital								
711509 Comp Srv nonCap	131	123	8	94	2,115	2,115	2,115-	
* Services and Supplies	4,794,437	785,859	4,008,578	16	5,494,596	337,388	5,157,208	6
781004 Equipment Capital	100,000		100,000		40,472		40,472	
781007 Vehicles Capital								
781009 Computer Software Capital	25,000	4,229	20,771	17	25,000		25,000	
* Capital Outlay	125,000	4,229	120,771	3	65,472		65,472	
** Expenses	22,481,563	2,200,494	20,281,069	10	22,794,942	1,654,206	21,140,736	7
621001 Transfer From General	9,516,856-	793,071-	8,723,785-	8	10,002,381-	816,405-	9,185,976-	8
* Transfers In	9,516,856-	793,071-	8,723,785-	8	10,002,381-	816,405-	9,185,976-	8
812230 To Reg Permits-230	100,271		100,271		58,081	58,081	100	
814430 To Reg Permits Capit								
* Transfers Out	100,271	793,071-	100,271	8	58,081	58,081	100	
** Other Financing Src/Use	9,416,585-		8,623,513-		9,944,300-	758,323-	9,185,976-	8

Period: 1 thru 1 2018  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

Fund: 202  
 Fund Center: 000  
 Functional Area: 000

Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
*** Total	514,650	926,928	412,278-	180	1,227,669	438,214	789,455	36

DD_AH	___
DHO	___ <i>KD</i> ___
DA	___
Risk	___

**STAFF REPORT**  
**BOARD MEETING DATE: August 24, 2017**

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us)

**SUBJECT:** Approve FY18 Purchase Requisition #3000033962 issued to Sloan Vazquez McAfee in the approximate amount of \$107,470.00 in support of a Waste Characterization Study, on behalf of the Environmental Health Services Division of the Washoe County Health District.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. 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 Board of County Commissioners (BCC) must approve purchase orders equal to or greater than \$100,000. As such, should the District Board of Health approve Purchase Requisition 3xxx, staff will proceed with obtaining BCC approval for the Purchase Order and associated Professional Services Agreement (copy attached).

**District Health Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

The Board has taken no previous action.

**BACKGROUND**

In December 2016, the Washoe County Health District updated the Washoe County Solid Waste Management Plan as is required every five years per Nevada Revised Statute (NRS) 444.510. This plan details the current status of solid waste management in Washoe County, describes disposal and recycling trends and serves as a community-wide needs assessment for services and programs to help guide the advancement of the solid waste management system. The plan included the Health District conducting a Waste Characterization Study.

The Health District's Characterization Study is funded by monies received from the NDEP that are generated by a \$1 surcharge per tire sold at retail. These funds are dedicated to solid waste management and recycling/waste minimization per the NRS.

The purpose of the Characterization Study is to identify and quantify the composition of the solid waste stream. This information can be beneficial for identifying if there are particular types of waste that might provide opportunities for reuse or recycling market development, for waste minimization initiatives, or for improved outreach and community engagement. These studies are conducted by contractors who go to either landfills or transfer stations and take samples of the Municipal Solid Waste stream to find out what people are disposing of in their regular garbage, instead of recycling. This study would be the first such study conducted of this magnitude for this area, and would establish a baseline for future studies, quantify the impacts of existing recycling programs, identify opportunities to increase waste diversion, and help provide data to the Solid Waste Management Authority to guide decisions with planning and policy and resource allocation. Additionally, it would provide this agency with information to educate consumers on ways to reduce the amount of waste that is sent to the regional landfill.

RFP 3014-17 was duly advertised on April 12, 2017 in the Reno Gazette Journal and made available thru online services of Demandstar.com. Three sealed proposals were opened in the Washoe County Purchasing Department on May 11, 2017 at 9 a.m.:

An evaluation team reviewed the proposals, ranking the as follows were as follows:

Proposer	Address	Ranking
Sloan Vazquez McAfee Alternate	3002 Dow Avenue Suite 116 Tustin, CA 92780	1
Sloan Vazquez McAfee	3002 Dow Avenue Suite 116 Tustin, CA 92780	2
Cascadia Consulting option 1	1109 First Avenue, Suite 400 Seattle, WA 98101	3
Cascadia Consulting option 2	1109 First Avenue, Suite 400 Seattle, WA 98101	4
SCS Engineers	3900 Kilroy Airport Way Suite 100 Long Beach, CA 90806	5

As a result of a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP 3014-17 it is recommended to award an agreement to Sloan Vazquez McAfee

**FISCAL IMPACT**

Should the Board approve this Purchase Requisition, there will be no additional impact to the adopted FY18 budget, as this amount was anticipated and included in the adopted budget in Internal Order 20269 in general ledger account 710100 (Other Professional Services).

Subject: FY18 Sloan Vazquez McAfee Purchase Requisition

Date: August 24, 2017

Page 3 of 3

### **RECOMMENDATION**

Staff recommends that the District Board of Health approve Purchase Requisition #3000033962 issued to Sloan Vazquez McAfee in the approximate amount of \$107,470.00 in support of a Waste Characterization Study, on behalf of the Environmental Health Services Division of the Washoe County Health District.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve Purchase Requisition #3000033962 issued to Sloan Vazquez McAfee in the approximate amount of \$107,470.00 in support of a Waste Characterization Study, on behalf of the Environmental Health Services Division of the Washoe County Health District."

# PROFESSIONAL SERVICES AGREEMENT FOR WASTE CHARACTERIZATION STUDY (RFP 3014-17)

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This Professional Services Agreement for the Waste Characterization Study (in accordance with specifications in RFP 3014-17) ("Agreement") is entered into this 12th day of September, 2017 and effective immediately by and between Sloan Vazquez McAfee ("Consultant") and Washoe County, Nevada, a political subdivision of the State of Nevada ("County").

## WITNESSETH:

**WHEREAS**, COUNTY desires to engage the CONSULTANT to provide a Waste Characterization Study, highlighting the impact of existing recycling programs and identifying opportunities to increase waste diversion in accordance with their proposal for same dated May 10, 2017.

**NOW, THEREFORE**, the parties mutually agree as follows:

- (1) **Employment of Consultant.** COUNTY agrees to engage the CONSULTANT and the CONSULTANT agrees to perform the services described in their proposal dated May 10, 2017 (and in accordance with specifications in RFP 3014-17) and incorporated into this Agreement as Exhibit B.
- (2) **Time of Performance.** The services to be performed by the CONSULTANT shall be completed no later than June 30, 2018 unless the COUNTY and/or its authorized representative shall approve an extension in writing.
- (3) **Compensation.** The COUNTY agrees to pay the CONSULTANT pursuant to CONSULTANT'S proposal an amount not to exceed \$107,470.00. CONSULTANT agrees to complete the project and all services for agreed upon sum.
- (4) **Method of Payment.** The CONSULTANT shall bill monthly for the percent of the agreement completed as described in CONSULTANT'S Cost Proposal. Total payments shall not exceed the amount shown in (3) above. COUNTY shall promptly review and pay invoices within thirty (30) days of approval and acceptance by COUNTY.
- (5) **Changes.** COUNTY may from time to time require changes in the scope of services of the CONSULTANT to be performed. Any changes to the scope of services provided shall be mutually agreed upon and shall be made in writing by the parties. Any resulting change in compensation must be stated in writing.

- (6) **Services and Materials to be Furnished by COUNTY.** COUNTY shall cooperate with the CONSULTANT in carrying out the work required by this Agreement. COUNTY shall provide adequate staff for liaison with the CONSULTANT but all services as required by this Agreement shall be provided by the CONSULTANT.
- (7) **Termination of Agreement.** Either party may terminate this Agreement without cause by written notice. A Notice of Termination will be deemed effective 5 days after personal delivery or 7 days after mailing by U.S. Mail, postage prepaid. In the event of termination CONSULTANT shall submit to COUNTY all files, memoranda, documents, correspondence and other items generated in the course of performing this Agreement within 15 days after the effective day of any written Notice of Termination. In the event of any termination, the CONSULTANT will be paid for all services satisfactorily rendered to the date of such termination but such sums paid hereunder will not be greater than the sum listed in paragraph 3 above.
- (8) **Information and Reports.** The CONSULTANT shall, at such time and in form as COUNTY may require, furnish such periodic reports concerning the status of the project, such statements, and copies of proposed and executed plans and other information relative to project as may be requested by COUNTY. The CONSULTANT shall furnish COUNTY, upon request, with copies of all documents and other material prepared or developed in relation with or as part of project.
- (9) **Records and Inspections.** CONSULTANT shall maintain full and accurate records with respect to all matters covered under this Agreement for a period of one year after the completion of the project. COUNTY shall have free access at all proper times to such records, and the right to examine and audit the same and to make transcripts there from, and to inspect all program data, documents, proceedings, and activities.
- (10) **Completeness of Contract.** Except as otherwise provided, this Agreement and any additional or supplementary document(s) that are incorporated by specific reference contain all the terms and conditions agreed upon by the parties. No other agreements, oral or otherwise, predating the subject matter of this contract or any part of it shall have any validity or bind any of the parties. Only properly executed amendments shall alter the content of the Agreement.
- (11) **COUNTY Not Obligated to Third Parties.** COUNTY shall not be obligated or liable to any party other than the CONSULTANT.
- (12) **When Rights and Remedies Not Waived.** In no event shall the making by COUNTY of any payment to the CONSULTANT constitute or be construed as a waiver by COUNTY of any breach of covenant, or any default which may exist on the part of the CONSULTANT and the making of any such payment by COUNTY



while any such breach or default shall exist in no way impairs or prejudices any right or remedy available to COUNTY in respect to such breach or default.

- (13) **Indemnification and Insurance.** County has established specific indemnification and insurance requirements for contracts with consultants, to help assure that reasonable insurance coverage is maintained. Indemnification and hold harmless clauses are intended to assure that consultants are aware of and accept responsibility for losses or liabilities related to their activities. All conditions and requirements for insurance and indemnification are set forth in Exhibit A, which is attached and incorporated into this Agreement by this reference, and said conditions and requirements shall be completed prior to the commencement of any work pursuant to this Agreement. The indemnity provisions of Exhibit A shall survive termination or expiration of this Agreement.
- (14) **Rights of Title.** All source code, reports, programs, manuals, disks, tapes, and any other material prepared by or worked upon by CONSULTANT's employees under this Consulting Services Contract shall be the exclusive property of COUNTY, and COUNTY shall have the right to obtain from CONSULTANT and/or CONSULTANT's employees, and to hold in COUNTY's name copyrights, trademark registrations, patents, or whatever protection COUNTY may deem appropriate to the subject matter. CONSULTANT agrees to give to COUNTY all assistance reasonably required to perfect the rights herein above defined.
- (15) **Personnel.** The CONSULTANT has all personnel required in performing the services under this Agreement. All of the services required will be performed by the CONSULTANT or under CONSULTANT'S supervision, and all personnel engaged in the work shall be qualified to perform such services. CONSULTANT represents that it has no interest and agrees that it will acquire no interest, direct or indirect, that would conflict in any manner with the performance of the services under this Agreement. CONSULTANT further agrees that, in the performance of this Agreement, no person having any such interest will be employed. CONSULTANT also agrees by signing this Agreement to the following: Consultant, its principals and agents, to the best of its knowledge and belief:
- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - b) Have not within a three year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in (ii) above;

- d) Have not within a three-year period preceding this Agreement had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- e) Understand that a false statement on this certification may be grounds for rejection or termination of this Agreement. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

(16) **Assignability.** The parties hereby agree that Consultant may not assign, convey or transfer its interest, rights and duties in this Agreement without the prior written consent of COUNTY.

(17) **Notices.** Any notices, bills, invoices, or reports required by this Agreement shall be sufficient if delivered in person or sent by the parties in the United States mail, postage paid, to the addresses noted below:

To COUNTY:

Luke Franklin, Project Manager  
C/O Washoe County Health District  
1001 E Ninth Street  
Reno NV 89512

To CONSULTANT:

Charissa McAfee  
Sloan Vazquez McAfee  
3002 Dow Avenue, Suite 116  
Tustin, CA 92780

(18) **Limited Liability.** COUNTY will not waive and intends to assert available defenses and limitations contained in Chapter 41 of the Nevada Revised Statutes. Contract liability of both parties shall not be subject to punitive damages. Actual damages for COUNTY's breach of this Agreement shall never exceed the amount of funds that have been appropriated for payment under this Agreement, but not yet paid, for the fiscal year budget in existence at the time of the breach.

(19) **Severability.** Any provision in this Agreement that is prohibited or unenforceable under state or federal law shall be ineffective to the extent of such prohibitions or unenforceability, without invalidating the remaining provisions hereof. Also, the non-enforcement of any provision by either party to this Agreement shall not constitute a waiver of that provision, nor shall it affect the enforceability of that provision or the remainder of this Agreement.



## **INSURANCE, HOLD HARMLESS AND INDEMNIFICATION REQUIREMENTS FOR CONSULTANT SERVICE AGREEMENTS**

### **INDEMNIFICATION**

#### CONSULTANT Liability

As respects acts, errors or omissions in the performance of CONSULTANT services, CONSULTANT agrees to indemnify and hold harmless COUNTY, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, or liability to the extent caused by CONSULTANT'S negligent acts, errors or omissions in the performance of its CONSULTANT services under the terms of this agreement.

CONSULTANT further agrees to defend COUNTY and assume all costs, expenses and liabilities of any nature to which COUNTY may be subjected as a result of any claim, demand, action or cause of action arising out of the negligent acts, errors or omissions of CONSULTANT or its Sub-consultant in the performance of their CONSULTANT services under the Agreement.

#### General Liability

As respects all acts or omissions which do not arise directly out of the performance of CONSULTANT services, including but not limited to those acts or omissions normally covered by general and automobile liability insurance, CONSULTANT agrees to indemnify, defend (at COUNTY'S option), and hold harmless COUNTY, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, or liability arising out of any acts or omissions of CONSULTANT (or Sub-consultant, if any) while acting under the terms of this agreement; excepting those which arise out of the negligence of COUNTY.

In determining the nature of the claim against COUNTY, the incident underlying the claim shall determine the nature of the claim, notwithstanding the form of the allegations against COUNTY.

### **GENERAL REQUIREMENTS**

COUNTY requires that CONSULTANT purchase Industrial Insurance (Workers' Compensation), General and Auto Liability, and CONSULTANT'S Errors and Omissions Liability Insurance as described below against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work here under by CONSULTANT, its agents, representatives, employees or Sub-consultants. The cost of all such insurance shall be borne by CONSULTANT.

## **INDUSTRIAL INSURANCE**

It is understood and agreed that there shall be no Industrial Insurance coverage provided for CONSULTANT or any Sub-consultant by COUNTY. CONSULTANT agrees, as a precondition to the performance of any work under this Agreement and as a precondition to any obligation of the COUNTY to make any payment under this Agreement to provide COUNTY with a certificate issued by an insurer in accordance with NRS 616B.627 and NRS 617.210.

If CONSULTANT or Sub-consultant is a sole proprietor, coverage for the sole proprietor must be purchased and evidence of coverage must appear on the Certificate of Insurance. Such requirement may be waived for a sole proprietor who does not use the services of any employees, subcontractors, or independent contractors and completes an Affirmation of Compliance pursuant to NRS 616B627.

Should CONSULTANT be self-funded for Industrial insurance, CONSULTANT shall so notify COUNTY in writing prior to the signing of any agreement. COUNTY reserves the right to approve said retentions and may request additional documentation, financial or otherwise for review prior to the signing of any agreement.

## **MINIMUM LIMITS OF INSURANCE**

CONSULTANT shall maintain coverages and limits no less than:

1. General Liability: \$1,000,000 per claim for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit or revised to apply separately to this project or location.
2. Automobile Liability: \$1,000,000 combined single limit per claim for bodily injury and property damage. No aggregate limit may apply.
3. CONSULTANT Errors and Omissions Liability: \$1,000,000 per claim and as an annual aggregate. Premium costs incurred to increase CONSULTANT'S insurance levels to meet minimum contract limits shall be borne by the CONSULTANT at no cost to the COUNTY.

CONSULTANT will maintain CONSULTANT liability insurance during the term of this Agreement and for a period of three (3) years from the date of substantial completion of the project. In the event that CONSULTANT goes out of business during the term of this Agreement or the three (3) year period described above, CONSULTANT shall purchase Extended Reporting Coverage for claims arising

out of CONSULTANT'S negligent acts, errors and omissions committed during the term of the CONSULTANT Liability Policy.

Should COUNTY and CONSULTANT agree that higher CONSULTANT Coverage limits are needed warranting a project policy, project coverage shall be purchased and the premium for limits exceeding the above amount shall be borne by COUNTY. COUNTY retains the option to purchase project insurance through CONSULTANT'S insurer or its own source.

## **DEDUCTIBLES AND SELF-INSURED RETENTIONS**

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division prior to the start of work under this Agreement. COUNTY reserves the right to request additional documentation, financial or otherwise prior to giving its approval of the deductibles and self-insured retention and prior to executing the underlying agreement. Any changes to the deductibles or self-insured retentions made during the term of this Agreement or during the term of any policy must be approved by the COUNTY Risk Manager prior to the change taking effect.

## **OTHER INSURANCE PROVISIONS**

The policies are to contain, or be endorsed to contain, the following provisions:

### 1. General Liability Coverages

a. COUNTY, its officers, agents, employees and volunteers are to be covered as additional insureds as respects: liability arising out of activities performed by or on behalf of CONSULTANT, including the insured's general supervision of CONSULTANT; products and completed operations of CONSULTANT; or premises owned, occupied or used by CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the additional insureds, nor shall the rights of the additional insured be affected by the insured's duties after an accident or loss.

b. CONSULTANT'S insurance coverage shall be primary insurance as respects COUNTY, its officers, agents, employees and volunteers. Any insurance or self-insurance maintained by COUNTY, its officers, agents, employees or volunteers shall be excess of CONSULTANT'S insurance and shall not contribute with it in any way.

c. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to COUNTY, its officers, agents, employees or volunteers.

d. CONSULTANT'S insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

e. CONSULTANT'S insurance coverage shall be endorsed to state that coverage shall not be suspended, voided, canceled or non-renewed by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to COUNTY except for nonpayment of premium.

### **ACCEPTABILITY OF INSURERS**

Insurance is to be placed with insurers with a Best's rating of no less than A-: VII. COUNTY with the approval of the Risk Manager may accept coverage with carriers having lower Best's ratings upon review of financial information concerning CONSULTANT and insurance carrier. COUNTY reserves the right to require that the CONSULTANT'S insurer be a licensed and admitted insurer in the State of Nevada, or on the Insurance Commissioner's approved but not admitted list.

### **VERIFICATION OF COVERAGE**

CONSULTANT shall furnish COUNTY with certificates of insurance and with original endorsements affecting coverage required by this exhibit. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates are to be on forms approved by COUNTY. **All certificates and endorsements are to be addressed to the specific COUNTY contracting department and be received and approved by COUNTY before work commences.** COUNTY reserves the right to require complete, certified copies of all required insurance policies, at any time.

### **SUB-CONSULTANTS**

CONSULTANT shall include all Sub-consultants as insureds under its policies or furnish separate certificates and endorsements for each Sub-consultant. Sub-consultant shall be subject to all of the requirements stated herein.

### **MISCELLANEOUS CONDITIONS**

1. CONSULTANT shall be responsible for and remedy all damage or loss to any property, including property of COUNTY, caused in whole or in part by CONSULTANT, any Sub-consultant, or anyone employed, directed or supervised by CONSULTANT.

2. Nothing herein contained shall be construed as limiting in any way the extent to which CONSULTANT may be held responsible for payment of damages to persons or property resulting from its operations or the operations of any Sub-consultants under it.
3. In addition to any other remedies COUNTY may have if CONSULTANT fails to provide or maintain any insurance policies or policy endorsements to the extent and within the time herein required, COUNTY may, at its sole option:
  - a. Order CONSULTANT to stop work under this Agreement and/or withhold any payments which become due CONSULTANT here under until CONSULTANT demonstrates compliance with the requirements hereof;
  - b. Terminate the Agreement.



# Waste Characterization Study Proposal

Presented to:



**Washoe County**  
**RFP No. 3014-17**

Submitted by:

*Sloan***VAZQUEZ****MCAFEE**  
MUNICIPAL SOLID WASTE ADVISORS

3002 Dow Avenue, Suite 116, Tustin, CA 92780  
Office: 866.241.4533  
info@sloanvazquez.com www.sloanvazquez.com

**May 10, 2017**

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## **a) Executive Summary and Overview of Offering**

Sloan Vazquez, Inc. dba Sloan Vazquez McAfee (SVM) is pleased to present our proposal to the Washoe County Health District to conduct a two-season waste composition study on the residential, commercial and self-hauled waste disposed at the Washoe County Transfer Stations.

SVM offers the qualifications and experience Washoe County seeks to provide a comprehensive Waste Characterization Study. Our team is well-equipped to conduct the work and produce the deliverables necessary to effectively achieve all aspects of this project, and provide the data and documentation the County requires. SVM is known for our ability to exceed expectations through cost-effective services that result in significant value for the customers we serve.

SVM will provide a report that provides scientifically useful and statistically valid data on the composition of residential, commercial, and self-hauled waste disposed at the Washoe County Transfer Stations that is useful to guide the Washoe County Health District in planning, policy development, and resource allocations.

SVM will provide useful and statistically valid data, while achieving the following:

- a) The SVM team will conduct waste sampling during fall of 2017 and spring of 2018 to assess seasonal variation.
- b) SVM will use a stratified-random-sampling method, further described in Section 6, to select vehicles each day.
- c) SVM will sort a sufficient number of samples to achieve the statistical objective of 10% precision at 90% confidence level using weight and volume-based sampling methodology according to standard industry practices.
- d) SVM will work with Washoe County to generate a material category list, and calculate composite statistics.
- e) SVM will communicate with Washoe County Project Manager and/or Transfer Station Manager regarding the project timing and activities. SVM has extensive experience in coordinating all field activities with staff to ensure minimal disruption to operations during waste sampling activities.
- f) The SVM team is committed to safe operations and employs a number of proven strategies to ensure the safety, sanitary facilities, and working conditions of our team.
- g) SVM will complete all needed field work (data collection) within one year of the award of contract.
- h) SVM will report composite categories, average weight percentages, and uncertainties for each waste component and source category; (e.g. standard deviation, confidence interval, etc.), as further described in Section 6.

- i) The comprehensive report will include details of the sampling methodology.
- j) SVM will bring our expertise in conducting waste characterization to Washoe County and customize a sampling plan to ensure that all project goals are fully achieved. Our methods include recommending the method, including number and distribution of samples, to achieve the County's goals in a cost-effective manner.
- k) Our team will expertly compile and analyze the data, and where relevant, identify developing trends, as well as policy, programmatic and other environmental factors impacting waste characterization and the potential impact of new and emerging technology on future waste composition. Our participation goes beyond the numbers to provide meaningful assistance to municipalities looking at the future of their waste and recycling strategies and infrastructure.
- l) SVM will prepare a written report as the final deliverable of the project, with an interim report and drafts for review and clarification prior to finalization.

## **b) Qualifications and Experience**

SVM is a consulting firm focusing exclusively on municipal solid waste planning and management services, specializing in waste composition and characterization studies, feasibility studies, municipal contract analysis, residential and commercial collection operations, and management of MRF project development. The firm was founded by Joe Sloan in 2000, and was joined by Enrique Vazquez in 2005 and Charissa McAfee in 2013. Together, the firm's principals have over 60 years of wide ranging expertise and experience in municipal waste management and recycling. With offices in Tustin, California, SVM maintains a specialized, streamlined organization that provides solid waste and recycling advisory services to both public and private sector solid waste and recycling enterprises.

Our firm offers economic, regulatory and evaluation proficiency we have fine-tuned through our academic and professional experience, as well as keen industry insight developed through many years of direct, bottom-line management of municipal solid waste and recycling contracts, including day-to-day responsibility for delivery of services, ongoing development and implementation of new services, rate negotiation for existing and/or new programs, development and preparation of operational data and service metrics.

SVM has provided consulting services for numerous municipalities and private organizations evaluating all aspects of solid waste management, including the design and implementation of waste composition and characterization studies, where we conducted physical sampling, compiled and analyzed data and prepared reports for submittal to municipalities.

### **i. Past experience in performing waste characterization studies.**

For over ten years, SVM has provided expert consulting services to various municipalities and private organizations, including waste characterizations, MRF commissioning and testing, recycling material composition analysis, feasibility testing and analysis, and numerous other consulting services within the solid waste and recycling industry. Our firm brings the County our recent and relevant experience necessary to effectively implement waste composition and characterization studies. Within the past

year, our firm has successfully completed waste characterizations at multiple municipal sites to analyze the composition and characterization of residential, commercial, self-haul and C&D waste and provide comprehensive reports to the responsible municipalities regarding the findings, with strategic observations and recommendations.

For one County, our firm offered insight regarding new and planned technology that could impact the future composition of materials in the waste stream. A follow-up report was produced by the SVM team featuring in-depth analysis of the available and emerging technology, the demonstrated or reasonably estimated impact on future waste stream and the anticipated overall impact to the County's Landfills over time. This analysis and strategic is currently being used as a resource as the County looks to make decisions regarding major investments in processing infrastructure and landfill management.

In addition to the recently conducted waste characterizations listed under references, SVM has conducted numerous waste characterizations for companies including Republic Services, Waste Management, Crown Disposal, Community Recycling and Balcones Recycling.

## **ii. Certificates and Awards**

SVM has had the privilege of supporting numerous municipalities and private clients that have demonstrated leadership in sustainability. SVM has assisted the following clients with implementing their SWANA award-winning systems:

- South Bayside Waste Management Authority (2012 Gold, Recycling Systems)
- Balcones Resources (2012 Silver, Recycling Systems)
- Republic Services Newby Island Recyclery (2012 Bronze, Recycling Systems)
- City of Santa Monica (2013 Gold, Collection Systems)
- Republic Services North Texas Recycling Complex (2014 Gold, Recycling Systems)
- Outagamie County Recycling and Solid Waste Northeast Regional Landfill (2015 Bronze, Landfill Systems)
- Republic Services Southern Nevada Recycling Center (2016 Gold, Recycling Systems)

## **iii. Waste Characterization Reports**

Copies of two (2) completed waste characterization reports for similar projects are provided as Attachments A and B.

## **iv. Firm's financial stability**

We hereby declare that we have the personnel, operational and technical expertise, and financial resources to render the services that are described herein. For more than 16 years, SVM has consistently delivered high-quality services to our clients throughout the United States. Our consistency in meeting and exceeding our customers' expectations has resulted in consistent growth and financial stability.

In addition to our own financial stability, SVM is committed to assisting the municipalities we serve achieve their financial stewardship goals through high-value, cost-effective services. Additional approaches to controlling overall costs are as follows:

- Direct oversight by firm partners, with a focus on applying existing knowledge, resources and solutions that save municipalities time and money;
- Utilization of specialized experts to complete each task, ensuring both timely and accurate results;
- Where possible, adapting one of SVM's existing data collection and data analysis tools to reduce time required for the development of materials from scratch, and to increase effectiveness by implementing proven, tested resources and strategies; and,
- Consistent communication and follow-up with the municipality to avoid rework, confirm desired deliverables and recommend cost-effective best practices.

Additionally, we provide the best value by offering recommendations and insights that maximize the operational, regulatory and environmental outcomes for the County's solid waste program. The costs associated with solid waste and recycling management are among the highest, if not the highest, of any program managed by a municipality. We reduce costs for communities we serve in maximizing the value of their overall solid waste and recycling program through the highest levels of service provided at the greatest value.

### **c) Key Professional Staff**

The SVM team has the skills and available capacity to effectively execute all proposed work in a timely and thorough manner, with the direct involvement and oversight of the company principals. The following team members will be responsible for the successful implementation of this project:

#### [Joe Sloan – Principal, Sloan Vazquez McAfee](#)

As the founder of SVM, Joe Sloan has over 30 years of professional experience in the environmental field working for the private and public sectors. He has advised numerous local governmental agencies and municipalities, and has personally led numerous waste characterization studies throughout the western United States. Mr. Sloan takes a hands-on approach, ensuring the consistency of results and accuracy of findings municipalities require as they seek to make decisions regarding the future allocation of resources and investment in infrastructure. Mr. Sloan is an industry leader in waste characterizations and composition, as well as the designing, building and commissioning of MRF plants. Several SVM's clients have achieved SWANA recognition for recycling excellence for the projects on which Mr. Sloan has consulted. **Mr. Sloan will oversee the coordination of the project and serve as the primary contact person for Washoe County.** As the Principal-in-Charge and will oversee the coordination of the project to ensure its efficient and effective completion. Mr. Sloan will be responsible for implementing the physical waste characterizations, then compiling the data. Mr. Sloan will also participate in the authorship of the report, making strategic observations and recommendations, and reviewing the final report for quality and completeness.

Enrique Vazquez – Principal, Sloan Vazquez McAfee

Enrique Vazquez has vast experience in the management and operations of municipal solid waste collection and has a thorough understanding of all the aspects related to their management including knowledge of cost of service analysis and rate setting and administration concepts and procedures. He has been responsible for the adoption of numerous municipal solid waste and recycling programs from conception and design to implementation. He is an expert on the economics related to solid waste programs and specializes in financial modeling and review. Mr. Vazquez will be substantially responsible for compiling the data and conducting the statistical analysis. Mr. Vazquez will also participate in the authorship of the report, making strategic observations and recommendations, and reviewing the final report for quality and completeness.

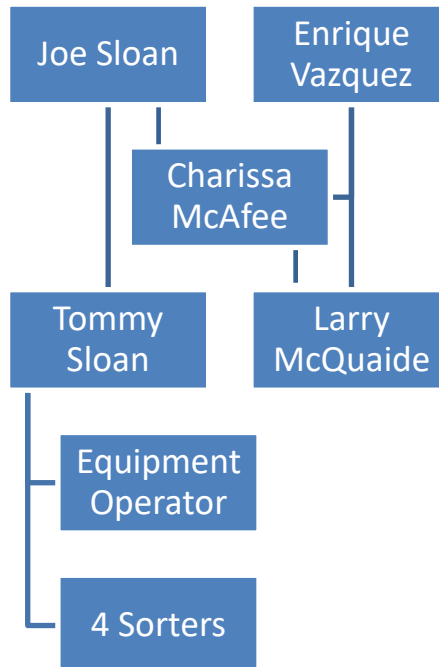
Charissa McAfee – Principal, Sloan Vazquez McAfee

Charissa McAfee has extensive experience in the municipal solid waste and recycling sector with demonstrated success in designing and executing strategic municipal recycling education outreach and education campaigns. Ms. McAfee will be responsible for drafting the project report.

Larry McQuaide – Associate, Sloan Vazquez McAfee

Larry McQuaide has experience in the compiling and statistical analysis of municipal solid waste and recycling data. Mr. McQuaide will assist with the data analysis for the project.

SVM Organizational Chart



Resumes are provided as Attachment C.

#### **d) SVM Workload and Availability**

SVM has the personnel and resources available to conduct all proposed services within the firm's current workload. Currently, SVM is able to conduct the fall waste characterization during the month of September 2017 and the months of April or May 2018.

SVM will reserve time for Washoe County through the consultant selection process to ensure availability for the fall waste characterization and, if selected, will work with staff to mutually select the weeks that best work for all involved.

Similarly, SVM will reserve a minimum of 4 weeks in April and May 2018 through the consultant selection process to ensure availability for the spring 2018 waste characterization and, if selected, will work with staff to immediately select and schedule the week that best works for all involved.

Upon completion of the spring waste characterization, Sloan Vazquez will complete the data analysis and report preparation within four weeks. For example, if the fall waste characterization is completed on May 4, 2018, Sloan Vazquez will complete all data analysis and submit the report by June 1, 2018.

#### **e) Approach to the Scope of Work.**

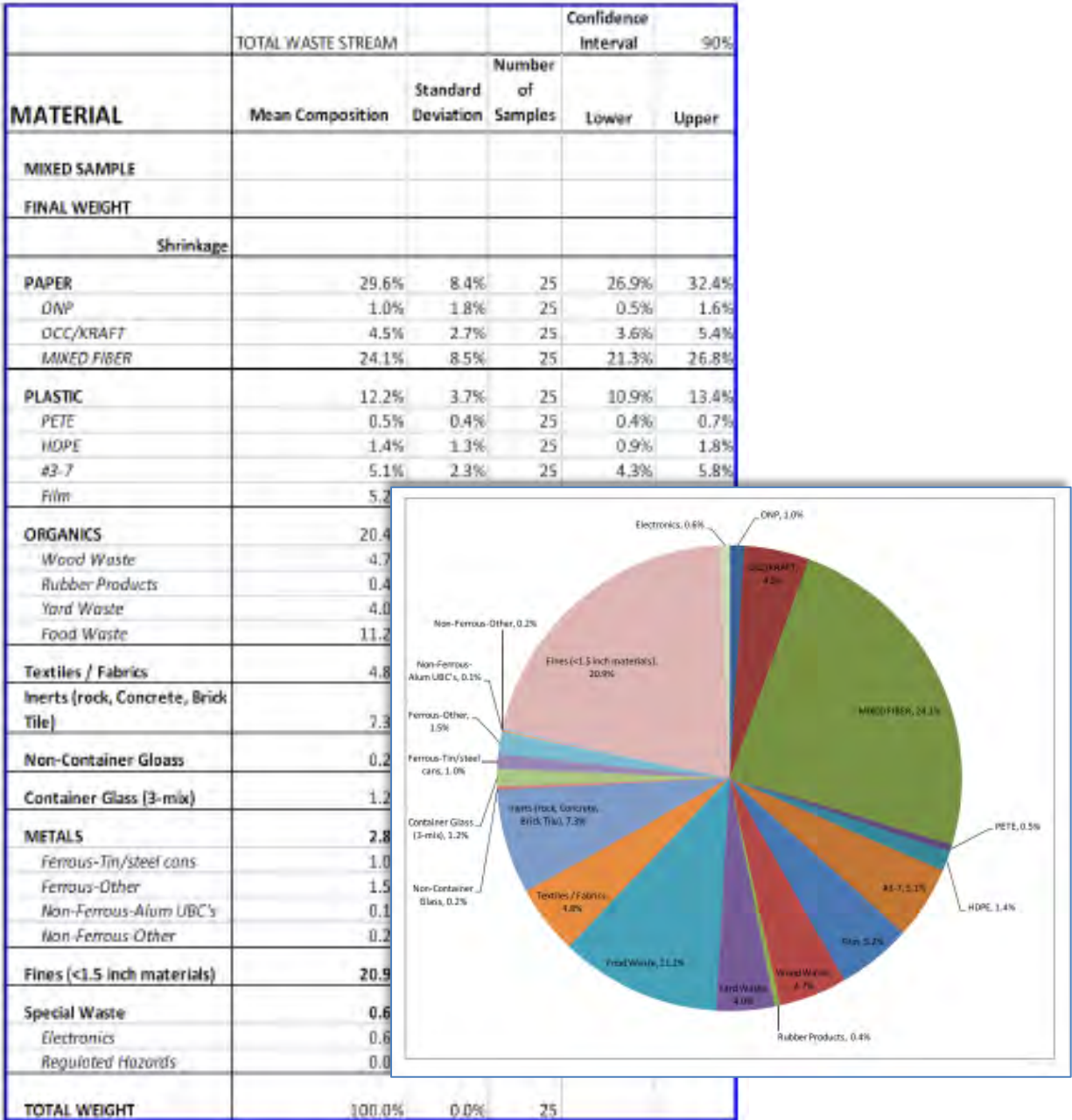
SVM proposes to conduct waste characterization studies of material disposed at the Washoe County Transfer Stations in the fall of 2017 and spring of 2018. The purpose of the waste composition and characteristics analysis is to identify and characterize municipal solid waste (MSW) material types received for disposal including residential, commercial and self-haul waste. SVM will analyze waste types and quantities delivered to the transfer stations characterized by waste type and generator type and determine weight and percentage of each type of material in comparison to total waste, then prepare draft and final reports for use by the County.

##### **i. Approach**

SVM will sort, survey and fully characterize Washoe County's wastes at Washoe County Transfer Stations, with a study conducted during the fall of 2017 and spring of 2018. SVM brings extensive experience in working with transfer station operators to minimize, if not eliminate, any impact on operations and to fully comply with all safety requirements. The SVM team will work with transfer station management and staff on all logistics and timing of waste sorts. Described on the following pages are components of the SVM approach:



Provide detailed characterizations of residential, commercial, self-haul and C&D wastes as shown below:



SVM reports include detailed tables featuring mean composition of each material as well as standard deviation. Additionally, charts are included as a visual representation of the characterization of each material source (i.e. residential curbside, commercial MSW, etc.). The selected materials will be determined prior to the waste characterization in consultation with County staff.

Also included are pictures of the waste sampling process, samples by generator and specify anomalies:



SVM waste characterization reports include full pictorial overviews of the process from start to finish. Pictures of the samples, sorting process, separated materials and fines are included as a visual representation and reference. In addition, pictures of anomalies, such as furniture, concrete-filled tires and other items are included. In SVM's experience, the visual representation of materials enhances the understanding of what materials are present and assist in the development of future and ongoing material management strategies.

SVM waste characterization reports also include extensive notes regarding observations and findings. Causal factors for the types and quantities of materials identified during the characterizations are identified wherever possible to assist in the development of meaningful findings and relevant, impactful recommendations.

Relevant data and descriptions of current waste diversion information obtained from County staff is included in the report to provide a complete picture of all aspects of waste diversion and disposal within the County.

As a final deliverable, SVM will generate a report that will include:

- Summary of Waste Sort Study Methods;
- Definition of waste sectors and explanation of methodology used to design and implement the primary data collection portion of the study;
- Quantities of waste showing distribution of waste types and tonnage, and percentages by sectors; and,
- Composition, recoverability and marketability of wastes, presenting waste composition results and key findings for each of the waste sectors.

**ii. Methodology**

SVM has prepared two options for Washoe County to consider. First, we describe the methodology proposed to conduct the project as described in the RFP and further clarified in the RFP amendment. An alternative, approach is also offered and recommended. We clearly understand the County’s objectives, and we can achieve those objectives – including statistical requirements – using an approach that will significantly reduce costs for the County.

**Washoe County RFP Sampling Specifications**

To conduct the project as described in the RFP and amendment, SVM would collect and characterize waste samples at the Washoe County Transfer Stations in fall of 2017 and spring of 2018. In order to conduct weight-based hand sorting of 30 residential and 40 commercial, volume-based visual sorting of 40 self-haul samples, as well as volume-based visual sorting of 40 C&D samples at the Telegraph transfer station, project would require four calendar weeks, with 7 days each at Stead, Sage and Incline transfer stations, and an additional two days for the sorts of the 40 C&D samples at the Telegraph transfer station site.

In order to effectively separate municipal solid waste into 20-plus categories, a single six-person crew (four sorters, project manager and equipment operator) is able to sort approximately ten, 200-lb+/- samples per day. Hand sorting of residential and commercial waste is required in order to accurately characterize the composition of the typical materials included in those waste streams. In contrast, the materials included in the typical self-haul and C&D loads are of a size and weight that precludes hand sorting. Typically, a volume-based, visual assessment is the standard industry practice. The volume calculations are then converted to weight as described in the “Data Analysis” section.

The following table shows the number of samples and sort types to be characterized should the County determine to proceed with the sampling of 30 residential, 40 commercial and 40 self-haul samples at each transfer station per season.

**Table 1: Waste Generation Categories, Sample Numbers and Sort Type Per Season**

Waste Generation Category	Stead (WM)	Sage (WM)	Incline (WM)	Telegraph (NR&R)	TOTAL SAMPLES	Sort Type
Residential waste	30	30	30	-	<b>90</b>	Hand Sort
Commercial waste (Non-C&D)	40	40	40	-	<b>120</b>	Hand Sort
Self-Haul waste (Non-C&D)	40	40	40	-	<b>120</b>	Visual Sort
C&D	-	-	-	40	<b>40</b>	Visual Sort
<b>TOTAL SAMPLES EACH SEASON</b>	<b>110</b>	<b>110</b>	<b>110</b>	<b>40</b>	<b>370</b>	
<b>Days on Site per Season</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>3</b>	<b>Total Days</b>	<b>24</b>

### Alternative Sampling Approach

As described above, SVM is prepared to provide the services as requested and directed by the County. However, we offer an alternative to achieve the County’s stated goals while providing significant savings. The annual tonnage numbers provided by the County through the RFP amendment were helpful in gaining an understanding the specific, unique needs of Washoe County.

### SVM-Recommended Sampling Specifications

In order to best represent material flow for the County as a whole, we recommend a more proportionate sampling of the solid waste. After calculating the average tonnage at each of the three Waste Management transfer stations, using 2014-2016 data, approximately 89.4% of the tonnage is taken to Sage, 7.2% is taken to Stead and the remaining 3.4% goes to Incline. If the same number of samples are used at each site, the tonnage taken to Stead and Incline will be disproportionately represented.

Other jurisdictions have conducted sampling at a landfill where the transfer stations ultimately dispose the material. However, SVM has conducted waste characterization studies at Lockwood Landfill and the site is a challenging location to ensure accuracy due to the high winds that often occur in the afternoons at the landfill. Because of the potential impact of this option on accuracy, SVM instead recommends conducting a more proportionate sampling of the Stead, Sage and Incline transfer station sites.

Because one of the identified transfer stations receives the bulk of the tonnage (89%), characterizing the same number of samples at each transfer station would result in a disproportionate representation of the materials from the two smaller transfer stations. We recommend a proportionate distribution as agreed upon by SVM and Washoe County of the 30 residential, 40 commercial and 40 self-haul samples among Sage, Stead and Incline transfer stations, and 40 C&D samples from the Telegraph transfer station, per season.

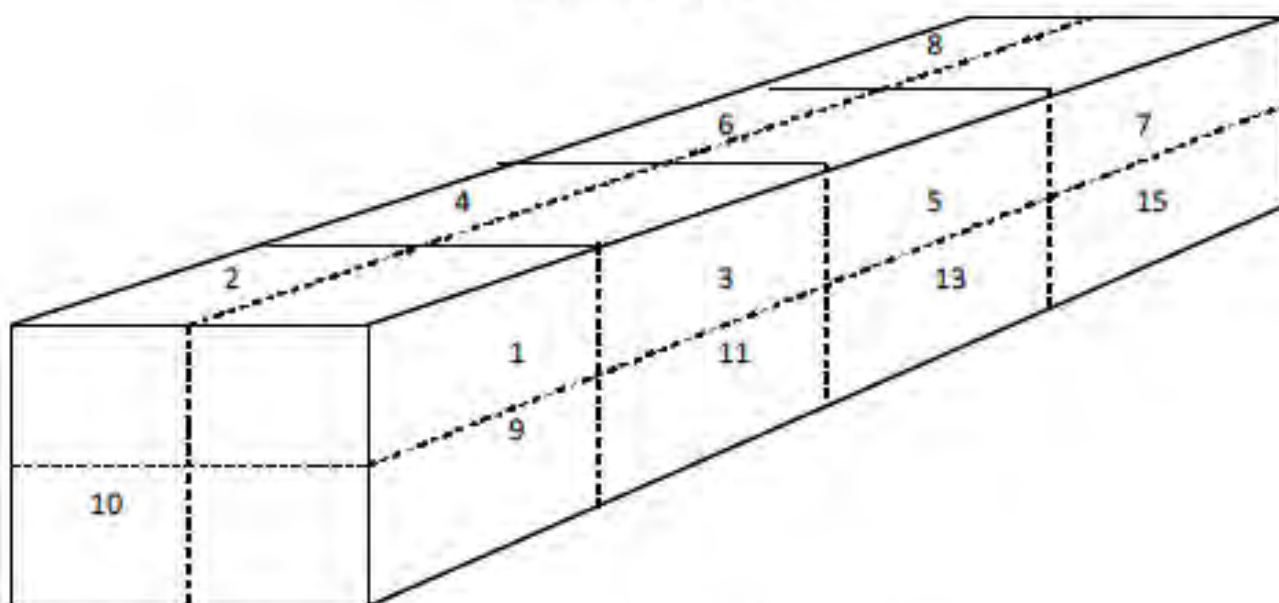
**Table 2: Alternative Option - Waste Generation Categories, Sample Numbers and Sort Type Per Season**

Waste Generation Category	Sage (WM) Stead (WM) Incline (WM)	Telegraph (NR&R)	TOTAL SAMPLES	Sort Type
Residential waste	30	-	30	Hand Sort
Commercial waste (Non-C&D)	40	-	40	Hand Sort
Self-Haul waste (Non-C&D)	40	-	40	Visual Sort
C&D	-	40	40	Visual Sort
<b>TOTAL SAMPLES</b>	<b>110</b>	<b>40</b>	<b>150</b>	-
<b>Days on Site per Season</b>	<b>7</b>	<b>2</b>	<b>Total Days</b>	<b>9</b>

## Sample Cell Selection Methodology

To randomly select samples, each load will be divided into a sixteen (16) cell grid as depicted below. A randomizer tool will be used to assign a primary and alternative cell for sampling. The sample will be taken from the randomly assigned cell for each selected load.

When the load arrives, the vehicle will be directed to a designated location. Once the load is dumped, the randomly selected cell will be extracted from the load and separated for sorting. The randomizer is an MS-Excel worksheet that uses a set of formulas to randomly select material for sorting. Each cell in the sixteen-cell table will be assigned a random number. The first two cells will be assigned an integer value based on their rank with the other cells. The number assigned to the first cell is the cell to be sampled. If the first cell is inaccessible, the second cell will be sampled.



**Figure 1: Sixteen (16) Cell Grid** Note: Cells 12, 14, and 16 are below cells 4, 6 and 8, respectively.

## Material Categories

The materials identified, extracted, sorted and weighed will be divided into designated categories for each sample in order to establish the composition, or the various types of material, as well as the characterization, which is the shape and size of those materials. SVM will survey, sample and identify the quantities of materials consistent with standard industry material categories. In general, the types of items included in each material category are described below. SVM and the County will make a final determination of the sorting and composite categories before the commencement of field sampling.

### **Dry Recoverable Fiber**

All clean dry fiber, including cardboard (OCC), chip board (cereal/shoe box), office paper, junk mail, and shredded paper that is readily recoverable using current waste/recycling processing technology.

### **PET UBC's**

PET plastic (#1) used beverage containers (UBCs)

<b>HDPE</b>	All readily identifiable HDPE, including UBCs, 5-gallon pails, laundry baskets, trash cans, toys, et al
<b>Film Plastic</b>	All film plastic from t-shirt bags to garbage bags and painter's tarps
<b>Mixed Plastics</b>	All readily identifiable plastics except PET, HDPE, and Film
<b>Glass</b>	Bottles and plate (window) glass
<b>Aluminum UBC's</b>	All aluminum beverage containers
<b>Mixed Ferrous</b>	Tin cans, steel (pots, pans, construction material, shelving, etc.)
<b>Mixed Non-Ferrous</b>	Aluminum windows and doors, folding lawn chairs, stainless steel fixtures, brass hardware, copper pipe, et al
<b>Inerts</b>	Dirt, rock, sand, brick, tile, ceramic, concrete, et al
<b>Hazardous Waste</b>	Pesticide, insecticide, paint, solvents, oil, cleaning solutions, et al
<b>E-waste</b>	All items that operate via AC current or battery
<b>Textiles</b>	Clothing, bedding, carpet, towels, rags, et al
<b>Organics</b>	Unprocessed yard/garden waste, food waste, clean wood, painted/treated wood, wet contaminated fiber, rubber
<b>Wet Contaminated Fiber</b>	Fiber that has been soiled and is not marketable as a post-consumer fiber grade, and fiber that would disintegrate during the mechanical sorting process (screens and/or air classification) making it non-recoverable with fiber products.
<b>Fines</b>	Materials that fall through the 2" lattice on the sort table. Depending upon the source of the sample, the fines may be heavy in organic and inert materials, or in glass shards and small fiber (shred).
<b>Other</b>	These materials generally include items that are comprised of more than one material and cannot be readily, economically separated and recovered. Many of these materials are not as readily recoverable as any of the other commodity/products because they would require disassembly or other special handling that is not typically built-in to a waste processing system.

## Detailed Hand-Sort Methodology

All residential and commercial MSW samples will be hand-sorted. The step-by-step protocol for the hand-sort is described below.

1. Daily safety briefings will be conducted and personal protective equipment will be inspected, according to the SVM Illness and Injury Protection Program (IIPP).
2. Methodology and sorting categories are reviewed with the crew to ensure that all crewmembers understand the detailed material definitions before sampling begins. The members of the SVM crews are typically the same throughout the sampling process, and the same crew members will be assigned the same activities during each day of the sampling. This consistency of team membership and assignment ensures reliability and uniformity of results throughout the process.

3. Waste samples will be obtained from the randomly selected cell, as identified by the Field Crew Manager. The samples typically consist of approximately 200-225 pounds of waste that are extracted and placed onto a 9' X 12' tarp. The larger items are recovered directly from the tarp and deposited into 30-gallon tubs. Once the larger materials are removed from the sample, the sorting table is moved into place and used for the recovery of smaller items and the allocation of fines.
4. Hand-sorted materials are placed into the prescribed categories. Sorting crew members specialize in specific material categories and place the sorted materials into a designated plastic container while the Field Crew Manager monitors the sorting process to ensure proper classification. Additionally, the Field Crew Manager verifies the purity of each material classification as it is weighed, prior to recording data on the data sheet.
5. The composition weights are then recorded by the Field Crew Manager on the data sheet, depicted on Figure 2 on the following page. The final determination of sort categories will be made by SVM and the County before the commencement of field sampling. At the end of each day, the Field Crew Manager conducts a quality control review of the data recorded.

Data Form					
	WEIGHT #1	WEIGHT #2	WEIGHT #3	WEIGHT #4	WEIGHT #5
<b>DRY, RECOVERABLE FIBER</b>					
<b>PET</b>					
<b>HDPE</b>					
<b>FILM PLASTICS</b>					
<b>MIXED PLASTICS</b>					
<b>GLASS</b>					
<b>ALUMINUM UBC's</b>					
<b>MIXED FERROUS</b>					
<b>MIXED NON-FERROUS</b>					
<b>INERTS</b>					
<b>HAZARDOUS WASTE</b>					
<b>E-WASTE</b>					
<b>TEXTILES</b>					
<b>Organics</b>	YARD WASTE				
	FOOD WASTE				
	CLEAN WOOD				
	TREATED/PAINTED WOOD				
	WET/CONTAMINATED FIBER				
	RUBBER PRODUCTS				
	ALLOCATED ORGANICS				
<b>FINES</b>					
<b>OTHER</b>					

Figure 2: Data Form

Examples of materials that could potentially be found and identified as “Fines” as part of the field work proposed for Washoe County transfer stations include the following:

- organic materials, such as yard and food waste
- inert materials, such as primarily rock,
- gravel, sand and dirt
- small shards of glass, and
- <2” fiber, such as shredded paper.

Although each waste characterization is unique, with varying results, typically, the four types of material described above make up >95% of the identified fines. The remaining material identified as fines can make up <5% and include items such as ammunition, pens and pencils, medication bottles, batteries and bottle caps.

In SVM’s experience, material identified as “Other” during field work could include items including, but not limited to, the following example items:

- Roofing
- Gypsum
- Tarps
- Window Blinds
- Furniture
- Foam Mattresses

### Detailed Visual Characterization Methodology

The visual waste characterization analysis will be used for self-haul and C&D loads, which are size and weight prohibitive to measure through hand-sort procedures. The visual sampling method is summarized in the following steps:

1. The volume of each sample (cubic yards) will be estimated by a trained observer/classifier.
2. Using available solid waste volume-to-weight conversion tables, as informed by practical experience, the volume of each observed/classified sample will be converted to weight.
3. The major classes of material will be identified and noted. An estimator will visually survey the load and note all identified major material classes in the load, including paper, plastic, glass, metal, E-waste, yard waste, organics, C&D, hazardous waste and special wastes.
4. The volume for each major class of material will be estimated, beginning with the largest major material class presented by volume. The process will be repeated for the next most common major material class, and so on until each material class had been estimated. Finally, the totals for this step will be calculated to ensure that they total 100 percent.
5. The volume for each specific sub-category within each of the major material classes will then be estimated and recorded.
6. The data will then be reconciled on the sampling form using input verification rules set up on the computer system to ensure the percentages totals 100 percent.

#### **i. Data Analysis**

Following the separation of each sample, all material is weighed and the weight is recorded on field forms and then entered into the database and reviewed for accuracy. Data input is checked twice by a



two-person team for quality control to confirm that there are not any typos such as transposed numbers or misplaced decimal points. The equations used in these calculations are provided below.

### *Converting Volumes to Weights*

The composition calculations rely on the availability of individual material weights for each sample. For industrial and self-haul samples, volume estimates will be converted to weights using accepted waste density conversion factors. Using the volume-to-weight conversion factors and the volume estimates obtained during the characterization of visual samples, individual material weights will be calculated using the following formula:

where:

$m$  = percentage estimate of the material, as a portion of the material class (e.g., the extent to which newspaper constitutes all of the paper in the sample)

$s$  = percentage estimate of the material class, as a portion of all the material in the sample (e.g., the extent to which paper constitutes all of the material in the sample)

$v$  = total volume of the sample (in cubic yards)

$d$  = density conversion of the material (in pounds/cubic yard)

$c$  = the total weight of the specific material in the sample

Each material weight is scaled so that the sum of all material weights equals the actual total sample weight (or net weight of the load).

### *Composition Calculations*

The composition estimates represent the ratio of the material categories' weight to the total waste for each noted sector. They are derived by summing each material's weight across all of the selected records and dividing by the sum of the total weight of waste, as shown in the following equation:

where:

$c$  = weight of a particular material

$w$  = sum of all material weights

for  $i = 1$  to  $n$

where  $n$  = number of selected samples

for  $j = 1$  to  $m$

where  $m$  = number of material categories

### *Confidence Interval*

The confidence interval for this estimate is derived in two steps. First, the variance around the estimate is calculated, accounting for the fact that the ratio includes two random variables (the material and the total sample weights). The variance of the ratio estimator equation follows:

where:

Second, precision levels at the 90% confidence interval will be calculated for a material's mean as follows:

where:

t = the value of the t-statistic (1.645) corresponding to a 90% confidence level.

### *Weighted Averages*

The overall waste composition estimates will be calculated by performing a weighted average across the waste types. The weighted average for an overall composition estimate will be performed as follows:

where:

p = the proportion of tonnage contributed by the noted sample group

r = ratio of material weight to total waste weight in the noted sample group for j = 1 to m

where: m = number of material categories

The variance of the weighted average is calculated

$$VarO_j = (p_1^2 * \widehat{V}_{r_{j1}}) + (p_2^2 * \widehat{V}_{r_{j2}}) + (p_3^2 * \widehat{V}_{r_{j3}})$$

## **f) Proposed Project Schedule**

In order to conduct the number of sorts as described in the RFP and amendment, with 110 samples per transfer station, and the weight-based (hand) sorting of residential and commercial waste and the volume-based sorting of self-haul and C&D loads, SVM requires a full week (seven days) to complete **each** transfer station, and two days at the C&D transfer station for **each** seasonal sort. We propose conducting the fall sort over a three-week and a half period in September 2017, to be confirmed with Washoe County staff upon award of a contract. The visual sort of the C&D loads at the NR&R Telegraph transfer station would be conducted concurrently with the other three sorts. Upon completion of the fall 2017 waste characterization, SVM will provide an interim data analysis within two weeks.

The same schedule would be utilized for the spring 2018 sort during a month agreed upon between the County and SVM. Upon completion of this second seasonal waste characterization, SVM will complete the data analysis and report preparation within four weeks.

Should Washoe County decide to move forward with the alternative proposal, the project would be conducted over a two-week period during each season. Upon completion of the fall 2017 waste characterization, SVM will provide an interim data analysis within two weeks. Upon completion of this second seasonal waste characterization, SVM will complete the data analysis and report preparation within four weeks.

**g) Proposed Project Budget and Fee Structures**

**i. Proposed Budget and Fee Structure for RFP-prescribed Methodology**

<b>RFP-prescribed Methodology Budget and Fee Structure</b>		<b>Fee Components</b>	<b>Total Fee</b>
<b>A</b>	Waste Composition– <b><u>FALL</u></b> : Three weeks and two days on-site		
	<u>Personnel</u>		
	-1 Project Manager	\$31,200	
	-1 Lead	\$19,500	
	-1 Equipment Operator	\$ 7,680	
	-4 Sorters	\$33,600	<b>\$115,430</b>
	<u>Equipment</u>		
-Skid Steer rental	\$ 1,500		
-Supplies (Scales, hand tools, sort table, safety gear, etc.)	\$10,000	<b>\$11,500</b>	
<u>Travel Costs</u>			
-Transportation, Lodging and Per Diem	\$ 11,950	<b>\$11,950</b>	
<b>Season One Sub-Total</b>			<b>\$115,430</b>
<b>B</b>	Waste Composition– <b><u>SPRING</u></b> : Three weeks on-site		
	<u>Personnel</u>		
	-1 Project Manager	\$31,200	
	-1 Lead	\$19,500	
	-1 Equipment Operator (64 hours)	\$ 7,680	
	-4 Sorters (64 hours each)	\$33,600	<b>\$115,430</b>
	<u>Equipment</u>		
-Skid Steer rental	\$ 1,500		
-Supplies (Scales, hand tools, sort table, safety gear, etc.)	\$10,000	<b>\$11,500</b>	
<u>Travel Costs</u>			
-Transportation, Lodging and Per Diem	\$ 11,950	<b>\$11,950</b>	
<b>Season Two Sub-Total</b>			<b>\$115,430</b>
<b>C</b>	Data Analysis:		
	<u>Personnel</u>	\$1,600	
	-1 Principal - Project Manager	\$3,200	
	-1 Sr. Associate - Data Entry and Statistical Analysis (16 hours)	\$2,160	<b>\$6,960</b>
<b>D</b>	Report Preparation:		
	<u>Personnel</u>		
	-1 Principal - Project Manager (8 hours)	\$1,600	
-1 Principal - Report Preparation (24 hours)	\$4,800	<b>\$6,400</b>	
		<b>TOTAL</b>	<b>\$244,220</b>

**Proposed Budget and Fee Structure for SVM Recommended Methodology**

Should the County be interested in considering the alternative sampling approach as described in Table 2, found in section e-ii: Methodology, the project could be conducted at considerable savings for the County, while still achieving the required 10% precision at 90% confidence level. In this approach, reports would be prepared showing the aggregate results for each waste generator category (residential, commercial, self-haul and C&D). The report would provide both the individual season results as well as the combined study outcome.

