

## **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, April 26, 2018  
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)**

April 26, 2018

**5. \*Recognitions**

A. Years of Service

- i. David Orozco, 25 years, Hired 4/19/1993 - EHS
- ii. Daniel Inouye, 20 years, Hired 4/24/1998 – AQM

B. Retirements

- i. David Orozco, 5/1/2018, Environmental Health Specialist – 25 years, EHS

C. New Hires

- i. Jennifer Pierce, Principal Account Clerk, 4/16/2018 - AHS

D. Shining Star

- i. Jessi Salim – EHS
- ii. Blair Hedrick – Vitals, EPHP
- iii. Victoria Stebbins – Vitals, EPHP
- iv. Carmen Mendoza – Vitals, EPHP

**6. Proclamations - (For possible action)**

National Bike Month and Bicycle Safety Month and Washoe County Bike Week

Accepted by: Stephanie Chen, Health Educator I, CCHS and Yann Ling-Barnes,  
Environmental Engineer II, AQM

**7. 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)**

- i. March 22, 2018

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

- i. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to April 1, 2018 through March 31, 2019 in the total amount of \$168,597.33 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White Part B Program IO#11479 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns Cummins

- ii. Approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service extending the current award through August 31, 2018 and granting an additional \$370,000 (\$37,000 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

- iii. Retroactive approval of Grant Agreement #A-00905418-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$547,651 for the period 10/1/17 through 9/30/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

Staff Representative: Patsy Buxton

- C. Approve an Interlocal Agreement between the Washoe County Health District and Washoe County through its Sheriff's Office to provide family planning services to female detainees for the period upon ratification by the governing parties through June 30, 2019 with automatic renewal for two successive one-year periods for a total of three years on the same terms and if approved, authorize the Chair to execute the Agreement. – (For possible action)**

Staff Representative: Nancy Kerns Cummins

- D. Retroactive Approval of Assistance Amendment PM-00T56401-6 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/18 through 3/31/19 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021. – (For possible action)**

Staff Representative: Patsy Buxton

- E. Recommendation to appoint Nick Vestbie, P.E., as a member to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) and Ray Pezonella, P.E. and Matt Smith as alternates to the SWS Board and reappoint Matt Buehler as a member to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning April 26, 2018 and ending April 25, 2021. – (For possible action)**

Staff Representative: James English

- F. Approval of Amendment #1 to the Interlocal Agreement For Emergency Medical Services Oversight between the Washoe County Health District, Washoe County, the Truckee Meadows Fire Protection District, the City of Reno and the City of Sparks to**

allow representatives of the Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director. - **(For possible action)**

Staff Representative: Kevin Dick

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

Staff Representative: Anna Heenan

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

Presented by: Paul Burton

- A. Review and Acceptance of the REMSA Operations Report for March, 2018 – **(For possible action)**

B. \*Update of REMSA's Public Relations during February 2018

C. \*Update of REMSA's Public Relations during March, 2018

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

Staff Representative: Christina Conti

- 10. Discussion and possible action to approve a permit fee accommodation such as a payment plan, adjustment of fee due date, or other accommodation as determined by the Board for the Food Truck permittee, Sunshine Ice Cream (Permit # F010144), due to the seasonal nature, product type and financial considerations of the operation per Sunshine Ice Cream's Owner's March 22, 2018 public comment request. - **(For possible action)****

Staff Representative: Chad Westom

## **11. \*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 STD Awareness Month; National Infant Immunization Week; Annual CCHS Training Day; Data & Metrics; Program Reports

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

Environmental Health Services (EHS) Division and Program Updates – Community Development, 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 – FY19 Budget, Public Health Accreditation, Quality Improvement, Strategic Plan, Water Projects, Traner Middle School Mural, Truckee Meadows Healthy Communities, Workforce Development, Advancing Rural Board of Health Capacity to Improve Public Health in Nevada, Washoe Regional Behavioral Health Policy Board, Other Events and Activities and Health District Media Contacts.

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

Limited to announcements or issues for future agendas.

### 13. \*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.

### 14. 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  
Downtown Reno Library, 301 S. Center 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.

# *Proclamation*

## **NATIONAL BIKE MONTH AND BICYCLE SAFETY MONTH and WASHOE COUNTY BIKE WEEK**

**WHEREAS**, promoting alternative forms of transportation, such as bicycling, helps to improve health and well-being while reducing emissions, traffic congestion, and America’s dependence on fossil fuels; and

**WHEREAS**, creating bicycle-friendly communities has been shown to improve quality of life by fostering community spirit, improving traffic safety, and stimulating economic growth; and

**WHEREAS**, bicycle infrastructure in the Truckee Meadows offers great potential and opportunities to positively impact our recreation and tourism industry by making the region attractive to residents, visitors, and new incoming businesses who enjoy healthy lifestyles and the outdoors; and

**WHEREAS**, Nevadans will experience the joys and benefits of bicycling during the month of May through educational and safety programs, community events, or going for an individual or group bike rides; and

**WHEREAS**, the education of our entire community on the proper and safe operation of motor vehicles and bicycles sharing the use of streets is important to ensure the safety and respect of all users on Nevada roadways; and

**WHEREAS**, the month of May has been declared National Bike Month since 1956,

**NOW, THEREFORE**, be it resolved, that the Washoe County District Board of Health does hereby proclaim the month of May 2018 as

**“NATIONAL BIKE MONTH AND BICYCLE SAFETY MONTH”  
In Washoe County, Nevada**

and the Week of May 13-19, 2018 as

**“WASHOE COUNTY BIKE WEEK”**

**ADOPTED** this \_\_\_<sup>th</sup> day of April 2018

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Kitty Jung, Chair  
Washoe County District Board of Health

## **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, March 22, 2018  
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 1:02 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair  
Dr. John Novak, Vice Chair  
Michael Brown  
Oscar Delgado (arrived at 1:13 p.m.)  
Dr. George Hess  
Kristopher Dahir

Members absent: Tom Young

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

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Charlene Albee  
Steve Kutz  
Chad Westom  
Dr. Randall Todd  
Christina Conti  
Catrina Peters

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

Mr. Dow led the pledge to the flag.

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

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

Mr. Joseph Williams, owner of Sunshine Ice Cream, stated that he has a small ice cream truck and has operated it for almost twenty-five years. He informed that he works seasonally, and his truck sits idle at his house for five or six months of the year.

Mr. Williams explained that he sells only pre-packaged ice cream and the permit fees for his operation have increased tremendously, from \$103 to \$485. He informed that payment of this amount is due in full, causing a financial burden as there is no payment schedule available.

Mr. Williams opined that the designation of food truck for his ice cream truck is not accurate and should not be charged as such. He inquired of the Board Members if they would consider reducing his fee.

Chair Jung informed Mr. Williams that this request would be discussed between the District Health Officer, Chair and Vice Chair of the District Board of Health. She informed that policy could not be decided on this item at this meeting due to it not being agendaized, but promised they would be in contact with possible options.

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

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

March 22, 2018

Mr. Brown moved to approve the agenda for the March 22, 2018, District Board of Health regular meeting. Dr. Novak seconded the motion which was approved five in favor and none against.

Chair Jung informed that former Councilwoman Sferrazza was present at this meeting.

#### **5. Recognitions**

##### **A. Promotions**

- i. Matthew Christensen, EHS Trainee to Environmental Health Specialist, 2/8/2018 - EHS
- ii. Michael Touhey, EHS Trainee to Environmental Health Specialist, 2/8/2018 - EHS

Mr. Dick informed that Mr. Christensen and Mr. Touhey were not able to be present at this meeting as they were attending a required training, but that they were among the group of Environmental Health Specialist Trainees that passed their REHS Examination last July. He stated that he and the Environmental Health Services Division were very proud of this group and congratulated both Mr. Christensen and Touhey on their promotion.

##### **B. Shining Star**

- i. Carmen Mendoza – EPHP

Mr. Dick informed that the County has established an Employee Recognition Program called Shining Star, and that employees can be nominated by either members of the public or other employees for excellent customer service.

Mr. Dick stated that this program had been in force for a few months, and that Ms. Mendoza has now received five Shining Star Nominations. He informed that, when an employee receives three nominations, the County Manager signs a certificate and the employee is recognized by the Board of County Commissioners.

Mr. Dick stated he wanted to make sure the District Board of Health had an opportunity to recognize Ms. Mendoza. He explained that she came from the CCHS WIC Program to the EPHP Vital Records Program and has been very successful there. He informed that Ms. Mendoza has advanced to lead of the Vital Records Program, and that two other employees on her team have also received two Shining Star nominations each.

Mr. Dick opined that Ms. Mendoza has steered this Program in a positive direction, especially in light of the difficult nature of the service provided and legal guidelines which can prevent the client from being able to obtain the documents they request. He stated that he was very proud of Ms. Mendoza.

Chair Jung congratulated Ms. Mendoza and stated the source of the most complaints she had received in the past were from clients of the Vitals Program who were unable to get the death or birth certificate they needed. She informed she has not received one phone call or email since Ms. Mendoza became the lead in that program, and thanked her for transforming that Program through excellent customer service within legal parameters.

Dr. Novak expressed he was glad Ms. Mendoza is the Health District's Shining Star.

## **6. Proclamations**

### National Stop the Bleed Day Proclamation

Mr. Dick read the Proclamation which designates March 31, 2018 as National Stop the Bleed Day in Washoe County, Nevada, and presented the Proclamation Certificate to Ms. Conti.

Mr. Delgado arrived at 1:13 p.m.

Ms. Conti thanked the District Board of Health (DBOH) for acknowledging March 31<sup>st</sup> as National Stop the Bleed Day. She stated that Washoe County is very proud to be part of this national movement and that REMSA is providing the trainings that have begun here at the Health District and in the community. She informed that REMSA penalty dollars for this coming fiscal year would be used to pay for future classes for County employees.

Ms. Conti informed that Mr. Shipman has been instrumental in the placement of bleed control kits throughout the County complex. She stated that there is more to do, but that the efforts have begun and that all those involved appreciate the Board for accepting the Proclamation.

Chair Jung encouraged the Board Members to go through the training and stated that she intends to do so. She stressed the importance of knowing how to stop bleeding to allow medical responders time to help the patient upon arrival. She opined it to be very powerful knowledge to have.

Chair Jung opined it is great policy to use the REMSA penalty funds for employee development in such an important way.

## **7. 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

- i. February 22, 2018

### B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,999 (no match required) for the period March 29, 2018 through March 28, 2019 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO# 11238 and authorize the District Health Officer to execute the Notice of Subgrant Award.

Staff Representative: Nancy Kerns Cummins

- C. Acceptance of the 2017 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.  
Staff Representative: Jim English
- D. Acceptance of the 2017 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Air Quality Management Division.  
Staff Representative: Charlene Albee
- E. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$1,432.16, to attend the NALBOH Board Meeting in Atlanta, GA, April 17-20, 2018.  
Staff Representative: Kevin Dick
- F. Recommendation for the Board to approve the commitment to support the Wildland Fire Air Quality Response Program, including training, certification, and deployment of Julie Hunter, Senior Air Quality Specialist, as an Air Resource Advisor.  
Staff Representative: Charlene Albee
- G. Acceptance of 2018 Washoe County Chronic Disease Report Card.  
Presented by: Stephanie Chen
- H. Acknowledge receipt of the Health Fund Financial Review for February, Fiscal Year 2018  
Staff Representative: Anna Heenan

Chair Jung noted that the Board has included in their approval of the Consent Items the reimbursement for training expenses for Ms. Hunter, Senior Air Quality Specialist, for instruction in the Wildland Fire Air Quality Response Program. She informed that Ms. Hunter would respond to regional fires to study the effects on air quality and advise local responders. Chair Jung stated, that although Ms. Hunter would be taking her expertise into other regions at times, her instruction will improve air quality overall.

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

**8. \*Presentation from REMSA Board Member Representing the Accounting Profession**  
Presented by: Tim Nelson

In honor of Chair Jung's request, Mr. Nelson and many of the Board, staff and attendees were wearing Wolf Pack attire in support of the local team reaching the Sweet 16 playoffs. Mr. Nelson stated, as a third-generation Nevadan and a University of Nevada Reno alum, he couldn't pass up the chance to show UNR colors.

Mr. Nelson introduced himself as the Accounting Appointee of the District Board of Health for REMSA Board of Directors and that he had been appointed by this Board in January of 2015.

Mr. Nelson informed he was proud to say that the financials are currently in a different state compared to what they were in 2015. He stated that REMSA had submitted their annual audited financials to the DBOH approximately two months ago, and detailed their status to the Board.

Mr. Nelson informed that, for the year ended June 30, 2017, REMSA had revenue of just over \$50M and net of about \$200,000. He stated that they had continued to reduce their debt over the last fiscal year by \$1.9M, not including a \$2.1M increase in capital expenditures for the years. During his tenure on the REMSA Board, he explained they have paid down about

\$4.5M in debt as of June 30, 2017, with a debt to asset ratio of approximately 30%.

Although these statistics show REMSA to be in a healthier state financially than it had been three years ago, Mr. Nelson stated they continue to find ways to make their operation more efficient and more profitable while improving their aging infrastructure, such as the replacement of all of their monitors at the cost of \$1.2M.

Mr. Nelson stated that he could not be more pleased with the REMSA Board's progress and of the clarity in communication that they strive to maintain with the DBOH and other community partners.

Mr. Nelson stated he would be happy to answer the Board's questions.

Chair Jung thanked Mr. Nelson for his service, and inquired to what would he attribute their ability to pay down debt and improve their debt to asset ratio.

Mr. Nelson opined that it is the combination of the leadership of Mr. Dow, REMSA President and CEO, and to the change in management's focus to address issues that had been unattended previously.

Chair Jung expressed appreciation for these outcomes, and stated that she had been concerned by REMSA's less stable status previously due to the District Board of Health's responsibility to assume REMSA's debt if required. She stated that it was especially concerning that the instability coincided with a recession and placed the DBOH and County in a precarious position.

Chair Jung thanked District Attorney Admirand for her work in clarifying the liabilities and how to proceed to improve the situation. She also stressed that that Mr. Dow has been instrumental in the District Board of Health's greatly improved relationship with REMSA and is a true partner and an asset to the community.

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

Presented by: Dean Dow

### **A. Review and Acceptance of the REMSA Operations Report for February, 2018**

Mr. Dow stated that he would be happy to answer any questions the Board might have.

Chair Jung noted that there was no Public Relations report for this month due to a timing issue, but that it would be presented at the April DBOH Meeting.

Mr. Dahir inquired what might have caused the drop in positive surveys in October 2017. Mr. Dow indicated that there has been a historic ebb and flow to the ratings, and that billing related issues tend to be the subject of less positive comments.

Dr. Novak noted that every category that month had been rated lower that month, which was highly unusual.

Chair Jung requested Mr. Dow to determine if the October drop in ratings was statistically significant and email his findings to the District Health Officer.

**Mr. Brown moved to accept the REMSA Operations Report for February, 2018. Dr. Novak seconded the motion which was approved six in favor and none against.**

## **10. Review and Possible Acceptance of the 2017 Community Health Improvement Plan Annual Report – (For possible action)**

Staff Representative: Catrina Peters

Ms. Peters informed that there are three main steps in the Community Health Improvement Planning process; the first is the Community Health Needs Assessment (CHNA). She informed that Ms. Kerwin had presented the most recent CHNA to the Board, and that it utilizes primary and secondary data to identify needs of the community.

Ms. Peters detailed the second step as, once the needs are identified, to then identify the

priorities and engage the community in the formation of an action plan to address those priorities. The third step is writing up the action plan which is the Community Health Improvement Plan (CHIP).

Ms. Peters informed that the first Community Health Improvement Plan, the 2016-2018 CHIP, was published in January 2016.

Ms. Peters stated that her report today would be of the progress made in calendar year 2017, the second year of the inaugural CHIP. She informed that the 2017 CHIP Annual Report included in the DBOH Member's packets details all progress in meeting the objectives.

Ms. Peters informed that the CHIP has four main Priority areas. They are Access to Healthcare and Social Services, Behavioral Health, Education and Food Security. She stated that under each of those Priority areas there are very specific Goals, Objectives and Strategies to achieve the desired Outcomes.

Some accomplishments highlighted by Ms. Peters were around benefits provided to the community in 2017 with the collaboration of such partners as Community Health Alliance and Hopes of Northern Nevada.

Under the Behavioral Health Priority, the Youth Risk Behavior Survey that is administered to middle and high school students on odd years has just been completed and shows improvements across many of the self-reported categories for substance use and abuse. Ms. Peters informed that, although there is an increase in the awareness of behavioral health challenges, there are substantial issues in meeting those needs due to lack of providers and inpatient beds, and funding for treatment.

Within the Education Priority, Ms. Peters wanted to recognize the work of Communities In Schools who provide many services for youth identified as homeless. She informed that of the youth they work with, there has been a 23% higher graduation rate compared to the School District's rate for that population.

In the Food Security Program, Ms. Peters highlighted the efforts from partners Collaborating for Communities (C4C), and the program called Prescription Pantry. She informed Prescription Pantry was established by the combined efforts of healthcare providers such as Renown, Urban Roots and Food Bank of Northern Nevada, to provide for food insecure patients as determined during a primary care visit. Ms. Peters reported that food insecurity rates continue to drop in our community, but there is more work to be done.

Ms. Peters stated that the challenges encountered during the CHIP process provided a learning opportunity, such as those involving data that had no like source to measure against to determine progress. Another challenge was that the frequency of some data didn't match well with the annual reporting format.

Ms. Peters explained that the 2016-2018 CHIP had over sixty Objectives, making it challenging to collect data and monitor progress on each one.

Ms. Peters informed that the cycle has begun again with the new Community Health Needs Assessment (CHNA), published in January 2018 and recently shared with the DBOH by Ms. Kerwin who authored the document. She explained that the CHNA will be used to develop the new CHIP through Truckee Meadows Healthy Communities (TMHC). She stressed that the CHNA is a great resource for the community to use as a data source for grants or proposals. The link to the 2018-2020 Community Health Needs Assessment is below.

[https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA\\_FINAL.pdf](https://www.washoecounty.us/health/files/data-publications-reports/2018-2020%20CHNA_FINAL.pdf)

Dr. Novak congratulated Ms. Peters on the excellent report and thanked her for her hard

work.

Chair Jung opined it wonderful that the Health District is the repository for true and current data and that the Washoe County Health District, under the leadership of Mr. Dick, District Health Officer, has taken on a larger role in the overall health of the community.

Regarding the question regarding food insecurity asked at primary care visits, Chair Jung informed that this initiative had been suggested by the Federal Reserve Bank who visited from San Francisco during the development of the initial CHNA. She stated it is her understanding that patients are being asked this question during visits at the Health District, as well.

Mr. Delgado inquired of Ms. Peters what the Priorities of the CHIP are. Ms. Peters informed that the Priorities identified thus far are Behavioral Health, Housing, Nutrition and Physical Activity.

Chair Jung interjected that the Community Health Alliance is strongly promoting good nutrition with their 5-2-1-0 initiative, which is five servings of fruits and vegetables, no more than two hours of screen time, one hour of physical activity and zero sugary drinks per day.

Mr. Delgado inquired if Renown's amount of contribution as part of their Community Benefit Plan is known toward support of these Priorities in the community.

Mr. Dick replied that he didn't have a figure for what Renown will contribute toward those efforts.

Chair Jung requested that information to be brought back to the DBOH.

**Dr. Hess moved to accept the 2017 Community Health Improvement Plan Annual Report. Mr. Delgado seconded the motion which was approved six in favor and none against.**

Mr. Dahir inquired how to obtain a copy of the 2018-2020 Community Health Needs Assessment. Mr. Dick informed that a pdf version had been sent, but a hard copy could be printed if he would like.

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

Staff Representative: Leslie Admirand

Ms. Admirand informed that Section 7.C of the Interlocal Agreement (ILA) requires the District Board of Health to review the terms of the Agreement annually. She informed that this item had been continued from the February 22, 2018 DBOH Meeting, that the copy of the ILA hadn't been included in this packet but had been included in the February packet, and that there had been no changes to the agreement since 1993.

Ms. Admirand stated that she wanted to make sure the Board Members had been able to review the Agreement, and if so, had nothing else to add to her report.

**Mr. Brown moved to accept the ILA in its current form. Dr. Novak seconded the motion which was approved six in favor and none against.**

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

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

Ms. Albee wished to inform the Board of an email she received that morning as an

Executive Officer of the National Association of Clean Air Agencies (NACAA) concerning the release of the Federal Budget Omnibus Bill which was released on March 21, 2018. She stated that NACAA legal staff at the Executive Director's Office reviewed the bill for items pertaining to Air Quality.

Ms. Albee informed of their findings on the Budget which proposed level funding to FY17 enacted funding for all state and local Air Quality Programs, with the exception of funding increases in the Diesel Emission Reduction Act and the State Multi-Purpose Grants.

Ms. Albee explained that the rider on the bill to postpone the 2015 Ozone Ambient Air Quality Standard had been removed and there are no impacts to those Standards. She informed that Washoe County's designation as attaining the Ozone Standard should be finalized in April 2018 with a publication in the Federal Register.

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

Divisional Update – World TB, Insurance Contracts, UNR Students, 2018 Washoe County Chronic Disease Report Card, Data & Metrics; Program Reports

Mr. Kutz stated that Ms. Chen would be presenting the Washoe County Chronic Disease Report Card. He informed that Ms. Chen is one of CCHS' newest Chronic Disease Health Educators and informed she had led this project.

Ms. Chen presented highlights of the 2018 Chronic Disease Report Card to the DBOH. She informed that out of the fifteen leading causes of death for Washoe County and Nevada residents in 2016, approximately half are attributed to chronic disease. She explained that chronic diseases are linked to modifiable risk factors of poor nutrition, physical inactivity and tobacco use and exposure.

Ms. Chen detailed the Report Card statistics and informed on the programs implemented by the CCHS Chronic Disease Program in collaboration with community partners to address the causes of chronic disease.

One program, the Wolf Pack Coaches Challenge, helps promote nutrition and physical activity and can be implemented at the elementary school level.

Regarding products for smoking use, Ms. Chen informed that e-cigarette use is more prevalent in youth than cigarettes. She informed that the Program continues to educate on the facts and dangers of these products, and works to create more smoke-free environments in Washoe County.

Ms. Chen informed that the Chronic Disease Program works with statewide partners on steps to achieve the Tobacco 21 initiative which would increase the age to purchase tobacco from 18 to 21.

Ms. Chen stated that a survey was administered to assess variables that would attract or deter park utilization, and through that survey were able to obtain grant funds to share survey findings with community stakeholders to increase park utilization.

Mr. Delgado thanked Ms. Chen for a great job on the report. He inquired about the youth overweight statistics and how the Wolf Pack Coaches Challenge program was being funded. Ms. Chen informed that it was paid for by grant funding, and that the Washoe County School District and UNR Athletics help run that program.

Mr. Delgado inquired how long the grant funding will last and which schools were selected for that program. Ms. Chen informed that Title 1 Schools are the main focus for the program because of the higher rate of obesity in those lower income schools, but that it is open to all schools.

Dr. Novak inquired why statistics for Washoe County and Nevada are so much higher than the national average for e-cigarette smoking. Ms. Chen opined it may be due to a

culture of acceptance of smoking, possibly related to the casino smoking environment.

Chair Jung inquired if this information was self-reported. Ms. Chen informed that the data comes from the Youth Risk Behavior Survey which is self-reported. Chair Jung opined that the culture of the State may have something to do with the honesty in which the youth responded to the survey.

Dr. Hess agreed there could be truth in Chair Jung's statement.

Mr. Dahir opined it interesting that the statistics for possibility of heart failure were lower in Washoe County than the rest of the state.

Chair Jung thanked Ms. Chen for her report and that she was glad Ms. Chen has come to the Health District as a Health Educator.

Mr. Delgado stated his understanding is that the State of Nevada was applying for a Family Planning grant. He inquired if Mr. Kutz knew how they would be funding that Program and if there would be impacts to the Health District.

Mr. Kutz informed the Title X application process is open to applicants through May 24, 2018 across the United States and that the Health District is reapplying for that grant. He stated he did not know which other Nevada entities would be applying.

Mr. Delgado stated the application process would be different this year, according to information he'd received, such as alignment with primary care physicians. He opined that there may be implications to the Health District in that it could be more competitive and difficult to receive Title X funding.

Mr. Kutz stated that it was an open, competitive process in the past as it is now. He informed changes on the application include types of information required, such as various methods of contraception. Mr. Kutz stated that CCHS staff would write the best application possible and fund positions with the money that is granted to the Program.

Chair Jung informed that there has been competition for Title X funding throughout its inception, and that the scope and quality of work at the Health District make it a Program that is able to be supported by the administration.

Mr. Kutz agreed, stating that the CCHS Family Planning Program has been successful for many decades and that a full audit two years ago showed no significant findings and only a few minor items. He stated CCHS is very proud of their top notch Program Clinicians and Management and look forward to the application process.

Chair Jung thanked Mr. Kutz and asked for him to inform the Board if they could be of support.

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

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

Mr. Westom stated that they have been working to improve the monthly report to the Board. He stated there was nothing particular to highlight to the Board, but that he was available to answer any questions.

Mr. Dahir inquired if EHS had the staff they need to manage the workload of an increasing population. Mr. Westom informed there had been a waiver reinstated for TMWA to review water projects less than five hundred feet in length which provided relief to EHS staff in the number of plans to review.

Mr. Westom stated there is a high rate of development now which results in plan review time that is longer than he is comfortable with. He informed that they are working to reduce process time by temporarily diverting staff from other programs to review plans, and that the City of Reno is now delivering plans to EHS vs. EHS staff

having to courier those plans, which saves time.

Mr. Westom informed there is a daily effort to devise ways to streamline the process further, and that they currently have sufficient staff to meet workload requirements.

Mr. Dahir thanked Mr. Westom for his work.

Dr. Novak requested Mr. Westom add a column to each graph in his monthly reports for 2017 end-of-year numbers to allow comparison. Mr. Westom agreed to do so.

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

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

Dr. Todd provided an update to the influenza data contained in his report for the week ending March 17, 2018 (CDC Week 11). He informed that twelve participating sentinel providers reported a total of 154 patients with influenza-like-illness (ILI), with the percentage of persons seen with ILI by those providers being 2.1% which was lower than the regional baseline of 2.4%.

Dr. Todd informed that during the previous week (CDC Week 10), the percentage of visits to U.S. sentinel providers due to ILI was 3.3%, which is above the national baseline of 2.2%. He stated that, on a regional level, the percentage of outpatient visits for ILI ranged from 1.9% to 4.9%.

Dr. Todd reported that eight death certificates were received for Week 11 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for Week 11 was 103, reflecting a P&I ratio of 7.8%. He stated that the total P&I deaths registered to date in Washoe County for the 2017-2018 influenza surveillance season is 208, or 8.8%.

Dr. Todd summarized by informing there has been 5,167 laboratory-confirmed cases in this flu season, 498 hospitalizations, 80 ICU admissions and 23 deaths. These numbers far exceed those of previous years.

Dr. Hess inquired of the persons who were hospitalized or have perished from ILI, how many of those were vaccinated. Dr. Todd informed the dominant strain of influenza for much of this season was H3N2 for which the vaccine was not very effective and results in a severe flu season.

Dr. Novak inquired if the vaccination rate declined in Washoe County or if the increase in the number of ILI cases was related to the effectiveness of the vaccine. Dr. Todd informed that, in four of the past five years, Nevada has had the lowest rate for immunization against the flu nationwide, and in the one year that it was not the lowest, it was second to the lowest.

Dr. Todd informed that there is still a widespread misconception that the flu shot can cause the flu, which he stressed is completely inaccurate as there is no live virus in the serum. Another misconception people have is that they only get the flu in the years they received the inoculation. Dr. Todd informed that it's important to know that the flu shot takes a couple of weeks to become fully effective and so a person could become infected during that time.

Dr. Todd informed that canine flu is becoming a more significant problem and that there are two strains of this influenza, the most recent type to be seen in the area is also called H3N2. He stated it is not the same H3N2 as humans are getting, but there is a concern that they are similar enough that humans could become susceptible in the future. Dr. Todd informed that the length of time for the flu shot to become fully effective for canines is three weeks.

Dr. Novak inquired if the information in Dr. Todd's report concerning carbapenemase was the second case reported in the area. Dr. Todd informed that there have been a number of carbapenemase producing organisms, so it isn't the second, just the latest.

Mr. Delgado inquired if the number of persons receiving the flu shot has increased at all year to year, and Dr. Todd informed that is difficult data to obtain due to the fact that the administering of a flu shot is not a reportable event to local public health districts. Dr. Todd stated that they rely heavily on national data, which is difficult to use to focus on a specific area, and informed that he also did not know if there is a difference between Northern and Southern Nevada statistics.

Chair Jung stressed the importance of the Health District and community partners promoting inoculation against the flu in the next season, and opined that local hospitals and clinics should help fund the informational campaign to educate and encourage citizens to get their flu shot. She stated the reason for this is not only because it is the Health District's responsibility to protect the health of its citizens, but that the County is responsible for the cost of indigent care which makes it critical to reduce the numbers affected by the flu as it directly affects the ability to fund other needed programs.

Mr. Kutz informed that CCHS works with Immunize Nevada, as Mr. Delgado had mentioned, which is a statewide non-profit organization. He stated they have extensive flu campaigns funded by large federal grants, and that CCHS partners with them to provide the school located vaccination clinics. He informed he would speak with Ms. Heidi Parker, Executive Director of Immunize Nevada, to check her availability to speak to the Board on their program, possibly as early as the April District Board of Health Meeting.

Dr. Todd added that there were more interviews from the television stations and printed media this flu season than in prior years.

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

District Health Officer Report – FY19 Budget, Public Health Accreditation, Quality Improvement, 2016-2018 Community Health Improvement Plan, Truckee Meadows Healthy Communities, Workforce Development, Water Projects, Washoe Regional Behavioral Health Policy Board, Statewide Partnership on the Opioid Crisis Working Group, County Health Rankings, Other Events and Activities and Health District Media Contacts.

Mr. Dick informed that one of the requirements for the Interlocal Agreement is for the District Health Officer and staff to meet annually with the City and County Managers and report back to the Board on those meetings regarding the Health District budget.

Mr. Dick stated that he and staff had met on March 1, 2018, with City Managers Newby and Driscoll, and Assistant County Manager Solaro who attended in County Manager Slaughter's absence. He informed that the budget was explained to the group; it was well received and they appreciated the sound financial position of the Health District.

Mr. Dick informed that Manager Driscoll inquired why the Health District was pursuing Accreditation, and that he and staff had explained its benefit to the Health District both for improving the quality of its programs and for future ability to access grant funds.

Manager Newby inquired about the number of FTEs being added in the budget. Mr. Dick informed that one of the 3.9 FTEs is the Environmental Health Specialist, whose position is contingent on an agreement with the City of Reno to provide \$150,000 from their Enterprise Fund to support that position. He stated that Manager Newby confirmed that the City of Reno is working on that agreement to provide support.

Manager Newby also inquired about the above base request for \$192,750 for mosquito abatement and how it compared to the amount of the base budget. Mr. Dick informed that the base budget is \$235,000 for mosquito abatement, and the above base amount would allow for the treatment of the additional 1,000 acres of standing water remaining from last flood season.

Manager Driscoll inquired regarding the level of the cost of living (COLA) increase and that of the OPEB benefits incorporated into the budget. Mr. Dick informed that the COLA was 2.5% and the amount of the OPEB contribution was determined by Washoe County.

Mr. Dick informed that Mr. Kutz explained the billing successes and the reason for the Billing Specialist for third party payment, and Ms. Albee spoke to the success of the Ozone Advance Program that helped Washoe County retain designation as attaining the Ozone Standard.

Mr. Dick highlighted the continuing work to compile the necessary documents for Accreditation. He stated that Ms. Peters and Ms. Hilliard traveled to Washington D.C. last month for the Public Health Accreditation Board (PHAB) training and found it very beneficial.

Mr. Dick informed that the Health District was assigned an Account Manager through PHAB, an Accreditation Specialist located in Las Vegas. He explained the Health District is provided with an opportunity to submit a limited amount of documents for her review and provide feedback as to whether they fall within the parameters of conformity.

Mr. Dick stated the Health District continues to coordinate with TMWA on water project plan review processes. He informed of a joint meeting with the Associated General Contractors (AGC) on Tuesday, March 20<sup>th</sup>, to provide them with an update on water project progress in regards to the waiver that was reinstated at the beginning of December.

Mr. Dick informed that proposed revisions to the NAC Regulations are being submitted by the Nevada Division of Environmental Protection (NDEP). He stated that these proposed revisions came from the efforts of a workgroup comprised of Washoe and Clark counties, rural counties, TMWA and the Health District. Mr. Dick expressed hope that this will continue to move forward for adoption by the State Environmental Commission, as some of the revisions will eliminate a few of the key issues with separations in a manner that is protective of public health.

Mr. Dick informed that one of the main complaints heard at a recent meeting with AGC was in regards to phasing of water projects which is not a role of the Health District. Mr. Dick opined that TMWA has good reasons for their procedure, and they will discuss their procedure and any concerns related to them at the next meeting with AGC.

Mr. Dick informed that NDEP is still working on an Interlocal Agreement that would be established between the NDEP, the Health District and TMWA. This agreement would provide for less review of each water project on the part of the Health District and provide for another mechanism for oversight of TMWA by the Health District. He informed that effort was delayed somewhat due to the time constraints in getting the NAC revisions submitted to the Legislative Council Bureau, but now work can be resumed on this initiative.

Regarding the County Health Rankings presented on March 14<sup>th</sup>, Mr. Dick informed that Washoe County dropped from fourth to ninth for Health Outcomes, which is the measure of premature death rates and quality of life. He noted that some of the surveys

for quality of life were self-reported, and that more poor physical and mental health days in the previous thirty days had been reported.

Mr. Dick informed that this data from 2016, and the self-reported poor mental health days had increased from four to 4.6. He stated the cause of this increase is not known, but it can be speculated that the stress could be related to housing issues that affect a large portion of our population. He noted that it also was an election year, which may have contributed to the stress.

Mr. Dahir inquired about the opioid portion of Mr. Dick's monthly report. He informed that he had been in Washington D.C. last week and had heard conversations regarding funding that could potentially be available to the Health District, and wanted to be assured that these funds would be accessed, if possible.

Mr. Dahir requested information on programs and funding the Health District has in place, including any funding that may be coming from federal sources, to mitigate the opioid crisis.

Chair Jung informed that Mr. Dick, Medical Examiner Knight, and she were appointed by the Governor to the Attorney General's Opioid Working Group, and convened March 8<sup>th</sup> on measures for opioid mitigation and funding sources. She opined there will be no federal funding to support local efforts, but that opportunities for funding will not be overlooked.

Chair Jung informed that the opioid data in this state is seriously flawed because only two counties have Medical Examiners. She informed that the other fifteen counties utilize their Sheriffs as Coroners who inform on the cause of death in their jurisdictions.

Chair Jung informed there is a cost of \$3,000 to the county submitting a body for autopsy to determine cause of death sent either to Clark or Washoe County. Due to that cost, there are not many that are received for accurate determination of cause of death.

Chair Jung informed of her proposal to use a portion of the 3% excise tax on marijuana to subsidize a portion of the cost of each autopsy in order to obtain more complete data. Because of this lack of data, Chair Jung informed that Washoe County would not be eligible to qualify for a grant at the federal level.

Chair Jung requested the help of the District Board of Health to assist in promoting this proposal.

### **13. \*Board Comment**

Mr. Delgado spoke of a waiver passed last legislative session that eliminated the five-year wait to become eligible for Medicaid for children who are documented and inquired how that information can be disseminated to constituents.

Mr. Dahir informed that there is an ALS Walk event on May 5<sup>th</sup> at the Marina and invited anyone who wished to join his team. He stated the walk begins at noon and that there are other activities involved. Mr. Dahir stated that Lou Gehrig's disease is debilitating and difficult illness, and welcomed anyone who would like to attend or volunteer for this event.

Chair Jung encouraged the Board Members to consider using the medical services available at the non-profit organizations Community Health Alliance, Northern Nevada Hopes or Restore Smile, because persons with insurance subsidize the care of those without. She informed that Mr. Delgado could provide information if needed on services available at Community Health Alliance.

Chair Jung informed that Mr. Duarte is Chief Executive Officer of Community Health Alliance and serves as Chair of the Behavioral Health Policy Board. The Policy Boards are allowed BDRs, thanks to Senator Ratti. She stated that Mr. Duarte has vast experience in Medicaid and believes that there are ways Medicaid can be used for housing. Chair Jung

opined that he will lead this initiative.

Chair Jung stated she had not forgotten her promise to Mr. Delgado to support production of a 5-2-1-0 Public Service Announcement video regarding the Community Health Alliance program to be broadcast on all governmental channels. She requested Mr. Dick to reach out to Mr. Ulibarri to organize its production in English and Spanish.

#### 14. \*Public Comment

Ms. Brandhorst spoke of difficulties she was having with housing in the community.

#### 15. Adjournment

**Chair Jung adjourned the meeting at 2:41 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  
Downtown Reno Library, 301 S. Center 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	_____	_____
DA	_____	_____
Risk	_____	_____

**STAFF REPORT**  
**BOARD MEETING DATE:** April 26, 2018

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419; [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to April 1, 2018 through March 31, 2019 in the total amount of \$168,597.33 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White Part B Program IO#11479 and 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 April 5, 2018 to support the Ryan White Part B Program. The funding period is retroactive to April 1, 2018 through March 31, 2019. A copy of the Notice of Subgrant Award is attached.

