

**\*\*AMENDED\*\***

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

### **Members**

Oscar Delgado, Chair  
Robert Lucey, Vice Chair  
Michael D. Brown  
Kristopher Dahir  
Dr. Reka Danko  
Dr. John Novak  
Dr. John Klacking

**Thursday, December 16, 2021  
1:00 p.m.**

**Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV**

**or via zoom at <https://us06web.zoom.us/j/87684391047>**

**Phone: 1-669-900-6833 - Meeting ID: 876 8439 1047**

(please be sure to keep your devices on mute and do not place the meeting on hold)

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### **1:00 p.m.**

- 1. Roll Call and Determination of Quorum.**
- 2. Pledge of Allegiance.**
- 3. Approval of Agenda. (FOR POSSIBLE ACTION)**

December 16, 2021

- 4. Recognitions.**

- A. Years of Service**

- i. Kathy Sobrio, 25 years, hired December 9, 1996 - CCHS
- ii. Cory Sobrio, 25 years, hired November 25, 1996 - CCHS
- iii. Christina Sheppard, 5 years, hired November 28, 2016 - CCHS
- iv. Samantha Beebe, 5 years, hired November 28, 2016 – CCHS
- v. Blair Hedrick, 5 years, hired December 19, 2016 – EPHP

- B. New Hires**

- i. Karley Crane, October 25, 2021, Office Support Specialist – CCHS (promoted from Records Office)
- ii. James Smith, November 22, 2021, Office Support Specialist – CCHS (promoted from Senior Services)
- iii. Yeraldin Deavila, November 22, 2021, Media & Communication Specialist – ODHO
- iv. Rachel Ladd, December 6, 2021, Medical Billing Specialist - CCHS

- C. Promotions**

- i. Alexandra Velasco, Public Health Nurse I to Public Health Nurse II, effective October 14, 2021 – CCHS

D. Retirements

- i. Denise Cona, Office Support Specialist, effective November 2, 2021 – EHS
- ii. Cory Sobrio, Public Health Nurse II, effective December 15, 2021 – CCHS
- iii. Kathy Sobrio, Public Health Nurse Supervisor, effective January 30, 2022, - CCHS

E. Resignations

- i. Julie Hunter, Emergency Medical Services Coordinator effective November 30, 2021 - EPHP
- ii. Megan Bowling, Medical Billing Specialist effective November 6, 2021 – CCHS
- iii. Martha Casique, Office Assistant II effective December 24, 2021 – CCHS

5. **National Radon Action Month Proclamations. (FOR POSSIBLE ACTION)**

Accepted by: Christine Kelly  
Staff Representative: Francisco Vega

6. **Public Comment.**

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. All public comment is limited to three minutes per person.

**Requests for public comment via zoom must be submitted by email to [svaldespin@washoecounty.gov](mailto:svaldespin@washoecounty.gov) before the scheduled meeting. Please log into the ZOOM meeting via the above link. Reasonable efforts will be made to hear all public comment during the meeting.**

**NOTE:** The zoom option will require a computer with audio and video capabilities.

7. **COVID-19 Update & Information.**

Staff Representative: Kevin Dick  
Board Representative: Dr. Reka Danko

8. **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. October 28, 2021
- ii. November 18, 2021 (Strategic Planning Retreat)

B. Budget Amendments/Interlocal Agreements – **(FOR POSSIBLE ACTION)**

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2022 through December 31, 2022 in the total amount of \$109,112 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO#11923 and authorize the District Health Officer to execute the Subaward and any future amendments.  
Staff Representative: Kim Graham and Victoria Nicolson-Hornblower
- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2022 through December 31, 2022 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV

Prevention Program IO# 11943 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

Staff Representative: Kim Graham and Sonya Smith

- iii. Approve Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and the Washoe County Health District upon approval of the Board of Examiners through June 30, 2025 in the total amount of \$350,000 (\$100,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Underground Storage Tank (UST) Program, and if approved authorize the District Health Officer to execute the agreement and any future amendments.