<b><u>SVM Recommended Methodology Budget and Fee Structure</u></b>		<b>Fee Components</b>	<b>Total Fee</b>
A	Waste Composition– <b><u>FALL</u></b> : Three weeks on-site		
	<u>Personnel</u>		
	-1 Project Manager	\$12,600	
	-1 Lead	\$ 8,250	
	-1 Equipment Operator	\$ 2,560	
	-4 Sorters	\$12,800	<b>\$36,210</b>
	<u>Equipment</u>		
	-Skid Steer rental	\$1,500	
	-Supplies (Scales, hand tools, sort table, safety gear, etc.)	\$4,000	<b>\$5,500</b>
	<u>Travel Costs</u>		
-Transportation, Lodging and Per Diem	\$ 7,150	<b>\$7,150</b>	
<b>Season One Sub-Total</b>			<b>\$48,860</b>
B	Waste Composition– <b><u>SPRING</u></b> : Three weeks on-site		
	<u>Personnel</u>		
	-1 Project Manager	\$12,600	
	-1 Lead	\$ 8,250	
	-1 Equipment Operator (64 hours)	\$ 2,560	
	-4 Sorters (64 hours each)	\$12,800	<b>\$36,210</b>
	<u>Equipment</u>		
	-Skid Steer rental	\$ 1,500	
	-Supplies (Scales, hand tools, sort table, safety gear, etc.)	\$ 4,000	<b>\$5,500</b>
	<u>Travel Costs</u>		
-Transportation, Lodging and Per Diem	\$ 7,150	<b>\$7,150</b>	
<b>Season Two Sub-Total</b>			<b>\$48,860</b>

C	Data Analysis: <u>Personnel</u> -1 Principal - Project Manager -1 Principal - Statistical Analysis and Evaluation -1 Sr. Associate - Data Entry and Statistical Analysis (16 hours)	\$1,600 \$3,200 \$2,160	<b>\$6,960</b>
D	Report Preparation: <u>Personnel</u> -1 Principal - Project Manager (8 hours) -1 Principal - Report Preparation (24 hours)	\$1,600 \$4,800	<b>\$6,400</b>
<b>TOTAL</b>			<b>\$107,470</b>

The Proposed Project Budget and Alternative Project Budget are “Not to Exceed” budgets, where SVM provides turnkey service, including all personnel, travel costs, equipment, loader rental, tools and supplies necessary to safely and thoroughly conduct all components of the waste characterization, data analysis and report preparation.

**h) Statement of firm’s intention to sublet portions of the work.**

Sloan Vazquez intends to complete all portions of the work. Sloan Vazquez principals will provide direct, onsite oversight during the waste characterization study, all data analysis and report writing.

**i) References**

**Larimer County, Colorado**

Stephen Gillette, Solid Waste Department Director  
 5887 S. Taft Hill Road, Fort Collins, CO 80526  
 (970) 498-5760    gillette<sup>sw</sup>@co.larimer.co.us  
 Project: 2016 Two-Season Waste Composition Study

SVM recently completed the 2016 waste composition studies of residential, commercial and self-hauled/C&D solid waste at Larimer County Landfill for Larimer County (Colorado). This two-season waste composition study included the use of a stratified-random-sampling method, with 10% precision at a 90% confidence level. Both hand sorting and visual sorting techniques were used to measure the waste composition of waste brought to the Larimer County Landfill. A report was developed to compare results from the study to a study conducted in 2007.

### Orange County Waste & Recycling (County of Orange, CA)

Mike Kashani, Renewable Energy Program Manager

300 North Flower Street, Suite 400, Santa Ana, CA 92703

Tel: (714) 834.3713 Mike.Kashani@ocwr.ocgov.com

Project: Waste Characterization and Composition Study for Materials Disposed at Orange County Landfill, 2015 – 2016

SVM conducted a comprehensive waste characterization and composition study for the Orange County Waste and Recycling (OCWR) Department in the County of Orange, including sampling of materials from multiple generators at three different County-owned and operated landfills in 2015. The work conducted for OCWR included project design and implementation, data analysis and report development.

SVM participated as a member of a diverse team performing a system-wide analysis of Orange County feedstock, future impact of current and planned processing systems and the feasibility of conversion technology. SVM conducted waste characterization and composition studies at all Orange County landfills of residential, commercial, self-haul, and construction and demolition waste streams generated in-county and imported from outside the county.

### Client: Monterey Regional Waste Management District (Marina, CA)

Timothy Flanagan, Assistant General Manager

14201 Del Monte Blvd., Marina, CA 93933-1670

Tel: (831) 384.5313 tflanagan@mrwmd.org

Project: C&D Facility Planning and Waste Composition Study

Project: Processing Facility Equipment Procurement

Project: Processing Facility Operations Management Consulting

SVM was selected as a part of a team to retrofit the Monterey Regional Waste Management District facility with new waste processing technology. SVM was charged with the responsibility for four distinct construction and demolition waste characterizations for the purposes of establishing C&D facility proformas and requirements.

## Rethink Waste (South Bay Waste Management Authority - San Carlos, CA)

Hilary Gans, General Manager

610 Elm Street, Suite 202, San Carlos, CA 94070

Tel: (650) 802.3507 hgans@rethinkwaste.org

Project: Material Composition Studies

Project: Municipal MRF Testing and Acceptance Services

Project: Municipal MRF Services Procurement

2010 through present

SVM conducts material characterizations for Rethink Waste, also known as the SBWMA, which is a joint powers authority of twelve member agencies in San Mateo County, California. The SBWMA oversees solid waste collection and recycling services to its member agencies. It also oversees the operation of the Shoreway Recycling and Disposal Center that receives approximately 430,000 tons of solid waste and recycling materials per year. SVM performs composition analysis for the residential recycling, commercial recycling, residential organics, commercial organics, and commercial plant material streams. This waste composition studies were initially conducted on a quarterly basis and are now done biennially. The purpose of these studies is to ensure compliance by the hauler with the diversion requirements of the agreement. SVM has conducted over 20 waste characterizations and contamination measurements for SBWMA since 2010.

## Fort Collins, CO

Susan Gordon, Project Manager

215 North Mason Street, 2<sup>nd</sup> Floor, Fort Collins, CO 80524

Tel: (970) 221.6265 Sgordon@fcgov.com

Project: Waste Composition Study, 2016

SVM recently completed the 2016 waste composition studies of residential, commercial and self-hauled/C&D solid waste at Larimer County Landfill for Fort Collins (Colorado). This two-season waste composition study included the use of a stratified-random-sampling method, with 10% precision at a 90% confidence level. Both hand sorting and visual sorting techniques were used to measure the waste composition of waste brought to the Larimer County Landfill.

**Fulcrum Sierra Biofuels, Inc. Feedstock Processing Facility**

David Langer, Processing Facility Manager  
350 Saddle Court, Sparks, NV 89434  
Tel: (775) 393.1834 DLanger@Fulcrum-bioenergy.com  
Project: Material Composition Studies  
Project: Renewable Energy Project Feasibility Study  
2008, 2014-present

Fulcrum Bioenergy has constructed a municipal solid waste feedstock processing facility to process municipal solid waste into feedstock to be converted into renewable fuels at its biorefinery. As part of Fulcrum Bioenergy’s development of this renewable energy project, which is located near Reno, Nevada, SVM conducted waste characterization studies to establish a baseline for the feedstock availability necessary for turning waste into jet fuel. SVM conducted eight (8) waste characterizations for Fulcrum between 2008 and 2014.

**j) Exceptions**

SVM does not take any exceptions to the draft agreement.

**k) Attachments**

Attachments include the two sample reports, the resumes of the proposed project staff and the required forms.

Attachment A: Sample Report – City of Fort Collins '

Attachment B: Sample Report – South Bayside Waste Management Authority

Attachment C: Resumes

Attachment D: Required Forms



**Attachment A: Sample Report – City of Fort Collins**

# Waste Composition and Characterization Analysis



Presented to:

**City of Fort Collins, Colorado**

Submitted by:

*Sloan* **VAZQUEZ** **MCAFEE**  
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November 2016

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## **1. EXECUTIVE SUMMARY**

Sloan Vazquez McAfee (SVM or SVM team) was commissioned to identify the waste composition and characteristics of City of Fort Collins MSW disposed at the Larimer County Landfill. The waste composition and characterization analysis was conducted on residential, commercial, construction and demolition (C&D), and self-haul volume delivered to the landfill during the months of May and September 2016.

The sampling and analysis was conducted by the SVM team, a consulting firm focused exclusively on municipal solid waste planning and management services, specializing in waste characterizations, MRF project development and operational analysis, rate studies, financial feasibility studies, municipal contract analysis and residential and commercial collection operations. The firm's principals have over 60 years of wide ranging expertise and experience in municipal waste management and recycling, and have conducted numerous waste composition studies at sites located throughout the United States. SVM maintains a specialized, streamlined organization that provides solid waste and recycling advisory services to both public and private sector solid waste and recycling enterprises.

## **2. METHODOLOGY**

The intent of the solid waste composition and characteristics analysis is to identify, quantify and characterize MSW material types received from the City of Fort Collins for disposal at the Larimer County Landfill.

The methodology differentiates between four major categories of waste delivered to the landfill. The waste generation categories specifically identified and sampled as part of this composition and characterization study include residential, commercial, industrial and C&D materials and self-hauled waste. To ensure that the data collected was representative of the MSW the following assumptions were made about the type and delivery method of the waste to be sampled:

- Residential and Commercial MSW is typically delivered in route collection vehicles to the Larimer County Landfill. Although residential and commercial collection trucks may often be distinguished by either front-load, rear-load, or side-load configuration, drivers of the randomly selected vehicles were questioned by SVM staff in order to confirm the source of the load.
- C&D materials are typically collected in open-top drop-boxes, end-dump trailers, dump trucks, and dump trailers. These materials are most often

delivered to the landfill by waste collection companies, debris-box providers, and small contractors.

- Self-Haul, or Public, solid waste is typically hauled to the landfill by residents or small businesses using cars, pick-up trucks, and small trailers that are unloaded by hand.

Each of these material types are directed to specific, separate areas of the landfill by Larimer County personnel. A pictorial representation of this process is provided in Exhibit One.

### A. Sampling Approach

All Fort Collins residential and commercial waste samples were hand-sorted. All industrial/C&D and self-haul loads were visually characterized. The following table shows the number of samples characterized for each waste generation category during the field-sampling process.

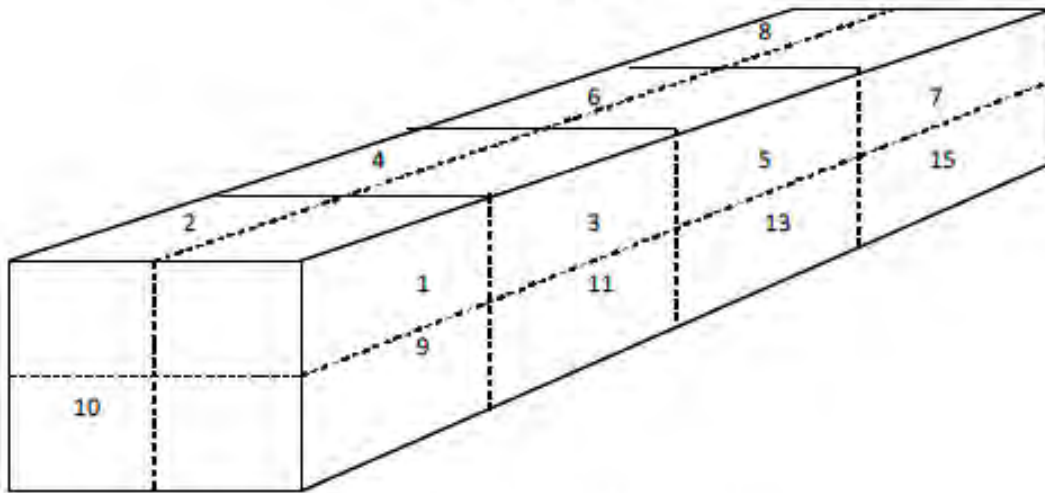
Table 1: Waste Generation Categories, Sample Numbers and Sort Type

Waste Generation Category	Sort Type	Season One Samples	Season Two Samples	Combined Two-Season Samples
Residential MSW	Hand Sort	15	15	30
Commercial MSW	Hand Sort	20	20	40
Industrial/C&D	Visual Sort	20	20	40
Self-Haul	Visual Sort	20	20	40
TOTAL SAMPLES		75	75	150

#### *Sample Cell Selection*

To randomly select samples, each load was divided into a 16-cell grid as depicted below. A randomizer tool was used to assign a primary and alternative cell for sampling. The sample was taken from the randomly assigned cell for each selected load. When the load arrived, the vehicle was directed to the designated location. Once the load was dumped, the randomly selected cell was extracted from the load and separated for sorting.

Figure 1: Sixteen-Cell Grid



Note: Cells 12, 14, and 16 are below cells 4, 6 and 8, respectively.

The randomizer is an MS-Excel worksheet that uses a set of formulas to randomly select material for sorting. Each cell in the sixteen cell table was assigned a random number. The first two cells were assigned an integer value based on their rank with the other cells. The number assigned to the first cell was the cell to be sampled, unless that cell was inaccessible. If accessible, the second cell was sampled.

## B. Material Categories

The materials identified, extracted, sorted and weighed were divided into designated categories for each sample in order to establish the composition, or the various types of material, as well as the characterization, which is the shape and size of those materials. The types of items included in each material category are described below.

<b>Dry Recoverable Fiber</b>	All clean dry fiber, including cardboard (OCC), chip board (cereal/shoe box), office paper, junk mail, and shredded paper that is readily recoverable using current waste/recycling processing technology
<b>OCC</b>	Includes boxes, packaging materials made from kraft paper liner board and corrugated kraft, and brown kraft paper
<b>PET UBC's</b>	PET plastic (#1) used beverage containers



<b>HDPE</b>	<b>All readily identifiable HDPE, including UBC's, five-gallon pails, laundry baskets, trash cans, toys, et al</b>
<b>Film Plastic</b>	<b>All film plastic from t-shirt bags to large garbage bags and painters' tarps</b>
<b>Mixed Plastics</b>	<b>All readily identifiable plastics except PET, HDPE, and Film</b>
<b>Glass</b>	<b>CRV and plate (window) glass</b>
<b>Aluminum UBC's</b>	<b>All aluminum beverage containers, primarily CRV</b>
<b>Mixed Ferrous</b>	<b>Tin cans, steel (pots, pans, construction material, shelving, etc.)</b>
<b>Mixed Non-Ferrous</b>	<b>Aluminum windows and doors, folding lawn chairs, stainless steel fixtures, brass hardware, copper pipe, et al</b>
<b>Inerts</b>	<b>Dirt, rock, sand, brick, tile, ceramic, concrete, et al</b>
<b>Hazardous Waste</b>	<b>Pesticide, insecticide, paint, solvents, oil, cleaning solutions, et al</b>
<b>E-waste</b>	<b>All items that operate via AC current or battery</b>
<b>Textiles</b>	<b>Clothing, bedding, carpet, towels, rags, et al</b>
<b>Organics</b>	<b>Yard/garden waste, food waste, clean wood, painted/treated wood, wet contaminated fiber, rubber</b>
<b>Wet Contaminated Fiber</b>	<b>Fiber that has been soiled and is not marketable as a post-consumer fiber grade, and fiber that would disintegrate during the mechanical sorting process (screens and/or air classification) making it non-recoverable with fiber products</b>
<b>Fines</b>	<b>Materials that fall through the 2" lattice on the sort table. Depending upon the source of the sample, the fines may be heavy in organic and inert materials, or in glass shards and small fiber (shred). The</b>

organic/inert fines are produced from unprocessed MSW or from “dirty” MRF operations. The glass/fiber fines are produced from “clean”, or single-stream recycling processing plants.

**Other**

These materials are not readily recoverable as any of the other commodity/products. They are generally represented by items that are comprised of more than one material and cannot be readily, economically separated and recovered.

Examples of materials identified as “Fines” as part of the field work included the following:

- organic materials, which were primarily yard and food waste
- inert materials, which were primarily rock, gravel, sand and dirt
- small shards of glass, and
- <2” fiber, which was primarily 3x5 card sized and shredded paper.

Material identified as “Other” during the City of Fort Collins field work included the following items:

- Tar Roofing
- Window Blinds
- Cat Litter
- Tarps
- Sofa Bed
- Med Waste (Blue Bag)
- Polycoated fiber
- Auto Body and Interior Parts
- Foam Mattresses
- Office Cubicle Dividers
- Upholstered Furniture
- Diapers
- Asphalt Shingles
- Vinyl Coated Felt
- Strollers
- Roof tile w/ grout and wire
- Concrete filled tire
- Shoes
- Polycoated juice/food packaging
- Basketball goal

### **C. Detailed Hand-Sort Protocol**

**A total of 15 samples of residential MSW and 20 samples of commercial MSW were hand-sorted in the second season sort, for a combined total of 30 residential MSW samples and 40 commercial MSW samples for the two-season study. The step-by-step protocol for the hand sort is described below.**

- 1. Conducted daily safety briefings, then reviewed methodology and sorting categories with the crew to ensure that all crewmembers understood the detailed material definitions before sampling began. The members of the crew were the same throughout the sampling process, and same crew members conducted the same activities during each day of the sampling. This consistency of team membership and assignment ensured reliability and uniformity of results throughout the process.**
- 2. Obtained waste samples from the randomly selected cell, as identified by the Field Crew Manager. The samples consisted of approximately 150-200 pounds of waste that were removed and placed onto a 9' X 12' tarp. The larger items were recovered directly from the tarp and deposited into 30-gallon tubs. Once the larger materials were removed from the sample, the sorting table was moved into place and used for the recovery of smaller items and the allocation of fines.**
- 3. Hand-sorted materials were placed into the prescribed categories. Sorting crew members specialized in specific material categories and placed the sorted materials into a designated plastic container while the Field Crew Manager monitored the sorting process to ensure proper classification. The Field Crew Manager verified the purity of each material classification as it was weighed, prior to recording data on the data sheet.**
- 4. The composition weights were then recorded by the Field Crew Manager on the data sheet, depicted below as Figure 2. At the end of each day, the Field Crew Manager conducted a quality control review of the data recorded.**

Figure 2: Data Form

		WEIGHT #1	WEIGHT #2	WEIGHT #3	WEIGHT #4	WEIGHT #5
DRY, RECOVERABLE FIBER						
PET						
HDPE						
FILM PLASTICS						
MIXED PLASTICS						
GLASS						
ALUMINUM UBC's						
MIXED FERROUS						
MIXED NON-FERROUS						
INERTS						
HAZARDOUS WASTE						
E-WASTE						
TEXTILES						
Organics	YARD WASTE					
	FOOD WASTE					
	CLEAN WOOD					
	TREATED/PAINTED WOOD					
	WET/CONTAMINATED FIBER					
	RUBBER PRODUCTS					
FINES						
OTHER						

#### **D. Detailed Visual Characterization Protocol**

The visual waste characterization analysis conducted for the second season included 20 samples of Industrial/C&D waste and 20 samples of Self-Haul waste at the landfill, for a two-season total of 40 samples each. The visual sampling method is summarized in the following steps:

- 1. The volume of each sample (cubic yards) was estimated by a trained observer/classifier.**
- 2. Using available solid waste volume-to-weight conversion tables, as informed by practical experience, the volume of each observed/classified sample was converted to weight.**
- 3. The major classes of material were identified and noted. An estimator walked entirely around the load and noted all identified major material classes in the load, including paper, plastic, glass, metal, E-waste, yard waste, organics, C&D, hazardous waste and special wastes.**
- 4. The volume for each major class of material was estimated, beginning with the largest major material class presented by volume. The process was repeated for the next most common major material class, and so on until each material class had been estimated. Finally, the totals for this step were calculated to ensure that they totaled 100 percent.**
- 5. The volume for each specific sub-category within each of the major material classes was then estimated and recorded.**
- 6. The data was then reconciled on the sampling form using input verification rules set up on the computer system to ensure the percentages totaled 100 percent.**

## E. Data Analysis

Following the separation of each sample, all material was weighed and the weight was recorded on field forms and then entered into the database and reviewed for accuracy. Data input was checked twice by a two-person team for quality control to confirm that there were not any typos such as transposed numbers or misplaced decimal points. The equations used in these calculations are provided below.

### *Waste Sort Analytical Procedures*

The waste characterization and quantity profiles for this study were developed through the following steps:

1. Converted volumetric estimates of material categories to weight (for industrial and self-haul characterization estimates).
2. Calculated the composition of all samples in the given sector, based on the sample weight.

### *Converting Volumes to Weights*

The composition calculations relied on the availability of individual material weights for each sample. For industrial and self-haul samples, volume estimates were converted to weights using accepted waste density conversion factors. Using the volume-to-weight conversion factors and the volume estimates obtained during the characterization of visual samples, individual material weights were calculated using the following formula:

$$c = m \times s \times v \times d$$

where:

$m$  = percentage estimate of the material, as a portion of the material class (e.g., the extent to which newspaper constitutes all of the paper in the sample)

$s$  = percentage estimate of the material class, as a portion of all the material in the sample (e.g., the extent to which paper constitutes all of the material in the sample)

$v$  = total volume of the sample (in cubic yards)

$d$  = density conversion of the material (in pounds/cubic yard)

$c$  = the total weight of the specific material in the sample

Each material weight was scaled so that the sum of all material weights equals the actual total sample weight (or net weight of the load).

### *Composition Calculations*

The composition estimates represent the ratio of the material categories' weight to the total waste for each noted sector. They were derived by summing each material's weight across all of the selected records and dividing by the sum of the total weight of waste, as shown in the following equation:

$$r_j = \frac{\sum_i c_{if}}{\sum_i w_i}$$

where:

$c$  = weight of a particular material

$w$  = sum of all material weights

for  $i = 1$  to  $n$

where  $n$  = number of selected samples

for  $j = 1$  to  $m$

where  $m$  = number of material categories

### *Confidence Interval*

The confidence interval for this estimate was derived in two steps. First, the variance around the estimate was calculated, accounting for the fact that the ration includes two random variables (the material and the total sample weights). The variance of the ratio estimator equation follows:

$$\hat{V}_{r_j} = \left(\frac{1}{n}\right) \cdot \left(\frac{1}{\bar{w}^2}\right) \cdot \left(\frac{\sum_i (c_{ij} - r_j w_i)^2}{n - 1}\right)$$

where:

$$\bar{w} = \frac{\sum_i w_i}{n}$$

Second, precision levels at the 90% confidence interval were calculated for a material's mean as follows:

$$r_j \pm \left(t \cdot \sqrt{\hat{V}_{r_j}}\right)$$

where:

$t$  = the value of the t-statistic (1.645) corresponding to a 90% confidence level.

***Weighted Averages***

The overall County waste composition estimates was calculated by performing a weighted average across the five waste types. The weighted average for an overall composition estimate was performed as follows:

$$O_j = (p_1 * r_{j1}) + (p_2 * r_{j2}) + (p_3 * r_{j3}) + \dots$$

where:

***p*** = the proportion of tonnage contributed by the noted sample group

***r*** = ratio of material weight to total waste weight in the noted sample group for *j* = 1 to *m*

where: ***m*** = number of material categories

The variance of the weighted average is calculated

$$VarO_j = (p_1^2 * \widehat{V}_{r_{j1}}) + (p_2^2 * \widehat{V}_{r_{j2}}) + (p_3^2 * \widehat{V}_{r_{j3}}) + \dots$$



## **F. Implementation Dates and Personnel**

The waste characterization work was conducted during the months of May and September 2016. The SVM project team included a crew of six sorters, a loader operator, a field crew manager and a principal. The team was equipped with a sorting table, a work table, tarps, tubs, hand tools, a skid steer, a digital scale with a 2/10ths of one-pound increment, and personal protective equipment including high visibility vests, hard hats, dust masks, steel-toed boots, puncture resistant gloves and safety glasses. A storage box was secured at the site for placement of the equipment at end of each workday.

The sampling process was effectively facilitated by the cooperation and active support of the Larimer County Landfill management and field personnel. Their participation was critical to the timely, successful completion of the field sorting process. Personnel included the following:

- Caroline Mitchell – City of Fort Collins
- Stephen Gillette – Larimer County Solid Waste Director
- Eddie Enriquez – Larimer County Assistant Solid Waste Director

## **3. WASTE COMPOSITION AND CHARACTERIZATION RESULTS**

Using the prescribed methodology and protocols, the first of the two seasonal waste composition and characterization studies was completed at the Larimer County Landfill. The data are provided for each material category, presented in tables and pie charts, according to the designated generator (Residential, Commercial, Industrial/C&D and Self-Haul). Additionally, the data for each sample from the four categories are provided in Exhibit A.

## A. Residential MSW

*Table 2: Residential Two-Season Waste Composition Overview<sup>1</sup>*

Residential MSW Mean Composition (Hand Sort)	Spring	Fall	Merged
1A. Dry Recoverable Fiber	2.0%	3.5%	2.7%
1B. OCC <sup>2</sup>	2.7%	4.8%	3.8%
2. PET UBCs	0.8%	0.9%	0.8%
3. HDPE UBCs	0.9%	0.7%	0.8%
4. Film Plastic	4.2%	4.2%	4.2%
5. Mixed Plastics	3.6%	6.4%	5.0%
6. Glass	1.7%	1.9%	1.8%
7. Aluminum UBCs	0.5%	0.6%	0.5%
8. Mixed Ferrous (Tin & Salvage)	0.7%	3.3%	2.0%
9. Mixed Non-Ferrous (Salvage)	2.5%	0.5%	1.5%
10. Inerts	0.1%	2.1%	1.1%
11. Hazardous Waste	0.0%	3.1%	1.6%
12. E-Waste	1.6%	1.5%	1.6%
13. Textiles	2.5%	5.4%	3.9%
14. Organics	61.8% <sup>3</sup>	45.6%	53.7%
a. Yard Waste	23.2%	13.3%	18.3%
b. Food Waste	23.7%	13.2%	18.4%
c. Clean Wood	1.6%	4.3%	3.0%
d. Treated/Painted Wood	3.3%	8.1%	5.7%
e. Wet/Contaminated Fiber	9.7%	5.5%	7.6%
f. Rubber	0.3%	1.2%	0.8%
15. Fines (<2" Items)	2.4%	4.8%	3.6%
16. Other	11.9%	10.7%	11.3%

<sup>1</sup> Note: Totals may not equal 100% due to rounding

<sup>2</sup> In the Spring study, OCC was included as part of the Dry Recoverable Fiber measurement and not weighed separately. However, in the Fall study OCC and Dry Recoverable Fiber were measured separately. For the purposes of this report, the average ratio of OCC to Dry Recoverable Fiber calculated for the Fall data was applied to the Dry Recoverable Fiber measurement to estimate the ratio of OCC and Dry Recoverable Fiber in the Spring study. These estimated percentages were combined with the actual percentages from the Fall study to calculate the aggregate OCC and Dry Recoverable material shown in this report.

<sup>3</sup> There was a significant decrease in the percentage of organics found in the residential waste stream sampled in the Fall season. During the Spring sampling, 4 of the 15 randomly selected cells from the randomly selected loads contained 50% or more of yard waste and 6 of the 15 cells contained 25% or more of food waste. However, in the Fall season, only 1 of the 15 cells contained 75% or more of yard waste and 2 of the 15 cells contained 25% or more of food waste. Capturing this type of variance is one of the primary objectives in conducting a two-season study.

**Table 3: Spring Residential MSW Data**

Spring Residential MSW (15 Samples, Hand Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	2.0%	1.5%	1.4%	2.6%
1B. OCC	2.7%	2.0%	1.9%	3.6%
2. PET UBC's	0.8%	0.6%	0.5%	1.0%
3. HDPE UBC's	0.9%	0.7%	0.6%	1.2%
4. Film Plastic	4.2%	2.1%	3.3%	5.1%
5. Mixed Plastics	3.6%	2.6%	2.5%	4.7%
6. Glass	1.7%	2.6%	0.6%	2.8%
7. Aluminum UBC's	0.5%	0.5%	0.3%	0.7%
8. Mixed Ferrous (Tin & Salvage)	0.7%	0.7%	0.4%	1.0%
9. Mixed Non-Ferrous (Salvage)	2.5%	9.3%	0.0%	6.5%
10. Inerts	0.1%	0.6%	0.0%	0.4%
11. Hazardous Waste	0.0%	0.1%	0.0%	0.1%
12. E-Waste	1.6%	4.0%	0.0%	3.3%
13. Textiles	2.5%	2.7%	1.3%	3.6%
14. Organics	61.8%	24.1%	51.6%	72.1%
a. Yard Waste	23.2%	25.5%	12.4%	34.1%
b. Food Waste	23.7%	14.8%	17.4%	30.0%
c. Clean Wood	1.6%	4.2%	0.0%	3.4%
d. Treated/Painted Wood	3.3%	5.6%	0.9%	5.7%
e. Wet/Contaminated Fiber	9.7%	7.1%	6.7%	12.7%
f. Rubber	0.3%	1.0%	0.0%	0.7%
15. Fines (<2" Items)	2.4%	3.1%	1.1%	3.8%
16. Other	11.9%	11.9%	6.9%	17.0%

Figure 3: Spring Residential MSW Data

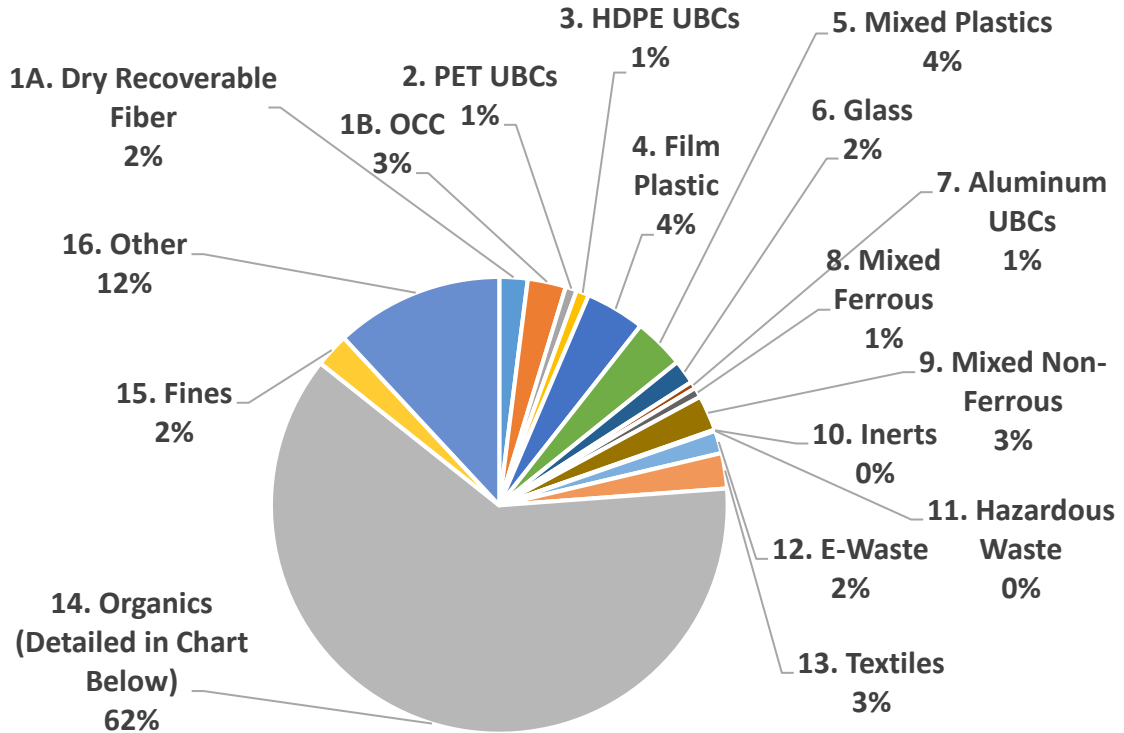
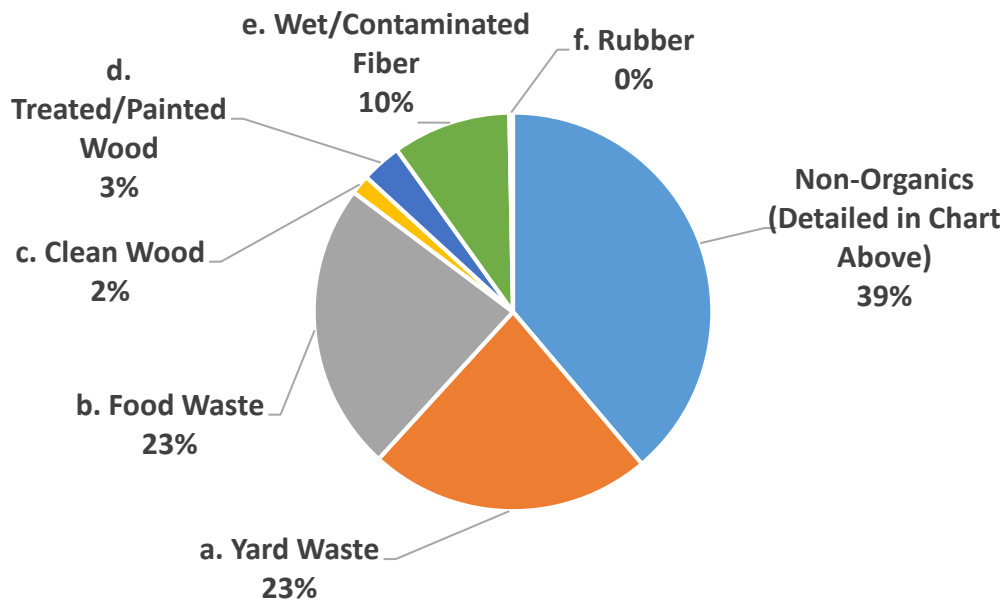


Figure 4: Spring Residential MSW Organics Detail



**Table 4: Fall Residential MSW Data**

Fall Residential MSW (15 Samples, Hand Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	3.5%	6.2%	0.9%	6.1%
1B. OCC	4.8%	4.6%	2.8%	6.7%
2. PET UBC's	0.9%	1.0%	0.5%	1.3%
3. HDPE UBC's	0.7%	0.8%	0.3%	1.0%
4. Film Plastic	4.2%	4.9%	2.1%	6.2%
5. Mixed Plastics	6.4%	11.4%	1.6%	11.3%
6. Glass	1.9%	2.0%	1.1%	2.8%
7. Aluminum UBC's	0.6%	0.7%	0.3%	0.9%
8. Mixed Ferrous (Tin & Salvage)	3.3%	5.1%	1.1%	5.4%
9. Mixed Non-Ferrous (Salvage)	0.5%	1.8%	0.0%	1.3%
10. Inerts	2.1%	5.6%	0.0%	4.4%
11. Hazardous Waste	3.1%	11.8%	0.0%	8.1%
12. E-Waste	1.5%	3.4%	0.1%	3.0%
13. Textiles	5.4%	12.9%	0.0%	10.9%
14. Organics	45.6%	30.7%	32.5%	58.6%
a. Yard Waste	13.3%	19.8%	4.9%	21.7%
b. Food Waste	13.2%	19.4%	4.9%	21.4%
c. Clean Wood	4.3%	10.6%	0.0%	8.9%
d. Treated/Painted Wood	8.1%	15.9%	1.3%	14.8%
e. Wet/Contaminated Fiber	5.5%	5.8%	3.0%	8.0%
f. Rubber	1.2%	2.5%	0.2%	2.3%
15. Fines (<2" Items)	4.8%	5.1%	2.6%	7.0%
16. Other	10.7%	12.1%	5.6%	15.8%

Figure 5: Fall Residential MSW Data

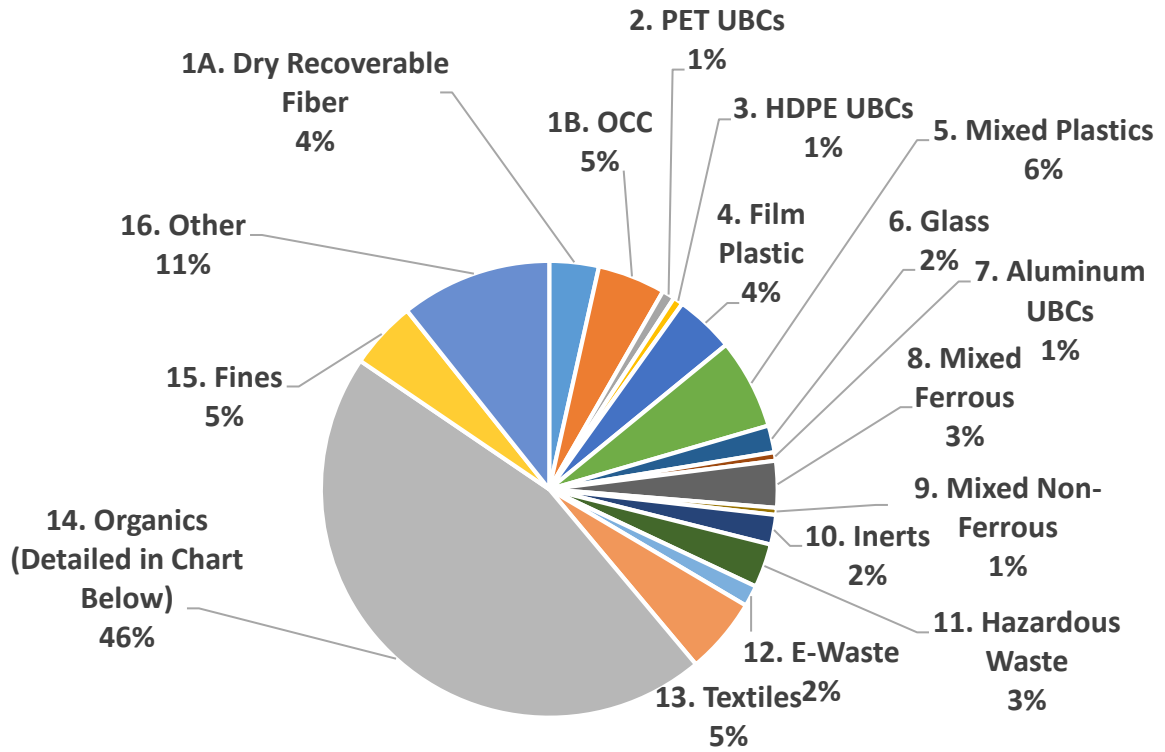
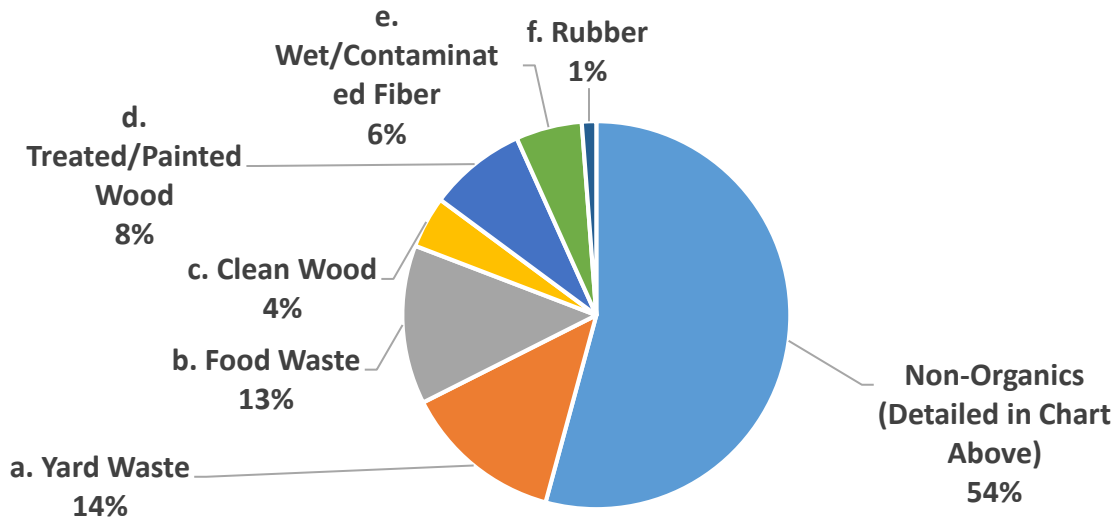


Figure 6: Fall Residential MSW Organics Detail



**Table 5: Two-Season Residential MSW Data**

Two-Season Merged Residential MSW (30 Samples, Hand Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	2.7%	4.5%	1.4%	4.1%
1B. OCC	3.8%	3.6%	2.7%	4.8%
2. PET UBC's	0.8%	0.8%	0.6%	1.1%
3. HDPE UBC's	0.8%	0.7%	0.5%	1.0%
4. Film Plastic	4.2%	3.7%	3.1%	5.3%
5. Mixed Plastics	5.0%	8.3%	2.5%	7.5%
6. Glass	1.8%	2.3%	1.1%	2.5%
7. Aluminum UBC's	0.5%	0.6%	0.4%	0.7%
8. Mixed Ferrous (Tin & Salvage)	2.0%	3.8%	0.9%	3.1%
9. Mixed Non-Ferrous (Salvage)	1.5%	6.7%	0.0%	3.5%
10. Inerts	1.1%	4.0%	0.0%	2.3%
11. Hazardous Waste	1.6%	8.3%	0.0%	4.1%
12. E-Waste	1.6%	3.6%	0.5%	2.7%
13. Textiles	3.9%	9.3%	1.1%	6.7%
14. Organics	53.7%	28.4%	45.2%	62.2%
a. Yard Waste	18.3%	23.0%	11.4%	25.2%
b. Food Waste	18.4%	17.8%	13.1%	23.8%
c. Clean Wood	3.0%	8.1%	0.5%	5.4%
d. Treated/Painted Wood	5.7%	11.9%	2.1%	9.3%
e. Wet/Contaminated Fiber	7.6%	6.7%	5.6%	9.6%
f. Rubber	0.8%	1.9%	0.2%	1.3%
15. Fines (<2" Items)	3.6%	4.3%	2.3%	4.9%
16. Other	11.3%	11.8%	7.8%	14.9%

Figure 7: Two Season Residential MSW Data

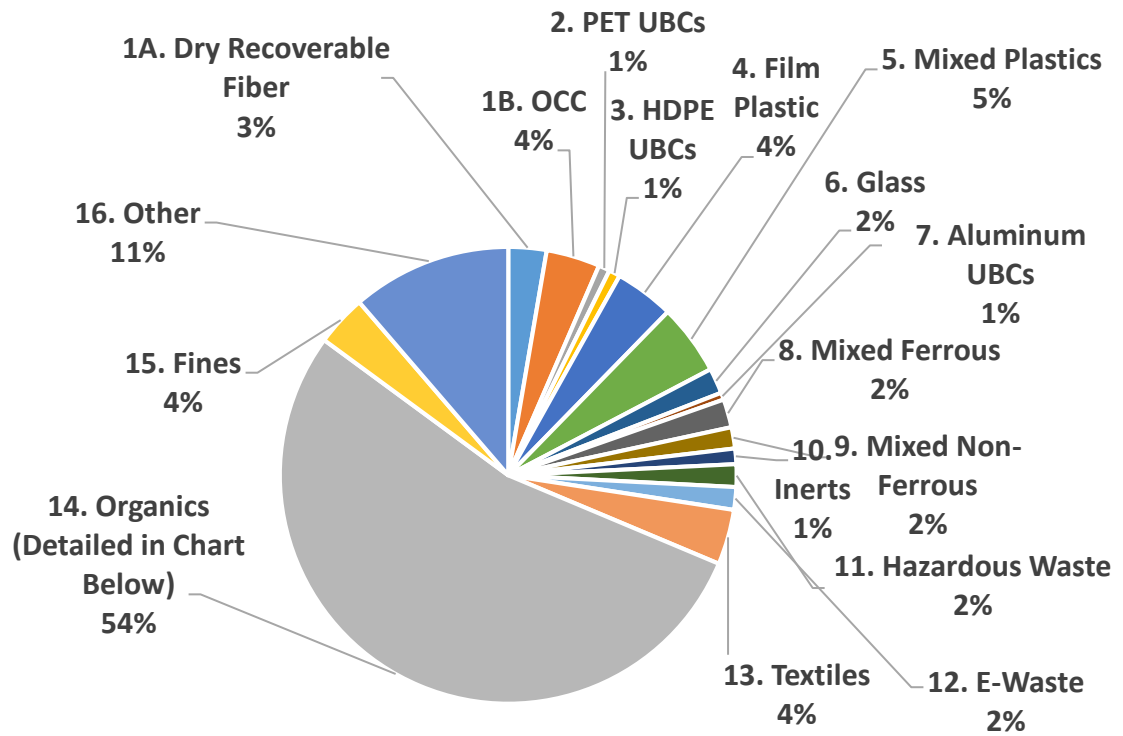
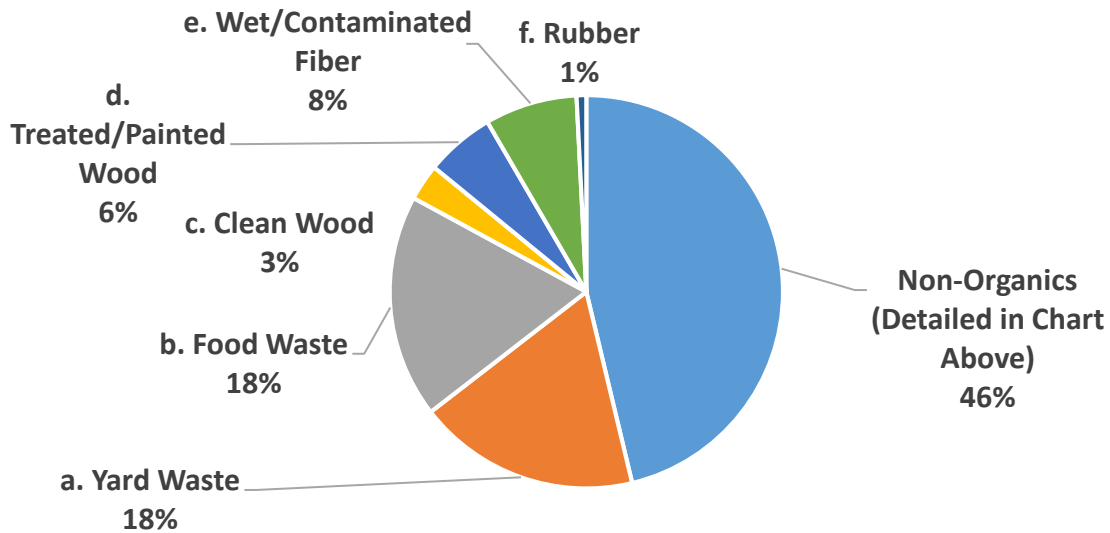


Figure 8: Two Season Residential MSW Organics Detail





## B. Commercial MSW

Table 6: Commercial Two-Season Waste Composition Overview

Commercial MSW Mean Composition (Hand Sort)	Spring	Fall	Merged
1A. Dry Recoverable Fiber	1.4%	1.8%	1.6%
1B. OCC	5.9%	7.8%	6.8%
2. PET UBC's	1.2%	0.5%	0.9%
3. HDPE UBC's	0.6%	0.8%	0.7%
4. Film Plastic	4.8%	4.4%	4.6%
5. Mixed Plastics	5.6%	1.2%	3.4%
6. Glass	3.0%	0.9%	1.9%
7. Aluminum UBC's	0.7%	0.5%	0.6%
8. Mixed Ferrous (Tin & Salvage)	3.5%	2.2%	2.8%
9. Mixed Non-Ferrous (Salvage)	0.3%	0.0%	0.1%
10. Inerts	4.2%	0.0%	2.1%
11. Hazardous Waste	0.4%	0.5%	0.4%
12. E-Waste	1.7%	0.1%	0.9%
13. Textiles	3.8%	0.8%	2.3%
14. Organics	45.2%	65.3% <sup>4</sup>	55.3%
a. Yard Waste	8.0%	11.7%	9.8%
b. Food Waste	17.9%	30.1%	24.0%
c. Clean Wood	3.2%	11.3%	7.2%
d. Treated/Painted Wood	5.8%	8.1%	7.0%
e. Wet/Contaminated Fiber	10.2%	4.1%	7.2%
f. Rubber	0.1%	0.1%	0.1%
15. Fines (<2" Items)	4.4%	2.5%	3.4%
16. Other	13.3%	10.7%	12.0%

<sup>4</sup> There was a significant increase in the percentage of organics found in the commercial waste stream sampled in the Fall season. During the sampling, 6 of the 20 randomly selected cells from the randomly selected loads contained 100% organics. In one case, the cell contained 100% food waste, while in the five other samples, there were significant percentages of yard waste, food waste, and/or wood waste, along with other organic materials. Capturing this type of variance is one of the primary objectives in conducting a two-season study.