**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 April 26, 2016, the Board approved a Subgrant Award effective April 1, 2016 through March 31, 2017 in the total amount of \$107,327.79 in support of the Community and Clinical Health Services Division (CCHS) Ryan White Early Intervention Services Program.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Ryan White Part B – Early Intervention Services Program

**Scope of the Project:** Funding to support staffing, travel, operating expenses to include advertising and incentives, and indirect expenses

**Benefit to Washoe County Residents:** HIV testing, counseling and referral services to communities of color; linkage to care for people living with HIV in Washoe County.

**On-Going Program Support:** The Health District will apply for continuation funding to support this program.

**Award Amount:** \$168,597.33 (includes \$15,327.03 indirect)

**Grant Period:** April 1, 2018 through March 31, 2019

**Funding Source:** Pharmaceutical Rebates

**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# 16450

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

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

**FISCAL IMPACT**

Should the Board approve this award, the adopted FY18 budget will be increased by \$153,270.30 in the following accounts:

<b>Account Number</b>	<b>Description</b>	<b>Amount of Increase</b>
2002-IO-11479-432100	State Grants	153,270.30
2002-IO-11479-701110	Base Salaries	77,182.50
2002-IO-11479-701130	Pooled Positions	14,686.00
2002-IO-11479-705110	Group Insurance	13,126.88
2002-IO-11479-705210	Retirement	21,611.10
2002-IO-11479-705230	Medicare	1,332.09
2002-IO-11479-705320	Workmens Comp	661.45
2002-IO-11479-705330	Unemployment Comp	73.28
2002-IO-11479-710350	Office Supplies	300.00

Subject: Approve Ryan White Part B Subgrant

Date: April 26, 2018

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2002-IO-11479-710500	Other Expense	4,000.00
2002-IO-11479-710502	Printing	300.00
2002-IO-11479-710512	Auto Expense	545.00
2002-IO-11479-710519	Cellular phone	480.00
2002-IO-11479-710546	Advertising	6,000.00
2002-IO-11479-710721	Outpatient	9,708.00
2002-IO-11479-711210	Travel	3,264.00

### **RECOMMENDATION**

It is recommended that the District Board of Health approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to April 1, 2018 through March 31, 2019 in the total amount of \$168,597.33 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White Part B Program IO#11479 and 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 approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to April 1, 2018 through March 31, 2019 in the total amount of \$168,597.33 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White Part B Program IO#11479 and authorize the District Health Officer to execute the Subgrant Award."



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

State of Nevada  
Department of Health and Human Services

**Division of Public & Behavioral  
Health**

(hereinafter referred to as the Division)

HD #: **16450**

Budget Account: 3215

Category: 24

GL: 8516

Job Number: REBATE18

**NOTICE OF SUBGRANT AWARD**

<b>Program Name:</b> Ryan White HIV/AIDS Program – Part B Bureau of Behavioral Health, Wellness and Prevention	<b>Subgrantee Name:</b> Washoe County Health District (WCHD) Kevin Dick, District Health Officer (775) 328-2400
<b>Address:</b> 4126 Technology Way, Suite 200 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. Ninth Street, Building B Reno, NV 89512
<b>Subgrant Period:</b> April 1, 2018 through March 31, 2019	<b>Subgrantee's:</b> EIN: <b>88-6000138</b> Vendor #: <b>T40283400</b> Dun & Bradstreet: <b>073786998</b>

**Purpose of Award:** Early Intervention Services (EIS)

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

**Approved Budget Categories:**

1. Personnel	\$	<b>128,673.30</b>
2. Travel	\$	<b>3,809.00</b>
3. Supplies	\$	<b>600.00</b>
4. Contractual/Consultant	\$	<b>0.00</b>
5. Training	\$	<b>0.00</b>
6. Other	\$	<b>20,188.00</b>
7. Indirect/Administrative		<b>15,327.03</b>
<b>Total Cost:</b>	<b>\$</b>	<b>168,597.33</b>

**Disbursement of funds will be as follows:**

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$168,597.33** during the subgrant period.

<b>Source of Funds:</b>	<b>%Funds:</b>	<b>CFDA:</b>	<b>FAIN:</b>	<b>Federal Grant #:</b>
1. Pharmaceutical Rebates	100%	N/A	N/A	N/A

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

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

**Incorporated Documents:**

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

Kevin Dick District Health Officer	Signature	Date
Tory Johnson, MMgt Program Manager, OHA		
Kyle Devine, MSW Bureau Chief, BHWP		
for Julie Kotchevar, Ph.D. Administrator, Division of Public & Behavioral Health		

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

**SECTION A**

**Assurances**

As a condition of receiving sub granted 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

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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.

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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**SECTION B**

**Description of Services, Scope of Work and Deliverables**

**Washoe County Health District  
EIS Services Work Plan**

*To identify, link, and retain people living with HIV/AIDS to HIV care services in Washoe County*

<b>Estimated number of unique clients to be served:</b> 500 clients	<b>Estimated number of service units (activities) to be provided:</b> HIV Testing: 400 units Newly Identified Cases: 10 OOC Clients: 100 Total Estimated Service Units: 625
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**Goal 1: Identify newly diagnosed people living with HIV through targeted HIV testing among communities of color in Washoe County and link them into HIV care services.**

<b>Outcome Objective 1.1:</b> By March 30, 2019, Rapid HIV testing will be offered to at least 500 people through offsite events targeting communities of color.		
<b>Activities</b>	<b>Date due by</b>	<b>Documentation</b>
1. Identify partners within communities of color to provide locations and support for HIV testing.	June 30, 2018 and ongoing	<ul style="list-style-type: none"> <li>• Meeting minutes</li> <li>• # community partners contacted per priority population</li> <li>• # community partners engaged in project through hosting/assisting with HIV testing event</li> </ul>
2. Develop, receive approvals, and publish social media and advertising to promote HIV testing among people of color.	May 1, 2018 and ongoing	<ul style="list-style-type: none"> <li>• Approved ads, social media postings</li> <li>• Listing of media outlets</li> <li>• Proof of publishing</li> <li>• # media posts, impressions</li> </ul>
3. Provide Rapid HIV testing at identified, non-clinical, new or not-currently utilized sites, identified by community partners as sites where high-risk, people of color are known to congregate. Maintain documentation to track Rapid HIV tests separately by funder, i.e., HRSA versus CDC funded tests.	March 31, 2019	<ul style="list-style-type: none"> <li>• Client testing record</li> <li>• Tracking of testing sites</li> <li>• Tracking of number of tests provided at each site</li> <li>• Tracking of HIV tests</li> </ul>
4. Offer referrals for medical and supportive services to individuals contacted through testing events.	March 31, 2019	<ul style="list-style-type: none"> <li>• Client testing record</li> <li>• Community referral tracking</li> <li>• CAREWare</li> <li>• RW Client form/tracking</li> </ul>

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5. Provide incentives (i.e. gift cards with appropriate restrictions, gas cards) to high-risk priority populations within communities of color to participate in HIV testing	Ongoing	<ul style="list-style-type: none"> <li>Client incentive inventory and tracking per WCHD Incentive Policy</li> </ul>
6. Conduct community survey (n =50) assessing knowledge, attitude, and beliefs regarding HIV testing in communities of color	June 30, 2018	<ul style="list-style-type: none"> <li>Client surveys</li> <li>Location listing where surveys were administered</li> </ul>
7. Track HIV testing data in EvaluationWeb. Identified HIV positive individuals will also be entered in CAREWare.	March 31, 2019	<ul style="list-style-type: none"> <li>EvaluationWeb</li> <li>CAREWare</li> </ul>

**Evaluation:**

***Performance Measures:***

- # community partners contacted
- # engaged community partners
- # testing sites
- # testing events
- # people tested
- # positive test results
- Client demographic and risk data
- # Media Outlets
- # Ads, posts, impressions
- Community surveys

***Monitoring & Quality Assurance:***

- Review of efforts with community partners
- Review and analysis of community survey results to drive site selection, community knowledge, attitude and beliefs
- Identify quality improvement projects and implement
- Weekly review of measures documented in SHP tracking spreadsheet at team meetings

**Outcome Objective 1.2:** By March 30, 2019, at least 90% of PLWH identified through HIV testing events in communities of color will be linked to HIV care services.

<b>Activities</b>	<b>Date due by</b>	<b>Documentation</b>
1. Link newly identified HIV cases to HIV care.	March 31, 2019	<ul style="list-style-type: none"> <li>Client testing record</li> <li>Client chart</li> <li>Tracking spreadsheet</li> <li>CAREWare</li> </ul>
2. Identify previously diagnosed HIV positive individuals that are out of HIV care through these testing events and link them into HIV care.	March 31, 2019	<ul style="list-style-type: none"> <li>Client chart</li> <li>eHARS</li> <li>RW Client form/tracking</li> </ul>

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		<ul style="list-style-type: none"> <li>• CAREWare</li> </ul>
3. Follow lab and care appointment in eHARS and with HIV care provider to ensure follow up	Ongoing	<ul style="list-style-type: none"> <li>• eHARS</li> <li>• CAREWare</li> </ul>
4. Make contact with client and care provider if appointments are missed or there is a gap in lab activity.	Ongoing	<ul style="list-style-type: none"> <li>• Client chart</li> <li>• eHARS</li> <li>• RW Client form/tracking</li> <li>• CAREWare</li> </ul>
<b>Evaluation:</b> <b>Performance Measures:</b> <ul style="list-style-type: none"> <li>• # positive test results</li> <li>• # HIV cases linked to HIV care</li> </ul> <b>Monitoring &amp; Quality Assurance:</b>		

**Goal 2: Identify people living with HIV in Washoe County that are not engaged in HIV care and work with the client to link, engage, and be retained in HIV care.**

<b>Outcome Objective 2.1:</b> By March 30, 2018, WCHD will identify 100 people living with HIV in Washoe County that are out of HIV care (OOC).		
<b>Activities</b>	<b>Date due by</b>	<b>Documentation</b>
1. Request from the DPBH's HIV Surveillance program and receive eHARS report on PLWH in Washoe County that have not had a lab report in six months and over 1 year	April 30, 2018 and ongoing	<ul style="list-style-type: none"> <li>• eHARS reports</li> </ul>
2. Daily check of Washoe County Detention Center booking report for PLWHA who have been identified as OOC	Ongoing	<ul style="list-style-type: none"> <li>• Daily booking report emails</li> </ul>
3. Review of reported hospital records identifying PLWHA that have been admitted to local hospitals to identify HIV care status	Ongoing	<ul style="list-style-type: none"> <li>• Disease reporting forms</li> <li>• Client hospital records</li> </ul>
4. Review incoming HIV related labs to identify OOC or re-engaged client's HIV care status based on viral load and CD4 activity.	Ongoing	<ul style="list-style-type: none"> <li>• Review of labs through HIV surveillance activities</li> </ul>
5. Collect data on linkage, retention, and engagement activities for each PLWHA identified as OOC	Ongoing	<ul style="list-style-type: none"> <li>• RW Client Form/tracking</li> <li>• CAREWare</li> </ul>
<b>Evaluation:</b> <b>Performance Measures:</b> <ul style="list-style-type: none"> <li>• Establish baseline of OOC clients</li> <li>• # of PLWHA that are OOC</li> <li>• # clients reporting good to excellent service by WCHD staff</li> </ul>		

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***Monitoring & Quality Assurance:***

- Review of RW Client forms (documenting outreach activities) for accuracy and completeness by Program Coordinator
- Clients entered into CAREWare by Program Coordinator
- Identify quality improvement projects and implement
- Weekly review of measures documented in SHP tracking spreadsheet at team meetings

**Outcome Objective 2.2:** By March 30, 2018, at least 90% of PLWH that are identified as not being engaged in HIV care, will be linked to HIV care services.

<b>Activities</b>	<b>Date due by</b>	<b>Documentation</b>
1. Contact clients to determine barriers for accessing HIV care	Ongoing	<ul style="list-style-type: none"> <li>• RW Client Form/tracking</li> </ul>
2. Work through challenges/barriers using a modified case management (ARTAS intervention) focusing on client strengths as a mechanism to work through current strengths	Ongoing	<ul style="list-style-type: none"> <li>• RW Client Form/tracking</li> <li>• CAREWare</li> </ul>
3. Utilize RWPB provider, social services, and supportive service provider partnerships to facilitate referrals and linkages that support clients' engagement to HIV care	Ongoing	<ul style="list-style-type: none"> <li>• RW Client Form/tracking</li> <li>• CAREWare</li> </ul>
4. Review incoming HIV related labs to identify OOC or re-engaged client's HIV care status based on viral load and CD4 activity.	Ongoing	<ul style="list-style-type: none"> <li>• Review of labs through HIV surveillance activities</li> </ul>
5. Collect data on linkage, retention, and engagement activities for each PLWHA identified as OOC	Ongoing	<ul style="list-style-type: none"> <li>• RW Client Form/tracking</li> <li>• CAREWare</li> </ul>

**Evaluation:**

***Performance Measures:***

- # clients referred to RWPB eligibility services
- #of PLWHA that are linked back to HIV care
- # clients completing satisfaction survey
- # clients reporting good to excellent service provided by WCHD staff

***Monitoring & Quality Assurance:***

- Review of RW Client forms (documenting outreach activities) for accuracy and completeness by Program Coordinator
- Outreach cases entered into CAREWare by Program Coordinator
- Identify quality improvement projects and implement
- Weekly review of measures documented in SHP tracking spreadsheet at team meetings

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**Required Deliverables Chart**

<b>Deliverable</b>	<b>Due Date</b>	<b>Reference Section</b> (review for more information)	<b>Responsible Party</b>
Request for Reimbursement (RFR)	No later than fifteen (15) calendar days following the end of the month.	Financial Reporting Requirements	Subrecipient
CAREWare Data Entry	Encounter or service data must be entered within three (3) business days of delivery of client service.	Program Requirements <i>and</i> Reporting Requirements	Subrecipient
Ryan White Services Report (RSR)	Around *February annually.	Reporting Requirements	Subrecipient
Quarterly Report (QR) Submission to Office of HIV/AIDS (OHA)	OHA will send the QR to the Subrecipient each quarter to complete. Submission is due within 10 business days.	Reporting Requirements	Subrecipient
Quality Improvement Project NEW	Within sixty (60) days of the executed sub-award.	Quality Management (QM) Requirements	Subrecipient
Quality Management Plan	Within sixty (60) days of the executed sub-award.	Quality Management (QM) Requirements	Subrecipient
Notify the Office of HIV/AIDS of preexisting websites, social media pages, blogs, etc. and of future marketing plans	No later than one (1) month after the start of the grant year.	Media, Marketing, and Communication Requirements	Subrecipient
Communications and marketing materials pre-approval	No later than ten (10) business days prior to press deadline, printing submission, or display date.	Media, Marketing, and Communication Requirements	Subrecipient

**Program Requirements**

- **Subrecipient** shall provide Core and Support Services to people living with HIV/AIDS regardless of age, race, color, national origin or ethnicity, religion, veteran status, disability, genetic information, sex (including pregnancy), gender, gender identity or gender expression and sexual orientation which services are culturally sensitive, linguistically appropriate and appropriate to patients' functional acuity level.
- **Subrecipient** must establish a system of written procedures through which a client or their representative may present grievances about the operation of services. Upon request, provide advice to such person as to the grievance procedure. Subrecipient shall submit resolved grievances to the Ryan White Part B Grantee staff quarterly by the 15<sup>th</sup> of the month following the end of the quarter.
- **Subrecipient** shall obtain written approval from RWPB prior to making programmatic changes in the scope of the project.

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- **Subrecipient** will utilize the CAREWare system to manage eligible client data, provided by RWPB. Encounter or service data must be entered within three (3) business days of delivery of service to client or if given written permission from the Office of HIV/AIDS all previous month's data must be entered by a mutually agreed upon schedule.
- **Subrecipient** shall ensure that 100% of clients served are eligible and enrolled in RWPB.
- **Subrecipient** shall check eligibility status on 100% of clients prior to the delivery of services.
- **Subrecipient** must work in partnership with all Ryan White HIV/AIDS Program providers, local health authorities or districts, HIV Prevention programs, and Housing Opportunities for Persons with AIDS (HOPWA) funded programs. Upon enrollment each client signs a consent for release of information for all named providers.
- **Subrecipient** shall present to RWPB a copy of the most recent Office of Management and Budget Single Audit in compliance with 2 CFR 200 / 45 CFR 75 and compliance supplement for CFDA 93.917 within three (3) months of start of sub-award period or immediately upon receipt of audit if this sub-award places the agency within the scope of 2 CFR 200 / 45 CFR 75.
  - Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10<sup>th</sup> Street Jefferson, IN 47132 PHONE: (310) 4571551, (800) 2530696 toll free <https://harvester.census.gov/facweb/default.aspx/> and to the Manager of the Nevada Office of HIV/AIDS.
- **Subrecipient** and its employees or subcontractors, if applicable, shall avoid real or perceived conflicts of interest. Furthermore, no employee, agent, consultant, officer, board member, or subcontractor of the Subrecipient should be in a position to obtain a financial interest or benefit from an activity or performance of work. The Subrecipient warrants that it is not now aware of any facts that create a conflict of interest. If the Subrecipient hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to the grantee office. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete description of all relevant circumstances.
- **Subrecipient** shall engage in ethical practices when exercising any functions or responsibilities in connection with the carrying out of the project. As such, the following are specific prohibitions: accepting gifts, favors, employment or economic opportunities from unethical behavior; accessing unwarranted privileges; using confidential information for personal gain; suppressing information for pecuniary interests; and using government resources for personal use.
- **Subrecipient** shall not engage in prohibited "marketing" activities, as defined in 45 CFR 164.508, outlined hereunto, the Subrecipient may not sell protected health information to a business associate or any other third party for that party's own purposes. Moreover, the Subrecipient may not sell lists of clients or enrollees to third parties without obtaining written authorization from the grantee and written authorization from each person on the list each time disclosure is expected to be made. As such, an annual and broad release of information, that does not specifically disclose the sale of client information to a specific entity on a specific occasion, does not constitute a client's consent to the sale of client information for marketing purposes. Further, in accordance with Program Policy No. 12-01, grant funds may not be used for: 1) outreach programs which have HIV prevention education as their exclusive purpose, or 2) broad-scope awareness activities about HIV services that target the general public.
- **Subrecipient** shall not use RWHAP funds to make cash payments to the intended recipients of services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g. food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are allowable as incentives or to provide services to eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are

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cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.

- **Subrecipient** must use RWPB funds in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau (HAB). These policies can be reviewed on the HAB website at <http://hab.hrsa.gov/programgrantsmanagement/policynoticesandprogramletters>.
- **Subrecipient** shall comply with all Federal, State, and local laws, ordinances, rules, and regulations.
- **Subrecipient** shall acknowledge any activities performed under the sub-award that the funding was provided through the Division by Grant No. X07HA00001 from the Health Resources and Services Administration.
- Funds may not be used for the following: purchasing or construction of real property, international travel, HIV test kits, or payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
- Executive Order 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
- This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
- The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L.114113) enacted December 18, 2015, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at \$187,000, effective January 2017. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to subrecipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, 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 HRSA grants and cooperative agreements.
- That fiscal, administrative, quality management, and programmatic site visits will occur no earlier than six months after the execution of the sub-award and no later than 11 months after the execution of the sub-award.

**Reporting Requirements**

- **Subrecipient** will utilize the CAREWare system to manage eligible client data, provided by RWPB. Encounter or service data must be entered within three (3) business days of delivery of service to client or if given written permission from the Office of HIV/AIDS all previous month's data must be entered by a mutually agreed upon schedule.
- **Subrecipient** shall complete and submit to RWPB and/or HRSA all federally mandated program data no later than the due dates specified by RWPB and/or HRSA.
- **Subrecipient** shall submit the following reports to RWPB electronically in the format provided and/or requested by RWPB.  
**Ryan White Part B Quarterly Reports** – After the grant-year quarter has ended, Subrecipients have until the 10<sup>th</sup> of the month, following the close of the quarter, to enter all outstanding CAREWare data. The Quarterly Report will be generated by the State office using the data within

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CAREWare and distributed to providers. Subrecipients are required to submit the completed reports to the Quality Assurance and Evaluation Analyst by the 10<sup>th</sup> business day from the date the report was sent to Subrecipient by email.

**RSR** – This report covers the calendar year from January 1, 2018 – December 31, 2018. HRSA's submission due date for all providers will be expected around \*February of 2019.

\*This date is subject to change pending HRSA's guidelines for the 2018 RSR data submission timeline.

**Quality Management (QM) Requirements**

- **Subrecipient** shall actively engage in at least one Quality Improvement Project at the Subrecipient's agency per grant year. A subrecipient funded by multiple Ryan White Part B funding streams (Part B base, ADAP, Part B Supplemental) may create one Quality Improvement Project to be inclusive of all funding streams. The Subrecipient is responsible to document and monitor the Quality Improvement Project's progress throughout the grant year.
- **Subrecipient** shall encourage their clients to participate in various client opinion sampling opportunities which may include ongoing written client satisfaction surveys, personal onsite interviews or focus groups, and/or needs assessment for the purpose of ongoing or periodic assessment of client needs to improve the quality of care.
- **Subrecipient** shall provide the RWPB with an updated annual Quality Management Plan within sixty (60) days of the executed sub-award.
- **Subrecipient** agrees, pursuant to Health Resources and Services Administration and HIV/AIDS Bureau (HRSA/HAB) and the RWPB Quality Management requirements, to maintain and annually update a written Quality Management Plan. The plan shall integrate culturally relevant, client-centered services as defined and outlined in the RWPB's Quality Management Plan Review Tool and in accordance HAB/HRSA's Clinical Quality Management Policy Clarification Notice (PCN) #15-02. The work plan shall have a planned, systematic process for monitoring, evaluating, improving, and a measurement methodology for the following domains: accessibility of care, appropriateness of care, continuity of care, effectiveness of care, and efficacy of care. Subrecipient shall demonstrate that findings are used to improve access and remove barriers to services; improve capacity to provide services in a timely manner; improve the quality of care provided and the coordination of benefits. The Quality Management Plan will identify the population served, objectives, indicators, performance goals and measurement method for each of the domains listed above.
- **Subrecipient** shall ensure that services are provided in accordance with HIV/AIDS Bureau, Division of State HIV/AIDS Programs, National Monitoring Standards for Ryan White Part B Program, and Fiscal services.
- **Subrecipient** shall provide Quality Management updates in the Ryan White Part B Quarterly Reports and Final Year-End Report.

**Media, Marketing, and Communication Requirements**

- **Subrecipient** shall not engage in broad scope awareness activities or campaigns about HIV services that target the general public. Outreach and marketing activities may be funded provided that they are targeted and contain HIV information with explicit and clear links to health care services and assist to optimize health outcomes.
- **Subrecipient**, within one (1) month of the start of the grant year or no later than one (1) month after the start of the grant year, must notify the Office of HIV/AIDS Marketing Coordinator of any preexisting websites, social media pages, blogs, etc. and of any future marketing plans targeted at Ryan White Part B clientele.
- **Subrecipient** will have their websites, social media pages, blogs, etc. reviewed on a monthly basis and/or without prior notice. Advice and technical assistance to increase engagement will be provided, if necessary.
- **Subrecipient** must target all publications to intended audience, speaking to the Ryan White clientele. Publications must be well-designed, easily readable, without typographical errors, and have a clear plan for distribution. For design and creation assistance, contact the Office of HIV/AIDS Marketing Coordinator.
- **Subrecipient** shall apply the Ryan White All Parts logo to all printed and published marketing materials.
- **Subrecipient** shall identify the source of funding on all products produced by HRSA grant funds:

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- *“This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under X07HA00001-28 (Ryan White Part B Grant) through the Nevada State Division of Public and Behavioral Health Grant Number HD#16450 from the Nevada Office of HIV/AIDS. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, the U.S. Government, nor the Nevada Department of Health and Human Services or any of its subsidiaries.”*
- Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
- **Subrecipient** shall submit for prior approval of *any* Ryan White-funded communications or marketing materials, no later than ten (10) business days prior to press deadline, printing submission, or display date. This includes, but is not limited to: promotional items, advertisements, reprints of current materials, public service announcements, or website/blog/social media posts. Failure to get pre-approval on materials may result in a denial of reimbursement for that item.
- **Subrecipient** must return updated materials with any corrections to the Office of HIV/AIDS Marketing Coordinator no later than three (3) business days after notification.
- **Subrecipient** shall not add/edit/update any Ryan White Part B-funded publications without prior approval of the Marketing Coordinator.
- **Subrecipient** must report anticipated places and quantities of distribution at the time of materials approval.
- **Subrecipient** shall not order and/or distribute materials without final approval. This applies to all new materials and reprints of existing materials, as well as web sites, public service announcements, advertisements, promotional items, and health communications campaigns.

**Outcome Measures**

State of Nevada, Ryan White Part B has adopted and aligned the Subrecipient measured outcomes with national, state, and local initiatives. These initiatives include, but are not limited to:

- Nevada Integrated HIV Prevention and Care Plan 2017-2021
- National HIV/AIDS Strategy for the United States; Updated to 2020

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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 project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under X07HA00001-28. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor HRSA."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number X07HA00001-28 from HRSA.

Subgrantee agrees to adhere to the following budget:

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Category/Item	Detail Description	QTY	Cost Per Unit	Total
<b>Personnel &amp; Fringe</b>				
Health Education Coordinator	Provides project oversight, coordination, and implementation as well as monitoring and evaluation activities. Back up for testing and case finding activities.			
	Base Salary	0.15	\$ 84,550.00	\$ 12,682.50
	47.4% Fringe (health ins, retirement, Medicare, workers comp, unemployment ins)	0.474	\$ 12,682.50	\$ 6,011.51
Public Health Nurse	Provides active case finding for clients that are out of HIV care, links clients to care and performs modified case management to achieve client retention in care.			
	Base Salary	1.00	\$ 64,500.00	\$ 64,500.00
	47.4% Fringe (health ins, retirement, Medicare, workers comp, unemployment ins)	0.474	\$ 64,500.00	\$ 30,573.00
Intermittent/Hourly Registered Nurse	Provides HIV testing to communities of color at non-traditional, non-clinical sites to identify new HIV cases.			
	Base Salary	0.30	\$ 18,420.00	\$ 5,526.00
	1.5% Fringe (Medicare, workers comp, unemployment ins)	0.015	\$ 5,526.00	\$ 82.89
Intermittent/Hourly Health Educator	Provides program planning, implementation, and evaluation to engage and provide HIV testing to communities of color to identify new HIV cases.			
	Base Salary	0.40	\$ 22,900.00	\$ 9,160.00
	1.5% Fringe (Medicare, workers comp, unemployment ins)	0.015	\$ 9,160.00	\$ 137.40
Public Health Nurse Supervisor - IN KIND	Supervision of professional nursing and health education staff. Duties include planning, developing, managing and implementing public health nursing programs.			
	Base Salary		\$ -	\$ -
	Fringe (Medicare, workers comp, unemployment ins)		\$ -	\$ -
<b>Personnel Total:</b>				<b>\$ 128,673.30</b>
<b>Travel</b>				
Auto - mileage reimbursement	Local travel for outreach/offsite testing: 1000 miles @ \$0.545 per mile	1000.00	\$ 0.545	\$ 545.00
In-State Travel	NV Conference for HIV Prevention & Care (Las Vegas) for 3 staff. Travel will be consistent with GSA and State Travel Rules	3.00	\$ 1,088.00	\$ 3,264.00
<b>Travel Total:</b>				<b>\$ 3,809.00</b>
<b>Equipment</b>				
-	-	-	-	-
<b>Equipment Total:</b>				<b>\$ -</b>
<b>Supplies</b>				
Printing	\$25/month	12.00	\$ 25.00	\$ 300.00
Office Supplies	\$25/month	12.00	\$ 25.00	\$ 300.00
<b>Supplies Total:</b>				<b>\$ 600.00</b>
<b>Contractual</b>				
-	-	-	-	-
<b>Contractual Total:</b>				<b>\$ -</b>
<b>Other</b>				
Lab/Outpatient	HIV diagnosis and confirmatory testing, immunological support testing, and baseline blood level tests at approx \$809 per month	12.00	\$ 809.00	\$ 9,708.00
Advertising	Targeted efforts to priority populations \$500 monthly	12.00	\$ 500.00	\$ 6,000.00
Cell Phone	1 cell phones @ \$40/month x 12 months = \$480	1.00	\$ 480.00	\$ 480.00
Incentives (Gift cards and gas cards)	\$10 per test x 400 tests	400.00	\$ 10.00	\$ 4,000.00
<b>Other Total:</b>				<b>\$ 20,188.00</b>
<b>Subtotal:</b>				<b>\$ 153,270.30</b>
<b>Indirect</b>				
Administrative Costs	10% of Direct Costs	0.10	\$ 153,270.30	\$ 15,327.03
<b>Indirect Total:</b>				<b>\$ 15,327.03</b>
<b>Budget Total:</b>				<b>\$ 168,597.33</b>

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**General**

- The Division of Public and Behavioral Health policy is to allow no more than 10% flexibility within the approved budget with prior authorization & approval from the Grantee.
- Anything over 10% budget change requires the subrecipient to receive prior approval by the Grantee and then will require an amendment to the subgrant.
- 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. It is required that an equipment log is kept of all equipment purchased with these funds
- 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).
- Annual program monitoring will occur with technical assistance available throughout the grant period. Site monitoring tools will be provided prior to the annual subrecipient site review.
- The Division shall provide technical assistance as requested and within our ability to provide it.
- The Division shall provide the Health Resources and Services Administration (HRSA) with all Single Audit Reports submitted by the subrecipient, as applicable.

**Reimbursements**

- Subrecipient agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.
- Requests for Reimbursement will be submitted monthly.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month.
- Additional expenditure details will be provided upon request from the Division
- Additionally, the Subrecipient 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 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.
- 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.

**Both parties agree:**

- That fiscal, administrative, quality management, and programmatic site visits will occur no earlier than six months after the execution of the subgrant and no later than 11 months after the execution of the subgrant.
- The Subrecipient 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.

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**SECTION D  
Request for Reimbursement**

HD #: **16450**  
 Budget Account: 3215  
 GL: 8516  
 Draw #: \_\_\_\_\_

<b>Program Name:</b> Ryan White HIV/AIDS Program – Part B Bureau of Behavioral Health, Wellness and Prevention	<b>Subgrantee Name:</b> Washoe County Health District (WCHD) Kevin Dick, District Health Officer (775) 328-2400
<b>Address:</b> 4126 Technology Way, Suite 200 Carson City, NV 89706	<b>Address:</b> 1001 E. Ninth Street, Building B Reno, NV 89512
<b>Subgrant Period:</b> April 1, 2018 through March 31, 2019	<b>Subgrantee's:</b> <b>EIN: 88-6000138</b> <b>Vendor #: T40283400</b>

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

Month(s)	Calendar year					
	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$128,673.30	\$0.00	\$0.00	\$0.00	\$128,673.30	0.0%
2. Travel	\$3,809.00	\$0.00	\$0.00	\$0.00	\$3,809.00	0.0%
3. Supplies	\$600.00	\$0.00	\$0.00	\$0.00	\$600.00	0.0%
4. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Other	\$20,188.00	\$0.00	\$0.00	\$0.00	\$20,188.00	0.0%
7. Indirect/Admin	\$15,327.03	\$0.00	\$0.00	\$0.00	\$15,327.03	0.0%
<b>Total</b>	<b>\$168,597.33</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$168,597.33</b>	<b>0.0%</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: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

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**SECTION E**

**Audit Information Request**

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

***Nevada State Division of Public and Behavioral Health  
Attn: 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 2017
7. What time-period did your last audit cover? July 1, 2016 - June 30, 2017
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**

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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

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

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the 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

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

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

Covered Entity	Business Associate
<b>Division of Public and Behavioral Health</b> <b>4150 Technology Way, Suite 300</b> <b>Carson City, NV 89706</b>	Washoe County Health District
<b>Phone: (775) 684-4200</b>	Business Name
<b>Fax: (775) 684-4211</b>	1001 E. 9th Street
	Business Address
	Reno, NV 89512
	Business City, State and Zip Code
	775.328.2400
	Business Phone Number
	775.328.3752
	Business Fax Number
_____ Authorized Signature	_____ Authorized Signature
For Julie Kotchevar, Ph.D.	Kevin Dick
_____ Print Name	_____ Print Name
Administrator, Division of Public and Behavioral Health	District Health Officer
_____ Title	_____ Title
_____ Date	4/26/2018 _____ Date

DD	AH	__
DHO	_____	AD
DA	_____	
Risk	_____	

**Staff Report**  
**Board Meeting Date:** April 26, 2018

**TO:** District Board of Health

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

**SUBJECT:** Approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service extending the current award through August 31, 2018 and granting an additional \$370,000 (\$37,000 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 March 30, 2018 to support the Title X Family Planning Program. This amendment provides an extension with funding to the current FY2018 award to support the project as previously approved. A copy of the Notice of Award is attached.

**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**

On August 24, 2017, the Board approved the Notice of Award for the Family Planning Grant Program in the amount of \$684,306 retroactive to April 1, 2017 through March 31, 2018.

On April 27, 2017, the Board 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.

## **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 will continue to apply for funding to support the Family Planning Program.

**Award Amount:** \$ 370,000

**Grant Period:** Extended to August 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:** 4 FPHPA096238-02-03

**Match Amount and Type:** \$ 37,000 Health District cash match included in FY18 adopted budget in cost center #173000 – Family Planning local

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

## **FISCAL IMPACT**

The Division was anticipating this funding, 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 extending the current award through August 31, 2018 and granting an additional \$370,000 (\$37,000 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304.

Subject: Approve Family Planning Grant

Date: April 26, 2018

Page 3 of 3

**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 extending the current award through August 31, 2018 and granting an additional \$370,000 (\$37,000 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 03/29/2018 | 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

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
P.L. 91-572 PHS Act Sec. 1001 as Amended, 42 CFR 90

1a. SUPERSEDES AWARD NOTICE dated 09/22/2017  
except that any additions or restrictions previously imposed remain  
in effect unless specifically rescinded

4. GRANT NO. 4 FPHPA096238-02-03  
Formerly

5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY  
From 04/01/2016 Through 08/31/2018

7. BUDGET PERIOD MM/DD/YYYY  
From 04/01/2017 Through 08/31/2018

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

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from Item 11m) 1,562,306.00	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>		b. Less Unobligated Balance From Prior Budget Periods 164,306.00	
a. Salaries and Wages .....	864,246.00	c. Less Cumulative Prior Award(s) This Budget Period 1,028,000.00	
b. Fringe Benefits .....	398,374.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 370,000.00	
c. Total Personnel Costs .....	1,262,620.00	13. Total Federal Funds Awarded to Date for Project Period 2,426,000.00	
d. Equipment .....	0.00	14. RECOMMENDED FUTURE SUPPORT	
e. Supplies .....	32,467.00	(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel .....	10,250.00	YEAR	TOTAL DIRECT COSTS
g. Construction .....	0.00	a. 3	1,070,000.00
h. Other .....	287,006.00	d. 6	
i. Contractual .....	106,038.00	e. 7	
j. TOTAL DIRECT COSTS	1,698,381.00	c. 5	f. 8
k. INDIRECT COSTS	220,780.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
l. TOTAL APPROVED BUDGET	1,919,161.00	a. DEDUCTION	
m. Federal Share	1,562,306.00	b. ADDITIONAL COSTS	
n. Non-Federal Share	356,855.00	c. MATCHING	
		d. OTHER RESEARCH (Add / Deduct Option)	
		e. OTHER (See REMARKS)	
		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)

This award provides funds and an extension through August 31, 2018 to support your project as previously approved including any approved amendments. Please note the updated Federal Financial Reporting cycle on page 2. Also, an annual report is due June 30, 2018. All prior terms and conditions remain in effect unless specifically removed.

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.	8-3984521	b.	FPHPA6238A	c.	FPH70	d.	\$370,000.00	e.	75-18-0359
22. a.	7-3094509	b.	FPHPA6238A	c.	FPH70	d.	\$0.00	e.	75-17-0359
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 4	DATE ISSUED 03/29/2018
GRANT NO. 4 FPHPA096238-02-03	

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
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
01/01/2017	03/31/2017	Quarterly	04/30/2017
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	Quarterly	04/30/2018
04/01/2018	06/30/2018	Quarterly	07/30/2018
07/01/2018	08/31/2018	Final	11/29/2018

**STANDARD TERMS**

1. The *Consolidated Appropriations Act, 2018*, 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 7, 2018, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale.** That amount is **\$189,600**. 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.

**REPORTING REQUIREMENTS**

1. You must submit an annual progress report within 90 days after the end of each 12 months of performance. This progress report shall cover the full 12 months of performance which normally will coincide with your budget period. Your progress reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Reports must be submitted electronically via upload to Grant Notes in the GrantSolutions system under the award number.

**2. FINANCIAL REPORTING REQUIREMENT Federal Financial Reporting (FFR) SF 425:**

You must use the SF-425 Federal Financial Report (FFR) for expenditure reporting. You may find the SF-425 and instructions for completing the form on the Web at: <http://apply07.grants.gov/apply/forms/sample/SF425-V1.0.pdf>. You must complete **all** sections of the FFR.