Staff Representative: Kristen Palmer

- C. Approve donation of a Norwesco 5,025 gallon water tank to Northern Nevada Medical Center with a current market value estimated at \$1,000.00. **(FOR POSSIBLE ACTION)**

Staff Representative: Kristen Palmer

- D. Authorize FY22 Purchase Order to My Next Career Path in the anticipated amount of \$3,000,000.00 to provide temporary staffing in support of the COVID-19 response and vaccination events. **(FOR POSSIBLE ACTION)**

Staff Representative: Kristen Palmer and Jim English

- E. Recommendation for the Board to Uphold Uncontested Citation Not Appealed to the Air Pollution Control Hearing Board. **(FOR POSSIBLE ACTION)**

- i. Atlantic Aviation – RNO – Case No. 1256, NOV AQMV21-0044

Staff Representative: Francisco Vega

- F. Recommendation for the Board to consider approval of a Settlement Agreement and a Supplemental Environmental Project valued at no more than \$1,000.00 for McCarthy Building Companies, Inc. as required in Order No. 00008 as a settlement for the Notice of Violation associated with Case No. 1308. **(FOR POSSIBLE ACTION)**

Staff Representative: Francisco Vega

- G. Recommendation for the Board to consider approval of a Settlement Agreement and a Supplemental Environmental Project valued at no more than \$3,000.00 for McCarthy Building Companies, Inc. as required in Order No. 00009 as a settlement for the Notice of Violation associated with Case No. 1316. **(FOR POSSIBLE ACTION)**

Staff Representative: Francisco Vega

- H. Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2022. **(FOR POSSIBLE ACTION)**

Staff Representative: Anna Heenan

- END OF CONSENT -

## 9. Regional Emergency Medical Services Authority.

- A. Review and Acceptance of the REMSA Health Operations Reports. **(FOR POSSIBLE ACTION)**

- i. October 2021

- ii. November 2021

Presented by: Dean Dow

- B. REMSA Health Response Times and Hospital Delays Update.

Staff Representative: Aaron Abbott

**C. Update of REMSA Health's Public Relations**

- i. October 2021**
- ii. November 2021**

Presented by: Alexia Jobson

**D. Discussion and possible approval of REMSA implementation of an "Assess and Refer" protocol designed to assist patients with understanding their medical needs and refer them to appropriate care. (FOR POSSIBLE ACTION)**

Presented by: Dean Dow

- 10. PUBLIC HEARING to review, discuss and possibly adopt the Washoe County District Board of Health Permitting and Fees for all Underground Storage Tank Facilities beginning January 3, 2022 with all facilities permitted no later than June 29, 2022. (FOR POSSIBLE ACTION)**  
Staff Representative: Luke Franklin
- 11. Recommendation for appointment to the Air Pollution Control Hearing Board as the Nevada Registered Professional Engineer Member. Staff recommends: Mr. Anthony Dimpel for a two-year term beginning on December 16, 2021, and concluding on December 15, 2023; Applicants include Art O'Connor. (FOR POSSIBLE ACTION)**  
Staff Representative: Francisco Vega
- 12. Recommendation for appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member. Staff recommends: The re-appointment of Ms. Yvonne Downs for a three-year term beginning on December 16, 2021, and concluding on December 15, 2024; the re-appointment of Mr. Lee Squire for a three-year term beginning on December 16, 2021, and concluding on December 15, 2024; the appointment of Mr. Phil Schweber for a two-year term beginning on December 16, 2021, and concluding on December 15, 2023; the appointment of Mr. Martin Brietmeyer for a one-year term beginning on January 27, 2022, and concluding on January 26, 2023; Applicants include: Alan Horvath, Cathy Fitzgerald, Dorothy Hudig, Ph.D., Hazel Brown, James Mitcheltree, Marcia Wilmes, Pierre Mousset-Jones, Scott Courier, William Grey, William Foster McCoy, Ph.D. (FOR POSSIBLE ACTION)**  
Staff Representative: Francisco Vega
- 13. Presentation and possible acceptance of the 2022-2024 Strategic Plan. (FOR POSSIBLE ACTION)**  
Staff Representative: Julia Ratti
- 14. Recommendation to review and approve of the District Health Officer's Annual Performance Evaluation Results. (FOR POSSIBLE ACTION)**  
Presented by: Laurie Griffey
- 15. Possible approval of the proposed 2022 Washoe County District Board of Health Meeting Calendar. (FOR POSSIBLE ACTION)**  
Staff Representative: Kevin Dick
- 16. Staff Reports and Program Updates.**
  - A. Air Quality Management, Francisco Vega, Division Director**  
Long-Term Exposure to Even Permissible Levels of Air Pollutants Increases Risk of Mortality, EPA Staff Preliminarily Conclude Tightening of PM NAAQS Is Warranted, Infrastructure Investment and Jobs Act: An Investment in Electric Vehicles, Monitoring and Planning, Permitting and Compliance.