**Table 7: Spring Commercial MSW Data**

Spring Season Commercial MSW (20 Samples, Hand Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	1.4%	1.1%	1.0%	1.8%
1B. OCC	5.9%	4.4%	4.7%	7.0%
2. PET UBC's	1.2%	0.9%	0.9%	1.5%
3. HDPE	0.6%	0.6%	0.4%	0.8%
4. Film Plastic	4.8%	2.0%	4.0%	5.5%
5. Mixed Plastics	5.6%	4.3%	4.0%	7.2%
6. Glass	3.0%	2.9%	1.9%	4.1%
7. Aluminum UBC's	0.7%	0.7%	0.5%	1.0%
8. Mixed Ferrous (Tin & Salvage)	3.5%	2.0%	2.8%	4.3%
9. Mixed Non-Ferrous (Salvage)	0.3%	0.5%	0.1%	0.5%
10. Inerts	4.2%	10.3%	0.5%	8.0%
11. Hazardous Waste	0.4%	1.3%	0.0%	0.9%
12. E-Waste	1.7%	3.7%	0.3%	3.1%
13. Textiles	3.8%	4.0%	2.3%	5.2%
14. Organics	45.2%	8.8%	42.0%	48.4%
a. Yard Waste	8.0%	8.5%	4.9%	11.1%
b. Food Waste	17.9%	14.1%	12.7%	23.1%
c. Clean Wood	3.2%	6.8%	0.7%	5.7%
d. Treated/Painted Wood	5.8%	9.4%	2.4%	9.3%
e. Wet/Contaminated Fiber	10.2%	6.4%	7.9%	12.6%
f. Rubber	0.1%	0.2%	0.0%	0.2%
15. Fines (<2" Items)	4.4%	2.7%	3.4%	5.4%
16. Other	13.3%	11.0%	9.3%	17.4%

Figure 9: Spring Commercial MSW Data

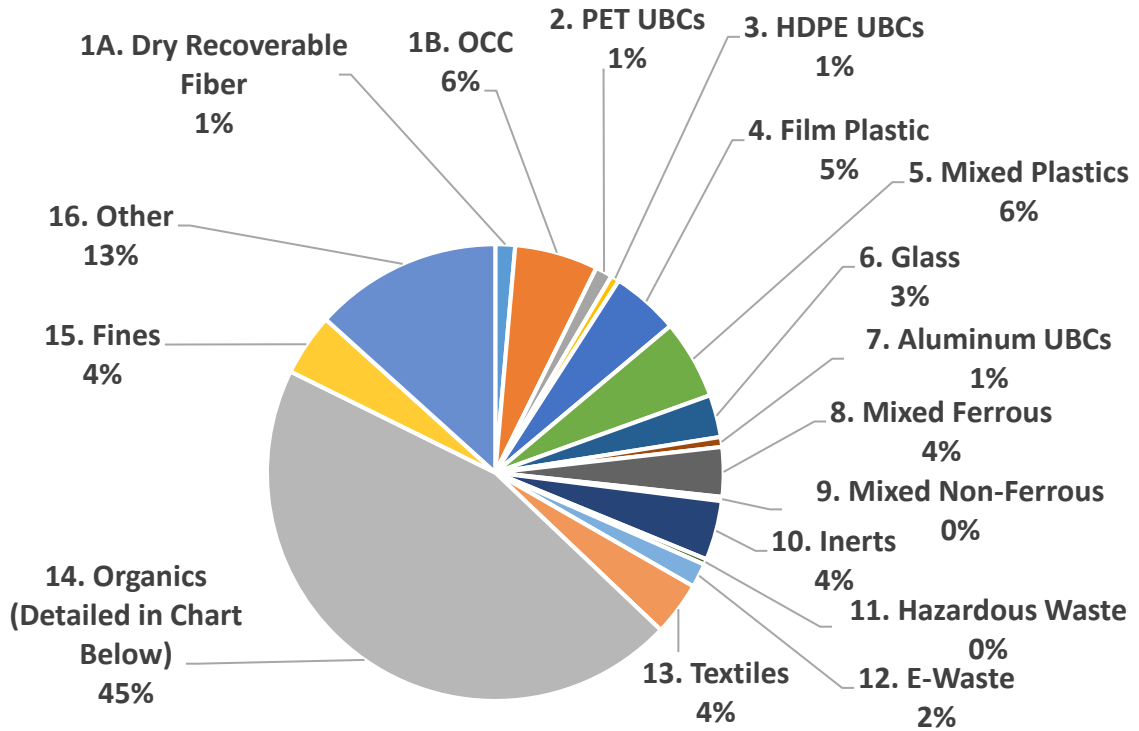
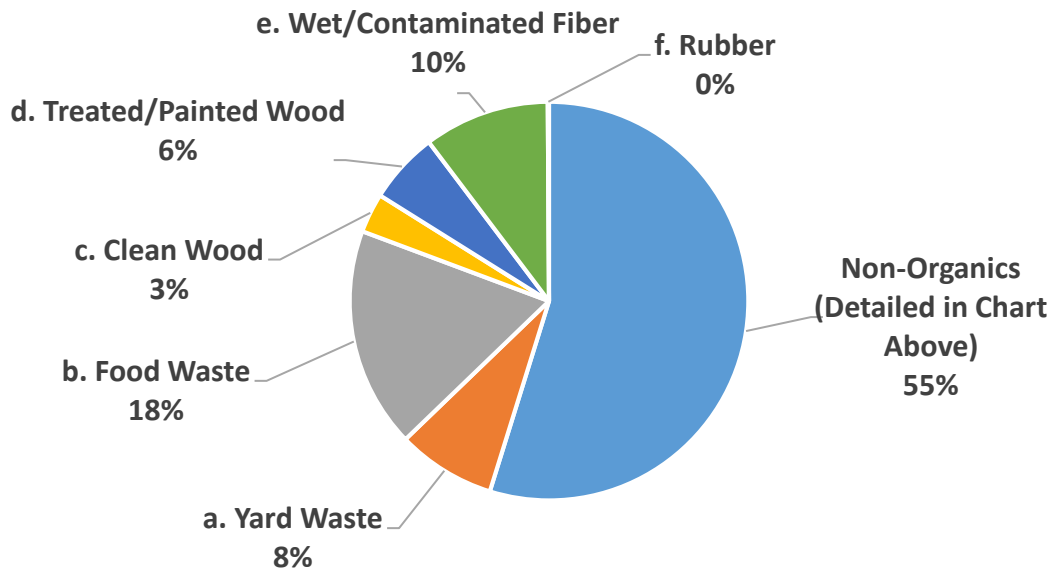


Figure 10: Spring Commercial MSW Organics Detail



**Table 8: Fall Commercial MSW Data**

Fall Commercial MSW (20 Samples, Hand Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	1.8%	3.1%	0.7%	3.0%
1B. OCC	7.8%	19.6%	2.7%	12.9%
2. PET UBC's	0.5%	0.7%	0.2%	0.8%
3. HDPE	0.8%	1.7%	0.2%	1.4%
4. Film Plastic	4.4%	7.2%	1.8%	7.1%
5. Mixed Plastics	1.2%	1.5%	0.7%	1.8%
6. Glass	0.9%	2.7%	0.0%	1.9%
7. Aluminum UBC's	0.5%	0.7%	0.2%	0.7%
8. Mixed Ferrous (Tin & Salvage)	2.2%	4.4%	0.5%	3.8%
9. Mixed Non-Ferrous (Salvage)	0.0%	0.0%	-	-
10. Inerts	0.0%	0.0%	-	-
11. Hazardous Waste	0.5%	2.0%	0.0%	1.2%
12. E-Waste	0.1%	0.2%	0.0%	0.1%
13. Textiles	0.8%	1.7%	0.2%	1.5%
14. Organics	65.3%	30.7%	54.0%	76.6%
a. Yard Waste	11.7%	19.0%	4.7%	18.7%
b. Food Waste	30.1%	26.9%	20.2%	40.0%
c. Clean Wood	11.3%	24.7%	2.2%	20.3%
d. Treated/Painted Wood	8.1%	23.1%	0.0%	16.6%
e. Wet/Contaminated Fiber	4.1%	6.0%	1.9%	6.3%
f. Rubber	0.1%	0.2%	0.0%	0.1%
15. Fines (<2" Items)	2.5%	3.6%	1.2%	3.8%
16. Other	10.7%	14.5%	5.4%	16.1%

Figure 11: Fall Commercial MSW Data

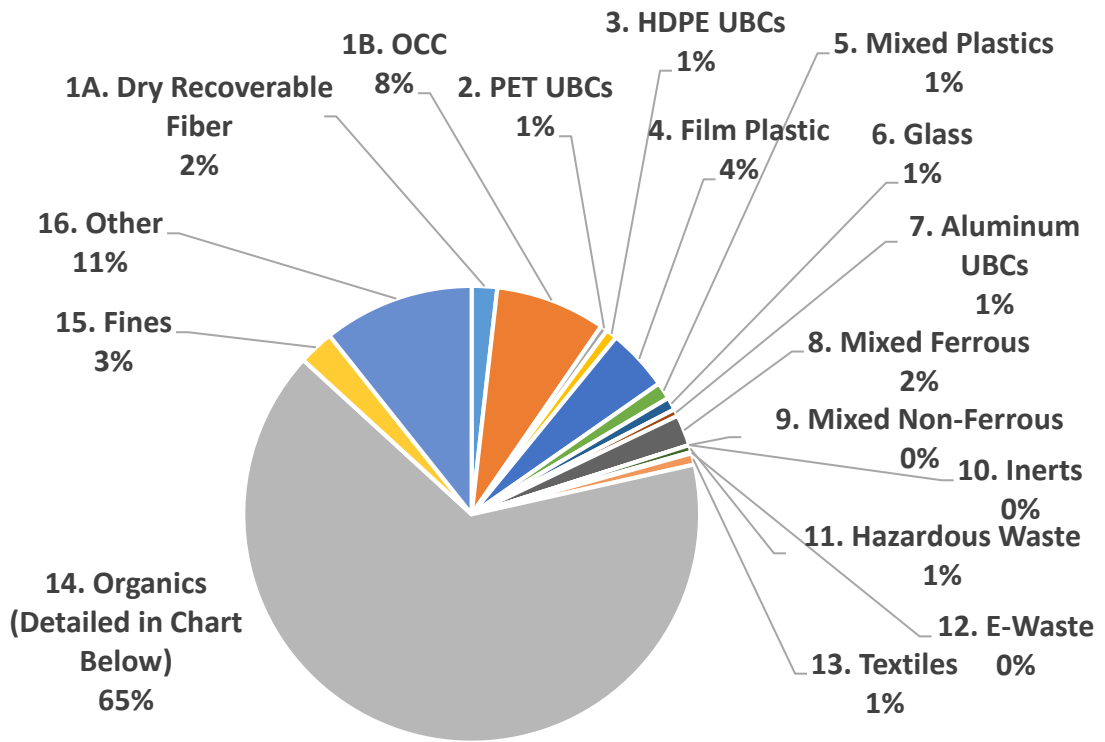
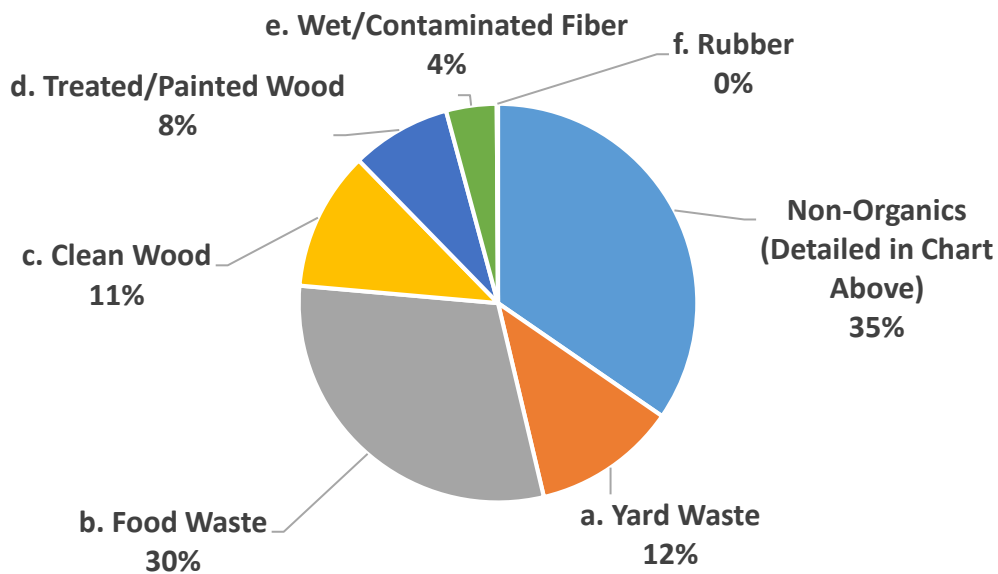


Figure 12: Fall Commercial MSW Organics Detail



**Table 9: Two-Season Commercial MSW Data**

Two-Season Commercial MSW (40 Samples, Hand Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	1.6%	2.3%	1.0%	2.2%
1B. OCC	6.8%	14.0%	3.2%	10.5%
2. PET UBC's	0.9%	0.9%	0.6%	1.1%
3. HDPE	0.7%	1.2%	0.4%	1.0%
4. Film Plastic	4.6%	5.2%	3.2%	5.9%
5. Mixed Plastics	3.4%	3.9%	2.4%	4.4%
6. Glass	1.9%	3.0%	1.2%	2.7%
7. Aluminum UBC's	0.6%	0.7%	0.4%	0.8%
8. Mixed Ferrous (Tin & Salvage)	2.8%	3.4%	1.9%	3.7%
9. Mixed Non-Ferrous (Salvage)	0.1%	0.4%	0.0%	0.2%
10. Inerts	2.1%	7.5%	0.2%	4.1%
11. Hazardous Waste	0.4%	1.6%	0.0%	0.9%
12. E-Waste	0.9%	2.7%	0.2%	1.6%
13. Textiles	2.3%	3.4%	1.4%	3.2%
14. Organics	55.3%	24.5%	48.9%	61.6%
a. Yard Waste	9.8%	14.6%	6.0%	13.6%
b. Food Waste	24.0%	22.0%	18.3%	29.7%
c. Clean Wood	7.2%	18.3%	2.4%	12.0%
d. Treated/Painted Wood	7.0%	17.4%	2.4%	11.5%
e. Wet/Contaminated Fiber	7.2%	6.9%	5.4%	9.0%
f. Rubber	0.1%	0.2%	0.0%	0.1%
15. Fines (<2" Items)	3.4%	3.3%	2.6%	4.3%
16. Other	12.0%	12.8%	8.7%	15.4%

Figure 13: Two-Season Commercial MSW Data

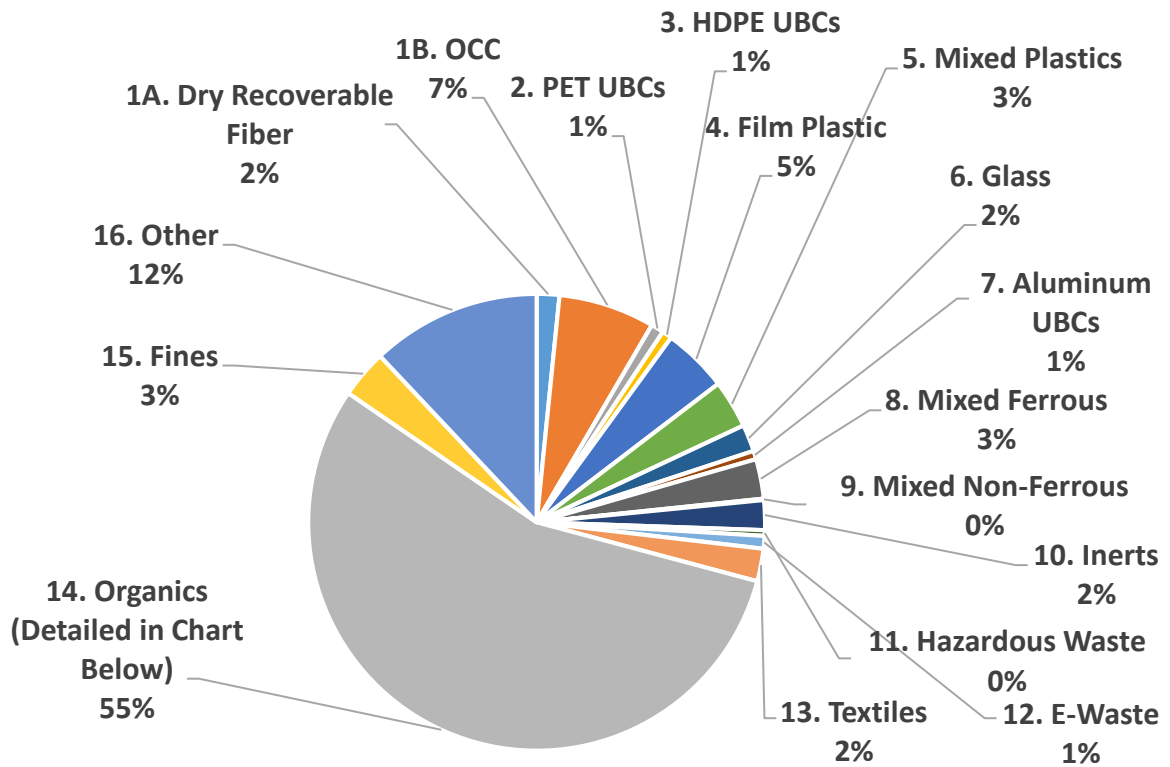
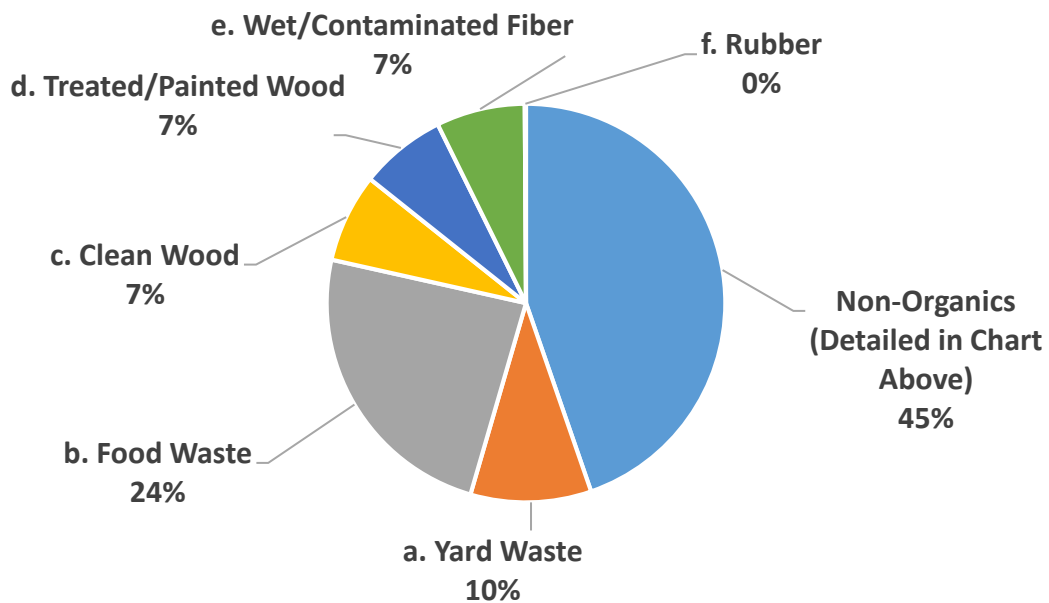


Figure 14: Two-Season Commercial MSW Organics Detail



## C. Industrial/C&D

*Table 10: Industrial/C&D Two-Season Waste Composition Overview*

Industrial/C&D MSW Mean Composition (Visual Sort)	Spring	Fall	Two-Season
1A. Dry Recoverable Fiber	0.0%	0.0%	0.0%
1B. OCC	0.1%	0.4%	0.3%
2. PET UBC's	0.0%	0.0%	0.0%
3. HDPE UBC's	0.0%	0.0%	0.0%
4. Film Plastic	0.0%	0.1%	0.0%
5. Mixed Plastics	6.3%	0.0%	3.1%
6. Glass	3.0%	0.0%	1.5%
7. Aluminum UBC's	0.0%	0.0%	0.0%
8. Mixed Ferrous (Tin & Salvage)	4.3%	3.8%	4.0%
9. Mixed Non-Ferrous (Salvage)	0.1%	0.4%	0.2%
10. Inerts	37.6%	45.6%	41.6%
11. Hazardous Waste	0.1%	0.0%	0.0%
12. E-Waste	0.2%	0.0%	0.1%
13. Textiles	1.6%	0.0%	0.8%
14. Organics	30.9%	24.1%	27.4%
a. Yard Waste	14.6%	4.2%	9.4%
b. Food Waste	0.0%	0.0%	0.0%
c. Clean Wood	6.7%	10.0%	8.3%
d. Treated/Painted Wood	9.6%	9.9%	9.7%
e. Wet/Contaminated Fiber	0.0%	0.0%	0.0%
f. Rubber	0.0%	0.0%	0.0%
15. Fines (<2" Items)	0.0%	0.0%	0.0%
16. Other	15.8%	25.6%	20.7%



**Table 11: Spring Industrial/C&D MSW Data**

Spring Industrial/C&D (20 Samples, Visual Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	0.0%	0.0%	0.0%	0.0%
1B. OCC	0.1%	0.4%	0.0%	0.3%
2. PET	0.0%	0.0%	-	-
3. HDPE	0.0%	0.0%	-	-
4. Film Plastic	0.0%	0.0%	0.0%	0.0%
5. Mixed Plastics	6.3%	22.7%	0.0%	14.6%
6. Glass	3.0%	11.2%	0.0%	7.1%
7. Aluminum	0.0%	0.0%	0.0%	0.0%
8. Mixed Ferrous (Tin & Salvage)	4.3%	7.9%	1.4%	7.2%
9. Mixed Non-Ferrous (Salvage)	0.1%	0.3%	0.0%	0.2%
10. Inerts	37.6%	43.1%	21.7%	53.4%
11. Hazardous Waste	0.1%	0.3%	0.0%	0.2%
12. E-Waste	0.2%	0.8%	0.0%	0.5%
13. Textiles	1.6%	5.1%	0.0%	3.5%
14. Organics	30.9%	34.1%	18.3%	43.4%
a. Yard Waste	14.6%	29.1%	3.9%	25.3%
b. Food Waste	0.0%	0.0%	-	-
c. Clean Wood	6.7%	21.6%	0.0%	14.6%
d. Treated/Painted Wood	9.6%	18.1%	2.9%	16.2%
e. Wet/Contaminated Fiber	0.0%	0.0%	-	-
f. Rubber	0.0%	0.0%	-	-
15. Fines (<2" Items)	0.0%	0.0%	-	-
16. Other	15.8%	31.3%	4.3%	27.3%

Figure 15: Spring Industrial/C&D MSW Data

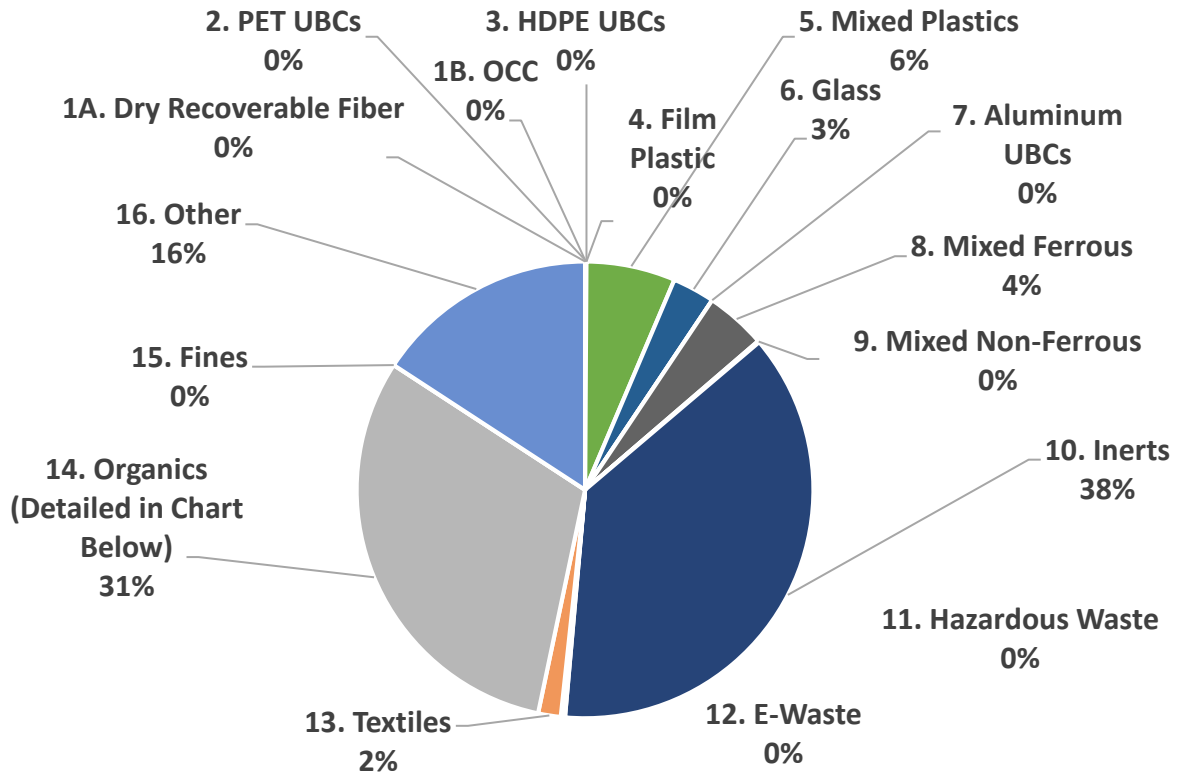


Figure 16: Spring Industrial/C&D MSW Organics Detail

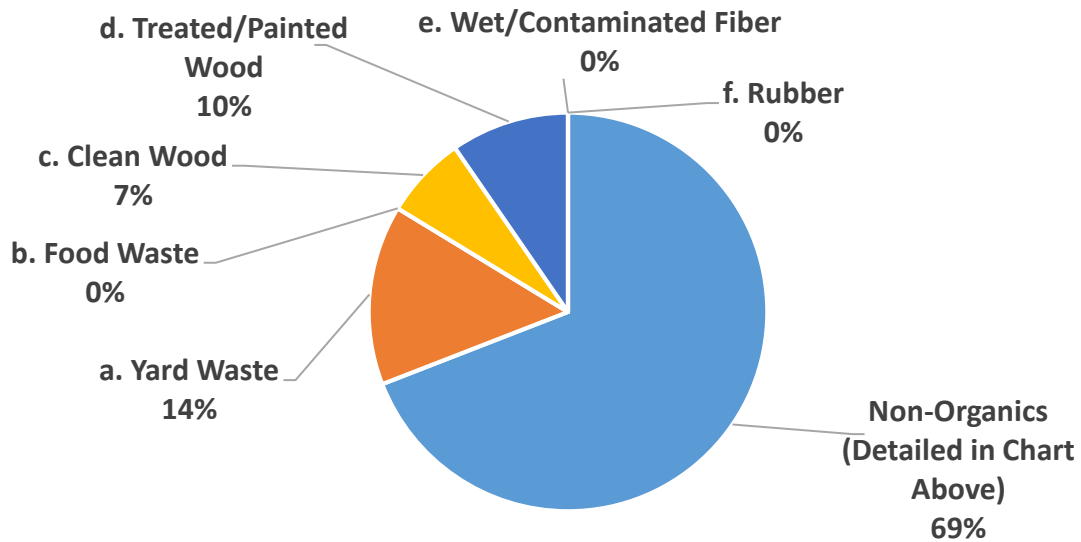


Table 12: Fall Industrial/C&D MSW Data

Fall Industrial/C&D Data (20 Samples, Visual Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	0.0%	0.2%	0.0%	0.1%
1B. OCC	0.4%	0.8%	0.1%	0.7%
2. PET	0.0%	0.0%	0.0%	0.0%
3. HDPE	0.0%	0.0%	-	-
4. Film Plastic	0.1%	0.2%	0.0%	0.1%
5. Mixed Plastics	0.0%	0.0%	0.0%	0.0%
6. Glass	0.0%	0.0%	-	-
7. Aluminum	0.0%	0.1%	0.0%	0.0%
8. Mixed Ferrous (Tin & Salvage)	3.8%	13.0%	0.0%	8.5%
9. Mixed Non-Ferrous (Salvage)	0.4%	1.2%	0.0%	0.8%
10. Inerts	45.6%	44.2%	29.4%	61.9%
11. Hazardous Waste	0.0%	0.0%	-	-
12. E-Waste	0.0%	0.0%	-	-
13. Textiles	0.0%	0.0%	-	-
14. Organics	24.1%	33.7%	11.7%	36.5%
a. Yard Waste	4.2%	10.8%	0.2%	8.2%
b. Food Waste	0.0%	0.0%	-	-
c. Clean Wood	10.0%	23.1%	1.5%	18.5%
d. Treated/Painted Wood	9.9%	24.2%	0.9%	18.8%
e. Wet/Contaminated Fiber	0.0%	0.0%	-	-
f. Rubber	0.0%	0.0%	-	-
15. Fines (<2" Items)	0.0%	0.0%	-	-
16. Other	25.6%	40.5%	10.8%	40.5%

Figure 17: Fall Industrial/C&D MSW Data

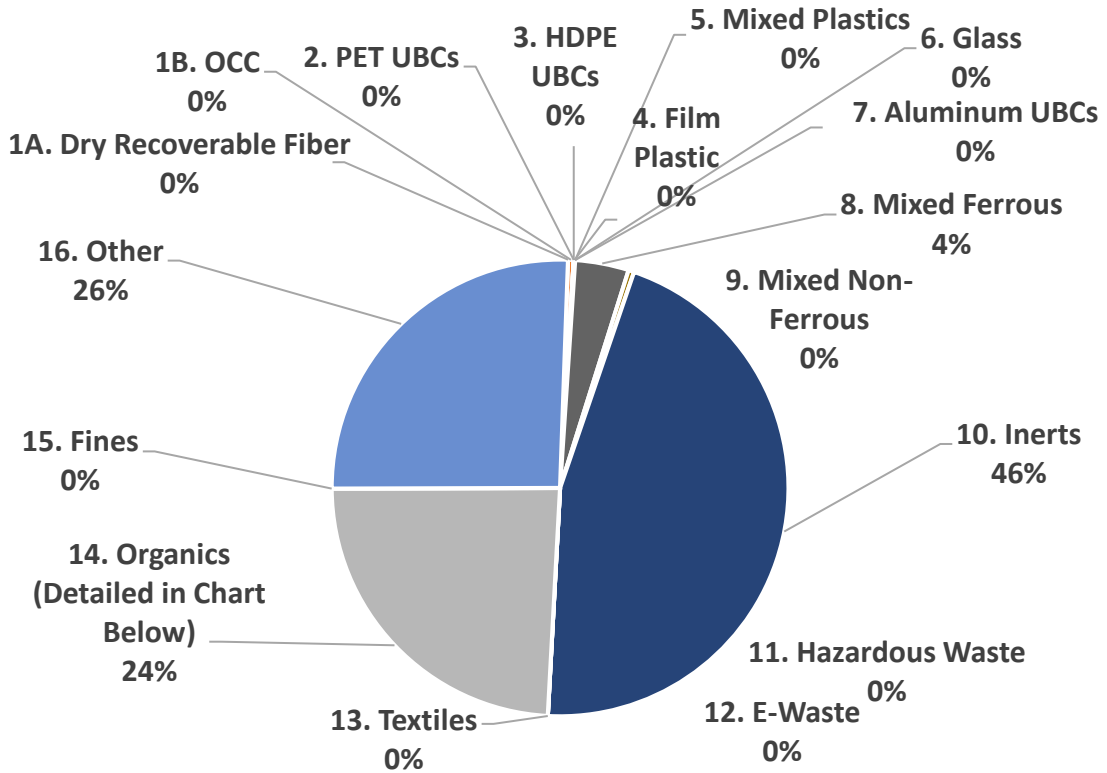


Figure 18: Fall Industrial/C&D MSW Organics Detail

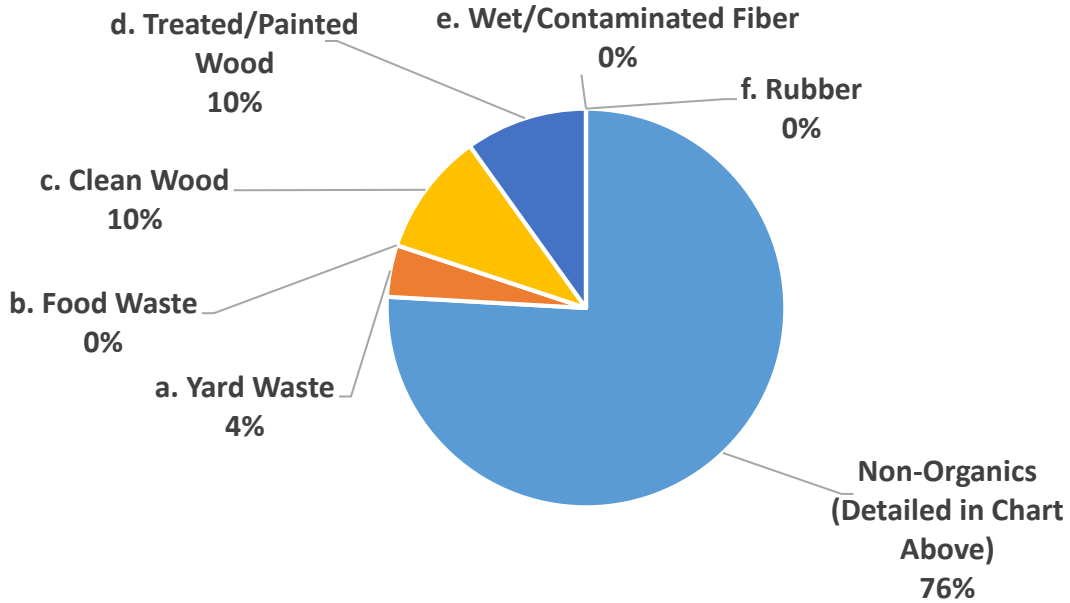


Table 13: Two-Season Industrial/C&D MSW Data

Two-Season Industrial/C&D (40 Samples, Visual Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	0.0%	0.1%	0.0%	0.1%
1B. OCC	0.3%	0.6%	0.1%	0.4%
2. PET	0.0%	0.0%	0.0%	0.0%
3. HDPE	0.0%	0.0%	-	-
4. Film Plastic	0.0%	0.1%	0.0%	0.1%
5. Mixed Plastics	3.1%	16.2%	0.0%	7.4%
6. Glass	1.5%	8.0%	0.0%	3.6%
7. Aluminum	0.0%	0.1%	0.0%	0.0%
8. Mixed Ferrous (Tin & Salvage)	4.0%	10.6%	1.3%	6.8%
9. Mixed Non-Ferrous (Salvage)	0.2%	0.9%	0.0%	0.4%
10. Inerts	41.6%	43.3%	30.4%	52.9%
11. Hazardous Waste	0.0%	0.2%	0.0%	0.1%
12. E-Waste	0.1%	0.5%	0.0%	0.2%
13. Textiles	0.8%	3.6%	0.0%	1.8%
14. Organics	27.4%	33.7%	18.7%	36.2%
a. Yard Waste	9.4%	22.3%	3.6%	15.2%
b. Food Waste	0.0%	0.0%	-	-
c. Clean Wood	8.3%	22.1%	2.6%	14.1%
d. Treated/Painted Wood	9.7%	21.1%	4.2%	15.2%
e. Wet/Contaminated Fiber	0.0%	0.0%	-	-
f. Rubber	0.0%	0.0%	-	-
15. Fines (<2" Items)	0.0%	0.0%	-	-
16. Other	20.7%	36.0%	11.4%	30.1%

Figure 19: Two-Season Industrial/C&D MSW Data

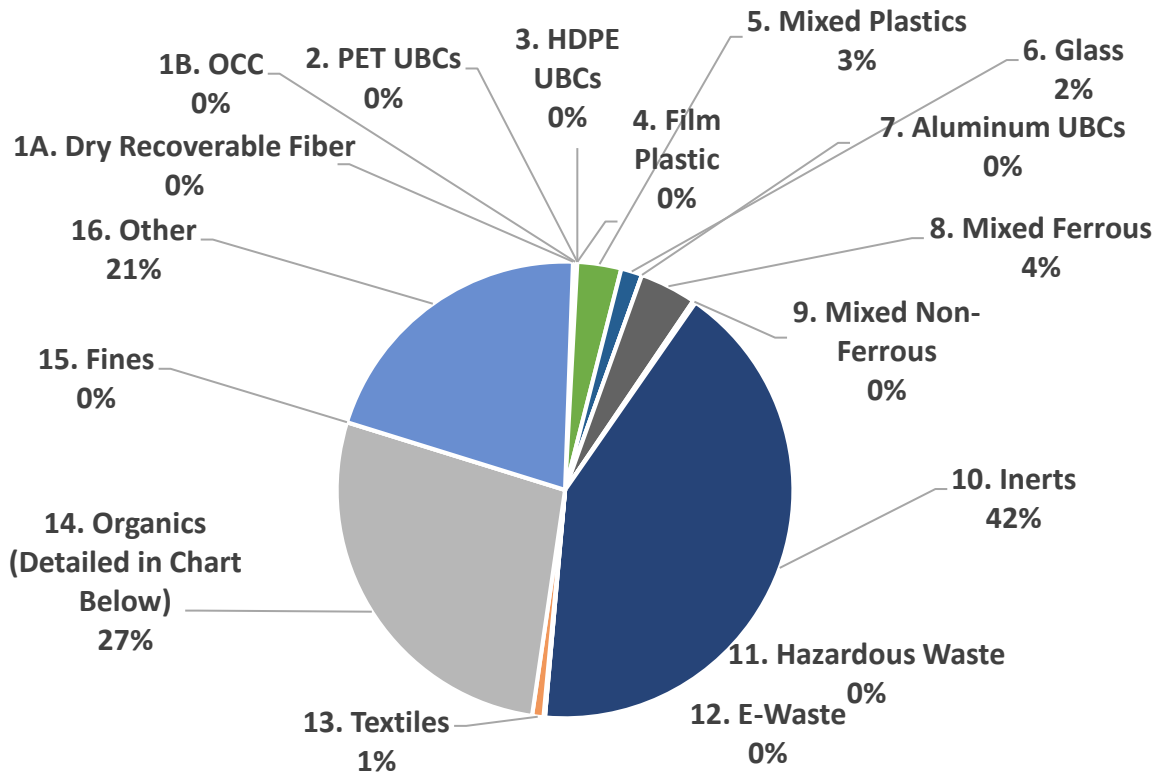
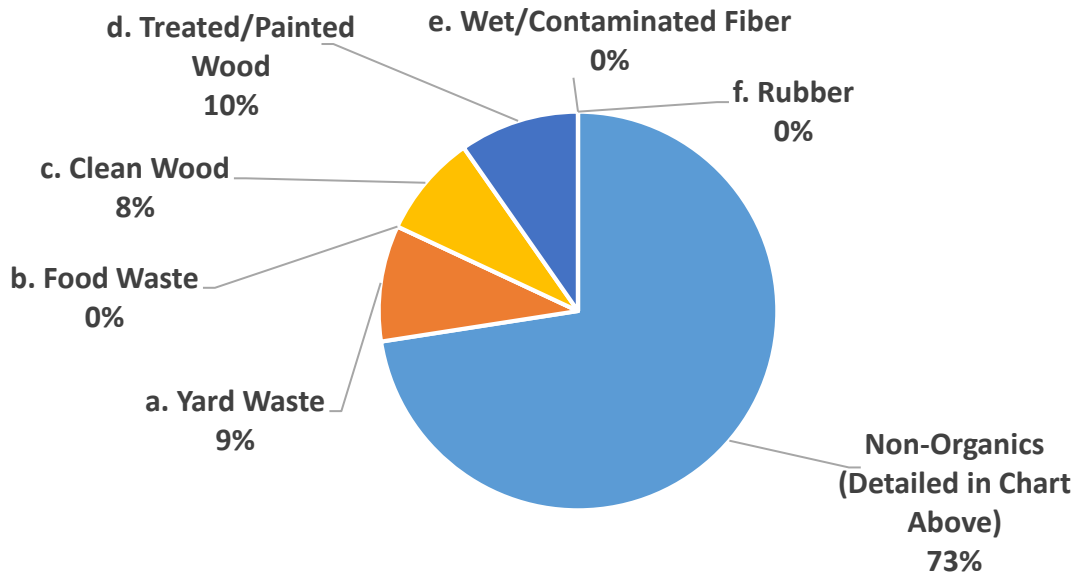


Figure 20: Two-Season Industrial/C&D MSW Organics Detail



## D. Self-Haul

Table 14: Self-Haul Two-Season Waste Composition Overview

Self-Haul Mean Composition (Visual Sort)	Spring	Fall	Two-Season
1A. Dry Recoverable Fiber	0.0%	0.0%	0.0%
1B. OCC	2.7%	2.1%	2.4%
2. PET UBC's	0.0%	0.3%	0.2%
3. HDPE UBC's	0.0%	0.0%	0.0%
4. Film Plastic	0.0%	0.0%	0.0%
5. Mixed Plastics	0.2%	0.1%	0.1%
6. Glass	4.6%	0.0%	2.3%
7. Aluminum UBC's	0.0%	0.0%	0.0%
8. Mixed Ferrous (Tin & Salvage)	6.0%	2.2%	4.1%
9. Mixed Non-Ferrous (Salvage)	0.3%	0.2%	0.2%
10. Inerts	21.1%	16.2%	18.6%
11. Hazardous Waste	0.5%	0.1%	0.3%
12. E-Waste	1.6%	0.6%	1.1%
13. Textiles	4.6%	5.8%	5.2%
14. Organics	56.2% <sup>5</sup>	70.8%	63.5%
a. Yard Waste	18.4%	33.5%	25.9%
b. Food Waste	0.0%	8.4%	4.2%
c. Clean Wood	19.2%	15.3%	17.2%
d. Treated/Painted Wood	18.7%	6.0%	12.4%
e. Wet/Contaminated Fiber	0.0%	0.0%	0.0%
f. Rubber	0.0%	7.6%	3.8%
15. Fines (<2" Items)	0.0%	0.0%	0.0%
16. Other	2.2%	1.7%	2.0%

<sup>5</sup> There was a significant increase in the percentage of organics found in the self-haul waste stream sampled in the Fall season. During the Spring sampling, 4 of the 20 randomly selected cells from the randomly selected loads contained 90-100% organics. During the Fall sampling, 8 of the 20 randomly selected cells/loads contained 90-100% organics. In three cases, the cells contained 100% yard waste. Capturing this type of variance is one of the primary objectives in conducting a two-season study.

**Table 15: Spring Self-Haul MSW Data**

Spring Self-Haul (20 Samples, Visual Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	0.0%	0.0%	-	-
1B. OCC	2.7%	6.8%	0.2%	5.2%
2. PET	0.0%	0.0%	-	-
3. HDPE	0.0%	0.0%	-	-
4. Film Plastic	0.0%	0.0%	-	-
5. Mixed Plastics	0.2%	0.4%	0.0%	0.3%
6. Glass	4.6%	11.3%	0.4%	8.7%
7. Aluminum	0.0%	0.0%	0.0%	0.0%
8. Mixed Ferrous (Tin & Salvage)	6.0%	10.9%	2.0%	10.0%
9. Mixed Non-Ferrous (Salvage)	0.3%	0.7%	0.0%	0.6%
10. Inerts	21.1%	30.5%	9.8%	32.3%
11. Hazardous Waste	0.5%	1.7%	0.0%	1.1%
12. E-Waste	1.6%	4.0%	0.1%	3.1%
13. Textiles	4.6%	10.2%	0.9%	8.4%
14. Organics	56.2%	35.7%	43.1%	69.4%
a. Yard Waste	18.4%	32.6%	6.4%	30.4%
b. Food Waste	0.0%	0.0%	-	-
c. Clean Wood	19.2%	28.0%	8.9%	29.5%
d. Treated/Painted Wood	18.7%	21.8%	10.7%	26.7%
e. Wet/Contaminated Fiber	0.0%	0.0%	-	-
f. Rubber	0.0%	0.0%	-	-
15. Fines (<2" Items)	0.0%	0.0%	-	-
16. Other	2.2%	8.4%	0.0%	5.3%



Figure 21: Spring Self-Haul MSW Data

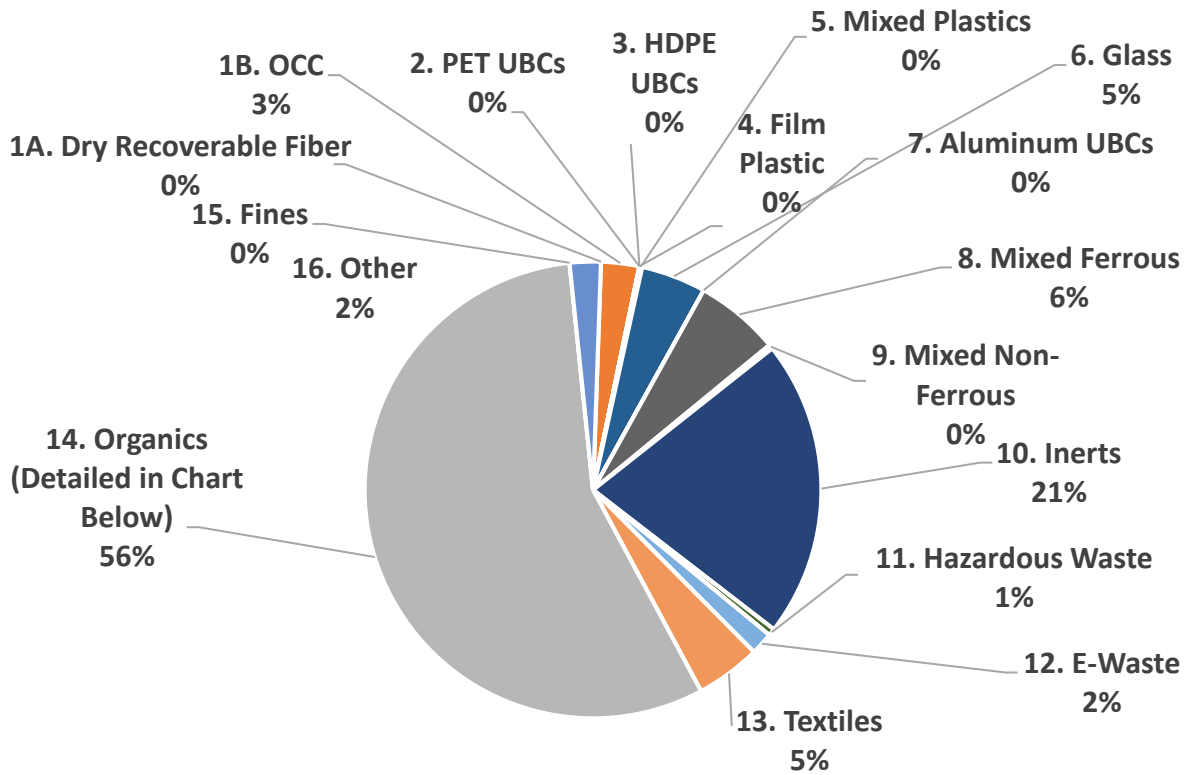
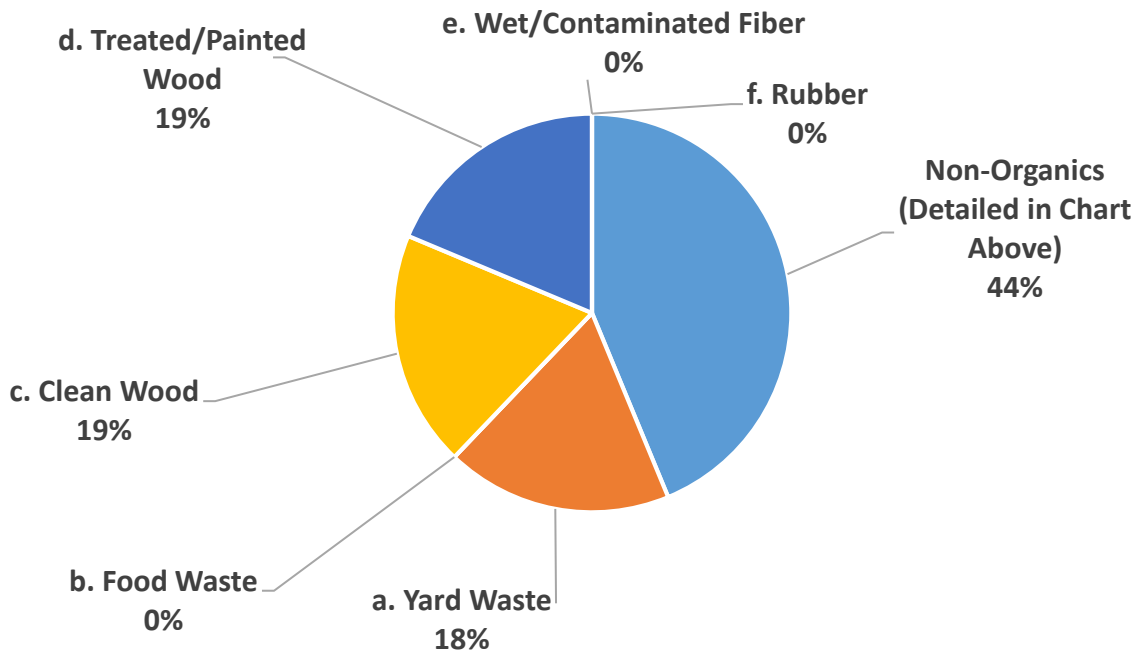


Figure 22: Spring Self-Haul MSW Organics Detail



**Table 16: Fall Self-Haul MSW Data**

Fall Self-Haul (20 Samples, Visual Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	0.0%	0.0%	-	-
1B. OCC	2.1%	6.6%	0.0%	4.5%
2. PET	0.3%	1.6%	0.0%	0.9%
3. HDPE	0.0%	0.0%	-	-
4. Film Plastic	0.0%	0.1%	0.0%	0.0%
5. Mixed Plastics	0.1%	0.2%	0.0%	0.1%
6. Glass	0.0%	0.0%	-	-
7. Aluminum	0.0%	0.0%	0.0%	0.0%
8. Mixed Ferrous (Tin & Salvage)	2.2%	4.9%	0.4%	4.0%
9. Mixed Non-Ferrous (Salvage)	0.2%	0.6%	0.0%	0.4%
10. Inerts	16.2%	30.7%	4.9%	27.4%
11. Hazardous Waste	0.1%	0.5%	0.0%	0.3%
12. E-Waste	0.6%	2.4%	0.0%	1.5%
13. Textiles	5.8%	13.6%	0.8%	10.8%
14. Organics	70.8%	31.4%	59.2%	82.3%
a. Yard Waste	33.5%	42.3%	17.9%	49.0%
b. Food Waste	8.4%	26.1%	0.0%	18.0%
c. Clean Wood	15.3%	29.6%	4.4%	26.2%
d. Treated/Painted Wood	6.0%	12.3%	1.5%	10.6%
e. Wet/Contaminated Fiber	0.0%	0.0%	-	-
f. Rubber	7.6%	18.0%	0.9%	14.2%
15. Fines (<2" Items)	0.0%	0.0%	-	-
16. Other	1.7%	3.4%	0.4%	2.9%

Figure 23: Fall Self-Haul MSW Data

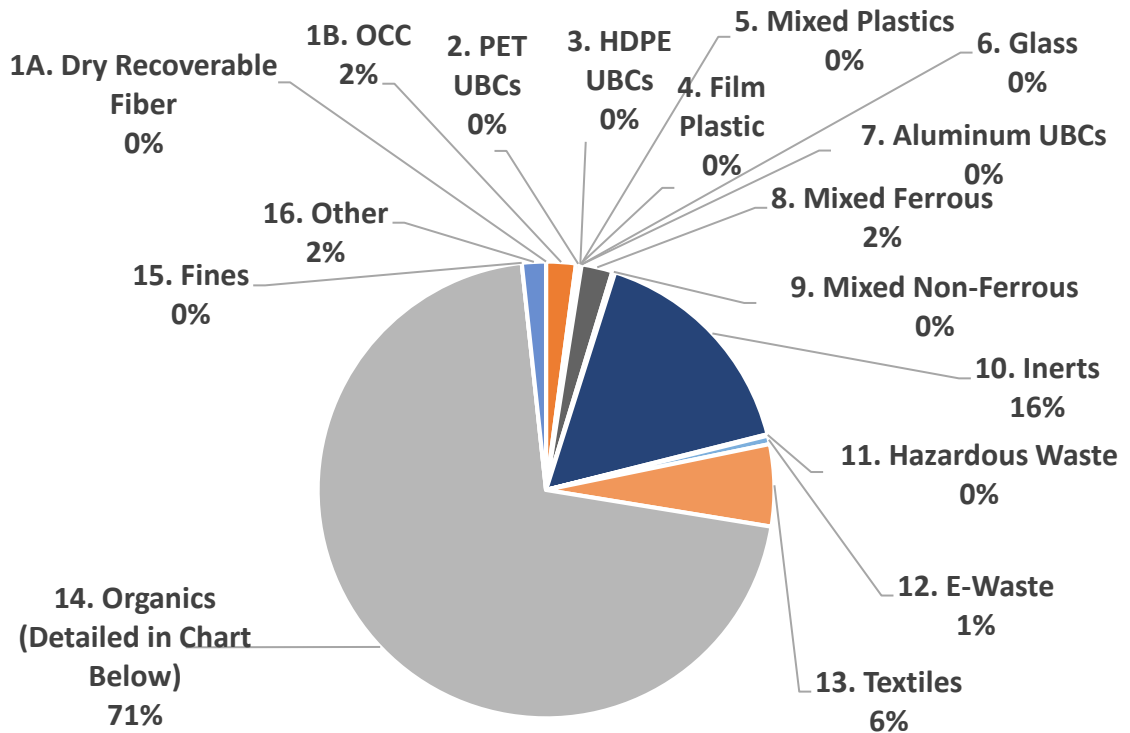
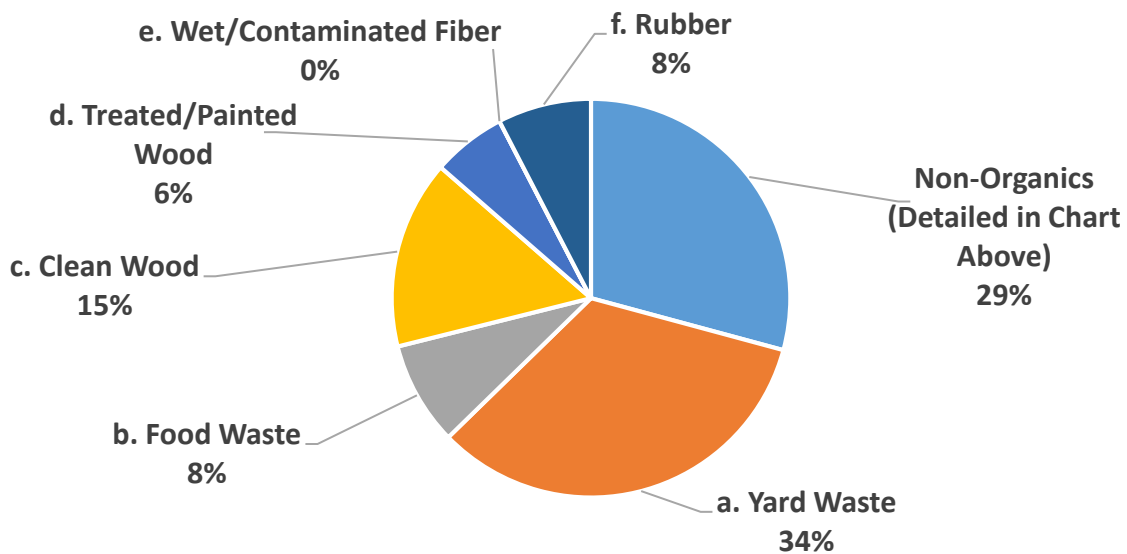


Figure 24: Fall Self-Haul MSW Organics Detail



**Table 17: Two-Season Self-Haul MSW Data**

Two-Season Self-Haul (40 Samples, Visual Sort)	Mean Composition	Standard Deviation	Lower	Upper
1A. Dry Recoverable Fiber	0.0%	0.0%	-	-
1B. OCC	2.4%	6.6%	0.7%	4.1%
2. PET	0.2%	1.1%	0.0%	0.5%
3. HDPE	0.0%	0.0%	-	-
4. Film Plastic	0.0%	0.1%	0.0%	0.0%
5. Mixed Plastics	0.1%	0.3%	0.0%	0.2%
6. Glass	2.3%	8.2%	0.1%	4.4%
7. Aluminum	0.0%	0.0%	0.0%	0.0%
8. Mixed Ferrous (Tin & Salvage)	4.1%	8.6%	1.9%	6.3%
9. Mixed Non-Ferrous (Salvage)	0.2%	0.6%	0.1%	0.4%
10. Inerts	18.6%	30.3%	10.7%	26.5%
11. Hazardous Waste	0.3%	1.3%	0.0%	0.6%
12. E-Waste	1.1%	3.3%	0.2%	2.0%
13. Textiles	5.2%	11.9%	2.1%	8.3%
14. Organics	63.5%	34.0%	54.7%	72.3%
a. Yard Waste	25.9%	38.0%	16.0%	35.8%
b. Food Waste	4.2%	18.7%	0.0%	9.1%
c. Clean Wood	17.2%	28.5%	9.8%	24.7%
d. Treated/Painted Wood	12.4%	18.6%	7.5%	17.2%
e. Wet/Contaminated Fiber	0.0%	0.0%	-	-
f. Rubber	3.8%	13.2%	0.4%	7.2%
15. Fines (<2" Items)	0.0%	0.0%	-	-
16. Other	2.0%	6.3%	0.3%	3.6%

Figure 25: Two-Season Self-Haul MSW Data

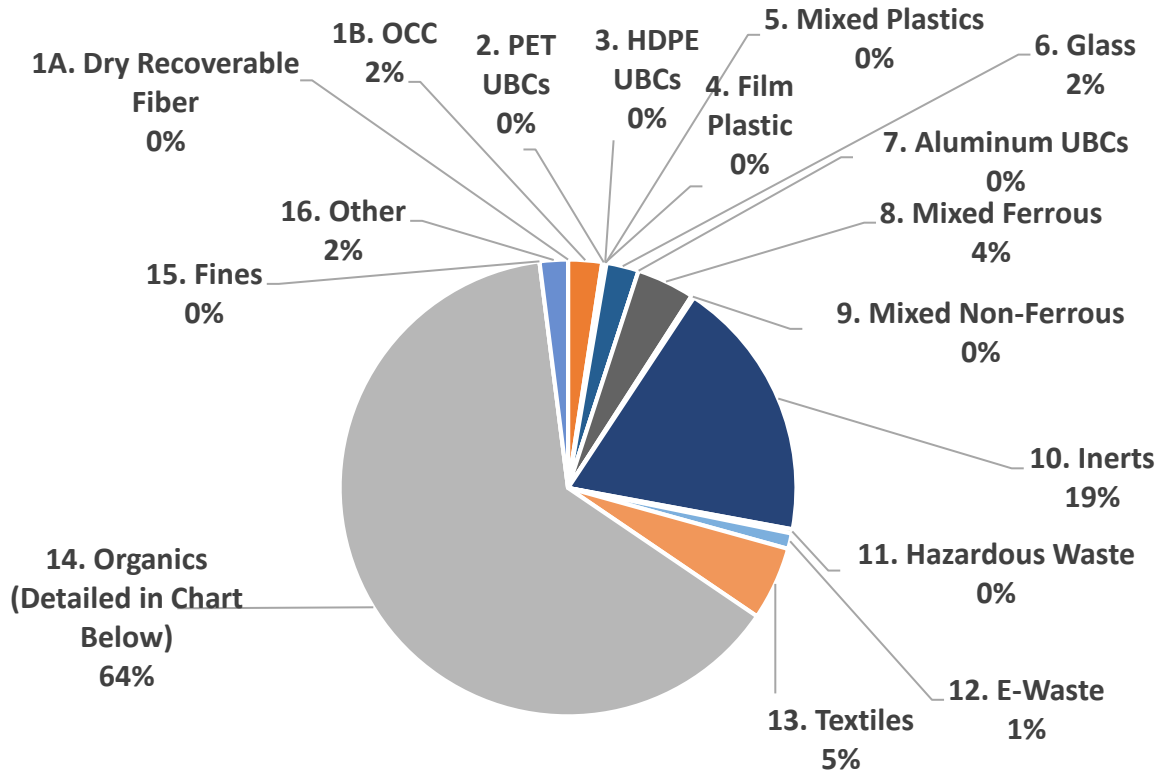
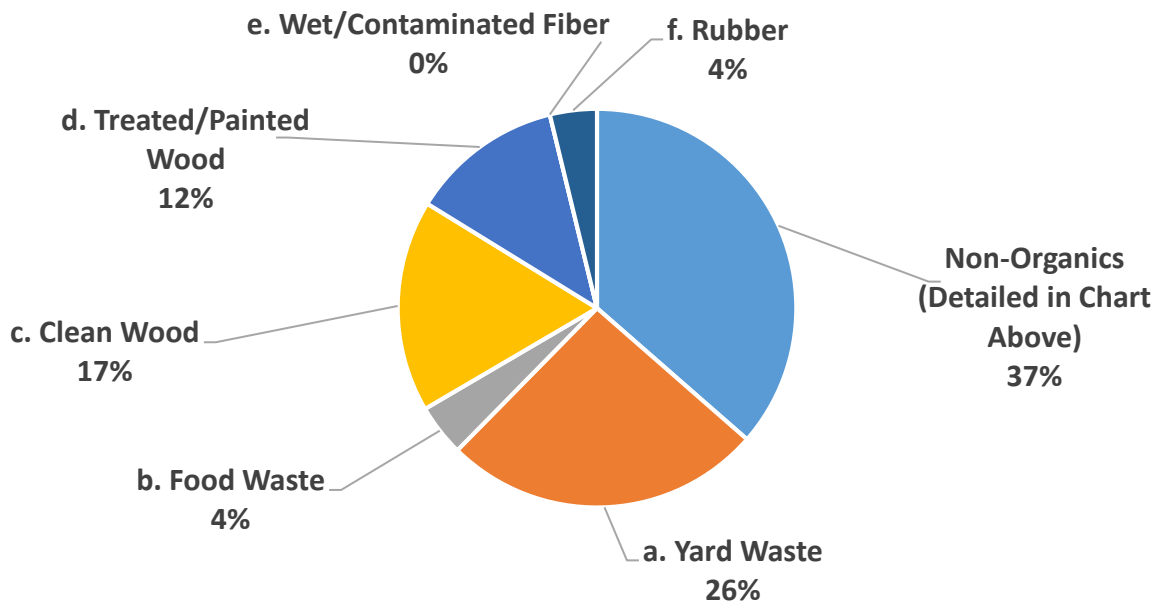