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 4	DATE ISSUED 03/29/2018
GRANT NO. 4 FPHPA096238-02-03	

a. Your FFR reporting schedule has been issued as a condition of this grant award, including a Final FFR covering the entire project period due 90 days after the project period end date. You may also view the complete table of the reporting schedule after logging into GrantSolutions from the My Grants List screen, select the **Reports** menu dropdown and then select the **Federal Financial Report** submenu.

b. GrantSolutions will automatically issue you a reminder seven (7) days prior to each report due date. If you have not submitted by the due date, you will receive a message indicating the report is **Past Due**. Please ensure your GrantSolutions account and contact information are up to date so you receive notifications.

c. **Electronic Submissions accepted only via GrantSolutions** – Your FFR must only be submitted for review via the GrantSolutions FFR reporting module. No other submission methods will be accepted without prior written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module as FINANCIAL OFFICER when submitting. If you encounter any difficulties, contact the Grant Solutions Help Desk or your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of this individual.

The Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note at this time, these FFR reports are separate submissions via the Payment Management System; data is not transferable between the two systems and you will report twice on certain data elements.

3. **Closeout Requirements:** This project is in its final budget period. Once the project period has ended you are required to submit a Final Program Progress report, the SF-425 Final Federal Financial report, the Payment Management System FFR – Cash Transaction Report, and the SF-428 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 or future projects or activities involving your organization.

a. The Final Program Progress Report: Your reports must address content required by 45 CFR § 75.342(b)(2). Additional guidance on content of the progress report may be provided by the Program Office. Submit your report via attachment to the Grant Notes section within GrantSolutions.

b. SF-425 Final Federal Financial Report: Submit your Final FFR via the FFR Reporting Module in Grant Solutions. 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>

c. Federal Financial Report (FFR) (SF-425) Cash Transactions: Submit your report via the HHS Payment Management System. The instructions for submitting this report are available at <https://pms.psc.gov/>.

d. SF-428 and SF-428-B Tangible Personal Property report and/or Disposition reports: Submit reports via attachment to the Grant Notes section within GrantSolutions. You may find the forms SF 428 on the Web at: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortBy=1>

Additional instructions for completing all reports will be provided in the Pre-closeout letter from the Office of Grants Management.

**CONTACTS**

NOTICE OF AWARD (Continuation Sheet)

PAGE 4 of 4	DATE ISSUED 03/29/2018
GRANT NO. 4 FPHPA096238-02-03	

1. 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.

DD	AH	-
DHO		KD -
DA		-
Risk		-

**Staff Report**  
**Board Meeting Date: April 26, 2018**

**TO:** District Board of Health

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

**SUBJECT: Retroactive approval of Grant Agreement #A-00905418-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$547,651 for the period 10/1/17 through 9/30/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.**

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**SUMMARY**

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

The Air Quality Management Division received a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO 10019. A copy of the Grant Agreement is attached for the period October 1, 2017 through September 30, 2018. The Agreement was received by WCHD on April 5, 2018.

**District Board of Health strategic priority:** 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 retroactively approved Assistant Amendment #A-00905417-1 from the EPA for funding in the amount of \$684,564 for the period 10/1/16 through 9/30/17 on September 28, 2017.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name:** Air Quality Management, EPA 105 Base Award

**Scope of the Project:** The base award provides funding for a portion of Air Quality Management Air Pollution Control Program expenditures including personnel, travel, and operating. Additional funding comes from fees, state dedicated funds, and general fund transfer.

**Benefit to Washoe County Residents:** Implementation of clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

**On-Going Program Support:** The Health District has received and anticipates receiving continuous funding to support the EPA 105 Base Program. This grant agreement provides partial funding and additional funding is anticipated. The total of the prior award was \$684,564.

**Award Amount:** \$547,651 (partial)  
**Grant Period:** October 1, 2017 – September 31, 2018  
**Funding Source:** U.S. Environmental Protection Agency  
**Pass Through Entity:** n/a  
**CFDA Number:** 66.001  
**Grant ID Number:** A – 00905418-0

**Match Amount and Type:** \$1,530,502. Funding for expenditures comes from fees, state dedicated funds and general fund transfer.

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

**FISCAL IMPACT**

Should the Board approve the Grant Agreement, there is no additional fiscal impact to the adopted FY18 budget or FY19 budget.

**RECOMMENDATION**

Staff recommends that the District Board of Health retroactively approve Grant Agreement #A-00905418-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$547,651 for the period 10/1/17 through 9/30/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

**POSSIBLE MOTION**

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to retroactively approve Grant Agreement #A-00905418-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$547,651 for the period 10/1/17 through 9/30/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.”

	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>Grant Agreement</b>	<b>GRANT NUMBER (FAIN): 00905418</b> <b>MODIFICATION NUMBER: 0</b> <b>PROGRAM CODE: A</b>	<b>DATE OF AWARD</b> 03/29/2018
		<b>TYPE OF ACTION</b> New	<b>MAILING DATE</b> 04/05/2018
		<b>PAYMENT METHOD:</b> Advance	<b>ACH#</b> 90104
		<b>RECIPIENT TYPE:</b> County	
<b>RECIPIENT:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		<b>PAYEE:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
<b>PROJECT MANAGER</b> Charlene Albee P.O. Box 11130 Reno, NV 89520 <b>E-Mail:</b> <a href="mailto:calbee@washoecounty.us">calbee@washoecounty.us</a> <b>Phone:</b> 775-784-7211	<b>EPA PROJECT OFFICER</b> Roberto Gutierrez 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 <b>E-Mail:</b> <a href="mailto:Gutierrez.Roberto@epa.gov">Gutierrez.Roberto@epa.gov</a> <b>Phone:</b> 415-947-4276	<b>EPA GRANT SPECIALIST</b> Renee Chan Grants Management Section, EMD-6-1 <b>E-Mail:</b> <a href="mailto:Chan.Renee@epa.gov">Chan.Renee@epa.gov</a> <b>Phone:</b> 415-972-3675	
<b>PROJECT TITLE AND DESCRIPTION</b> FY-2018 Air Pollution Control Program  This award provides funding to support statewide air quality compliance/management activities, which include strategic planning and evaluation, compliance assistance, developing state implementation plans, monitoring air emissions, rulemaking, and operating permits. These projects will result in significant, near- and long-term emissions reductions in Washoe County and improve air quality in Nevada, reducing the risks to human health and the environment  This award provides partial federal funding in the amount of \$547,651.			
<b>BUDGET PERIOD</b> 10/01/2017 - 09/30/2018	<b>PROJECT PERIOD</b> 10/01/2017 - 09/30/2018	<b>TOTAL BUDGET PERIOD COST</b> \$2,229,847.00	<b>TOTAL PROJECT PERIOD COST</b> \$2,229,847.00
<b>NOTICE OF AWARD</b>			
Based on your Application dated 08/01/2017 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$547,651. EPA agrees to cost-share 31.36% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$547,651. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.			
<b>ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)</b>		<b>AWARD APPROVAL OFFICE</b>	
<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 - Grants Management Section, EMD 6-1 75 Hawthorne Street San Francisco, CA 94105		<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
<b>THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			
<b>Digital signature applied by EPA Award Official</b> Carolyn Truong - Grants Management Officer			<b>DATE</b> 03/29/2018

## EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$	\$ 547,651	\$ 547,651
EPA In-Kind Amount	\$	\$	\$ 0
Unexpended Prior Year Balance	\$	\$	\$ 0
Other Federal Funds	\$	\$	\$ 0
Recipient Contribution	\$	\$ 1,530,502	\$ 1,530,502
State Contribution	\$	\$	\$ 0
Local Contribution	\$	\$	\$ 0
Other Contribution	\$	\$	\$ 0
Allowable Project Cost	\$ 0	\$ 2,078,153	\$ 2,078,153

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	2 CFR 200 2 CFR 1500 40 CFR 33 and 40 CFR 35 Subpart A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
WCDHD	1809M7S001	17	E1	09M4	102A04	4112			547,651
									547,651

## Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,305,694
2. Fringe Benefits	\$629,270
3. Travel	\$43,959
4. Equipment	\$0
5. Supplies	\$2,000
6. Contractual	\$300
7. Construction	\$0
8. Other	\$44,952
9. Total Direct Charges	\$2,026,175
10. Indirect Costs: % Base <u>Indirect Cost Rate Proposal</u>	\$203,672
11. Total (Share: Recipient <u>68.64</u> % Federal <u>31.36</u> %.)	\$2,229,847
12. Total Approved Assistance Amount	\$699,345
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$547,651
15. Total EPA Amount Awarded To Date	\$547,651

## **Administrative Conditions**

### **EPA General Terms and Conditions:**

The recipient agrees to comply with the current EPA general terms and conditions available at:

<https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-october-2-2017-or-later> .

These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award.

The EPA repository for the general terms and conditions by year can be found at

<https://www.epa.gov/grants/grant-terms-and-conditions>

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

For awards with cumulative project and budget periods greater than 12 months, the recipient will submit an annual FFR (SF 425) covering the period from "project/budget period start date" to **September 30** of each calendar year to the U.S. EPA Las Vegas Finance Center (LVFC). The FFR will be submitted electronically to [lvfc-grants@epa.gov](mailto:lvfc-grants@epa.gov) no later than **December 31** of the same calendar year. The form with instructions can be found on LVFC's website at <https://www.epa.gov/financial/grants>.

The recipient shall identify non-federal, non-recurrent expenditures in Block 12 (Remarks) of the FFR or include the information as an attachment to the FFR on a separate page. The recipient also agrees to include a statement certifying that supplanting did not occur.

### **B. Procurement**

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with 2 CFR Part 200.319. In accordance 2 CFR Part 200.323 the grantee and subgrantee(s) must perform a cost or price analysis in connection with applicable procurement actions, including contract modifications.

*State recipients must follow procurement procedures as outlined in 2 CFR Part 200.317.*

### **C. Six Good Faith Efforts 40 CFR Part 33, Subpart C**

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

- (a) Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local and Government recipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.
- (b) Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
- (c) Consider in the contracting process whether firms competing for large contracts could

subcontract with DBEs. For Indian Tribal, State and local Government recipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.

(d) Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.

(e) Use the services and assistance of the SBA and the Minority Business Development Agency of the Department of Commerce.

(f) If the prime contractor awards subcontracts, require the prime contractor to take the steps in paragraphs (a) through (e) of this section.

#### **D. Utilization of Disadvantaged Business Enterprises**

##### **General Compliance, 40 CFR Part 33**

The recipient agrees to comply with the requirements of EPA's Disadvantaged Business Enterprise (DBE) Program for procurement activities under assistance agreements, contained in 40 CFR Part 33.

##### **Fair Share Objectives, 40 CFR Part 33, Subpart D**

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

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

The dollar amount of this assistance agreement, or the total dollar amount of all of the recipient's financial assistance agreements in the current federal fiscal year from EPA is \$250,000 or more. The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources (NV DCNR), as follows:

	<u>MBE</u>	<u>WBE</u>
Construction	02%	02%
Equipment	01%	01%
Services	01%	02%
Supplies	01%	01%

The recipient accepts the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as (NV DCNR).

##### **Negotiating Fair Share Objectives/Goals, Section 33.404**

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

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is **not** accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study, to the Regional MBE/WBE Coordinator, Joe Ochab at [Ochab.Joe@epa.gov](mailto:Ochab.Joe@epa.gov), within 120 days of its acceptance of the financial

assistance award. EPA will respond to the proposed fair share objective/goals within 30 days of receiving the submission. If proposed fair share objective/goals are not received within the 120-day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objective/goals are submitted.

**Contract Administration Provisions, 40 CFR Section 33.302**

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

**Bidders List, 40 CFR Section 33.501(b) and (c)**

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

**E. MBE/WBE Reporting – Non-Reporting Condition**

**General Compliance, 40 CFR Part 33, Subpart E– Non-Reporting Condition**

MBE/WBE reports are required annually for the life of the grant. Reporting is required for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the recipient or procurement under subawards or loans in the “Other” category, that exceed the threshold amount of \$150,000, including amendments and/or modifications.

Based on EPA’s review of the planned budget, this award does not meet the conditions above and is not subject to Disadvantaged Business Enterprise (DBE) Program reporting requirements. However, if during the performance of the award the total of all funds expended for direct procurement by the recipient and procurement under subawards or loans in the “Other” category exceeds \$150,000, annual reports will be required and you are required to notify your EPA grant specialist for additional instructions.

The recipient also agrees to request prior approval from EPA for procurements that may activate DBE Program reporting requirements.

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

**F. Indirect Costs**

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

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

**G. Cost-Share Requirement and Maintenance of Effort**

The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,530,432 (final MOE for FY-2017), whichever is greater. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

### **Programmatic Conditions**

a). This award represents partial federal funding in the amount of \$547,651 for Fiscal Year 2018. The estimated full funding amount of this assistance agreement is not guaranteed and is subject to the availability of funds. In the event that additional funding is not received, the recipient's final performance report submitted in accordance with 2 CFR 200.328 shall also address which work plan tasks were not accomplished as a result of the reduction in estimated EPA funding.

b). This work includes the performance of environmental measurements, therefore Quality Assurance Planning documents are required. The Washoe County District Health Department's (WCDHD) Quality Management Plan (QMP) was approved by EPA on October 02, 2014. Its QA Management System (QAMS) for monitoring Co, O3, NOx, PM2.5, and PM10 was approved by EPA on February 12, 2013 and is current. If program requirements do not change and no new environmental measurements are added to the program, the QA documents are valid for five years from the date of approval.

c). Competency of Organizations Generating Environmental Measurement Data - Following EPA Policy Directive Number FEM-2012-02, recipient agrees to demonstrate competency of any laboratory carrying out any activities involving the generation of environmental data on its behalf. Laboratory competency shall be maintained for the duration of the project period of this agreement and documented during the annual reporting process. A copy of the Policy is available online at [http://www.epa.gov/fem/lab\\_comp.htm](http://www.epa.gov/fem/lab_comp.htm).

d). The recipient shall submit mid-year and end-of-year progress reports to the EPA Project Officer. The mid-year report is due no later than 30 calendar days after the end of the 2nd Federal fiscal quarter (April 30) and the 4th Federal fiscal quarter (October 31). These reports should include brief information on each of the following areas: 1) a comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement work plan for the period; 2) the reasons for slippage if established outputs/outcomes were not met; and 3) additional pertinent information, including, when appropriate, analysis and formation of cost overruns or high unit costs.

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

f). Cybersecurity

(a) The recipient agrees that when collecting and managing environmental data under this assistance agreement, it will protect the data by following all State or Tribal law cybersecurity requirements as applicable.

(b)(1) EPA must ensure that any connections between the recipient's network or information

system and EPA networks used by the recipient to transfer data under this agreement, are secure. For purposes of this Section, a connection is defined as a dedicated persistent interface between an Agency IT system and an external IT system for the purpose of transferring information. Transitory, user-controlled connections such as website browsing are excluded from this definition.

If the recipient's connections as defined above do not go through the Environmental Information Exchange Network or EPA's Central Data Exchange, the recipient agrees to contact the EPA Project Officer (PO) no later than 90 days after the date of this award and work with the designated Regional/Headquarters Information Security Officer to ensure that the connections meet EPA security requirements, including entering into Interconnection Service Agreements as appropriate. This condition does not apply to manual entry of data by the recipient into systems operated and used by EPA's regulatory programs for the submission of reporting and/or compliance data.

(b)(2) The recipient agrees that any subawards it makes under this agreement will require the subrecipient to comply with the requirements in (b)(1) if the subrecipient's network or information system is connected to EPA networks to transfer data to the Agency using systems other than the Environmental Information Exchange Network or EPA's Central Data Exchange. The recipient will be in compliance with this condition: by including this requirement in subaward agreements; and during subrecipient monitoring deemed necessary by the recipient under 2 CFR 200.331(d), by inquiring whether the subrecipient has contacted the EPA Project Officer. Nothing in this condition requires the recipient to contact the EPA Project Officer on behalf of a subrecipient or to be involved in the negotiation of an Interconnection Service Agreement between the subrecipient and EPA.

-- END OF AGREEMENT --

DD	<u>AH</u>	__
DHO	_____	<u>KD</u> __
DA	_____	__
Risk	_____	__

**Staff Report**  
**Board Meeting Date: April 26, 2018**

**TO:** District Board of Health

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

**SUBJECT:** Approve an Interlocal Agreement between the Washoe County Health District and Washoe County through its Sheriff’s Office to provide family planning services to female detainees for the period upon ratification by the governing parties through June 30, 2019 with automatic renewal for two successive one-year periods for a total of three years on the same terms and if approved, authorize the Chair to execute the Agreement.

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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.

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

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

**PREVIOUS ACTION**

No previous action.

**BACKGROUND/GRANT AWARD SUMMARY**

The Washoe County Sheriff’s Office and the Family Planning program are proposing a collaboration which provides reproductive health services to the female detainees. This 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.

**FISCAL IMPACT**

Should the Board approve this Interlocal Agreement there will be no additional fiscal impact to the adopted FY18 budget as Title X grant funds will support these activities.

**RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve an Interlocal Agreement between the Washoe County Health District and Washoe County through its Sheriff’s Office to provide

Subject: Interlocal Agreement with Washoe County Sheriff's Office

Date: April 26, 2018

Page 2 of 2

family planning services to female detainees for the period upon ratification by the governing parties through June 30, 2019 with automatic renewal for two successive one-year periods for a total of three years on the same terms and if approved, authorize the Chair to execute the Agreement.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve an Interlocal Agreement between the Washoe County Health District and Washoe County through its Sheriff's Office to provide family planning services to female detainees for the period upon ratification by the governing parties through June 30, 2019 with automatic renewal for two successive one-year periods for a total of three years on the same terms and if approved, authorize the Chair to execute the Agreement."

## INTERLOCAL AGREEMENT

This Interlocal Agreement contains the terms of agreement between the Washoe County Health District and Washoe County through its Sheriff's Office, hereinafter referred to as the "District" and "Sheriff's Office" respectively, entered into pursuant to Chapter 277 of the Nevada Revised Statutes.

Whereas, the District has clinical infrastructure for the provision of family planning services; and

Whereas, the Sheriff's Office goal is to maintain optimal inmate health, including women's reproductive health services; and

Whereas, the District desires to provide family planning services to the female detainees as described herein,

Now, therefore, in consideration of the mutual promises contained herein, the parties agree as follows:

The District agrees to:

1. Provide, at no charge to the Sheriff's Office, women's reproductive health services to female detainees, limited to birth control options including Depo Provera injections, hormonal implants, or insertion of intrauterine devices/systems, for pregnancy prevention.
2. Provide necessary diagnostic services per medical protocol as indicated to appropriately provide the services described in one, above.
3. Provide District personnel and equipment for said services.
4. Provide, at no charge to the Sheriff's Office, chlamydia, gonorrhea, HIV and syphilis screening as itemized on the State Lab invoice to female detainees as part of these family planning services.

The Sheriff's Office agrees to:

1. Promote Women's Reproductive Health Services to the female detainees.
2. Provide scheduled opportunities for District Family Planning Program staff to offer applicable education sessions for the female inmates.
3. Provide a computer or Wi-Fi to access the District's electronic health records system, Patagonia Health, in order to chart all clinical activities.
4. Assure the safety of District staff, through presence of Sheriff's Office staff.
5. Provide District staff a confidential, clinic room with an exam table, with stirrups, a sink and soap, etc., for services.

The Parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, to protect the security, confidentiality, and integrity of protected health information.

This Interlocal Agreement may be modified at any time by written agreement signed by both parties.

This Interlocal Agreement will take effect upon ratification by the governing parties and shall remain in effect until June 30, 2019. The Interlocal 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 to terminate the Interlocal Agreement as provided below.

Either party may terminate this Interlocal Agreement by giving the other party written notice of the intent to terminate. The notice must specify a date upon which the termination will be effective, which date may not be less than 30 calendar days from the date of mailing or hand delivery of the notice.

All notices required under this Agreement shall be in writing and mailed, postage prepaid, addressed to the designated representative of the respective parties:

Sheriff's Office: Washoe County Sheriff  
Washoe County Sheriff's Office  
911 Parr Blvd  
Reno, Nevada 89512

DISTRICT: District Health Officer  
Washoe County Health District  
P.O. Box 11130  
Reno, Nevada 89520

This Interlocal Agreement shall be entered into in Washoe County, State of Nevada, and shall be construed and interpreted according to the laws of the State of Nevada.

Neither party may assign or subcontract any rights or obligations under this Interlocal Agreement without prior written consent of the other party.

This Interlocal Agreement constitutes the entire agreement between the parties with regards to the subject matter herein and supersedes all prior agreements, both written and oral.

DISTRICT BOARD OF HEALTH

By: \_\_\_\_\_  
Chair

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

WASHOE COUNTY BOARD OF COUNTY COMMISSIONERS

By: \_\_\_\_\_  
Chair

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

ATTEST:

\_\_\_\_\_  
County Clerk

DD	AH	-
DHO		KD
DA		
Risk		

**Staff Report**  
**Board Meeting Date: April 26, 2018**

**TO:** District Board of Health

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

**SUBJECT: Retroactive Approval of Assistance Amendment PM-00T56401-6 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/18 through 3/31/19 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.**

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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 Air Quality Management Division received an Assistant Amendment from the EPA, which extends the budget and project period end dates from 3/31/18 to 3/31/19 for the on-going Air Pollution Control Program, PM 2.5 Program, IO 10021. A copy of the Assistance Amendment PM-00T56401-3 is attached.

**District Board of Health strategic priority:** Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

The prior EPA PM 2.5 Grant Award Amendment that provided the final installment of funding for the period that ended March 31, 2018 was approved by the DBOH on September 28, 2017.

**BACKGROUND/GRANT AWARD SUMMARY**

**Project/Program Name: EPA PM2.5 Monitoring Network**

**Scope of the Project:**

This Assistance Amendment was received on March 29, 2018. The Amendment is being presented for District Board of Health approval per the EPA procedure that does not require signature.

This Amendment only extends the budget and project period end dates from 3/31/18 to 3/31/19. There is no change in the Total Approved Assistance Amount of \$329,462. EPA has advised us that they plan to fund the PM 2.5 assistance award within the next few months. PM 2.5 funding, when received, will provide support for salaries and benefits, travel, and indirect expenditures.

**Benefit to Washoe County Residents:** This award supports the Health District Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

**On-Going Program Support:** These funds support on-going PM 2.5 activities in the Air Quality Program.

**Award Amount:** Total prior award was \$329,462  
**Grant Period:** April 1, 2018 – March 31, 2019  
**Funding Source:** U.S. Environmental Protection Agency  
**Pass Through Entity:** Not applicable

**CFDA Number:** 66.034  
**Grant ID Number:** PM – 00T56401 - 6

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

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

#### **FISCAL IMPACT**

Should the Board retroactively approve the Assistance Amendment from EPA, there is no additional fiscal impact to the adopted FY18 budget or FY19 budget.

#### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health retroactively approve of Assistance Amendment PM-00T56401-6 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/18 through 3/31/19 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.

#### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve of Assistance Amendment PM-00T56401-6 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/18 through 3/31/19 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021."

	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>Assistance Amendment</b>	<b>GRANT NUMBER (FAIN):</b> 00T56401 <b>MODIFICATION NUMBER:</b> 6 <b>PROGRAM CODE:</b> PM	<b>DATE OF AWARD</b> 03/27/2018
		<b>TYPE OF ACTION</b> No Cost Amendment	<b>MAILING DATE</b> 03/27/2018
		<b>PAYMENT METHOD:</b> Advance	<b>ACH#</b> 90104
		<b>RECIPIENT TYPE:</b> County	
<b>RECIPIENT:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 EIN: 88-6000138		<b>PAYEE:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
<b>PROJECT MANAGER</b> Charlene Albee P.O. Box 11130 Reno, NV 89520 E-Mail: <a href="mailto:calbee@washoecounty.us">calbee@washoecounty.us</a> Phone: 775-784-7211		<b>EPA PROJECT OFFICER</b> Roberto Gutierrez 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 E-Mail: <a href="mailto:Gutierrez.Roberto@epa.gov">Gutierrez.Roberto@epa.gov</a> Phone: 415-947-4276	
<b>EPA GRANT SPECIALIST</b> Renee Chan Grants Management Section, EMD-6-1 E-Mail: <a href="mailto:Chan.Renee@epa.gov">Chan.Renee@epa.gov</a> Phone: 415-972-3675			
<b>PROJECT TITLE AND EXPLANATION OF CHANGES</b> PM 2.5 Monitoring Network  The purpose is for the Washoe County District Health Department (WCDHD) to monitor fine particulate matter with the diameter equal to or smaller than 2.5 micrometers (PM 2.5) in order to determine compliance with the PM 2.5 National Ambient Air Quality Standards and determine deductions in air emissions.  This assistance amendment extends the Budget and Project period end dates from 03/31/2018 to 03/31/2019. There is no change in the Total Approved Assistance Amount of \$329,462.  General, Administrative, and Programmatic Terms and Conditions reflected in Amendment #5, awarded 08/08/2017, remain in full force and effect.			
<b>BUDGET PERIOD</b> 04/01/2015 - 03/31/2019	<b>PROJECT PERIOD</b> 04/01/2015 - 03/31/2019	<b>TOTAL BUDGET PERIOD COST</b> \$329,462.00	<b>TOTAL PROJECT PERIOD COST</b> \$329,462.00
<b>NOTICE OF AWARD</b>			
Based on your Application dated 03/07/2017 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$. EPA agrees to cost-share 100.00% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$329,462. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.			
<b>ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)</b>		<b>AWARD APPROVAL OFFICE</b>	
<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 - Grants Management Section, EMD 6-1 75 Hawthorne Street San Francisco, CA 94105		<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
<b>THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			
Digital signature applied by EPA Award Official for Carolyn Truong - Grants Management Officer  Renee Chan - Award Official delegate			<b>DATE</b> 03/27/2018



DD	<u>CW</u>	—
DHO	—	<u>KD</u> —
DDA	—	—
Risk	—	—

**STAFF REPORT**  
**BOARD MEETING DATE:** April 26, 2018

**TO:** District Board of Health

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

**SUBJECT:** Recommendation to appoint Nick Vestbie, P.E., as a member to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) and Ray Pezonella, P.E. and Matt Smith as alternates to the SWS Board and reappoint Matt Buehler as a member to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning April 26, 2018 and ending April 25, 2021.

**SUMMARY**

Nick Vestbie, P.E., Ray Pezonella, P.E. and Matt Smith have volunteered to serve on the SWS Board. The SWS Board is a five member board with two alternates. Matt Buehler is eligible to be reappointed and has indicated his willingness to continue to serve. The three-year term would run from April 26, 2018 to April 25, 2021. With these appointments the SWS Board would continue to have a vacant member position which per regulation must be an attorney admitted to practice law in the State of Nevada

**District Health Strategic Objective supported by this item: Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

During the March 26, 2015 District Board of Health (DBOH) meeting Environmental Health Services staff recommended the appointment of Matt Buehler as a member to the SWS Board. This appointment was granted at the meeting.

**BACKGROUND**

The SWS Board considers regulation changes and variance applications pertaining to sewage, wastewater, sanitation and well drilling. Over the years, staff has sought professionals in these fields to provide valuable expertise to support and enhance technical knowledge provided by program staff. Attached to this staff report are resumes of experience for Mr. Vestbie, Mr. Pezonella and Mr. Smith.

Appointment of the recommended four individuals will fill all but one seat on the five-member and two alternate SWS Board. EHS will continue to pursue outreach options to fill the seventh position which must be filled by an attorney who practices law in Nevada.

**FISCAL IMPACT**

There is no additional fiscal impact to the FY18 budget should the Board approve these appointments to the SWS Board.

Subject:  
Date:  
Page 2 of 2

### **RECOMMENDATION**

Environmental Health Services Staff recommend appointing Nick Vestbie, P.E., as a member to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) and Ray Pezonella, P.E. and Matt Smith as alternates to the SWS Board and reappoint Matt Buehler as a member to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning April 26, 2018 and ending April 25, 2021.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to appoint Nick Vestbie, P.E., as a member to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) and Ray Pezonella, P.E. and Matt Smith as alternates to the SWS Board and reappoint Matt Buehler as a member to the Sewage, Wastewater and Sanitation Hearing Board (SWS Board) for a three-year term beginning April 26, 2018 and ending April 25, 2021.

# Nicholas S. Vestbie

## Civil/Geotechnical Engineer

### *Registrations*

Registered Professional Civil Engineer in Nevada, No. 5173  
Registered Professional Civil Engineer in California, No. 29800  
Registered Professional Geotechnical Engineer in California, No. 859

### *Education*

B. S. Civil Engineering, University of Nevada, Reno - 1975.  
Graduate Studies in Foundation Design; Geological Engineering; Seepage and Slope Stability; Structural and Soil Dynamics, University of Nevada, Reno - 1975-1986.  
Continuing education in Geotechnical and Environmental study areas.

30 Hour Occupational Safety and Health Training Course - Construction Safety and Health, February 2010.

### *Work Experience*

Nortech Geotechnical/Civil Consultants, Ltd., Reno, Nevada - 1992 to Present  
Owner and Principal of geotechnical/civil engineering and testing firm.

Pezonella Associates, Inc., Reno, Nevada - 1978 to 1992  
Vice President and Senior Engineer of a soil and geological engineering firm.

Harding-Lawson Associates, Reno, Nevada - 1975 to 1978  
Upon graduation from college, worked full-time as a field engineer and then project geotechnical engineer for various projects in Reno, Sierra Nevada, and the Great Basin.

Harding-Lawson Associates, Reno, Nevada - 1971 to 1975  
While attending college worked part-time as a field engineer performing construction inspection on various earthwork projects and supervised drilling operations for investigations.

## *Special Experience*

Mr. Vestbie is a licensed Civil and Geotechnical Engineer with over 40 years of experience in engineering design and construction. He founded Nortech Geotechnical/Civil Consultants, Ltd. in 1992. He has been instrumental in geotechnical investigation, soil exploration, design and construction phases for numerous projects in Nevada and California. He has special experience in subsurface investigations, analysis and design for land development projects, high-rise structures, streets and roadways, airports, utility installations, excavation shoring, dewatering systems, monitoring wells, groundwater movement, riverbank construction, retaining walls (including rock and segmented) and environmental assessments. He has performed these services for private parties and state and federal agencies.

Mr. Vestbie has participated as an expert witness in cases such as involving structural distress related to expansive clay soils, buildings and other structures supported on loose and uncontrolled fill materials and determination of the potential for ground water flow through a planned building excavation and cut zones.

Mr. Vestbie has also provided expert opinion services for numerous construction defect case complaints submitted to the Nevada State Contractors Board. These would be evaluations where a professional third party opinion is requested by the Board to help them resolve a construction issue. Alleged construction defects relative to a private contractor's or developer's work have also been reviewed and analyzed by Mr. Vestbie on an, as requested, basis.

Specific areas of expertise include:

- Geotechnical and Geological Investigations.
- Soils and Groundwater Hydrology.
- Geologic Hazards and Earthquake Design and Mitigation.
- Forensic Engineering Studies Including Expansive Clay Heaving Problems, Native and Fill Soils Settlement Conditions.
- Soil Engineering Design of Helical Piers and Follow up Special Inspection.
- Supervising Drilling and Soil Sampling.
- Expert Witness Services for Litigation.
- Concrete, Masonry, Rock and Other Segmented Retaining Wall Design.
- On-Site Sewage Disposal (Septic) Systems.
- Storm Drain Infiltration and Drainage Systems.
- Field and Laboratory Construction Testing of Soils, Concrete, Masonry, Steel, Fireproofing and Post-Tensioned Slab Systems.
- Soils and Materials Testing Laboratory, (AASHTO Accredited).



# RAY PEZONELLA, P.E.

## President

520 Edison Way  
Reno, NV 89502  
775-856-5566  
ray@pezonella.com

### Education

- B. S. Civil Engineering, Heald Engineering College, San Francisco, CA
- Geology and Foundation Engineering, University of Nevada, Reno, NV

### Registrations

- Nevada PE # 4186
- California CE #26014
- California GE #00685
- Idaho PE #3499
- Oregon PE #9977
- Utah PE #4896
- Wyoming #3797
- Georgia #20806
- Oregon Environmental Engineer
- NV Contractor, #0077413, exp. 10/2014

## Professional Experience Summary

Mr. Pezonella has more than thirty-five years of experience as a civil engineer. Special experience includes foundation engineering for high-rise buildings, land development projects, airport facilities, waste water treatment plants, and an extensive background in materials engineering. Starting his career with Harding-Lawson Associates, San Rafael, California, and advanced from Field Technician to Chief Field Engineer/Laboratory Manager. Later he was selected to be Engineer-in-Charge of opening the Reno office. Ray gained first-hand experience on project/office management procedures, when conducting numerous geotechnical, civil engineering, and environmental projects. Pezonella Associates, Inc. was established in 1977, with the knowledge that Ray gained from past experience and all the practices that he knew could be conducted in a more efficient and cost effective manner. Select personal experience of major projects in the Lake Tahoe Basin, throughout the State of Nevada and Northern California, include the Atlantis Hotel, MGM Grand, Harrah's Hotel / Casino, Sahara Tahoe and Lake Tahoe, Reno International Airport, UNR Physical Plant and Skyboxes and the Shasta County Justice Center in Redding, California.

## Select Project Experience

**Lander County Civic Center, Battle Mountain, NV:** This new facility is 81,750 square feet, three story masonry building, and services all the civic departments for the county. PAI provided special inspections to make sure the project was constructed according to plans and specs. PAI provided all the special inspection services including earthwork, reinforced concrete, structural masonry (CMU), structural steel, shop and field welding UT of full penetration welds, curb, gutter, sidewalk with ramps, and hot mix asphalt (HMA).

**The Village at Squaw Valley, Squaw Valley, NV:** The project was awarded the "Outstanding Achievement in Civil Engineering Award" for this project. Mr. Pezonella was the principal in charge/field engineer for the construction material testing that was performed for Intrawest at The Village at Squaw Valley. Included in the project were several below and above grade parking garages and residential units. Post-tensioned slabs were also utilized and inspected (including batch plant inspection).

**Lake Tahoe Dam/Fanny Bridge, Lake Tahoe, NV:** Mr. Pezonella provided had overall project responsibility for environmental compliance services provided during rehabilitation of the Tahoe Dam Bridge Structure.

**Dura-Bond Bearing Company Phase II Environmental Site Assessment and Environmental Consultation, Reno, NV:**

Pezonella Associates conducted a Phase II Environmental Site Assessment and environmental consultation at the Dura-Bond Bearing Company at 3200 Arrowhead Drive in Carson City, Nevada. This was done as part of a due-diligence regimen for our client, who is considering an acquisition of the property. The facility produces camshaft bearings and related components for the automotive industry. The main challenge at the site was related to the fact that, as an industrial/manufacturing facility, numerous hazardous materials were present. Examples include lead, oil, corrosives, and solvents. The facility is a Large-Quantity Hazardous Waste Generator. The tasks requested by the client exceeded the sampling typically associated with Phase II Environmental Site Assessments and included an assessment of regulatory compliance pertaining to the site's hazardous materials and making recommendations on how hazardous materials might be better managed. In May 2015, we sampled areas of the property identified as having stains and potential contamination by coring concrete and asphalt using our in-house coring rig and obtaining soil samples using our Geoprobe Sampler. The samples were transported under strict chain of custody to a Nevada Certified Analytical laboratory. The results of these indicated the lack of containments in the subject areas. These test results were also confirmed using our hand - held photoionization detector (PID). The additional scope of work regarding industrial compliance matters was conducted in October 2015. This work included review of the Stormwater Pollution Prevention Plan (SWPPP) and Spill Prevention, Control, and Countermeasure (SPCC) plan for the facility; the nature of the facility's compliance with Contingency Plans, Emergency Response Plans, and the Emergency Planning and Community Right-to-Know Act (EPCRA) requirements; an investigation of indoor air quality with respect to OSHA regulations at the facility; and a review of the facility's hazard-material storage and handling procedures per the Resource Conservation and Recovery Act (RCRA).

**Reno-Tahoe Aircraft Rescue and Firefighting Facility, Reno, NV:** Mr. Pezonella provided professional services for the new Aircraft Rescue and Firefighting Facility that was completed March 2008. Services included material testing and inspection of the 25,000 square foot concrete masonry building.

**California Department of Corrections Waste Water Treatment Plant, Susanville, CA:** Mr. Pezonella oversaw as aspects of this project. He provided the special inspection and DGS laboratory testing during the construction of improvements to the waste water inspection. This project consists of the construction of a primary pond, two wetland treatment ponds, three storage ponds, 2 new irrigation areas, and the establishment of wetland plant. Additional duties included installation of gravel roads, modification of the headwork's existing treatment ponds, evaluation of the existing water control and transfer structures, disinfection system, effluent pump stations and irrigation and drainage systems along with power infrastructures, installation of a center pivot and wheel line irrigation infrastructure including piping, valves, fittings, and appurtenances, and construction of new water and control and transfer structures. Services included testing and inspection of earthwork during pond construction, QA during approximately 110 acres of 60-mil HDPE pond liner installation, QA during the installation of more than 5 miles of underground piping, material testing, and inspection during the transfer structures, support to the State Engineer, and DGS reporting.

**Frenchman Lake Federal Highway Administration Bridges, Nye County, NV:** Mr. Pezonella was the principal in charge for the concrete design services on the Frenchman Lake Federal Highway Administration Bridge. Specific areas of concern were the constructability of the bridges in light of adverse environmental conditions.