Figure 26: Two-Season Self-Haul MSW Organics Detail



## **Exhibit A: Data for Residential, Commercial, Industrial/C&D and Self-Haul Samples**

Fort Collins Two-Season Residential Data	Spring 2016 Samples															Fall 2016 Samples															Mean Composition	Standard Deviation	Lower	Upper
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				
1A. Dry Recoverable Fiber	0.0%	2.0%	3.1%	3.0%	0.0%	0.0%	2.0%	3.0%	3.1%	4.2%	1.4%	1.6%	3.6%	0.0%	2.9%	5.7%	7.3%	3.2%	0.0%	0.0%	3.5%	0.0%	24.2%	0.0%	0.0%	3.3%	0.8%	1.1%	3.3%	0.0%	2.7%	4.5%	1.4%	4.1%
1B. OCC	0.0%	2.8%	4.2%	4.1%	0.0%	0.0%	2.8%	4.1%	4.3%	5.8%	1.9%	2.2%	4.9%	0.0%	4.0%	4.6%	1.2%	6.5%	3.7%	0.0%	6.2%	0.0%	14.8%	0.0%	0.0%	9.9%	7.5%	2.2%	11.1%	4.0%	3.8%	3.6%	2.7%	4.8%
2. PET UBC's	1.0%	0.6%	0.3%	1.4%	0.0%	0.0%	0.3%	1.1%	2.0%	1.6%	0.7%	0.7%	0.7%	0.2%	1.0%	1.5%	1.0%	1.3%	0.3%	0.0%	1.5%	0.0%	3.4%	0.0%	0.0%	1.9%	1.6%	0.5%	0.8%	0.0%	0.8%	0.8%	0.6%	1.1%
3. HDPE UBC's	0.7%	0.5%	0.2%	1.7%	0.0%	0.0%	0.7%	0.3%	1.8%	1.8%	1.9%	0.5%	2.0%	0.4%	0.6%	1.6%	1.0%	2.4%	0.4%	0.0%	2.0%	0.0%	0.5%	0.0%	0.0%	1.3%	0.4%	0.2%	0.4%	0.0%	0.8%	0.7%	0.5%	1.0%
4. Film Plastic	5.4%	4.8%	3.8%	2.7%	0.0%	0.0%	4.7%	4.1%	5.9%	4.5%	5.5%	2.8%	7.8%	4.4%	6.2%	4.6%	4.5%	2.5%	0.6%	14.6%	3.4%	0.0%	0.1%	0.0%	0.0%	6.6%	7.1%	4.2%	14.4%	0.0%	4.2%	3.7%	3.1%	5.3%
5. Mixed Plastics	1.6%	6.5%	6.5%	7.8%	0.0%	0.0%	1.8%	2.2%	8.0%	4.4%	5.0%	2.8%	2.4%	2.9%	2.1%	4.5%	5.5%	2.9%	0.1%	46.7%	5.8%	0.0%	0.7%	4.2%	0.0%	5.4%	4.1%	8.5%	4.5%	3.8%	5.0%	8.3%	2.5%	7.5%
6. Glass UBC's	0.0%	1.8%	2.5%	4.6%	0.0%	0.0%	0.4%	1.2%	0.0%	9.3%	4.0%	1.4%	0.0%	0.0%	0.6%	1.5%	1.3%	3.6%	4.5%	0.0%	5.2%	0.0%	4.6%	0.0%	0.0%	3.4%	0.1%	0.7%	0.4%	3.7%	1.8%	2.3%	1.1%	2.5%
7. Aluminum UBC's	0.1%	0.4%	0.5%	1.5%	0.0%	0.0%	0.3%	0.4%	1.1%	1.5%	0.5%	0.7%	0.0%	0.1%	0.3%	0.9%	0.7%	0.5%	0.3%	0.0%	1.6%	0.0%	0.9%	0.0%	0.0%	0.4%	2.3%	0.3%	0.7%	0.0%	0.5%	0.6%	0.4%	0.7%
8. Mixed Ferrous (Tin & Salvage)	0.6%	0.0%	0.7%	1.7%	0.0%	0.0%	2.4%	0.7%	0.0%	1.8%	0.4%	1.0%	0.5%	0.0%	1.1%	1.5%	3.1%	4.4%	0.7%	17.8%	7.3%	0.0%	0.1%	0.0%	0.0%	0.8%	2.1%	0.0%	0.5%	10.7%	2.0%	3.8%	0.9%	3.1%
9. Mixed Non-Ferrous (Salvage)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	36.2%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.8%	1.0%	0.0%	0.0%	0.0%	1.5%	6.7%	0.0%	3.5%
10. Inerts	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%	13.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	18.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	4.0%	0.0%	2.3%
11. Haz-Waste	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	45.7%	0.0%	0.0%	0.0%	0.0%	0.3%	1.6%	8.3%	0.0%	4.1%	
12. E-Waste	0.0%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	14.9%	1.5%	0.0%	0.0%	0.0%	0.0%	5.6%	0.0%	1.2%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	13.1%	0.0%	0.0%	1.4%	3.0%	0.0%	0.0%	3.2%	1.6%	3.6%	0.5%	2.7%
13. Textiles	2.3%	4.7%	2.8%	2.3%	0.0%	0.0%	0.0%	0.3%	8.6%	5.6%	1.7%	6.7%	0.0%	1.3%	0.6%	4.4%	0.7%	2.0%	1.1%	0.0%	8.1%	0.0%	0.0%	0.0%	0.0%	10.4%	3.5%	0.1%	50.6%	3.9%	9.3%	1.1%	6.7%	
14. Organics	88.2%	70.9%	56.2%	41.1%	100.0%	100.0%	27.8%	60.2%	58.4%	19.0%	70.0%	32.9%	67.3%	67.2%	68.3%	52.0%	53.1%	30.4%	82.0%	0.0%	27.6%	100%	7.4%	50.1%	100%	25.2%	28.4%	66.9%	37.1%	23.5%	53.7%	28.4%	45.2%	62.2%
a. Yard Waste	61.8%	4.9%	16.1%	7.9%	71.0%	52.1%	1.6%	8.1%	9.9%	0.0%	15.8%	0.7%	51.9%	0.0%	46.7%	0.6%	19.9%	13.1%	0.3%	0.0%	0.0%	7.4%	35.4%	71.5%	15.0%	5.5%	29.6%	1.2%	0.0%	18.3%	23.0%	11.4%	25.2%	
b. Food Waste	10.6%	57.9%	33.1%	28.2%	29.0%	23.1%	15.9%	22.2%	29.9%	2.5%	22.8%	10.7%	11.4%	47.5%	11.3%	29.7%	6.3%	6.6%	75.3%	0.0%	18.7%	0.0%	0.0%	10.5%	11.0%	0.0%	9.0%	7.6%	22.6%	0.0%	18.4%	17.8%	13.1%	23.8%
c. Clean Wood	0.0%	0.0%	0.4%	1.5%	0.0%	0.0%	0.3%	16.4%	0.0%	0.0%	1.6%	3.1%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	0.0%	4.3%	2.1%	2.3%	1.0%	15.4%	0.0%	0.0%	3.0%	8.1%	0.5%	5.4%
d. Treated/Painted Wood	5.3%	0.0%	0.0%	0.0%	0.0%	20.1%	0.0%	0.0%	3.5%	7.8%	0.0%	9.1%	0.0%	3.0%	0.8%	2.9%	14.4%	8.4%	0.0%	0.0%	1.5%	60.0%	0.0%	0.0%	7.3%	0.0%	2.8%	0.0%	0.0%	23.5%	5.7%	11.9%	2.1%	9.3%
e. Wet/Contaminated Fiber	10.5%	8.1%	6.7%	3.5%	0.0%	4.7%	6.1%	13.6%	15.1%	8.8%	29.4%	9.3%	3.6%	16.7%	9.5%	18.9%	8.7%	2.3%	6.1%	0.0%	7.3%	0.0%	0.0%	0.0%	0.0%	7.9%	9.5%	8.6%	13.3%	0.0%	7.6%	6.7%	5.6%	9.6%
f. Rubber	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.9%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%	0.0%	0.3%	0.0%	0.1%	0.0%	0.0%	0.0%	8.1%	0.0%	0.5%	5.7%	0.0%	0.0%	0.8%	1.9%	0.2%	1.3%
15. "Fines" (<2" Items)	0.0%	0.0%	2.6%	9.2%	0.0%	0.0%	3.9%	0.0%	0.0%	7.3%	0.0%	4.9%	5.8%	0.0%	2.7%	15.6%	6.5%	6.7%	0.0%	0.0%	12.8%	0.0%	5.3%	0.0%	0.0%	9.8%	4.1%	8.3%	2.7%	0.0%	3.6%	4.3%	2.3%	4.9%
16. Other	0.0%	2.5%	16.4%	19.1%	0.0%	0.0%	16.8%	7.5%	5.2%	33.2%	6.8%	39.4%	4.9%	17.9%	9.6%	0.0%	0.0%	33.5%	6.3%	21.0%	14.3%	0.0%	7.0%	0.0%	0.0%	24.0%	26.9%	3.6%	24.2%	0.0%	11.3%	11.8%	7.8%	14.9%
Confidence Interval																											90%							

Fort Collins Two-Season Commercial Data	Spring 2016 Samples																				Fall 2016 Samples																				Mean Composition	Standard Deviation	Lower	Upper
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
1A. Dry Recoverable Fiber	1.0%	0.9%	0.0%	1.2%	2.1%	1.5%	3.9%	4.1%	0.5%	1.9%	0.5%	0.9%	1.5%	1.8%	0.0%	1.5%	1.1%	0.8%	2.0%	1.2%	0.0%	11.7%	6.5%	0.0%	1.9%	0.0%	4.6%	0.0%	0.5%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	6.2%	1.8%	1.1%	0.0%	1.1%	1.6%	2.3%	1.0%	2.2%
1B. OCC	4.0%	3.8%	0.0%	4.8%	8.8%	6.1%	16.1%	16.7%	2.2%	7.9%	2.2%	3.9%	6.2%	7.5%	0.0%	6.1%	4.5%	3.3%	8.2%	5.0%	0.4%	10.6%	15.8%	0.0%	4.7%	0.0%	0.9%	88.2%	16.3%	0.0%	0.0%	5.1%	0.0%	0.0%	0.0%	2.3%	3.8%	3.6%	0.0%	4.8%	6.8%	14.0%	3.2%	10.5%
2. PET UBC's	0.2%	0.2%	0.3%	1.1%	2.1%	1.9%	2.1%	1.7%	1.8%	1.9%	0.1%	0.4%	3.4%	0.7%	0.4%	1.0%	1.2%	1.3%	1.5%	1.0%	1.2%	2.1%	0.0%	0.0%	0.5%	0.0%	1.3%	0.0%	1.4%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.3%	0.6%	0.1%	0.0%	2.1%	0.9%	0.9%	0.6%	1.1%
3. HDPE UBC's	0.2%	0.0%	0.2%	0.5%	0.6%	0.5%	0.0%	1.5%	0.6%	1.3%	2.5%	0.1%	0.5%	0.2%	0.7%	0.4%	0.4%	0.5%	0.5%	1.0%	1.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.7%	0.0%	7.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.8%	0.9%	3.3%	0.0%	0.4%	0.7%	1.2%	0.4%	1.0%
4. Film Plastic	5.8%	0.2%	3.9%	4.0%	3.9%	3.2%	10.3%	5.1%	6.2%	6.9%	6.3%	4.2%	3.2%	4.8%	2.4%	3.9%	4.8%	4.5%	6.0%	5.7%	5.8%	8.2%	2.2%	0.0%	7.9%	0.0%	8.1%	11.8%	2.2%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%	4.8%	30.9%	0.0%	4.0%	4.6%	5.2%	3.2%	5.9%
5. Mixed Plastics	14.6%	0.5%	5.3%	3.6%	2.9%	3.7%	16.4%	4.0%	3.1%	13.5%	4.8%	3.1%	2.9%	3.6%	2.0%	6.0%	6.6%	6.6%	4.4%	4.5%	1.2%	5.4%	1.9%	0.0%	2.3%	0.0%	3.4%	0.0%	1.3%	0.0%	0.0%	1.7%	0.0%	0.0%	0.0%	0.0%	2.4%	1.5%	0.0%	3.4%	3.4%	3.9%	2.4%	4.4%
6. Glass UBC's	0.4%	0.0%	5.7%	2.8%	0.9%	2.8%	1.3%	6.5%	1.9%	7.9%	10.8%	0.9%	0.9%	1.1%	0.0%	4.5%	2.1%	1.3%	3.4%	4.8%	1.7%	1.2%	0.0%	0.0%	0.0%	0.9%	0.0%	0.6%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	12.3%	0.3%	0.0%	0.8%	1.9%	3.0%	1.2%	2.7%	
7. Aluminum UBC's	0.3%	0.0%	0.2%	0.2%	1.6%	0.8%	0.0%	2.5%	1.5%	1.4%	0.4%	0.3%	1.5%	0.7%	0.0%	0.4%	0.4%	0.4%	1.0%	1.0%	0.6%	2.1%	0.0%	0.0%	0.1%	0.0%	1.7%	0.0%	0.9%	0.0%	0.0%	0.5%	0.0%	0.0%	0.1%	0.2%	2.2%	0.0%	1.1%	0.6%	0.7%	0.4%	0.8%	
8. Mixed Ferrous (Tin & Salvage)	5.1%	0.0%	2.1%	5.9%	0.3%	2.9%	2.0%	6.3%	2.9%	4.3%	6.8%	2.8%	1.7%	6.6%	5.6%	4.3%	3.0%	3.2%	1.2%	3.3%	0.5%	1.3%	0.0%	0.0%	0.0%	1.0%	0.0%	15.9%	0.0%	9.3%	8.9%	0.0%	0.0%	0.0%	0.0%	5.6%	0.0%	0.0%	0.5%	2.8%	3.4%	1.9%	3.7%	
9. Mixed Non-Ferrous (Salvage)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	1.2%	0.1%	0.7%	1.2%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%	0.0%	0.2%	
10. Inerts	0.0%	43.0%	0.0%	0.0%	0.0%	18.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.2%	5.1%	9.4%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	7.5%	0.2%	4.1%		
11. Haz-Waste	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	5.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	0.7%	0.0%	8.9%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	1.6%	0.0%	0.9%	
12. E-Waste	0.0%	0.0%	0.0%	0.0%	16.4%	1.9%	2.4%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	4.5%	1.1%	1.2%	2.6%	0.9%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	2.7%	0.2%	1.6%	
13. Textiles	3.4%	0.2%	9.5%	2.9%	0.5%	2.2%	3.2%	0.0%	8.8%	2.6%	0.1%	1.3%	15.7%	6.7%	0.0%	6.0%	4.3%	3.7%	1.0%	3.6%	1.5%	2.2%	0.0%	0.0%	0.0%	0.3%	0.0%	0.7%	0.0%	7.1%	0.8%	0.0%	0.0%	0.0%	3.1%	0.3%	0.7%	0.0%	0.0%	2.3%	3.4%	1.4%	3.2%	
14. Organics	51.9%	45.4%	47.1%	68.5%	45.3%	43.8%	38.8%	34.5%	58.5%	31.5%	42.9%	31.9%	39.5%	47.1%	49.4%	45.0%	41.5%	52.1%	39.9%	49.5%	50.8%	36.1%	31.0%	100.0%	78.6%	100.0%	59.7%	0.0%	31.6%	100.0%	40.1%	50.9%	100.0%	100.0%	100.0%	75.5%	56.0%	51.4%	100.0%	45.0%	55.3%	24.5%	48.9%	61.6%
a. Yard Waste	0.5%	5.2%	11.4%	0.0%	11.8%	0.0%	7.4%	3.6%	23.7%	19.3%	0.0%	0.0%	2.7%	30.7%	0.0%	8.3%	5.4%	10.1%	11.7%	8.0%	0.4%	3.1%	21.1%	0.0%	1.3%	0.0%	0.0%	0.0%	1.4%	61.1%	0.0%	0.1%	40.0%	0.0%	40.0%	24.3%	0.0%	0.0%	40.0%	0.6%	9.8%	14.6%	6.0%	13.6%
b. Food Waste	39.6%	0.0%	21.1%	61.8%	11.8%	19.0%	2.8%	19.6%	8.7%	3.2%	23.3%	25.2%	20.8%	7.1%	5.8%	21.5%	15.9%	20.3%	9.7%	21.0%	29.9%	17.7%	7.6%	100.0%	7.5%	0.0%	32.3%	0.0%	7.7%	38.9%	0.0%	19.9%	60.0%	0.0%	60.0%	34.7%	53.6%	37.4%	60.0%	35.3%	24.0%	22.0%	18.3%	29.7%
c. Clean Wood	0.0%	27.6%	0.0%	0.0%	15.1%	2.0%	0.3%	0.0%	0.0%	3.7%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	5.5%	0.0%	4.5%	12.8%	0.0%	0.0%	0.0%	44.4%	0.0%	0.0%	16.3%	0.0%	40.1%	0.0%	0.0%	100.0%	0.0%	10.7%	0.8%	0.0%	0.0%	7.2%	18.3%	2.4%	12.0%		
d. Treated/Painted Wood	0.5%	12.6%	0.1%	0.0%	0.0%	15.6%	0.0%	1.0%	9.3%	0.0%	0.0%	1.9%	1.8%	2.2%	40.5%	10.5%	4.8%	5.1%	5.9%	4.4%	0.0%	0.0%	2.3%	0.0%	25.4%	100.0%	7.8%	0.0%	0.0%	0.0%	26.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	7.0%	17.4%	2.4%	11.5%	
e. Wet/Contaminated Fiber	11.3%	0.0%	14.5%	6.5%	6.2%	7.1%	28.4%	9.7%	16.8%	5.3%	18.7%	4.8%	14.2%	7.1%	3.1%	4.7%	11.1%	11.0%	12.6%	11.5%	7.7%	15.3%	0.0%	0.0%	0.0%	19.4%	0.0%	5.7%	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	5.7%	1.6%	14.0%	0.0%	9.1%	7.2%	6.9%	5.4%	9.0%	
f. Rubber	0.0%	0.0%	0.0%	0.2%	0.4%	0.0%	0.0%	0.6%	0.0%	0.0%	0.5%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.5%	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	0.1%	
15. "Fines" (<2" Items)	7.8%	5.5%	11.1%	2.0%	3.9%	4.5%	2.8%	4.8%	1.7%	0.0%	3.4%	4.7%	0.0%	9.2%	3.8%	4.7%	4.8%	4.1%	4.7%	4.8%	5.8%	13.2%	4.4%	0.0%	1.0%	0.0%	8.0%	0.0%	1.0%	0.0%	3.4%	0.0%	0.0%	0.0%	6.6%	3.2%	2.8%	0.0%	0.0%	3.4%	3.3%	2.6%	4.3%	
16. Other	5.4%	0.3%	14.7%	2.7%	10.6%	5.6%	0.7%	12.4%	7.4%	18.8%	13.6%	45.4%	23.0%	4.9%	34.7%	13.9%	15.4%	9.9%	14.8%	12.0%	20.4%	3.7%	38.3%	0.0%	2.9%	0.0%	9.5%	0.0%	20.6%	0.0%	43.5%	23.8%	0.0%	0.0%	0.0%	5.2%	7.9%	2.1%	0.0%	36.7%	12.0%	12.8%	8.7%	15.4%
Confidence Interval																													90%															



Fort Collins Two-Season Industrial/C&D Data	Spring 2016 Samples																				Fall 2016 Samples																				Mean Composition	Standard Deviation	Lower	Upper	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
1A. Dry Recoverable Fiber	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%				
1B. OCC	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	1.0%	1.9%	0.0%	0.0%	0.0%	0.1%	0.0%	0.8%	0.0%	0.0%	0.0%	3.1%	0.4%	0.0%	0.0%	0.0%	0.0%	0.3%	0.6%	0.1%	0.4%				
2. PET UBC's	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
3. HDPE UBC's	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-			
4. Film Plastic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%				
5. Mixed Plastics	0.0%	0.0%	0.0%	0.0%	0.0%	24.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	100.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	16.2%	0.0%	7.4%			
6. Glass UBC's	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	49.4%	0.0%	0.0%	11.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	8.0%	0.0%	3.6%				
7. Aluminum UBC's	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%					
8. Mixed Ferrous (Tin & Salvage)	0.0%	0.0%	0.0%	3.8%	0.0%	13.8%	7.1%	0.0%	0.0%	0.0%	8.8%	4.9%	33.8%	0.0%	4.4%	0.0%	4.8%	1.4%	0.0%	3.1%	0.0%	0.0%	0.7%	0.0%	3.2%	0.0%	2.6%	0.0%	1.0%	0.0%	0.0%	0.5%	0.0%	8.3%	58.3%	0.5%	0.0%	0.0%	0.3%	4.0%	10.6%	1.3%	6.8%		
9. Mixed Non-Ferrous (Salvage)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	5.1%	1.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.9%	0.0%	0.4%			
10. Inerts	100.0%	100.0%	0.0%	92.3%	0.0%	0.0%	84.7%	34.6%	0.0%	18.2%	39.6%	0.0%	0.0%	0.0%	13.2%	100.0%	95.0%	0.0%	0.0%	74.0%	0.0%	69.1%	100.0%	51.2%	23.7%	0.0%	0.0%	71.1%	100.0%	0.0%	94.1%	100.0%	0.0%	0.0%	23.8%	79.9%	100.0%	100.0%	0.0%	41.6%	43.3%	30.4%	52.9%		
11. Haz-Waste	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%			
12. E-Waste	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.5%	0.0%	0.2%			
13. Textiles	0.0%	0.0%	0.0%	0.0%	0.0%	16.6%	0.0%	0.0%	0.0%	0.0%	0.0%	16.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	3.6%	0.0%	1.8%			
14. Organics	0.0%	0.0%	100.0%	3.8%	14.3%	31.0%	7.1%	65.4%	0.0%	72.7%	51.6%	11.1%	47.4%	0.0%	70.2%	0.0%	0.0%	96.5%	27.6%	18.5%	0.0%	23.0%	0.0%	48.1%	42.2%	84.9%	4.5%	26.3%	0.0%	2.8%	5.9%	0.0%	3.3%	100.0%	4.3%	17.0%	19.6%	0.0%	0.0%	99.6%	27.5%	33.7%	18.7%	36.2%	
a. Yard Waste	0.0%	0.0%	100.0%	3.8%	0.0%	0.0%	0.0%	65.4%	0.0%	0.0%	8.8%	0.0%	27.1%	0.0%	70.2%	0.0%	0.0%	0.0%	17.2%	0.0%	0.0%	0.0%	0.0%	41.0%	2.6%	0.0%	0.0%	26.3%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	13.7%	0.0%	0.0%	0.0%	0.0%	9.4%	22.3%	3.6%	15.2%
b. Food Waste	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
c. Clean Wood	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	9.9%	3.7%	0.0%	0.0%	0.0%	0.0%	96.5%	0.0%	9.2%	0.0%	11.5%	0.0%	0.0%	34.6%	0.5%	4.5%	0.0%	2.3%	5.9%	0.0%	3.3%	100.0%	0.0%	1.7%	12.0%	0.0%	0.0%	24.0%	8.3%	22.1%	2.6%	14.1%			
d. Treated/Painted Wood	0.0%	0.0%	0.0%	0.0%	0.0%	31.0%	7.1%	0.0%	0.0%	72.7%	33.0%	7.4%	20.3%	0.0%	0.0%	0.0%	0.0%	0.0%	10.3%	9.2%	0.0%	11.5%	0.0%	7.2%	4.9%	84.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.3%	1.7%	7.6%	0.0%	0.0%	75.6%	9.7%	21.1%	4.2%	15.2%		
e. Wet/Contaminated Fiber	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-		
f. Rubber	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-		
15. "Fines" (<2" Items)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-		
16. Other	0.0%	0.0%	0.0%	0.0%	85.7%	13.8%	1.2%	0.0%	100.0%	9.1%	0.0%	34.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	69.0%	3.1%	93.8%	3.8%	0.0%	0.0%	34.1%	11.9%	94.5%	0.0%	0.0%	95.2%	0.0%	96.1%	0.0%	83.3%	0.1%	0.0%	0.0%	0.0%	20.7%	36.0%	11.4%	30.1%	
																																								Confidence Interval				90%	



**Attachment B: Sample Report – South Bayside Waste Management Authority**

# **SOUTH BAYSIDE WASTE MANAGEMENT AUTHORITY WASTE COMPOSITION STUDY**

## **DESCRIPTION OF THE SAMPLED SOLID WASTE STREAMS**

During the week of March 2-6, 2015, Sloan Vazquez, LLC (SV) performed a waste composition study of the residential and commercial solid waste streams that are collected by Recology, Inc in the South Bayside Waste Management Authority (SBWMA) service area. Though the Authority and Recology, Inc have implemented highly effective source-separated recycling collection programs throughout the residential and commercial sectors, the Authority determined to sample the streams in order to test for the presence of targeted, readily recyclable commodities, and for organic materials that might be suited for recovery as feedstock for a renewable energy process.

### **RESIDENTIAL REFUSE**

By initial observation, the residential waste that is dumped in the Shoreway Environmental Center Transfer Station is depleted of readily recoverable recyclables. Most of the residential garbage is collected in film plastic bags. Prior to the commencement of this study, a cursory opening of the bags on the transfer station tipping-floor revealed few targeted commodities. Yet, when residential waste samples were randomly extracted and sorted, a higher than expected amount of recyclable containers (plastic bottles, aluminum and tin cans) were revealed. A sizeable amount of putrecible material, food wastes and wet, food-soiled fiber resides in the residential garbage. During 2014, approximately 33% of the targeted refuse, dumped at Shoreway, was generated by the residential sector.

### **COMMERCIAL REFUSE**

Though the commercial waste that is dumped at Shoreway is visually distinguishable from the residential garbage, it also appears to be depleted of readily recoverable recyclables. Typically, a significant amount of fiber (mixed-paper, newspaper, and OCC) is visible in the commercial refuse stream. Not so, at Shoreway. In fact, contrary to other composition studies performed by SV, the commercial refuse contained a smaller percentage of dry, recoverable fiber than the residential refuse. This is testimony to the Authority's highly effective commercial, source-separated recycling collection program. As with the residential garbage, most of the commercial garbage is collected in film plastic bags. Commercial generators, however, typically use larger, heavier, black bags. And, similarly to the residential garbage, a cursory opening of the bags on the transfer station tipping-floor revealed few targeted commodities. When commercial waste samples were randomly extracted and sorted, each of the targeted commodities, with the exception of mixed-paper and HDPE plastic, were present in a higher percentage than in the residential sector. The sampled commercial waste contained over 30% putrecible material, food wastes and wet, food-soiled fiber. During 2014, approximately 67% of the targeted refuse, dumped at Shoreway, was generated by the commercial sector.

## **DESCRIPTION OF THE STUDY PROCEDURES**

During the week of March 2, 2015, Sloan Vazquez personnel intercepted residential and commercial garbage collection route trucks as they entered the Shoreway transfer station. The trucks/routes were selected randomly, in real-time, and before they dumped their payloads. Though the vehicle-type (front-loader, side-loader, rear-loader, roll-off/compactor) was the primary indicator of the sector (residential or commercial) of waste origin, drivers were queried regarding residential/commercial status and the jurisdiction(s) of origin.

It was pre-determined between SV and SBWMA, that twenty (20) commercial samples and twenty (20) residential samples, weighing approximately 200 pounds, would be randomly collected and sorted. Using a 16-cell grid, SV used a random selection computer program (randomizer) to select the cell that would be extracted and sorted from each payload. Using a skid-steer type loader equipped with a grapple attachment, the SV operator extracted the randomly selected material and delivered it to the sampling area where sorters separated the garbage into predetermined categories. The target materials were sorted into 18-gallon tubs, weighed on a digital (.2 lb) scale and the weights were recorded on a field-form that was developed by SV for this study. The information recorded on the field-forms was then transferred into an Excel-based model. Some of the data is presented in this written report and the remainder is submitted in digital format.

An unexpectedly large number of unopened soda, beer, and food cans were sorted during this study. The same phenomenon was encountered during the 2011 and 2012 studies. At that time, SV considered the full food cans to be an anomaly. Now, it appears that unopened drink and food waste cans are a common component of municipal solid waste. As a standard practice, SV subtracts the weight of the contents and adds it to the compostable material category. Likewise, the estimated weights of the empty containers are added to their respective categories.

Also, even with the special attention that was focused upon the aluminum UBC category during the sorting process, the percentage of CA CRV aluminum cans that were recovered from the random samples seemed suspiciously high. The amount of aluminum UBCs (CA CRV) in each of the three (3) studies (2011, 2012, 2015), however, was fairly consistent, lending credence to the possibility that a considerable amount of aluminum UBC remains in the residential and commercial garbage.

The “fines” category generally consists of material that is less than two (2) inches in size. It typically consists of pens, pencils, markers, small glass shards, ammunition, rocks, sand, dirt, chicken bones, bottle caps, unidentifiable food wastes, shredded paper, and a myriad of odds-and-ends. And, although some of it is technically recyclable, it is practically unrecoverable. This is typically the material that is “lost” (collected in conveyor belly-pans, underneath conveyor belts and machinery structures) in a MRF system or ends-up in process residue.

The Rejects/Refuse category contains all of the materials that are not targeted for recycling recovery, and those that are not targeted as a component of a feedstock for a renewable energy process. Examples of items included in this category are: child safety seats (metal, plastic and textile), doors and cabinetry (with glass, hardware components attached), painted/treated wood products, furniture, upholstered items, foam pads, tires, mattresses, et al.

## STUDY RATIONALE

This study was completed in order to gain a snap-shot view of the residential and commercial garbage that is currently generated within the SBWMA service area. Additionally, the results of the study could be used to compare the results of similar studies that were completed by SV in 2011 and 2012.

Waste composition studies are generally completed in order to gauge the effectiveness of current recycling programs, or as a planning tool for the development of new waste diversion strategies and technologies. The primary objective of the 2011 and 2012 studies was to determine the amount of high-value target commodities (especially California Redemption Value containers) that remained in the garbage-stream. For this study, while the amount of high-value commodities was important, the amount of recoverable, compostable materials that could become feedstock for a renewable energy process was primary.

The study was performed with consideration given to currently known and observed waste processing technology and, its application and effectiveness for processing the SBWMA material. In this study, for instance, with a focus toward creating a renewable energy feedstock, it was important that the clean, dry fiber (mixed-paper) be collected and separately categorized from “dirty”, wet, contaminated fiber. In this case, the latter was included in the “compostables” category.

For the purpose of this study, the residential and commercial garbage was sorted into 11 categories, as listed in Table 1.

**Table 1**

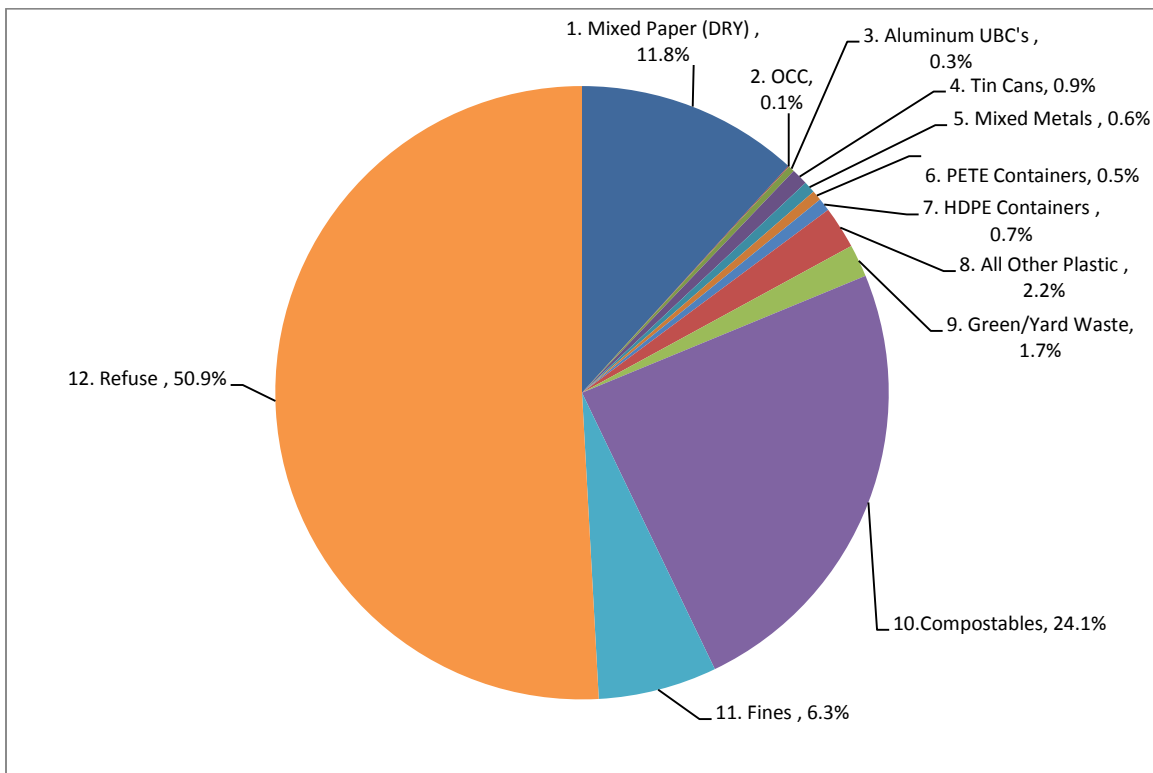
<b>Target Material Categories</b>
<b>1. Mixed Paper ( all clean, dry fiber)</b>
<b>2. Aluminum UBCs</b>
<b>3. Tin Cans</b>
<b>4. Mixed Metals</b>
<b>5. PET Used Beverage Containers (UBC's)</b>
<b>6. HDPE Plastic</b>
<b>7. All Other Plastic</b>
<b>8. Green/Wood Waste</b>
<b>9. Compostables</b>
<b>10. "Fines" (&lt;2")</b>
<b>11. Refuse/Rejects</b>

## RESIDENTIAL REFUSE STREAM (GARBAGE) COMPOSITION

**Table 2 - Residential**

Material	Estimated Mean	Lower	Upper	Forecasted Tons
1. Mixed Paper (DRY)	11.8%	7.6%	15.9%	6,938
2. OCC	0.1%	0.0%	0.1%	30
3. Aluminum UBC's	0.3%	0.2%	0.4%	193
4. Tin Cans	0.9%	0.5%	1.3%	513
5. Mixed Metals	0.6%	0.3%	1.0%	366
6. PETE Containers	0.5%	0.4%	0.7%	312
7. HDPE Containers	0.7%	0.4%	1.0%	401
8. All Other Plastic	2.2%	1.4%	3.1%	1,316
9. Green/Yard Waste	1.7%	0.0%	4.5%	1,014
10. Compostables	24.1%	20.3%	27.9%	14,223
11. Fines	6.3%	5.8%	6.8%	3,695
12. Refuse	50.9%	48.1%	53.7%	30,031
<b>TOTAL TONS</b>				<b>59,033</b>

**Chart 1 - Residential**

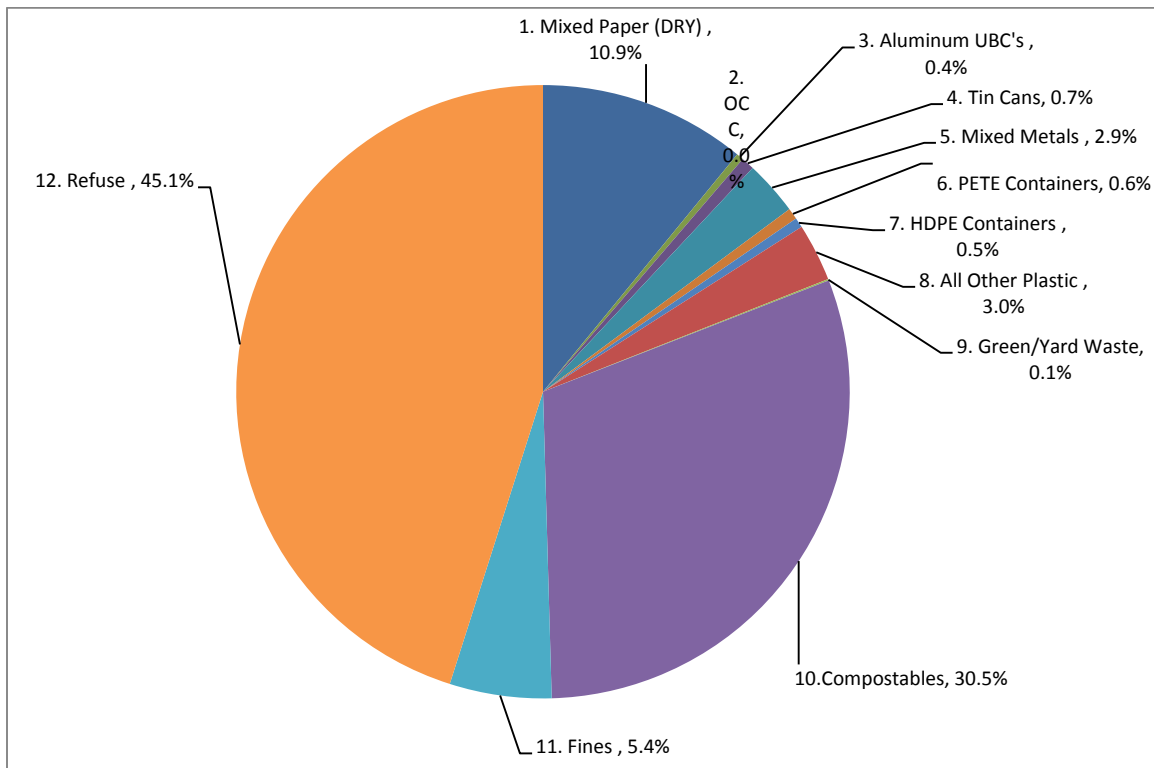


## COMMERCIAL REFUSE STREAM (GARBAGE) COMPOSITION

**Table 3 - Commercial**

Material	Estimated Mean	Lower	Upper	Forecasted Tons
1. Mixed Paper (DRY)	10.9%	8.0%	13.9%	12,887
2. OCC	0.0%	0.0%	0.0%	0
3. Aluminum UBC's	0.4%	0.2%	0.5%	441
4. Tin Cans	0.7%	0.3%	1.1%	818
5. Mixed Metals	2.9%	0.3%	5.5%	3,387
6. PETE Containers	0.6%	0.4%	0.8%	705
7. HDPE Containers	0.5%	0.2%	0.8%	612
8. All Other Plastic	3.0%	2.3%	3.8%	3,596
9. Green/Yard Waste	0.1%	0.0%	0.2%	89
10. Compostables	30.5%	23.8%	37.2%	35,963
11. Fines	5.4%	4.5%	6.3%	6,339
12. Refuse	45.1%	39.1%	51.1%	53,228
<b>TOTAL TONS</b>				<b>118,065</b>

**Chart 2 – Commercial**



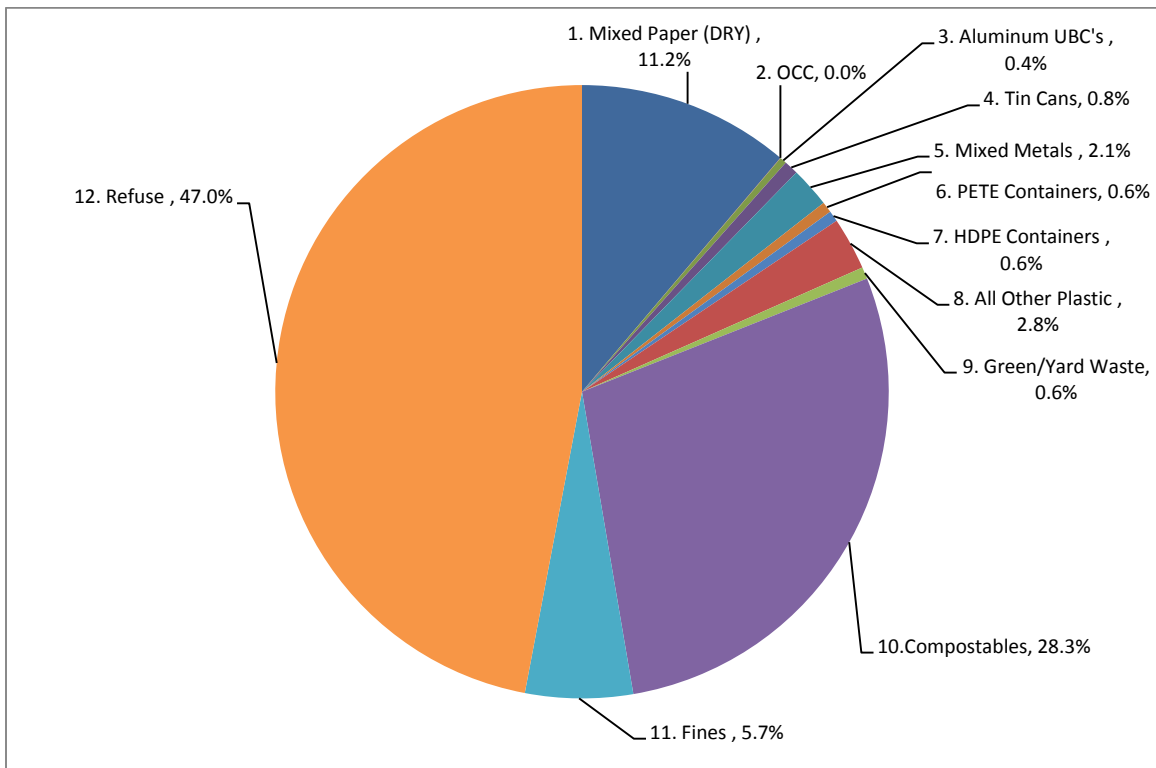


## COMPOSITE COMPOSITION OF RESIDENTIAL AND COMMERCIAL SAMPLES

**Table 4 - Commercial**

Material	Average	Forecasted Tons
1. Mixed Paper (DRY)	11.2%	19,825
2. OCC	0.0%	30
3. Aluminum UBC's	0.4%	634
4. Tin Cans	0.8%	1,332
5. Mixed Metals	2.1%	3,752
6. PETE Containers	0.6%	1,017
7. HDPE Containers	0.6%	1,014
8. All Other Plastic	2.8%	4,912
9. Green/Yard Waste	0.6%	1,103
10. Compostables	28.3%	50,186
11. Fines	5.7%	10,035
12. Refuse	47.0%	83,259
<b>TOTAL TONS</b>		<b>177,098</b>

**Chart 3 – Combined Residential & Commercial**



**PHOTOGRAPHS OF SAMPLING PROCESS & RECOVERED MATERIALS**



**SV crew sorting residential garbage sample**



**Sample extracted from a commercial route.**



**High-value recyclables extracted from SBWMA garbage**



**High value recyclables extracted from SBWMA garbage**



**Food waste and other compostable materials  
extracted from SBWMA garbage**

**Attachment C: Resumes**

**Attachment C: Resumes**

- Joe Sloan, Principal
- Enrique Vazquez, Principal
- Charissa McAfee, Principal
- Larry McQuaide, Associate

**JOE M. SLOAN**

Sloan Vazquez McAfee – 3002 Dow Avenue, Ste. 118, Tustin, CA 92780

Over the course of his career, Mr. Sloan has directed residential and commercial recycling, municipal contract development, commercial market development, comprehensive recycling programs, solid waste facility development, efficiency studies, rate adjustment process and

**Education**

B.S., Political Science,  
Wyoming University

**Professional Affiliations**

Southern California  
Waste Management  
Forum

Southern California  
Conference on  
Environment and  
Development

Greater Los Angeles  
Solid Waste  
Management  
Association

National Task Force on  
Progressive  
Environmentalism

California Polytechnic  
University – Lecturer,  
Waste Management  
Certification

University of Southern  
California – Lecturer,  
Environmental  
Engineering Graduate  
Program

**Publications**

Streamlining the Solid  
Waste Facility Permitting  
Process, with Michelle  
Leonard, Pacific  
Research Institute, 1994

Solving the Trash Crisis,  
The Valley Republican,  
1992

Progressive  
Environmentalism,  
National Center for  
Policy Analysis, 1991,  
contributor

Contracting for  
Municipal Solid Waste  
Management Services,  
with Lynn Scarlett,  
Reason Foundation

Recycling: Is it always

public policy analysis. Mr. Sloan’s success in waste management can be attributed to his ability to rally diverse, sometimes adversarial groups of investors, corporate and public leaders, grass roots activists, managers and employees towards the accomplishment of a common goal.

**EXPERIENCE:**

**RESIDENTIAL AND COMMERCIAL RECYCLING**

Mr. Sloan designed, implemented and operated residential recycling and green waste programs for many municipalities. He directly managed numerous municipal contracts serving over 3,000,000 people and 1,000,000 households. Mr. Sloan was responsible for the program design, equipment selection, cost analysis of collection alternatives, promotion, community education program, detailed reporting and evaluation of program performance and, the sale of all recyclable commodities. Mr. Sloan has also prepared city, county and State reports and documentation of recovery and waste diversion for regulatory purposes. The following is a partial listing of municipal program development and management:

- |                          |   |
|--------------------------|---|
| 1. Whittier              | curbside recycling                            |
| 2. West Covina           | automated green waste                         |
| 3. Glendora              | curbside recycling and green waste            |
| 4. Alhambra              | curbside recycling and green waste            |
| 5. Montebello            | curbside recycling and green waste            |
| 6. Monterey Park         | curbside recycling and green waste            |
| 7. La Mirada             | automated recycling and green waste           |
| 8. Covina                | automated recycling                           |
| 9. San Gabriel           | curbside recycling                            |
| 10. Temple City          | curbside recycling and green waste            |
| 11. South Pasadena       | backyard recycling and green waste            |
| 12. San Marino           | backyard recycling and green waste            |
| 13. Norwalk              | automated trash, manual recycling-green waste |
| 14. Bell                 | automated trash, recycling-manual green waste |
| 15. Lawndale             | automated trash, recycling-manual green waste |
| 16. Maywood              | automated trash, recycling-manual green waste |
| 17. Cudahy               | automated trash, manual green waste           |
| 18. Avalon               | material recovery facility and compost site   |
| 19. L. A. Unincorporated | manual recycling and green waste              |
| 20. South Gate           | automated refuse and recycling                |

#### MUNICIPAL CONTRACT DEVELOPMENT

Mr. Sloan managed dozens of municipal contracts. In response to municipalities inviting proposals for comprehensive waste management services, Mr. Sloan developed successful turnkey proposals to thoroughly address the residential, commercial, industrial, recycling, and hazardous waste elements of the solid waste stream.

#### COMPREHENSIVE RECYCLING PROGRAM

In response to State and Federal waste reduction and recycling mandates, Mr. Sloan developed comprehensive recycling programs for many cities. The Program includes the use of Centralized Processing Facility (CPF), selected commercial recycling, yard waste recycling program, drop-off program (redemption center development), residential curbside recycling, and quantification of source reduction and third party recycling

#### SOLID WASTE AND RECYCLING FACILITY DEVELOPMENT

Mr. Sloan is an expert in conceptual facility design and equipment selection for “clean” and “dirty” material recovery facilities (MRF’s) and transfer stations. He has managed zoning, building and solid waste permitting, construction and start-up operation and facilities. Mr. Sloan’s facility development projects include:

- Concept design, equipment selection, solid waste facility permitting, construction management, start-up management and material marketing for Los Angeles County’s largest and most successful MRF. The facility has a design capacity of over 8,000 tons per day. Mr. Sloan recovered and marketed approximately 10,000 tons per month of residential and commercial recyclables, including steel, wood products and organic recyclables.
- Concept design, equipment acquisition, operations management and material marketing for recycling, sorting, and plant serving ten Los Angeles County cities and approximately 100,000 households
- Project development, equipment selection and acquisitions for a unique recycling and solid waste composting operation on Catalina Island. The Project developed in response to AQMD’s requirement to close the solid waste incinerator on the island.
- Concept design, financing, equipment acquisition and installation, day-to-day operations management, marketing of all commodities for 200 ton per day single-stream recycling plant , in Wilmington, CA.
- Machinery installation and facility start-up management for 250 ton per day single-stream recycling plant, in Oakland, CA.
- Construction management, equipment installation, hiring and training management personnel, start-up operation management including equipment maintenance and safety programs for 500 ton per day single-stream recycling plant in San Jose, CA.
- Machinery installation and start-up operations management, including the training of managers and supervisors, and equipment maintenance and safety programs for 300 ton per day single-stream recycling plant in San Diego County, CA.

#### EFFICIENCY STUDIES

Refuse, Recycling and Yard Waste Collection – Mr. Sloan has completed studies to improve routing to reduce the number of vehicles or overtime payroll required to perform services, reduce vehicle down-time and lower maintenance costs, improve worker safety and reduce Workers Compensation and other insurance costs, best use of third party facilities and services (material recovery facilities and transfer stations), reduce disposal costs, maximize recycling commodity sales revenue and improve fuel efficiency. Solid Waste Facilities – Mr. Sloan designed or modified facilities for greatest productivity. This involved incorporating new technologies and improved machinery including; conveyors, screens, baler, loading systems, etc. He also compared labor and operating cost savings to the cost of capital investment.

**ENRIQUE VAZQUEZ**

Sloan Vazquez McAfee – 3002 Dow Avenue, Ste. 118, Tustin, CA 92780

Mr. Vazquez is a broadly experienced municipal solid waste and recycling advisor providing a wide range of consultative services to municipalities. Mr. Vazquez has proven experience in executive decision-making, policy direction, strategic business planning, financial management and labor relations. He is a strategist experienced in developing, presenting, and guiding projects through to closure. He offers excellent interpersonal skills with ability to interact with a range of personalities and styles.

Mr. Vazquez is proficient and qualified to provide many services including the following:

- Productivity and Improvement Audits,
- Operational Performance Review and Assessment,
- Financial Modeling and Analysis,
- Revenue Requirements Development,
- Allocation of Costs,
- Cost of Service and Rate Analysis,
- Costs/Benefit Analysis,
- Benchmarking Analysis,
- Routing and Billing Audits,
- Fleet Maintenance
- Rate Adjustment Review and Assessment
- Customer Service Procedures

*Summary of Qualifications*

Over the course of his career, Mr. Vazquez has years of experience as a project manager and in all the aspects of municipal waste management including collection, recycling and disposal. Mr. Vazquez has planned, organized and introduced new waste collection and recycling services to numerous municipalities in the Los Angeles County area. With over fifteen years of extensive experience with day-to-day operations, Mr. Vazquez has expertise in the various functions related to waste management as more fully described below.

**Residential and Commercial Waste Collection**

Mr. Vazquez’s experience spans a wide range of waste collection functions including oversight of drivers and helpers, routing, customer service, dispatch, safety, training, sales and billing. Mr. Vazquez has directly responsible for the introduction of services to new service areas, the transition from manual to automated collection, the introduction of recycling and green waste collection programs, equipment selection, and driver hiring and training.

**Maintenance Shop Operations and Management**

Mr. Vazquez is well versed in refuse collection equipment including front-end loaders, rear-end loaders, automated side-loaders, scout trucks, roll-off trucks, automated carts, commercial bins, roll-off and debris boxes, wheel loaders, and forklifts. He is competent with fleet management and operations maintenance shop functions including staffing with mechanics and welders, repair and maintenance of trucks and equipment, preventative maintenance programs, parts purchasing, parts inventory management (computerized and manual), container repair and management, tire shop operations, truck wash operations, and paint shop operations.

**Equipment Selection and Procurement**

Mr. Vazquez is knowledgeable in equipment evaluation and acquisition, including refuse trucks, pick-up trucks, automated containers, bins, recycling equipment, MRF/TS equipment, transfer tractors and trailers. He is experienced in procurement management and procedures and has developed and implemented purchasing procedures for several operating firms.



### Recycling Programs

Mr. Vazquez has overseen the introduction of numerous residential curbside recycling programs including development of promotional materials, conducting community education workshops, container selection and distribution, vehicle selection and acquisition, driver hiring and training, routing and recycling materials processing.

### Solid Waste Facility Development & Operations

Mr. Vazquez designed, sited and operated a curbside recycling processing center with a buyback operation. Subsequently, he provided general oversight of a large volume MRF operation. He has had responsibility over a small island landfill including all operations functions as well as permitting and compliance.

### Municipal Contract

Mr. Vazquez managed dozens of municipal contracts. He has prepared numerous proposals in response to RFPs issued by municipalities; negotiated new contracts and renegotiated existing contracts; served as a liaison to city officials and staff; negotiated rate adjustment criteria, prepared and managed rate adjustment proposals including rate support documentation and presentation to municipal staff and council.

### Efficiency Studies & Financial Analysis

Mr. Vazquez has completed studies to improve operations including routing and rerouting to reduce operating costs; maintenance operations reviews and driver training to reduce vehicle down-time and lower maintenance costs, improve worker safety and reduce workers compensation and other insurance costs.

### Management

Mr. Vazquez has vast experience with human resources and labor relations. He has recruited key personnel, developed employee compensation and benefit programs, including wages, benefits, training, career path development and management trainee programs. He has established communication programs to manage the workforce through times of change due to mergers and integration of workforces, and consolidation of functions.

### Education

Mr. Vazquez is a graduate of the University of Southern California having earned a Bachelor of Science degree in Business Administration, 1981.

**CHARISSA MCAFEE**

Sloan Vazquez McAfee – 3002 Dow Avenue, Ste. 118, Tustin, CA 92780

Dynamic leader and strategist specializing in solid waste and recycling service design, implementation and evaluation. Demonstrated success in securing and managing multi-million dollar, high-profile, municipal solid waste (MSW) and recycling franchise contracts. Proven experience in municipal contract procurement consulting, competitive proposal development, contract analysis and implementation, ongoing design and execution of new services, reporting of contractual data and service metrics, and rate and contract negotiations for existing and new franchise agreements.

**SLOAN VAZQUEZ MCAFEE**

**Partner**

- Responsible for strategic development and preparation of municipal Request for Proposals (RFP) responses for MSW and recycling hauling franchises and processing system design, build and operate agreements. Completed proposals for clients in California, Wisconsin, Kentucky, Arizona, Tennessee and Texas.
- Participate in municipal procurement process management including development of franchise agreement and RFP documents, facilitation of process, and evaluation of submittals for clients in California.
- Conduct strategic assessments and prepare recommendations featuring research and analysis of a region's business climate including factors such as MSW volume, competitive landscape, existing infrastructure and other critical factors required by C-level decision makers and prospective funders.

**WASTE MANAGEMENT**

**Director of Community Relations and Public Affairs**

- Member of leadership team responsible for the growth and operational management of a \$400M region for a Fortune 200 Company. Managed 12 direct reports including communications and community relations teams, with responsibility for community relations and communications including crisis communication, brand management and marketing.
- Responsible for internal and external communications including proactive and reactive messaging to enhance the brand, engage employees and earn customer loyalty.
- Led team that secured multi-year contracts in five (5) municipalities in San Diego and Orange Counties, resulting in over \$1B in revenue over the lives of the contracts. Cities included Mission Viejo, Oceanside, Carlsbad, Santee and Del Mar.
- Collaborated with operational management team on the development and implementation of safety programs, including the application for and achievement of CalOSHA Voluntary Protection Program STAR Certification at two (2) operational sites.
- Established multi-site Sustainability Committee that achieved thousands of tons of annual material diversion, taking the average diversion rate at each site from 30% to over 70% in one (1) year. Applied for and received 2009, 2010 and 2011 Cal Recycle Waste Reduction Award Program designation and 2009, 2010 and 2011 CalEPA Waste Wise recognition.

- Achieved elite WM 2011 Circle of Excellence Award and was nominated for Circle of Excellence in 2009 and 2010.

**Area Community Affairs Manager**

- Identified and implemented continuous improvement processes for all customer touching aspects of the business. Steered inter-departmental team of eight (8) senior managers and 30 mid-level managers to optimize operations, conduct root cause analysis of customer issues, improve communication and collaboration, increase employee engagement and recognize outstanding performance.

**MOTHERS AGAINST DRUNK DRIVING**

**Executive Director**

- Responsible for the development, management and funding of all programs and initiatives necessary to promote the mission of MADD in San Diego County. Managed all internal and external employees and volunteers; built relationships with volunteer Board of Directors, donors and sponsors. Increased visibility and brand awareness through proactive media campaigns.

**VISTA COMMUNITY CLINIC**

**Assistant Director, Health Promotion Center**

- Managed program development and implementation, contract compliance and budget development and oversight for 17 federal, state and foundation grant programs. Authored major reports and co-wrote multi-year, multi-million dollar funding proposals. Oversaw departmental marketing and promotional activities including media relations, event planning, material design and presentation delivery. Provided direct and indirect management of over 80 employees including staff development and strategic planning.

**EDUCATION**

California State University San Marcos, Masters in Business Administration

Covenant College, Bachelor's Degree in Sociology

**Larry McQuaide**

Sloan Vazquez McAfee – 3002 Dow Avenue, Ste. 118 Tustin, CA 92780

**Qualifications:**

- Highly successful executive with over 30 years of expertise in the waste management field
- Results-oriented, decisive leader with proven success in the strategic thinking and problem solving
- Excellent track records in accomplishing goals by working with company employees and outside entities
- High quality of written and oral communication skills
- Thrived in several different work environment

**Areas of Expertise:**

- Financial Analysis and Strategy
- Budget Management
- Regulatory Compliance
- Risk Assessment
- Financial Modeling
- Scenario Building
- Various Debt Funding
- Process Improvement
- Executive Presentation

**Lines of Credit Experience:**

**Environmental & Financial Consulting Services**

- Provide primary environmental services to private environmental companies and governmental entities
- Assist in preparation of Request for Proposal (RFP)
- Assist private companies' responses to RFP
- Three clients were awarded contracts by governmental agencies
- Provide assistance to small and medium sized companies seeking to restructure their debt or obtaining a line of credit

**United Pacific Waste**

**Chief Financial Officer**

- Responsible for all financial aspects of this relatively young waste management company
- Served role as point person for all contracts company had or was awarded with various cities in Southern California and Los Angeles County
- Responsible contract compliance including submission of all reports
- Successfully navigated company through a restructuring after economic downturn off 2008 including negotiating sale of non-performing assets, refinancing of debt and reduction of cost structure
- Significantly improve cash flow and company had first profitable years beginning in 2010 through the 2013

**Mission Fiber**

**Site Manager**

- Responsible for all aspects of running operations for broker of recycled products
- Coordinated all incoming and outgoing shipments of recycled materials; majority of outgoing shipments were to overseas markets

Waste Resources, Inc.

**Owner and Vice President**

- Start-up waste management company utilizing a unique partnership concept with cities
- Research legal issues, prepared marketing materials, made presentation to staff and elected officials, prepared responses to RFP, obtained City support, negotiated partnership agreement, developed and implemented operational plan
- Key liaison between City, community and the company

API, Inc.

**President and Member of Board**

- Developed strategic alternatives
- Identified potential partners, conducted meetings, developed and monitored business plan including annual budgets

Waste Management, Inc.

**District Manager**

- Responsible for facilities covering entire San Gabriel Valley which included two collection operations and two landfills representing over \$100 million in annual revenue
- One collection operation consisted of approximately 300 employees, over 100 pieces of rolling stock and 19 municipal contracts
- Maintained high standards of safety and maintenance
- Implemented and expanded existing residential and commercial recycling programs.
- Annual budget preparation, market share, efficiency, cost reduction strategy development
- Worked closely with staff, elected officials and community members
- Made presentations at City meeting and community organizations

USA Waste

**Vice President- Marketing Development**

- Responsible for contract management (25 contracts) and development in Los Angeles County
- Participated in preparation of annual business and marketing plan preparation
- Private company acquisition including financial analysis, negotiation and subsequent integration
- Developed and made presentations to cities and senior management

Western Waste Industries

**Vice President – Finance**

- Responsible for all accounting, financing, shareholder and investment community relations for this national New York Stock Exchange Company
- Key executive in growing revenue from approximately \$30 million to over \$300 million
- Assets included landfills, transfer stations and over 75 municipal contracts
- Negotiated bank lines of credit facility and equipment leases, contracts including municipal
- Prepared annual business plan including budgets, made presentations to Board of Directors, stockholders, investment community
- Conducted company seminars and training

**Education:**

Loyola Marymount University

Bachelor of Business Administration

**Attachment D: Required Forms**

### 32) CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective proposer, Sloan Vazquez McAfee certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

Joe Sloan, President

---

Typed Name & Title of Authorized Representative



---

Signature of Authorized Representative

April 28, 2017

---

Date

I am unable to certify to the above statement. My explanation is attached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 33) PUBLIC DISCLOSURE FORM

Pursuant to NRS 332.800, with limited exceptions, a member of a governing body nor an evaluator may be interested directly or indirectly in any contract awarded by the governing body:

1. Except as otherwise provided in [NRS 281.230](#) and [281A.430](#), a member of the governing body may not be interested, directly or indirectly, in any contract entered into by the governing body, but the governing body may purchase supplies, not to exceed \$1,500 in the aggregate in any 1 calendar month, from a member of such governing body when not to do so would be of great inconvenience due to a lack of any other local source.
2. An evaluator may not be interested, directly or indirectly, in any contract awarded by such governing body or its authorized representative.
3. A member of a governing body who furnishes supplies in the manner permitted by subsection 1 may not vote on the allowance of the claim for such supplies.
4. A person who violates this section is guilty of a misdemeanor and, in the case of a member of a governing body, a violation is cause for removal from office.

Washoe County therefore requires you list all personal relationships and financial interests between the company, company officers, and key employees with current Washoe County Board of County Commission members and current Washoe County authorizing officials. Please complete form below. Additional sheets may be attached if necessary.

Company/Employee	Position	Date of Hire	County authorizing Official/ Commissioner	Relationship/ Interest
N/A				

By my signature I hereby certify that I understand:

- Washoe County employees, officers and elected officials shall not receive unlawful compensation, commission or personal profit in the course of performing Washoe duties.
- Washoe County positions may not be used for unlawful purposes or personal gain.



- I am required and have listed all personal relationships and financial interests between the company, company officers, and key employees with current Washoe County Board of County Commission members and current Washoe County authorizing officials.
- Failure to disclose all facts relative to a conflict or potential conflict of interest with regard to my contract/agreement with Washoe County may result in termination of said contract/agreement.

Signature:  \_\_\_\_\_  
Authorized Firm Representative

Name of Firm: Sloan Vazquez McAfee

Print Name: Joe Sloan

Title: President

Date: April 28, 2017



DD	AH	_____
AHSO		_____
DHO		_____ <i>KD</i> _____
DA		_____
Risk		_____

**Staff Report**  
**Board Meeting Date: August 24, 2017**

**TO:** District Board of Health

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

**SUBJECT:** Approve three Interlocal Agreements between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic, to provide vasectomy procedures to clients referred by the Clinic and to provide colposcopy and/or biopsy services to clients referred by the Clinic retroactive to July 1, 2017 through June 30, 2018 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.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other 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.

**District Board of Health strategic priority:**

Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND**

The District conducts several clinical public health programs including a Family Planning Clinic which requires the services of a Medical Director. MEDSchool Associates North (MSAN) has agreed to provide consultative services to Family Planning Clinic Advanced Practice Registered Nurses onsite and via phone and to provide clinical services as necessary. Physicians review and approve clinical protocols and provide written evaluations of services and assist in evaluating staff performance. Coverage is made available 52 weeks a year.

MSAN is also agreeing to provide the following clients services:

- Vasectomy services to low-income males and those who are un/under insured, medically indigent or have no other resources for health care. Title X Grant Funds are utilized to reimburse MSAN for completed vasectomies.
- Colposcopy and biopsy services. Uninsured clients are provided these services at a discounted rate.

### **FISCAL IMPACT**

Should the Board approve these Agreements, there is no impact to the adopted FY18 budget as the cost of these agreements were included as follows:

<u>Account Number</u>	<u>Description</u>	<u>FY18 Budget</u>
2002-IO-11304 -710108	MD Consultants	\$ 9,000.00
2002-IO-11304 -710714	Referral Services	\$ 6,780.00

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve three Interlocal Agreements between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic, to provide vasectomy procedures to clients referred by the Clinic and to provide colposcopy and/or biopsy services to clients referred by the Clinic retroactive to July 1, 2017 through June 30, 2018 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.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve three Interlocal Agreements between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic, to provide vasectomy procedures to clients referred by the Clinic and to provide colposcopy and/or biopsy services to clients referred by the Clinic retroactive to July 1, 2017 through June 30, 2018 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."

## INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE INTEGRATED CLINICAL SERVICES, INC., AND UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE MULTISPECIALTY GROUP PRACTICE NORTH, INC., dba MEDSchool Associates North, hereinafter referred to as "School."

### WITNESSETH:

WHEREAS, the District conducts several clinical public health programs including a Family Planning Clinic which requires the services of a Medical Director ; and

WHEREAS, the School has faculty physicians who are licensed to practice medicine in the State of Nevada; and

WHEREAS, the School agrees to provide consultative and clinical services to the District for the Family Planning Clinic as described herein;

Now, therefore, in consideration of the mutual promises contained herein, the parties agree as follows:

The School agrees to:

1. Designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic.
2. Provide consultation with the Family Planning Advanced Practice Registered Nurses (APRN) onsite for approximately four (4) hours per month and as needed by telephone, review and approve medical charts, provide consultation to the District on issues of Family Planning, conduct clinical examination of clinic patients or perform clinical procedures (IUD insertion) as necessary. (See attached job description)
3. Review and approve the clinical protocols completed by the District's Advanced Practice Registered Nurses.
4. Provide written evaluation of services and staff performance on an annual basis or upon request.
5. Discuss and review problem clinic patients with District staff on site and by telephone.
6. Provide physician coverage 52 weeks a year. The School will provide coverage when the assigned physician is on vacation, or out of town or otherwise unavailable and will advise the District of the process to contact the School's back-up physician.
7. Bill the District each month for consultative/clinical services provided.
8. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to bloodborne pathogens, tuberculosis exposures, professional licensure, and confidentiality of District medical records.

9. Require the physician(s) to submit the following documentation to the program supervisor prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30 days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.
10. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
11. Comply with OSHA Blood borne Pathogen requirements for Medical Service Providers. The requirements of Exhibit A are attached and included by reference.
12. Have the medical consultants for the Family Planning Clinic submit to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Agreement.

The District agrees to:

1. Pay School \$9,000 annually at the rate of \$750.00 per calendar month for the administrative services provided as Medical Consultant of the Family Planning Clinic.
2. Pay for one contraceptive focused training (Contraceptive Technology or other approved by District) for the School's staff not to exceed \$1,500 in value. At the request of the School.
3. Pay the School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for the month.
4. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
5. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
6. Assume all fiscal and program responsibilities, records, and reports for patients.
7. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

#### HIPAA.

To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts

160 and 162, all collectively referred to herein as "HIPAA Requirements," including the Health Information Technology for Economic and Clinical Health Act ("HITECH") that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 shall indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages.

CONTRACT TERM. This Contract shall be effective July 1, 2017, through June 30, 2018 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 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. The automatic renewal provision of this section shall not affect the right of the Health District or MSAN to terminate the Agreement as provided below.

TERMINATION. This Agreement and any amendments may be terminated by either party at any time, without cause or penalty upon 30 days written notice to the other party.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

NON APPROPRIATION. In the event funds are not appropriated for the purposes specified in this Agreement, contractor hereby consents to the termination of this Agreement. In such event, Health District will notify contractor in writing and the Agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms of conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by School of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to School shall be addressed to:  
Director of Contracting  
UNSOM  
1664 N. Virginia Street. M/S 1332  
Reno, Nevada 895557-1332

Notices to the District shall be addressed to:  
Kevin Dick, District Health Officer  
Washoe County District Health Department  
P O Box 11130  
Reno NV 89520-0027



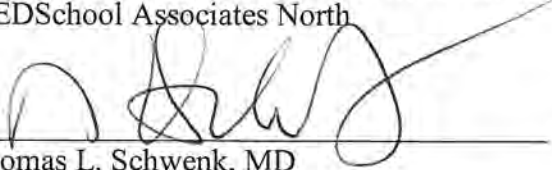
Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

By: \_\_\_\_\_  
Kitty Jung, Chairman

Date: \_\_\_\_\_

University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and  
University of Nevada, Reno School of Medicine Multispecialty Group Practice North, Inc.,  
dba MEDSchool Associates North

By:  \_\_\_\_\_  
Thomas L. Schwenk, MD  
Vice President, Division of Health Sciences  
Dean, School of Medicine  
President, Integrated Clinical Services, Inc.

Date: 8/9/17

## **Collaborating Physician Job Description**

**Job Summary:** Serve as Medical Director for Family Planning/Teen Health Mall Clinics. The collaborating physician acts as a consultant to the APRNs and monitors the quality of care provided by the APRNs.

### **Essential Functions:**

1. Provides direction to APRNs regarding clinical protocol and reviews and signs annually.
2. Participates in APRNs evaluation in order to ensure competency, which includes direct observation of an APRN while taking a medical history from a patient and performing an examination of patients' representative of those cared for by APRNs at the WCHD.
3. APRNs will consult with collaborating physician regarding the following:
  - Whenever situations arise which go beyond the intent of the protocols or the competence, scope of practice or experience of the APRN.
  - Whenever patient requests or conditions fail to respond to the management plan in appropriate time.
  - Any uncommon, unfamiliar or unstable patient conditions.
  - All emergency situations that require administration of medications, oxygen or that require transport, after initial stabilizing care has been started.
4. Oversees Quality Assurance (QA) by reviewing APRN client charts as indicated by QA protocol and reviews a representative sample of referrals or consultation made by the APRN with another health care professional as required by the condition of the patient.
5. Ensures the APRNs protocols reflect national standards for the APRNs medical specialty and comply with all relevant state and federal laws.
6. Collaborates on the creation and updating of the treatment protocols performed by District nurses.
7. Provides direct patient care as deemed appropriate by the APRNs.

### **Qualifications/Basic Job Requirements:**

1. Holds an active license in good standing to practice medicine and has experience in family planning care provision.
2. Practices medicine in the state.
3. Spends a part of a day at the Washoe County Health District WCHD on a monthly basis.
4. Is available at all times the APRN is providing medical services. Consultation by phone as acceptable.
5. Designates a qualified substitute physician to act as a temporary collaborating physician if the collaborating physician is unable to act as the collaborating physician for the APRNs. The scope of practice or medical competence of the temporary collaborating physician must be the same as the scope of practice or medical competence of the original collaborating physician.
6. Documents direct patient care and/or consultations with APRNs in Electronic Medical Record system.

**GRANT FUNDED PURCHASING  
WASHOE COUNTY  
SOLE SOURCE PURCHASE REQUEST FORM**

**This form must accompany a purchase requisition when sole source approval is requested for equipment, supplies or services exceeding \$3,500 when using grant funds.**

DEPARTMENT Washoe County Health District LOCATION Community and Clinical Health Services

REQUESTOR'S NAME Lisa Lottritz TELEPHONE # 328-2465

REQUISITION NUMBER \_\_\_\_\_ DATE 7/26/2017

RECOMMENDED SOLE SOURCE SUPPLIER- UNSOM-Dr. Stephanie Wright and Dr. Brian Passalacqua

Description of good or service requested.

Family Planning Medical Directors

Unique features/qualifications required that are not available from another vendor.

Stephanie Wright MD and Brian Passalacqua MD are Family Medicine physicians who have been working with the Washoe County Health District's Family Planning clinic for several years. They have a Public Health focus, are aware of complex and stringent Title X requirements, and the Family Planning clinic policies and procedures. These physicians practice at the University of Nevada, Reno Family Medicine Center which is a trusted partner of the Washoe County Health District.

Why the service or good(s) cannot be competitively bid and why the purchase is economically available from a single vendor?

According to the Bureau of Labor Statistics, the median hourly wage for Medical Doctors is \$99.48 per hour. Stephanie Wright MD and Brian Passalacqua MD provide consultation services for the Family Planning clinic for \$750.00 per month. The Family Planning clinic is staffed with Advanced Practice Registered Nurses (APRN), and as Medical Directors, Dr. Wright and Dr. Passalacqua provide assistance when the APRNs encounter complex cases. The physicians also provide expertise related to protocol updates.

Were other options sought?

- If yes, why were they unacceptable? If no, why were alternatives not reviewed?

No, other options were not sought as Dr. Wright and Dr. Passalacqua have a long-term, trusted relationship with the Washoe County Health District's Family Planning clinic. They are aware of clinic processes and are a cost-effective option.

What efforts were made to determine there was no competition for the service or good and how was it determined the price for the purchase is fair and reasonable?

There are an inadequate number of health care providers in Washoe County, particularly related to Family Planning services which limit options for this service. As such, the Health District's Family Planning Program has been designated an Essential Community Provider, meaning that health plans with whom we are contracted may refer their members to our program for Family Planning services. Based on information from the

Bureau of Labor Statistics, \$750.00 per month is fair and reasonable.

I have read and understand the Policies and Procedures of the Board of County Commissioners including the Washoe County Grants Manual with regard to sole source procurements. I understand that competition is the preeminent consideration in the expenditure of County and grant funds, and I acknowledge the County's commitment to the principle of fairness to any vendor who would like to do business with the County. After observing these principles and considerations, I hereby submit that the goods, services, and/or vendor specified in the accompanying requisition fit the County's sole source criteria for grant funded purchases for the following reasons: Please provide sufficient detail to clearly identify the reason(s) for this sole source procurement request. Attach additional information if necessary.

( ) 1. The awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the grantee department. (attach sponsor authorization)

( ) 2. The product or service is available only from a single source.

( ) 3. The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation.

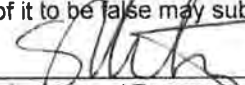
( ) 4. After solicitation of a number of sources, competition is determined inadequate.


( x ) 5. The following provides justification as to reasonableness of price:

According to the Bureau of Labor Statistics, the median hourly wage for Medical Doctors is \$99.48 per hour. Stephanie Wright MD and Brian Passalacqua MD provide consultation services for the Family Planning clinic for \$750.00 per month.

Noncompetitive awards to professionals or consultants that are on retainer contracts are restrictive of competition and not allowable under OMB guidelines.

I understand that I may be required to justify this sole source procurement before the appropriate authority, including the Board of County Commissioners, and that my signing this document knowing any of it to be false may subject me to administrative action.

  
\_\_\_\_\_  
Signature of Requestor

  
\_\_\_\_\_  
Department Head Approval  
Kevin Dick  
\_\_\_\_\_  
Print Name

Melanie Lever authorized Buyer, recommend the following:

Sole source justification is adequate and exempt from competitive bidding requirements per NRS 332.115.

( ) Sole source justification is adequate to justify exemption from competitive bidding requirements per NRS 332.115.

( ) Sole source justification is adequate and exempt from competitive procurement requirements Uniform Guidance 2 CFR Pt. 200.320.

( ) Sole source justification is inadequate and request is returned to department for additional justification, instructions on whether to seek competitive bids for the goods or services requested, or to withdraw the request.

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date

*Melanie Lever*

\_\_\_\_\_  
Purchasing and Contracts Manager

*8/10/17*

\_\_\_\_\_  
Date

Updated 2-8-17

## INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as “District,” and the University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, hereinafter referred to as “MSAN.”

WHEREAS, the District administers Title X funding to provide male sterilization to clients without insurance or sufficient funding to cover the cost of the procedure; and

WHEREAS, MSAN desires to provide male sterilization procedures through the University of Nevada, Reno School of Medicine Family Medicine Center;

NOW THEREFORE, in view of their complementary goals, the parties wish to enter into this agreement to decrease the rate of unintended pregnancy in Washoe County.

MSAN agrees to:

1. Provide up to fifteen (15) vasectomy procedures within the District’s grant year, which runs April 1 to March 30, for patients referred from the District.
2. Assume all responsibility for maintaining patient records.
3. Ensure that each patient receives a pre-surgery physical exam, a signed consent for the procedure, the surgical procedure, post-operative semen analysis and any additional treatment necessary to ensure the efficacy of the procedure.
4. Complete the Consent for Sterilization Physician’s statement and return to District with request of payment (See attached).
5. Bill the Health District monthly after providing services to pre-authorized patients.
6. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to blood-borne pathogens, tuberculosis, and professional licensure.
7. Provide the District access to the University of Nevada, Reno School of Medicine Family Medicine Center records if requested, to verify services.

The District agrees to:

1. Advertise the availability of subsidized male sterilization to HAWC, Planned Parenthood, Washoe Pregnancy Center, and District Family Planning patients.
2. Conduct a patient assessment to assist with determining an authorized referral. Priority for services is given to low-income males and those who are un/under insured, medically indigent or have no other resources for health care.
3. Notify MSAN of the pre-authorized patient’s name using a process agreed upon by both parties.
4. The District will complete the Consent to Sterilization, Statement of Person Obtaining Consent and the Interpreter Statement (if indicated) and provide a copy to MSAN so they may complete the Physician’s Statement as indicated above (See attached).
5. Reimburse MSAN in the amount of \$452.00 per completed vasectomy up to a maximum of \$6,780.00 annually.
6. Provide no payment in advance of services. Payment is due within 30 days. Payments are to be mailed to the following address:  
MEDSchool Associates North  
Nelson Building – MS 0353  
Attn: Accounts Receivable  
401 West Second Street, Suite 237  
Reno, NV 89503-5353

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d (“HIPAA”) and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Regulations”), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as “HIPAA Requirements.”, including the Health Information Technology for Economic and Clinical Health Act (“HITECH”) that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 agrees to indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

CONTRACT TERM. This Contract shall be effective July 1, 2017, through June 30, 2018 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 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. The automatic renewal provision of this section shall not affect the right of the Health District or MSAN to terminate the Agreement as provided below.

TERMINATION. Either party may terminate this Agreement and any amendments at any time, without cause or penalty upon 30 days written notice to the other party. The District shall reimburse MSAN for any services still owing prior to the termination date of this Agreement but reserves the right to withhold payment if it is determined that the services were not provided.

NON-APPROPRIATION. In the event funds are not appropriated for the purposes specified in this Agreement, MSAN hereby consents to the termination of this Agreement. In such event, District will notify MSAN in writing and the agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms or conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by MSAN of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to MSAN shall be addressed to:

Gail Smith, Director of Contracting  
UNRMED  
1664 N. Virginia Street  
M/S 0332 – Pennington Bldg. # 231  
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

Kevin Dick, District Health Officer  
Washoe County Health District  
P. O. Box 11130  
Reno NV 89520-0027

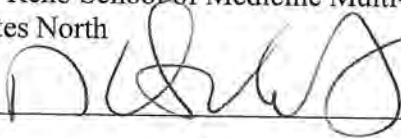


Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

DISTRICT BOARD OF HEALTH

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Kitty Jung, Chairman

University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North

By:  \_\_\_\_\_ Date: 8/9/17

Thomas L. Schwenk, MD  
Vice President, Division of Health Sciences  
Dean, School of Medicine  
President, Integrated Clinical Services, Inc.

### CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

#### ■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from \_\_\_\_\_ . When I first asked \_\_\_\_\_  
*Doctor or Clinic*  
for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.  
I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.  
I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a \_\_\_\_\_ . The discomforts, risks  
*Specify Type of Operation*  
and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.  
I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: \_\_\_\_\_  
*Date*  
I, \_\_\_\_\_, hereby consent of my own  
free will to be sterilized by \_\_\_\_\_  
*Doctor or Clinic*  
by a method called \_\_\_\_\_ . My  
*Specify Type of Operation*  
consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:  
Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.  
I have received a copy of this form.

\_\_\_\_\_  
*Signature* *Date*

You are requested to supply the following information, but it is not required: (*Ethnicity and Race Designation*) (please check)  
*Ethnicity:*  Hispanic or Latino  Not Hispanic or Latino  
*Race (mark one or more):*  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

#### ■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:  
I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in \_\_\_\_\_  
language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

\_\_\_\_\_  
*Interpreter's Signature* *Date*

HHS-687(10/12)

#### ■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before \_\_\_\_\_ signed the  
*Name of Individual*  
consent form, I explained to him/her the nature of sterilization operation \_\_\_\_\_, the fact that it is  
*Specify Type of Operation*  
intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

\_\_\_\_\_  
*Signature of Person Obtaining Consent* *Date*  
\_\_\_\_\_  
*Facility*  
\_\_\_\_\_  
*Address*

#### ■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon \_\_\_\_\_ on \_\_\_\_\_  
*Name of Individual* *Date of Sterilization*  
I explained to him/her the nature of the sterilization operation \_\_\_\_\_, the fact that it is  
*Specify Type of Operation*  
intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.  
I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery  
Individual's expected date of delivery: \_\_\_\_\_
- Emergency abdominal surgery (describe circumstances): \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature* *Date*

**GRANT FUNDED PURCHASING  
WASHOE COUNTY  
SOLE SOURCE PURCHASE REQUEST FORM**

**This form must accompany a purchase requisition when sole source approval is requested for equipment, supplies or services exceeding \$3,500 when using grant funds.**

DEPARTMENT Washoe County Health District LOCATION Community and Clinical Health Services

REQUESTOR'S NAME Lisa Lottritz TELEPHONE # 328-2465

REQUISITION NUMBER \_\_\_\_\_ DATE 7/26/2017

RECOMMENDED SOLE SOURCE SUPPLIER- MEDSchool Associates North (MSAN)

Description of good or service requested.

Vasectomy procedure, male sterilization

Unique features/qualifications required that are not available from another vendor.

MSAN has a trusted and long standing relationship with Washoe County Health District (WCHD). WCHD is a training/learning site which partners with various schools in the community. Utilizing MSAN for vasectomy procedures further emphasizes the importance of training/learning as medical residents are performing the vasectomy procedures under the direction of an attending physician.

Why the service or good(s) cannot be competitively bid and why the purchase is economically available from a single vendor?

The WCHD administers Title X funding to provide male sterilization to clients without insurance or sufficient funding to cover the cost of the procedure. It is cost effective for MSAN to provide this service as the agency provides a pre-surgery physical exam, the surgical procedure, post-operative semen analysis, and any additional treatment necessary to ensure the efficacy of the procedure for a bundled price of \$452.00..

Were other options sought?

- o If yes, why were they unacceptable? If no, why were alternatives not reviewed?

No, other options were not sought as MSAN has a long-term, trusted relationship with the Washoe County Health District's Family Planning clinic and is familiar with our policies and procedures.

What efforts were made to determine there was no competition for the service or good and how was it determined the price for the purchase is fair and reasonable?

There are an inadequate number of health care providers in Washoe County, particularly related to urology services. This limits the options for obtaining vasectomy services. MSAN provides vasectomy services at a bundled price of \$452.00.

According to vasectomy.com, the cost of a vasectomy typically ranges anywhere from \$350 to \$4,000. The median cost of a vasectomy is \$2,465 (Amino.com). Therefore, MSAN's bundled price of \$452.00 is fair and reasonable.

I have read and understand the Policies and Procedures of the Board of County Commissioners including the Washoe County Grants Manual with regard to sole source procurements. I understand that competition is the preeminent consideration in the expenditure of County and grant funds, and I acknowledge the County's commitment to the principle of fairness to any vendor who would like to do business with the County. After observing these principles and considerations, I hereby submit that the goods, services, and/or vendor specified in the accompanying requisition fit the County's sole source criteria for grant funded purchases for the following reasons: Please provide sufficient detail to clearly identify the reason(s) for this sole source procurement request. Attach additional information if necessary.

1. The awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the grantee department. (attach sponsor authorization)

2. The product or service is available only from a single source.

3. The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation

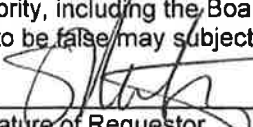
4. After solicitation of a number of sources, competition is determined inadequate.

5. The following provides justification as to reasonableness of price:

According to vasectomy.com, the cost of a vasectomy typically ranges anywhere from \$350 to \$4,000. The median cost of a vasectomy is \$2,465 (Amino.com). MSAN provides a pre-surgery physical exam, the surgical procedure, post-operative semen analysis, and any additional treatment necessary to ensure the efficacy of the procedure for a bundled price of \$452.00.

Noncompetitive awards to professionals or consultants that are on retainer contracts are restrictive of competition and not allowable under OMB guidelines.

I understand that I may be required to justify this sole source procurement before the appropriate authority, including the Board of County Commissioners, and that my signing this document knowing any of it to be false may subject me to administrative action.

  
\_\_\_\_\_  
Signature of Requestor

  
\_\_\_\_\_  
Department Head Approval

KEVIN DICK  
\_\_\_\_\_  
Print Name

I, Meaume Laver, authorized Buyer, recommend the following:

Sole source justification is adequate and exempt from competitive bidding requirements per NRS 332.115.

Sole source justification is adequate to justify exemption from competitive bidding requirements per NRS 332.115.

Sole source justification is adequate and exempt from competitive procurement requirements Uniform Guidance 2 CFR Pt. 200.320.

Sole source justification is inadequate and request is returned to department for additional justification, instructions on whether to seek competitive bids for the goods or services requested, or to withdraw the request.

\_\_\_\_\_  
Buyer

  
\_\_\_\_\_  
Purchasing and Contracts Manager

\_\_\_\_\_  
Date

8/10/17  
\_\_\_\_\_  
Date

## INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE INTEGRATED CLINICAL SERVICES, INC., AND UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE MULTISPECIALTY GROUP PRACTICE NORTH, INC., dba MEDSchool Associates North, hereinafter referred to as "UNRMED."

### WITNESSETH:

WHEREAS, the District conducts the clinical public health programs, including the Family Planning Program, which requires the services of a physician; and

WHEREAS, the School has faculty physicians who are licensed to practice medicine in the State of Nevada, and specialize in family medicine; and

WHEREAS, the School agrees to provide colposcopy services for referred Family Planning clients;

Now therefore, in consideration of the mutual promises contained herein, the parties agree as follows:

The School agrees to:

1. Schedule appointment for colposcopy and biopsy.
2. Provide colposcopy and/or biopsy services.
3. Collect payment on the day of service or bill insurance plan. For insured patients, UNRMED's usual and customary fee schedule will apply. Copays must be made at time of service and third party payers will be billed. If the client does not have insurance, the fee for service will be based on a 50% discount rate off of the current billable fee schedule.
4. Subject to any restrictions under HIPAA, fax colposcopy and/or biopsy results, with recommendations, to the WCHD.
5. If further gynecological follow up is required, refer client back to WCHD promptly.

The District agrees to:

1. Maintain a list of clients referred to UNRMED.
2. Fax colposcopy referral form, recent pertinent exams and pap results to UNRMED.
3. Provide clients with a copy of faxed documents
4. Provide clients with the name of the contact person at UNRMED that will assist the client in scheduling a colposcopy appointment.
5. Inform the client that services will require insurance coverage or full payment to UNRMED is due on the day of service.
6. Inform the client additional separate lab fees may be charged if applicable.

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d (“HIPAA”) and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the “Federal Privacy Regulations”), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as “HIPAA Requirements.”, including the Health Information Technology for Economic and Clinical Health Act (“HITECH”) that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 shall indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.360 and NRS 354.626.

CONTRACT TERM. This Contract shall be effective July 1, 2017, through June 30, 2018 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 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. The automatic renewal provision of this section shall not affect the right of the Health District or UNRMED to terminate the Agreement as provided below.

TERMINATION. This Agreement and any amendments may be terminated by either party at any time, without cause or penalty upon 30 days written notice to the other party. The District shall reimburse School for any services still owing prior to the termination date of this Agreement but reserves the right to withhold payment if it is determined that the services were not provided.

NON APPROPRIATION: In the event funds are not appropriated for the purposes specified in this Agreement, contractor hereby consents to the termination of this Agreement. In such event, Health District will notify contractor in writing and the Agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms or conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by School of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to School shall be addressed to:



Gail Smith, Director of Contracting  
UNR - UNRMED  
1664 North Virginia Street  
Penn Bldg, M/S 0332  
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:  
Kevin, Dick, District Health Officer  
Washoe County Health District  
P O Box 11130  
Reno NV 89520-0027

Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Kitty Jung, Chair

University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and  
University of Nevada, Reno School of Medicine Multispecialty Group Practice North, Inc.,  
dba MEDSchool Associates North

By:  \_\_\_\_\_ Date: 8/9/17  
Thomas Schwenk, MD

Vice President, Division of Health Sciences  
Dean, University School of Medicine  
President, Integrated Clinical Services, Inc.

**STAFF REPORT**  
**BOARD MEETING DATE:** August 24, 2017

**TO:** District Board of Health

**FROM:** Steve Kutz, RN, MPH, Director, Community and Clinical Health Services  
775-328-6159; [skutz@washoecounty.us](mailto:skutz@washoecounty.us)

Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419; [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve the modification of the Community and Clinical Health Services laboratory fee schedule to add ThinPrep Pap test, associated Pathologist review and HPV high risk testing.

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**SUMMARY**

The Washoe County District Board of Health must approve changes to the adopted fee schedule.

Community and Clinical Health Services (CCHS) is requesting approval to modify the fee schedule to add ThinPrep Pap test, associated Pathologist review and HPV high risk testing.

**Health District Strategic Priorities supported by this item:**

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

**Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.

**PREVIOUS ACTION**

On January 26, 2017, the Board approved the modification of the immunization fee schedule to change the immunization administration fee.

On December 15, 2016, the Board approved modifying the fees schedule to add semen analysis.

On October 27, 2016, the Board approved the addition of Cipro 500 mg to the fee schedule.

On August 25, 2016, the Board approved modifying the fee structure for prescription and non-prescription drugs, specifically codes J8499 and A9150.

On October 22, 2015, the Board approved revisions to the fee schedule for the CCHS Division and authorized yearly increases using the Consumer Price Index for the Western Region.

### **BACKGROUND**

Community and Clinical Health Services' Family Planning program is working to improve client care through advances in laboratory testing. Currently Family Planning staff uses conventional Pap technology and has minimal resources available for clients that need Human Papilloma Virus (HPV) testing to assist with abnormal Pap management. Moving to Liquid Based Pap technology will allow for HPV co-testing and reflexive testing for clients with abnormal Pap tests. The standard of care for cervical cancer screening is to provide HPV testing and cervical cancer cytology together for women over the age of 30 years. Cervical cancer screening can be reduced from every three years to every five years when a woman has a negative HPV and normal Pap test. When using conventional Pap testing, cervical cancer screening is required every three years. In addition, abnormal Pap tests can be managed more efficiently when reflexive HPV or HPV co-testing is utilized.

Laboratory test are typically provided to clients in conjunction with other services but are charged separately. The Nevada State Public Health Lab will be utilized under the current agreement. Below are the fees; the Washoe County Health District fee includes the CCHS Division indirect rate which is 19.29% this fiscal year.

<b><u>Test</u></b>	<b><u>Lab Price</u></b>	<b><u>WCHD Fee</u></b>
ThinPrep Pap Test	\$ 23.00	\$ 27.44
Pathologist Review of Atypical ThinPrep Pap Test	\$ 12.00	\$ 14.32
HPV High Risk Test	\$ 36.00	\$ 42.94

### **FISCAL IMPACT**

Carryover funding from the Title X Family Planning grant to cover the additional costs related with these tests was requested and has been approved; the Board will be asked to approve the associated budget amendment at the August 24, 2017 meeting. As such, there will be no additional fiscal impact to the FY18 adopted budget.

### **RECOMMENDATION**

Approve the modification of the Community and Clinical Health Services laboratory fee schedule to add ThinPrep Pap test, associated Pathologist review and HPV high risk testing.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to approve the modification of the Community and Clinical Health Services laboratory fee schedule to add ThinPrep Pap test, associated Pathologist review and HPV high risk testing."



# **REMSA**

## **Franchise Compliance Report**

**JULY 2017**



**REMSA Accounts Receivable Summary**  
Fiscal 2017

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	4106	\$4,485,503.00	\$1,092.43	\$1,092.43	\$393.27
August	4156	\$4,594,636.20	\$1,105.54	\$1,099.02	\$395.65
September	4000	\$4,428,168.80	\$1,107.04	\$1,101.64	\$396.59
October	4023	\$4,462,967.40	\$1,109.36	\$1,103.55	\$397.28
November	3718	\$4,125,873.00	\$1,109.70	\$1,104.69	\$397.69
December	4281	\$4,750,796.80	\$1,109.74	\$1,105.58	\$398.01
January	4413	\$4,922,748.00	\$1,115.51	\$1,107.11	\$398.56
February	3913	\$4,343,062.20	\$1,109.91	\$1,107.44	\$398.68
March	4192	\$4,660,217.80	\$1,111.69	\$1,107.93	\$398.85
April	3978	\$4,416,937.40	\$1,110.34	\$1,108.16	\$398.94
May	4086	\$4,543,648.60	\$1,112.00	\$1,108.51	\$399.06
June	3885	\$4,313,717.00	\$1,110.35	\$1,108.66	\$399.12
<b>Totals</b>	<b>48751</b>	<b>\$54,048,276</b>	<b>\$1,108.66</b>		

Allowed ground average bill: \$1,129.44  
 Monthly average collection rate: 36%



## Fiscal 2018

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2017	5 Minutes 43 Seconds	93%	91%
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan. 2018			
Feb.			
Mar.			
Apr.			
May			
June 2018			

Year to Date: July 2017 through June 2018

Priority 1 Zone A	Priority 1 Zones B,C,D
93%	91%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2017	P-1	4:56	5:49	7:48
	P-2	5:06	6:08	8:23
Aug. 2017	P-1			
	P-2			
Sept. 2017	P-1			
	P-2			
Oct. 2017	P-1			
	P-2			
Nov. 2017	P-1			
	P-2			
Dec. 2017	P-1			
	P-2			
Jan. 2018	P-1			
	P-2			
Feb. 2018	P-1			
	P-2			
Mar. 2018	P-1			
	P-2			
Apr. 2018	P-1			
	P-2			
May 2018	P-1			
	P-2			
June 2018	P-1			
	P-2			

Year to Date: July 2017 through June 2018

Priority	Reno	Sparks	Washoe County
P-1	4:56	5:49	7:48
P-2	5:06	6:08	8:23



REMSA OCU Incident Detail Report

Period:7/01/2017 thru 7/31/2017

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	7/2/2017 21:25	7/2/2017 21:25	1C19	-00:00:05	0:00:14
Zone A	7/9/2017 23:18	7/9/2017 23:21	1C03	-00:01:30	0:03:22
Zone A	7/11/2017 9:49	7/11/2017 9:56	1C21	0:10:36	0:07:16
Zone A	7/15/2017 0:51	7/15/2017 0:57	1C44	0:06:39	0:06:39
Zone A	7/21/2017 21:02	7/21/2017 21:06	1C24	0:04:25	0:04:25
Zone A	7/22/2017 17:55	7/22/2017 17:58	1C15	0:02:58	0:02:58
Zone A	7/26/2017 21:11	7/26/2017 21:16	1C34	-00:01:01	0:05:13
Zone A	7/30/2017 9:47	7/30/2017 9:54	1C30	-00:02:40	0:07:10

Upgrade Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
NONE					

Exemption Requested			
Incident Date	Zone	Exemption Reason	Approval
7/10/2017	B	Other as Approved	Exemption Approved by WCHD
7/18/2017	B	Other as Approved	Exemption Approved by WCHD



# GROUND AMBULANCE OPERATIONS REPORT

July 2017

## 1. OVERALL STATISTICS:

Total Number of System Responses	6674
Total Number of Responses in Which No Transport Resulted	2629
Total Number System Transports (Including transports to Out of County Destinations)	4045

## 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1.5%
Medical	50%
OB	.4%
Psychiatric/Behavioral	7.9%
Transfers	9.1%
Trauma – MVA	6.6%
Trauma – Non MVA	20.7%
Unknown	3.8%

## 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 (excluding cardio pulmonary 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.

Total number of ALS calls: 2866

Total number of above calls receiving QA reviews: 312

Percentage of charts reviewed from the above transports: 10.88%





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*Regional Emergency Medical Services Authority*

**REMSA**

**CUSTOMER SERVICE**

**JULY 2017**

REMSA

Reno, NV

Client 7299



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Lansing, Mi 48096  
1 (877) 583-3100  
service@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

# EMS System Report

July 1, 2017 to July 31, 2017

Your Score

**93.80**

Number of Your Patients in this Report

**144**

Number of Patients in this Report

**7,965**

Number of Transport Services in All EMS DB

**142**





## Executive Summary

This report contains data from **144 REMSA** patients who returned a questionnaire between **07/01/2017** and **07/31/2017**.

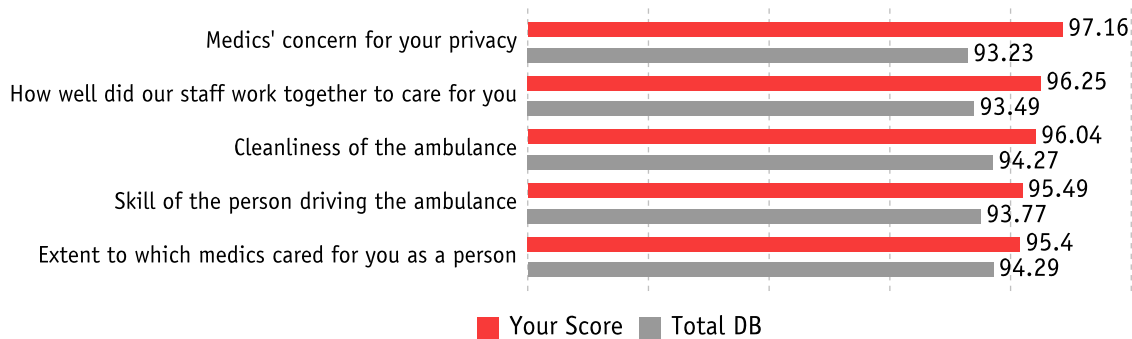
The overall mean score for the standard questions was **93.80**; this is a difference of **1.20** points from the overall EMS database score of **92.60**.

The current score of **93.80** is a change of **-0.27** points from last period's score of **94.07**. This was the **32nd** highest overall score for all companies in the database.

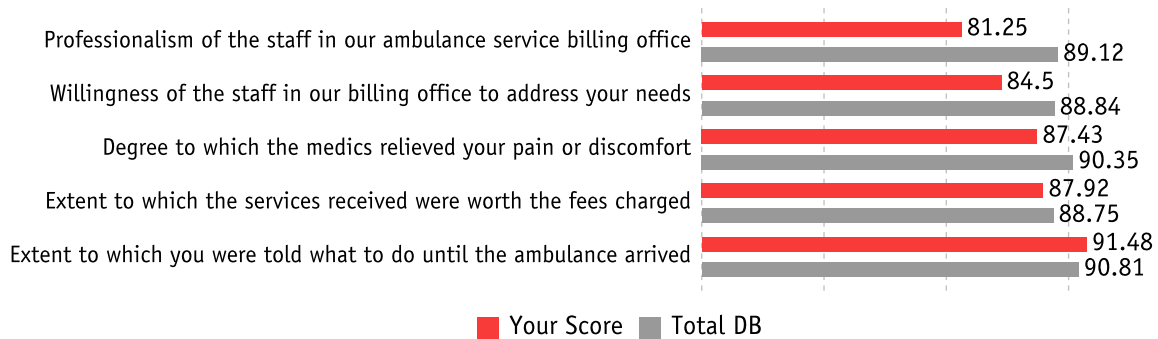
You are ranked **11th** for comparably sized companies in the system.

**85.77%** of responses to standard questions had a rating of Very Good, the highest rating. **96.91%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

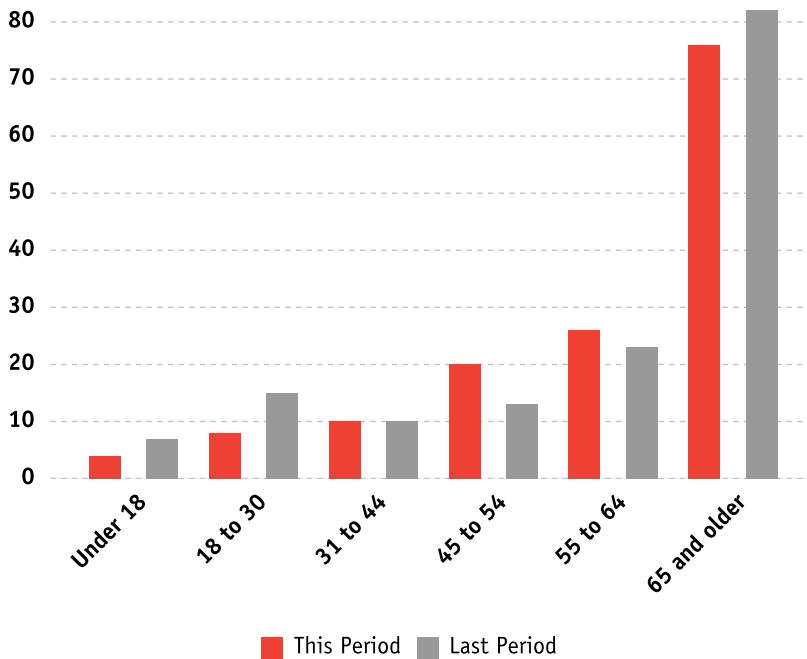




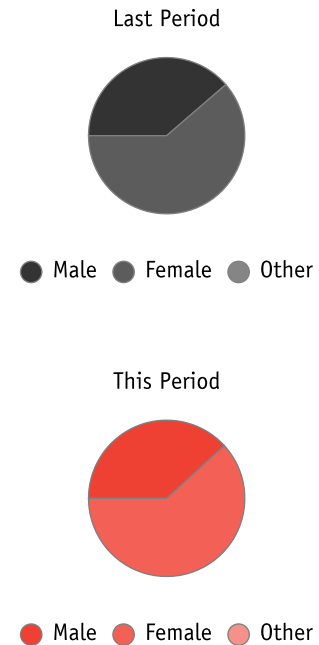
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	7	3	4	0	4	1	3	0
18 to 30	15	3	12	0	8	4	4	0
31 to 44	10	4	6	0	10	4	6	0
45 to 54	13	5	8	0	20	10	10	0
55 to 64	23	9	14	0	26	14	12	0
65 and older	82	34	48	0	76	22	54	0
<b>Total</b>	<b>150</b>	<b>58</b>	<b>92</b>	<b>0</b>	<b>144</b>	<b>55</b>	<b>89</b>	<b>0</b>

### Age Ranges



### Gender





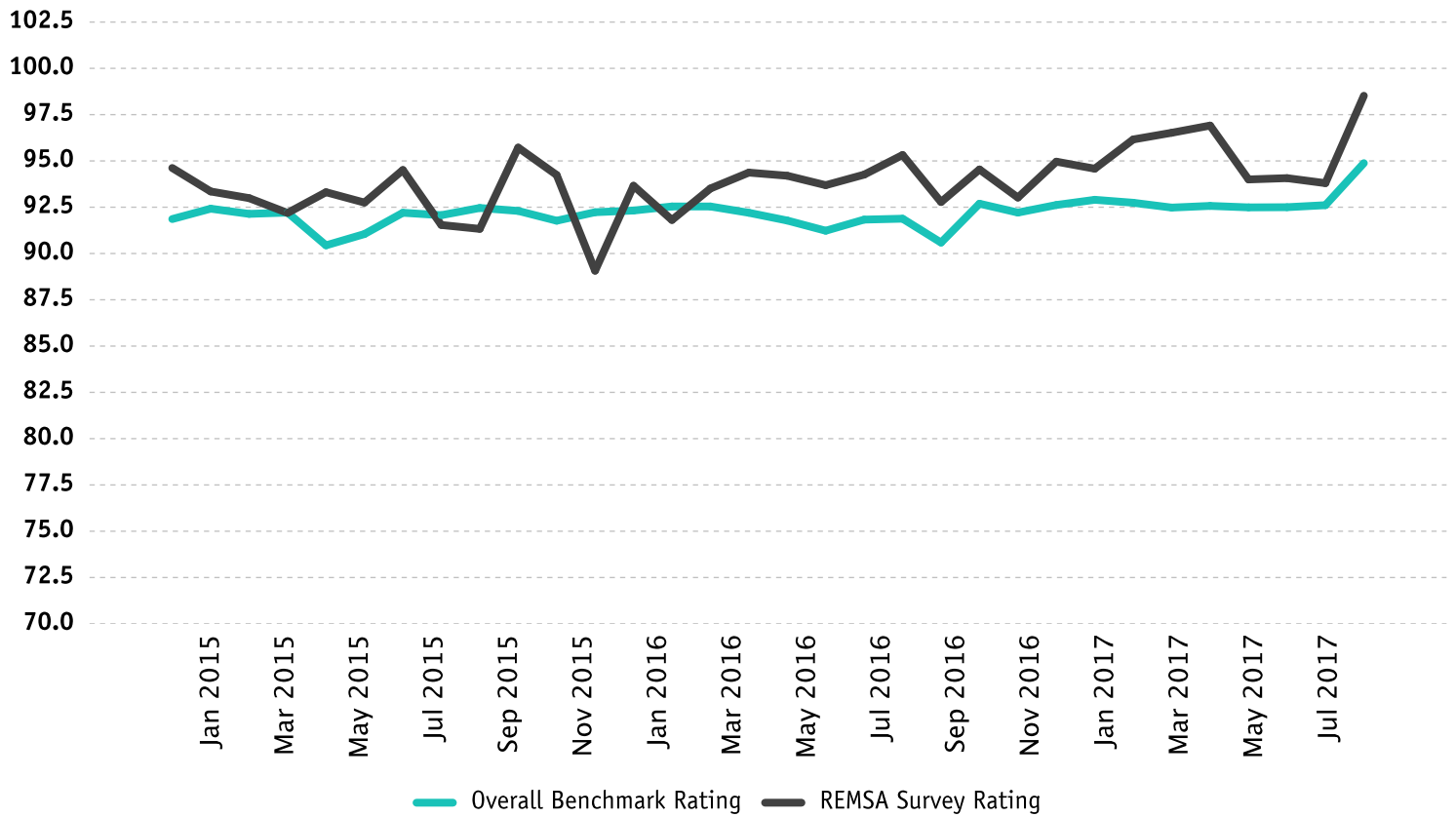
## Monthly Breakdown

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.

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017
Helpfulness of the person you called for ambulance service	94.19	98.68	91.47	95.41	92.36	93.48	97.50	96.25	94.32	95.45	96.59	91.69	95.21
Extent to which you were told what to do until the ambulance	96.43	97.37	88.57	93.37	86.76	91.88	97.92	95.14	89.53	94.26	94.77	92.10	91.48
Extent to which the ambulance arrived in a timely manner	94.14	94.87	94.44	93.75	92.14	95.79	95.01	96.28	94.12	95.39	92.40	93.40	92.01
Cleanliness of the ambulance	94.21	97.00	92.86	95.83	93.80	97.79	96.18	97.37	96.12	98.13	95.17	97.11	96.04
Skill of the person driving the ambulance		93.85	94.12	93.90	93.93	96.34	95.88	97.14	97.24	96.23	96.01	95.42	95.49
Care shown by the medics who arrived with the ambulance	94.75	94.10	93.46	95.63	94.73	96.23	96.23	96.83	97.55	98.08	94.47	94.74	95.12
Degree to which the medics took your problem seriously	95.16	95.70	92.74	94.68	93.45	94.37	95.62	97.16	97.45	98.19	93.99	95.88	94.73
Degree to which the medics listened to you and/or your family	94.02	94.37	93.41	94.28	93.76	94.51	95.64	96.43	97.48	97.78	94.31	93.63	93.77
Extent to which the medics kept you informed about your	92.94	94.00	92.81	93.96	94.53	94.76	92.67	95.83	96.92	95.45	91.96	92.92	91.76
Extent to which medics included you in the treatment decisions	93.42	96.31	91.45	93.76	92.52	94.44	88.94	94.29	96.52	95.36	93.77	92.86	92.01
Degree to which the medics relieved your pain or discomfort	91.20	94.49	88.30	92.22	89.57	93.16	89.18	92.86	92.60	94.74	87.89	87.94	87.43
Medics' concern for your privacy	94.77	95.35	93.75	95.52	93.70	94.53	94.41	97.23	97.39	97.44	94.31	95.39	97.16
Extent to which medics cared for you as a person	94.17	95.54	94.64	96.22	92.94	95.65	94.92	98.11	97.83	98.18	94.29	95.74	95.40
Professionalism of the staff in our ambulance service billing	83.33	100.00	95.00	88.89	75.00	90.10	89.76	100.00	100.00	92.86	90.00	95.00	81.25
Willingness of the staff in our billing office to address your	91.67	93.75	95.00	84.38	75.00	90.10	88.35	100.00	100.00	96.43	90.00	87.50	84.50
How well did our staff work together to care for you	95.38	96.11	93.80	95.37	94.06	96.08	96.28	96.51	98.20	98.54	94.99	96.22	96.25
Extent to which the services received were worth the fees	90.27	94.53	66.80	89.95	86.08	86.39	82.19	87.20	94.91	92.29	90.72	78.61	87.92
Overall rating of the care provided by our Emergency Medical	95.57	94.50	92.70	95.93	95.18	95.27	96.58	96.66	97.45	98.20	95.52	94.78	94.94
Likelihood of recommending this ambulance service to others	95.79	96.48	95.19	95.84	93.28	96.24	96.97	97.38	97.40	97.60	95.79	94.93	93.55
Your Master Score	94.26	95.32	92.78	94.54	93.02	94.96	94.58	96.16	96.52	96.91	94.00	94.07	93.80
Your Total Responses	143	146	126	138	150	165	150	150	150	150	150	150	144



Monthly tracking of Overall Survey Score



**GROUND AMBULANCE CUSTOMER COMMENTS**  
July 2017

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Follow up</b>
1	06/01/2017	"Get me to ER"	"Nothing."			
2	06/01/2017		"Give more time to answer question."			
3	06/01/2017		"check blood sugar"			Glucose was obtained per chart.
4	06/03/2017		"fees are too high"			
5	06/04/2017	"Everything was great! Ambulance came in a timely manner and kept me from having a heart attack"				
6	06/03/2017			claims malpractice, says medics were useless. No treatments were given. "Wants to be contacted."	S.Selmi 8.4.17 #4409	See follow up
7	06/04/2017	"has used REMSA over 6 times, can scale them a 5 out of 5 each time. They know the treatment I need and they are very personable. It was like riding with a friends."				
8	06/04/2017		"Medics wanted too much history and info about condition without urgency with getting me to the hospital."			
9	06/05/2017	"Listen very well driver was efficient handle of curves very well."	"as far as this situation is concerned nothing could have been better."			
10	06/05/2017	"Overall professionalism"				
11	06/06/2017	"took excellent care of me."				
12	06/07/2017	"ver good."				
13	06/07/2017	"they were great at listening."	"No, the EMS team did a wonderful job of being patient, listening , and being attentive."	"They were very concerned for her and her health, they took they time to listen to her and help her."		
14	06/07/2017	"Not sure."	"The daughter is the trustee of her mom and her estate, she is in a wheel chair and was unable to go outside to see what the medics were doing. but she knows they didn't treat her mom's condition in serious manner."	"The daughter is unsure of how she was cared for after her mom left the home."		
15	06/07/2017	"The medics handled things very well from the beginning to the end."	"No"	"The medics did what they had to, to help her."		
16	06/07/2017	"The medics and dispatcher were very clear with their instructions."	"No change, continue the good service."			
17	06/07/2017	"the service was amazing, the transport was smooth, things were set up well."	"No, everyone nice, it was good day!"			
18	06/07/2017	"The EMSA team worked well together."	"No change."			
19	06/07/2017	"They made her feel comfortable and kept her calm."	"no change"			
20	06/07/2017	"Comforting her and trying to ease her fears."	"Nothing"			
21	06/07/2017	"The speed of arrival and the medics skills."	"Nothing"			
22	06/08/2017	"Got there in quality time. Always on the ball"	"Oh, no, there isn't anything that I can think of. They did their job."	"They were right on. Yes they did help. They were on the ball, yes they were." "They did really good. They have an excellent rating with me"		

**GROUND AMBULANCE CUSTOMER COMMENTS**  
July 2017

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Follow up</b>
23	06/08/2017	"Got there fast."	"They did a good job."	"Trying to communicate idiosyncrocies, young man went about his business"		
24	06/08/2017			"What he remembers is a shadowy figure in front of him and he reached for the phone and someone said ""what are you doing?"" and he said ""you need to call sexy lady in my phone, it's my gf"""		
25	06/08/2017		"Nothing. They were 100%"	"My husband said they were great. I have nothing negative to say. They had a hard time with my dog because he didn't want them coming near me" "My husband was very impressed with them"		
26	06/08/2017	"Made sure she was comfortable, didn't fall off gurney, did a great job."				
27	06/08/2017	"I can't single out any one thing. They really CARE and it shows."	"God forbid there's a next time"	"Very helpful in getting him out to the hospital. Told him what they were going to do and were very astute about information. WHen IV was established, he was oblivious. Didn't feel a thing" "Way beyond and above"		
28	06/08/2017	"very good at listening to his problems and keeping him informed"				
29	06/09/2017	"they listened when he asked for no meds"	"they were great"			
30	06/10/2017	"they listened very well"				
31	06/10/2017	"got him to the hospital very quickly"				
32	06/09/2017	"everything was done very well."	"No"			
33	06/09/2017	"Doesn't really apply was a transfer from one hospital to another."	"Not sure."			
34	06/10/2017	"The staff was very nice and were able to get her ming off of her issues."	"No"			
35	06/10/2017	"They listened well to the patient and his concerns and they adjusted their techniques to help him feel better."	"Not much can be done, he has a lot of back issues and the crew did their best to care for him."			
36	06/10/2017	"They did a good job of helping her deal with her pain."	"no"			
37	06/09/2017	"The staff was very patient with her and they were very concerned."	"Just keep doing a nice job!"	"Definately would recomend REMSA."		
38	06/11/2017	"everytime i've used them its just been absolutely great experience"				



**GROUND AMBULANCE CUSTOMER COMMENTS**  
July 2017

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Follow up</b>
39	06/11/2017	"they were so calming and comforting and caring: my husband is nonverbal and they dealt with both of us not just me, they listened to us both. They were wonderful"				
40	06/11/2017	"everybody was very good"				
41	06/11/2017			"was having breathing problems and they kept asking the same questions over and over to check that she was all there mentally but couldn't breathe well. just a difficult time. I understand why they do that it was just part of their protocol"		
42	06/11/2017	"jonathon is always so helpful and he's just an expert hes very effiecent and kind"				
43	06/11/2017	"got to the hospital pretty fast"	"glass of water to soothe throat"			
44	06/11/2017	"the paramedics were wonderful"				
45	06/11/2017	"got in and out very easily and no discomfort"				
46	06/11/2017			"some one hispanic or spanish speaking to come out"		
47	06/11/2017	"kept me informed and very professional"				
48	06/12/2017	"they seemed to know who I am and very prestigious in that aspect and very comforting"	"go over fees before hand"			
49	06/12/2017		"bumpy ride"			
50	06/12/2017		"treat an accident seriously"	"felt like one of the medics wasn't taking him serious- felt like one of the medics felt he was an ambulance chaser. neck should have been put in a brace. felt the medics didn't take the accident serious."	S.Selmi 7.31.17 #4392	See follow up
51	06/12/2017	"super nice and made me feel super calm"				
52	06/13/2017	"everything"				
53	06/13/2017	"They just took me to the hospital. My husband didn't really need to call; he could have just taken me himself"	"Lower prices"	"They did fine from what I remember. They didn't really say what was going on. I was having tremors (I'm an epileptic) and I had fallen down and was kind of out of it. They asked me if I was in any pain" "I got a letter and I'm kind of confused about the bill"	Billing Services 8.4.17 # 4410	
54	06/13/2017	"Everything"	"Nothing"	"Relieved pain to the best of their abilities"		
55	06/13/2017		"I would have liked to have been given an option of going or not going"	"They lady that took care of me was very nice. Convinced me to go to the hospital even though I didn't really want to"		
56	06/13/2017	"Overall care and delivery to hospital"				

**GROUND AMBULANCE CUSTOMER COMMENTS**  
**July 2017**

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Follow up</b>
57	06/13/2017	"Were good at keeping me calm and I think they were very caring and did their best"	"There were problems with the IV, so I'd rather not have that anymore"			
58	06/13/2017	"I broke my hip and they didn't argue with me. They believed that I knew my own body"	"Train the young guys not to be insulting to older women. I had two of them many months ago and they were rude"	"Didn't accuse me of being on drugs"		
59	06/14/2017	"Everything was fine and got me to the hospital"		"Very nice and very professional. They were very very good. Very pleasant and concerned"		
60	06/14/2017	"got me to hospital quickly, were nice and friendly"	"Skill level of medic trying to start IV could have been better"	"Weren't able to relieve pain" "Weren't able to start the IV in me"		
61	06/14/2017	"Concern and care was great"				
62	06/14/2017	"Everything. Very well trained and treated me very well"	"Charge me less"	"We're extremely happy"		
63	06/14/2017	"Very friendly and good sense of humor. Very reassuring"	"Keep doing what you're doing"			
64	06/14/2017	"Made sure that they didn't move me until everything was checked out, and everything went fine"		"I didn't want an IV and they didn't give me anything to relieve the pain"		
65	06/14/2017			"always extremely helpful and courteous. I'm usually out of it when they get there and very combative because I have seizures. The trip down the dirt road was a bad experience for pain due to spine. On another trip, my son was allowed to come with me, and he was able to keep me off the backboard."		
66	06/14/2017	"Both EMS personnel were very kind."				
67	06/14/2017	"head emt was great took the situation serious."				
68	06/16/2017	"Made sure I was comfortable. The medics were kind and treated me with respect."				
69	06/16/2017	"informed family of current condition. Very insightful about information given. Understand and compassionate."				
70	06/16/2017		"Just keep doing what you're doing."			
71	06/16/2017	"Nothing"	"Have compassion. Believe the patient"	"I don't remember much" "I don't want to pay it because of how I was treated"	S.Selmi 7.15.17 #4333	7/15/17 1630, left a message for the pt. Will have both the crew members complete an occurrence report ASAP. Stacie 7/19/17 0810, left message for Pt. Stacie 7/20 0955, called Pt voice mailbox full, closed this ticket. Stacie
72	06/17/2017	"Everything. Professional, clean, concerned about my well-being"	"Everything was perfect."			