**Former King's Inn Building Phase I Environmental Site Assessment, Reno, NV:** Pezonella Associates, Inc. performed a Phase I Environmental Site Assessment at the building formerly known as the King's Inn Hotel and Casino. The assessment consisted of the structure itself (seven above-ground floors and two below ground parking floors) and two adjoining vacant lots. Renovations to strip the building down to its fundamental structural elements in the process of converting it to apartments and retail space commenced in early 2015. Prior to this point, the structure sat vacant for nearly 30 years, during which time it reached an advanced state of dereliction and acquired the popular status of being one of Reno's biggest eyesores. Pezonella Associates worked to examine the structure and thoroughly research the history of the property in October 2015 as part of a due-diligence measure for the client, a bank, to determine if environmental risks existed at the property prior to the issuance of a loan to the owner for the next phase of renovations. Although specific evidence of environmental impairment was not found, the property's extensive history of use suggested that there was a potential for underground heating-oil storage tanks to exist. However, if these tanks exist, they would likely be small residential tanks (per the residential uses that appeared in the record). It was our opinion that the environmental risks to the Property were likely to be minor in the context of a multi-million-dollar renovation effort and, should such tanks be found, the costs to remove them and mitigate any releases would not likely be large enough to jeopardize the viability of the renovation project.

**West Meadows Estates Phase I Environmental Site Assessment, Verdi, NV:** Pezonella Associates conducted a Phase I Environmental Site Assessment in August 2015 on a nearly 200-acre property at 1850 Highway 40 West, in the far-western portion of Reno. The property is currently vacant except for one single-family residence along Highway 40. It was once used as irrigated pasture and a dairy operation. Pezonella Associates conducted the assessment as part of a due-diligence measure for a prospective investor in the West Meadows Estates, a planned residential development of up to 336 single-family residences. We inspected the property and researched its history to determine if the potential existed for environmental impairments that could put the client's investment at risk. The main challenge with this project was the size of the area with respect to the required site inspection and the numerous stockpiles of fill that have been deposited on the property over the last 15 to 20 years from various off-site sources. The majority of the fill appeared to be of inert material such as ripped-up concrete pieces, rocks, and the like. However, an area of domestic waste, appliances, and a partially-buried automobile was observed in the stockpiles of one area. Partially-buried automobiles were also observed in two other locations. It was our recommendation to further investigate these areas with a backhoe in an attempt to more thoroughly determine their contents and collect samples for testing if staining or hazardous materials were found. At the request of the client, a second site visit was conducted on 28 September 2015 to direct a backhoe crew provided by the owner and observe the uncovered contents of a total of five excavations. No soil staining or odors indicative of a potential release were noted in any of the five excavations. Although the size of the property and the amount of stockpiles precluded us from stating that no environmental risks were present on the property, the areas with the highest potential (based on our observations during the initial site visit) to contain hazardous materials and/or releases to the environment among the stockpiles did not appear to contain such items. From a search of the on-line records of the Washoe County Recorder's office, it appears that the investment in the property that our client was considering has been executed.

**From:** [Matt Smith](#)  
**To:** [English, James](#)  
**Subject:** Variance Board  
**Date:** Friday, March 30, 2018 10:20:20 AM  
**Attachments:** [image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)  
[image007.png](#)

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Mr. English:

My name is William “Matt” Smith, and I am the current General Manager of Waters Vacuum Truck Service. I have been with Waters for about 16 years, 9 of which I spent as Foreman of Excavation. As the Foreman I routinely oversaw and was personally involved in the installation, repair, and inspection of various septic systems found in the greater Reno/Tahoe area (i.e. traditional gravity fed systems, Orenco and Bio-Microbics systems, sand filter type systems, etc.). I have a long-standing working relationship with many of the region’s engineering firms as well as all nearby city/county/state permitting agencies and waste reclamation facilities.

Personally, I am a proud father of 4 and have been married for 16 years. I enjoy calling Reno home and feel I would be ideally suited for this position due to my unique experience and dedication to those I serve.

Thank You,

*Matt Smith*

General Manager



**888-909-PUMP Toll Free**  
**775-825-1595 Office**  
**775-825-1692 Fax**  
[watersvacuum.com](http://watersvacuum.com)

DD	_____
DHO	_____ <i>KD</i> _____
DA	_____
Risk	_____

**STAFF REPORT**  
**BOARD MEETING DATE: April 26, 2018**

**TO:** District Board of Health

**FROM:** Kevin Dick, District Health Officer  
775-326-2416, kdick@washoecounty.us

**SUBJECT: Approval of Amendment #1 to the Interlocal Agreement For Emergency Medical Services Oversight between the Washoe County Health District, Washoe County, the Truckee Meadows Fire Protection District, the City of Reno and the City of Sparks to allow representatives of the Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director.**

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**SUMMARY**

During the January 4, 2018 EMS Advisory Board meeting, Chair John Slaughter requested Council draft guidelines to allow alternates for Board membership. Council recommended an amendment to the ILA for EMS Oversight to allow representatives of the EMS Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings, with alternates being a City or County Assistant Manager or Health District Division Director.

The Amendment was heard at the EMS Advisory Board meeting on April 5, 2018 and was approved with direction to staff to present the Amendment to the signing jurisdictions for possible approval and signature.

**PREVIOUS ACTION**

During the October 6, 2016 EMS Advisory Board meeting, during the agenda item regarding the updated EMSAB bylaws, it was noted proxy votes were not permitted in the updated bylaws. Deputy District Attorney representing the EMSAB stated that alternates or proxies were addressed in the Open Meeting Law, and the enabling legislation creating the Board, being the ILA, would have to contain the authority for members to appoint proxies. Upon review of the language of the ILA and it was determined that it did not contain an allowance for proxies to be used.

During January 4, 2018 meeting, Chairman Slaughter requested the DDA to draft guidelines to allow alternates for Board membership.

During April 5, 2018 meeting, EMS Advisory Board approved Amendment #1 to the Interlocal Agreement for Emergency Medical Services Oversight.

## **BACKGROUND**

The ILA was approved by the Washoe County Health District, City of Reno, City of Sparks, Truckee Meadows Fire Protection District and Washoe County and became effective on August 26, 2014.

During a bylaws update agenda item at the October 6, 2016 EMS Advisory Board meeting there was discussion related to proxy appointments and whether that was allowable through the City Charters and/or ILA for EMS Oversight.

At the January 4, 2018 EMS Advisory Board meeting, Chair Slaughter requested Council draft guidelines to allow alternates for Board membership.

During the April 5, 2018 EMS Advisory Board meeting, Council presented Amendment #1 to the Board for consideration. The Amendment was approved by the EMS Advisory Board with the recommendation for staff to bring the Amendment to the signing jurisdictions for possible approval.

## **FISCAL IMPACT**

There will be no direct fiscal impact associated with the amendment to the ILA for EMS Oversight.

## **RECOMMENDATION**

Staff recommends that District Board of Health approve Amendment #1 to the Interlocal Agreement For Emergency Medical Services Oversight between the Washoe County Health District, Washoe County, the Truckee Meadows Fire Protection District, the City of Reno and the City of Sparks to allow representatives of the Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director.

## **POSSIBLE MOTION**

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

“Move to approve Amendment #1 to the Interlocal Agreement For Emergency Medical Services Oversight between the Washoe County Health District, Washoe County, the Truckee Meadows Fire Protection District, the City of Reno and the City of Sparks to allow representatives of the Advisory Board authority to designate an alternate to replace the representative in the representative's absence from meetings of the Advisory Board with alternates being a City or County Assistant Manager or Health District Division Director.”

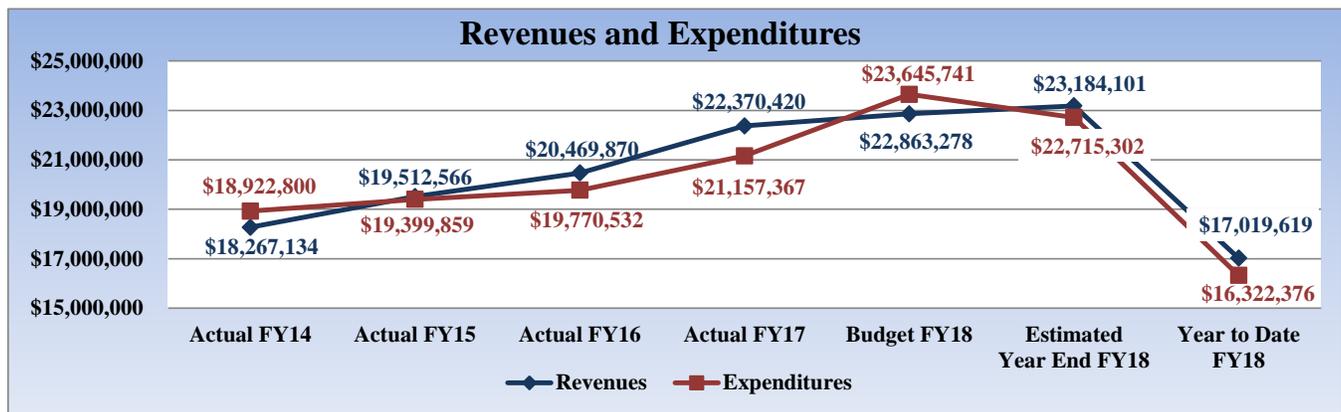
DD	NA	___
DHO	___	AD
DA	NA	___
Risk	NA	___

**STAFF REPORT**  
**BOARD MEETING DATE: April 26, 2018**

**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 March, Fiscal Year 2018

**SUMMARY**

The nine months of fiscal year 2018, (FY18) ended with a cash balance of \$4,976,710. Total revenues of \$17,019,619 were 74.4% of budget and an increase of \$1,628,600 over FY17. The expenditures totaled \$16,322,376 or 69.0% of budget and up \$860,336 compared to 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.

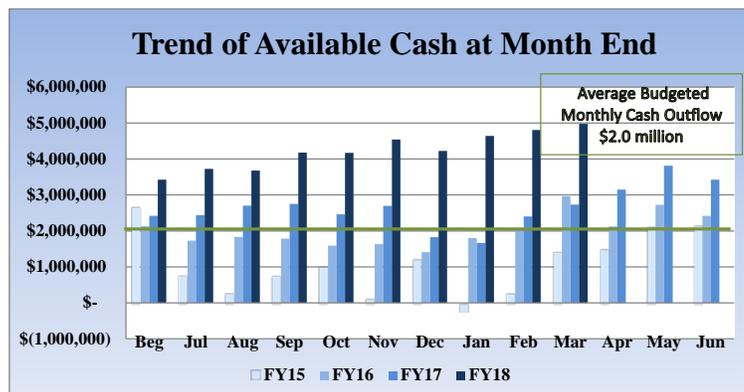
**PREVIOUS ACTION**

Fiscal Year 2018 Budget was adopted May 23, 2017.

**BACKGROUND**

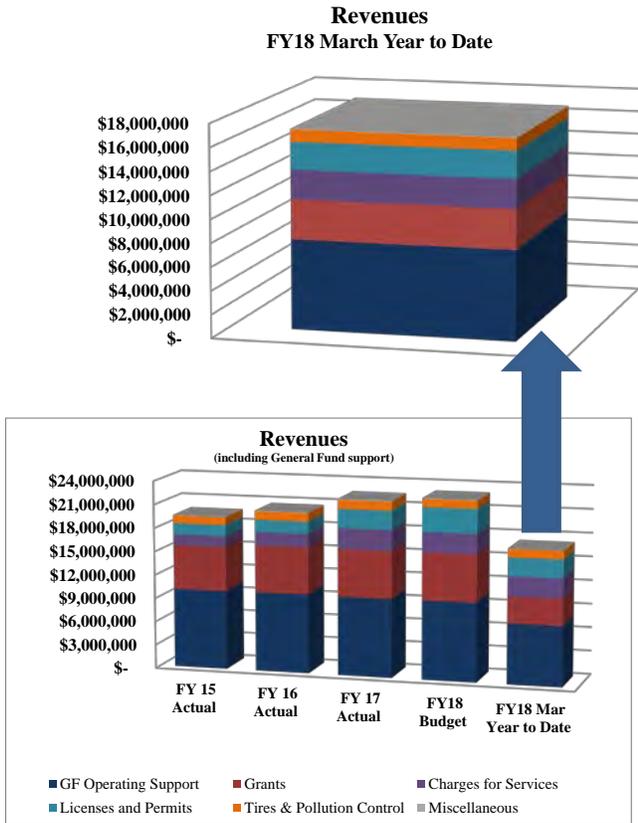
**Review of Cash**

The available cash at the end of March, FY18, was \$4,976,710 up 82.0% or \$2,242,016 compared to the same time in FY17. The encumbrances and other liability portion of the cash balance totals \$1.3 million; the portion of cash restricted as to use is approximately \$1.4 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$2.3 million.



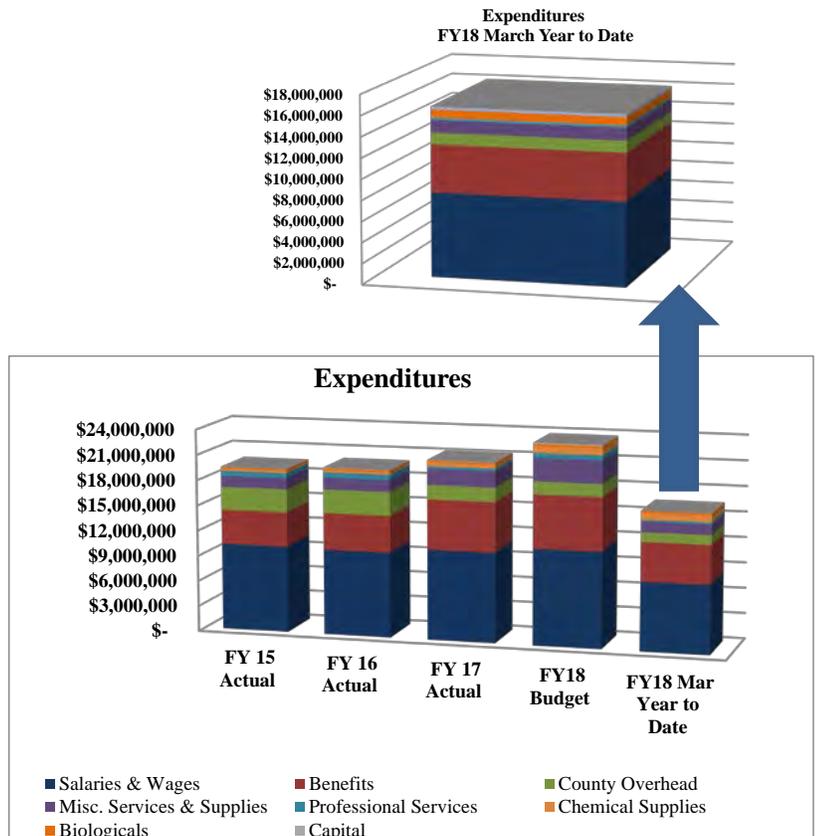
Note: January FY15 negative cash is due to no County General Fund support transferred to the Health Fund.

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



Total year to date **revenues** of \$17,019,619 were up \$1,628,600 or 10.6% compared to March FY17. The revenue categories up over last fiscal year were: licenses and permits of \$2,351,612 were up \$695,378 or 42.0% mainly due to fee increases and an increase in work load; charges for services of \$2,502,358 up \$672,017 or 36.7%; tire and pollution control revenues of \$1,045,119 up \$235,441 or 29.1% due to timing of receiving the air pollution control funds; and, the County General Fund transfer of \$7,672,477 up \$324,835 or 4.4% due to the contingency transfer for mosquito abatement. The revenue categories down include the state and federal grant reimbursements of \$3,408,622 down \$295,692 or 8.0% and miscellaneous revenues of \$39,432 down \$3,377.

The total year to date **expenditures** of \$16,322,376 increased by \$860,336 or 5.6% compared to the same period in FY17. Salaries and benefits expenditures for the fiscal year were \$12,716,441 up \$351,806 or 2.8% over the prior year. The total services and supplies of \$3,584,791 were up \$522,728 due to the increase in chemical costs. The major expenditures included in the services and supplies are: the professional services which totaled \$218,985 and were up \$64,757 or 42.0% over the prior year; chemical supplies of \$766,720 were up 225.3% or \$530,989 over last year; the biologicals of \$246,483 were up \$52,200 or 26.9%; and, County overhead charges of \$1,140,466 were down 10.6% or \$135,132. There has been \$21,145 in capital expenditures down \$14,195 or 40.2% compared to FY17.



**Review of Revenues and Expenditures by Division**

**ODHO** has received grant funding of \$3,365 for workforce development initiatives and spent \$712,444 up \$127,350 over FY17 mainly due to: \$29,069 for the staff for the Community Health Needs Assessment and Public Service Interns; \$21,000 for the Public Health Accreditation; and, \$32,500 for the Truckee Meadows Healthy Communities project and matching funds for the Food Bank of Northern Nevada’s Arnold Foundation grant, Collaborating for Communities (C4C).

**AHS** has spent \$853,628 up \$11,830 compared to FY17 mainly due to \$7,659 paid out for accrued vacation time for an employee that left Health District employment and an increase of \$6,050 in travel and seminars due to the workforce development initiative.

**AQM** revenues were \$2,336,156 up \$135,608 with the largest year over year increase of \$119,195 in the air pollution permits and spent \$2,101,768 down \$50,883 with the largest decline due to no required capital expenditure purchases for air monitoring, in FY17 \$35,340 was spent on capital equipment.

**CCHS** revenues were \$2,645,248 up \$400,575 over FY17 mainly due to additional \$196,577 in grant funding for Family Planning and Chronic Disease, \$59,010 in Medicaid reimbursements, and \$80,147 additional insurance reimbursements and spent \$5,581,282 or \$235,642 more than FY17 due to an increase in salaries and benefits costs and additional biologicals needed for the Immunization Program.

**EHS** revenues were \$3,086,856 up \$820,843 over FY17 with \$576,183 of the increase in licenses and permits, mainly food service and pool permits, and \$244,297 in charges for services, of that \$115,502 of the increase is in general/land development and \$47,194 increase due to the 4% Regional Technology Fees used to support Accela Regional Permitting System. EHS spent \$5,213,871, an increase of \$578,774, over last year due to the \$531,000 increase in chemical costs for the Vector program.

**EPHP** revenues were \$1,275,516 down \$47,466 over last year mainly due to loss of grant funding and spent \$1,859,383 down \$42,376 over FY17.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2013/2014 through March 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 (audited)	March Year to Date	Adjusted Budget	March Year to Date	Percent of Budget	FY18 Increase over FY17
<b>Revenues (all sources of funds)</b>									
ODHO	-	-	15,000	51,228	9,159	6,639	3,365	50.7%	-63.3%
AHS	87,930	151	-	-	-	-	-	-	-
AQM	2,491,036	2,427,471	2,520,452	2,979,720	2,200,548	3,197,645	2,336,156	73.1%	6.2%
CCHS	3,388,099	3,520,945	3,506,968	3,872,898	2,244,673	3,905,663	2,645,248	67.7%	17.8%
EHS	1,890,192	2,008,299	2,209,259	3,436,951	2,266,013	3,855,750	3,086,856	80.1%	36.2%
EPHP	1,805,986	1,555,508	2,141,334	2,027,242	1,322,982	1,845,890	1,275,516	69.1%	-3.6%
GF support	8,603,891	10,000,192	10,076,856	10,002,381	7,347,642	10,051,691	7,672,477	76.3%	4.4%
<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>\$ 15,391,019</b>	<b>\$ 22,863,278</b>	<b>\$ 17,019,619</b>	<b>74.4%</b>	<b>10.6%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	-	481,886	594,672	904,268	585,094	1,163,286	712,444	61.2%	21.8%
AHS	1,336,740	1,096,568	996,021	1,119,366	841,798	1,156,241	853,628	73.8%	1.4%
AQM	2,524,702	2,587,196	2,670,636	2,856,957	2,152,651	3,439,932	2,101,768	61.1%	-2.4%
CCHS	6,949,068	6,967,501	6,880,583	7,294,144	5,345,641	7,797,722	5,581,282	71.6%	4.4%
EHS	5,737,872	5,954,567	5,939,960	6,366,220	4,635,098	7,497,726	5,213,871	69.5%	12.5%
EPHP	2,374,417	2,312,142	2,688,659	2,616,411	1,901,759	2,590,833	1,859,383	71.8%	-2.2%
<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>\$ 15,462,040</b>	<b>\$ 23,645,741</b>	<b>\$ 16,322,376</b>	<b>69.0%</b>	<b>5.6%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	-	(481,886)	(579,672)	(853,040)	(575,935)	(1,156,647)	(709,079)		
AHS	(1,248,810)	(1,096,417)	(996,021)	(1,119,366)	(841,798)	(1,156,241)	(853,628)		
AQM	(33,666)	(159,725)	(150,184)	122,763	47,897	(242,288)	234,388		
CCHS	(3,560,969)	(3,446,556)	(3,373,615)	(3,421,246)	(3,100,967)	(3,892,059)	(2,936,034)		
EHS	(3,847,680)	(3,946,268)	(3,730,701)	(2,929,270)	(2,369,084)	(3,641,976)	(2,127,015)		
EPHP	(568,431)	(756,634)	(547,325)	(589,168)	(578,777)	(744,943)	(583,867)		
GF Operating	8,603,891	10,000,192	10,076,856	10,002,381	7,347,642	10,051,691	7,672,477		
Surplus (deficit)	<b>\$ (655,666)</b>	<b>\$ 112,707</b>	<b>699,338</b>	<b>\$ 1,213,053</b>	<b>\$ (71,021)</b>	<b>\$ (782,463)</b>	<b>\$ 697,243</b>		
<b>Fund Balance (FB)</b>	<b>\$ 2,155,799</b>	<b>\$ 2,268,506</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>		<b>\$ 3,398,433</b>			
FB as a % of Expenditures	11%	12%	15%	20%		14%			

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 March, Fiscal Year 2018.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health Fund Financial Review for March, Fiscal Year 2018.

Attachment:  
Health District Fund financial system summary report



Period: 1 thru 9 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%
460528 NESHAP-AQM	225,847-	149,869-	75,978-	66	153,862-	129,851-	24,011-	84
460529 Assessments-AQM	106,866-	88,447-	18,419-	83	81,614-	63,745-	17,869-	78
460530 Inspector Registr-AQ	6,750-	391,342-	6,750-	117	4,608-	1,656-	2,952-	36
460531 Dust Plan-Air Quality	334,771-	6,279-	56,571		257,784-	342,162-	84,378	133
460532 Plan Rvw Hotel/Motel		6,279-	6,279		2,530-	268-	2,262-	11
460533 Quick Start						251-	251	
460534 Child Care Inspection	21,169-	15,973-	5,196-	75	14,904-	12,772-	2,132-	86
460535 Pub Accomod Inspectn	46,666-	30,942-	15,724-	66	33,060-	27,626-	5,434-	84
460570 Education Revenue		136,880-	60,648-	69	97,142-	53,789-	43,353-	55
460723 Other Fees	197,528-	2,502,358-	51,621-	98	1,991,371-	1,830,341-	161,030-	92
* Charges for Services	2,553,979-	1-	1-			31-	31	
481150 Interest-Non Pooled					4,000-	4,000-		100
484000 Donations, Contributions		8,620-	7,430-	54	24,201-	11,605-	12,596-	48
484050 Donation Fed Pgm Inc	16,050-	9,413-	5,015-	65	11,367-	5,923-	5,444-	52
484197 Non-Gov. Grants-Ind.	14,428-	21,195-	24,889-	46	42,576-	19,281-	23,295-	45
485100 Reimbursements	46,084-	203-	203		35,000-	1,968-	33,032-	6
485300 Other Misc Govt Rev	76,562-	39,432-	37,130-	52	117,144-	42,809-	74,335-	37
* Miscellaneous	12,805,988-	9,347,142-	3,458,846-	73	11,622,973-	8,043,376-	3,579,598-	69
** Revenue	10,247,216	7,430,568	2,816,648	73	9,864,879	7,193,043	2,671,836	73
701110 Base Salaries	230,388	198,163	32,226	86	314,723	160,690	154,032	51
701120 Part Time	405,054	319,114	85,941	79	475,463	271,550	203,914	57
701130 Pooled Positions	4,319	1,512	2,807	35	4,319	1,667	2,652	39
701140 Holiday Work								
701150 xContractual Wages	164,408	79,419	84,989	48	165,730	83,714	82,016	51
701199 Lab Cost Sav-Wages	68,241	50,131	18,110	73	80,479	66,103	14,376	82
701200 Incentive Longevity	300	313	13-	104	287	161	125	56
701403 Shift Differential	38,000	23,893	14,107	63	38,000	22,386	15,614	59
701406 Standby Pay	5,000	1,539	3,461	31	5,000	3,539	1,461	71
701408 Call Back								
701410 Detective Pay	95,498	11,820	95,498		84,557	86,146	84,557	
701412 Salary Adjustment	84,041	1,101	72,221	14	84,423	3,744	1,722-	102
701413 Vac Payoff Sick Term		3,396	1,101-		0	14,051	3,744-	
701414 Vacation Denied-Payoff			3,396-			4	14,050-	*1744
701417 Comp Time								
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	11,342,465	8,120,969	3,221,496	72	11,117,860	7,906,797	3,211,063	71
705110 Group Insurance	1,634,991	1,166,417	468,573	71	1,755,795	1,290,887	464,909	74
705115 ER HSA Contribs	66,000	92,872	26,872-	141	529	3,404	2,876-	644
705190 OPEB Contribution	1,305,189	978,892	326,297	75	1,181,460	886,095	295,365	75
705199 Lab Cost Sav-Benef								
705210 Retirement	2,979,795	2,164,746	815,049	73	2,907,355	2,088,820	818,535	72

Period: 1 thru 9 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%
705215 Retirement Calculation								
705230 Medicare April 1986	147,351	111,610	35,741	76	143,403	108,461	34,942	76
705240 Insur Budgeted Incr	48,610		48,610					
705320 Workmens Comp	97,239	72,789	24,450	75	93,193	71,951	21,241	77
705330 Unemply Comp	10,224	8,146	2,079	80	13,751	8,220	5,531	60
705360 Benefit Adjustment	28,461		28,461		21,529		21,529	
* Employee Benefits	6,317,860	4,595,472	1,722,388	73	6,117,014	4,457,838	1,659,176	73
710100 Professional Services	460,462	126,330	334,132	27	655,630	97,385	558,244	15
710101 Lab Testing Services								
710105 Medical Services	9,121	4,066	5,056	45	9,971	4,909	5,062	49
710108 MD Consultants	58,936	31,883	27,053	54	61,210	40,395	20,815	66
710110 Contracted/Temp Svcs	53,610	56,706	3,096-	106	39,600	11,539	28,061	29
710119 Subscripient Payments								
710155 Lobbying Services								
710200 Laundry Contract	61,929	76,475	14,546-	123	91,731	300	300-	56
710201 Service Contract								
710205 Repairs and Maintenance	13,645	1,265	1,265-		14,843	8,334	6,509	56
710210 Software Maintenance	3,000	12,523	1,122	92	12,319	2,942	9,378	24
710300 Operating Supplies	144,572	66,583	77,989	46	178,449	112,854	65,595	63
710302 Small Tools & Allow	1,435	51	1,384	4	1,435	1,266	169	88
710308 Animal Supplies	1,600	780	820	49	1,600	1,049	551	66
710312 Special Dept Expense								
710319 Chemical Supplies	767,535	480	480-		438,225	235,731	202,494	54
710325 Signs and Markers								
710334 Copy Machine Expense	26,066	13,828	12,239	53	35,875	15,375	20,500	43
710335 Copy Mach-Copies	4,044	5,280	1,236-	131	2,001	3,808	1,807-	190
710350 Office Supplies	36,398	24,121	12,277	66	42,667	31,955	10,712	75
710355 Books and Subscriptions	8,145	7,640	505	94	15,690	5,686	10,004	36
710360 Postage	19,260	12,093	7,167	63	21,774	10,645	11,130	49
710361 Express and Courier	100	13	87	13	370	152	218	41
710391 Fuel & Lube	125		125		125		125	
710400 Pmts to O Agencies	140,650	144,943	4,293-	103	31,500	50,176	18,676-	159
710412 Do Not Use								
710500 Other Expense	27,606	7,315	20,291	26	105,780	8,244	97,536	8
710502 Printing	29,043	7,132	21,911	25	26,573	5,621	20,952	21
710503 Licenses & Permits	8,345	4,168	4,177	50	9,245	4,593	4,652	50
710504 Registration								
710505 Rental Equipment								
710506 Dept Inseductible								
710507 Network and Data Lines	9,050	4,880	4,170	54	9,662	6,002	3,660	62
710508 Telephone Land Lines	35,611	26,898	8,713	76	36,606	25,778	10,828	70
710509 Seminars and Meetings	42,628	31,988	10,640	75	47,577	25,297	22,280	53
710512 Auto Expense	9,667	4,344	5,323	45	13,109	5,288	7,820	40

Period: 1 thru 9 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%
710514 Regulatory Assessments	20,000	9,923	10,077	50	20,000	6,836	13,164	34
710519 Cellular Phone	14,341	8,909	5,432	62	14,833	9,065	5,768	61
710529 Dues	32,129	30,958	1,171	96	8,362	32,203	23,841	385
710535 Credit Card Fees	51,157	39,455	11,702	77	52,157	19,277	32,880	37
710546 Advertising	167,119	84,637	82,482	51	149,712	146,425	3,286	98
710551 Cash Discounts Lost		6	6	6		9		
710563 Recruitment		771	771					
710571 Safety Expense	57,891	25,468	32,423	44	55,000	10,864	44,136	20
710577 Uniforms & Special C	4,200	6,042	1,842	144	5,657	7,079	1,422	125
710585 Undesignated Budget	794,954		794,954		450,000		450,000	
710594 Insurance Premium	5,815	5,605	210	96	5,815	5,605	210	96
710600 Lt Lease-Office Space	76,607	57,455	19,152	75	76,607	53,882	22,725	70
710620 Lt Lease-Equipment								
710703 Biologicals	277,612	246,483	31,129	89	302,681	194,283	108,398	64
710714 Referral Services	6,780	3,164	3,616	47	6,780	6,780		
710721 Outpatient	114,985	55,182	59,803	48	108,555	53,725	54,830	49
710872 Food Purchases	2,744	893	1,851	33	2,994	1,217	1,777	41
711008 Combined Utilities	90,800	68,100	22,700	75	90,800	68,100	22,700	75
711010 Utilities								
711100 ESD Asset Management	40,091	31,752	8,339	79	47,382	30,975	16,407	65
711113 Equip Srv Replace	55,159	36,972	18,186	67	44,876	26,660	18,216	59
711114 Equip Srv O & M	64,486	53,213	11,273	83	66,315	37,813	28,501	57
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	27,852	21,729	6,124	78	34,167	17,065	17,102	50
711119 Prop & Liab Billings	82,007	61,505	20,502	75	82,007	59,031	22,976	72
711210 Travel	163,712	72,101	91,611	44	183,341	48,948	134,393	27
711213 Travel-Non Cnty Pers		1,944	1,944			2,148	2,148	
711300 Cash Over Short		32	32			41	41	
711399 ProCard in Process						41	41	
711400 Overhead - General Fund	1,520,621	1,140,466	380,155	75	1,700,797	1,275,598	425,199	75
711504 Equipment nonCapital	83,270	70,237	13,033	84	75,392	105,195	29,803	140
711508 Computers nonCapital	20,000	1,944	18,056	10				
711509 Comp Sftw nonCap	2,631	4,770	2,139	181				
* Services and Supplies	5,754,546	3,584,791	2,169,756	62	5,494,596	3,003,983	2,490,613	55
781004 Equipment Capital	100,000		100,000		40,472	35,340	5,132	87
781007 Vehicles Capital								
781009 Comp Sftw Capital	25,000	21,145	3,855	85	25,000	25,000	25,000	
* Capital Outlay	125,000	21,145	103,855	17	65,472	35,340	30,132	54
** Expenses	23,539,871	16,322,376	7,217,495	69	22,794,942	15,403,957	7,390,985	68
621001 Transfer From General	10,051,691	7,672,477	2,379,214	76	10,002,381	7,347,642	2,654,739	73
* Transfers In	10,051,691	7,672,477	2,379,214	76	10,002,381	7,347,642	2,654,739	73
812230 To Reg Permits-230	100,271		100,271		58,081	58,081		100

Period: 1 thru 9 2018 P&L Accounts Health Fund  
 Accounts: GO-P-L Fund Center: 202 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%
81430 To Reg Permits Capit								
* Transfers Out	100,271		100,271		58,081	58,081		100
** Other Financing Src/Use	9,951,420-	7,672,477-	2,278,943-	77	9,944,300-	7,289,561-	2,654,739-	73
*** Total	782,463	697,243-	1,479,706	89-	1,227,669	71,021	1,156,648	6



**REMSA**

**FRANCHISE COMPLIANCE**

**REPORT**

**MARCH 2018**



**REMSA Accounts Receivable Summary  
Fiscal 2018**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	3986	\$4,530,081.40	\$1,136.50	\$1,136.50	\$409.14
August	4101	\$4,669,433.60	\$1,138.61	\$1,137.57	\$409.52
September	4059	\$4,631,774.80	\$1,141.11	\$1,138.75	\$409.95
October	3812	\$4,346,731.00	\$1,140.28	\$1,139.12	\$410.08
November	4026	\$4,580,696.00	\$1,137.78	\$1,138.85	\$409.98
December	4428	\$5,139,837.20	\$1,160.76	\$1,142.82	\$411.42
January	4239	\$4,948,942.20	\$1,167.48	\$1,146.47	\$412.73
February	3844	\$4,582,675.00	\$1,192.16	\$1,151.87	\$414.67
Totals	32495	\$37,430,171	\$1,151.87		

Allowed ground average bill: \$1,161.23 1/1/18 3% increase  
 Monthly average collection rate: 36% \$1,196.07

**Fiscal Year 2017-2018**

<b>COMPLIANCE</b>			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-17	5 Minutes 43 Seconds	93%	91%
Aug-17	5 Minutes 38 Seconds	93%	93%
Sep-17	5 Minutes 43 Seconds	92%	97%
Oct-17	5 Minutes 45 Seconds	92%	92%
Nov-17	5 Minutes 38 Seconds	92%	96%
Dec-17	5 Minutes 52 Seconds	91%	93%
Jan-18	5 Minutes 39 Seconds	93%	95%
Feb-18	5 Minutes 48 Seconds	92%	96%
Mar-18	5 Minutes 53 Seconds	91%	93%



**Year to Date: July 2017 thru March 2018**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 44 Seconds	92%	94%

**Year to Date: July 2017 through March 2018**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-17	P-1	4:56	5:49	7:48
	P-2	5:06	6:08	8:23
Aug-17	P-1	4:55	5:48	8:09
	P-2	5:03	6:03	7:59
Sep-17	P-1	5:01	5:45	8:06
	P-2	5:21	6:25	6:06
Oct-17	P-1	5:09	5:53	8:05
	P-2	5:22	6:14	8:01
Nov-17	P-1	5:09	5:39	7:34
	P-2	5:13	6:49	8:05
Dec-17	P-1	5:02	6:01	8:30
	P-2	5:23	6:02	8:38
Jan-18	P-1	5:03	5:47	7:56
	P-2	5:06	5:59	7:28
Feb-18	P-1	5:07	5:52	8:03
	P-2	5:24	6:27	8:14
Mar-18	P-1	5:13	6:15	8:06
	P-2	5:32	6:11	8:20

**Year to Date: July 2017 through March 2018**

Priority	Reno	Sparks	Washoe County
P-1	5:05	5:52	8:03
P2	5:16	6:14	8:15



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 01/01/2018 THRU 03/31/2018**

<b>CORRECTIONS REQUESTED</b>					
<b>Zone</b>	<b>Clock Start</b>	<b>Clock Stop</b>	<b>Unit</b>	<b>Response Time Original</b>	<b>Response Time Correct</b>
Zone A	3/1/2018 19:46	3/1/2018 19:48	1C40	0:02:20	0:02:20
Zone A	3/2/2018 0:13	3/2/2018 0:17	1C40	-00:00:03	0:03:53
Zone A	3/3/2018 3:57	3/3/2018 3:57	1C40	-00:01:43	0:00:08
Zone A	3/8/2018 6:49	3/8/2018 6:56	1C18	0:06:38	0:06:38
Zone A	3/9/2018 11:36	3/9/2018 11:49	3S72	0:12:47	0:12:11
Zone A	3/9/2018 11:36	3/9/2018 11:49	2I27	0:11:01	0:12:11
Zone A	3/13/2018 13:40	3/13/2018 13:41	1C19	-00:00:17	0:00:42
Zone A	3/18/2018 13:33	3/18/2018 13:37	1C13	-00:01:42	0:03:26
Zone A	3/19/2018 6:54	3/19/2018 6:57	1C38	-00:03:29	0:03:38
Zone A	3/20/2018 2:11	3/20/2018 2:12	1C14	-00:00:17	0:00:20
Zone A	3/21/2018 12:43	3/21/2018 12:45	1C05	0:01:36	0:01:36
Zone A	3/22/2018 17:39	3/22/2018 17:42	1C35	0:03:16	0:03:16
Zone A	3/23/2018 5:07	3/23/2018 5:10	1C35	0:03:31	0:03:31
Zone A	3/23/2018 18:44	3/23/2018 18:44	1C25	-00:01:06	0:00:33
Zone A	3/24/2018 1:54	3/24/2018 1:54	1C31	-00:00:12	0:00:16
Zone A	3/24/2018 21:49	3/24/2018 21:52	1C33	-00:00:59	0:03:33
Zone A	3/25/2018 16:00	3/25/2018 16:00	1C36	-00:00:27	0:00:18
Zone A	3/26/2018 15:53	3/26/2018 15:54	1C26	-00:00:28	0:01:10
Zone A	3/26/2018 20:20	3/26/2018 20:22	1C06	0:02:07	0:02:07
Zone A	3/28/2018 5:09	3/28/2018 5:14	1C06	-00:00:39	0:04:58
Zone A	3/28/2018 6:00	3/28/2018 6:06	1C14	-00:12:09	0:05:36
Zone A	3/28/2018 6:49	3/28/2018 6:49	1C03	-00:00:07	0:00:10
Zone A	3/31/2018 21:13	3/31/2018 21:15	1C11	-00:01:31	0:02:44