**GROUND AMBULANCE CUSTOMER COMMENTS**  
**July 2017**

	<b>Date of Service</b>	<b>What Did We Do Well?</b>	<b>What Can We Do To Serve You Better</b>	<b>Description / Comments</b>	<b>Assigned to</b>	<b>Follow up</b>
73	06/17/2017	"Communicated very well. Got me out of a small space very well. Very professional"		"didn't receive any pain meds. They warned me every time a bump was coming up"		
74	06/17/2017	"Arrived quickly"	"Be more communicative to parents. Let them know that it isn't an emergency if transport isn't necessary. They didn't even use the lights and stopped at all of the stop lights. The dosage she took wasn't even that high"	"She didn't need a ride to the hospital in the ambulance. It wasn't in any rush to get to the hospital. We followed in our car and were behind them the whole time. They didn't do anything in the ambulance, so we could have taken her ourselves. I don't feel I should pay for this" "haven't gotten to this yet but this is ridiculous" "They should have made the decision based on the cost because she didn't need to be transported, we could have just driven her"	P.Burton 7.13.17 #4337	See follow up
75	06/17/2017	"Everything"	"Can't think of anything"			
76	06/17/2017	"got me there safe"		"Just a transport"		
77	06/17/2017	"Everything"		"No pain relief until hospital"		
78	06/17/2017	"The best thing they did was they knew what they were doing. They were very professional and concentrated on the patient"	"The way they carried her out wasn't good. They carried her with arms and legs"	"Hurt a lot when they carried her out"		
79	06/17/2017	"They were very thoughtful and communicated with me very well. They gave me options as far as treatment and transport. They were very nice"	"I would be worried for people if they didn't have insurance"	"They were really good"		
80	06/17/2017	"They did their jobs"	"Get there faster"	"One guy was very concerned" "I was unconscious for a lot of it"		
81	06/17/2017	"Care and discussion with me. It was pretty timely getting me to the ER"	"I would rather just call REMSA than have the fire department come as well"	"It was all pretty good" "copy of \$250 is pretty good"		
82	06/17/2017	"every step. they work together. awesome"	"Treat me with same respect and care"	"calmed me down and reassured me"		
83	06/18/2017	"Kindness of staff, attentiveness, professionalism"	"The same job. Keep up the good work"			
84	06/18/2017	"the medics were patient and understanding."	"She recieved a call from billing dept for \$1200 bill for transport, but she didn't receive that original bill in the mail. She felt that charge was way too high and this call after only 2 weeks of service was suprising and stressful."	"She recieved a call from REMSA that the bill was due and \$1200 for transport, but she didn't receive the original bill!"	Billing Service 8.4.17	
85	06/18/2017	"About normal for an ambulance. They all worked together pretty well"				
86	06/18/2017	"Everything"				
87	06/18/2017	"Got me to the hospital and saved my life"				
88	06/18/2017		"I deal with REMSA at work every day. They're always wonderful"			

**GROUND AMBULANCE CUSTOMER COMMENTS**  
July 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
89	06/19/2017		"Keep doing what you're doing."			
90	06/19/2017		"treat all people like they're human. Treat them in love and respect with kindness. Keep them and family informed as much as possible."			
91	06/19/2017	"Did what they were supposed to do and took me to the hospital, just took me to the wrong one"	"Take me to the right hospital"	If I'd been taken to the VA I wouldn't have had any fees charged to me. Nancy with REMSA needs to send me the application for the silver saver	S.Selmi 8.4.17 #4412	See follow up
92	06/19/2017	"Overall, everything was really professional, they kept me informed about everything and why they did it"	"Not park on front yard."			
93	06/19/2017	"Everything they did was fine"	"She was complaining about how they needed to restock, but I thought everything was fine"			
94	06/19/2017	"They did good"				
95	06/20/2017	"Everything"		"Did a great job"		
96	06/20/2017			"They overdid it"		
97	06/20/2017	"Good"				
98	06/20/2017	"They seemed to work wonderfully together and were very kind to me"		"They were very patient and very kind and helpful. They were kind and good. Very friendly"		
99	06/20/2017	"Got me to the hospital"	"Can't improve on perfection"			
100	06/20/2017	"Compassion, caring, and understanding. They came into a situation where a man was screaming and trying to hurt himself and others, and they stopped him, helped to calm him down, and gave him treatment to help him calm down. They didn't punch back after he punched"	"I think you did an excellent job. I've never had a bad experience with you"	"He was unhappy because he was a bit out of his gourd. They jumped in right away to try helping him even though he was resistant. Explained everything multiple times to him, but he couldn't understand it"		
101	06/20/2017	"My 2 year old has syncope where he passes out and turns blue. Sometimes when REMSA got there, he would have woken up and sometimes he wouldn't be. They're so reassuring and told me they'd come back over and over. It was reassuring to know it was no big deal, and they never acted annoyed that I had called them. They show up quickly. Really good communication and helping us think things through"				
102	06/21/2017	"They tried to keep her as comfortable as possible and to help her breath better."	"No, the crew was very good."			
103	06/21/2017	"the crew tried to save her life."	"Not sure."			
104	06/21/2017	"The level of engagement that the staff had, and they were sincere with their compassion."	"No, thank you"			
105	06/21/2017	"Not sure."	"No, the service was good."			

**GROUND AMBULANCE CUSTOMER COMMENTS**  
July 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
106	06/21/2017	"Smooth transfer in the ambulance, and help with pain."	"No, the there right away and did a good job."			
107	06/21/2017	"the EMTs took her issue seriously."	"not sure"			
108	06/21/2017	"REMSA rocked, they do everything well. They handled themselves very professional, concerned, and helpful."	"Nothing that she can think of."			
109	06/21/2017	"They drove as quickly as they needed to without endangering him."	"He doesn't know of anything, he was an EMT for about 20 yrs and he was impressed with the service."			
110	06/21/2017	"The did the IV well, they treated her nicely, and they were skilled."	"No."			
111	06/21/2017	"The medic that did the IVs did an excellent job and he was very concerned."	"No, the crew was very good!"			
112	06/22/2017			"Dorothy would like a bill, please sent to her."	Billing Services 8.4.17	Request was given to billing services to send PT her bill.
113	06/22/2017		"Get the ambulance to find her home better."			
114	06/22/2017			"Medics listen very well! ITs always nice to meet who listen."		
115	06/29/2017	"real courteous and helpful"				
116	06/29/2017	"thank every single one of them for helping me out they were good, they don't have any say in their working conditions."	"ambulance was gross"	"wouldn't give any pain killers"		
117	06/29/2017		"do they check anything else besides what you call in for?"			
118	06/30/2017	"the driver was nice"	"just needed the ride ""do you want us to pullover and let you out right here?"" forewarned ER that he was ""uncooperative"". Really terrible service."	"just the woman in the back"	S.Selmi 8.4.17 #4413	Chart was unable to locate until today 8/7/17. It has been placed in Team Support for Stacie.
119	06/30/2017	"let me go through and personally inspect my stuff because the hospital took everything was able to check that everything was still there"	"has silver saver- should cover great portion of it, should try to get that info on the way"	"was only transported not treated"		

6 8/4/17 1220, I contacted the pt, Patient was very unhappy with everything that happened. He does not believe we treated him or his friend and he is not going to pay the bill. Pt already contacted his insurance company and they will not pay so he will not pay. I asked Pt if he remembers anything about what happened that night and the trip in the ambulance, he told me he remembers everything. I also asked if he requested his chart from us and he told me he did and everything in the chart was BS. I told him he received medication from the Reno Fire Department before our paramedic's arrived then REMSA treated/transported. Pt was still very unhappy with everything, he also told me his friend is also going to sue REMSA. I told Pt I was sorry and left it at that. The crew documented the chart well and treated the pt appropriately. No further, Stacie

50 8/3/17 1522, I contacted the pt, he told me he was very busy if I could call him back on another day, I asked if I could call the next day and he told me that would be fine. 8/4/17 1336, contacted Pt and he did not have time to talk to me. I will have both the crew members complete an occurrence report ASAP. Stacie

74 This patient was a minor that had taken an over-dose of Benadryl. Crew stated that the patient was stable, but They were very concerned that she would not stay that way for long. Crew stated that they never specifically asked the parents if they wanted her transported, but did ask what hospital did they prefer. When they were given the answer of Renown, they assumed they were giving their permission to transport her there. This was an admitted suicide attempt. Crew followed the REMSA protocol and provided the appropriate care. This crew did not do anything wrong in this case. This appears to be a lack of education or misunderstanding on the part of the parents.

91 8/5/17, run #170223-17 0845 I spoke to Supervisor/Paramedic about going to RRMCC instead of VA. Confirmed with the chart, pts choice was RRMCC as he had a recent admission there. Community Health Paramedic first on scene also documented Medic 9 transported to RRMCC. 1320 I contacted the PT , he told me he told the Fire Department he wanted to go to the VA and assumed they would tell REMSA. After he arrived at RRMCC he told REMSA and the ER staff he wanted to go to the VA but the ER "treated" him anyway then he went home approx 5 hrs later. I apologized to PT and told him to make sure the crew transporting him knows where he wants to go. PT told me he always goes to VA and does not go to RRMCC.(on 3/28/17, PT filed a complaint that REMSA lost his wallet, clothes, house key as he was transported to RRMCC). No further, Stacie



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*Regional Emergency Medical Services Authority*

**REMSA**

**EDUCATION AND TRAINING REPORT**

**JULY 2017**

REMSA Education  
 Monthly Course and Student Report  
 Month: July 2017

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	6	60	5	59	1	1
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	4	1	4	0	0
ACLS R	11	63	4	43	7	20
ACLS S	6	10	2	2	4	8
AEMT	0	0	0	0		
-	-	-	-	-		
B-CON	0	0	0	0	0	0
BLS	78	312	18	98	60	214
BLS I	0	0	0	0	0	0
BLS R	17	111	15	108	2	3
BLS S	0	0	0	0	0	0
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	1	27	1	27		
EMT R	0	0	0	0		
FF CPR	8	55	0	0	8	55
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	1	5	0	0	1	5
HS CPR	25	139	2	9	23	130
HS CPR FA	47	354	3	26	44	328
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	7	69	1	10	6	59
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	8	24	2	2	6	22
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	2	34	2	34	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	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
PALS	4	43	4	43	0	0
PALS I	0	0	0	0	0	0
PALS R	4	17	4	17	6	14
PALS S	0	0	0	0	0	0
PEARS	0	0	0	0	0	0
PM	1	26	1	26		
PM R	0	0	0	0		
HS Spanish RCP y DEA	0	0	0	0	0	0
<b>Classes w/ CPR</b>		<b>CPR Students</b>				
174		985				



## COMMUNITY OUTREACH JULY 2017

### Point of Impact

7/6/17	Safe Kids Washoe County Board of Directors Meeting	
7/11/17	Safe Kids Washoe County Coalition Meeting	
7/21/17	Television story with KOLO Channel 8 about Point of Impact and checkpoint	
7/22/17	Child Car Seat Checkpoint hosted by Northern Nevada Medical Group Sparks office; 32 cars and 38 seats inspected	10 volunteers; 3 staff
7/20/17	Twelve office installation appointments; 12 cars and 14 seats inspected.	

### Cribs for Kids-Community

7/10/17	Spoke with Idaly Donacio WIC Program Manager from Nevada Health Centers and planned on Train the Trainer Cribs for Kids in January 2018 for 62 WIC employees.	
7/10/17	Meet with Catholic Charities Northern Nevada to conduct a training with our data entry system (REDCap) for C4K.	
7/11/17	Attended Safe Kids Washoe County Monthly Meeting.	
7/13/17	Attended Statewide Impact of Safe Sleep Meeting.	
7/22/17	Attended Point of Impact Event at Northern Nevada Medical Group as a Technician. Installed and assisted with 9 car seats.	
7/24/17	Education Manger and I meet with Office of Traffic Safety to discuss of 2017-2018 Pedestrian Safe Grant. Awarded \$20,000.	





**REMSA**

**PUBLIC RELATIONS REPORT**

**JULY 2017**

## MEDIA COVERAGE

### RENO GAZETTE-JOURNAL

- ▼ The RGJ ran No kids, pets in a hot car in its print version. The article reminds readers to never leave a child or pet in a car, even in mild heat.

Article text:

All this heat reminds me of the time I decided to see just how fast and how hot a car gets when you shut off the air conditioning and run in to do those "quick errands." I sat for 50 minutes inside my car out in the mid-day sun. I was monitored by paramedics from REMSA, and placed several thermometers throughout the car. The results were startling. Within two minutes of shutting off the engine (and thus the air conditioning), the car became very uncomfortable. A candy thermometer on the dashboard in direct sunlight passed 130 degrees in less than 10 minutes, and would peak soon at about 170 degrees.

I left the car less than an hour later with the beginning signs of heat exhaustion. But a small child or infant faces a far greater danger. Their small bodies and under-developed cooling defenses cause them to overheat three to five times faster than an adult.

Do whatever you need to do to make sure you never leave a child (or a pet) in a car ... even in mild heat.

- ▼ Several outlets covered the POI car seat checkpoint in July

### FREE CAR SEAT SAFETY CHECK - RENO

July 17, 2017

*Disclosure: This website accepts forms of cash advertising, sponsorship, paid insertions or other forms of compensation. The compensation received may influence the advertising content, topics or posts made on this website. That content, advertising space or post may not always be identified as paid or sponsored content. When you click on a link on MyActiveChild.com it may be an affiliate link and we may be compensated when you make a purchase through that link. For our complete Terms of Use Click [HERE](#).*

It is so important to make sure your car seats are installed properly. Don't miss this opportunity to take advantage of the FREE car seat installation and inspection check point offered by REMSA's Point of Impact community outreach program!

**Where:** Northern Nevada Medical Group, 5070 Ion Drive, Sparks

**When:** Saturday, July 22, 2017 at 9am

**Cost:** Free

**Description:** REMSA's Point of Impact program encourages parents to ensure their car

- ▼ My Active Child e-newsletter and webpage



**2 NEWS** Coverage You Can Count On

HOME NEWS TRAFFIC WEATHER SPORTS H

Recommend

### Free Car Safety Seat Check Next Weekend in Sparks

Posted: Jul 14, 2017 11:20 AM PDT  
Updated: Jul 14, 2017 11:20 AM PDT

You can make sure your child's car seat is properly installed at a free event next weekend in Sparks.

The July 22nd inspection will be held at the Northern Nevada Medical Group at 5070 Ion Drive starting at 9 a.m.

There, safety technicians will make sure the seat is properly installed and the right kind for the age and weight of your child.

REMSA says properly installed car seat can reduce the risk of death by as much as 71%.

Participants should schedule about 30 – 45 minutes; longer for more than one seat.

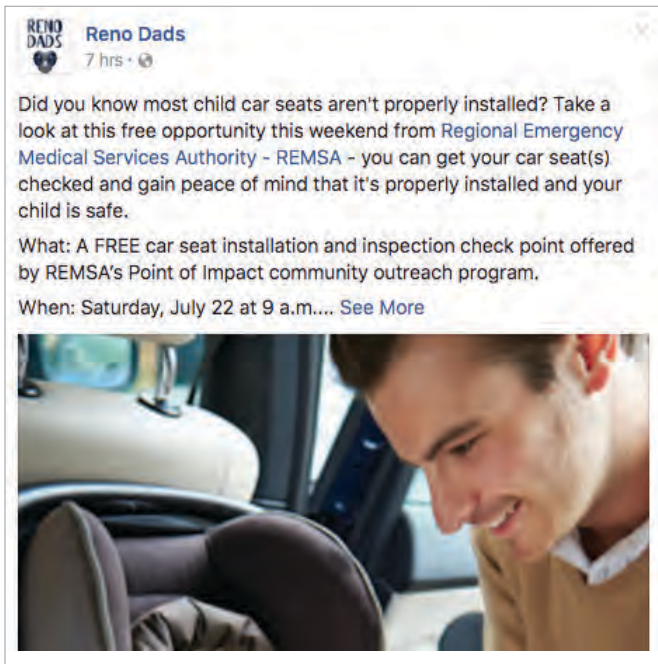
Staff and volunteers will check for obvious defects and determine whether the car seat appears on a national recall list.

Visit <http://www.remsa-cf.com/> or call (775) 858-5437 for more information.

- ▼ KTVN website

## MEDIA COVERAGE

### ▼ Reno Dads Blog social media



### ▼ KOLO highlighted the importance of car seat safety in their interview with Vickie Fisher, community outreach coordinator.



### ▼ A blog post by one of its newest contributors highlighted the REMSA program.



## MEDIA COVERAGE

- ▼ A press release was issued on air quality, and all three local stations covered it.



## MEDIA COVERAGE

- ▶ Ryan Ramsdell talks to KTVN about tips to stay cool in triple-digit heat



- ▶ KOLO

By Staff/REMSA Release | Posted: Thu 9:19 AM, Jul 20, 2017 | Updated: Sun 8:06 AM, Jul 23, 2017

[f](#) [t](#) [in](#) [g+](#) [e](#)

**RENO, Nev. (KOLO)** - The Washoe County Health Department says the air quality index Thursday, July 20, has gone from "unhealthy for sensitive groups" to "moderate". Much of Wednesday, the air index was in the "unhealthy" range.

According to [Air Now](#), unusually sensitive people should consider reducing prolonged or heavy exertion.

Smoke in the Reno area is coming from California's [Dettweiler Fire](#) near Yosemite National Park.

Wednesday evening wind blew at least some of the smoke away. REMSA has issued a list of tips to deal with the air:

For those with respiratory conditions, or those considered in the sensitive group for air quality conditions, REMSA strongly suggests taking these precautions:

- Reduce or eliminate any of your more strenuous outdoor activities
- Limit physical activities in general if you are experiencing symptoms
- If you have an inhaler or fast-acting respiratory dilation medication, carry it with you at all times
- If you have a severe respiratory condition, consider wearing a medical condition notification bracelet or necklace
- If you have to go outside, consider wearing a mask
- When you are at home, keep your windows closed and make sure your air filters have been changed recently




Photo from Windy Hill taken by KOLO Photog Ray

## SOCIAL MEDIA HIGHLIGHTS

**Regional Emergency Medical Services Authority - REMSA**  
 Published by Hootsuite [?] · July 23 at 8:15am · 🌐

Our EMT course includes EMT roles and responsibilities, airway management, patient assessment, medical emergencies, anatomy and physiology, documentation, lifting and moving, and communications. Learn more here: <http://ow.ly/DJOr30dH5gr>



**1,565** People Reached

**31** Likes, Comments & Shares

<b>22</b> Likes	<b>17</b> On Post	<b>5</b> On Shares
<b>5</b> Comments	<b>5</b> On Post	<b>0</b> On Shares
<b>4</b> Shares	<b>2</b> On Post	<b>2</b> On Shares

**144** Post Clicks

<b>26</b> Photo Views	<b>15</b> Link Clicks	<b>103</b> Other Clicks <i>f</i>
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**NEGATIVE FEEDBACK**

<b>1</b> Hide Post	<b>0</b> Hide All Posts
<b>0</b> Report as Spam	<b>0</b> Unlike Page

Reported stats may be delayed from what appears on posts

**Regional Emergency Medical Services Authority - REMSA**  
 shared Care Flight's post.  
 Published by Louis Mendiola [?] · July 25 at 10:48pm · 🌐

Check out this great story from our Care Flight team about our friend David who is a prominent employee at Renown Health.



Care Flight added 2 new photos — at **Renown Health**.  
 Published by Vanessa Coyle [?] · July 25 at 7:53pm · Reno · 🌐

Feel good story of the day...  
 This is David. Some of you probably recognize him, he has been a housekeeper at Renown Regional Medical Center for the last 17 ye...

**1,845** People Reached

**45** Reactions, Comments & Shares

<b>37</b> Like	<b>37</b> On Post	<b>0</b> On Shares
<b>9</b> Love	<b>9</b> On Post	<b>0</b> On Shares
<b>0</b> Comments	<b>0</b> On Post	<b>0</b> On Shares
<b>0</b> Shares	<b>0</b> On Post	<b>0</b> On Shares

**323** Post Clicks

<b>40</b> Photo Views	<b>0</b> Link Clicks	<b>283</b> Other Clicks <i>f</i>
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**NEGATIVE FEEDBACK**

<b>2</b> Hide Post	<b>0</b> Hide All Posts
<b>0</b> Report as Spam	<b>0</b> Unlike Page

Reported stats may be delayed from what appears on posts

## SOCIAL MEDIA HIGHLIGHTS

**Regional Emergency Medical Services Authority - REMSA**  
 Published by Hootsuite [?] · July 25 at 5:30pm · 🌐

Care Flight can transport patients to the facility best suited for their medical needs to cities like Sacramento, Oakland, San Francisco and Palo Alto. Learn more about our Care Flight here: <http://ow.ly/T8n030dH6sd>



**Regional Emergency Medical Services Authority - REMSA**  
 shared Care Flight's post.  
 Published by Louis Mendiola [?] · July 29 at 6:31pm · 🌐

Check out how Care Flight is supporting our partners in Yerington this weekend during Night in the Country!



**Care Flight**  
 Published by Louis Mendiola [?] · July 29 at 5:16pm · 🌐

Night in the Country is in full swing in Yerington this weekend. In an effort to support our friends and neighbors in Yerington, Care Flight has strategically r...

[See More](#)

**1,343** People Reached

**33** Reactions, Comments & Shares

<b>29</b> Like	<b>22</b> On Post	<b>7</b> On Shares
<b>1</b> Love	<b>1</b> On Post	<b>0</b> On Shares
<b>1</b> Haha	<b>0</b> On Post	<b>1</b> On Shares
<b>1</b> Comments	<b>1</b> On Post	<b>0</b> On Shares
<b>1</b> Shares	<b>0</b> On Post	<b>1</b> On Shares

**104** Post Clicks

<b>48</b> Photo Views	<b>6</b> Link Clicks	<b>50</b> Other Clicks
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**NEGATIVE FEEDBACK**

<b>0</b> Hide Post	<b>0</b> Hide All Posts
<b>0</b> Report as Spam	<b>0</b> Unlike Page

Reported stats may be delayed from what appears on posts

**721** People Reached

**16** Likes, Comments & Shares

<b>16</b> Likes	<b>15</b> On Post	<b>1</b> On Shares
<b>0</b> Comments	<b>0</b> On Post	<b>0</b> On Shares
<b>0</b> Shares	<b>0</b> On Post	<b>0</b> On Shares

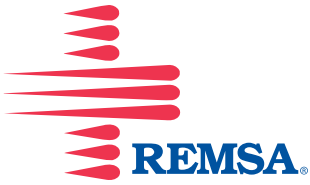
**112** Post Clicks

<b>33</b> Photo Views	<b>0</b> Link Clicks	<b>79</b> Other Clicks
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**NEGATIVE FEEDBACK**

<b>0</b> Hide Post	<b>0</b> Hide All Posts
<b>0</b> Report as Spam	<b>0</b> Unlike Page

Reported stats may be delayed from what appears on posts



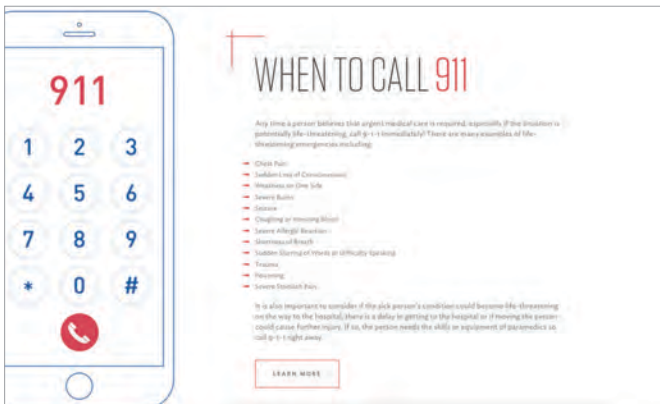
# July 2017 Public Relations + Social Media Report

District Board of Health

## STRATEGIC INITIATIVES



- ▶ The REMSA website is very close to a soft launch for the REMSA team to do final edits and reviews. KPS3 is in final states of quality checks prior to a soft launch in early August.







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*Regional Emergency Medical Services Authority*

# **REMSA**

## **PENALTY FUNDS DISTRIBUTION**

**JULY 2017**



**REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF JUNE 30, 2017**

**2016-17 Penalty Fund dollars accrued by month**

<u>Month</u>	<u>Amount</u>
July 2016	\$5,258.15
August 2016	5,652.02
September 2016	3,911.03
October 2016	5,856.87
November 2016	5,184.27
December 2016	6,044.93
January 2017	7,578.83
February 2017	7,822.06
March 2017	7,803.35
April 2017	6,681.71
May 2017	6,457.83
June 2017	5,576.54
<b>Total accrued as of 6/30/2017</b>	<b>\$73,827.59</b>

**2016-17 Penalty Fund dollars encumbered by month**

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Child Safety	\$5,965.00	500 Sports First Aid Kits	January-17
Field Crew Ballistic Vests	46,800.00	78 Ballistic Vests	Mar-17
BLS/CPR Recertification	560.00	12 Recertification Classes	May-17
Child Safety	8,579.11	100 Safe Sleep Survival Kits	Jun-17
CPR Training	3,942.26	CPR Anytime Kits and Accessories	Jun-17
Child Safety	7,981.22	Car Seats	Jun-17
<b>Total encumbered as of 6/30/2017</b>	<b>\$73,827.59</b>		
<b>Penalty Fund Balance at 6/30/2017</b>	<b>\$0.00</b>		



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*Regional Emergency Medical Services Authority*

**REMSA**

**INQUIRIES**

**JULY 2017**

**No inquiries for JULY 2017**

DD	RT	-
DHO		KD -
DA		
Risk		

**STAFF REPORT**  
**BOARD MEETING DATE: August 24, 2017**

**TO:** District Board of Health  
**FROM:** Christina Conti, Preparedness & EMS Program Manager  
775-326-6042, [cconti@washoecounty.us](mailto:cconti@washoecounty.us)  
**Subject:** Regional Emergency Medical Services Advisory Board August Meeting Summary

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Due to a quorum issue in July, the quarterly Regional EMS Advisory Board (Board) was held on August 3, 2017. Below is a summary of items discussed.

**Prehospital Medical Advisory Committee (PMAC) Update:** The Board heard a brief update by Dr. Michaelson regarding the June PMAC meeting.

**Updates to the EMSAB:** The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included a the revision of the regional Family Assistance Center Annex, the State EMS Committee meeting and the Program will be participating in the policy/procedures subcommittee, and the MAEA training video partnership with the VA Sierra Nevada Health Care System. The Program received a request from the Board Chairman to begin an analysis of the EMS system, specifically North of the Rural Fire Boundary, during a one-month period of time between mid- August and mid-September.

**CAD-to-CAD Interface Update:** The Board received a verbal update on the progression of the CAD-to-CAD interface project from the City of Reno IT Manager. Tiburon and TriTech notified both City of Reno and REMSA that they are doing the back-end work now on their side with the programming. Triburon/TriTech will reach out to City of Reno and REMSA in the next 30 days to create a kickoff meeting. A testing version is tentatively scheduled to be available by the end of October. A preliminary “go live” date has been set for January 2018; however dates will not be finalized until the kickoff meeting is held.

**Presentations given to the Board:** The EMSAB heard three presentations during the meeting. Sparks Fire Department provided an overview of the implementation of their ALS program. REMSA provided an overview of the Nurse Health Line as well as a presentation on the growth modeling for system status management.

**EMS Oversight Trauma Data Report:** The Board heard a presentation and approved for distribution the first annual Washoe County Trauma Data Report. This report looks at traumatic injuries and provides some region-specific analysis.

**5-Year Strategic Plan:** The Board was provided an update on projects included in the first and second year of the strategic plan. The Program has begun the annual review of the franchise response map, as outlined within the strategic plan. Additionally, the Program has begun an analysis of the Omega calls to validate the process approved within the region. Additionally, the Board approved the Program to include any completion date changes in the quarterly strategic plan update. Newly completed objectives are:

- **Increase depth of resources able to respond to EMS calls for service in Washoe County.** (Objective 2.3 – annual item) The mutual aid agreements for regional partners will be reviewed annually, with any revisions done by December annually.

**Regional Protocol Project:** The Board heard an update on the current strategic planning objective to create a set of regional protocols. The Task Force, formed out of the Pre-hospital Medical Advisory Committee (PMAC), has continued to meet several times and has finalized the draft document. The Medical Directors for the EMS Agencies and the PMAC are currently reviewing the protocols and will provide feedback to the Task Force by the middle of September.

# Washoe County Trauma Report

## 2015 & 2016 Trauma Data

Thank you to the Nevada Division of Public and Behavioral Health for providing Nevada Trauma Registry data reported by Washoe County facilities in 2015 and 2016.

For further reading, the American College of Surgeon's National Trauma Reports can be accessed at <https://www.facs.org/quality-programs/trauma/ntdb/docpub>

Questions regarding the Washoe County Trauma Report can be sent to the EMS Oversight Program email at [EMSProgram@washoecounty.us](mailto:EMSProgram@washoecounty.us)

## Traumatic Injury in the United States

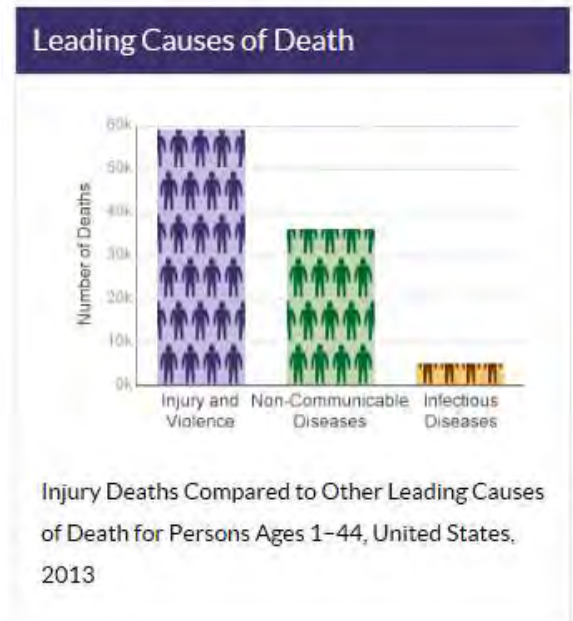
According to the National Center for Health Statistics, injuries are the leading cause of death among persons 1 to 44 years of age, accounting for 59% of deaths in that age group in the United States. The majority of traumatic injuries do not result in death. However, non-fatal injuries often result in long-term impacts including mental, physical, and financial complications. For every fatality due to injury and violence there are 13 people hospitalized and another 135 people treated in an emergency room. In 2013, injury and violence resulted in a \$671 billion cost due to medical expenditures and work-loss related costs.<sup>1</sup>

There are three major categories of injury. These categories are unintentional, intentional, and undetermined injuries. Falls and motor vehicle crashes account for the largest proportion of traumatic unintentional injuries, while homicide/assault and suicides are the leading causes of traumatic intentional injuries both across the United States and locally in Washoe County.

Reducing the risk of unintentional injury involves basic preventive mechanisms, such as following traffic safety laws and wearing seatbelts to reduce the likelihood and severity of injury due to motor vehicle accidents. Other methods of risk reduction include incorporating non-slip surfaces and hand railings into homes of elderly adults to reduce the likelihood of high impact falls.

## Trauma Centers

There are two processes for identifying trauma centers in the United States, a designation process and a verification process. The designation of trauma centers is done at the state and local level and involves the jurisdictions identifying the criteria to categorize a facility as a trauma center. Trauma center verification is conducted by the American College of Surgeons (ACS), which confirms the resource



Source: Centers for Disease Control and Prevention. Injury Prevention & Control, Key Injury and Violence

<sup>1</sup> Centers for Disease Control and Prevention. Injury Prevention & Control. Key Injury and Violence Data. Accessed [https://www.cdc.gov/injury/wisqars/overview/key\\_data.html](https://www.cdc.gov/injury/wisqars/overview/key_data.html)



capability of a facility in order to verify it as a Trauma Center.<sup>2</sup> Trauma Centers are classified into various Levels (Level I, II, III, IV, or V), based on the kinds of resources available in the facility and the number of patients admitted annually.<sup>3</sup>

Trauma Center Levels and Capabilities	
Trauma Center Level	Capability
Level I	Total care for every aspect of injury from prevention through rehabilitation.
Level II	Initiate definitive care for all injured patients.
Level III	Prompt assessment, resuscitation, survey, intensive care, and stabilization of injured patients and emergency operations.
Level IV	Provide advanced trauma life support prior to transfer of patients to a higher level trauma center. Provide evaluation, stabilization, and diagnostics for injured patients.
Level V	Provide initial evaluation, stabilization and diagnostic capabilities and prepares patients for transfer to higher levels of care.



Nevada has only one Level I Trauma Center, located in Las Vegas, an 8 hour drive south of Washoe County. Renown Regional Medical Center, located near downtown Reno, is designated as a Level II Trauma Center and is Northern Nevada’s only designated and verified Trauma Center. Renown Regional Medical Center receives trauma patients from across the northern part of Nevada, Northeastern California, and Southern Idaho. Patients that experience traumatic injury may arrive at a facility which is not a designated Trauma Center. Medical personnel make an informed decision as to whether a patient should be transferred to a designated Trauma Center in the region.



- Level I Trauma Center
- Level II Trauma Center
- Level III Trauma Center

Source: American Trauma Society

<sup>2</sup> American College of Surgeons. Searching for Verified Trauma Centers. Accessed <https://www.facs.org/search/trauma-centers>

<sup>3</sup> American Trauma Society. Trauma Center levels Explained, Designation vs Verification. Accessed <http://www.amtrauma.org>

## Trauma Data Registry

Hospital-based trauma registries are the foundation for research and evaluation which is conducted to assist clinicians and policy makers to positively impact patient outcomes. Having a well-defined and standardized set of variables is necessary to better understand and evaluate trauma patients.

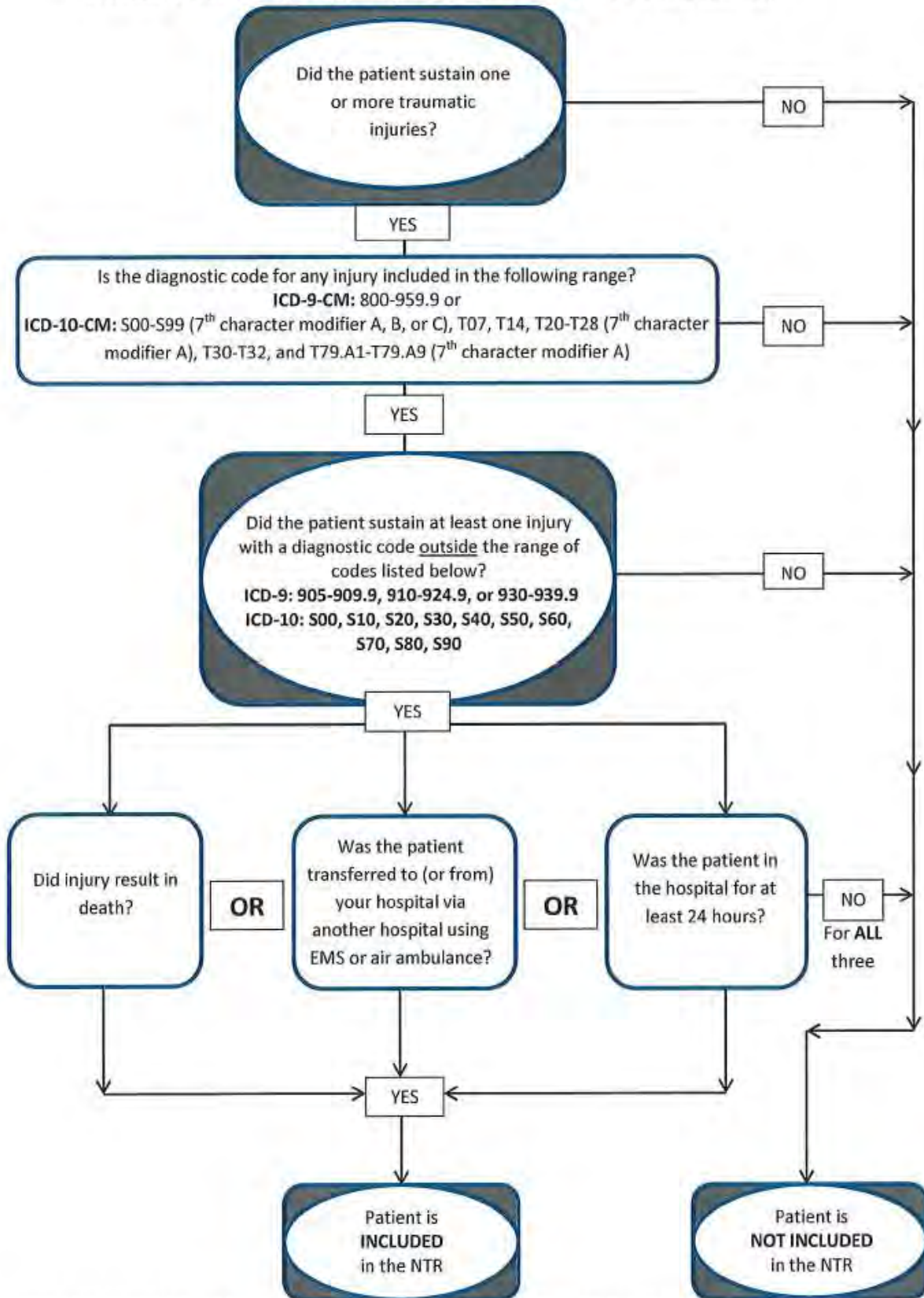
The National Trauma Data Bank (NTDB) is the largest combined trauma registry in the United States with over 7 million records. Healthcare facilities across the nation submit data related to trauma patients to the NTDB including basic demographic information and other factors which categorize and help to describe traumatic injuries. The National Trauma Data Standard (formerly known as the National Trauma Registry) defines a core set of variables to be captured and reported to the NTDB.<sup>4</sup>

The flow chart on page 5 illustrates the criteria a patient must meet in order to be reported to the Nevada Trauma Registry. A facility does not have to be a designated or verified Trauma Center to have the ability to report data on a patient experiencing traumatic injury. Trauma data are currently reported to the Nevada Trauma Registry by five healthcare facilities in Washoe County; Incline Village Community Hospital, Northern Nevada Medical Center, Renown Regional Medical Center, Renown South Meadows Medical Center, and Saint Mary's Regional Medical Center.

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<sup>4</sup> American College of Surgeons. What is the NTDS?. Accessed <https://www.facs.org/quality-programs/trauma/ntdb/ntds/about-ntds>

## Nevada Trauma Registry (NTR) Inclusion Criteria (ICD-9 and ICD-10)



Adapted from: American College of Surgeons. (2015). ACS NTDB National Trauma Data Standard: Data Dictionary, 2016 admissions. Available at: [http://www.ntdsdictionary.org/documents/NTDSDataDictionary-2016Admissions\\_08202015.pdf](http://www.ntdsdictionary.org/documents/NTDSDataDictionary-2016Admissions_08202015.pdf)

## Washoe County Trauma Data Analyses

The American College of Surgeons produces annual adult and pediatric trauma reports which contain descriptive information about trauma patients, demographics and injury characteristics, and outcomes. The Washoe County Trauma Data Report contains analyses modeled from the 2016 National Trauma Data Bank Annual Report. These analyses are descriptive in nature and define Washoe County trauma patients in terms of age, sex, and race/ethnicity. The tables and figures also describe the epidemiology of traumatic injuries, including where and how injuries occur, as well as the severity of the injuries. These analyses are intended to serve as a baseline for measuring incidences of trauma in the region and to help identify subgroups which might benefit from preventive educational messages designed to reduce the risk of experiencing traumatic injury.

Limitations to the data analyses provided in this report are as follows:

- **Patients represented:** Any trauma patient admitted to an emergency room or hospital which reported patient data to the Nevada Trauma Registry is counted. This includes out of state and international visitors who may have experienced a traumatic injury in or near Washoe County.
- **Duplicates:** When a patient with traumatic injury arrives at a facility that is unable to provide the level of care warranted, the patient may be transferred to a facility which can provide a higher level of care. All of the standardized patient variables are entered into the Nevada Trauma registry by each facility that has seen the patient. Each patient entry is assigned a number by each facility and this number does not follow the patient from one facility to the next. The reported data are stripped of patient identifiers such as name. Therefore, duplicates are identifiable only if a record contains an identical date of birth, sex, and injury date.
- **Small numbers:** It was not feasible to replicate every analysis in the 2016 National Trauma Data Bank Annual Report. This was largely due to the relatively low number of traumatic injuries reported by Washoe County facilities each year.
- **Totals used for each table:** The numbers presented in each table may not add up to the complete number of trauma patients reported each year. This is due to missing or incomplete data and varies from table to table depending on the variables utilized for each analysis.

## Number and Rate of Traumatic Injuries

The number of patients experiencing traumatic injury increased from 2015 (n=1,765) to 2016 (n=2,154), resulting in 83.6 more traumatic injuries per 100,000 population.

Year	Number of Incidents	Percent of Incidents	Rate per 100,000 population
2015	1,765	45.0%	399.4
2016	2,154	55.0%	483.0
Total	3,919	100.0%	441.4

Note: Population totals used to calculate rates per 100,000 population are based on Nevada Department of Taxation, Nevada State Demographer (2016). Source: Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2035 (<https://tax.nv.gov>).

## Demographic Characteristics

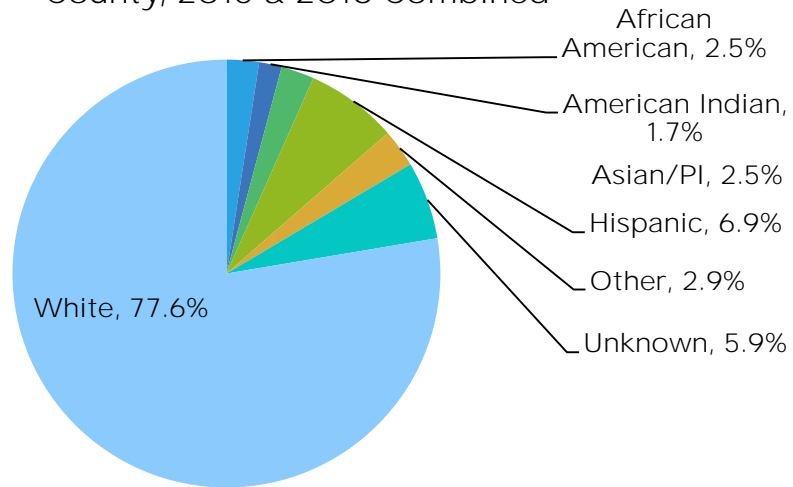
Males accounted for the majority (67.3%) of trauma patients in Washoe County during 2015 and 2016. Approximately three out of four (77.6%) trauma patients were white, non-Hispanic. Hispanics of any race accounted for 6.9%, while 2.5% were African American, non-Hispanic, 2.5% were Asian/Pacific Islander, 1.7% were American Indian, and 2.9% were an “other” race. The majority of trauma patients were between 25 and 74 years of age at the time of injury. Those 20 to 54 years of age accounted for over half of the injuries due to motor vehicle accidents, while those 55 years of age and older represented more than half of the injuries due to falls. As age increased the case fatality increased, with the highest fatality rates experienced by those 85 years of age and older in both 2015 and 2016.

Table 2: Percent of Patients, by Sex and Age Group, Washoe County, 2015 & 2016 Combined

Age Group	Male	Female	Unknown
0-4 years	1.2%	0.9%	0.0%
5-9 years	1.9%	2.7%	4.4%
10-14 years	2.7%	2.4%	0.0%
15-19 years	7.7%	4.5%	4.4%
20-24 years	9.0%	6.0%	17.4%
25-34 years	17.3%	9.6%	43.5%
35-44 years	11.6%	8.9%	4.4%
45-54 years	14.6%	12.3%	0.0%
55-64 years	14.4%	14.8%	8.7%
65-74 years	10.1%	12.7%	13.0%
75-84 years	6.1%	12.7%	4.4%
85+ years	3.4%	12.7%	0.0%
Total Number (%)	1,188 (67.3%)	553 (31.3%)	23 (1.3%)

- The majority of trauma patients in Washoe County were male (67.3%).
- The age groups from 25 to 64 years represented the largest proportion of male trauma patients.
- The age groups from 45 years and older represented the largest proportion of female patients.

Fig 1: Percent of Trauma Patients, by Race/Ethnicity, Washoe County, 2015 & 2016 Combined



- The majority of trauma patients in Washoe County during 2015 and 2016 were white, non-Hispanic (77.6%), followed by those identified as Hispanic of any race (6.9%).

Fig 2: Percent of Trauma Patients, by Age Group, Washoe County, 2015 & 2016

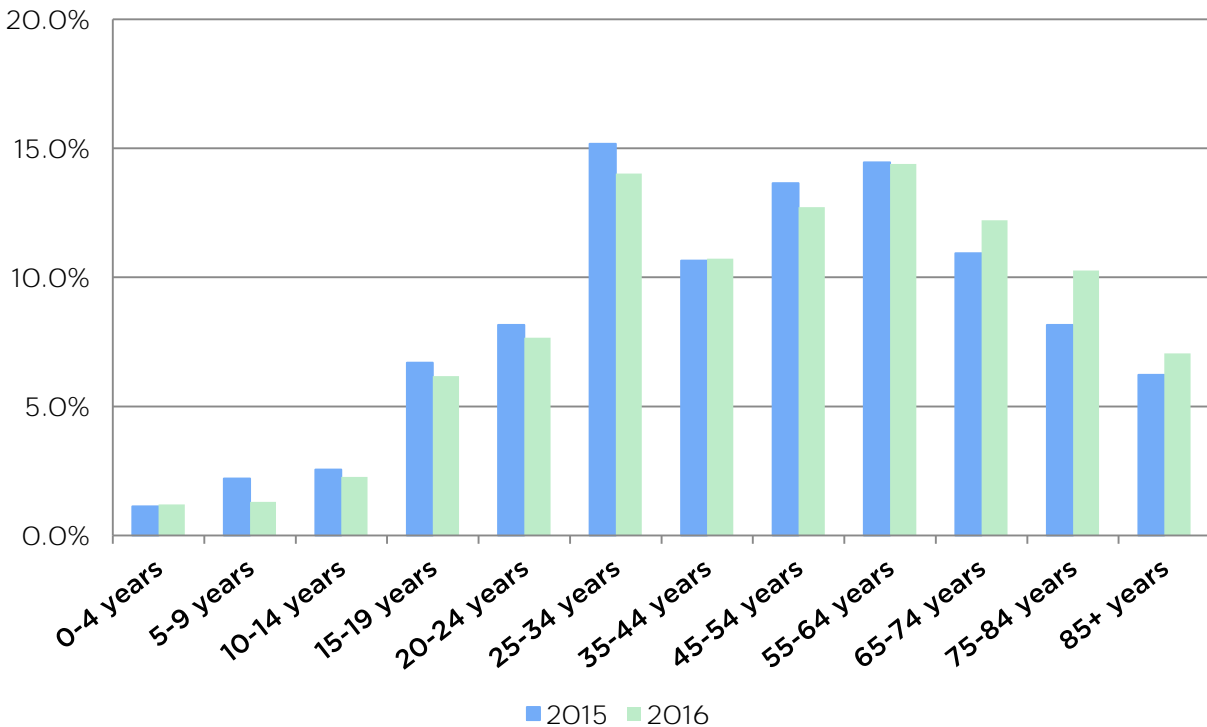


Table 3: Incidents by Age and Case Fatality, Washoe County, 2015

Age Group	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
0-4 years	20	1.1%	0	0.0
5-9 years	39	2.2%	0	0.0
10-14 years	45	2.5%	1	2.2
15-19 years	118	6.7%	6	5.1
20-24 years	144	8.2%	8	5.6
25-34 years	268	15.2%	15	5.6
35-44 years	188	10.7%	12	6.4
45-54 years	241	13.7%	14	5.8
55-64 years	255	14.4%	17	6.7
65-74 years	193	10.9%	16	8.3
75-84 years	144	8.2%	19	13.2
85+ years	110	6.2%	22	20.0
Total	1,765	100.0%	130	7.4

\*Rate per 100 trauma patients

- In 2015, the highest case fatality rates occurred among those aged 75-84 years (13.2 per 100) and those 85 years of age and older (20.0 per 100).

Table 4: Incidents by Age and Case Fatality, Washoe County, 2016

Age Group	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
0-4 years	26	1.2%	1	3.8
5-9 years	28	1.3%	0	0.0
10-14 years	49	2.3%	1	2.0
15-19 years	133	6.2%	5	3.8
20-24 years	165	7.7%	11	6.7
25-34 years	302	14.0%	16	5.3
35-44 years	231	10.7%	14	6.1
45-54 years	274	12.7%	21	7.7
55-64 years	310	14.4%	15	4.8
65-74 years	263	12.2%	24	9.1
75-84 years	221	10.3%	16	7.2
85+ years	152	7.1%	18	11.8
Total	2,154	100.0%	142	6.6

\*Rate per 100 trauma patients

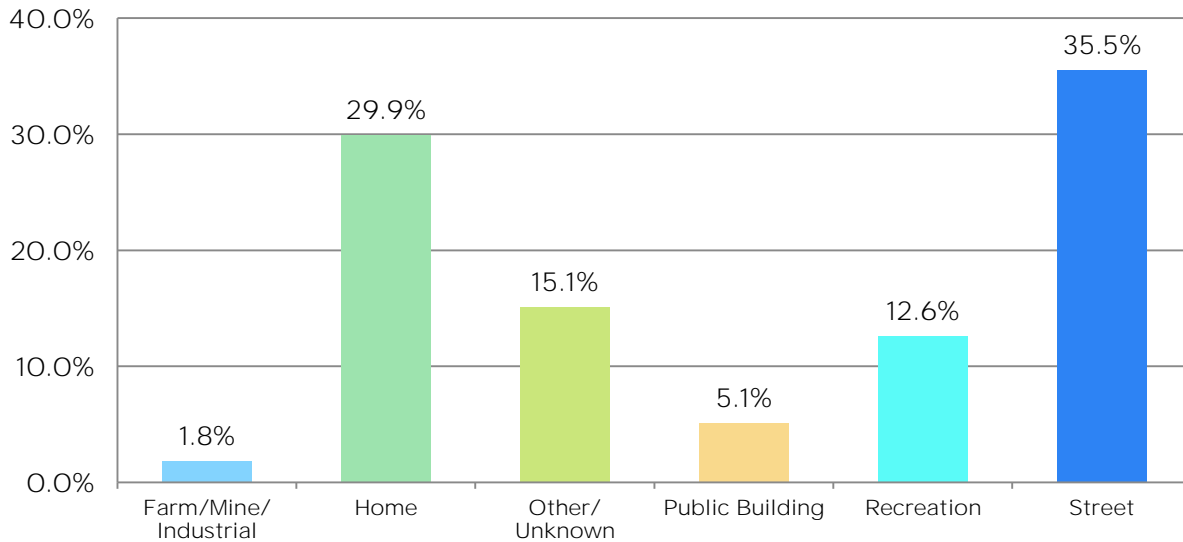
- In 2016, the highest case fatality rates occurred among those aged 55-74 years (9.1 per 100) and those 85 years of age and older (11.8 per 100).

## Injury Characteristics

### Place of Injury

Place of injury was broken out into those injuries occurring in the street, in a home, during recreation, or in public buildings. Injuries occurring on farms, mines, or industrial locations were combined. Over one in three (35.5%) traumatic injuries in Washoe County during 2015 and 2016 (combined) occurred in the street, while nearly one in three (29.9%) occurred in the home. Injuries which occurred in a public building had the highest case fatality rates, compared to all other locations. From 2015 to 2016 the overall case fatality rate decreased from 7.4 deaths per 100 trauma patients in 2015 to 6.6 deaths per 100 trauma patients in 2016.

Fig 3: Percent of Trauma Patients, by Place of Injury, Washoe County, 2015 & 2016 Combined



- Over one in three (35.5%) traumatic injuries during 2015 and 2016 occurred in the street, largely due to motor vehicle accidents.
- Nearly one in three traumatic injuries occurred in the home (29.9%), followed by other/unknown (15.1%), and recreation (12.6%).



Place of Injury	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
Street	1,390	35.5%	108	7.8
Home	1,170	29.9%	112	9.6
Recreation	494	12.6%	11	2.2
Public Building	199	5.1%	21	10.6
Other/Unknown	591	15.1%	16	2.7
Farm/Mine/Industrial	72	1.8%	4	5.6
Total	3,916	100.0%	272	6.9

\*Rate per 100 trauma patients

- The highest case fatality rates were among incidents in public buildings (10.6 per 100) and homes (9.6 per 100) during 2015 and 2016 in Washoe County.

## Mechanism of Injury

Mechanism of injury is determined by the primary external cause code (e-code) reported as the factor that caused the injury event. Approximately one in three traumatic injuries in Washoe County during 2015 (32.8%) and 2016 (39.6%) were due to falls, the majority of which occurred in the home. The second highest contributing factor to traumatic injury in Washoe County during 2015 (30.2%) and 2016 (28.0%) involved motor vehicles. During 2015 suffocation was responsible for the highest case fatality rate, followed by injury due to firearms. During 2016 the highest case fatality rate was also due to suffocation, followed by unspecified injuries, and injury due to firearms.

Table 6: Incidents by Mechanism of Injury, Washoe County, 2015

Mechanism of Injury	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
Cut/Pierce	100	5.7%	3	3.0
Fall	579	32.8%	50	8.6
Fire/Burn	8	0.5%	1	12.5
Firearm	58	3.3%	16	27.6
Machinery	11	0.6%	0	0.0
Motor vehicle	533	30.2%	45	8.4
Natural/Environmental Factors	9	0.5%	0	0.0
Other specified, classifiable	17	1.0%	1	5.9
Other specified, not elsewhere classifiable	13	0.7%	0	0.0
Overexertion	4	0.2%	0	0.0
Pedal Cyclist, other	70	4.0%	3	4.3
Pedestrian, other	2	0.1%	0	0.0
Poisoning	7	0.4%	0	0.0
Struck by/Against	154	8.7%	5	3.2
Suffocation	5	0.3%	3	60.0
Transport-other	152	8.6%	0	0.0
Unspecified	14	0.8%	2	14.3
Unknown	29	1.6%	1	3.4
Total	1,765	100.0%	130	7.4

\*Rate per 100 trauma patients

- More traumatic injuries were due to falls (n=579) and motor vehicles (n=533) in 2015 than other causes of injury.
- In 2015, the highest case fatality rates were due to suffocation (60.0 per 100), firearms (27.6 per 100), and unspecified mechanisms of injury (14.3 per 100).

Table 7: Incidents by Mechanism of Injury, Washoe County, 2016

Mechanism of Injury	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
Cut/Pierce	111	5.2%	3	2.7
Fall	853	39.6%	47	5.5
Fire/Burn	12	0.6%	0	0.0
Firearm	75	3.5%	26	34.7
Machinery	8	0.4%	2	25.0
Motor vehicle	604	28.0%	45	7.5
Natural/Environmental Factors	12	0.6%	0	0.0
Other specified, classifiable	11	0.5%	3	27.3
Other specified, not elsewhere classifiable	6	0.3%	1	16.3
Overexertion	1	0.0%	0	0.0
Pedal Cyclist, other	61	2.8%	0	0.0
Pedestrian, other	7	0.3%	1	14.3
Poisoning	5	0.2%	0	0.0
Struck by/Against	152	7.1%	1	0.7
Suffocation	5	0.2%	2	40.0
Transport-other	212	9.8%	7	3.3
Unspecified	8	0.4%	3	37.5
Unknown	11	0.5%	1	9.1
Total	2,154	100.0%	142	6.6

\*Rate per 100 trauma patients

- More traumatic injuries were due to falls (n=853) and motor vehicles (n=604) in 2016 than other mechanisms of injury.
- In 2016, the highest case fatality rates were among injuries caused by suffocation (40.0 per 100), unspecified mechanisms of injury (37.5 per 100), and firearms (34.7 per 100).

## Intent of Injury

In 2015, unintentional injuries accounted for 83.3% of all traumatic injuries reported by Washoe County facilities. Intentional injury due to homicide/assault (10.1%), self-inflicted injury/suicide (3.6%) and (legal interventions (0.5%) combined accounted for 14.2% of traumatic injury, while 1.6% of traumatic injuries were not classified as either intentional or unintentional. In 2016, unintentional injuries accounted for 87.0% of all traumatic injuries. Intentional injury due to homicide/assault (7.9%), self-inflicted injury/suicide (3.2%) and (legal interventions (0.3%) combined accounted for 11.5% of traumatic injury, while 1.0% of traumatic injuries were not classified as either intentional or unintentional.

Table 8: Incidents by Intent and Case Fatality, Washoe County, 2015

Type of Intent	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
Unintentional	1,470	83.3%	99	6.7
Intentional (combined)	251	14.2%	27	10.8
<i>Homicide/Assault</i>	178	10.1%	14	7.9
<i>Legal Intervention</i>	9	0.5%	1	11.1
<i>Self-inflicted</i>	64	3.6%	12	18.8
Unspecified	15	0.9%	3	20.0
Missing	28	1.6%	1	3.6
Total	1,764	100.0%	130	7.4

\*Rate per 100 trauma patients

- In 2015, the majority of traumatic injury was unintentional (83.3%), followed by intentional incidents combined (14.2%) - homicide/assault (10.1%), legal interventions (0.5%), and self-inflicted harm or suicide (3.6%).
- The case fatality rate in 2015 was highest among unspecified injuries (20.0 per 100), as well as intentional injuries (10.8 per 100).

Table 9: Incidents by Intent and Case Fatality, Washoe County, 2016

Type of Intent	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
Unintentional	1,875	87.0%	102	5.4
Intentional (combined)	247	11.5%	34	13.8
<i>Homicide/Assault</i>	171	7.9%	10	5.8
<i>Legal Intervention</i>	7	0.3%	3	42.9
<i>Self-inflicted</i>	69	3.2%	21	30.4
Unspecified	21	1.0%	5	23.8
Missing	11	0.5%	1	9.1
Total	2,154	100.0%	142	6.6

\*Rate per 100 trauma patients

- In 2016, the majority of traumatic injury was unintentional (87.0%), followed by intentional incidents combined (11.5%) - homicide/assault (7.9%), legal interventions (0.3%), and self-inflicted harm or suicide (3.2%).
- The case fatality rate in 2016 was highest among unspecified injuries (23.8 per 100), as well as intentional injuries (13.8 per 100).

## Injury Severity

The injury severity score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. The score may range from 1-75. The category of the injury severity (minor, moderate, severe, or very severe) was based on the 2016 National Trauma Data Bank Annual Report which assigned ISS into the following groups;

Injury Severity Score (ISS)	ISS Category
1 to 8	Minor
9 to 15	Moderate
16 to 24	Severe
24 or higher	Very Severe

The majority of traumatic injuries in Washoe County during 2015 and 2016 were categorized as minor or moderate injuries, while less than one in four incidents were categorized as severe or very severe [Fig 4]. The case fatality rate increased dramatically with each increase in ISS category for both 2015 [Table 10] and 2016 [Table 11], as those with severe or very severe injuries accounted for over half of all deaths during both years.

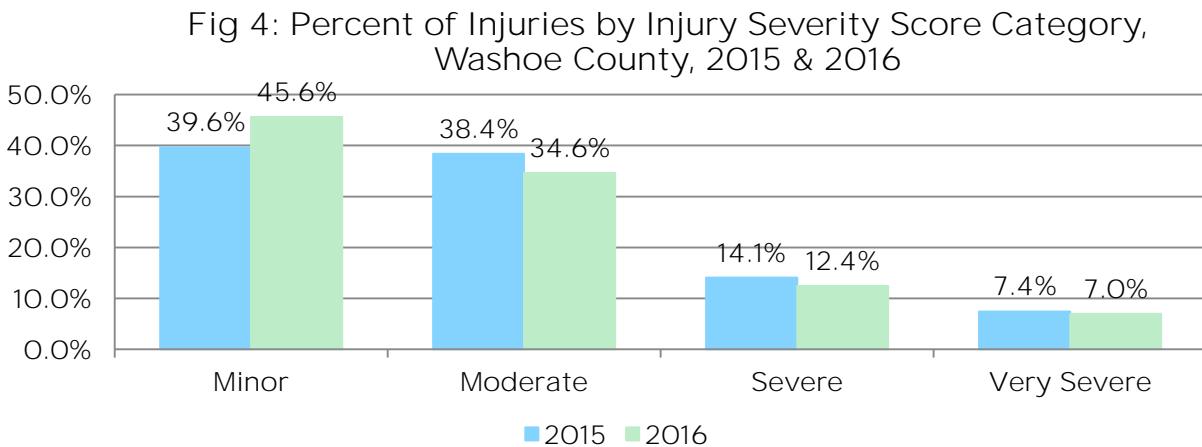
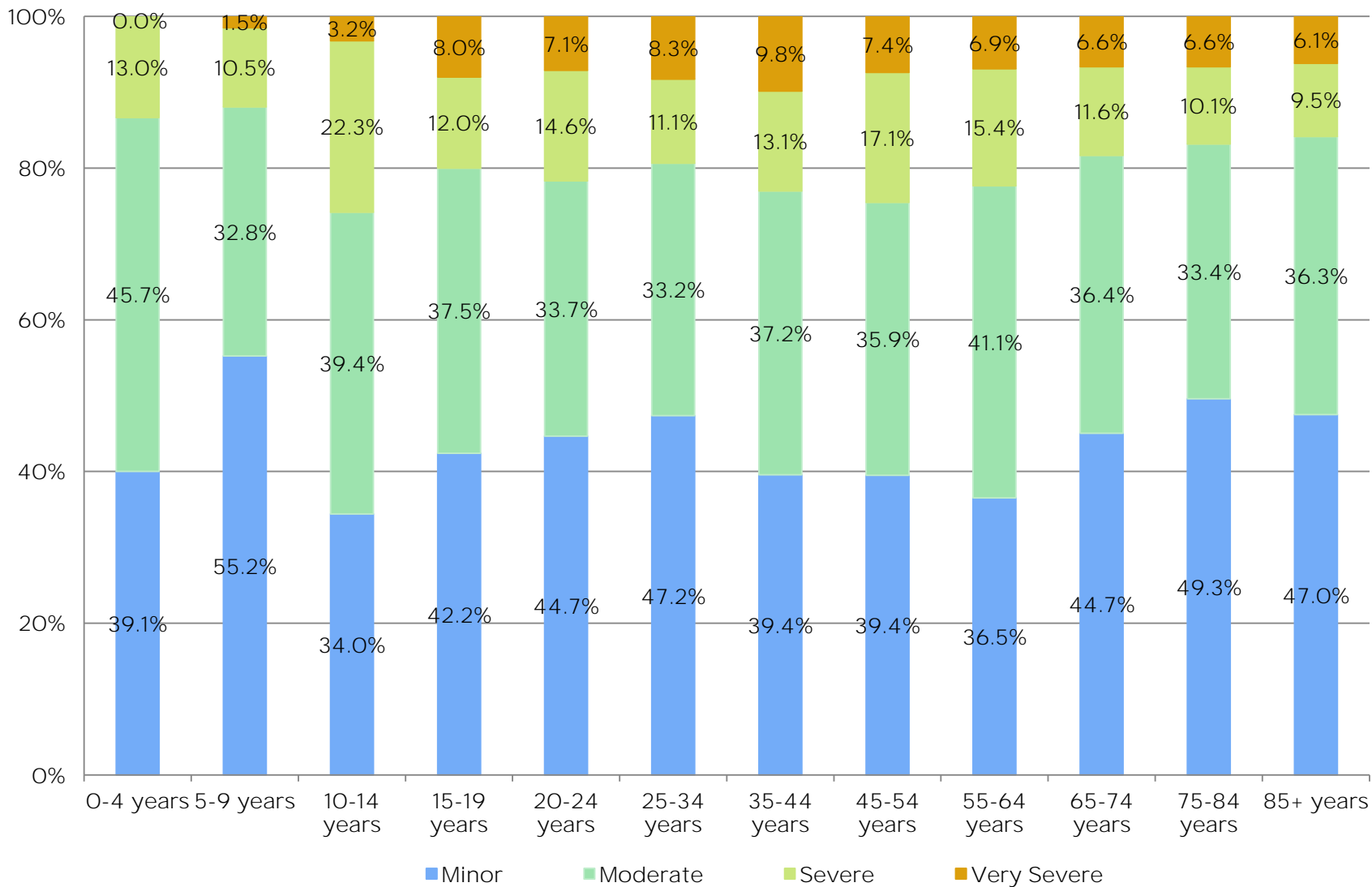


Fig 5: Percent of Patients, by Age Group & Injury Severity Score Category, Washoe County, 2015 & 2016 Combined



- Over one in three traumatic injuries were categorized as minor among all age groups, except for those 5-9 years old. For this age group over half (55.2%) of patients experienced “minor” traumatic injury.
- A higher proportion of patients 0-4 years old (45.7%), 10-14 years (39.4%), and 55-64 years (41.1%), experienced traumatic injury which was categorized as moderate.
- A higher proportion of patients 10-14 years old (22.3%) and 45-54 years (17.1%), experienced traumatic injury categorized as severe.
- Nearly one in ten (9.8%) patients aged 35-44 years experienced traumatic injury categorized as very severe.

Table 10: Incidents by Injury Severity Score Category, Washoe County, 2015

Injury Severity Score Category	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
Minor	699	39.6%	20	2.9
Moderate	677	38.4%	24	3.5
Severe	249	14.1%	28	11.2
Very Severe	130	7.4%	58	44.6
Total	1,764	100.0%	130	7.4

\*Rate per 100 trauma patients

Table 11: Incidents by Injury Severity Score Category, Washoe County, 2016

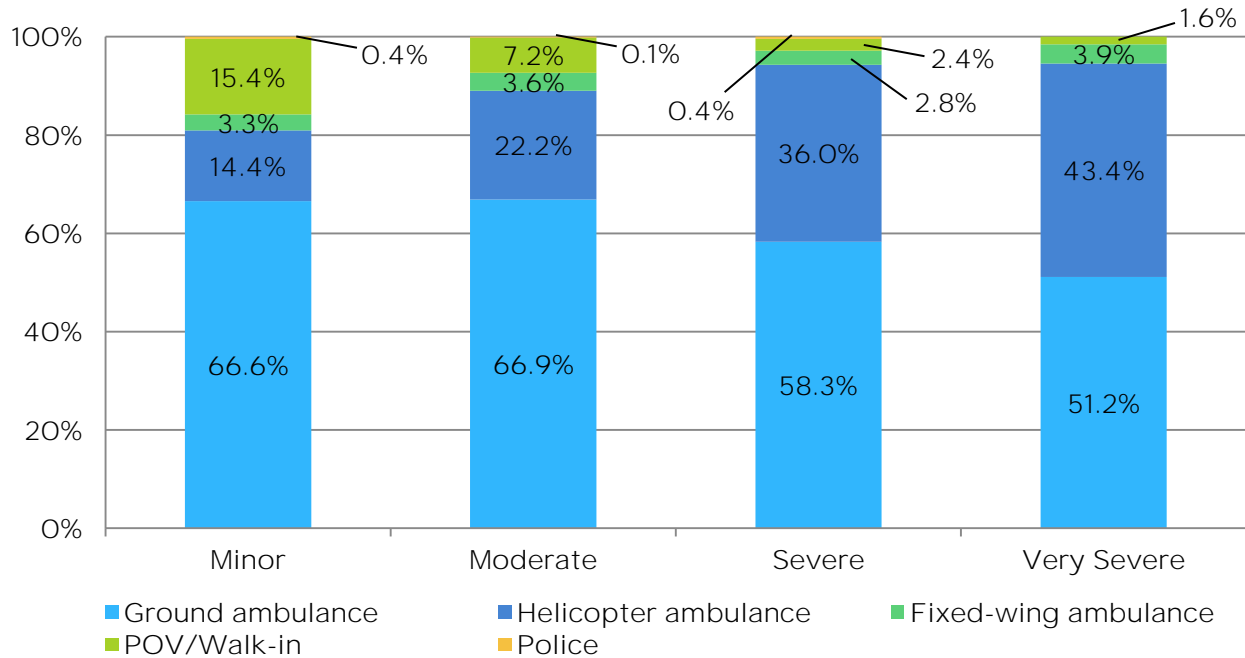
Injury Severity Score Category	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
Minor	982	45.6%	17	1.7
Moderate	746	34.6%	38	5.1
Severe	268	12.4%	27	10.1
Very Severe	151	7.0%	59	39.1
Total	2,154	100.0%	142	6.6

\*Rate per 100 trauma patients

## Prehospital Characteristics

The majority of trauma patients were transported via ground ambulance. However, as injury severity increased the proportion of patients transported via helicopter ambulance also increased.

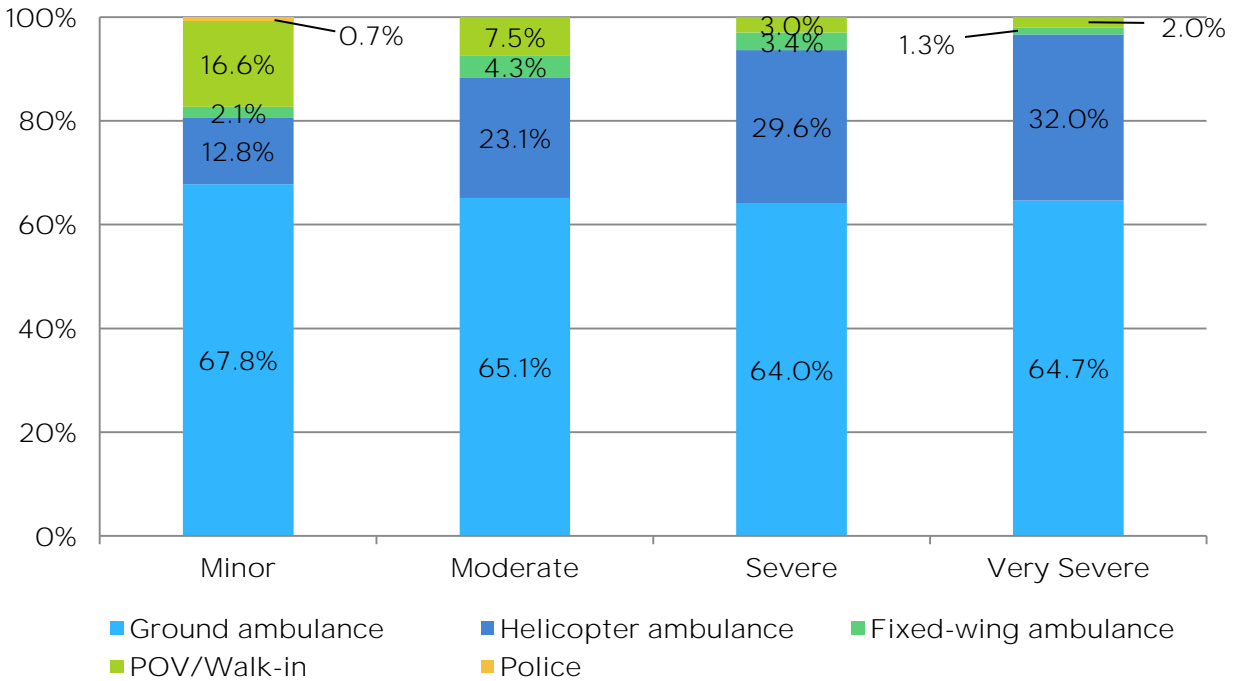
Fig 6: Mode of Arrival by Injury Severity Score Category, Washoe County, 2015



- In 2015, the majority of patients were transported by ground ambulance across all four categories of injury severity.
- Over one in three patients with injuries classified as severe (36.0%) or very severe (43.4%) were transported by helicopter ambulance.
- As the injury severity score category increased, the proportion of patients transported in a personally owned vehicle (POV/walk-in) decreased.



Fig 7: Mode of Arrival by Injury Severity Score Category, Washoe County, 2016



- In 2016, two out of every three patients were transported by ground ambulance across all four categories of injury severity.
- Just fewer than one in three patients with injuries classified as severe (29.6%) or very severe (32.0%) were transported by helicopter ambulance.
- As the injury severity score category increased, the proportion of patients transported in a personally owned vehicle (POV/walk-in) decreased.

Table 12: Incidents by Mode of Arrival, Washoe County, 2015

Mode of Arrival	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
Ground ambulance	1,139	65.0%	81	7.1
Helicopter ambulance	394	22.5%	45	11.4
Fixed-wing ambulance	59	3.4%	2	3.4
POV/Walk-in	156	8.9%	1	0.6
Police	5	0.3%	0	0.0
Total	1,753	100.0%	129	7.4

\*Rate per 100 trauma patients

- In 2015 two out of three (65.0%) patients arrived via ground ambulance.
- The case fatality rate was highest among those patients that arrived via helicopter ambulance (11.4 per 100).

Table 13: Incidents by Mode of Arrival, Washoe County, 2016

Mode of Arrival	Number of Incidents	Percent of Incidents	Number of Deaths	Case Fatality Rate*
Ground ambulance	1,433	66.7%	97	6.8
Helicopter ambulance	427	19.9%	41	9.6
Fixed-wing ambulance	65	3.0%	2	3.1
POV/Walk-in	217	10.1%	2	0.9
Police	7	0.3%	0	0.0
Total	2,149	100.0%	141	6.6

\*Rate per 100 trauma patients

- In 2016 two out of three (66.7%) patients arrived via ground ambulance.
- The case fatality rate was highest among those patients that arrived via helicopter ambulance (9.6 per 100).

## Primary Payment

The form of primary payment data are provided for 2015 and 2016 Washoe County trauma patients, as well as the United States overall for 2016 [Table 14]. The primary form of payment for traumatic injuries was private insurance in both 2015 and 2016.

Table 14: Primary Payment Source by Type, Washoe County 2015 & 2016, & the United States 2016

Primary Payment Source	Washoe County 2015	Washoe County 2016	United States 2016
Self	4.7%	2.8%	11.3%
Private Insurance	33.1%	28.6%	35.2%
Medicare	14.1%	16.5%	27.0%
Medicaid	15.2%	11.3%	16.3%
Military	0.3%	0.1%	NA
Other Government Insurance	4.1%	3.4%	2.5%
Workers Compensation	2.2%	1.6%	NA
Car Insurance	19.7%	12.9%	NA
Other/Unknown	6.7%	22.8%	NA

United States data source: American College of Surgeons. (2016). National Trauma Data Bank Annual Report 2016. Chicago, IL.

NA= data for specified category not available

## Substance Use

Substance use data are provided for 2015 and 2016 Washoe County trauma patients, as well as the United States overall for 2016. Just over half (51.7%) of patients with traumatic injury in Washoe County were not tested for alcohol use. Additionally, the vast majority (91.4%) of patients with traumatic injury were not tested for drug use. However among Washoe County trauma patients tested for use of alcohol, a higher proportion tested positive for alcohol, both below (7.7%) and above (12.2%) the legal limit, relative to the United States. Among Washoe County trauma patients tested for use of drugs, a lower proportion tested positive for prescription drugs (0.6%) and illegal drugs (2.5%), relative to the United States.

Table 15: Alcohol Test Results, Washoe County & the United States, 2015-2016

Alcohol Use	Washoe County (2015 & 2016 Combined)		United States (2016 only)
	Number of Incidents	Percent of Incidents	Percent of Incidents
No (not tested)	2,023	51.7%	50.8%
No (confirmed by test)	960	24.5%	25.9%
Yes (confirmed by test, trace levels)	303	7.7%	3.5%
Yes (confirmed by test, beyond legal limit)	478	12.2%	9.8%
Unknown	151	3.9%	10.0%

United States data source: American College of Surgeons. (2016). National Trauma Data Bank Annual Report 2016. Chicago, IL.

- A higher proportion of trauma patients in Washoe County were confirmed to have been using alcohol, both below and above legal limits, compared to the United States overall.

Table 16: Drug Test Results, Washoe County & the United States, 2015-2016

Drug Use	Washoe County (2015 & 2016 Combined)		United States (2016 only)
	Number of Incidents	Percent of Incidents	Percent of Incidents
No (not tested)	3,582	91.4%	67.5%
No (confirmed by test)	65	1.7%	10.5%
Yes (confirmed by test, prescription drug)	22	0.6%	4.8%
Yes (confirmed by test, illegal drug)	98	2.5%	7.2%
Yes (confirmed by test, both prescription and illegal drugs)	4	0.1%	NA
Unknown	146	3.7%	10.0%

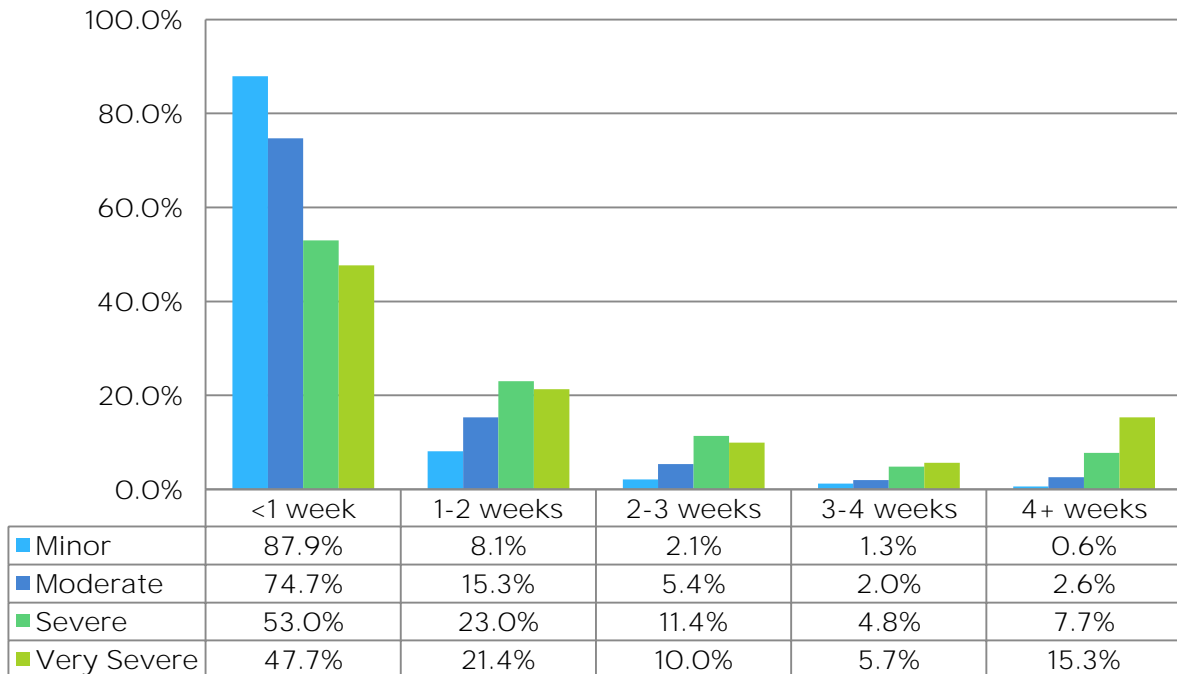
United States data source: American College of Surgeons. (2016). National Trauma Data Bank Annual Report 2016. Chicago, IL.

- A higher proportion of trauma patients in Washoe County were not tested for drug use (91.4%) compared to the United States overall (67.5%).

## Patient Outcomes

Patient outcomes highlighted in this section include overall length of stay and days spent in an intensive care unit. Discharge status (dead or alive) was provided for many of the tables presented throughout the report.

Fig 8: Percent of Trauma Patients by Length of Stay & Injury Severity Score, Washoe County, 2015 & 2016 Combined



- The majority of patients with trauma classified as minor (87.9%) or moderate (74.7%) were hospitalized for less than one week.
- The length of stay increased as the severity of the injury increased, as demonstrated by over half of patients with a very severe traumatic injury being hospitalized for longer than one week.

## Intensive Care Unit

The median number of days spent in an intensive care unit (ICU) increased as the severity of injury increased [Table 17]. In 2015, incidents involving suffocation had the longest median length of stay in an ICU, followed by incidents involving motor vehicles. In 2016, incidents involving pedestrians had the longest median stay in an ICU, followed by incidents with an unspecified mechanism of injury.

Table 17: Incidents by Injury Severity Score & Median ICU Days, Washoe County, 2015 & 2016

ISS Category	Median ICU Days 2015	Median ICU Days 2016
Minor	2.0	0.0
Moderate	2.0	3.0
Severe	4.0	4.0
Very Severe	7.0	5.0
Missing	0.0	2.0
Total	3.0	2.0

Table 18: Incidents by Mechanism of Injury & Median Days in ICU, Washoe County, 2015 & 2016

Mechanism of Injury	Median ICU Days 2015	Median ICU Days 2016
Cut/Pierce	2.0	2.0
Fall	2.0	0.0
Fire/Burn	3.0	0.0
Firearm	3.0	3.0
Machinery	3.0	0.0
Motor vehicle	3.5	3.0
No e-code Listed	2.0	2.0
Natural/Environmental Factors	2.0	2.0
Other specified, classifiable	2.0	0.5
Other specified, not elsewhere classifiable	0.0	0.0
Overexertion	0.0	0.0
Pedal Cyclist, other	3.0	3.0
Pedestrian, other	None	6.0
Poisoning	0.0	0.0
Struck by/Against	2.0	2.0
Suffocation	9.0	3.0
Transport-other	3.0	3.0
Unspecified	3.0	4.0
Total	3.0	2.0

### Total Length of Stay

The total median number of days spent in the emergency room and hospital combined, increased as the severity of injury increased for both 2015 and 2016 [Table 19]. Incidents involving pedestrians had the longest median length of stay (days), followed by incidents involving motor vehicles, in both 2015 and 2016.

Table 19: Incidents by Injury Severity Score & Median Length of Stay (days), Washoe County, 2015 & 2016

ISS Category	Median Length of Stay (days)	
	2015	2016
Minor	2.0	2.0
Moderate	3.0	3.0
Severe	7.0	5.0
Very Severe	8.0	6.0
Total	3.0	3.0

Table 20: Incidents by Mechanism of Injury & Median Length of Stay (days), Washoe County, 2015 & 2016

Mechanism of Injury	Median Length of Stay (days) 2015	Median Length of Stay (days) 2016
Cut/Pierce	3.0	2.0
Fall	3.0	3.0
Fire/Burn	0.5	1.0
Firearm	3.0	3.0
Machinery	2.0	0.5
Motor vehicle	4.0	4.0
NO e-code LISTED	2.5	4.0
Natural/Environmental Factors	2.0	1.0
Other specified, classifiable	1.0	0.0
Other specified, not elsewhere classifiable	0.0	1.5
Overexertion	2.0	0.0
Pedal Cyclist, other	2.0	3.0
Pedestrian, other	4.5	4.0
Poisoning	3.0	2.0
Struck by/Against	2.0	2.0
Suffocation	2.0	3.0
Transport-other	2.0	2.0
Unspecified	3.0	2.5
Total	3.0	3.0

## Conclusion

One in three traumatic injuries during 2015 and 2016 were due to falls, and nearly another third of traumatic injuries were related to motor vehicle accidents. The number and severity of traumatic injuries can be dramatically reduced and even fully prevented by addressing risks for falls and motor vehicle accidents.

During 2015 and 2016 the majority of falls were categorized as ‘slips, trips, or stumbles.’ The risk of a fall increases for persons with balance problems, slow reflexes, poor vision, reduced muscle strength or who were on certain medications. Falls are especially serious among elderly persons who are more likely to experience injury, such as breaking a bone, as a result of the fall. The risk of falling may be reduced by doing the following:

- Use cane or walker
- Install rails or support bars in bathrooms, hallways and all stairs
- Wear rubber soled low-heel or no-heel shoes
- Decrease clutter on floors
- Increase lighting in rooms and hallways
- Avoid uneven surfaces
- Avoid icy or even wet sidewalks, stairs and other surfaces
- Do exercises to increase core and leg muscles to improve balance and overall muscle function

The majority of motor vehicle-related traumatic injuries in 2015 and 2016 were due to two or more motor vehicles involved in collisions, followed by pedestrian versus motor vehicle collisions. There are many ways to reduce the likelihood of being involved in motor vehicle accidents. Unfortunately, not all accidents can be prevented or avoided. There are basic preventive actions which should be followed by all occupants of motor vehicles.

According to Nevada’s Center for Traffic Safety Research, persons involved in motor vehicle accidents in Nevada that were not wearing a seat belt at the time of the crash had more severe injuries, longer hospital stays, more days in ICU, more days on a ventilator, and accrued a median of \$12,110 more per person in hospital charges compared to persons wearing a seatbelt. Seatbelt use was the highest predictor of injury severity in Nevada.<sup>5</sup>



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<sup>5</sup> Nevada Office of Traffic Safety, Department of Public Safety. (2017). Nevada’s Traffic Research and Education Newsletter. 6(3). Carson City, NV.



In 2015, Nevada was ranked the 5<sup>th</sup> highest state for pedestrian fatalities (out of 51-including the District of Columbia) with a pedestrian fatality rate of 2.28 per 100,000 population compared to the national rate which was 1.67 per 100,000 population. Other states ranged from a high of 3.70 in Delaware to a low of 0.48 pedestrian fatalities per 100,000 population in Idaho.<sup>6</sup> Nationally children and the elderly are at higher risk for pedestrian-related accidents. Both drivers and pedestrians can reduce the risk for injury. Drivers can reduce speeds, not drive under the influence of alcohol or drugs, and be especially cautious on streets with higher rates of foot traffic, congested areas and streets surrounding schools, and long-term care facilities. Pedestrians should wear reflective clothing at night, cross in well-lit areas, use cross walks, and of course, look both ways before stepping off the sidewalk.

According to the National Highway Traffic Safety Administration, from 2006 through 2015, one in three fatal motor vehicle accidents in Nevada involved a driver with a blood alcohol content (BAC) equal to or over the legal limit of 0.08.<sup>7</sup>

The number and severity of traumatic injuries can be largely prevented by following safety guidelines, rules of the road, and taking additional measures to prevent risk of injury, or reduce injury severity when accidents occur.

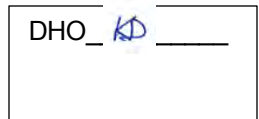


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<sup>6</sup> U.S. Department of Transportation, National Highway Traffic Safety Administration. (2016). Traffic Safety Facts 2015: A Compilation of Motor Vehicle Crash Data from the Fatality Analysis Reporting System and the General Estimates System. Washington, D.C.

<sup>7</sup> National Highway Traffic Safety Administration, Fatality Analysis Reporting System. Accessed <https://www-fars.nhtsa.dot.gov/Trends/TrendsGeneral.aspx>





**STAFF REPORT**  
**BOARD MEETING DATE:** August 24, 2017

**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
(775) 328-2416, kdick@washoecounty.us  
**SUBJECT:** **Presentation and possible acceptance of a progress report on the 2016-2018 Strategic Plan.**

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**SUMMARY**

Health District Staff continue to make progress toward goals, outcomes, and initiatives in the Washoe County Health District 2016-2018 Strategic Plan.

**This Item addresses all Health District Strategic Priorities.**

**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. The last semi-annual report on the Fundamental Review implementation and direction from the Board occurred on March 24, 2016.

On April 14, 2016, the DBOH conducted a Strategic Planning Meeting to discuss and provide input for the development of a 2016-2018 Strategic Plan. On June 23, 2016 the DBOH approved the 2016-2018 Strategic Plan which was developed from the input and direction provided during the April 14, 2016 DBOH meeting. Quarterly progress reports on the Strategic Plan are to be provided to DBOH.

On October 27, 2016, Mr. Dick reviewed a PowerPoint presentation at the Board of Health meeting that outlined the Strategic Plan's Action Plan being proposed to achieve the goals, outcomes, and initiatives for the Health District for 2016-2018. The Board directed staff to continue the implementation of the 2016–2018 Strategic Plan as presented.

On January 26, 2017, and on April 27, 2017 an update on the strategic plan implementation was provided to the District Board of Health. The Board approved shifting to semi-annual reporting on Strategic Plan progress during the April 27, 2017 meeting.

**BACKGROUND**

The 2016-2018 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these District Goals. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan.

Staff continues to track and report on progress made under the Strategic Plan.

**FISCAL IMPACT**

There is no additional fiscal impact to the FY17 budget should the Board accept the FY 2016-2017 Strategic Plan Progress Report.

**RECOMMENDATION**

Staff recommends the District Board of Health accept the progress report on the Strategic Plan implementation.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the progress report on the Strategic Plan implementation."

## **FY17 Strategic Plan Progress and Achievements**

The Health District accomplished significant progress in implementing the Strategic Plan initiatives to achieve goals established under the six strategic priorities during FY17. The information presented below describes the accomplishments from implementing the initiatives established under each of the goals.

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

#### **1.1 Reduce the negative health and economic impacts of obesity and chronic disease. Progress was made on this goal and 100% of its initiatives for FY17.**

The Chronic Disease Prevention Program (CDPP) successfully implemented the Wolf Pack Coaches Challenge in the first quarter of FY17. The CDPP Coordinator is the Chair of the WCSD Wellness Committee, and they have successfully implemented a Districtwide Wellness Policy which positively impacts over 65,000 in the School District. The Program published an EpiNews on community BMI rates, and held the Healthy Living Forum, both opportunities to increase provider awareness on local obesity rates and effective interventions. Additional accomplishments for FY17 included the development of the WOW! (We Order Well!) Menu Labeling campaign, securing an additional Health Educator for FY18, and launching a new smoke free media campaign.

#### **1.2 Promote preventive health services that are proven to improve health outcomes in the community. Progress was made on this goal and 100% of its initiatives for FY17.**

Clinical services are promoted via website, and media buys. Smoke Free Multi Unit Housing and other CDPP initiatives and activities are promoted via our website, including gethealthywashoe.com, and apartment guides, etc. Our Communicable Disease Program exceeded their goal of 60% by reaching 65% of Healthcare Providers with targeted education to those not following CDC recommendations on Hepatitis C testing.

Our Maternal Child Health Program made progress in working with a Statewide Safe Sleep Workgroup to secure funding to launch a “Go Before You Show” campaign, targeting newly pregnant moms to seek out prenatal care early in their pregnancy. The Health District’s Fetal Infant Mortality Program (FIMR) has shown through data analysis that earlier prenatal care could lead to less fetal and infant deaths. Work continues to secure funding to launch this media campaign, and is expected in the first half of FY18.

Our Immunization Programs rate of up-to-date 19-35 month olds for recommended immunizations has hovered near the 2020 goal of 80% for much of the past FY. Our Family Planning and Sexual Health Programs had extensive media buys this past year, with over an incredible 12 million impressions and views! CCHS program staff do an excellent job of leveraging media to increase program outreach to the community to educate and promote services available.

**1.3 Improve access to health care so people of all means receive the health services they need. Progress was made on this goal and 100% of its initiatives for FY17.**

Our clinics continue to schedule appointments over the phone and schedule walk in clients as able, to provide services as promptly as possible. CCHS worked with the Food Bank of Northern Nevada (FBNN), Northern Nevada HOPES and Community Health Alliance (CHA) to enroll clients in an ACA plan, Medicaid and Supplemental Nutrition Assistance Program (SNAP), and continues to work with the Division of Public and Behavioral Health (DPBH) to get a full time Medicaid enroller at the Health District. Our South Reno WIC clinic has an enrollment assister from HOPES as well. Estimated Washoe County population covered by health insurance was close to 88%. CCHS continues to attempt to contract with additional insurance plans, as research shows that access to insurance increases access to primary care providers, and which leads to overall improved health. CCHS staff documents our clients' primary care provider in our EHR, and if a client does not have a primary care provider, they routinely provide community resources to help them secure one. As not all clients in our area can make it to our clinic location, CCHS takes its services out to the community. In FY17, CCHS had over 220 offsite clinic events to provide services to often our most vulnerable and at risk populations.

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

**2.1 Protect people from negative environmental impacts. 90% of FY17 goals met.**

AQMD successfully works to protect people from negative environmental impacts through effective ambient air monitoring and planning activities along with permitting and inspection of over 1,200 facilities located in Washoe County. The establishment of the new Spanish Springs monitoring site now provides actual monitoring data for a large portion of the Sparks population that had not previously been covered. Through the Ozone Advance initiatives, AQM continues to promote voluntary emission reductions in an attempt to avoid federally mandated control measures that could result from a nonattainment designation.

AQM planning staff successfully submitted two Exceptional Events Demonstrations for ozone impacts from 2016 wildfire smoke episodes. With EPA's concurrence on these demonstrations, the first one in the country under the new federal Exceptional Events Rule and guidance, the ozone design value for Washoe County is 70 ppb which attains the new 2015 standard. AQMD

began work on updating the Air Quality Penalty Regulations which have not been updated since 2006. Final review will be completed prior to public workshops. This initiative will be completed before the end of FY18.

The Solid Waste Management Plan was updated and being implemented. A Waste Characterization Study RFP was issued and the study will occur in FY18. Support was provided to Washoe County in updating their franchise agreement with Waste Management.

Emergency Response Stand-by staffing was implemented in FY17. New mosquito trapping methods were implemented to provide surveillance for Zika-transmitting mosquitos due to changing climate to detect their presence in the area. The Emergency Operations Plan was revised and updated in FY17.

## **2.2 Keep people safe where they live, work, and play. 90% of FY17 goal met.**

Through FY17, several of the objectives and initiatives under Goal 2.2 were achieved/implemented. A new risk-based inspection form was implemented in the Food Safety Program, risk-based food inspections were initiated for all food establishment inspections, the first phase of the food safety risk factor study was completed, and a work plan for establishing program standards for all environmental health programs was developed. The strategic plan for implementing the program standards in the Food Safety program was also fully implemented. Completion of these initiatives positions EHS well for continued progress in FY18.

## **3 - Local Culture of Health: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.**

### **3.1 Raise awareness of the Washoe County Health District and the services it offers within our community. 90% of FY17 goal met.**

The Health District posted, conducted, and broadcast a total of 2,745 media interviews, press releases, social media postings, and emergency radio messages in FY17. We directed nine advertising campaigns including: Be Idle Free(x2), Washoe Eats, Know the Code, MSM/Grindr, Tobacco Prevention (General), Tobacco Prevention (LGBT), Family Planning, and Medical Reserve Corp., which garnered nearly 25 million impressions. A social media team in EHS joined AQMD, CCHS and ODHO in posting 2,267 Facebook, Twitter and Grindr messages. The Health District also began revamping its website to include video links and several important data sets. Washoe County Health District joined Reno, Sparks and Washoe County Community Development in bringing a new permitting process online with Accela and the One Project. The Accela Citizen Access (ACA) component of the system for online permitting has not been well utilized to date and work is needed to improve the performance of ACA.

**3.2 Work with others to establish policies that positively impact public health. 85% of FY17 goal met.**

During FY17, five policies were established or improved that positively impact public health. WCHD adopted regulations addressing food inspections, woodstoves, invasive body decorations, and phase II vapor recovery, and the legislature adopted student height and weight measurement requirements for WCSD that the Health District had advocated for. Recommendations for Bill Draft Requests (BDRs) were submitted to the Interim Legislative Committee on Health Care and, as a result, three BDRs were submitted for consideration during the 79<sup>th</sup> Session. The Health District provided testimony or submitted letters to Committees on ten Bills during the legislative session. Progress is delayed on designated vaping and smoking areas on Washoe County properties due to delays with signage from the Community Services Division. No policy changes have resulted from Truckee Meadows Healthy Communities (TMHC) to date, but an initiative to effect policy on affordable housing is moving forward.

**3.3 Inform the community of important health trends by capturing and communicating health data. 100% of FY17 goal met.**

The Communicable Disease Annual Report for calendar year 2015 was published. The 2016 report is currently under preparation. This report provides valuable information on the current status as well as the overall trend of infectious disease in Washoe County.

The Washoe County antibiogram was published with 2015 data in the fall of 2016. The 2016 version will be published in the fall of 2017. An antibiogram shows the susceptibility of various bacteria to a number of different antibiotics. This information can help physicians to select treatments for infectious disease that are most likely to be effective. Having a local antibiogram is important because susceptibilities can be different from one geographical location to another.

A number of data sets were prepared and published to the Health District website including the Health District's Annual Report, a Communicable Disease Annual Report, the EPI News, the Weekly Influenza Report, Foodborne Illness Risk Factors, Antibiogram Report, the 2016 Community Health Improvement Plan Summary Report, the Robert Wood Johnson County Health Rankings, and the Air Quality Trends Report. A community forum for the release of the County Health Rankings report was held in March. Preparation of an updated Community Health Needs Assessment was initiated, and will be completed in FY18.

**3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. 90% of FY17 goal met.**

The District Health Officer continued to Chair Truckee Meadows Healthy Communities, and the Health District provided backbone support to the Community Health Improvement Plan. The Health District is leading or engaged and supporting four Healthy Community initiatives; Truckee Meadows Healthy Communities Steering Committee, a TMHC/Enterprise/Truckee

Meadows Regional Planning Agency (TMRPA) affordable housing roadmap, the Community Health Improvement Plan, and the Washoe County School District (WCSD)/University of Nevada, Reno (UNR) Coaches Challenge. TMHC has incorporated as a not-for-profit 501(c)(3) and hired a Director. Seven TMHC events were held, four Family Health Festivals and three housing forums. Plans to hold combined board meetings with regional organizations were deferred.

**4 - Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**

**4.1 Lend support and accountability to improve K-12 educational outcomes. 100% of FY17 goal met.**

The Washoe County School District was provided with various tools to help in preventing and controlling GI outbreaks in August of 2016. Enhancements to these tools are currently in progress. The Health District provided backbone support for the Community Health Improvement Plan (CHIP), K-12 Education Workgroup and goals, and the Washoe County high school graduation rate increased from 75% in 2015 to 77% in 2016.

**4.2 Support and promote behavioral health. 100% of FY17 goal met.**

The Washoe County Health District formed a CHIP Education Workgroup and a CHIP Behavioral Health Workgroup based on CHIP priorities. It was noted in the Behavioral Health Workgroup that Join Together Northern Nevada was focused on prevention of the substance abuse objectives noted in the CHIP. In an effort not to duplicate work, the Behavioral Health Workgroup chose to rename themselves the CHIP Youth Mental Health Workgroup and focus on the prevention of bullying, sadness, hopelessness, and suicides among Washoe County youth. The CHIP Education Workgroup then chose to increase graduation rates by targeting some of the root causes of youth not graduating, to include bullying, sadness, hopelessness, and suicide. Due to both workgroups focusing on the same objectives, the two workgroups combined forces and moved forward to identify partners focused on these CHIP objectives. Strong partnerships and increased collaboration among the Washoe County Health District, Renown Health, Communities in Schools, the Washoe County School District's Children in Transition program and Family Resource Centers formed to address these objectives.

In Washoe County, the percentage of students who seriously considered attempting suicide decreased from 21% in 2013 to 18.8% in 2015. In addition, the percentage of high school students who attempted suicide decreased from 14.0% in 2013 to 11.7% in 2015.

**4.3 Improve nutrition by supporting efforts to increase food security and access. 100% of FY17 goal met.**

Through a Truckee Meadows Healthy Communities initiative and Food Bank of Northern Nevada grant, Washoe County Health District staff are participating in Leadership conferences and a community action network related to improving food security in Washoe County. These efforts are supported and funded by the Arnold Foundation and Annie E. Casey Foundation.

2014 data shows food insecurity rates have dropped slightly for children in Washoe County. 2012 data shows 27% of children were food insecure in Washoe County, whereas 2014 data shows this percentage has dropped to 23.8%. Furthermore, the percentage of food insecure people in Washoe County has dropped from 15% in 2012 to 13.7% in 2014.

**4.4 Enhance the Regional Emergency Medical Services System. Substantial Progress Achieved.**

The 5-year EMS strategic plan, a requirement of the Interlocal Agreement for EMS Oversight, was approved by the EMS Advisory Board and the District Board of Health in October 2016. Subsequently, work on the identified goals and objectives began. The EMS Advisory Board receives quarterly updates on the progress of the planning initiatives. Currently, large projects being worked on by the region include the development of regional protocols, establishing a CAD-to-CAD interface between the PSAPs and the REMSA dispatch center, and the identification of low acuity Priority 3 calls to implement appropriate service level processes.

**5 - Financial Stability: Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.**

**5.1 Updating the Health District's financial model to align with the needs of the community. FY17 outcomes achieved.**

The community outcomes for the goal 5.1 have been achieved for FY17 and they include: increased State funding support in Washoe County which had a base of 1.2% and a target by 2020 of 1.5%, FY17 ended with State funding at 1.2% of total revenue but increased 28.6% over FY16 so the State funding has increased year over year. Also included in 5.1 is for the District Health Officer to engage District Board of Health champions to lobby for State funding support and advocate for additional state funding for increased funding per capita; the District Board of Health consistently supported the efforts of the District Health Officer and the Health District for lobbying the State for increased funding for the Local Health Departments.

**5.2 Ensuring resources are spent where they can have the most impact by identifying opportunities for cost savings. FY17 outcomes achieved.**

Goal 5.2 outcomes have been achieved. Budget per capita increased from FY16 budgeted funding of \$49.93, to \$50.66 per capita in FY17, a 1.6% increase. Cost savings for quality



improvement projects have generated \$26,738 in savings. Above the base requests have been funded with existing resources and projected permit and fee revenues. Volunteer hours have reached 13,981 or 6.7 full-time equivalents (FTEs), which is 2% above the target of 13,676 volunteer hours. Discussions continue with the County for adjusting the County General Fund support to address the negotiated cost of living adjustments for the employees.

**6 - Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.**

**6.1 Create a positive and productive work environment. FY17 goals met, on-track.**

The aesthetics of the Health District were improved through 18 facility enhancements including wall hangings in the building B lobby and in corridors. 34 security improvements were implemented to protect the safety of Health District employees, including construction of new doorways to restrict public access to the clinic areas, and additional locks on conference rooms and offices, and badge locks on hall and stairway doors. The percent of annual performance reviews on time reached 87.5%, exceeding the 85% goal, and the annual employee engagement survey was conducted. Seven quality improvement projects were implemented to improve efficiency with documented annual savings of over \$26,000.

**6.2 Focus on continuing to build staff expertise. 100% of FY17 goal met.**

The Office of the District Health Officer is in the process of developing a workforce development plan (to be completed in Quarter One of FY18) that will assist in building staff expertise. In FY17, staff completed a needs assessment to determine: a) professional development “needs” and b) professional development “wants.” The data was analyzed by the University of Nevada, Reno Community Health Sciences Division, and gaps were identified for staff (individually) and for the Health District as a whole. Management will be able to utilize results of the Workforce Development Plan scheduled for completion in September 2017 to build staff expertise.



# Washoe County Health District Strategic Plan - FY17 Progress Report

District Board of  
Health August 24, 2017

# Strategic Plan

## Vision

*A healthy community*

## Mission

*To protect and enhance the well-being and quality of life for all in Washoe County*

## Values

*Trustworthiness*

*Professionalism*

*Partner-Collaborate*

## Strategic Direction

*Leaders in a unified community making measureable improvements in the health of its people and environment*

# Action Plan

## Strategic Priorities (6)

*Our priorities*

## District Goals (17)

*Our goals*

## Outcomes (53)

*What are we trying to achieve (with measurable targets)*

## Initiatives (90 unduplicated)

*What we will do to reach our outcomes*

# Strategic Priorities

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

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

**Local Culture of Health:** *Lead a transformation in our community's awareness, understanding and appreciation of health, resulting in direct action.*

**Impactful Partnerships:** *Extend our impact by leveraging partnerships to make meaningful progress on health issues.*

**Financial Stability:** *Enable the WCHD to make long-term commitments in areas that will positively impact the community's health by growing reliable sources of income.*

**Organizational Capacity:** *Strengthen our workforce and increase operational capacity to support a growing population.*

# Action Plan (sample)

## ACTION PLAN

Outcomes and Initiatives	Who	FY17				FY18	FY19	FY20
		Q1	Q2	Q3	Q4			
Strategic Priority #1: Improve the health of our community by empowering individuals to live healthier lives. <span style="float: right;">← Priority</span>								
District Goal 1.1 Reduce the negative health and economic impacts of obesity and chronic disease. <span style="float: right;">← Goal</span>								
Outcome 1.1.1	Reduce the percentage of overweight and obese youth in Washoe County. (2015 Baseline: 34.6%)	Erin Dixon				Target 34%		Target 33%
Initiative 1.1.1.1	Implement Wolf Pack Coaches Challenge.	Erin Dixon						
Initiative 1.1.1.2	Participate in the implementation of the Washoe County School District Wellness Policy.	Erin Dixon						
Outcome 1.1.2	Reduce the percentage of overweight and obese adults in Washoe County. (2015 Baseline: 21.8%)	Steve Kutz				Target 21%		Target 20%
Initiative 1.1.2.1	Develop and promote a local restaurant menu campaign.	Erin Dixon						
Initiative 1.1.2.2	Assess funding and staffing gaps for obesity and chronic disease prevention program given the desired improvements in community outcomes we are seeking.	Steve Kutz						
Initiative 1.1.2.3	Increase provider awareness regarding local obesity rates and effective interventions.	Erin Dixon						
Outcome 1.1.3	Reduce the percentage of adults who are current smokers in Washoe County. (2014 Baseline: 15%)	Erin Dixon				Target 14%		Target 13%
Initiative 1.1.3.1	Develop, place, and evaluate smoking free community campaign.	Erin Dixon						
Initiative 1.1.3.2	Identify and implement smoke free policies at family friendly locations.	Erin Dixon						

# Dashboard of Completed Goals

1.1 Reduce the negative health and economic impacts of ...

**100%**

% of community outcomes on target

Steve Kutz



1.2 Promote preventive health services that are proven to ...

**100%**

% of community outcomes on target

Steve Kutz



1.3 Improve access to health care so people of all means receive ...

**100%**

% of community outcomes on target

Steve Kutz



2.1 Protect people from negative environmental impacts.

**100%**

% of community outcomes on target

Charlene Albee



2.2 Keep people safe where they live, work, and play.

**25%**

% of community outcomes on target

Dave McNinch



3.1 Raise awareness of the Washoe County Health District ...

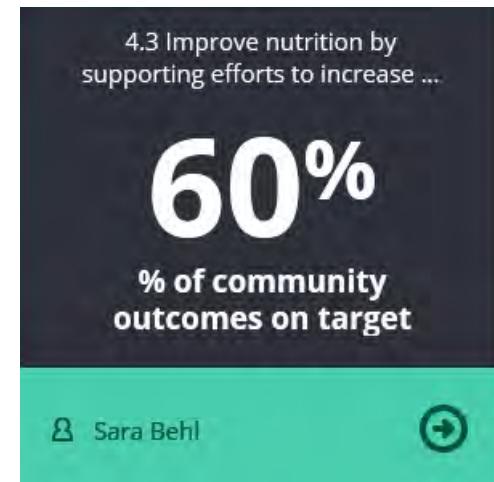
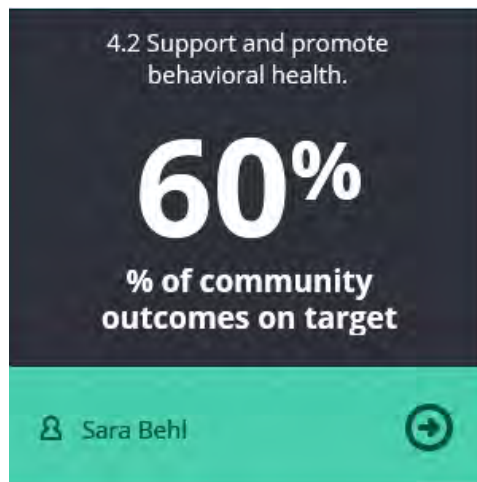
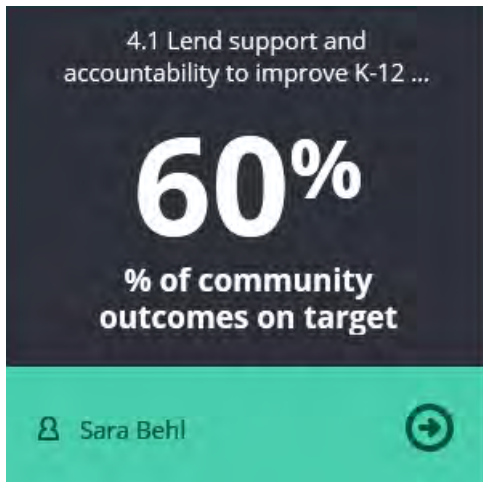
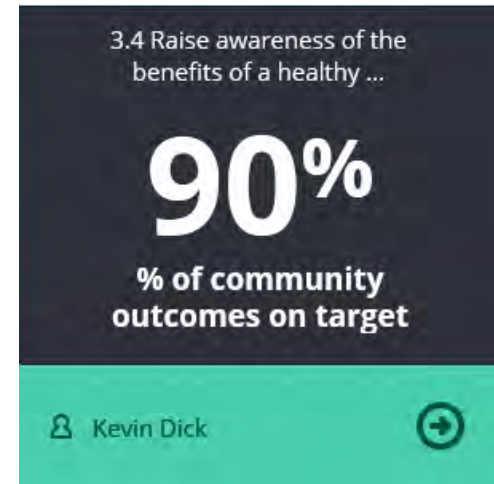
**2.7k**

# of press and social media releases

Phil Ulibarri



# Dashboard of Completed Goals






# Dashboard of Completed Goals

4.4 Enhance the Regional  
Emergency Medical Services ...

**25%**

**% of community  
outcomes on target**


 Christina Conti



5.1 Update the WCHD's financial  
model to align with the needs ...

**90%**

**Completed model**


 Anna Heenan



5.2 Ensure resources are spent  
where they can have the most ...

**100**

**% of community  
outcomes on target**


 Anna Heenan



6.1 Create a positive and  
productive work environment.

**90%**

**% of annual goal achieved**

 Kevin Dick



6.2 Focus on continuing to build  
staff expertise.

**80%**

**% of plan outcomes on  
target**

 Sara Behl



# NEXT STEPS

A first-person perspective shot of someone walking on a rocky, uneven path. The person is wearing blue denim jeans and white sneakers with black laces. The path is composed of various sized rocks and pebbles, and the lighting suggests it's daytime.

Implement initiatives through 2020

Track and measure outcomes via online management system

Monitor progress

Workshop to review/modify plan - 11/2/2017

**THANK YOU!**

**AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: August 24, 2017**

**DATE:** August 11, 2017  
**TO:** District Board of Health  
**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us  
**SUBJECT:** Program Update, Divisional Update, Program Reports

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**1. Program Update**

a. Ozone Designation



On August 2, 2017, U.S. Environmental Protection Agency (EPA) Administrator Scott Pruitt signed a Federal Register notice reversing his June 2017 decision to extend the initial area designations for the 2015 ozone National Ambient Air Quality Standard (NAAQS). The extension had been based on a determination that there was not adequate data available to finalize designations by the statutory deadline of October 1, 2017.

The reversal appears to be in response to lawsuits filed by environmental groups and a number of Democratic states. EPA was required to file their first defense of the extension on Thursday, August 3<sup>rd</sup>. The basis of the extension was challenged resulting in a statement from Pruitt explaining “. . . the information gaps that formed the basis of the extension may not be as expansive as we previously believed.” While some areas of the country may be ready for designation, the notice does include language that suggests there may be some regional delays based on case-by-case determinations. Pruitt did provide the following statement, “We believe in dialogue with, and being responsive to, our state partners. Today’s action reinforces our commitment to working with the states through the complex designation process.” Administrator Pruitt also indicated he intends to avoid any settlement agreements with “activist groups”, a practice he has long opposed.

These events illustrate the dynamics of the actions currently being taken by EPA and the potential impacts to not only Washoe County but all air agencies across the country. Through all of the turmoil, we are all remaining focused on the mission to protect public health through compliance with existing regulations and applicable policies. The total value of staff’s efforts

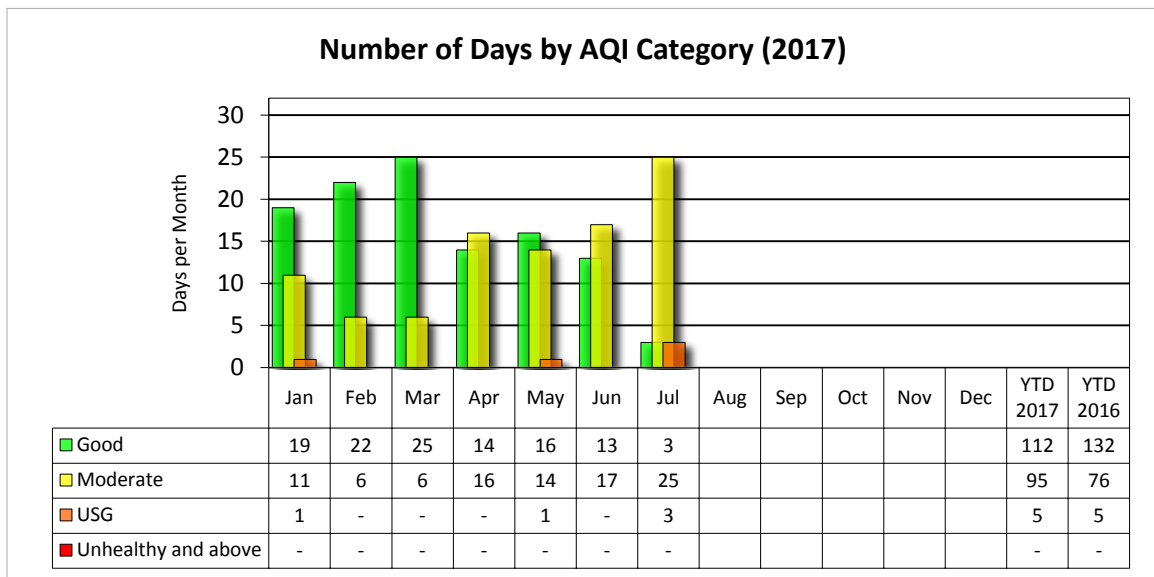
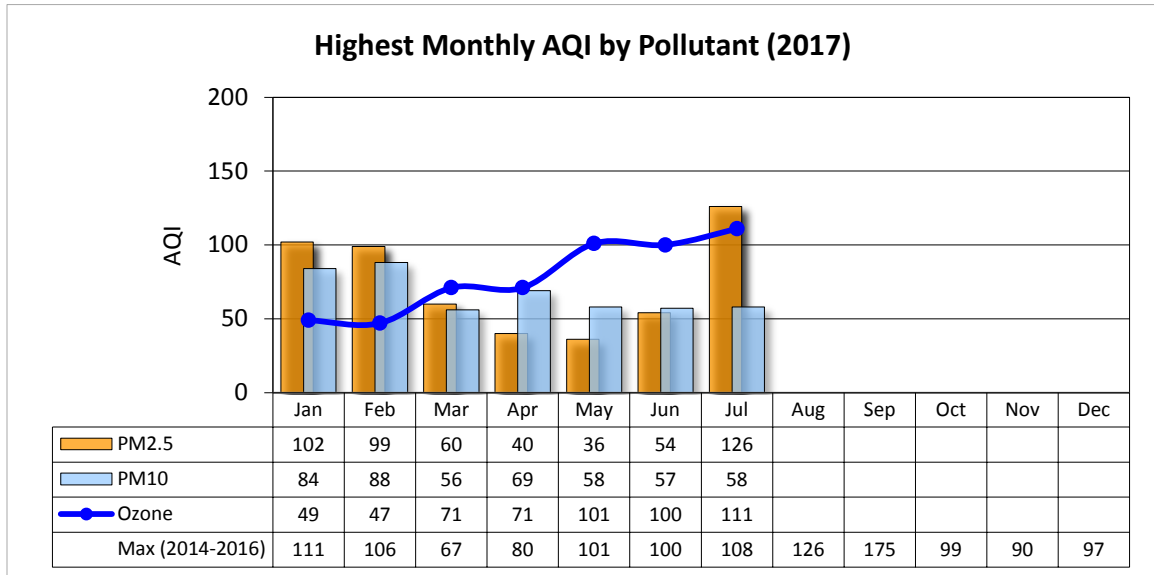
to complete the Exceptional Events Demonstrations for the 2015/2016 wildfire seasons and receive EPA concurrence will now come to fruition. With the exclusion of the data impacted by wildfire smoke, EPA was able to determine Washoe County is in attainment of the ozone standard.