<b>UPGRADE REQUESTED</b>						
<b>Response Area</b>	<b>Zone</b>	<b>Clock Start</b>	<b>Clock Stop</b>	<b>Unit</b>	<b>Threshold</b>	<b>Response Time</b>
None						



EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
03/02/18	Exemption Approved	Weather	Zone A	0:16:13	0:07:14
03/02/18	Exemption Approved	Weather	Zone A	0:16:11	0:07:12
03/02/18	Exemption Approved	Weather	Zone A	0:11:44	0:02:45
03/02/18	Exemption Approved	Weather	Zone A	0:11:38	0:02:39
03/02/18	Exemption Approved	Weather	Zone A	0:10:08	0:01:09
03/02/18	Exemption Approved	Weather	Zone A	0:18:14	0:09:15
03/02/18	Exemption Approved	Weather	Zone A	0:09:15	0:00:16
03/02/18	Exemption Approved	Weather	Zone C	0:21:04	0:00:05
03/02/18	Exemption Approved	Weather	Zone A	0:11:09	0:02:10
03/02/18	Exemption Approved	Weather	Zone A	0:15:02	0:06:03
03/02/18	Exemption Approved	Weather	Zone A	0:10:11	0:01:12
03/02/18	Exemption Approved	Weather	Zone A	0:15:33	0:06:34
03/02/18	Exemption Approved	Weather	Zone A	0:09:29	0:00:30
03/02/18	Exemption Approved	Weather	Zone A	0:19:31	0:10:32
03/02/18	Exemption Approved	Weather	Zone A	0:13:41	0:04:42
03/02/18	Exemption Approved	Weather	Zone A	0:09:08	0:00:09
03/03/18	Exemption Approved	Weather	Zone A	0:17:21	0:08:22
03/03/18	Exemption Approved	Weather	Zone A	0:12:26	0:03:27
03/03/18	Exemption Approved	Weather	Zone A	0:20:32	0:11:33
03/04/18	Exemption Approved	Weather	Zone B	0:26:09	0:10:10
03/16/18	No Exemption Appeal Requested	Weather	Zone A	0:09:08	0:00:09
03/16/18	No Exemption Appeal Requested	Weather	Zone A	0:12:07	0:03:08
03/16/18	No Exemption Appeal Requested	Weather	Zone A	0:11:33	0:02:34
03/16/18	No Exemption Appeal Requested	Weather	Zone A	0:10:57	0:01:58



## GROUND AMBULANCE OPERATIONS REPORT MARCH 2018

### 1. Overall Statics

- a) Total number of system responses: 6618
- b) Total number of responses in which no transports resulted: 2391
- c) Total number of System Transports (including transports to out of county): 4227

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.6%
- b) Medical: 48.7%
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 8.6%
- e) Transfers: 9.6%
- f) Trauma – MVA: 6.6%
- g) Trauma – Non MVA: 21.2%
- h) Unknown: 3.3%

### 3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
  - 100% of cardiopulmonary arrests
  - 100% of pediatric patients (transport and non-transport)
  - 100% of advanced airways (excluding cardio pulmonary arrests)
  - 100% of STEMI alerts 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: 2074**

**Total number of above calls receiving QA Reviews: 410**

**Percentage of charts reviewed from the above transports: 19.8%**



### MONTHLY COURSE AND STUDENT REPORT MARCH 2018

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	4	31	4	31	0	0
ACLS EP	1	5	1	5	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	0	1	0	0	0
ACLS R	18	107	8	81	10	26
ACLS S	5	19	0	0	5	19
AEMT	0	0	0	0		
BLS	79	418	17	117	62	301
BLS I	1	14	1	14	0	0
BLS R	47	248	25	188	22	60
BLS S	15	37	0	0	15	37
B-Con	5	104	5	104	0	0
CE	2	45	2	45	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	1	19	1	19		
EMR R	0	0	0	0		
EMS I	1	18	1	8		
EMT	1	19	1	19		
EMT R	0	0	0	0		
FF CPR	2	6	1	0	1	6
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	3	33	1	19	2	14
HS CPR	47	365	2	16	45	349
HS CPR FA	66	419	9	48	57	371
HS CPR FA S	0	0	0	0	0	0
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	9	64	0	0	9	64
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
HS Primeros Auxilios, RCP y DEA	0	0	0	0	0	0
HS Spanish RCP y DEA	1	1	1	1	0	0
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
Kid Care	1	9	1	9	0	0
PALS	3	14	2	12	1	2
PALS I	0	0	0	0	0	0
PALS R	17	76	3	27	14	49
PALS S	4	16	0	0	4	16
PHTLS	1	3	1	3	0	0
PHTLS R	1	2	1	2	0	0
PM	1	15	1	15		
PM R	0	0	0	0		
<b>Classes w/CPR</b>		<b>CPR Students</b>		<b>REMSA CPR Classes</b>		<b>REMSA CPR Students</b>
259		1517		57		393



<b>COMMUNITY OUTREACH MARCH 2018</b>	
<b>POINT OF IMPACT</b>	
03/22/18	Attended Strategic Highway Safety Plan Occupant Protection Critical Emphasis Area committee meeting.
03/24/18	Child car seat checkpoint hosted by Reno Sparks Indian Colony Injury Prevention Program at the Tribal Health Center; 14 cars and 21 seats inspected. <b>11 volunteers; 3 staff</b>
3/2018	Six office installation appointments; 8 cars and 12 seats inspected.
<b>CRIBS FOR KIDS/COMMUNITY</b>	
02/08/18	C4K attended Northern Nevada Maternal Child Health Coalition.
02/08/18	C4K attended Statewide Safe Sleep meeting.
03/12/18	C4K taught the Train-the Trainer Class at Renown Children`s ER. <b>8 participants</b>
02/13/18	C4K attended Safe Kids Coalition meeting.
03/24/18	Attended checkpoint hosted by Reno Sparks Indian Colony Injury Prevention Program at the Tribal Health Center as a technician



REMSA

Reno, NV  
Client 7299



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## EMS System Report

March 1, 2018 to March 31, 2018

Your Score

**94.44**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**6,801**

Number of Transport Services in All EMS DB

**145**



REMSA  
**March 1, 2018 to March 31, 2018**



**Executive Summary**

This report contains data from **150 REMSA** patients who returned a questionnaire between **03/01/2018** and **03/31/2018**.

The overall mean score for the standard questions was **94.44**; this is a difference of **1.48** points from the overall EMS database score of **92.96**.

The current score of **94.44** is a change of **2.62** points from last period's score of **91.82**. This was the **37th** highest overall score for all companies in the database.

You are ranked **9th** for comparably sized companies in the system.

**84.14%** of responses to standard questions had a rating of Very Good, the highest rating. **98.34%** of all responses were positive.

**5 Highest Scores**



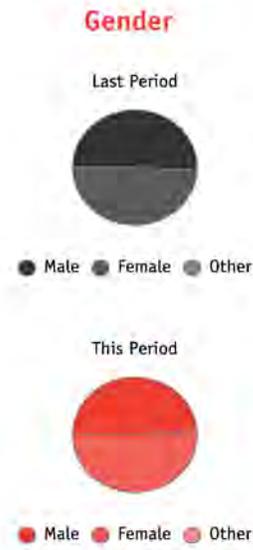
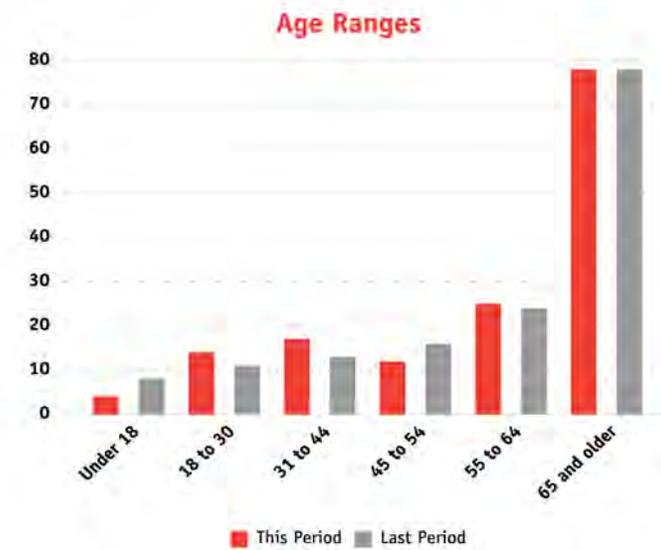
**5 Lowest Scores**



REMSA  
**March 1, 2018 to March 31, 2018**

**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	8	6	2	0	4	3	1	0
18 to 30	11	4	7	0	14	8	6	0
31 to 44	13	6	7	0	17	9	8	0
45 to 54	16	6	10	0	12	2	10	0
55 to 64	24	12	12	0	25	12	13	0
65 and older	78	42	36	0	78	39	39	0
<b>Total</b>	<b>150</b>	<b>76</b>	<b>74</b>	<b>0</b>	<b>150</b>	<b>73</b>	<b>77</b>	<b>0</b>



REMSA  
**March 1, 2018 to March 31, 2018**



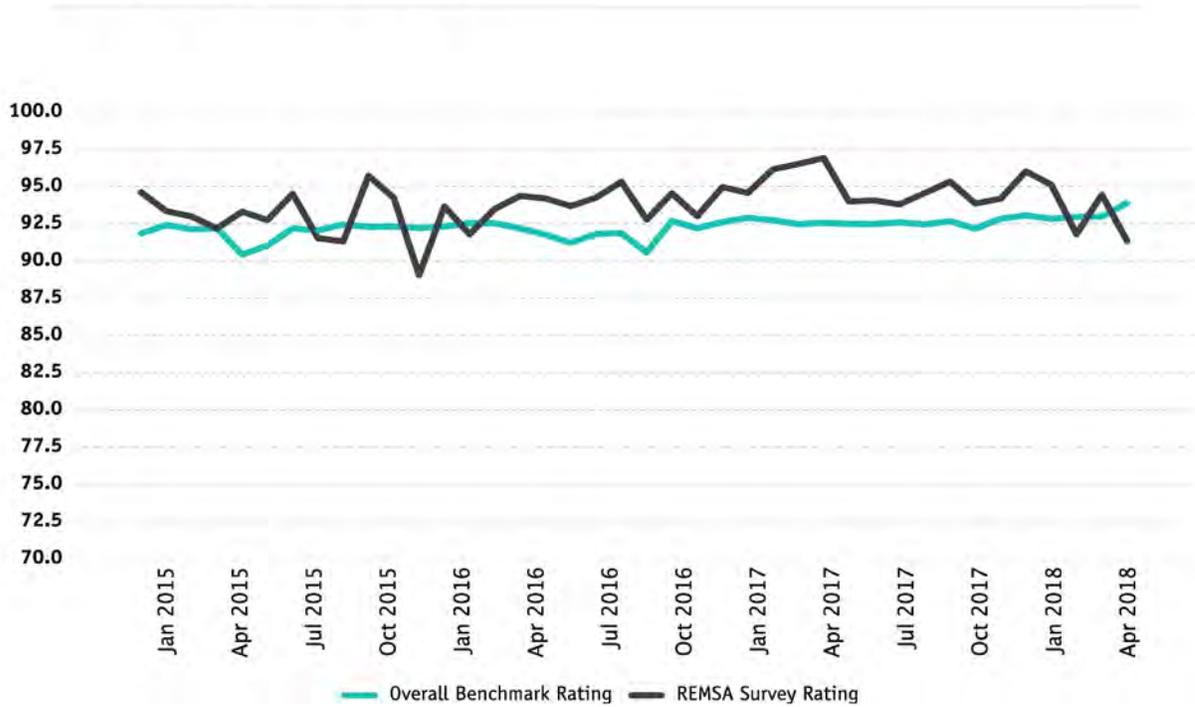
**Monthly Breakdown**

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.

	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Helpfulness of the person you called for ambulance service	94.32	95.45	96.59	91.69	95.21	95.21	93.13	90.58	93.13	97.56	93.55	90.95	92.53
Extent to which you were told what to do until the ambulance	89.53	94.26	94.77	92.10	91.48	96.02	89.89	92.33	94.59	95.65	93.77	90.52	92.97
Extent to which the ambulance arrived in a timely manner	94.12	95.39	92.40	93.40	92.01	95.01	95.44	92.37	92.87	95.84	95.36	92.30	95.11
Cleanliness of the ambulance	96.12	98.13	95.17	97.11	96.04	96.57	99.09	96.82	96.12	98.26	96.49	93.00	96.01
Skill of the person driving the ambulance	97.24	96.23	96.01	95.42	95.49	96.40	96.44	96.82	95.26	96.96	96.12	93.93	95.43
Care shown by the medics who arrived with the ambulance	97.55	98.08	94.47	94.74	95.12	93.90	96.19	93.68	95.49	95.45	95.78	92.94	95.59
Degree to which the medics took your problem seriously	97.45	98.19	93.99	95.88	94.73	94.70	95.90	93.59	95.21	95.93	95.61	91.99	93.97
Degree to which the medics listened to you and/or your family	97.48	97.78	94.31	93.63	93.77	94.52	96.88	94.22	94.75	96.11	95.60	92.11	94.80
Extent to which the medics kept you informed about your	96.92	95.45	91.96	92.92	91.76	92.33	92.75	92.56	93.81	94.98	94.69	91.33	94.04
Extent to which medics included you in the treatment decisions	96.52	95.36	93.77	92.86	92.01	93.16	91.71	93.93	91.47	96.68	93.34	89.66	93.44
Degree to which the medics relieved your pain or discomfort	92.60	94.74	87.89	87.94	87.43	92.54	90.17	86.22	92.90	91.13	91.12	89.07	90.92
Medics' concern for your privacy	97.39	97.44	94.31	95.39	97.16	96.00	96.73	94.72	93.45	95.85	94.40	92.26	95.53
Extent to which medics cared for you as a person	97.83	98.18	94.29	95.74	95.40	95.20	96.95	94.54	94.51	96.41	95.85	92.30	94.24
Professionalism of the staff in our ambulance service billing	100.00	92.86	90.00	95.00	81.25	93.18	96.43	100.00	87.50	97.22	96.88	94.44	100.00
Willingness of the staff in our billing office to address your	100.00	96.43	90.00	87.50	84.50	87.50	100.00	98.08	87.50	96.88	96.43	93.75	100.00
How well did our staff work together to care for you	98.20	98.54	94.99	96.22	96.25	95.72	96.68	95.92	95.98	97.79	96.46	93.02	95.22
Extent to which the services received were worth the fees	94.91	92.29	90.72	78.61	87.92	88.24	83.63	85.47	89.39	91.20	91.67	84.95	89.98
Overall rating of the care provided by our Emergency Medical	97.45	98.20	95.52	94.78	94.94	94.54	95.94	94.97	94.82	97.66	96.10	92.23	94.55
Likelihood of recommending this ambulance service to others	97.40	97.60	95.79	94.93	93.55	96.46	97.34	96.87	95.29	97.68	96.78	93.44	95.47
Your Master Score	96.52	96.91	94.00	94.07	93.80	94.57	95.33	93.86	94.19	96.02	95.12	91.82	94.44
Your Total Responses	150	150	150	150	144	150	150	150	150	150	150	150	150

REMSA  
 March 1, 2018 to March 31, 2018

Monthly tracking of Overall Survey Score





GROUND AMBULANCE MARCH CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better?	Description / Comment	Assigned?	Results after Follow Up
1	01/15/18		"The medic had a hard time putting the IV in my arm"			
2	01/15/18	"everything was good"				
3	01/15/18	"It was all done very well"				
4	01/17/18		"they really understood he's a kid and he's scared"			
5	01/18/18	"they were very kind!"				
6	01/18/18	"hope, no complaints, they were very good to me."				
7	01/18/18	"everything start to finish, got me to the hospital quick, made sure I was comfortable."				
8	01/18/18	"they got me there quickly."	"maybe they need more training for people who have mental illness. Also I would like to know if the ambulance has the power to override the ER. I was in extreme me pain for 3 hours in the ER and I wonder if that it because I didn't communicate well with the medics who showed up"		Assigned 3.6.18 Ticket #5423	Refer to #8 Results After Follow Up
9	01/18/2018		"two of the medics were making fun of the situation and making while the other one was taking me seriously and tell the other two medics to stop and act right. James was really sweet while the other two were very rude. I would never give those to medics to someone I hated."		Assigned 3.6.18 ticket #5424	Refer to #9 Results After Follow Up
10	01/19/18	"I appreciate REMSA a lot! Thank you!"		"5"		
11	01/19/18	"Everything was good."				
12	01/19/18	"I am dissatisfied."	"Better communication with dispatcher and medics with directions."	"Dispatch kept telling me that the ambulance was right out front of my house and it wasn't. Someone get mixed up with the address or something. I made it to the hospital before they did."	Assigned 4.10.18 Ticket #5557	Refer to #12 Results After Follow Up
13	01/19/18	"They did an excellent job. Everything they did, they did perfectly."				
14	01/19/18	"I really appreciate them taking care of my dad."	"Had nothing bad to say."			
15	01/19/18	"I was very well taken care of. It was a good experience."				
16	01/21/18		"It was perfect."			
17	01/21/18	"you came right away! you guys did a wonderful job, I would recommend you guys"				
18	01/21/18	"they got here quick, was super comfortable, and they took care of me."				
19	01/21/18	"you'll did very well"				
20	01/22/18	"They did everything just great! I don't know how you would top their service!"				
21	01/22/18	"Everything went very well. I can't imagine them doing any better."				
22	01/22/18		"They shouldn't train people and play a guessing games in front of the patient."		Assigned 4.10.18 Ticket #5558	Refer to #22 Results After Follow Up
23	01/22/18	"Everything was Great!"				
24	01/23/18		"Son dislocated knee. He was in pain in wheel chair white as ghost. I recommend school district writing a procedure with emergency personnel so what happened to my son doesn't happen again. No one called 911 for my son. I did. There was nothing put in place in case of an emergency."			



GROUND AMBULANCE MARCH CUSTOMER REPORT

#	Month of Service	What Did We Do Well?	What can we do to serve you better.	Description / Comments	Assigned to	Results after release
25	01/23/18		"Consider what kind of medication to give to patient, they should warn patient of side effects of medications they give people for pain."	"Medics laughed at me when the pain medication kicked in. What ever it was it made me feel like I was dead. I was not happy."	Assigned 4.10.18 Ticket #5559	4/12/18 1538, I left a message for the pt. Crew complete an occurrence report ASAP. Message left with pt. 4-10-18
26	01/23/18		"Treat people with dignity. Treat people like people, like human beings."	"medication wrong & seizer horrible broke HIPPA. Just her seizers again blown condition was nothing wave with a flip off I complain I was confronted acted correctly her personal problem was made fun of"	Assigned 4.10.18 Ticket # 5560	4/12/18 1310, left message for the pt I also merged her last complaint from 1/4/18 which she did not call back on. I will close out this ticket and reopen if PT calls back. Left message with complainant 4/10/2018.
27	01/25/18		"not cost so much."			
28	01/25/18	"They did everything perfectly."				
29	01/25/18		"My foot was broken and it was flopping around. It would have been nice to have my ankle in a brace. It took seven hours for pain medication."		Assigned 4.10.18 Ticket #5561	4/12/18 1237, left a message for the pt
30	01/26/18	"Everything went so well, i am very happy."	"I don't see how you could do that."			
31	01/26/18	"Everything was great."				
32	01/27/18	"They did an outstanding job, excellent job! Keep up the good job!"	"Keep up the good job!"			
33	01/27/18	"They listened very well and very helpful."				
34	01/27/18		"Too much money. Reduce price."			
35	01/26/18	"It was efficient. I got back to normal quickly after the accident."				
36	01/27/18	"They have been excellent every time I have had to use REMSA"				
37	01/28/18		"The blankets are too scratchy. Provide blankets that are softer."			
38	01/28/18	"They went out of their way to be helpful! They did super!"				
39	01/29/18		"Contact pt's mother"		Assigned 3.20.18 Ticket #5473	Refer to #39 Results After Follow Up
40	01/29/18	"they made me as comfortable as possible"				
41	01/30/18	"they handle everything well! got everything done."				
42	01/29/18	"they were quicken and listened to everything I was telling them. they fixed me right up."	"I think they should ask to play music. I understand you can't be listening to music extremely loud if you are talking back and fourth to each other. but when I have listened to music in ambulances it was calmed me down"			
43	01/31/18	"they helped me, asked me how I was feeling, gave me blankets when I said I was cold, and kept saying sorry for when I was getting stuck with needles. but it was good overall!"				
44	01/31/18	"they took care of me. took my blood pressure and checked my vitals."				
45	01/31/18	"they were awesome!"				



GROUND AMBULANCE MARCH CUSTOMER REPORT

#	Date of Service	Yours Duty Dear Patient	What Can We Do To Serve You Better?	Description, Comments	Assigned	Resolution / Message
46	01/30/18	"they talked to me the whole time and tried to keep me informed, also tried to keep me awake the whole time as well. I was in and out of it but overall they seem like they did a good job."				
47	01/31/2018	"very helpful, not demanding, asked me and my feelings, they were extremely kind, comfortable and easy, just very helpful, very impressed with the swiftness of them too."	"I don't think you could improve!"			
48	01/31/2018		"don't try to make something out of nothing because I did not fall because of my medication"			
49	01/31/2018		"no complaints!"			
50	01/31/2018	"they are on top of it, they took really good care of him"				
51	01/31/2018	"very concerned and treated me with care"				
52	01/31/2018	"everything perfect no complaints"	"learn Dutch"			
53	01/31/2018	"they treated me very well and the medics were very friendly."				
54	02/01/2018		"wouldn't let my mom ride with us at all, were very combative, was not treated well at all."		Assigned 4.10.18 Ticket# 5562	Refer to #54 Results After Follow Up
55	02/01/2018	"I was not able to ride with her, but Catlin doesn't have a mind of a 21 year old, and I cant tell you that they were able to get an IV in her and she is not one to do well her IVs, I also know they did keep her calm did a really good with her. we're very thankful"				
56	02/01/2018	"they did everything good, didn't have problem"				
57	02/01/2018					
58	02/01/2018	"Everything was excellent."				
59	02/01/2018		"More instruction with vein and IV's."			
60	02/01/2018		"They could have been more gentle with me."			
61	02/02/2018	"Everyone was fantastic, I was very please and satisfied."				
62	02/02/2018	"made sure I was comfortable and I got to the hospital right away and took very good care of me all the way round"				
63	02/02/2018	"nothing but good things to say about Remsa"				
64	02/03/2018	"they did there job!"				
65	02/03/2018		"they had to take him from the house to the ambulance to the hospital. This was in the middle of the night in mid Jan. below freezing, they took him just in his boxer, because he's older & on oxygen he got extremely sick from this trip, we would have liked if he had better covered before leaving."		Assigned 4.10.18 Ticket #5563	Refer to #65 Results After Follow Up
66	02/03/2018	"They saved my life, I am very appreciative for them!"				
67	02/03/2018	"Lower costs."				
68	02/03/2018	"always excellent! YouTube xxx the law loving crew"				
69	02/04/2018		"work with low income people on payment arrangements for longer periods of time."			
70	02/04/2018		"Lower cost."			
71	02/08/2018	"Each time I use REMSA they do just fine. They are always a five!"				
72	02/08/2018		"Do IV's better."			



GROUND AMBULANCE MARCH CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Did We Do to Better You?	Description / Comments	Assigned To	Resolution Follow-up
73	02/08/2018		"Stop ambulance while putting IV in."			
74	02/09/2018		"lead with compassion "	"Dispatch needs to better communicate and address people who call for help to consider other options do to a shortage of ambulance services. Have a script to follow sugared with kindness and compassion."	Assigned 4.10.18 ticket#5564	Refer to #74 Results After Follow Up
75	02/10/2018	"Medic made sure my house was locked up before we left for the hospital."				
76	02/10/2018		"pick a way to avoid bumps and curves!"			
77	02/09/2018	"They were very personable."	"administratively never ending circle city of reno crew is professional and billing the right people. REMSA has saved me. 2 or three times about 8 10 years"			
78	02/11/2018		"warm"			
79	02/11/2018		"Back in Jan. 23 the medics wrote down incorrect documentation in proper care for me, medics kept telling me I was experiencing anxiety and didn't listen to either my husband or me. I would coach on better medics on compassionate skills"		Assigned 4.10.18 Ticket #5565	Refer to #79 Results After Follow Up
80	02/12/2018	"Very thing was perfect, I am so happy and satisfied."				
81	02/12/2018	"Everything exceeded my expectations."				
82	02/16/2018	"they were really professional and quick about everything that was going on"				
83	02/17/2018	"everything was done really well!"				
84	02/17/2018	"they were quick, got everything done. they did really good"				
<b>RESULTS AFTER FOLLOW UP</b>						
#						
8	01/18/18	I spoke with the complainant at length about her concerns, which were that she had a "life threatening" illness that our paramedics failed to diagnose, and that she was placed in triage for 3 hours instead of being evaluated by a physician immediately. I explained our paramedics are unable to diagnose specific illnesses related to abdominal pain, and that we follow approved protocols to treat specific complaints. The patient insisted we should have contacted her physician prior to transport. I explained our procedures do not typically involve contacting patient's physicians, and that our focus is providing expeditious transport to a medical center where staff can make the appropriate calls and access the patient's medical history. I further explained that we do not select the placement of the patient after arrival at the facility, but that we are advised during transport, through radio communication with the ER charge RN, of where to place the patient. The complainant argued passionately about the flawed protocols we operate under, and how we should change them immediately. The patient continued to repeat her concerns, and asked me whom she should contact in order to have our protocol changed. I referred her to the Washoe County Health Department, EMS division. At this point the pt. abruptly terminated our conversation.				
9	01/18/18	3.7.18Placed a call to patient and was told by person that answered the phone that she won't be available till next week. I will call back on my next shift. 4.10.18Repeat phone call to listed telephone number came back as no longer in service. Per crew, there were several people on scene, not all of whom were involved in pt. care. Walters stated she and her partner were attentive and respectful to the pt. at all times.				
12	01/19/18	"It appears the response time was 3 minutes. Unknown what specific routing issue is referred as this was a pick up at a hospital, as it was an emergent transfer."				
22	01/22/18	I spoke with , one of the medics on the call, who states she remembers having a student on the ambulance that day. She assumed the patient's comments were in regards to the questions and guidance that were directed to the student while in the ambulance. I spoke with the patient, who is a trained Medical Assistant. She confirmed she was concerned that during transport there was dialogue between the student and the medic, and she felt that it was inappropriate given the amount of distress she was in. I thanked the pt. for her comments and for taking the time to talk to me. I advised her it's not uncommon for students to obtain training on the ambulance. She said she understood. I apologized for her negative experience and asked if her treatment, which included blood glucose measurement, ECG, IV, and Zofran administration, was done appropriately, she stated it was. Pt. thanked me for the call.				
38	01/29/18	3/22/18 0905, I contacted PT's Mother, she told me her son has a lock box with a key inside, code is *** on his apartment door. I told her I would talk to dispatch and have it put in our CAD, she told me the only problem is her son changes the code from time to time. I asked her to tell her son not to change the code and if he does just to call us back at REMSA and we will try to change it, she thanked me for taking the time. I had communications put in a ticket in the Help Desk as IT has to enter these in the CAD. No further				
54	02/01/18	4/12/18 1210, I contacted the pt , he was very nice but was upset the crew missed the IV attempt as his veins are like 'horse ropes'. He told me they would not let his son and mother ride in the ambulance, they just did not treat him or his family well at all. I told him I would talk to the crew and a report would be filed, he thanked me. I will have the crew complete an occurrence report ASAP, the chart is well documented with the pt being upset after the IV attempt.				



GROUND AMBULANCE MARCH CUSTOMER REPORT

ID	Dispatch Date/Time	What Did We Do Well	What Can We Do To Serve You Better?	Description / Comments	Assigned to	Results / Follow-up
65	02/03/18			4/11/18, I called the pt twice but he was unable to speak to me. I did speak to his wife and told her what the complaint was and she did agree they took him out in his boxers and he was very cold. Pt's wife just wanted him to get a blanket and warm him up better. I told her I understand and would talk to the crew and a report would be filed. Wife thanked me and said she would tell PT. I will have the crew complete an occurrence report ASAP		
74	02/09/18			I have listened to the call. Primary PSAP transferred the call and sounded slightly abrupt. Our dispatcher followed protocol and was professional and polite throughout the entire call. During interrogation, caller was put on hold to answer another 911. Action and reasons were explained to the caller as well as "help is on the way". After coming back to the caller, our dispatcher even apologized to the caller for having to put her on hold. There were no delays in the unit being sent or arriving on scene. Unit marked on scene 08 minutes and 25 seconds after phone ring. No comments as to "shortage of ambulance services" was mentioned at any time during the call. Please let me know if I can be of further assistance.		
79	02/11/18			4/12/18 1040, I spoke with the pt, she was very nice but upset with one of the crew members during her transport to RRMCC on 1/23/18. PT's husband called 911 for a seizure. PT was upset at the female in the back with her, she said the EMT did not believe anything she said as in she did not have a seizure only a anxiety attack. Arrived at RRMCC, PT said she was taken to triage and the crew told the ER staff she was short of breath. PT then sat in triage for 9 hrs. and no one believed her or her husband she had a seizure. I apologized to PT several times and asked her to contact REMSA ASAP if she had any problems with a transport. I told her I would talk to EMT about this incident and a report would be filed. PT thanked me for taking the time to listen to her. I will speak to EMT and have her complete an occurrence report ASAP (Medic no longer employed).		



# March 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## PUBLIC RELATIONS

### Emergency Preparedness

Nevada Today did a story on University preparedness, and mentioned REMSA's tour of the University.



### Drones

The RGJ continues to mention REMSA's drone delivery service. It is in the photo caption accompanying NCET's Tech Tips.



Health Tech mentions REMSA's partnership with Flirtey.





# March 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## PUBLIC RELATIONS

### Point of Impact

The March Free Car Seat Checkpoint was posted on several calendar listings.

**REMSA Free Car Seat Check Point**  
Saturday, March 24, 2018  
10:00 am - 1:00 pm

**Reno Sparks Indian Colony Tribal Health Center**  
1715 Kuersten Street,  
Reno, NV  
Directions

Price: Free - Free

REMSA's Point of Impact program encourages parents to ensure their car seats are properly installed. A properly installed car seat can reduce the risk of death by as much as 71 percent. When visiting the checkpoint, parents should bring their child(ren) and car seat(s) and 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. In addition, they will check the installation, correct any problems and provide education on the proper use and installation of the car seat.

This outreach program encourages parents to check the car seat to make sure it has all its parts, labels and instructions. It should also never have been involved in a crash. REMSA will help people register their car seat with the manufacturer if they have not done so already. Registration makes it easy for the manufacturer to contact the consumer in the event of a recall.

**REMSA Free Car Seat Check Point**  
March 24 at 10:00 am - 1:00 pm Free

**REMSA Free Car Seat Check Point**  
3/24/2018  
Reno Sparks Indian Colony Tribal Health Center, 1715 Kuersten Street, Reno

REMSA's Point of Impact program encourages parents to ensure their car seats are properly installed. A properly installed car seat can reduce the risk of death by as much as 71 percent. When visiting the checkpoint, parents should bring their child(ren) and car seat(s) and 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. In addition, they will check the installation, correct any problems and provide education on the proper use and installation of the car seat.

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For additional information about this program and/or child safety seats, call 858-KIDS (858-5437) or visit our website at [remsahealth.com](http://remsahealth.com).

# March 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## SOCIAL MEDIA HIGHLIGHTS

### Facebook

- Likes to-date: 2,282
- Followers to-date: 2,255
- March posts: 30
- March post comments: 34
- March post shares: 67
- March post reactions: 796

### Top 3 Posts By Reach

#### 1. Joint Scenario Training

- 1,818 people reached
- 98 reactions, comments and shares



Regional Emergency Medical Services Authority - REMSA added 4 new photos.  
Published by KPS3 [?] · March 23 at 1:42pm · [?]

Our Continuous Quality Improvement (CQI) department puts on a Joint Scenario Training each quarter with local fire departments. We recently worked with Truckee Meadows Fire Protection District by simulating a pediatric hypothermia case. Appreciate great partnerships like this in our community.

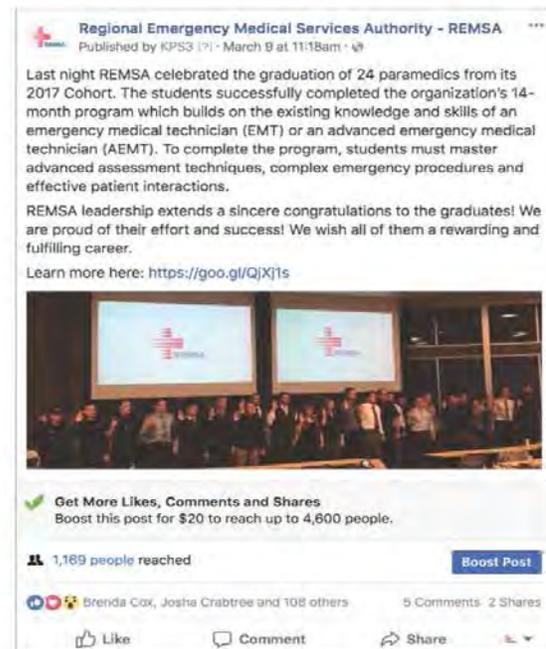
1,818 people reached

Get More Likes, Comments and Shares  
Boost this post for \$20 to reach up to 4,600 people.

1 Comment 6 Shares

#### 2. Graduation of Paramedics

- 1,169 people reached
- 153 reactions, comments and shares



Regional Emergency Medical Services Authority - REMSA  
Published by KPS3 [?] · March 9 at 11:18am · [?]

Last night REMSA celebrated the graduation of 24 paramedics from its 2017 Cohort. The students successfully completed the organization's 14-month program which builds on the existing knowledge and skills of an emergency medical technician (EMT) or an advanced emergency medical technician (AEMT). To complete the program, students must master advanced assessment techniques, complex emergency procedures and effective patient interactions.

REMSA leadership extends a sincere congratulations to the graduates! We are proud of their effort and success! We wish all of them a rewarding and fulfilling career.

Learn more here: <https://goo.gl/QjX1s>

1,169 people reached

Get More Likes, Comments and Shares  
Boost this post for \$20 to reach up to 4,600 people.

5 Comments 2 Shares

SOCIAL MEDIA HIGHLIGHTS

## Top 3 Posts By Reach (Continued)

### Employee Appreciation Day

- 1,026 people reached
- 41 reactions, comments and shares



Regional Emergency Medical Services Authority - REMSA added 9 new photos.  
Published by KPSS [?] · March 2 · 🌐

At REMSA, we appreciate all that our employees have to offer to our organization and community. Their talents, commitment, energy and dedication to ensuring our patients consistently receive compassionate and innovative care is inspiring! #EmployeeAppreciationDay

Get More Likes, Comments and Shares  
Boost this post for \$20 to reach up to 4,600 people.

1,026 people reached [Boost Post](#)

37 reactions 3 Shares

Like Comment Share



# March 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## SOCIAL MEDIA HIGHLIGHTS

### LinkedIn

- Followers to-date: 904
- Posts: 8
- Impressions: 6,675
- Clicks: 362
- Social Actions: 64

### Top Post By Impressions

- Impressions: 1,491
- Clicks: 19
- Social actions: 8



### March Website Referral Sessions from Social Media

Website referral sessions from social media have increased 131% year over year. Increase in sessions in March can be attributed to Facebook, LinkedIn and YouTube.



# March 2018 Public Relations + Digital Media Highlights Report

District Board of Health

GOOGLE ANALYTICS

## REMSA Google Analytics

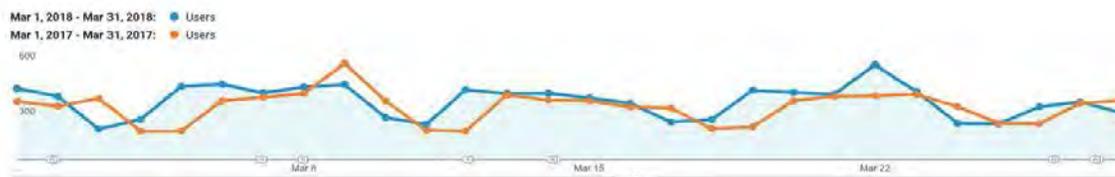
We use Google Analytics to measure the various ways visitors come to the website. The best way we can measure how public relations is driving people to the REMSA website is to evaluate referral and direct traffic. Referral traffic is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc. Direct traffic are users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to brand awareness, as well.

Both referral and direct traffic year over year in the month of March decreased - referral sessions decreased by 21% and direct sessions decreased by 2%. We have tracked public relations efforts in Google Analytics to see how each effort influences site data. Annotated icons represent PR efforts in addition to various website updates.

### Overall Site Sessions in March (Year over Year Comparison)

Overall, the new website is performing great in all areas in Google Analytics:

- Sessions: 2% increase year over year
- Users: 17% increase year over year
- Pageviews: 3% increase year over year
- Pages / Session: 1% increase year over year
- Avg. Session Duration: -26% decrease year over year
- Bounce Rate: 11% decrease year over year





**REMSA 2017-18 PENALTY FUND RECONCILIATION AS FEBRUARY 28,  
2018**

**2017-18 Penalty Fund dollars accrued by month**

<u>Month</u>	<u>Amount</u>
July 2017	\$6,510.60
August 2017	6,275.80
September 2017	9,269.04
October 2017	7,060.72
November 2017	6,271.88
December 2017	8,733.88
January 2018	7,279.84
February 2018	8,018.44
March 2018	
April 2018	
May 2018	
June 2018	

<b>Total accrued as of 2/28/2018</b>	<b><u>\$59,420.20</u></b>
--------------------------------------	---------------------------

**2017-18 Penalty Fund dollars encumbered by month**

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Child Safety	\$5,965.00	500 First Aid Kits for children's league sports	January-18

<b>Total encumbered as of 2/28/2018</b>	<b><u>\$5,965.00</u></b>
---	--------------------------

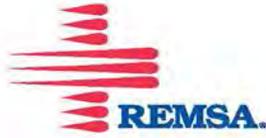
<b>Penalty Fund Balance at 2/28/2018</b>	<b><u>\$53,455.20</u></b>
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**REMSA INQUIRIES**

**MARCH 2018**

No inquiries for March 2018



# February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## PUBLIC RELATIONS

### Go Red

REMSA discusses heart disease in women for American Heart Association's Go Red day with KRXI/KRNV.

### Reno goes red to raise awareness of heart disease in women

By News 4-Fox 13 District Staff | Friday, February 2nd 2018

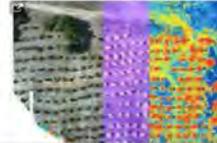


### Drones

REMSA continues to receive coverage on drone technology, including the expansion of the drone delivery coalition, in the Northern Nevada Business Weekly and the Reno Gazette Journal.

### Drone technology, with deep roots in Northern Nevada, primed for the future

Sally Roberts | sroberta@nnbw.biz  
February 16, 2018



RENO, Nev. — At the opening ceremonies of the 2018 PyeongChang Winter Olympics on Feb. 8, South Korea showed off its stunning technology, including a swarm of drones synchronized to form the Olympic rings while hovering above.

Those who work with drones — more formally known as unmanned aerial vehicles (UAV) — in Northern Nevada consider the feat a cool display of the capability of drones.

Nevada Business





# February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## PUBLIC RELATIONS

### Point of Impact

The February Free Checkpoint is posted on calendars for KOLQ, This is Reno and Reno News & Review.



**REMSA Free Car Seat Check Point**  
 Saturday, February 24, 2018  
 10:00 am - 1:00 pm

**REMSA** Northern Nevada Medical Group  
 5070 Ion Drive  
 Sparks, NV  
[Directions](#)

Price: Free - Free

**Contact Info**  
 Vicki Fisher  
 REMSA  
 vfisher@remsa-cf.com  
 775-858-5437

**More Info**  
 REMSA Free Car Seat Check Point.

**RN&R**

REMSA's Point of Impact program encourages parents to ensure their car seats are properly installed. A properly installed car seat can reduce the risk of death by as much as 71 percent. When visiting the checkpoint, parents should bring their child(ren) and car seat(s) and 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. In addition, they will check the installation, correct any problems and provide education on the proper use and installation of the car seat.

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For additional information about this program and/or child safety seats, call 858-KIDS (858-5437) or visit our website at [remsahealth.com](http://remsahealth.com).

**This Is Reno**

### Overdoses: What To Do and The Signs

Posted: Feb 28, 2018 4:53 AM PST  
 Updated: Feb 28, 2018 5:26 AM PST  
 By Jamin Hays CONNECT



### Drug Overdoses

Cindy Green talks with KTVN about the rise of overdoses and the use of Narcan.



## February 2018 Public Relations + Digital Media Highlights Report

*District Board of Health*

### PUBLIC RELATIONS

#### Por Tu Corazon 2/11/2018 at Little Flower Church

REMSA educators were on site teaching Hands-Only CPR in Spanish.



#### Love Your Heart Celebration 2/10/2018 at Meadowood Mall

REMSA educators were on site teaching Hands-Only CPR.



## February 2018 Public Relations + Digital Media Highlights Report

*District Board of Health*

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PUBLIC RELATIONS

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### Senior Care Plus Day 2/14/18 at Hometown Health

REMSA educators were on site teaching Hands-Only CPR.



### CPR Awareness Friends and Family Class 2/24/18 at The Discovery Museum

The Friends and Family CPR event at The Discovery Museum welcomed 39 people, including children.



SOCIAL MEDIA HIGHLIGHTS

## Facebook

- Followers to-date: 2,199
- February post shares: 71
- February posts: 25
- February post reactions: 487
- February post comments: 45

## Top 3 Posts By Reach

### 1. Psychological First Aid

2/19/18

- 2,563 people reached
- 36 likes, comments shares

### 2. New Eurocopter AStar B3 Helicopter

2/1/18

- 2,001 people reached
- 95 likes, comments shares

**Regional Emergency Medical Services Authority - REMSA** ...  
February 19 at 9:00am · 🌐

Learn how to spot stress, use resilience to reduce stress and give immediate support to people in stressful situations. The American Red Cross will be teaching a FREE class on Psychological First Aid at REMSA on Tuesday, March 13, and Friday, March 16. Sign up at the link below:



**Class Enrollment**  
This course offers 4 hours of training to any participant that would like knowledge on the topic of psychological first aid. The following are the objectives of the course:  
[REMSAEDUCATION.EMROLLWARE.COM](http://REMSAEDUCATION.EMROLLWARE.COM)

👤 2,563 people reached Boost Post

👤 Val Popovich, Megan Duggan and 14 others · 2 Comments 7 Shares

**Regional Emergency Medical Services Authority - REMSA** ...  
February 1 at 11:57am · 🌐

Care Flight is excited to show off the redesigned look of our new Eurocopter AStar B3 helicopter! Key elements include Care Flight's familiar blue body, the Care Flight name along the tail and the can't-miss silver Star of Life. Today, we are also pleased to welcome our new air operator, Med-Trans. Together, Med-Trans and Care Flight will continue to provide excellent patient care across northern Nevada and northeastern California.



👤 2,001 people reached Boost Post

👤 Phil Mathery, Pat Davis and 35 others · 3 Comments 7 Shares

# February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## SOCIAL MEDIA HIGHLIGHTS

### Top 3 Posts By Reach (Continued)

#### 3. Save a Heart CPR instruction

2/2/18

- 1,394 people reached
- 51 likes, comments shares

### LinkedIn

- Followers to-date: 894

#### February Website Referral Sessions from Social Media

Website referral sessions from social media have increased 247% year over year. Increase in sessions in February can be attributed to Facebook (170 vs. 50) and YouTube (20 vs. 7).

**Regional Emergency Medical Services Authority - REMSA** \*\*\*

February 2 at 8:56am · 🌐

Each year, more than 350,000 out-of-hospital cardiac arrests occur in the United States. When a person experiences cardiac arrest, survival depends on immediately receiving CPR from someone nearby. REMSA is offering Save a Heart CPR instruction (awareness, video-based, non-certification) from 9-11 a.m. on Saturday, Feb 17. This class is ideal for community groups, parents, grandparents, caregivers, teachers, coaches and students. Class is \$25 with a portion of the proceeds benefiting the Northern Nevada American Heart Association. Pre-registration is required.



**Class Enrollment**

The is an awareness video-based, classroom course intended for anyone who wants to learn CPR and prefers to learn in an instructor-led or facilitated group environment. This course is for people who do not need a course completion...

[REMSAEDUCATION.ENROLLWARE.COM](http://REMSAEDUCATION.ENROLLWARE.COM)



# February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

GOOGLE ANALYTICS

## Overall Site Sessions in February (Year over Year Comparison)

Here is the site performance for the month of February 2018:

- Users: 33% increase YOY
- New Users: 33% increase YOY
- Sessions: 22% increase YOY
- Number of Session per User: 8% decrease YOY
- Pageviews: 51% increase YOY
- Pages / Session: 23% increase YOY
- Avg. Session Duration: 10% decrease YOY
- Bounce Rate: 7% decrease YOY



The best way we can measure how public relations is driving people to the REMSA website is to evaluate referral and direct traffic. Referral traffic is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc. Direct traffic are users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to brand awareness, as well.

Both referral and direct traffic year over year in the month of February have increased - referral sessions by 3% and direct sessions by 35%. We have tracked public relations efforts in Google Analytics to see how each effort influences site data. Annotated icons represent PR efforts in addition to various website updates.



# February 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## GOOGLE ANALYTICS

### Referral Traffic:



### Direct Traffic:



DD	RT	__	__
DHO	_____	KD	_____
DA	_____		_____
Risk	_____		_____

**STAFF REPORT**  
**BOARD MEETING DATE: April 26, 2018**

**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 April Meeting Summary

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The Regional EMS Advisory Board (Board) held its quarterly meeting on April 5, 2018. Below is a summary of items discussed.

**Updates to the EMSAB:** The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included highlighting the Mass Casualty Incident Plan tabletop exercises with regional fire, law enforcement and REMSA representatives. The Board also heard a presentation from the EMS Coordinator and Manager on the EMS Today Conference. The presentation included not only lessons learned for the region but a review of previous conference information that has now been implemented in Washoe County.

**CAD-to-CAD (C2C) Interface Update:**

The C2C vendor revealed some issues that will require a new CAD version for REMSA. Additionally, a new CAD build is needed for the City of Reno. The new build requires a “cold start” on the training system. There is no current date for the build or the deployment. However, the C2C vendor anticipates testing to begin the week of May 7. If testing goes as planned, the rollout is expected for early June.

**Mid-Year Data Report:** The Board accepted the Fiscal Year 2018 mid-year data report. It includes the bi-annual review of the Omega call process. The report is attached.

**Five-Year Strategic Plan:** The Board was provided an update on projects that are ongoing with the strategic plan. Listed below are the highlighted items:

- The regional protocols went into effect on April 1, 2018. Eight response agencies within Washoe County are now operating under the same protocols. This helps to ensure continuity of patient care.
- Staff reported on the planning objective related to implementing appropriate protocols to determine service level through the EMD process to low acuity Priority 3 calls. Specifically for card 33 facilities (those who meet criteria include a medical professional on-staff at all times and access to a crash cart/AED), the subcommittee is recommending that Fire and REMSA both respond only to Priority 1 calls. The subcommittee is now working on alpha determinants, utilizing statistical reports to evaluate if the Nurse Health Line would be an appropriate response for the call.

- The Electronic Patient Care Record for cardiac data is successfully being transferred in the field from the fire department to REMSA. This allows hospitals to have a complete record of patient care from first arriving unit through hospital arrival.

**Update on PSA Project on Appropriate use of 911:** The Health District Strategic Planning initiative 2.2.5.1 is the development of a marketing plan to educate the public on the appropriate use of 911. Staff provided the EMSAB with an update of this project and provided some examples of the developed marketing materials. Examples are attached.

**Online Heat Maps:** The Board reviewed the online heat map, a tool available for the region outlining regional performance. The data contained are EMS response times, measured from a patient's perspective as the difference between the initial 911 call to the first arriving unit on scene, regardless of agency. The Board approved the update to the maps to include the addition of a Year 1/Year 2 with a swipe map.

**Board Requests:** The Board heard three presentations based on items requested during previous EMS Advisory Board meetings.

- Presentation on Advanced Life Support services utilized by regional EMS response agencies: Regional agencies provided information regarding how often paramedic service levels were being utilized on calls for service during Fiscal Year 2017.
- Presentation regarding Regional EMS Strategic Plan items related to automatic vehicle location: Staff presented information obtained through research and meetings with the three PSAPs. The attached information paper was presented and updated with the labeling requested for the GIS maps.
- Amendment to the Interlocal Agreement for EMS Oversight: This item was recommended to be presented to the governing bodies for signature.

## Washoe County Health District EMS Oversight Program Mid-Year Data Report

The regional tables depict analyses approved by the EMS Advisory Board on January 2017. The jurisdictional tables and figures reflect performance relative to the standards and measures adhered to by local fire departments. Regional and jurisdictional analyses include 911 EMS data for Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, and REMSA

- Regional Tables; Table 1- Table 4
- Reno Fire Department
- Sparks Fire Department Jurisdictional Performance; Table 5 & Figure 1
- Truckee Meadows Fire Protection District Jurisdictional Performance; Table 6 & Figure 2

### REMSA Call Priority

- Priority 0: Priority Zero, or an unknown priority, occurs when the emergency medical dispatching (EMD) questioning process has begun however either A) REMSA was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA arrived on scene prior to the EMD process being completed.
- Priority 1: High acuity calls, deemed life-threatening.
- Priority 2: Medium acuity calls, no imminent danger.
- Priority 3: Low acuity calls, no clear threat to life.
- Priority 9: Also referred to as Omega calls, are the lowest acuity call.

**Table 1:** Total number of fire calls that matched to REMSA calls, by REMSA call priority.

REMSA Priority	#	%
0	202	0.7%
1	13,269	48.1%
2	9,731	35.3%
3	4,237	15.4%
9	162	0.6%
Total	27,601	100%

**Table 2:** Travel time for fire (time from when fire agency goes en route to fire agency arrival on scene) median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

Fire Travel Time: En route to Arrival		
Median	Mean	90th Percentile
04:17	05:07	07:49
<sup>1</sup> Used N = 19,829		

<sup>1</sup> The number of calls measured is denoted as the "Used N" and is dependent on the validity of the time stamps necessary for the analysis.

**Table 3:** Travel time for REMSA (time from when REMSA goes en route to arrival on scene) median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

REMSA Travel Time: En route to Arrival		
Median	Mean	90th Percentile
05:26	06:21	10:36
Used N = 21,555		

**Table 4:** How long a patient is waiting from the initial 911 call to the first arriving unit on scene.

REMSA Priority	Patient's Perspective
0	06:21
1	05:53
2	06:28
3	07:18
9	08:04
Total	06:17
Used N = 26,670	

### Reno Fire Department

The City of Reno's Master Plan was approved December 13, 2017 and provides Levels of Service Response Time Targets as follows:

*Urban: First fire department response unit will arrive at a fire emergency or medical emergency within four minutes 30 seconds from time of dispatch 85 percent of the time.*

*Suburban: First fire department response unit will arrive at a fire emergency or medical emergency within six minutes 30 seconds from time of dispatch 85 percent of the time.*

Due to lack of the designation "urban" or "suburban" being provided with data reported to the EMS Oversight Program during this review period, the Levels of Service Response Time Targets are not able to be measured.

### Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The following SFD analyses only include those Sparks Fire Department calls designated as a Priority 1 per the responding captain.

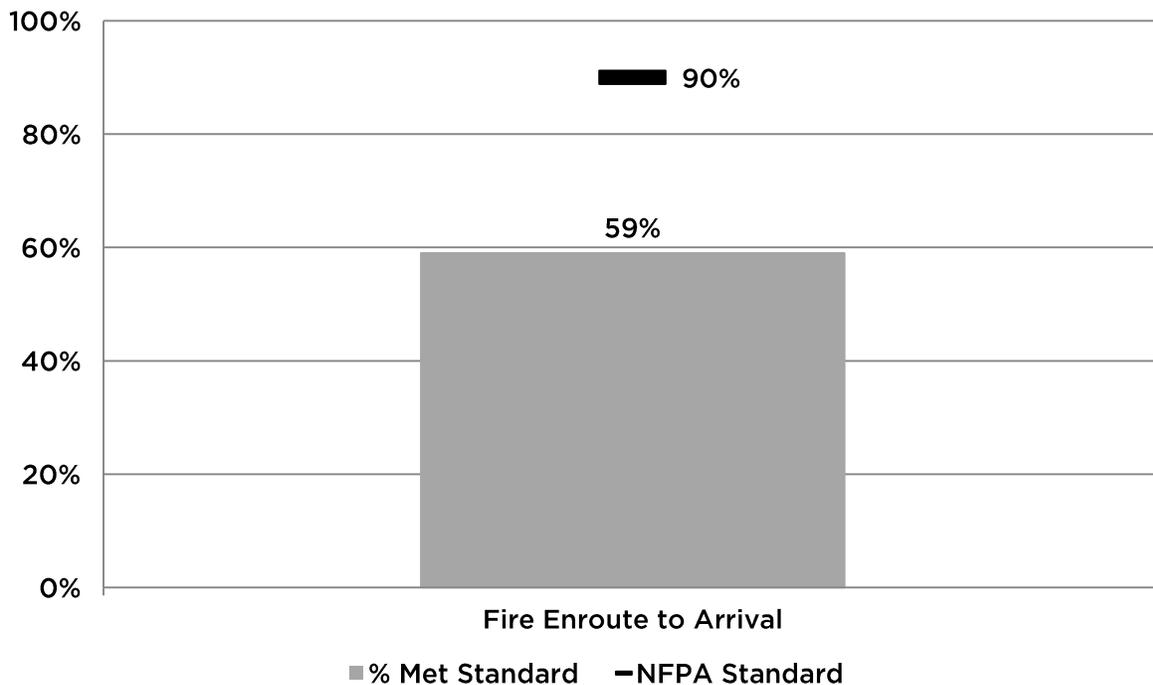
City of Sparks has not conducted a Standards of Cover study, and adheres to the National Fire Protection Association (NFPA) standards for response time. The NFPA creates and maintains private copyrighted standards and codes for usage and adoption by local governments.

*Per NFPA 1710 4.1.2.1 A fire department shall establish the following “240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher level capacity at an emergency medical incident.” for 90 percent of incidents.*

**Table 5 - SFD travel time performance per NFPA Standards.** Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene. *Only SFD designated Priority 1 calls were used for this analysis.*

Variables	Standard	Calls Used	Met Standard		Median Time	Average Time
		#	#	%		
NFPA: Fire En route to Arrival	240 seconds or less (4:00 minutes)	2,833	1,685	59%	03:42	03:48

**Figure 1: SFD Performance Relative to NFPA Standards, Priority 1 EMS Calls July-December, 2017**



**Truckee Meadows Fire Protection District**

A Regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is provided below.

## Regional Standards of Cover Response Time Recommendations

**Turnout Time:** Fire Dispatch → Fire En route

*For 85 percent of all priority responses, the Region fire agencies will be en route to the incident in 90 seconds or less, regardless of incident risk type.*

**Travel Time:** PSAP Created → Fire Arrival on Scene

### **First-Due Service Tier One**

*Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.*

*Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.*

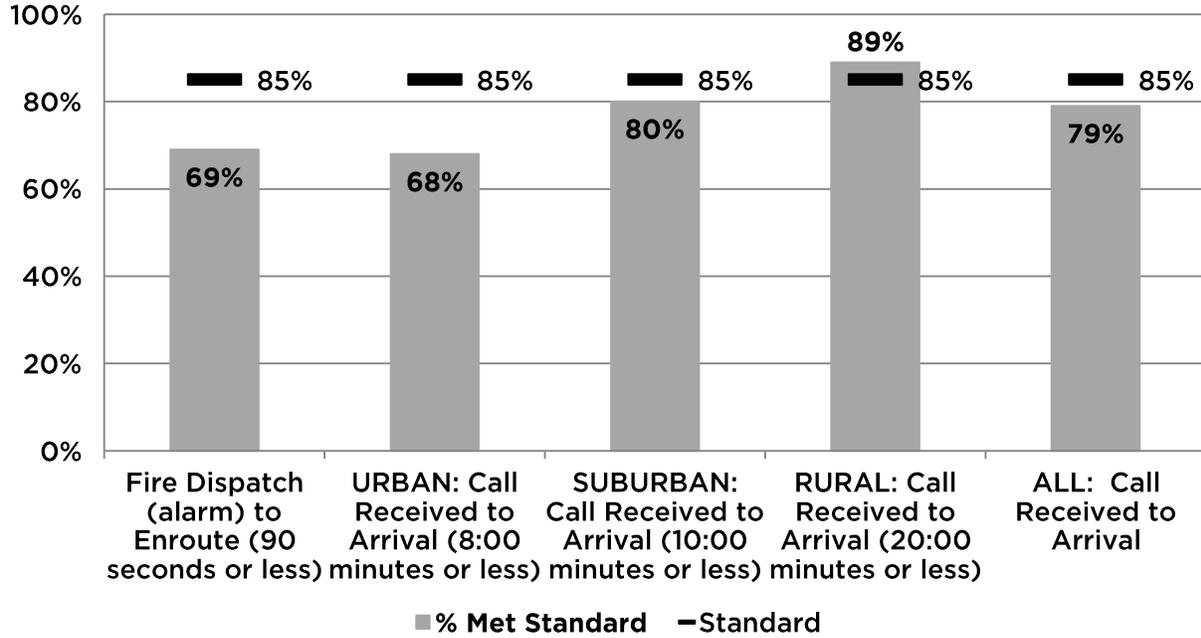
*Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.*

*Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical based on the best effort of response forces.*

**Table 6 - TMFPD performance per Regional Standards of Cover Tier One. All TMFPD EMS-related calls were utilized, excluding calls that matched to REMSA and were designated as a Priority 3 or Priority 9 call.**

Task	Standard	Calls Measured	Met Standard		Median Time
		#	#	%	
Fire Dispatch (alarm) to En route	90 seconds or less	2,781	1,905	69%	01:12
<b>Response Time: Measured as Call Received to Arrival on Scene</b>					
URBAN	8 minutes or less	402	274	68%	06:42
SUBURBAN	10 minutes or less	2,099	1,672	80%	07:27
RURAL	20 minutes or less	299	267	89%	11:45
<b>ALL CALLS</b>	~	2,800	2,213	79%	07:37

**Figure 2: TMFPD Performance Relative to Standards of Cover Standards, July-December, 2017**

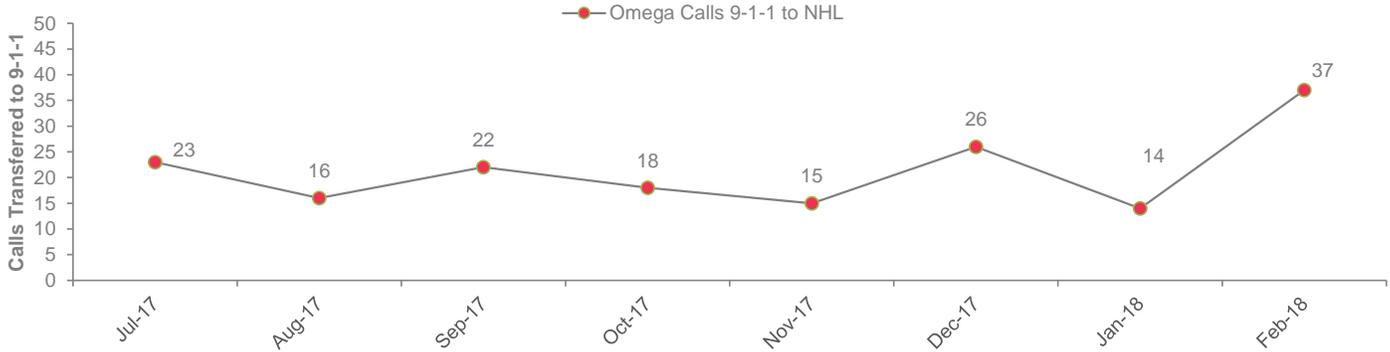




# Nurse Health Line Omega Call Report

03/01/2017 - 02/28/2018

## Calls Transferred from the Nurse Health Line to 9-1-1 Dispatchers



	Total 911 Calls	Omega Calls 9-1-1 to NHL <sup>1</sup>	Omega % of Total 911 Calls	Omega Calls Returned to 9-1-1 <sup>2</sup>	% of Omega Calls Returned to 911
Jul-17	6,005	23	0.4%	0	0.0%
Aug-17	6,116	16	0.3%	1	6.3%
Sep-17	5,926	22	0.4%	2	9.1%
Oct-17	5,631	18	0.3%	3	16.7%
Nov-17	5,630	15	0.3%	1	6.7%
Dec-17	6,222	26	0.4%	0	0.0%
Jan-18	5,842	14	0.2%	0	0.0%
Feb-18	5,441	37	0.7%	3	8.1%
<b>Total</b>	<b>46,813</b>	<b>171</b>	<b>0.4%</b>	<b>10</b>	<b>5.8%</b>

1) The REMSA Medical Director has approved 89 of the 178 Omega Protocols that identify "no acuity" patients.

2) These are the Omega calls that have been transferred to the REMSA Nurse Health Line for further triage and have been deemed by the Emergency Communication Nurse System (ECNS) Protocol to require an ambulance response.



## Calls Reviewed – OMEGA Calls Transferred to 911

The following calls were transferred back to 911 following nurse evaluation in the past eight months. All of these calls were reviewed by the Clinical Quality Coordinator to ensure protocol compliance and all safety measures are followed to provide patients with the correct level of care.

Summary of the Quality Reviews for the past eight months of calls transferred to 911 from NHL for emergency Transport following a nurse evaluation:

07/2017	None
08/2017	Call 1 Protocol completed by RN with final determination of "Seek Emergency Care as Soon as Possible." Patient suffered an injury with resulting deformity, no transportation available. Call transferred to 911 dispatcher for transport.
09/2017	Call 1 Protocol completed by RN with final determination of "Schedule an appointment to be seen by the doctor within the next 1-3 Days." Caller refused this recommendation, insisted on ambulance transport to Emergency Department. Call transferred to 911 dispatcher for ambulance transport.  Call 2 Protocol completed by RN with final determination of "Emergency Response." Caller having worsening headache with new onset of mental confusion and disorientation. Call transferred to 911 dispatcher for ambulance transport.
10/2017	Call 1 Protocol completed by RN with final determination of "Emergency Response." Initially patient complaining of vomiting to dispatcher. During protocol, determined caller had symptoms of possible cardiac event. Call transferred to 911 dispatcher for ambulance transport.  Call 2 Protocol completed by RN with final determination of "Emergency Response." Elementary school called about a child complaining of chest pain, during protocol additional symptom of lethargy. Call transferred to 911 dispatcher for ambulance transport.  Call 3 Protocol completed by RN with final determination of "Emergency Response." Patient condition during protocol determined to be potential cardiac event, call transferred to 911 dispatcher for ambulance transport.
11/2017	Call 1 Protocol completed by RN with final determination of "Emergency Response." During protocol caller described new symptoms in addition to the chronic symptoms reported initially. Transferred caller to 911 dispatcher for ambulance transport.
12/2017	None
01/2018	None
02/2018	Call 1 Protocol completed by RN with a final determination of "Take Self to Emergency Department." Patient requested an ambulance for transport. Transfer was a patient request and not indicated by protocol as an emergent transport need requiring an ambulance.

- Call 2 Protocol completed by RN with a final determination of "Ambulance Response." This patient was blind and was unable to transport themselves to the Emergency Department requiring an ambulance response for transport. Call was transferred to 911 for a response.
- Call 3 Protocol completed by RN with a final determination of "See Provider within One to Four Hours." Patient stated they did not have access to transportation. RN attempted to schedule a cab for the patient. Patient refused the cab and demanded an ambulance response. Call was transferred to 911 for response.

**BUT NOT AN EMERGENCY**  
Don't let non-emergencies compete with real ones.

**CERTAINLY A PROBLEM...**

**KNOW THE DIFFERENCE**  
Visit [thinkbeforeyoudial.com](http://thinkbeforeyoudial.com) for non-emergency resources

**THINK BEFORE YOU DIAL 911**

**PERO NO UNA EMERGENCIA**  
No permita que las llamadas que no son de emergencia compitan con las que de verdad si son.

**EFFECTIVAMENTE UN PROBLEMA...**

**CONOZCA LA DIFERENCIA**  
Visite [pienseloantesdemarcar.com](http://pienseloantesdemarcar.com) para recursos que no son de emergencia

**PIÉNSELO ANTES DE MARCAR 911**



**KNOW THE  
DIFFERENCE**

911 operators take all calls seriously.

Don't let non-emergencies compete with real ones.

Visit [thinkbeforeyoudial.com](http://thinkbeforeyoudial.com) for non-emergency resources



**CONOZCA LA  
DIFERENCIA**

Las operadoras del 911 toman todas las llamadas seriamente.

No permita que las llamadas que no son de emergencia compitan con las que de verdad si son.

Visite [pienseloantesdemarcar.com](http://pienseloantesdemarcar.com) para recursos que no son de emergencia

Washoe County EMS Oversight Program

# Automatic Vehicle Locator (AVL) Information

Draft - 10/00

## Background Information

The Emergency Medical Services (EMS) Oversight Program was developed by an Inter Local Agreement (ILA) from the five political jurisdictions within Washoe County. The signatories of the ILA are the City of Reno, City of Sparks, Washoe County, District Board of Health, and the Board of Fire Commissioners. The ILA outlines specific duties of the EMS Oversight Program, to include the development of a 5-year Regional EMS Strategic Plan.

The development of the strategic plan was an eleven month process, beginning in August 2015. The stakeholders included representatives from each of the three fire agencies and REMSA for both dispatch and operations, as well as a regional communications representative. The strategic plan was initially approved by the EMS Advisory Board in October 2016.

There are two elements within the strategic plan related specifically to the use of automatic vehicle location (AVL). The first initiative is concerning the visualization of vehicles through the use of AVL. The second initiative discusses regional usage of AVL to dispatch the closest unit. During the January 2018 EMS Advisory Board (EMSAB) meeting an update on the strategic plan objectives was provided. After significant discussion about the AVL items, the EMS Oversight Program was tasked by the EMSAB to outline the technological aspects that would need to be considered by each jurisdiction in order to implement and utilize AVL dispatch for calls in the EMS system. This document is intended for the use of the EMSAB members to provide a recommendation to the various governing bodies during AVL dispatch discussions.

To achieve the objectives of the request, the EMS Oversight Program partnered with Washoe County Technology Services and met with the three PSAPs in Washoe County. The purpose of the information within this document is to provide general information on AVL. As well as considerations the governing bodies in Washoe County should be aware of, should officials elect to set policies regarding AVL and implement dispatching of the closest available resource, regardless of jurisdiction.

The scope of the project, and the work of the EMS Oversight Program, is solely focused on the technological aspects of the existing infrastructure and what challenges might exist for the implementation of AVL dispatch in our region. The identified challenges relate specifically to the technological or software elements of AVL dispatching.

## AVL in EMS Systems

Nearly every public safety agency in the United States uses some type of computer-aided dispatch (CAD) system to manage and process emergency 911 calls. CAD uses “one or more

servers in a centralized dispatch office, which communicates with computer terminals in a communication center or with mobile data terminals installed in vehicles.”<sup>i</sup> Within Washoe County, the City of Reno is the host organization for the CAD system, with the City of Sparks and Washoe County designated as remote sites.

Some CAD systems allow several sources of information to be combined to enrich the EMS system. One such enhancement is AVL. AVL is “a means for automatically determining and transmitting the geographic location of a vehicle.”<sup>ii</sup> In theory, the combined use of AVL and geographic information systems (GIS) in an EMS system would improve service to the community by enabling the system to get units to a call location faster.

With the implementation of an AVL dispatching system, dispatchers would have the ability to identify the unit closest for incident response, regardless of agency, rather than utilizing the existing station-based dispatch. As stated in several articles relating to best practices, “one needs look no further than the “Chain of Survival” to understand the importance of today’s dispatch center. Immediate activation of response agencies, early CPR, rapid defibrillation and early and effective ALS initiation all emphasize the need for minimizing time and accurate decision-making. The success of each of these important components is directly impacted by trained dispatchers and the technological tools at their disposal.”<sup>iii</sup>

Below are some examples of regions that have implemented the use of AVL in their EMS system. These instances are meant to demonstrate various AVL models throughout the country.

### **New York City**

In the summer of 2006 all New York City ambulances and fire apparatus (engines, ladder trucks, rescue companies and battalion vehicles) were equipped with AVL. The project began in September 2005 as a pilot program with five engine companies on Staten Island and FDNY EMS units on Staten Island and Southern Brooklyn.

In New York, the EMS CAD recommends the best EMS unit to deploy based on where ambulances are assigned throughout the City. Each response vehicle has a designated geographical area. However, ambulances are not dispatched from a central location and are able to move within their response areas. Therefore, AVL was viewed as invaluable in providing a real-time update of where resources are actually located.

### **City of Paris, Texas**

The City of Paris, Texas is a much smaller jurisdiction, with a population of just over 25, 000. The process for procuring AVL started in 2008 and the City installed and implemented AVL for police, fire and EMS by the end of 2009.

On a normal shift, there are 6 patrol cars and 3 stations each of Fire and EMS services being deployed. The main reason the City acquired AVL was to improve their response times to high-priority calls and it has been accomplished through the AVL system established for the City.

### **Washoe County, Nevada**

The Regional Emergency Medical Services Authority (REMSA) uses a dynamic deployment dispatch strategy which allows their units to move throughout the system and dispatchers are able to locate the closest available ambulance to a specific EMS call. REMSA incorporates the use of a global positioning system (GPS) and AVL software within their CAD to dispatch throughout the franchise service area. This dispatching methodology has been utilized by REMSA since the late 1990s and is used to manage 45 ground ambulances and 12 support vehicles.

### **Las Vegas, Nevada**

The Fire Alarm Office (FAO) of Las Vegas is operated by the City of Las Vegas. This dispatch center is the secondary PSAP for fire and medical calls in the Clark County area. AVL dispatching is employed by the FAO dispatchers for all calls for service. The FAO dispatches all apparatus associated with the Clark County Fire Department, North Las Vegas Fire Department and the City of Las Vegas Fire Department.

## **GIS Analysis**

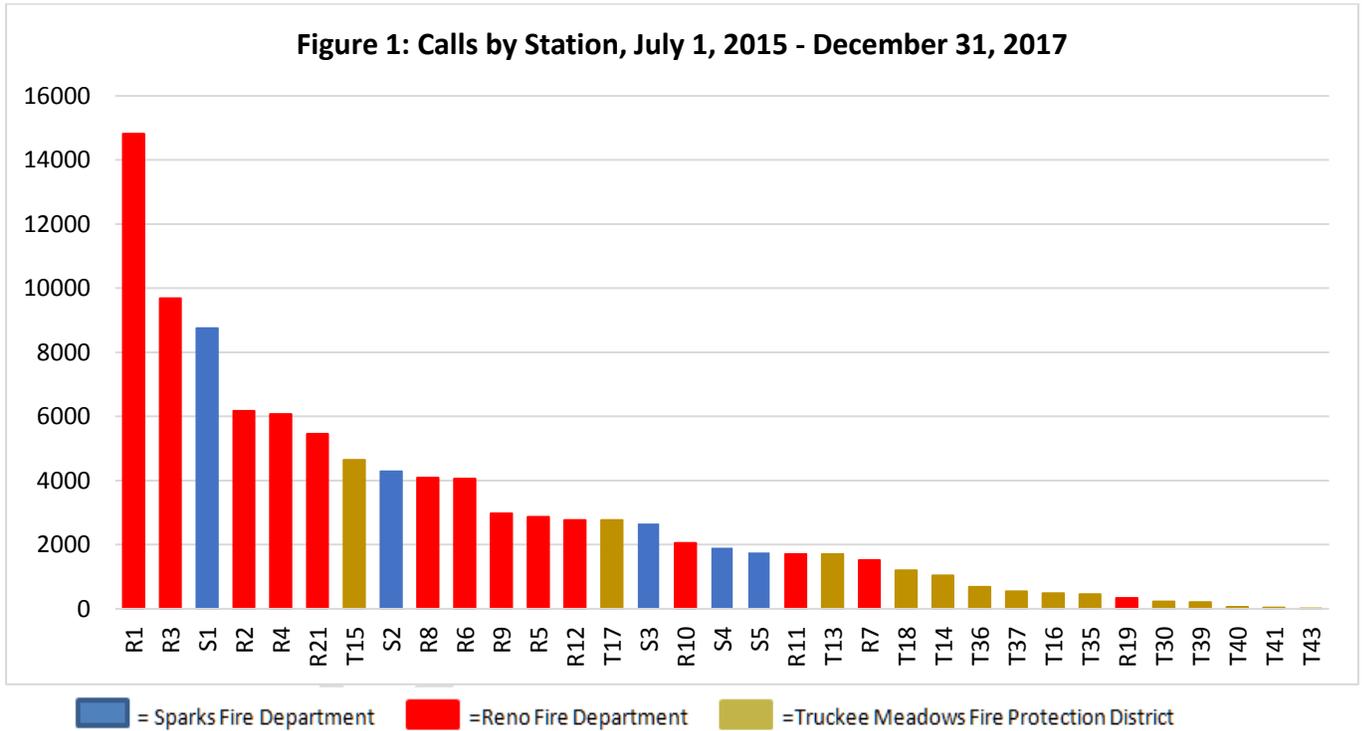
The EMS Oversight Program employed a similar philosophy utilized for SB 185 during the 2015 Legislative Session and partnered with GIS to develop maps to provide an initial analysis. Washoe County GIS utilized software to create drive time analyses using predictive modeling, which takes into account distances, speed limits, turn restrictions and other road characteristics. The purpose of the GIS analyses is to provide data and information for the jurisdictions to utilize while planning for the possible implementation of AVL dispatching. There is no intention to provide a recommendation based on the information provided.

GIS produced maps showing fire stations and drive times within 6 minutes and 8 minutes (Attachments 1 and 2). This visual representation of the region allows the EMSAB, and subsequently, the Councils/Boards, to see the overlap of response areas for one, two and three stations. The maps illustrate areas of the region that have fire stations able to reach those census blocks within the respective drive times.

Some areas have up to three fire stations that can respond within 6 or 8 minutes. GIS also provided maps with an overlay of EMS calls, which demonstrates those calls for service that were outside of the analyzed drive times (Attachment 3 & 4).