While the initial attainment of the standard is crucial, continuing to attain the standard will be the next challenge. The Ozone Advance Plan Forward will be our most useful tool to influence planning decisions and behavior changes to reduce ozone levels to ensure a healthy community for all of the citizens of Washoe County.

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 July. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note 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 [OurCleanAir.com](http://OurCleanAir.com) for the most recent AQI Summary.

### 3. Program Reports

#### a. Monitoring & Planning

July Air Quality: There were 3 exceedances of the ozone National Ambient Air Quality Standard (NAAQS) and 2 exceedances of the PM2.5 NAAQS during the month of July. There were no other exceedances of any other NAAQS during the month. Ozone and PM2.5 concentrations were affected by numerous fires in Northern California and Northern Nevada.



Reno Master Plan Update: AQM Planning staff continues to collaborate with Reno Community Development staff on Reno's Master Plan update. Sustainability is a high priority for the Health District, Reno City Council, and Reno Planning Commission. A well planned region will support a healthy environment, public, and economy. Sustainability elements in the Master Plan support the Ozone Advance Path Forward Plan (Goal 5, Strategy 1) by empowering the Council and Committee to make good decisions that support long-term air quality.

Tahoe Fire Cams: AlertTahoe is a one-of-a-kind fire camera system built upon an emergency information platform already in use for earthquake monitoring and response. Cameras are sited to detect fires over 100 miles away. Identifying a fire in its early stages can prevent another mega-fire like the Rim or King Fire. The network currently covers Reno/Tahoe, rural Nevada, and parts of Southern California.



AQM uses AlertTahoe in the BeSmokeSmart and prescribed fire programs. During wildfire season, the firecams help visualize the amount and general direction of the smoke. (See Farad and Whites Fires).



AQM's prescribed fire program requires land managers to use the cameras to ensure good smoke dispersion and minimize smoke concentrations in the valleys. A link to the Tahoe Fire Cams is available on the AQM website (OurCleanAir.com), click on the Be Smoke Smart Banner, and then go to the "What is the current air quality?" section.

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2017		2016	
	July	YTD	July	Annual Total
<b>Renewal of Existing Air Permits</b>	97	679	119	1285
<b>New Authorities to Construct</b>	6	42	18	97
<b>Dust Control Permits</b>	4 (18 acres)	111 (1839 acres)	9 (172 acres)	161 (2239 acres)
<b>Wood Stove (WS) Certificates</b>	35	277	33	434
<b>WS Dealers Affidavit of Sale</b>	0 (0 replacements)	22 (16 replacements)	3 (2 replacements)	81 (57 replacements)
<b>WS Notice of Exemptions</b>	490 (6 stoves removed)	5023 (50 stoves removed)	756 (5 stoves removed)	7523 (66 stoves removed)
<b>Asbestos Assessments</b>	88	605	71	1020
<b>Asbestos Demo and Removal (NESHAP)</b>	15	156	21	261

Note: The reduction in the total number of monthly renewals of existing air permits, as compared to last year, is a result of multiple industrial process permits issued to a facility being consolidated into a single facility permit which includes multiple industrial processes. This is a result of streamlining made possible by the Accela Regional Licensing & Permitting System.

Staff reviewed twenty-three (23) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff is assisting the Colorado Air Pollution Control Division (APCD) staff in developing its marijuana emissions calculations methodology. Staff from the Colorado APCD was present at the Pittsburgh National Air & Waste Management Association (A&WMA) conference presentation and have since been soliciting information and assistance in the development of their own calculations.
- Enforcement staff continues to assist local gasoline dispensing facilities with the compliance requirements associated with the removal of phase II vapor recovery. To date seven (7) stations have removed phase II vapor recovery and four (4) have been constructed without phase II being installed.



Staff conducted fifty (50) stationary source and fifty-two (52) gasoline station inspections in July 2017. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2017		2016	
	July	YTD	July	Annual Total
<b>Asbestos</b>	1	10	3	29
<b>Burning</b>	0	8	0	16
<b>Construction Dust</b>	2	19	6	58
<b>Dust Control Permit</b>	0	1	1	13
<b>General Dust</b>	13	40	9	72
<b>Diesel Idling</b>	0	0	0	8
<b>Odor</b>	1	8	1	31
<b>Spray Painting</b>	0	5	0	3
<b>Permit to Operate</b>	0	2	2	8
<b>Woodstove</b>	0	0	0	1
<b>TOTAL</b>	<b>17</b>	<b>93</b>	<b>22</b>	<b>239</b>
NOV's	July	YTD	July	Annual Total
<b>Warnings</b>	2	5	1	16
<b>Citations</b>	0	5	2	24
<b>TOTAL</b>	<b>2</b>	<b>10</b>	<b>3</b>	<b>40</b>

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

Mike Wolf  
 Chief, Permitting and Enforcement

DD_SK	_____	_____
DHO	_____	_____

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: August 24, 2017**

**DATE:** August 11, 2017  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
 775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Divisional Update – National Immunization Awareness Month; Data & Metrics; Program Reports

**1. Divisional Update**

**a. National Immunization Awareness Month –**



The National Immunization Awareness Month campaign goal is to communicate the importance of vaccination across the lifespan and celebrate the benefits of vaccination.

Washoe County met the Healthy People 2020 objective of 80% of children aged 19 to 35 months have received the recommended doses of the childhood vaccines DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate.

Year	2016	2015	2014	2013	2012	2011
Rate (%)	80.2	79.0	75.6	74.2	73.6	71.2

Table 1: Washoe County 19-35 month old Immunization Rate (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 Hep B, 1 varicella, 4 PCV) Data source: WebIZ, State of Nevada, 1/2017

Human Papillomavirus (HPV) vaccination rates for 2016 continued to fall well below the Healthy People 2020 objective of 80%. Nevada WebIZ statewide data shows only 24.55 percent of adolescents age 13-17 years old received the complete series of HPV, with a 29.4 percent 3 dose completion rate in Washoe County.

**NV State Immunization Program, percent appropriately vaccinated, 13-17 years old**

**HPV Rates**

	2015 Washoe County			2015 Nevada			2016 Washoe County			2016 Nevada		
	F	M	Both	F	M	Both	F	M	Both	F	M	Both
1 Dose	50.2	41.5	45.7	47.4	35.3	41.2	54	47.8	50.9	51.8	43	47.4
2 Doses	38.5	29.6	33.9	34.7	23.9	29.1	42.5	35.6	39	39	30.2	34.6
3 Doses	28.9	20.4	24.5	24.6	15.5	19.9	32.5	26.3	29.4	28.4	20.7	24.55

The Immunization Program continues to provide on-site clinic services five days per week. Additionally, off-site vaccinations have been provided through partnerships such as Immunize Nevada, Washoe County School District, Boys and Girls Club, and the Nevada State Immunization Program and Catholic Charities of Northern Nevada’s Kids to Seniors Program. Flu and pneumonia vaccines, as well as other vaccines, were also provided for high risk clients at a homeless shelter, Homeless Connect event, and a residential drug rehabilitation center. Additionally, immunizations and education were provided at Family Health Festivals, a Mexican Consulate Binational Health Event, and a baby fair.

Immunization Program staff are also responsible for carrying out a variety of grant related activities such as conducting provider visits to enhance stewardship and accountability for Vaccine for Children and 317 publicly purchased vaccines, provider education for improved immunization rates and program improvement. Perinatal hepatitis B surveillance and follow-up is another grant component that is carried out by the Epidemiology program.

Vaccine effectiveness concerns led to the CDC’s Advisory Committee on Immunization Practices (ACIP) not to recommend the use of the “nasal spray” live attenuated influenza vaccine (LAIV) known as FluMist for the 2016-17 flu season. Fortunately, the loss of the option to use an intranasal flu vaccine had little impact on the School Located Vaccination Clinic (SLVC) program.

**School Located Vaccination Clinics 2015-2016 and 2016-2017 Flu Season**

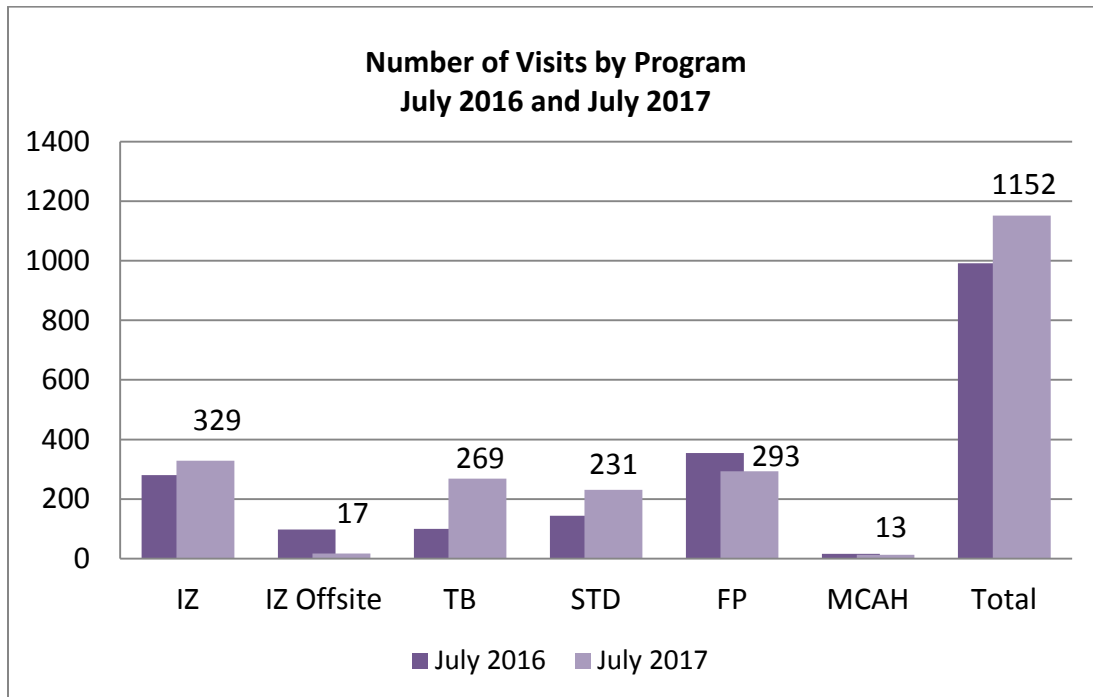
Flu Season	# of School Located Vaccination Clinics	IIV4 (Injectable)	LAIV Nasal Spray	Total Doses	Children	Adults	Total Served
2015-16	14	152	759	911	833	78	911
2016-17	15	1,047	0	1,047	869	178	1,047

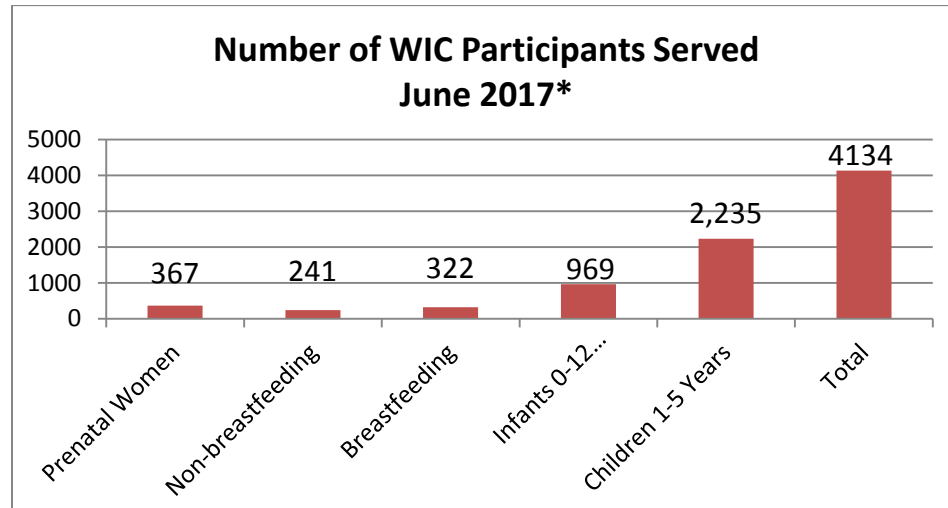
In November 2016 the Nevada State Board of Health passed a law requiring children who are at least 10 years of age enrolling into seventh grade in a public or private school to be immunized against Neisseria meningitides after June 30, 2017 unless excused by a religious belief, medical condition or enrolled before July 1, 2009 (NAC 392.105). Additionally, the college immunization requirement for Neisseria meningitides was amended to remove the on-campus housing stipulation. It now requires all persons less than 23 years of age enrolling as a freshman attending a University to be immunized against Neisseria meningitides unless excused because of a religious belief, medical condition or enrollment in distance education without on campus classes. “University” refers to any university within the Nevada System of Higher Education or any private postsecondary educational institution (NAC 441A.755).

Additional Accomplishments in Fiscal Year 2017 include:

- Immunization lectures for nursing students at University of Nevada, Reno
- EMT/Paramedic vaccine administration training, in partnership with EPHP
- Childcare provider education
- Participation in the Truckee Meadows Immunization Workgroup

**b. Data/Metrics**





\*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

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

## 2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – The Sexual Health team and the Family Planning team will participate in a joint Continuous Quality Improvement Project the week of August 21, 2017. The goal of the project is to improve integration between the Sexual Health and Family Planning programs, in order to increase clinic efficiencies and improve client access.

The team will be attending the STD/HIV Clinical update on September 20, 2017 (see flyer below).

- b. **Immunizations** – On July 13-14, 2017 nursing staff attended the annual Statewide Immunization Meeting. Federal and state program updates and subgrantee activities were reviewed on day one. Breakout sessions were held the second day to address specific grant objectives and leadership activities.

The annual Give Kids a Boost Back to School Clinic was held on August 5, 2017 at the Neil Road Recreation Center in partnership with Immunize Nevada, the Nevada State Immunization Program and Community Health Alliance. WCHD staff administered a total of 437 doses of vaccine to 147 children during that event.

- c. **Tuberculosis Prevention and Control Program** – Washoe County has had eleven cases of active Tuberculosis since January 1, 2017. There are currently nine patients on daily direct observed therapy (DOT).

Stephanie Landeros, Intermittent Hourly Community Health Aide, joined the Tuberculosis program on August 14, 2017.

- d. **Family Planning/Teen Health Mall** – Lisa Lottritz took over as the Family Planning program supervisor on July 24, 2017. As noted above, the Family Planning team will participate in a Continuous Quality Improvement Project with the Sexual Health team the week of August 21, 2017.

- e. **Chronic Disease Prevention Program (CDPP)** – As a member of the Healthcare Workshop Planning Committee for the 2017 Chamber of Commerce Leadership Program, staff coordinated a session for leaders in our region on public health and social determinants of health.

Staff worked with the 2017 Northern Nevada PRIDE event organizers to create smoke free areas including the food and family areas. LGBTQ populations have significantly higher rates of tobacco use which makes partnership with PRIDE and helping them expand smoke free areas significant.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The MCAH Public Health Nurse (PHN) saw 13 clients in July 2017. Cribs4Kids Safe Sleep training and a Pak N Play were given to 10 clients. The PHN met with two pregnant women as part of the Washoe County Drug Endangered Children Program. She also worked with the Newborn Screening program to help contact a mother who had not followed through with follow-up screening for a suspected metabolic disorder.

- g. **Women, Infants and Children (WIC)** – Staff have been incredibly adaptable as the floor replacement has taken considerably longer than anticipated. Client flow has been adjusted and while not as efficient, staff are maintaining a full caseload and continue to see walk-ins. To make it easier for clients a temporary waiting room has been established, including videos and toys for waiting children.

Staff are being trained on Pacify, a new application that is available for free to all WIC clients in Nevada. It provides immediate access to International Board Certified Lactation Consultants via video chat 24 hours a day, in both English and Spanish. The goal is to assist clients with their breastfeeding questions and concerns when and where they need the assistance, even at 3 am.



**STD/HIV Clinical Update**  
**September 20, 2017**  
**8AM-4PM**  
**(Lunch Provided)**

University of Nevada, Reno  
Innovation Center  
450 Sinclair Street  
Reno, Nevada 89501

A free CME/CE event for healthcare professionals

Expert faculty will provide clinical updates on:  
Local and state STD/HIV Epidemiology  
chlamydia, gonorrhea, sexual history taking, HSV/HPV, syphilis screening  
and therapy, and HIV/PrEP

Please register: <https://tinyurl.com/stdupdate2017>



**Who should attend:**

- Physicians,
- Physician assistants
- Nurse practitioners
- Nurses
- Pharmacists
- All medical providers interested in STD/HIV clinical updates

**Learning Objectives**

- Discuss local STD epidemiology as it pertains to risks for patients
- Describe the current screening and treatment recommendations for Chlamydia, Gonorrhea and syphilis
- Discuss recent data recommendations on PrEP/PEP and effective delivery models

**Continuing Medical Education**

The University of Nevada, Reno School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The University of Nevada, Reno School of Medicine designates this live activity for a maximum of 6 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The University of Nevada, Reno School of Medicine approves this program for 6 hours of learning continuing education credit. The Office of Continuing Medical Education at the University of Nevada, Reno School of Medicine is a provider of continuing education credit through the Nevada State Board of Pharmacy. This program is approved for 6 hours of continuing education credit for pharmacists.



University of Nevada, Reno  
School of Medicine

Questions? Please contact Mary Karls  
[mkarls@med.unr.edu](mailto:mkarls@med.unr.edu)

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #5 U19HA29232, Regional AIDS Education and Training Centers

**Staff Report**  
**Board Meeting Date: August 24, 2016**

**DATE:** August 11, 2017  
**TO:** District Board of Health  
**FROM:** EHS Supervisors  
**THROUGH:** Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** EHS Division and Program Updates – Childcare, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

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**DIVISION UPDATES**

- **Staff Training:** Five Environmental Health Specialist Trainees took the Registered Environmental Health Specialist (REHS) test at a conference last month and passed their exams. Congratulations to the five new REHS's.
- **Accela Update:** In July, the Division began utilizing the complaint and enforcement record type in Accela to track and document citizen generated complaints.
- **Environmental Health Services Training Program:** The newest Environmental Health Specialist In-Training has completed all field evaluations successfully for institution area inspections and is now conducting such inspections independently. They will be starting food inspection training in early October once their area inspections for institutions and other trainings are complete.

**PROGRAM UPDATES**

**Childcare**

- Childcare inspection staff conducted a handwashing workshop for childcare facilities at the School District on August 1, which was well received by the childcare providers. All pending licensure inspections for Washoe County have been completed through mid-August.

**Food**

- One staff member completed their field re-standardization training and three staff members completing their initial standardization training using FDA Standardization Procedures. The standardization procedures evaluate the inspector's ability to apply knowledge and skills obtained from the training curriculum. This reinforces a risk based inspection approach that focuses on factors that contribute to foodborne illness. **Field Standardization of staff conducting food establishment inspections meets the criteria of Standard 2 – Trained Regulatory Staff.**
- The Food Safety Program completed the work plan for the Voluntary National Retail Food Regulatory Program Standards Mentorship Program administered by the National



Association of County and City Health Officials (NACCHO) with support from the Food and Drug Administration (FDA). The Food Safety Program was matched with Southern Nevada Health District as the mentor who provided guidance on the development of a food inspection quality assurance program. The food inspection quality assurance program will include an evaluation of each staff member to ensure uniformity and inspection quality among regulatory staff. The program is scheduled to begin in January 2018. The Mentorship Program award also provided funding for Environmental Health Specialist Trainees to attend the 2017 National Environmental Health Association (NEHA), Registered Environmental Health Specialist (REHS) Credential Review Course, and subsequently sit for the REHS exam. **Activities outlined in the work plan for the NACCHO Mentorship Program meets criteria of Standard 2 - Trained Regulatory Staff and Standard 4 – Uniform Inspection Program.**

- **Environmental Health Services Epidemiology Program** – Environmental Health Services Epidemiology program staff assisted Centers for Disease Control (CDC) staff from Atlanta and Communicable Disease (CD) program staff in a coccidioidomycosis workshop and field activity on July 25 and July 26. Staff from the program moderated open discussion in the workshop, identified and facilitated sampling of soils for the causative fungus in targeted areas including Spanish Springs and North Valleys and processed and delivered the samples to the Nevada State Health Lab. Program staff is also working with CD staff on a local case of multiple drug resistant bacteria and will be sampling in late August or early September.
- **Special Events:** As expected, after several large events over the 4th of July weekend the month of July was much slower when compared to June. A total of 164 inspections were performed during the month of July. The Barracuda Championship began at the end of the month and staff encountered many issues with the concession food service at this event. Although the suspension of temporary food permits was considered, staff worked diligently with the food service provider and the event promoter to ensure that appropriate food safety standards were upheld and operations were allowed to continue through the duration of the event. Several recommendations have since been provided to the event promoter to ensure that future events are conducted in a suitable manner. Hot August Nights is the next large event and will take place in early August, which is always a challenge for staff due to the various venues associated with the event.

### **Land Development**

- The Land Development team is working to streamline certain processes within the Wells program. Notice of Intents will be uploaded into Accela by clerical staff which will speed the plan approval process. Finalized paperwork will be processed immediately after completion of inspections instead of being held for receipt of driller's logs. This will cut down on the amount of plans stored in the drawers for long periods of time and get new information entered into the property records more rapidly. Driller's logs will be uploaded into Accela by clerical when they are received, and the permit closed. This will also allow for development of reports that shows which permits to follow up on if the driller log is not received.
- In addition, clerical staff has been assigned to assist with the massive backlog of paperwork. Starting next week, training of the staff will begin. It is hoped that over the next couple of months, all old plans that have been completed but not entered into digital

format will be available for searching by staff. This will improve the plan review process.

### **Schools**

- School inspections for the Fall semester of 2017 have commenced and facility inspections are near 30% complete just since mid-July. Staff is concentrating on a more risk-based approach in terms of communicable disease prevention. Additionally, progress has been made in the local High Schools with compliance in removing old chemicals from the labs. Our per-diem employees that have inspected schools for the past 10 years have both given notice. Guidelines have been completed to train additional field staff on school inspection procedures. Administratively, outbreak prevention and response continue to be a key element with Health District efforts and the School District will be implementing a new policy in the coming weeks as per agreement.

### **Safe Drinking Water**

- The Safe Drinking Water team is working with clerical to finish some of the file reorganization and get correspondence filed in a more timely fashion. This is necessary in and of itself, but it is also in preparation for an EPA audit of files that will be occurring sometime in the near future.
- The team is also continuing to focus on training. Staff has been observing State inspections at surface water fed water systems to increase knowledge in that area. Backflow training for staff that has not yet received it is scheduled for the end of August; completion of that training will fulfill one-half of the State's training requirements.
- WCHD received ten new water projects during the month, five projects were approved. Average review time for comments on this work for the month of July was 11 calendar days.

### **Vector-Borne Diseases**

- The first human case for West Nile virus in Washoe County occurred in a North Valley's resident. This individual had travel history to Lahontan reservoir in Lyon County. Staff trapped the area near the individual's residence the week of August 1, with a positive collection of *Culex tarsalis*. From July 24 through August 7, there have been 31 West Nile virus (WNV) positive collections of adult mosquitoes with three of these collections from Gerlach. In addition a starling tested positive for WNV south and east of Eastlake Blvd in Washoe Valley. During this period, four different species of mosquitoes have been found to be carrying the virus. Three of our four surveillance methods have detected WNV. Without these surveillance methods, human cases would be our first indicator of mosquito borne viruses. The Truckee Meadows community is currently experience a high incidence of WNV. The New Jersey light trap data indicates a decrease of *Culex tarsalis* except for the Lemmon Valley, Wingfield and Shadow (Reed High) light traps. In the past two and a half weeks, staff aerosol treated areas of positive adult mosquitoes with truck mounted foggers at Lemmon Valley, Kiley Ranch, Spanish Springs, Winfield Springs (Redhawk) South Meadows, Damonte Ranch, Washoe Valley, Donner Springs and Butler Ranch (Bella Vista). The next helicopter application will occur on August 17 and 18. Staff anticipates larvaciding over 2,800 acres with the product Vectolex.

- The Elisa testing of the sentinel flocks are still negative for mosquito borne viruses. This is the only surveillance method not testing positive for WNV. Staff continues multiple trapping sites weekly in the Truckee Meadows Community. Through August 11, 1,089 samples containing 33,649 adult mosquitoes were sent to the Animal Diseases Laboratory (ADL). Of those, 47 collections were positive for West Nile virus including one starling.
- Staff sampled and larvacided 3,870 catch basins. Culex pipiens is one of the mosquitoes that oviposit in the catch basin. Four of the positive WNV collections are from the specie Culex pipiens.
- On August 3, staff submitted the building plans to the City of Reno for the heliport pad behind Fire Station #12 on the south west corner of Steamboat and Veterans Parkway. City of Reno has 10 days to review and provide any revisions to the project.
- Staff reviewed 14 civil/building plans this past month. Three projects have been signed off receiving their C of O.
- Vector Responses to Public Requests:

	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	YR Total	Mo. Avg
Mosquito	1	2	11	11	72	44	57	198	28.3
Mosquito Fish – Gambusia	0	0	10	25	36	36	12	119	17.0
Gambusia Delivered	0	0	0	0	0	492	315	807	115.3
Hantavirus	5	0	2	6	6	10	8	37	5.3
Plague	0	0	5	0	0	2	4	11	1.6
Rabies	2	0	6	5	4	25	17	59	8.4
Planning Calls	21	6	6	3	14	8	15	73	10.4
Lyme Disease/Ticks	0	1	0	2	2	3	7	15	2.1
Media	0	1	0	4	3	9	11	28	4.0
Outreach / Education / Misc.	2	4	24	90	22	147	43	332	47.4
Cockroach / Bedbug	12	8	13	18	16	26	22	115	16.4
West Nile Virus	0	0	0	2	0	0	5	7	1.0
Zika	1	1	0	1	0	0	7	10	1.4
<b>TOTAL</b>	<b>44</b>	<b>23</b>	<b>77</b>	<b>167</b>	<b>175</b>	<b>802</b>	<b>523</b>	<b>1,800</b>	<b>258.7</b>
<b>Planning Projects</b>	<b>12</b>	<b>6</b>	<b>26</b>	<b>8</b>	<b>12</b>	<b>15</b>	<b>14</b>	<b>93</b>	<b>13.3</b>

### Waste Management

- If the Board of Health approves the regional waste characterization report at today’s meeting, it will go before the Board of County Commissioners at their first regularly scheduled meeting in September.
- Residents are encouraged to take advantage of their four (4) free dump days per year for disposing of excess solid waste at their homes.
  - Reno Residents can only take excess waste to the transfer stations in Stead or Commercial row on open days. You must be in good standing with your bill and have a driver’s license with your address to use this service.
  - Sparks and Washoe County Residents can use both transfer stations and the Landfill and the same requirements apply.
- There will be a household hazardous waste collection event in October hosted by Waste Management. Location and date are pending, but residents will be allowed to dispose of up to 40lbs per car/truck free of charge.

**EHS 2017 Inspections / Permits / Plan Review**

	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	YR Total	Mo. Avg
Child Care	1	4	9	6	8	23	6	57	8
Complaints	40	61	93	98	59	96	207	654	93
Food	212	282	367	377	325	445	306	2,314	331
General*	45	36	75	93	363	182	191	985	141
Developmental Review Numbers	30	34	38	33	19	37	13	204	29
Plan Construction Inspection (Commercial)	16	19	25	38	32	33	15	178	25
Construction Plans Received (Comm.)	17	53	45	64	51	90	69	389	56
Plan Review (Residential - Septic/Well)	41	67	88	74	117	81	57	525	75
Residential Septic/Well Inspections	18	52	84	102	89	97	169	611	87
Temporary Foods/Special Events	22	22	29	85	85	224	167	634	91
Temporary IBD Events	0	0	45	45	0	0	0	90	13
Well Permits	4	9	14	21	14	19	17	98	14
Waste Management	21	23	16	18	30	27	27	162	23
<b>TOTAL</b>	<b>467</b>	<b>662</b>	<b>928</b>	<b>1,054</b>	<b>1,192</b>	<b>1,354</b>	<b>1,244</b>	<b>6,901</b>	<b>986</b>

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

## County: Mosquito Spraying Expenses Top a Half Million Dollars

[July 25, 2017](#) [Bob Conrad](#) [Website](#) [Facebook](#) [Twitter](#) [LinkedIn](#)

*Loading helicopter hopper with larvicide (Image courtesy of Washoe County Health District)*



The Washoe Board of County Commissioners today approved more than \$500,000 to cover mosquito spraying expenses.

Winter floods led to standing water on more than 3,000 acres, and Washoe County is footing the bill to spray for mosquitos in flood-impacted areas.

“It is critical that these areas receive continued treatments in the interest of public health and safety,” county staff indicated in a report to the commissioners.

Mosquitos carry West Nile Virus, which can cause death in horses, humans, and other animals. The virus was detected in early July in the South Meadows area.

“The weather has been particularly hot and humid offering prime breeding factors for mosquitos,” said the county health district’s Phil Ulibarri.

The county conducts aerial abatement and ground-based insecticide fogging to prevent the spread of mosquitos.

Larvicide are scheduled in August and September for Lemmon Valley, Kiley Ranch, Red Hawk, Rosewood Lake, South Meadows, Damonte Ranch, and Washoe Valley.

The county uses a larvicide that only targets mosquito larvae. Officials caution that mosquitos can still be present and recommend taking precautions, such as using DEET, and removing standing water near residences.

### More mosquitos test positive for West Nile Virus in Washoe County

by News 4-Fox 11 Digital Staff Wednesday, July 26th 2017

Photo: Frank Hadley Collins / CDC / MGN

RENO, Nev. (News 4 & Fox 11) — Washoe County health officials say seven mosquitos have tested positive for West Nile Virus, bringing the total of positive collections to eight from the Spanish Springs area to Washoe Lake.



The report of more positive collections comes the day after the Washoe County Commission approved an additional \$534,835 from the General Fund Contingency to cover mosquito spraying expenses related to flooded areas in Washoe County.

According to the health department, no human cases have yet been reported, but the Washoe County Health District urges people to take appropriate steps to prevent being bitten and avoid contracting West Nile.

“The Health District is appreciative of the additional funding provided by the Washoe County Commission to conduct our mosquito abatement activities which include larviciding and fogging, but this is a season where surveillance, treatment, and personal prevention all need to be practiced due to the extraordinary amount of insect activity,” said Washoe County District Health Officer Kevin Dick.

The Washoe County Health District Vector Borne Disease Prevention Program will be conducting fogging in areas where known mosquito activity is present. A helicopter larvicide application occurred in mid-July, and the next helicopter larviciding is scheduled for August 16 and 17.

Health officials have also shared the following tips for avoiding mosquito bites:

- Wear proper clothing and repellent if going outdoors when mosquitos are active, especially in the early morning and evening.
- Use repellants containing DEET, picaradin, oil of lemon eucalyptus or IR3535 which are the best when used according to label instructions. Repellents keep the mosquitos from biting you. DEET can be used safely on infants and children 2 months of age and older.
- Make sure that your doors and windows have tight-fitting screens to keep mosquitos out. Repair or replace screens with tears or holes.

- Clear standing water and any items from around homes that can be potential mosquito breeding-grounds, including small puddles, pools, planters, children's sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls.
- Vaccinate your horses for WNV.

To learn more, visit the [Washoe County Health District website](#).

## First 2017 Washoe County West Nile Virus case confirmed

By Staff/Washoe Health Release | Posted: Wed 9:58 AM, Aug 02, 2017 |



**RENO, Nev. (KOLO)** - A North Valleys resident has tested positive for West Nile Virus, according to the Washoe County Health District. It is the first 2017 human case in Washoe County.

Health officials say although the resident had traveled outside Washoe County and may have been exposed elsewhere, the presence of positive mosquito pools locally means a local exposure cannot be ruled out and residents should take appropriate precautions. The announcement coincides with the identification of three positive mosquito collections in Gerlach, although the incidents are not related.

"We have been expecting this to be a very active season for both mosquitoes and West Nile Virus in Washoe County due to the heavy

precipitation we got this year and because of the extremely warm weather in the area," says Washoe County District Health Officer Kevin Dick. "Although we are monitoring mosquito activity, conducting monthly larvicide treatments, and fogging areas of known activity, this is a reminder that people must be vigilant and take personal measures to keep mosquitoes at bay" says Dick. He also says the Health District's Vector-Borne Disease Prevention Program is providing support to the Gerlach GID's mosquito abatement activities.

The Health District is fogging areas where known mosquito activity is present, and a helicopter larvicide application scheduled to cover 2,800 acres in wetlands from the North Valleys to Washoe Lake is set for August 16 and 17. But health officials emphasize the importance of people taking precautions to keep mosquitos from biting.

- Wear proper clothing and repellent if going outdoors when mosquitoes are active, especially in the early morning and evening.
- Use repellants containing DEET, picaradin, oil of lemon eucalyptus or IR3535, which are best when used according to label instructions. Repellents keep mosquitoes from biting. DEET can be used safely on infants and children 2 months of age and older.
- Make sure your doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes.
- Clear standing water and any items from around homes that can be potential mosquito-breeding grounds, including small puddles, pools, planters, children's sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls.
- Vaccinate your horses for West Nile.

According to a release, the Washoe County Health District's Communicable Disease Program investigates all reported cases of diseases such as West Nile, saying health care providers should consider a WNV infection as a diagnosis among patients who are ill and have recently experienced mosquito bites. Symptoms may include fever, headache, body ache, skin rash and swollen lymph glands. Those with a more severe infection may experience high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, paralysis and death. In humans, the virus has an incubation period of three to ten days. Residents may report mosquito activity to the Health District at 785-4599 or 328-2434.

More information on WNV and the Washoe County Health District's Vector-Borne Disease Prevention Program can be [found here](#).

[Eighth West Nile Virus sample found this year in Reno area](#)

# West Nile Virus Reported in Majority of US States

AUG 09, 2017 | EINAV KEET

The number of human cases of West Nile virus continues to rise around the United States; now, more than 80% of states have reported detecting the virus so far this season.

The Centers for Disease Control and Prevention (CDC) is reporting that, as of August 8, 2017, 42 states along with the District of Columbia have reported cases of [West Nile virus](#) infection in either birds, mosquitoes, or humans. Of the 159 human cases of the virus reported so far this season, 91 were classified as neuroinvasive, resulting in illness such as meningitis or encephalitis, while 68 cases were non-neuroinvasive. While severe [symptoms](#), such as neuroinvasive disease, occur in only about 1% of all West Nile cases, as many as 80% of those infected with the virus do not present with any symptoms of illness, and thus, those cases are more likely to go unreported. Based on CDC data, Maine, New Hampshire, and Rhode Island are among the only states that haven't reported any [West Nile activity](#) yet for 2017.

In [Pennsylvania](#), Department of Health officials reported the state's first probable human case of West Nile virus on August 8, 2017. The case involves a resident of Montgomery County, but health officials have yet to release any details on the current health status of the individual. While a number of Pennsylvania counties have no active [West Nile surveillance programs](#), 38 [counties](#) this season have reported detecting either birds, mosquitoes, or humans positive for the virus.

"Detecting the first human case of West Nile Virus this year serves as a great reminder for Pennsylvanians to take the proper precautions when they are outside or near areas where mosquitoes are prevalent," said Rachel Levine, MD, Pennsylvania's acting secretary of health and physician general, in a recent [statement](#). "There are some simple steps you can take to protect yourself and your loved ones from mosquito-related diseases." Such steps include removing standing water from plastic kiddie pools and wheelbarrows, and drilling holes in the bottom of recycling bins so that they don't collect water for mosquitoes to breed in.

Additional human cases of West Nile were reported in Reno, Nevada, on August 2, 2017 by the [Washoe County](#) Health District and in Idaho's [Kootenai County](#) by the Idaho Department of Health and Welfare; these are the first human cases of the virus for both states thus far this summer season. The case in Reno involved a local resident who had traveled outside of the county, so although West Nile-positive mosquito pools had been detected in the area, local health officials could not confirm where the resident became exposed to the virus. The case reported in Idaho's Kootenai County on August 3, 2017, occurred in a resident over the age of 50, who became ill with neuroinvasive disease as a result of the infection but was reported to be recovering from the illness.

"West Nile activity has ramped up significantly during the last few weeks, so people are strongly encouraged to fight the bite of mosquitoes to protect themselves and their families," said Idaho's state public health veterinarian, Leslie Tengelsen, PhD, DVM, in a recent [statement](#). "This is a good warning for all of us to take protective measures, including wearing insect repellent and reducing mosquito habitat, such as standing water, around our gardens and homes."

## Two human cases of West Nile Virus reported in Lyon County

By Staff/KOH | Posted: Tue 6:41 PM, Aug 08, 2017 |

**LYON COUNTY, Nev. (KOLO)** - Two people have tested positive for West Nile Virus in Lyon County, according to Carson City Health and Human Services.

They are the first human cases reported in the Carson City, Douglas County and Lyon County areas this year. The diagnosis was made through a blood donation pre-screening process. One of the individuals was confirmed to have the less severe form of the illness.

Last week, a [North Valleys resident](#) was confirmed to have tested positive for West Nile Virus, according to the Washoe County Health District. It is the first 2017 human case in Washoe County.



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

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: August 24, 2017**

**DATE:** August 14, 2017  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
 775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)  
**Subject:** Program Updates for Communicable Disease, Public Health Preparedness, and  
 Emergency Medical Services

**Communicable Disease (CD)**

**Zika Virus Disease Evaluation and Testing** - As of August 9, 2017, there have been 114 individuals referred by local healthcare providers for evaluation of possible Zika virus infection. Five cases have been reported. One of the five cases was an asymptomatic pregnant woman and one was identified through blood donation. The pregnant woman delivered her baby on January 11, 2017, and the baby was apparently not infected with Zika based on laboratory tests at CDC. Testing for the maternal tissues at CDC also came back with negative result. However, according to CDC, negative maternal tissue results cannot rule out Zika. Therefore, the baby's health monitoring within one year still needs to follow CDC's guidance. On July 24, 2017, CDC released a new recommendation. The major update is that asymptomatic pregnant women who have recent possible Zika virus exposure but without ongoing exposure are not routinely recommended to have Zika virus testing. Since February 2016 when the CD program started collecting data, of the 105 individuals with complete epidemiological information, 70% (74/105) had no symptoms. The CD Program continues coordinating tests for symptomatic individuals with appropriate exposures but will no longer serve as a "gatekeeper". It is now recommended for healthcare providers to use commercial labs for diagnostic purposes. The CDC's new recommendation was disseminated to local healthcare providers via Epi-News on August 3. The CD program will no longer track Zika tests.

**Unusual Occurrence of Illness** - Since the last District Board of Health meeting, the CD Program has investigated an additional case infected with a carbapenemase producing organism (CPO). The investigation has involved working with a local hospital, the Nevada State Public Health Laboratory, and the Centers for Disease Control and Prevention (CDC). This most recent case had a Verona Integron-encoded Metallo-Beta-Lactamase (VIM)-producing *Pseudomonas aeruginosa* wound infection. The case patient was hospitalized. According to CDC, this type of case is still rare in the United States. As of August 9, 2017, the investigation is ongoing. This is the 3<sup>rd</sup> CPO case in 2017. CPO poses a public health risk in healthcare settings. Contact tracing and screening is a big undertaking and is resources intensive for hospitals, public health, and the state lab.



**Coccidioidomycosis** – The CD program has continued to see increased Coccidioidomycosis. As of August 9, eleven (11) cases have been reported and investigated in 2017. This is the highest incidence ever reported in Washoe County. The second highest year was 2015 when nine (9) cases were reported.

A workshop took place on July 25 during which subject matter experts from the CDC provided onsite training. A total of 29 individuals from 16 agencies participated in this workshop. The workshop was well received by participants. The CD Program staff and environmentalists also received training on the collection of soil samples. Fifteen soil samples were collected at two high-risk areas. Test results on these samples are currently pending at both the state lab and CDC. The CD Program continues to provide education to healthcare providers via Epi-News and Physician Alerts.

**Rabies Post-Exposure Prophylaxis (PEP)** – As of August 9, a total of 17 individuals have received Post-Exposure Prophylaxis (PEP) for rabies after having exposures to rabies-susceptible animals. The majority of these exposures were to bats. This compares to only 13 individuals receiving rabies PEP for all of 2016.

**West Nile Virus (WNV)** – West Nile Virus (WNV) can be broken down into three categories based on symptoms. Most people (8 out of 10) infected with West Nile Virus do not develop any symptoms. About 1 in 5 people who are infected develop a fever with other symptoms such as headache, body aches, joint pains, vomiting, diarrhea or rash. Most people with this type of WNV disease recover completely, but fatigue and weakness can last for weeks or months. About 1 in 150 people who are infected develop a severe illness affecting the central nervous system such as encephalitis or meningitis. Severe illness might include symptoms such as high fever, headache, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, vision loss, numbness and paralysis. Severe illness is more common in people over 60 years of age and in people with certain medical conditions such as cancer, diabetes, hypertension, kidney disease, and people who have received organ transplants. About 1 in 10 people who develop severe illness affecting the central nervous system die.

Locally, the first two human cases of West Nile Virus (WNV) for 2017 were reported to the CD Program on July 27 and August 10. The first case had the severe form of the illness and was hospitalized but is recovering. The second case is still under investigation at this time.

Although only two cases of WNV have been reported as of August 10, there are ten (10) cases of viral meningitis that have been reported this year. This represents a 100% increase in comparison to cases reported in the same time period during the past five years. These cases are male, young, and generally healthy. The CD Program highly suspects that some previously diagnosed viral meningitis cases might have WNV disease. The CD Program continues using the Epi-News to provide education for healthcare providers and to encourage that they consider WNV in their differential diagnoses.

### **Public Health Preparedness**

The **Medical Reserve Corps volunteer (MRC) program** supported the Community and Clinical Health Services Division at the “Give-Kids-A-Boost” vaccination health and safety clinic on August 5, at the Neil Road Recreation Center. The event was sponsored by Immunize Nevada and the Washoe County Health District was a major sponsor. A total of 147 children were administered 437 doses of vaccine. MRC volunteers also distributed health educational and emergency preparedness

information. Children received vaccinations that were required to attend school that was starting the following week.

The PHEP coordinator is facilitating the 2017 Disaster Preparedness Fair, which will provide subject matter expert presentations on weather, earthquakes, floods and fire. There will also be a variety of community organizations providing information specific to their scope of activities in a disaster.

The PHEP coordinator is facilitating a large scale Point of Dispensing (POD) exercise which will span from September to November and will include a variety of closed POD partners activating their plans to dispense flu vaccine. The exercise scenario is roughly based on the 2009 H1N1 flu event and tests the ability of our partners to open and execute a POD.

The PHEP coordinator participated in a radiological/nuclear training course sponsored by the State of Nevada and the Department of Energy. This was followed by a full scale radiological exercise at the Regional Public Safety Training facility. The training and exercise are part of a wider effort to increase radiological awareness and prevention efforts in Nevada. They link to PHEP planning efforts in developing community reception centers (CRC's) in response to radiological incidents.

The Healthcare PHREC participated in the potable water tank exercise on August 9 with a regional hospital and private construction company. The exercise enabled the region to demonstrate its ability to bring potable water to a hospital and hook it into their system allowing for greater resilience.

The Healthcare PHERC participated in two Federal Medical Station Site visits on August 10 and 11. The site visits were conducted at the Reno Sparks Convention Center and the North Valleys High School. The site visits were the final stage in becoming Federal Medical Stations and part of the state plan.

The Healthcare PHERC will participate in the National Disaster Medical System (NDMS) tabletop exercise on August 26. There are three hospitals in Washoe County that have signed up to participate in NDMS. These hospitals could potentially receive patients from around the county if a disaster were to occur outside of our region.

The Healthcare PHERC and EMS Program submitted a grant through the Nevada Governor's Council on Developmental Disabilities to create learning modules for first responders on how to interact during a disaster with individuals who have access and functional needs and intellectual disabilities but are not in imminent danger.

The Healthcare PHERC participated in the Inter-Hospital Coordinating Council on August 11.

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

The EMS Advisory Board meeting was held on August 3. The board heard presentations from regional partners, information on the Nevada Trauma Registry, a report developed by the EMS Program Statistician, and an update on the 5-year EMS Strategic Plan.

The EMS Oversight Program Manager conducted a mass gathering inspection at the Barracuda Golf Tournament on August 4. REMSA and Truckee Meadows Fire Protection District were providing medical coverage for the event.

The EMS Oversight Program has completed a draft of the regional protocols with a task force comprised of regional partners. The draft will be sent to the task force on August 14 to be reviewed with their Medical Directors for possible signature. It will also be sent to the Pre-hospital Medical Advisory Committee (PMAC) on August 15. Any suggestions or recommendations will be reviewed by the task force when they convene on September 20. The draft will also be submitted to the EMS Advisory Board during the meeting scheduled for October 5. This will satisfy an objective within the Regional EMS Oversight 5-year Strategic Plan.

The EMS Oversight Program Manager has met with regional partners to learn more about the FirstNet system and the possibility of Nevada “opting in” to the system later this calendar year. The EMS Oversight Program is supporting regional partners with this effort.

During the April 6, 2017 EMS Advisory Board meeting the Regional Response Heat Map was approved for public dissemination. On May 22, 2017 the EMS Statistician sent patient perspective response time call data from the first three quarters of FY 16-17 to GIS in order to update the Regional Response Heat Map. The map can be found at [https://www.washoecounty.us/health/programs-and-services/emergency-medical-services-oversight-program/ems\\_response.php](https://www.washoecounty.us/health/programs-and-services/emergency-medical-services-oversight-program/ems_response.php)

During the August 3, 2017 EMS Advisory Board meeting the Washoe County Trauma Data report was approved for distribution. The report contains data from 2015 and 2016 traumatic injuries reported by Washoe County hospital facilities. The full report can be found on the EMS Oversight Program webpage at <https://www.washoecounty.us/health/programs-and-services/emergency-medical-services-oversight-program/2017.php>

**REMSA Percentage of Compliant Responses  
 FY 2016 -2017**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2016	94%	91%	100%	100%	94%	94%
August 2016	93%	88%	100%	100%	92%	93%
September 2016	95%	90%	100%	100%	93%	95%
October 2016	93%	92%	94%	80%	92%	93%
November 2016	93%	94%	93%	100%	94%	94%
December 2016	92%	88%	96%	100%	91%	92%
January 2017	92%	87%	95%	100%	90%	92%
February 2017	91%	94%	91%	100%	93%	91%
March 2017	92%	95%	100%	100%	96%	92%
April 2017	93%	92%	96%	100%	93%	93%
May 2017	94%	89%	100%	100%	93%	94%
June 2017	94%	94%	100%	100%	96%	94%
YTD	93%	91%	97%	98%	93%	93%

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

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2016	8:04	15:33	13:39	N/A*
August 2016	8:18	16:02	18:12	N/A*
September 2016	7:52	16:02	16:20	19:13
October 2016	8:29	15:07	21:48	31:04
November 2016	8:17	15:03	19:32	N/A*
December 2016	8:27	16:56	17:14	29:48
January 2017	8:42	17:33	19:48	N/A*
February 2017	8:47	13:23	19:53	N/A*
March 2017	8:35	13:28	16:48	N/A*
April 2017	8:25	13:40	17:24	N/A*
May 2017	8:14	16:12	16:39	N/A*
June 2017	8:04	13:43	18:24	N/A*

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> 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: August 24, 2017**

**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
(775) 328-2416, kdick@washoecounty.us  
**SUBJECT:** District Health Officer Report – Water System Regulation and Plan Reviews, Quality Improvement, Public Health Accreditation, Workforce Development, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

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Water System Regulation and Plan Reviews

On July 31, a meeting was held with the Health District, Truckee Meadows Water Authority (TMWA), and Washoe County Community Services Division to discuss and clarify water project plan submittal requirements and explore opportunities to streamline the plan review process. On August 15, I met with the City and County Managers and staff to discuss water project plan reviews and develop a collaborative approach for clarifying and communicating plan review requirements and critical paths to assist the development community in successfully working through the process. Guidance was finalized with TMWA that clarifies which building projects require a water project submittal.

Quality Improvement

The Q-Team has finalized the FY17-18 QI Plan, taking into account recent QI staff survey results and PHAB requirements. During the week of August 21, CCHS will be conducting a significant QI project to integrate the Family Planning and Sexual Health Programs and increase the number of appointments that can be provided.

Public Health Accreditation

A problem was encountered with the e-PHAB system that resulted in the Health District Statement of Intent Pre-Application not being processed. The Health District Accreditation Coordinator has resigned to accept another position. The decision was made to submit the Statement of Intent Pre-Application when the position is filled because the Coordinator is identified in the application and is required to travel to attend the PHAB training. Work continues to develop, compile, and review documentation required for accreditation and the Administrative Health Services Officer is leading the Accreditation Team until the position is filled. The timeline to receive accreditation remains unchanged because the formal application can be submitted sooner within the required six-month time limit from the Statement of Intent.

### Workforce Development

Work continues on the workforce development plan. The position of the lead person responsible for the plan became vacant and has been refilled. The plan should be completed in September.

### Community Health Needs Assessment

Significant progress is being made on the update to the Community Health Needs Assessment (CHNA). The community input survey has been completed with almost 1,500 responses. The Renown/Health District project team is scheduled to meet on August 23 to begin work on prioritization of community health issues. A meeting with community stakeholders to receive input on priorities is scheduled for September 8.

### Truckee Meadows Healthy Communities

Remote Area Medical (RAM):

The RAM mobile outreach clinic travels to U.S. cities upon request to provide FREE medical care for those who are uninsured, underinsured, with no eligibility requirements and no ID necessary. This clinic will provide general medical, dental, vision, preventative care, and education. It is expected that this event will provide much needed services to upwards of 400-800 Washoe County residents each day between September 29 and October 1 at the Boys and Girls Club of Truckee Meadows at 2680 E. 9th St, Reno, NV 89512.

RAM planning ties in with the CHIP Access to Healthcare and Social Services priority, and has increased collaboration amongst Health District Divisions. ODHO, EPHP, and CCHS have worked collaboratively to coordinate the clinic planning and operations, recruit volunteer services, and provide immunization services at this event.

The six planning teams have worked with RAM staff to ensure that all medical and non-medical recruiting, hospitality, Family Health Festival, promotions, and finance needs are met in order to provide the greatest amount of services to the greatest amount of residents. RAM planning team leads, along with Health District staff and the TMHC Director will be holding their final clinic site-visit and walk through with RAM Staff on August 24, 2017.

Family Health Festivals:

A Family Health Festival (FHF) is being planned in conjunction with the RAM event to be held on Saturday September 30, from 9am to 1pm in the Health District Auditorium. This will allow services to be provided without restrictions imposed by RAM. The County Parking lot will be used for Parking for the RAM event with RTC shuttles, so participants will be able to also obtain services at the FHF.

Housing:

Finalization of the Enterprise Phase One scope of work for a Regional housing Roadmap is occurring and fund-raising to secure sufficient funds is taking place.

### Community Health Improvement Plan:

The TMHC Board and the Steering Committee have agreed upon using the CHNA for TMHC to lead development and implementation of a Community Health Improvement Plan (CHIP). The Health District will participate in this initiative. This process will allow for development of one plan that TMHC and community partners can work collectively to implement and will serve to align and integrate Renown's Community Benefits Plan, the Health District CHIP, and TMHC community health improvement initiatives. This approach may also provide opportunities for TMHC to engage in fundraising to support implementation of the plan and the potential to blend and braid funds to support collective impact efforts. The TMHC CHIP will be presented to the District Board of Health for approval and outcomes will be measured and reported to the DBOH.

### Other Events and Activities

7/28/17	REMSA Board meeting
7/31/17	Meeting with City of Reno Management re: Water Systems/Plan Review
7/31/17	Water systems meeting with TMWA and CSD
8/1/17	EHS Supervisors Meeting
8/2/17	TMHC Steering Committee meeting
8/2/17	Division Directors/Supervisors meeting
8/3/17	EMS Advisory Board
8/3/17	NV Health Authorities conference call
8/7-11/17	Vacation
8/14/17	Meeting w/Chair Jung
8/15/17	Water System Meeting with City and County Managers
8/15/17	EHS Sups Meeting
8/16/17	TMHC/Community Foundation collaboration meeting
8/16//17	DD/Sups Meeting
8/18/17	NPHA Advocacy Call
8/22/17	EHS Sups Meeting
8/22/17	Meeting with Hay Group/HR re: Salary Study
8/23/17	Community Health Needs Assessment meeting
8/23/17	NALHO conference call
8/24/17	EHS Staff meeting

**Health District Media Contacts: July 2017**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
7/31/2017	Reno Gazette-Journal	Dustin Quiroz	Wild Fire AQ - Schnieder
7/27/2017	KTVN CH2 - CBS Reno	Ryan Canaday	Mosquitos - Shaffer
7/26/2017	KOLO CH8 - ABC Reno	Gurajpal Sangha	West Nile Virus - Shaffer
7/26/2017	KRNV CH4 - NBC Reno	Melissa Matheney	Marijuana ER Visits - Ulibarri
7/20/2017	Reno Gazette-Journal	Dustin Quiroz	Detwiler Fire - Schnieder
7/19/2017	KTVN CH2 - CBS Reno	Shelby Jaye	Abatement - Ulibarri
7/19/2017	KRNV CH4 - NBC Reno	Cassie Wilson	Wildfires - Inouye
7/13/2017	Reno Gazette-Journal	Nisha Sridharan	Ozone Levels - Schnieder
7/12/2017	KKOH Radio 780AM - CNN Reno	Daniella Zaninno	Mosquitos - Ulibarri
7/11/2017	KTVN CH2 - CBS Reno	Ryan Canaday	Farad Fire - Inouye
7/11/2017	KOLO CH8 - ABC Reno	Denise Wong	Farad Fire - Inouye/Peterson
7/11/2017	Reno Gazette-Journal	Siobhan McAndrew	Farad Fire - Schnieder
7/7/2017	Reno Gazette-Journal	Dustin Quiroz	West Nile - Ulibarri
7/6/2017	KTVN CH2 - CBS Reno	Angela Schilling	Wildfires - Inouye
7/5/2017	KOLO CH8 - ABC Reno	Terri Russell	Catch basin designs - Shaffer
7/5/2017	KOLO CH8 - ABC Reno	Terri Russell	Storm Drains and Mosquitos - Bluemer
7/5/2017	Reno Gazette-Journal	Mark Robison	Deadly Animals - Shaffer
7/5/2017	KOLO CH8 - ABC Reno	Denise Wong	Wildfires - Inouye
7/5/2017	KRNV CH4 - NBC Reno	John Linn	Wildfires - Inouye
7/5/2017	KTVN CH2 - CBS Reno	Elizabeth Olveda	Winnemucca Fire - Ulibarri
7/5/2017	FOX 11	John Linn	Winnemucca Fire - Ulibarri
7/4/2017	KRNV CH4 - NBC Reno	Diana Thao	Winnemucca Fire - Ulibarri
7/4/2017	KOLO CH8 - ABC Reno	Terri Russell	Winnemucca Fire - Ulibarri

**Press Releases/Media Advisories/Editorials/Talking Points**

7/26/2017	More West Nile Virus mosquitos identified in Washoe County	Ulibarri
7/11/2017	Health District to conduct second mosquito aerial larviciding	Ulibarri
7/5/2017	West Nile Virus Confirmed in South Meadows	Ulibarri

**Social Media Postings**

<b>Facebook</b>	AQMD/CCHS/ODHO EHS	118 (CCHS 12 EHS 16 ODHO 2 AQM 89)
<b>Twitter</b>	AQMD/CCHS	78 (AQM 78)