For an additional analysis, GIS used the average call volume from July 1, 2015 to December 31, 2017 for each Reno, Sparks and Truckee Meadows Fire Protection District stations. The utilized data was provided to the EMS Oversight Program on a monthly basis, as outlined within the

Inter Local Agreement. The analysis identifies call volume as low, medium and high for the stations. Low is <500 calls/year, medium is <2,000 calls/year, high is =>2,000 calls/year. GIS developed maps that show the response area of each of the jurisdictional fire stations and the associated call volumes. Figure 1 identifies the busiest stations in descending order, while the call volume is also represented graphically in attachment 5. GIS also created the correlating jurisdiction specific call volume maps, which are attachments 6, 7 and 8.



Finally, to demonstrate how often agencies currently respond out of jurisdiction (OOJ), GIS mapped the number of times Reno, Sparks and Truckee Meadows went to EMS calls out of their respective response areas. The calls used for analysis were from July 2015-December 2017 and had a fire and REMSA matched response. It is necessary to note that only Priority 1 and 2 calls were utilized for the analysis

Due to changes in the type of data and call types reported to the EMS Oversight Program, the analysis had a limitation of possibly not representing all EMS calls where a fire agency responded outside of their jurisdictional boundaries. Attachment 9 is a map depicting the following information.

Out of Jurisdiction (OOJ)	INTO RFD	INTO SFD	INTO TMFPD	INTO WASHOE RURAL	Total OOJ	% of total P1 & P2 calls
<b>RENO OOJ</b>		73	545	3	621	0.9%
<b>SPARKS OOJ</b>	32		192		224	1.1%
<b>TMFPD OOJ</b>	158	273		37	468	3.4%

<b>Total OoJ</b>	<b>190</b>	<b>346</b>	<b>737</b>	<b>40</b>	<b>1,313</b>	<b>1.3%</b>
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Summary information per jurisdiction:

**RFD**

- RFD has responded into another jurisdiction a total of 621 times; 73 times into SFD, 545 times into TMFPD, and 3 times into rural Washoe County.
- Combined, TMFPD (n=158) and SFD (n=32) responded into RFD’s jurisdiction 190 times.

**SFD**

- SFD has responded into another jurisdiction a total of 224 times; 32 times into RFD and 192 times into TMFPD.
- Combined, TMFPD (n=273) and RFD (n=73) responded into SFD’s jurisdiction 346 times.

**TMFPD**

- TMFPD has responded into another jurisdiction a total of 468 times; 273 times into SFD, 158 times into RFD, and 37 times into rural Washoe County.
- Combined, SFD (n=192) and RFD (n=545) responded into TMFPD’s jurisdiction 737 times.

**AVL Technology Considerations**

The current EMS dispatching system within Washoe County was initially designed based on station locations. If a unit is not “home” in the station, the dispatching software will recommend the next closest station. The utilization of AVL dispatching would require a change in the software system in order to provide dispatching recommendations based on the location of the apparatus in relation to the call. For example, if a unit is returning to the station from training, it might be recommended by the system to respond to a call, regardless if they are from the nearby station. This is just one example of how the EMS system could be affected by technology and performing AVL dispatching in Washoe County.

As part of this project, the EMS Oversight Program met with each of the three jurisdictional dispatch centers. Each PSAP representative provided information specific to the software and technological aspects of an AVL implementation. The following is a summary of the input from the regional dispatch centers:

- Each of the three dispatch centers are currently utilizing Tiberon and have the AVL product functionality. Although, the existing capability does not include the technology enhancements required to dispatch utilizing AVL.

- The City of Sparks fire stations utilize a paging system that, while redundant in interoperability, is not integrated with the City of Reno or Washoe County dispatching systems.
- The paging systems utilized in the dispatch centers are not currently equipped to dispatch multiple calls at the same time. The system can dispatch several stations to a single location, but is not designed to dispatch individual station calls simultaneously. The system employs a queue; the calls pend while the system finishing paging the information out to the appropriate station before paging the next calls
- The dispatch centers, as well as the three fire agencies, operate under different policies and procedures, as outlined by their governing bodies. While this is not a software consideration, the information was provided as a point of reference, as it relates to the possibility of inter-jurisdictional dispatching.
- If approved by the governing bodies, the timeline for implementation would need to be determined through discussions with the vendor.
  - Considerations of what would be involved include, cost and estimated staff time.
  - Dispatch management recommended a tiered implementation approach.
  - It was also noted that the scope of an AVL dispatching project should include the possible “ripple effect” and testing to ensure there is sufficient time allocated for any unanticipated challenges.

In summary, the technology is currently in place, however there would have to be modifications to the software, paging systems, and dispatch policies and procedures would need to be standardized across the County These modifications will likely have costs associated in terms of funding to project and staff time.

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<sup>i</sup> [https://en.wikipedia.org/wiki/Computer-aided\\_dispatch](https://en.wikipedia.org/wiki/Computer-aided_dispatch)

<sup>ii</sup> [https://en.wikipedia.org/wiki/Automatic\\_vehicle\\_location](https://en.wikipedia.org/wiki/Automatic_vehicle_location)

<sup>iii</sup> <http://www.jems.com/articles/2013/12/using-data-and-technology-improve-dispat.html>; and <https://blog.zolldata.com/how-data-is-driving-care-starting-at-dispatch>

DD	CW	___
DHO	___	KD ___
DDA	LA	___
Risk	___	___

**STAFF REPORT**  
**BOARD MEETING DATE:** April 26, 2018

**TO:** District Board of Health  
**FROM:** Chad Warren Westom, Division Director, Environmental Health Services  
775.328.2644, cwestom@washoecounty.us

**SUBJECT:**

Discussion and possible action to approve a permit fee accommodation such as a payment plan, adjustment of fee due date, or other accommodation as determined by the Board for the Food Truck permittee, Sunshine Ice Cream (Permit # F010144), due to the seasonal nature, product type and financial considerations of the operation per Sunshine Ice Cream's Owner's March 22, 2018 public comment request.

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**SUMMARY**

This item provides an opportunity for the District Board of Health (Board) to consider a permit fee accommodation such as a payment plan, adjustment of fee due date, or other accommodation as determined by the Board for the Food Truck permittee, Sunshine Ice Cream (Permit # F010144). The Health District has no obligation to provide financial relief to this permittee.

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

2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

**PREVIOUS ACTION**

Not applicable

**BACKGROUND**

Joseph Williams, owner of the permitted food truck, Sunshine Ice Cream, provided Public Comment at the March 22, 2018 District Board of Health meeting. He believed his \$485 Food Truck fee was unreasonable, and he was struggling to pay the permit fee. He attributed financial difficulty to the seasonal nature of his business and that his permit fee was due in February before the food truck was in service for the year. The Board Chair noted that the Board could not make a policy decision on his public comment because it had not been agendaized, but the matter would be discussed with the Health Officer. The fee schedule and payment date are established by the DBOH and any changes in payment requirements for Sunshine Ice Cream are a policy decision that must be made by the DBOH.

Subject: Sunshine Ice Cream  
Date: 4.26.18  
Page 2 of 2

There is currently no process or policy in place for a permittee to request or the Board to approve an accommodation. This item provides an opportunity for Board discussion regarding any potential accommodations the Board may wish to consider.

Staff reviewed the permitting and inspection file for Sunshine Ice Cream. The staff rate for Environmental Health duties is \$111.35 per hour. Duties included in the fee calculations include travel time, inspection time—including both a vehicle and Food Truck depot in this case—and consultation, phone calls/emails, and office-based permitting and processing. EHS fees also include an Administrative expense rate, an IT overlay fee and a Regional Tech Fee.

Health District fees are based on the average amount of time taken to permit and inspect an establishment type. Although this ice cream truck and food truck depot may require less staff time per year than the average, other more complex Food Trucks and their depots may require much more time than the average. All Food Truck permittees are required to pay the fee that is based on the average amount of staff time and resources.

### **FISCAL IMPACT**

There is no significant fiscal impact to the FY18 or FY19 budget should the Board approval some sort of accommodation for the Food Truck permittee, Sunshine Ice Cream (Permit # F010144). If the Board determines to adjust the payment schedule, then the timing of revenue received by the Health District would change. If the Board determines to reduce the amount of the fee collected, the Health District Revenue would be reduced by the amount of the fee reduction.

### **RECOMMENDATION**

Staff recommends that the Board discuss whether they want to provide direction to make any changes to the collection of the Sunshine Ice Cream Permit fee (Permit # F010144).

Options the Board may wish to consider include taking no action, a fee payment plan, an adjustment of the fee due date, or another accommodation as determined by the Board. The Health District has no obligation to provide financial relief to the permittee.

### **POSSIBLE MOTION**

Should the Board decide to take action, a motion should be made to provide staff direction regarding an accommodation to be made for collection of the fee for Sunshine Ice Cream Permit #F010144. Should the Board decide to take no action, a motion is not required.

**AIR QUALITY MANAGEMENT  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: April 26, 2018**

**DATE:** April 13, 2018  
**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. ACE Launches *Our Climate Our Future* Multimedia Experience



The Alliance for Climate Education (ACE) was founded in 2008 with the mission to educate young people on the science of climate and empower them to take action. Since 2009, ACE has educated over two million students and trained over 4,000 student teachers. Here in Washoe County, ACE Action Fellows have made significant contributions to the protection of our air quality by developing and implementing school idle reduction programs. Through leadership and advocacy training, local ACE Action Fellows have fostered the skills to address the Board of Health, the Washoe County School District Board of Trustees, and lobby the Nevada State Legislature in support of clean energy. They have even contributed to national efforts by traveling to Sacramento to provide public comment to EPA in support of a strong ozone standard.

On March 14, 2018, ACE launched a new online resource, *Our Climate Our Future*, to provide a multimedia experience that educates young people about climate science, impacts, and solutions and empowers them to take action within a frame of justice and optimism. The program is designed to deliver climate science directly to the classroom through videos, interactive trivia questions, and climate change lesson plans. A collection of customizable classroom projects, current event lesson plans, and ideas for

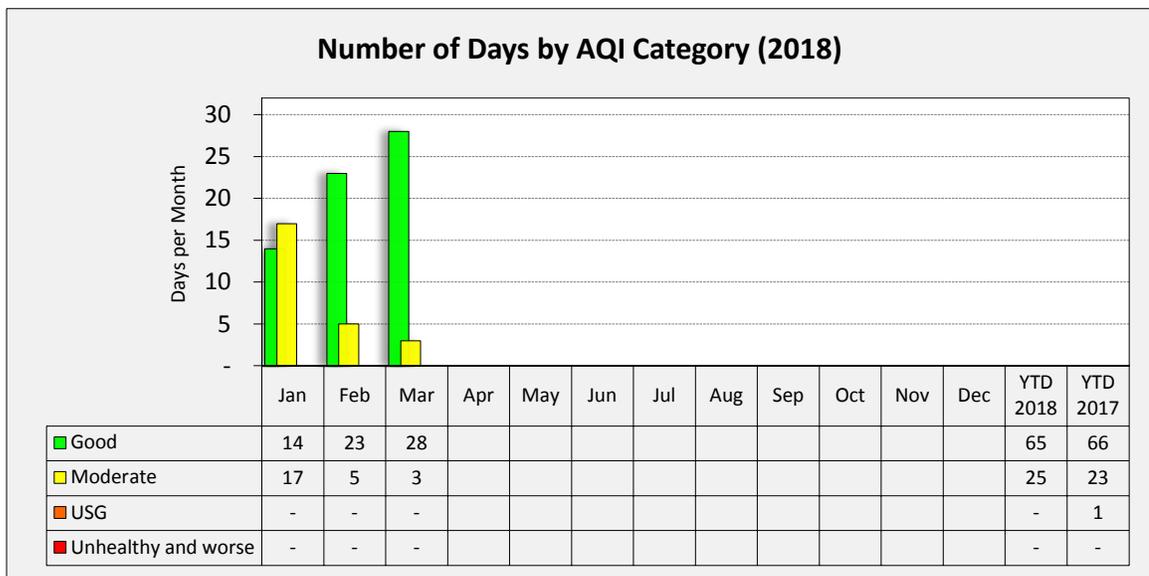
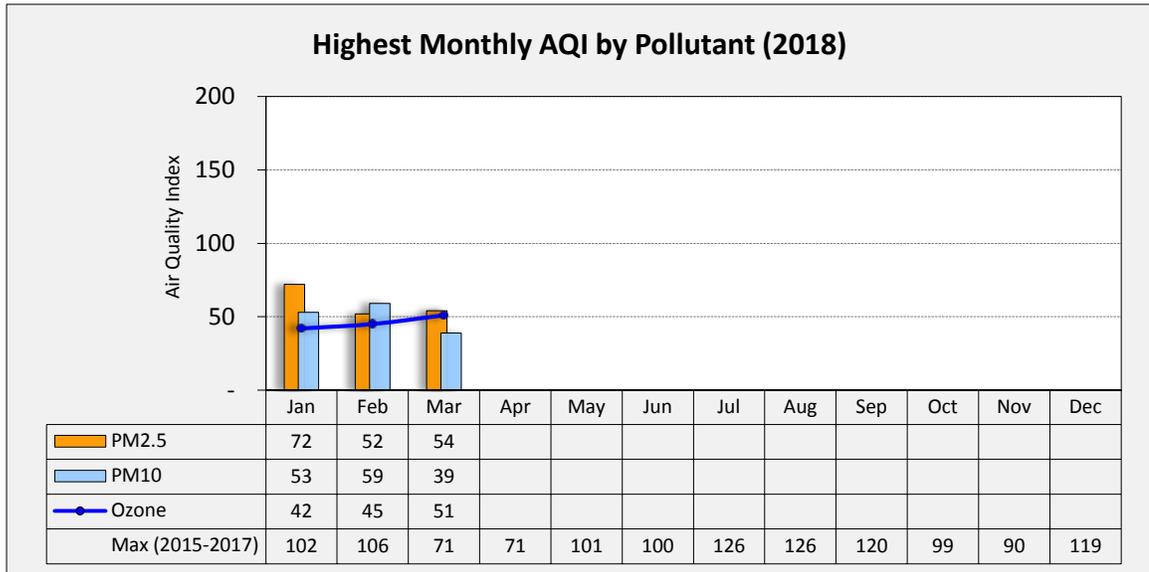
taking individual action on climate change in schools have been updated with new youth impact stories.

In order to promote this resource, ACE has developed a Partner Launch Kit to help spread the word about *Our Climate Our Future*. The kit includes resources to support the program and spread the word via social media, including Facebook, Twitter, and Instagram. The Air Quality Management Division will be promoting *Our Climate Our Future* to schools and youth organizations as it supports our Ozone Advance Program, specifically Goal 5: Expand air quality education and outreach programs. Together we can all work to Keep it Clean for a healthy community.

Charlene Albee, Director  
Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. 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 the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit [OurCleanAir.com](http://OurCleanAir.com).

### 3. Program Reports

#### a. Monitoring and Planning

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

Ozone by the Numbers: Meeting the ozone NAAQS is challenging as our area recovers from the Great Recession and we see increases in pollution generating activities such as manufacturing and transportation. Here are several key factors that AQM tracks to ensure we meet air quality standards, especially ozone. A comprehensive list of Key Performance Indicators can be found in the 2018 Ozone Advance update ([www.epa.gov/advance/program-participants-washoe-county-nv](http://www.epa.gov/advance/program-participants-washoe-county-nv)).

**0.070** The NAAQS in parts per million (ppm).

**0.070** Washoe County's Design Value (DV). DV's are the statistic EPA uses to compare against the NAAQS and determine "Attainment" and "Non-Attainment" designations.

**64 and 29** Percent of NO<sub>x</sub> and VOC emissions from on-road mobile sources such as cars and trucks. NO<sub>x</sub> and VOC are precursors to ozone formation.

**17.7** Percent increase in Vehicle Miles Traveled (VMT) between 2011 and 2016.

**22.7 and 26.4** Adult obesity (BMI) rates in Washoe County in 2011 and 2016.

**4** Number of days when ozone concentrations exceeded the NAAQS in 2017.

**3** Maximum number of years the Clean Air Act allows for marginal "Non-Attainment" areas to improve ozone levels and achieve the NAAQS.

**28,166** Washoe County's forecasted population increase between 2017 and 2022.

**317.0** Miles of bike routes, lanes and paths.

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting and Enforcement

Permitting staff reviewed fifty-two (52) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Enforcement staff has purchased a new organic gas imaging camera. This camera will be used as a tool for compliance assistance for any facility that emits volatile organic compounds (VOCs). VOCs are a major component in ozone production so any decrease in VOC emissions in the county supports our ongoing Ozone Advance Program.
- Enforcement staff has also begun the recruitment process to fill the position left vacant by the resignation of inspector Kristina Craig.

Enforcement staff conducted twenty-six (26) stationary source inspections, sixteen (16) gasoline stations and five (5) initial compliance inspections in March 2018. Staff was also assigned eleven (11) new asbestos related projects and five (5) new demolition projects. There were also twelve (12) new construction/dust projects to monitor; additionally thirty-six (36) construction site inspections were documented. Enforcement staff received twenty-three (23) new asbestos notifications to monitor. Each asbestos, demolition and construction notification project is monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to 14 complaints.

Type of Permit	2018		2017	
	March	YTD	March	Annual Total
<b>Renewal of Existing Air Permits</b>	96	272	95	1055
<b>New Authorities to Construct</b>	7	17	3	60
<b>Dust Control Permits</b>	12 (220 acres)	55 (1009 acres)	24 (322 acres)	173 (2653 acres)
<b>Wood Stove (WS) Certificates</b>	35	101	35	474
<b>WS Dealers Affidavit of Sale</b>	10 (3 replacements)	42 (27 replacements)	5 (3 replacements)	54 (40 replacements)
<b>WS Notice of Exemptions</b>	862 (5 stoves removed)	1913 (18 stoves removed)	506 (4 stoves removed)	9722 (88 stoves removed)
<b>Asbestos Assessments</b>	116	313	111	1029
<b>Asbestos Demo and Removal (NESHAP)</b>	23	56	19	241

COMPLAINTS	2018		2017	
	March	YTD	March	Annual Total
Asbestos	1	3	3	13
Burning	1	1	1	10
Construction Dust	1	6	4	42
Dust Control Permit	0	0	0	2
General Dust	4	10	2	54
Diesel Idling	2	4	0	0
Odor	3	10	3	15
Spray Painting	1	1	0	11
Permit to Operate	0	3	0	3
Woodstove	1	3	0	7
<b>TOTAL</b>	<b>14</b>	<b>41</b>	<b>13</b>	<b>157</b>
NOV's	March	YTD	March	Annual Total
Warnings	0	1	0	10
Citations	0	0	0	7
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>17</b>

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

Mike Wolf  
 Chief, Permitting and Enforcement

DD	SK	__
DHO	__	KD

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: April 26, 2018**

**DATE:** April 13, 2018  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Divisional Update – National STD Awareness Month; National Infant Immunization Week; Annual CCHS Training Day; Data & Metrics; Program Reports

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**1. Divisional Update**

- a. **National STD Awareness Month** – April is designated as STD Awareness month by the Centers for Disease Control and Prevention (CDC). “Treat Me Right”, the theme for 2018, promotes patients and providers nationally, statewide, and in Washoe County to talk about STDs. The CDC is encouraging heightened awareness, diligence, and activities from public health, health care providers, and individuals to get tested for STDs.

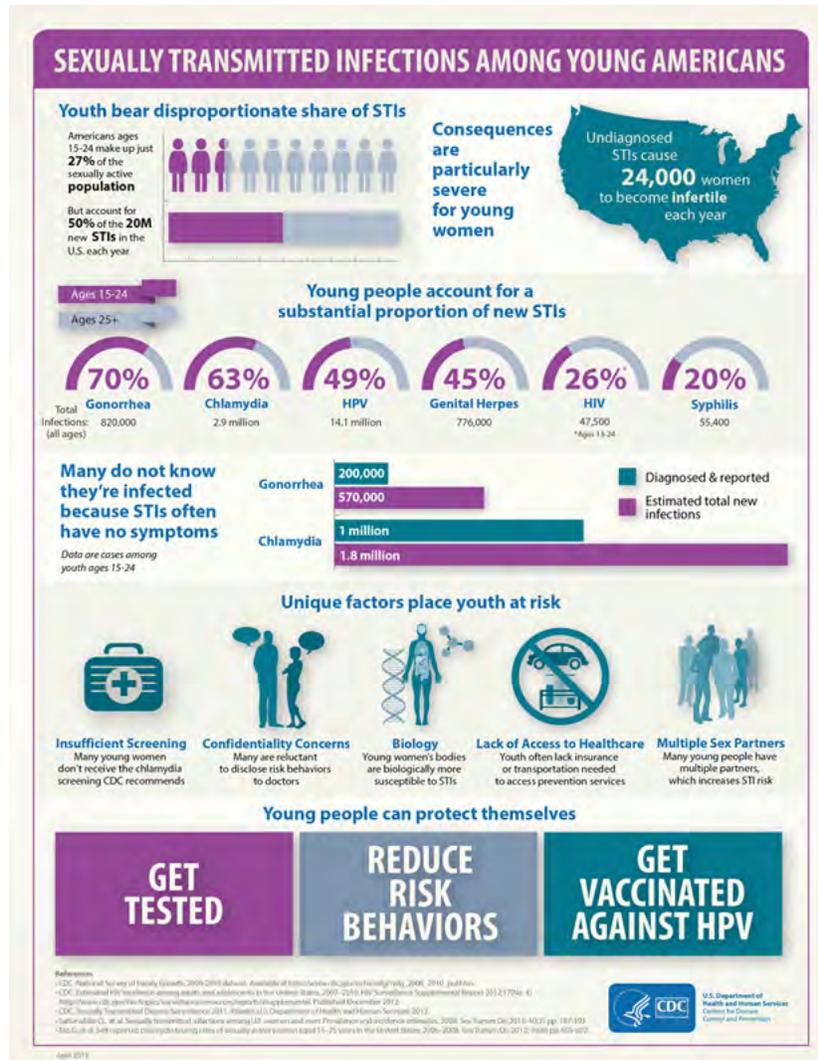


For providers, ‘Treat Me Right’ is an opportunity to ensure that they have the needed tools to properly detect and treat infections. It also, however, presents an opportunity to share resources about how to build door-to-door trust with patients that extends from the waiting room to the

exam room, as well as how to engage with patients in a way that makes them feel heard and respected. With STD rates increasing across the country, now is the perfect time to encourage providers and patients are working together to promote knowledge and positive health outcomes.

The incidence of STDs are increasing in Nevada and Washoe County. Reportable STDs, Chlamydia, Gonorrhea, Syphilis, have been increasing since 2010. In Washoe County, Chlamydia cases have increased 9.6% from 2016 to 2017. Gonorrhea has increased 19.8% during the same time period. Cases in the most infectious stages of Syphilis, Primary and Secondary, have increased 75%. Since 2013, Washoe County has experienced a dramatic surge of infectious Syphilis, a 116% increase.

To reduce the impact of STDs in Washoe County, the Washoe County Health District (WCHD) is promoting a multi-faceted approach. Individuals are encouraged to ask their providers for STD/HIV testing and participate in safer sex activities such as decreasing number of partners and increase condom usage. If a person is positive for a STD, they are urged to provide information on their sexual partners to their provider or WCHD to help stop the spread of infection. WCHD recommends providers conduct sexual risk assessments and offer STD testing as standard practice. In addition, providers are advised to follow current CDC testing and treatment guidelines. Asking patients their sexual history and practices is a crucial piece of medical history that is often missed. Providers are also reminded to report STDs in a timely manner per Nevada law, NRS 441a.



While sexually transmitted diseases affect individuals of all ages, STDs take a particularly heavy toll on young people. CDC estimates that youth ages 15-24 make up just over one-quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year.



The Sexual Health Program continues to utilize best practices in the investigation and surveillance of STDs in Washoe County. Facilitating awareness of the appropriate testing, treatment, and reporting with healthcare providers will be maintained. To heighten awareness among the public, social media outreach will continue. To further reach community members, free testing is available at various offsite clinics and the Sexual Health Program staff is committed to expanding our reach by including more testing sites to better serve our ever-changing community. Sexual Health Program staff integrate services across sub-programs to leverage resources and work toward the goal of decreasing the burden of STDs in Washoe County. Please see the press release regarding Sexual Health Awareness Month at the end of this report.

- b. **National Infant Immunization Week** – National Infant Immunization Week (NIIW) is April 21-28, 2018. Immunize Nevada will be hosting a Community Baby Shower on Saturday, April 28, 2018 at Meadowood Mall from 10:00 a.m. – 2:00 p.m. This event includes free or low cost immunizations for eligible children, administered by WCHD Immunization Program nurses, as well as a health resource fair (please see the flyers at the end of this report).

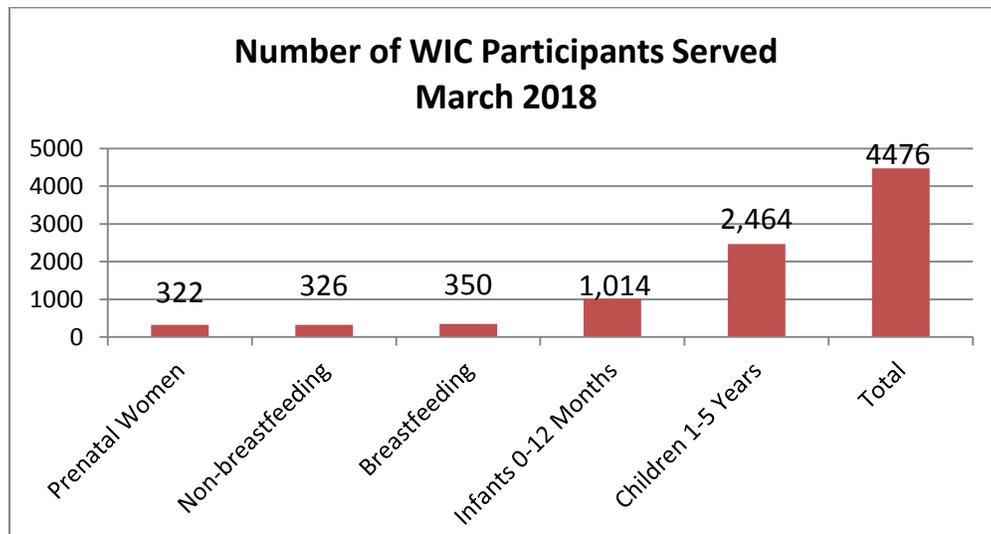
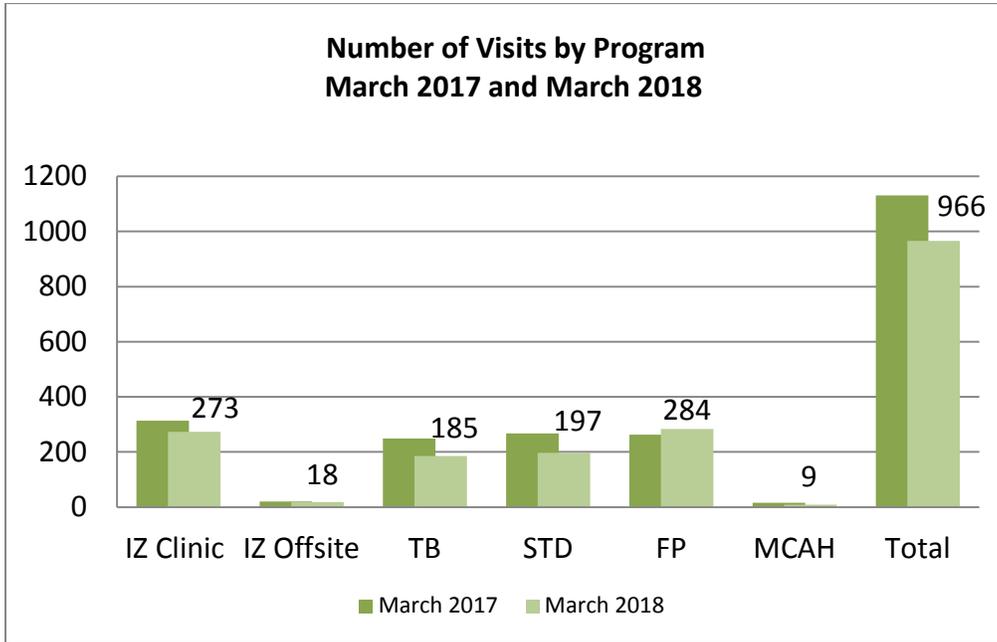
The 20<sup>th</sup> Annual Silver Syringe Awards will be held during NIIW, on April 19, 2018. This event celebrates the accomplishments of vaccination partners in Northern Nevada. Northern Nevada winners include Lynn Shore, RN, Immunization Coordinator, who will be honored as “Outstanding Immunization Nurse” at this event.

- c. **CCHS Training Day 2018** – CCHS held its annual training day on Wednesday, April 11<sup>th</sup>. Training Day gives staff the opportunity to complete many of our required trainings in one day. With over 70 staff in attendance, this was one of our largest Training Days to date.



This year's guest speakers included Becky Gebhardt, APRN, from Washoe County Human Services Agency, presenting on Child Abuse and Neglect; Dr. Mel Minarik from UNR, who provided a training on the Learning Organization and Sustainability, had staff participate in a couple of exercises, with all of this tied into the CCHS Strategic Plan and Health District Accreditation; Molly Davisson, RN, who provided a lecture on Emergency Medical Responses, and then conducted emergency medical mock scenarios with nursing staff to test our skills and knowledge; and Kayelynn Ogden from the Children's Cabinet, who presented a session on Perinatal Mood and Anxiety Disorders. Training Day allows for CCHS staff to network across programs, strengthens team morale and relationships, and enhances staff communication. Training Day is a fit with the Health District's Strategic Priority six – Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population, and CCHS Strategic Planning goal three – CCHS will have a nimble, adaptable and well-trained workforce.

d. Data/Metrics



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

## 2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – As of April 9, 2018, clients in the STD clinic will be seen by our recently hired APRN, Sheila Juskiw, and will receive a reproductive health screening as part of their visit. Sheila attended Contraceptive Technology Training April 3-7, 2018.
- b. **Immunizations** – Immunization Program Public Health Nurses (PHNs) and Public Health Associate are assisting the Epi program with the measles investigation. CCHS PHNs were also on-call during the weekend of April 7-8, 2018, in case post-exposure prophylaxis with immune globulin was required.
- c. **Tuberculosis Prevention and Control Program** – The CDC is visiting State offices Wednesday April 18<sup>th</sup>. Our State TB Controller, Susan McElhany, is also bringing the visitors to TB clinic to highlight our excellent staff and program. Staff will be receiving a final in-service April 25<sup>th</sup> on the use of T-Spot, a new to us Interferon gamma Release assay (IGRA) test. This IGRA test will go live in the clinic the following week.

TB program supervisor, Angela Penny, attended the 55<sup>th</sup> annual TB conference held at National Jewish in Denver from April 4<sup>th</sup> through April 7<sup>th</sup>. It was an excellent and informative conference. TB rates in the United States remain low at 2-3%/100,000 annually and continue to decrease; however, rates of non-tuberculosis mycobacterium (NTM) are steadily rising at a rate of 6-8%/100,000 each year. This is an alarming rate of increase for any disease. NTM symptoms mimic other pathologies and can persist for years before correct diagnosis is made.

- d. **Family Planning/Teen Health Mall** – The Family Planning program received an extension of funding for the Title X grant through August 31, 2018.

Staff will conduct SHARE presentations at Wooster High School on April 13<sup>th</sup> and April 23<sup>rd</sup>.

- e. **Chronic Disease Prevention Program (CDPP)** – A new healthy living mural has been completed on a quarter-mile long block of E. 10<sup>th</sup> St., adjacent to public housing, Glenn Duncan STEM Academy and Traner Middle School. The mural, painted by artist Erik T. Burke, highlights smoke-free housing, healthy eating, and physical activity. The Washoe County Health District partnered with the Housing Authority of the City of Reno for the project and involved neighborhood youth and residents in the process. There will be an unveiling ceremony with media on May 3, 2018 at noon; (location to be determined). Please see the Reno News & Review article at the end of this report.



The Wolf Pack Coaches Challenge concluded with 56 classrooms from 17 different schools completing the program. All participating schools except for one were Title I schools, which is important because the BMI data that has been collected from the school district shows that Title I schools have significantly higher rates of students who are obese and significantly lower rates of students who are at a healthy weight. In addition to the 1,337 students that participated, 47 teachers received in-service credit through curriculum provided by CDPP staff.

CDPP staff celebrated Kick Butts day at TMCC on March 14th and Sierra Nevada College on March 21st. The Kick Butts Day events in Washoe County involved youth activism towards supporting and educating about tobacco free college campuses.

CDPP staff worked with the State of Nevada and the national organization Alliance for a Healthier Generation to offer an educational session entitled “Creating Environments Where Youth Can Eat Better and Move More” at the 2018 Showcase Nevada Afterschool Conference on March 9th. Attendees included out of school time providers working with youth throughout the state.

CDPP has begun work addressing the health impacts of marijuana in Washoe County. With limited resources, staff has primarily focused efforts on collaborating internally with Washoe County, building community partnerships (law enforcement and public safety, schools, substance abuse treatment, Join Together Northern Nevada, etc.), and exploring the most successful and cost-effective strategies that other public health agencies with legalized recreational marijuana employed to educate their communities. Recently with the Colorado Department of Public Health and Environment guidance, CDPP tailored Colorado’s marijuana educational pocket cards to Washoe County, to be distributed by local dispensaries to their customers. Currently staff is requesting input from leadership, community partners, the Nevada Dispensary Association, and local dispensaries for feedback on the pocket card’s content.

Additionally, CDPP frequently fields calls from community members concerned about exposure to secondhand marijuana smoke, often drifting in apartments or condos, and in public places such as Reno City Plaza. With this expressed concern by community members, staff is currently exploring potential media campaigns and activities addressing secondhand marijuana smoke exposure.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review (FIMR) program continues to abstract data from local hospitals for fetal and infant deaths. The Case Review Team (CRT) reviews approximately six cases per month and makes recommendations to the Community Action Team (CAT) to consider implementation of activities to address fetal and infant mortality. The statewide “Go Before You Show” Campaign was selected by the CAT to encourage early/on time prenatal care, based on FIMR CRT recommendations (please see the flyers at the end of this report). Initial funding for this campaign was obtained through the Title V MCH Block Grant.

Staff participated in an “Infants with Prenatal Exposure and their Parents: Family Approach of Yale New Haven Children’s Hospital” webinar on March 21, 2018.

- g. **Women, Infants and Children (WIC)** – March was National Nutrition Month. The 2018 theme was “Go Further with Food” incorporating not only eating healthy but also meal planning in advance to reduce food loss and waste. The WIC office provided information to clients and posted on social media.

See a doctor early to give your baby a healthy start.

# GO BEFORE YOU SHOW



Just **4** simple steps to follow for a healthy pregnancy!

## 1 select a provider

If you have insurance, call a provider when you think you are pregnant. If you do not have insurance, some doctors will help you apply. There are free pregnancy testing centers in your area.

Go to [Nevada211.org](http://Nevada211.org) for their locations.

## 2 get health insurance

Pregnant women and teens can get no cost or low cost prenatal health insurance. Here are some options that best fit your family needs.

- [NevadaHealthLink.com](http://NevadaHealthLink.com)
- [HealthCare.gov](http://HealthCare.gov)
- Call 2-1-1
- Medicaid 1-877-638-3472

## 3 apply for WIC

WIC (Women, Infants and Children) is a supplemental nutrition program for:

- Pregnant women
- Women who are breastfeeding
- Postpartum women
- Infants & young children

WIC helps women and young children eat well and stay healthy. For information call **1-800-8-NEV-WIC** or go to [NevadaWIC.org](http://NevadaWIC.org)

## 4 go to your doctor

Find a way to get to your doctor in order to keep your appointments:

### BUS SYSTEM

For Reno/Sparks: [rtcwashoe.com/public-transportation](http://rtcwashoe.com/public-transportation)

For Southern Nevada: [rtcnev.com](http://rtcnev.com)

If you have Medicaid:  
MTM Nevada Non-emergency transportation

- Call 1-844-879-7341
- [mtm-inc.net/Nevada](http://mtm-inc.net/Nevada)

Call 2-1-1, text 898-211  
or go to [nvmch.org](http://nvmch.org)



Visite a tiempo al Doctor para darle un comienzo saludable a tu bebé.

# VAYA ANTES DE QUE SE LE NOTE



Sólo siga estos **4** sencillos pasos  
Para un embarazo saludable!

## 1 selecciona doctor

Si tienes aseguranza médica, llama a tu proveedor si piensas que estás embarazada. Si no tienes aseguranza médica, algunos doctores te pueden ayudar a llenar una aplicación.

Hay centros gratis de prueba de embarazo en tú area.

Vaya a **Nevada211.org** para encontrar las locaciones.

## 2 selecciona seguro de salud

Mujeres embarazadas y adolescentes pueden obtener a costo reducido o sin costo seguro de salud prenatal. Vea abajo las opciones que se ajusten a las necesidades de su familia.

- **NevadaHealthLink.com**
- **HealthCare.gov**
- Llama a **2-1-1**
- Medicaid **1-877-638-3472**

## 3 aplica para WIC

WIC (Mujeres, Infantes y Niños) es un programa suplemental de nutrición para:

- Las mujeres embarazadas
- Las mujeres que están amamantando
- Posparto de mujeres
- Los bebés y niños pequeños

WIC ayuda a las mujeres y los niños pequeños a comer bien y mantenerse sanos. Para más información llame **1-800-8-NEV-WIC** o vaya a **NevadaWIC.org**

## 4 vaya a su doctor

Encuentre una manera de llegar a su doctor prenatal para que pueda mantener sus citas:

SISTEMA DE AUTOBUSES

Para Reno/Sparks: **rtcwashoe.com/public-transportation**

Para Southern Nevada: **rtcsonv.com**

Si tienes Medicaid: Transportación MTM Nevada No-emergenciana

- Llama a **1-844-879-7341**
- **mtm-inc.net/Nevada**

Llama a 2-1-1, manda texto a 898-211 o vaya a **nvmch.org**



**SPLISH SPLASH**  
**IT'S A BABY BASH!**

# Community Baby Shower

*All ages  
welcome!*



Come join the fun and  
protect your young  
children by getting  
recommended vaccines.

**Saturday April 28, 2018**  
**10am - 2pm**

Free admission

Free or low cost vaccinations available for children 0-4 years old

Bring insurance information & shot records

Child safety seat inspections will be provided by Safe Kids, REMSA,  
and Point of Impact in the food court parking lot

**Meadowood Mall**  
5000 Meadowood Mall Cir, Reno, NV 89502  
In the Center Court, behind Starbucks

WASHOE COUNTY  
HEALTH DISTRICT  
ENHANCING QUALITY OF LIFE

HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

Renown.  
HEALTH

Renown  
CHILDREN'S HOSPITAL

MEADOWOOD MALL  
A SHOPPING MALL

immunize  
nevada

**SPLISH SPLASH  
ES UN BABY BASH!**

# Baby Shower Comunitario

*¡Evento para  
todas  
las edades!*

Celebra con nosotros y  
ponte al día con las  
vacunas de tus niños  
pequeños.



**Sábado 28 de Abril del 2018**  
10am - 2pm

Admisión es gratis

Vacunas gratis o de bajo costo estarán disponibles para niños elegibles de 0-4 años  
Por favor traigan su tarjeta de seguro médico e cartilla de vacunación  
La inspección de asiento de seguridad infantil será patrocinada por Safe Kids, REMSA,  
y Point of Impact en el estacionamiento cerca de la zona de comida

**Meadowood Mall**

5000 Meadowood Mall Cir, Reno, NV 89502  
detrás de Starbucks

WASHOE COUNTY  
HEALTH DISTRICT  
ENHANCING QUALITY OF LIFE

  
HEALTH PLAN OF NEVADA  
A United Healthcare Company

**Renown**  
HEALTH

**Renown**  
CHILDREN'S HOSPITAL

  
MEADOWOOD MALL  
A SHOPPING MALL

  
IMMUNIZE

# Washoe County Announcement

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## *Treat Me Right*

*Enhancing trust between patients and providers*

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Media Release

For Immediate Release

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

Contact: Phil Ulibarri

[pulibarri@washoecounty.us](mailto:pulibarri@washoecounty.us)

775.328.2414 or 775.772.1659

**Reno, Nevada, April 9, 2018** - Annually the United States observes April as Sexually Transmitted Disease (STD) Awareness month. This year's theme, *Treat Me Right*, focuses attention on strengthening the trust between patients and providers which encourages an open dialogue about STD testing. Research shows early detection of STDs reduces the emotional strain and physical complications of STDs on an individual. Often people do not want to face the stigma and judgement sometimes experienced when asking for an STD test from their provider. Washoe County Health District's Sexual Health Program encourages community members and providers to work together in reducing these barriers by testing often and testing early.

The incidence of STDs are increasing in Nevada and Washoe County. Reportable STDs, Chlamydia, Gonorrhea, Syphilis, have been increasing since 2010. Chlamydia cases have increased 9.6% from 2016 to 2017. Gonorrhea has increased 19.8% during the same time period. Cases in the most infectious stages of Syphilis, Primary and Secondary, have increased 75%. Since 2013, Washoe County has experienced a dramatic surge of infectious Syphilis, a 116% increase.

To reduce the impact of STDs in Washoe County, the Washoe County Health District (WCHD) is promoting a multi-faceted approach. Individuals are encouraged to ask their providers for STD/HIV testing and participate in safer sex activities such as decreasing number of partners and increase condom usage. If a person is positive for a STD, they are urged to provide information on their sexual partners to their provider or WCHD to help stop the spread of infection. WCHD recommends providers conduct sexual risk assessments and offer STD testing as standard practice. In addition, providers are advised to follow current CDC testing and treatment guidelines. Asking patients their sexual history and practices is a crucial piece of medical history that is often missed. Providers are also reminded to report STDs in a timely manner per Nevada law, NRS 441a. "Responding to the alarming increase of STD cases requires that all members of our community do their part," said Washoe County District Health Officer Kevin Dick. "We advise providers to assess risk, offer testing, and appropriately treat and report STDs. Community members should ask their providers for STD and HIV testing and reduce their risk of harmful health outcomes through safer sex practices."

WCHD's Sexual Health Program offers numerous, confidential STD and HIV testing opportunities on an ongoing basis, many of which are free to the community. For further information, contact Jennifer Howell, Sexual Health Program Coordinator, at 775-328-6147.



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Printed on 2018-04-12.

## Picture of health

**A new mural is part of a Reno neighborhood's effort to promote long-term wellness**

By [Luka Starmar](#)



It's always painting weather to Matt McDowell and Erik Burke, whose recent mural features images of Glenn Duncan Elementary students and their favorite fruits and vegetables.  
PHOTO/LUKA STARMAR

## Subject: CCHS Division Director's Report

Date: April 13, 2018

Page 16 of 16

A new mural is up in the city of Reno. Over 100 silhouettes of children span the length of a one-block retaining wall on East 10th Street, just beyond the grounds of Glenn Duncan Elementary School. Painted inside many of the silhouettes are images of healthful food items. Some have juicy-looking strawberries or the ripe green cross section of an avocado. Some of the other silhouettes depict the Reno skyline ranging from wispy clouds against blue to the cotton candy pink and purple gradient of the Nevada sunset. The mural finishes with an image of a public housing unit.

"It's a combination of 'you are what you eat,' and 'you're a reflection of your environment,'" said Erik Burke, the lead artist on the mural. He and his team spent a day during winter at Glenn Duncan asking students to pose as if they were doing their favorite activity. Burke's team used lights to project the silhouettes of the kids, tracing them onto rolls of paper while they asked them about their favorite foods. The artists then transferred the silhouettes to the mural wall.

According to Burke, the most popular food choices were strawberries and watermelon.

"Some of the kids really caught us off guard because they were like, 'Oh, I want pomegranate,' and we're like, 'Whoa, that's awesome, you're in second grade, and your food of choice is pomegranate,'" said Burke. "The kids responded well. ... A lot of greens, too, which was interesting, like broccoli."

The mural came about as a collaborative initiative between the Washoe County Health District and the Reno Housing Authority. A request for proposals was announced last October to design a mural that would highlight smoke-free housing, healthy eating and physical activity.

"In past years, the Washoe County Health District has always allotted some funds to chronic disease prevention-related advertisements," said Lona Bogale, health educator at the Health District and the lead on this project. "We had an idea to try to do something more grassroots this year and something a little bit different that involves the community."

This project received financial support from the Fund for a Healthy Nevada and the Nevada Division of Welfare and Supportive Services.

According to Bogale, the Washoe County Health District reached out to the Reno Housing Authority to inquire about a wall that would be suitable for this mural. The housing authority offered the 1,500-foot retaining wall on East 10th Street that backs up to the Mineral Manor neighborhood, which includes 144 public housing units and the RHA's administrative building.

### Neighborhood initiatives

The mural is one of many efforts that different groups are making to promote long-term health in the neighborhood.

Since 2015, the RHA has implemented a 100 percent smoke-free policy for its 1,615 public housing units in Washoe County. A 2015 media release from Washoe County Health District states that the voluntary policy reduces incidences of heart disease, cancer and other heart and lung-related health risks in their tenants.

"From the housing authority perspective, the policy has also extended the life of our units," said Amy Jones, executive director of the Reno Housing Authority. "The turns on the units are less costly because we don't have the smoke damage to the unit. We're not having to replace carpets, blinds, paint the units as much as we would have to if there was a smoker in that unit."

Jessica Koltz, the school counselor at Glenn Duncan, said that the school is a Title 1 eligible school. This means that it receives federal assistance for services like free breakfast, lunch and dinner for students. She said that the school also has a food bag program, which on Thursdays provides students with extra groceries they can bring home for the weekend. Additionally, Glenn Duncan is home to a greenhouse and garden beds that are maintained by the students.

According to Koltz, the school administration is very supportive. She plans to bring the students across the street to visit the mural and give them an opportunity to explore and acknowledge the artwork and its impact on their community.

"The goal and hope is that a mural like this inspires kids to look at fruits and vegetables in a new way, and kind of be reminded of them," said Burke. "Sometimes when you paint something in such a large, bold way, you get to really look at it. Looking at it generates this interest in kids in foods that are healthy and good for you and will have a lasting effect on you."

Brent Boynton, Community Outreach Coordinator at the Reno Housing Authority, likes the way the mural has added some color to the block. "We're just pretty excited to take one of the drab, dreary parts of the neighborhood and make it kind of a showpiece," he said.

Burke and his team started working on the mural in February. They said that the process has been labor intensive, including prepping and priming the wall, adding the silhouettes, painting the negative space and filling in the food choices. All the while, they've been fighting the wind and rain and snow of springtime in Reno.

However, Burke said this mural isn't the coldest outdoor artwork he's done, alluding to a piece he finished in the dead of winter in Eureka.

According to Burke, students at Glenn Duncan have been going by and pointing, saying, "Hey, that's me," or "That's my sister." Some students from Traner Middle School even helped in the painting process.

"One of the reasons that we chose [Burke] was because he had the overall experience and vision on how to best incorporate the youth and residents that lived in the area," said Bogale. "That was something that was really important to us, because we wanted it to be a mural for the neighborhood and the community."

DD	CW	_	_
DHO		KD	_

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: April 26, 2018**

**DATE:** April 13, 2018  
**TO:** District Board of Health  
**FROM:** Chad Warren Westom, Director  
775-328-2644; [cwestom@washoecounty.us](mailto:cwestom@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division and Program Updates – Community Development, Food, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management

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**Division Updates**

- **Environmental Health Services Training Program** – As of April 1, fifteen out of nineteen field inspectors completed inspection training for high schools. A field guide has been completed and is currently under review for staff training of inspections at child care facilities.
- **Environmental Health Services Epidemiology Program** – Staff worked with Communicable Disease (CD) program staff to investigate three outbreaks of gastrointestinal illness in Washoe County Schools in March. One outbreak was in a high school, and the others were in an elementary school and small K-12 school in other zones of the district. Since the outbreak in the high school had continued over a three-week period, staff from EHS conducted an on-site visit. During the visit, EHS staff reviewed the monitoring and exclusion procedures with school clinical aids and nurses and required implementation of additional cleaning procedures. All school outbreaks were wrapped up by the beginning of Washoe County School District’s (WCSD) Spring Break on March 23.

**Program Updates**

**Community Development**

- Plan review and community development reviews are still increasing significantly from 2017.
- Commercial plan review has been asked to meet a 14-day turn-around time on all plan review. EHS has been utilizing additional staff resources and overtime to progress toward the Division’s goal.
- Currently, commercial plan review is at 17 calendar days for 2018.

- Water projects are currently at a 31 calendar day review for 2018. This has been a challenge due to a few very complex and involved plans submitted for review that have taken more time than a typical plan submittal. The water projects turnaround time is now on a downward trend.
- Community Development has begun working with the Health District Office of the Health Officer staff on a QI project for the plan review process. Three meetings have been held to discuss the plan review process and the procedures in place.
- Please see the table below for the specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

<b>Community Development</b>	<b>JAN 2018</b>	<b>FEB 2018</b>	<b>MAR 2018</b>	<b>YTD 2018</b>	<b>2017 TOTAL</b>
Development Reviews	44	48	49	141	426
Commercial Plans Received	75	76	86	237	780
Commercial Plan Inspections	23	16	26	65	407
Water Projects Received	27	29	23	76	287
Lots/Units Approved for Construction	975	970	412	2,357	4,117

## **Food**

- Staff have been working on a solution for a potential waiver of a portion of the mobile food establishment fee, when it applies to simpler operations such as ice cream trucks.
- Staff held three food safety workshops on March 26, 27, and 28, 2018. The workshops focused on the results of the 2017 Foodborne Illness Risk Factor Survey. Input from attendees will be used to develop intervention strategies to improve food handling practices and behaviors identified in the study. Click here for the full [Report on the Occurrence of Foodborne Illness Risk Factors in Washoe County](https://www.washoecounty.us/health/files/ehs/food-protection-services/WCHD-2017-Baseline-Risk-Factor-Study.pdf) (https://www.washoecounty.us/health/files/ehs/food-protection-services/WCHD-2017-Baseline-Risk-Factor-Study.pdf). Participation in workshops for consumers and the food service industry meets criteria of Standard 7 – Industry and Community Relations. The development of targeted intervention strategies designed to address the occurrence of risk factors identified in the study meets criteria of Standard 9 – Program Assessment.
- With a grant funded by the FDA Voluntary National Retail Food Regulatory Program Standards, staff collaborated with a local media company to develop radio spots, Facebook advertisements and programmatic advertisements aimed at educating the general public and food service workers on proper handwashing procedures. The ad campaigns are scheduled to run through May 2018. Execution of educational outreach to the general public and industry meets criteria of Standard 7 – Industry and Community Relations.
- Staff completed field standardization training by an FDA Standard instructor using the FDA Standardization Procedures. The standardization procedures evaluate the inspector's abilities to apply food safety knowledge and skills.
- **Special Events** – Staff has attended several preliminary planning meetings for the upcoming event season. This includes a significant amount of time coordinating with various County agencies to address issues with past events prior to their approval for future events. The Lady Luck Tattoo Expo and Earth Day will be the first major events of the season, which will occur in April.

### **Land Development**

- Septic and well plan intake is down approximately 10% from 2017. Through March, the program took in 174 septic and 18 well plans. In 2017, those numbers were 195 and 29 respectively.
- The program is seeing an elevated number of septic failures within the Cold Springs area. Potentially it is due to spring runoff that is creating issues underground in the area. The team is processing the repairs as they come in according to normal procedures and no major issues have been identified. Shallower systems are being utilized in the area more frequently due to difficulty of construction in the fast sandy soils and the potential for rising groundwater. While these systems are easier to install and provide more vertical separation from potential groundwater, their larger sizing is often difficult to accommodate on the smaller lot sizes in Cold Springs.

<b>Land Development</b>	<b>JAN 2018</b>	<b>FEB 2018</b>	<b>MAR 2018</b>	<b>YTD 2018</b>	<b>2017 TOTAL</b>
Plan Reviews or Plans Received	75	52	68	195	816
Residential Septic/Well Inspections	65	57	69	191	1,056
Well Permits	7	7	4	18	146

### **Safe Drinking Water**

- Staff is working with NDEP and Boomtown to prepare for their transition to a community water system based on the homes being constructed that will be fed by the water system. A sanitary survey was conducted in conjunction with the State and monitoring schedules are being modified to ensure that safe drinking water is supplied to the soon-to-be year round residents of the new housing development.
- The team continues to clean up deficiencies from years past in the State database. Enforcement seems to be improving with the standardized approach to formally noticing and then turning systems over to the State. While the process is still in its early stages and slower than desired, the consistent approach of the team to ensure water systems understand they will be turned over for enforcement looks like it is having the desired effect on long term non-compliant water systems. Water system operators are getting familiar with the standards and starting to respond accordingly.

### **Vector-Borne Diseases**

- Staff will deploy the New Jersey light traps this week and begin mosquito surveillance using portable CO2 traps in the Truckee Meadows Community. Foggers are scheduled to be mounted on vehicles in preparation for adulticiding.
- The first helicopter application is scheduled for April 25 due to the warm winter, recent calls of mosquito activity and remaining water in Lemmon and Washoe Valley from last year's flooding. The Program will be treating 1,500 acres with the products Vectolex and Metalarv. Staff started sampling for mosquito larvae in small bodies of water.

- Staff recently interviewed and selected four public health intern positions in addition to one returning from last year. They will begin April 16, a week earlier than normal due to the amount of standing water from last year's flood and runoff melt from the recent snow events.
- Regional Animal Services met with staff to discuss the draft document on "Possible Rabies Exposure" and the 17 veterinary clinics currently not submitting their rabies certificates. State law (NAC441A.412) requires the certificates be sent to the Rabies Control Authority (Washoe County Health District). Staff will be submitting a letter along with a "Rabies Question and Answer" form to these veterinary clinics informing them of the requirement to submit their certificates.
- Staff reviewed 14 building projects in the Truckee Meadow comments with the sign off of one project receiving their Certificate of Occupancy (C of O).
- Vector Responses to Public Requests:

<b>Vector Responses</b>	<b>JAN 2018</b>	<b>FEB 2018</b>	<b>MAR 2018</b>	<b>YTD 2018</b>	<b>2017 TOTAL</b>
Mosquito	0	0	3	3	289
Mosquito Fish – Gambusia	0	0	0	0	124
Gambusia Delivered	0	0	0	0	807
Hantavirus	7	0	6	13	126
Plague	0	0	0	0	17
Rabies	3	4	1	8	104
Planning Calls	8	14	9	31	163
Lyme Disease/Ticks	1	0	1	2	26
Media	0	0	2	2	47
Outreach / Education / Misc.	9	11	13	33	442
Cockroach / Bedbug	3	7	9	19	227
West Nile Virus	0	0	0	0	55
Zika	0	0	0	0	12
<b>TOTAL</b>	<b>31</b>	<b>36</b>	<b>44</b>	<b>111</b>	<b>2,439</b>
<b>Planning Projects</b>	<b>6</b>	<b>15</b>	<b>13</b>	<b>34</b>	<b>149</b>

### Waste Management

- The Washoe County Recycling Report was submitted to Nevada Division of Environmental Protection (NDEP) at the beginning of April as required. Preliminary results appear to show a slight decline as compared to previous years, however staff is aware there are some key industries not reporting even though they were requested to do so.
- Free dump days at Lockwood Regional Landfill are April 12-14 and April 19-21. Access is granted to Reno, Sparks and Washoe County residents in good standing with Waste Management.
- KTMB's Great Community Cleanup is Saturday, May 5, 2018 from 8am to 12pm. More information can be found at [KTMB.org](http://KTMB.org) where you can sign up to volunteer.
- Prescription Drug Round Up is Saturday, April 28 from 10am to 2pm:

- Reno: Raley's - 18144 Wedge Parkway; SaveMart - 10500 N McCarran Blvd; Scolari's - 4788 Caughlin Parkway; Smith's - 175 Lemmon Dr; UNR Lawlor Events Center - 15th St and Virginia St
- Sparks: CVS - 680 N. McCarran Blvd; Walgreens - 3000 Vista Blvd

Please visit [jttnn.org](http://jttnn.org) for more information.

**EHS 2018 Inspections**

	<b>JAN 2018</b>	<b>FEB 2018</b>	<b>MAR 2018</b>	<b>YTD 2018</b>	<b>2017 TOTAL</b>
Child Care	11	11	4	26	115
Complaints	70	57	53	180	883
Food	650	724	709	2,083	4,997
General*	120	100	71	291	2,032
Temporary Foods/Special Events	17	19	25	61	1,686
Temporary IBD Events	2	0	1	3	96
Waste Management	6	29	14	49	286
<b>TOTAL</b>	<b>876</b>	<b>940</b>	<b>877</b>	<b>2,693</b>	<b>10,095</b>

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

DD	<u>RT</u>
DHO	_____ 
DA	_____
Risk	_____

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: APRIL 26, 2018**

**DATE:** April 13, 2018  
**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

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**Communicable Disease (CD)**

**Measles investigation - Measles investigation** - A suspect measles case was reported to the CD Program on 4/2/2018. The case was a UNR student with 2 doses of MMR vaccine. He had been seen at 3 healthcare clinics, but had not been tested for measles. CD staff interviewed the case and arranged for him to be tested because he was epidemiologically linked to a confirmed measles case in California. The test came back on the night of 4/3/2018. It was positive, confirming measles. There are currently 7 confirmed cases associated with this outbreak declared by the California State Department of Health, with 6 cases in the Bay Area. A press release went out on 4/4/2018 at approximately 3:30 PM to notify the public of places the Washoe County case had visited while infectious. As of April 10, 250 reports were received by the CD Program. These reports were from four different entities including an urgent care clinic, UNR, a local restaurant, a local minute clinic, and public reporting from individuals calling or taking the online survey. A total of 193 individuals have been assessed and the remaining were not considered contacts or lost follow-up. As of 4/13/2018, three high risk contacts were recommended for preventive treatment and two received it. Three are under quarantine, three were excluded from work or daycare due to contact with high risk individuals, and five are under active surveillance, which means the CD program follows up with them daily to check for symptoms. As of 4/13/2018, healthcare providers have ordered seven measles tests. Of these, six were negative and one is pending. Two physician alerts were sent out to local medical communities to provide education on measles clinical presentation, diagnosis, and appropriate evaluation, testing, and reporting. WCHD started responding to the measles investigation using ICS on 4/4/2018 and a level 2 response was declared by the District Health Officer. More than 30 staff members from EPHP, CCHS, EHS, and AHS participated in a variety of response activities. Between 4/4/2018 and 4/8/2018, the CD program alone has spent nearly 200 person-hours on the measles response based on a preliminary estimate. Staff time spent on measles investigation from other divisions will be calculated after the investigation has been closed.

**Extraordinary occurrence of illness** – As reported last month, on March 9, 2018, the CD Program was notified of a CPO (Carbapenemase producing organism) case. The patient had an international travel history and was hospitalized during his stay due to a medical problem. Nevada State, California State and CDC were involved with this investigation. A total of 32 epidemiologically-linked contacts

were identified and 25 were screened. All of these were negative. The investigation was closed on March 28.

**Seasonal Influenza Surveillance** – For the week ending April 14, 2018 (CDC Week 14), twelve participating sentinel providers reported a total of 97 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 1.4% (97/6789) which is below the regional baseline of 2.4%. During the previous week (CDC Week 13), the percentage of visits to U.S. sentinel providers due to ILI was 1.7%. This percentage is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 1.1% to 2.9%.

Five death certificates were received for week 14 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 14 was 87. This reflects a P&I ratio of 5.7%. The total P&I deaths registered to date in Washoe County for the 2017-2018 influenza surveillance season is 226. This reflects an overall P&I ratio of 8.3% (226/2707).

### **Public Health Preparedness (PHP)**

On March 6, the Inter-Hospital Coordinating Council participated in a no-notice coalition surge exercise. This exercise was a combination of a tabletop, functional and full-scale exercise and split into two phases. Through the activation of the Mutual Aid Evacuation Annex, 324 fictitious patients were evacuated from Renown Regional Medical Center and received by nine hospitals, seven skilled nursing, and one memory care facility. REMSA provided the transportation coordination and support. This exercise met two federal grant requirements, the annual coalition surge exercise and the annual hospital surge exercise.

On March 7, the Public Health Emergency Response Coordinator co-instructed with Carson City Health and Human Services the Nevada Access and Functional Needs training hosted at American Red Cross. There were nineteen individuals from Northern Nevada who participated as students. The purpose of these trainings is to develop a trained cache of individuals in the region who can respond to a community shelter to provide an assessment of residents and ensure their needs are being met during an emergency.

During the week of March 12<sup>th</sup>, ten Health District staff members participated in a County sponsored bleeding control class (BCon). The PHP program led in the selection of staff for the training in order to maximize the number of trained individuals available to respond in an emergency event.

From March 13-16, the Public Health Emergency Response Coordinator attended and successfully completed the Center for Domestic Preparedness Hospital Emergency Response Training for Mass Casualty Incidents. This course prepares healthcare responders to utilize the Hospital Incident Command System. This allows them to integrate into the community emergency response network while operating an Emergency Treatment Area as hospital first responders during a mass casualty incident involving patient contamination.

On March 14, PHP accepted the delivery of six (6) point of dispensing (POD) cages. These cages contain a variety of supplies and materials to establish and set up a POD location. These cages will be pushed out to community partners to increase our local capacity to meet the

national benchmark of being able to provide medical prophylaxis to our population within 48 hours. The POD cages were given to WCHD by the Southern Nevada Health District.

On March 27, PHP participated in the yearly Postal Service Bio-detection System (BDS) tabletop exercise. The exercise is designed to review emergency operation plans with community partners in the event of the detection of anthrax in a letter going through the mail system. The Health District is responsible for the medical countermeasures dispensing component of the plan.

PHP and EMS personnel have been presenting Health District emergency response plans to citizen community committees. So far, this has involved four presentations that have included the Cities of Reno and Sparks, and a Rotary Club in Sparks. This is grant requirement to ensure the public has the opportunity to learn about the preparedness plans in the region.

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

The EMS Coordinator held a final Alpha Plan review meeting on March 19 with regional Fire, EMS, Law Enforcement, and Healthcare partners. The Alpha Plan is specifically for large-scale and/or multiple location events. Activation of the Alpha Plan during a major incident will allow for additional response capabilities that would not be used in smaller multi-casualty incidents (MCIs). There were a few minor suggestions for improvement and the Alpha Plan is anticipated to be presented to the Board for possible approval in June 2018.

The EMS, PHP, and CD program staff attended Community Assessment for Public Health Emergency Response (CASPER) training on March 20 provided by the CDC. CASPER is a technique designed to provide quick and low-cost household based information about a community. The CASPER methodology has been used to assess public health perceptions, estimate needs of a community and assist in planning for emergency response for several communities. The training provided the basics for conducting a CASPER in any community.

The EMS Coordinator presented to the Northern Nevada Access and Functional Needs Workgroup on April 4 about the Multi-Casualty Incident Plan (MCIP). This revision cycle is using whole community planning in an effort to include people with disabilities as an advisory group for the revisions. The workgroup had positive feedback and made some helpful suggestions for improvement.

The EMS Coordinator finalized the training content for an hour-long training video on April 10. This training is one of the deliverables of the grant from the Nevada Governor's Council on Developmental Disabilities (NGCDD). It was sent to the contractor so they can begin developing the video. The first draft of the short training video should be complete in mid-April.

**REMSA Percentage of Compliant Responses  
 FY 2017 -2018**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2017	93%	88%	100%	100%	91%	93%
August 2017	93%	94%	91%	100%	93%	93%
September 2017	92%	96%	100%	100%	97%	92%
October 2017	92%	92%	91%	100%	92%	92%
November 2017	92%	93%	100%	100%	96%	92%
December 2017	92%	95%	87%	100%	93%	92%
January 2018	93%	94%	96%	100%	95%	93%
February 2018	92%	96%	97%	100%	96%	92%
March 2018	91%	90%	97%	100%	93%	91%
<b>YTD</b>	<b>92%</b>	<b>93%</b>	<b>95%</b>	<b>100%</b>	<b>94%</b>	<b>92%</b>

**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 2017	8:18	16:56	18:14	N/A*
August 2017	8:29	14:51	15:28	N/A*
September 2017	8:32	13:06	18:30	N/A*
October 2017	8:31	14:15	19:32	N/A*
November 2017	8:33	13:01	17:42	N/A*
December 2017	8:41	14:06	21:43	N/A*
January 2018	8:31	14:51	16:02	N/A*
February 2018	8:39	14:37	15:28	N/A*
March 2018	8:50	15:15	19:29	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.

DHO <u>  KD  </u>
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**District Health Officer Staff Report**  
**Board Meeting Date: April, 2018**

**TO:** District Board of Health

**FROM:** Kevin Dick, District Health Officer  
(775) 328-2416, kdick@washoecounty.us

**SUBJECT:** District Health Officer Report – FY19 Budget, Public Health Accreditation, Quality Improvement, Strategic Plan, Water Projects, Traner Middle School Mural, Truckee Meadows Healthy Communities, Workforce Development, Advancing Rural Board of Health Capacity to Improve Public Health in Nevada, Washoe Regional Behavioral Health Policy Board, Other Events and Activities and Health District Media Contacts.

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FY19 Budget

The above-base positions requested in the Health District FY19 budget have been approved by the County Manager, with the exception of the Health Government Affairs Manager Position. This position has not yet been approved because it is being appealed to the Job Evaluation Committee regarding the level of the position classification. The above-base funds requested for mosquito abatement are not included in the County Manager’s recommended budget.

Public Health Accreditation

The PHAB team continues to meet monthly to review current progress and discuss challenges. Further documents have been submitted and we now have about 110 of the required documents gathered of the needed 213. Some documents initially gathered have been determined to not meet the requirements of submittal after the knowledge gained by the Accreditation Coordinator and Office Support Specialist (OSS) at the February training. The Accreditation Coordinator and OSS are working with PHAB team members to make the needed corrections or in some cases identify documents that are a better fit for submission.

Seven of the 100 required measures have been uploaded for a “preview check” and we anticipate feedback on the items submitted to further shape the documentation submission process.

Quality Improvement

The QI team continues to meet every two months and has further revised the QI forms to include a “Rapid QI” form, intended to capture the basic results of quick QI projects not suited for the larger QI submission and charter form process.

### Strategic Plan

The online platform used to track progress in strategic plan outcomes has been updated, resulting in a degree of improved efficiency in the reporting process. Further training by OnStrategy will be conducted on how to use the system at the May 2<sup>nd</sup> Division Director and Supervisor meeting.

### Water Projects

NDEP and WCHD have been working on concepts and approaches to oversight of the TMWA water system that would not require plan review of every project that is reviewed through TMWA. NDEP is developing a draft of an interlocal agreement for discussion with the three entities. A meeting is scheduled for May 4.

A meeting to provide an update and discuss water project review issues is scheduled for April 19 at the Builders Association of Northern Nevada with their Infrastructure and Planning Committee.

Mr. Westom and I met with Dan Holly and Aric Jenson of the City of Reno to discuss plan review processes and to clarify opportunities for site grading and trenching prior to water project review completion. Mr. Westom met with Scott Estes of TMWA to discuss and develop a streamlined approach for TMWA to provide certification of utilization of NSF 641 certified components in constructed projects.

### Traner Middle School Mural

The Washoe County Health District (WCHD) partnered with the Housing Authority of the City of Reno (RHA) and artist Erik T. Burke to create a healthy living themed mural on a retaining wall on East 10th St. in Reno, NV. Neighborhood youth were also invited to participate in the project process. As part of WCHD's Chronic Disease Prevention Program's activities, the mural highlights smoke-free housing, healthy eating and physical activity. Funding for the project was provided by the State of Nevada.

Youth, artists, and other community members involved in the project will celebrate the mural completion with an unveiling ceremony set for 12 noon on Thursday, May 3 at the mural site at East 10th Street directly south of Traner Middle School.

### Truckee Meadows Healthy Communities

Community Health Improvement Plan: Development of the 2018-2020 CHIP continues with the identified focus areas of Housing, Behavioral Health and Nutrition/Physical Activity. A draft action plan for Housing has been developed using considerable community input on the items in the action plan. Nutrition/Physical activity has identified a unified goal of utilizing the "Let's Go 5-2-1-0" framework to further develop objectives and strategies to improve nutrition and physical activity. Behavioral Health goals and objectives have been drafted and presented to the Regional Behavioral Health Policy Board and other stakeholders for feedback.

Affordable Housing: Work by Enterprise Community Partners to complete Phase 1 of the Affordable Housing Roadmap continues. Fundraising for Phase 2 of the project continues. Staff from Enterprise visited Reno in early April. An informational presentation and fund-raising event was held the evening

of April 11. The Executive Leadership Team met on April 12, and Enterprise provided a project updated to the Truckee Meadows Regional Planning Agency Governing Board on April 12.

TMHC Board and Steering Committee: The TMHC Board met to discuss direction with the Community Health Improvement plan and priorities for the organization. The TMHC Steering Committee met on April 4 with discussion on the Affordable Housing Project, the CHIP development, and a presentation by the Reno Area Alliance for the Homeless.

### Workforce Development

Washoe County Health District was recognized for its support of the UNR School of Community Health Sciences Internship program at the Annual UNR SCHS “Making Health Happen” event held on April 4.

### Advancing Rural Board of Health Capacity to Improve Public Health in Nevada

On April 24, the Nevada Division of Public and Behavioral Health, the three local health authorities and the Nevada Public Health Association are providing a combined presentation on Public Health in Nevada to the Interim Legislative Committee on Health Care. The presentation will address current infrastructure, funding, public health successes and opportunities, implementing a comprehensive public health system and prioritizing investments in public health. The presentation includes information on Public Health 3.0, Accreditation and the Community Health Assessment and Improvement Plan activities of the local health authorities, a proposal to cost-out Foundational Public Health Capabilities (as has been done in other states) for future action by the legislature, and a proposal for restoring funding of public health block grants during the next legislative session.

### Washoe Regional Behavioral Health Policy Board

Monthly meetings of the Policy Board continue with a meeting held on April 16 and meetings scheduled for May 21, June 18, July 16, and August 20. Presentations included assisted outpatient treatment (AOT) in Washoe County, Washoe County’s and Nevada’s Children’s Mental Health Consortiums, Legal 200 update, the Washoe County Certified Behavioral Health Clinic, the draft potential CHIP Behavioral Health Measures, and Crisis Stabilization Models. The Board requested Sheila Leslie’s assistance with organizing some workshops to provide public input regarding needs and gaps in services. Future Board meeting topics will include community triage centers, identification of potential NRS barriers, and discussion of regionalizing funding and policy decisions.

### Other Events and Activities

- 3/23/18        REMSA Board Meeting
- 3/26/18        Health District Job Evaluation Committee Presentations
- 3/28/18        TMHC Housing Meeting w/Community Foundation of Western Nevada
- 3/29/18        TMHC Board of Directors Meeting
- 3/29/18        NDEP-WCHD Meeting
- 4/2/18         NPHA Northern Chapter Meeting - Panel Presentation

Subject: District Health Officer Report

Date: April 26, 2018

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4/3/18 Health District General Staff Meeting

4/4/18 Press Conference - Measles

4/4/18 TMHC Steering Committee Meeting

4/5/18 Quarterly EMS Advisory Board Meeting

4/5/18 Title X Grant Application Meeting

4/5/18 NDEP WCHD Coordination Meeting

4/5/18 NV Health Authority Conference Call

4/7/18 Marijuana Large Group Meeting

4/7/18 Legislature Conference Call

4/10/18 Plan Approval Process Meeting with City of Reno

4/10/18 NALHO Conference Call

4/11/18 Department Head Meeting

4/11/18 TMHC Affordable Housing Presentation and Fund Raiser

4/12/18 Health District Job Evaluation Committee Appeal

4/12/18 TMHC Board Meeting

4/16/18 Washoe Behavioral Health Policy Board Meeting

4/18/18 Pre-DBOH Agenda Review Meeting with Chair Jung

4/19/18 POD Training

4/19/18 BANN Infrastructure Committee Meeting

4/19/18 Immunize Nevada Silver Syringe Awards

4/20/18 NPHA Advocacy Call

4/20/18 AQM – DHO/DD/Board Member Meeting

4/24/18 Advancing Rural Board of Health Capacity to Improve Public Health in Nevada

4/24/18 Southern Nevada Public Health Lab Tour

4/24/18 Nevada Rural Counties Meeting

**Health District Media Contacts: March 2018**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
3/28/2018	KKOH 780AM - CNN Reno	Daniella Sonnino	Chronic Disease Report Card - Chen
3/27/2018	KTVN CH2 - CBS Reno	Liz Olveda	Influenza - Chalkley
3/26/2018	Reno Gazette-Journal	Duggan/Wright	Food Inspections - English
3/26/2018	KRNV CH4 - NBC Reno	Karsen Buschjost	Influenza - Chalkley
3/21/2018	KRNV CH4 - NBC Reno	Joe Hart	Waste - Ulibarri
3/21/2018	KUNR 88.7AM - NPR Reno	Ahn Gray	STDs - Howell
3/21/2018	Las Vegas Review-Journal	Jessie Bekker	Hospital Internal Codes - Esp
3/20/2018	KUNR 88.7AM - NPR Reno	Ahn Gray	Rankings/Opioids/Housing/STDs - Dick
3/14/2018	KRNV CH4 - NBC Reno	Miles Vuergin	County Health Rankings - Dick
3/14/2018	KTVN CH2 - CBS Reno	Gabby Tefalo	County Health Rankings - Dick
3/14/2018	KOLO CH8 - ABC Reno	Ed Pierce	County Health Rankings - Peters/Dick
3/14/2018	KTVN CH2 - CBS Reno	Gabby Tefalo	County Health Rankings - Peters/Dick
3/14/2018	UNIVISION	Carolina Lopez	County Health Rankings - Peters/Dick
3/14/2018	KKOH 780AM - CNN Reno	Daniella Sonnino	County Health Rankings - Ulibarri
3/14/2018	Reno Gazette-Journal	Marcella Corona	County Health Rankings - Ulibarri/Dick
3/13/2018	KUNR 88.7AM - NPR Reno	Ahn Gray	County Health Rankings - Ulibarri
3/8/2018	UNIVISION	Carolina Lopez	Influenza - Chalkley
3/5/2018	KUNR 88.7AM - NPR Reno	Ahn Gray	Influenza - Chalkley

**Press Releases/Media Advisories/Editorials/Talking Points**

3/27/2018	Chronic Disease Report Card	Ulibarri
3/12/2018	County Health Rankings	Ulibarri
3/2/2018	Foodborne Illness Risk Factors	English
3/1/2018	Burn Code Ends	Ulibarri

**Social Media Postings****Facebook**

AQMD/CCHS/ODHO EHS	81 (CCHS 22 EHS 12 ODHO 4 AQM 43)
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**Twitter**

AQMD/CCHS	37 (AQM 34 CCHS 3)
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