**B. Community and Clinical Health Services, Lisa Lottritz, Division Director**

Divisional Update – World AIDS Day; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 Vaccinations.

**C. Environmental Health Services, Erin Dixon, Division Director**

Environmental Health Services (EHS) Division: Highlighted Program; Program Activities; Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and Inspections.

**D. Epidemiology and Public Health Preparedness, Dr. Nancy Diao, Division Director**

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

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

District Health Officer Report – COVID-19 Response, Joint Information Center, Strategic Planning Retreat, Government Affairs Update, Public Health Accreditation, Emergency Medical Services, CCHS Added Fee for vaccinations, and Public Communications and Outreach.

**17. Board Comment.**

District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

**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, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, 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, by filling out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. For the remainder of the agenda, public comment will only be heard during items that are marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. 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. 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. Reasonable efforts will be made to hear all public comment during the meeting.

All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

Members of the public that wish to attend via zoom may make public comment by submitting an email comment to [svaldespin@washocounty.us](mailto:svaldespin@washocounty.us) before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted.

**Forum Restrictions and Orderly Conduct of Business.** The District Board of Health conducts the business of the Health District and its citizens during its meetings. The Chair may order the removal of any person or group of persons whose statement or other conduct disrupts the orderly, efficient, or safe conduct of the meeting. Warnings against disruptive comments or behavior may or may not be given prior to removal. The viewpoint of a speaker will not be restricted, but reasonable restrictions may be imposed upon the time, place and manner of speech. Irrelevant and unduly repetitious statements and personal attacks which antagonize or incite are examples of speech that may be reasonably limited.

**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 – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

**Posting of Agenda; Location of Website:**

Pursuant to NRS 241.020, Notice of this meeting was posted electronically 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 <https://www.washoecounty.gov/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. Susy Valdespin, Recording 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.gov](mailto:svaldespin@washoecounty.gov). Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.gov/health> pursuant to the requirements of NRS 241.020.

WASHOE COUNTY  
HEALTH DISTRICT  
ENHANCING QUALITY OF LIFE  
*Proclamation*

**WHEREAS**, many residents of the Washoe County don't know about radon, yet need to know for the safety and health of their families, as radon is a colorless, odorless, naturally occurring radioactive gas that is the primary cause of lung cancer among nonsmokers and the second leading cause of lung cancer for smokers; and

**WHEREAS**, the U.S. Environmental Protection Agency (EPA) estimates 21,000 people in the U.S. die each year from lung cancer caused by indoor radon exposure, and lung and bronchus cancer kill more people in a year than any other cancer; and

**WHEREAS**, radon kills more people than secondhand smoke, drunk driving and home fires combined; and

**WHEREAS**, any home in Washoe County may have elevated levels of radon, even if neighboring homes do not, and living in a home with an average radon level of 4 picocuries per liter of air poses a similar risk of developing lung cancer as smoking half a pack of cigarettes a day; and

**WHEREAS**, testing is the only way to know if a home has an elevated radon level, and testing is easy and inexpensive, and when identified, homes can be fixed; and

**WHEREAS**, University of Nevada, Reno Extension's Nevada Radon Education Program, the Nevada Division of Public and Behavioral Health, and the EPA support efforts to encourage all Washoe County residents to test their homes for radon, mitigate elevated levels of radon, and have new homes built with radon-reducing materials and features.

**NOW, THEREFORE**, the Washoe County District Board of Health, does hereby proclaim January 2022 as:

***National Radon Action Month***

**ADOPTED**, this 16th day of December 2021.

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Oscar Delgado, Chairman  
Washoe County District Board of Health

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.gov](mailto:kdick@washoecounty.gov)  
**SUBJECT:** Approval of minutes for the regular District Board of Health meeting for October 28, 2021 and find that good cause has been shown for the delayed approval.

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**SUMMARY**

Approval of minutes which have gone past the 45-day requirement for approval by the governing body.

**PREVIOUS ACTION**

There is not previous history for this item.

**BACKGROUND**

NRS 241.035 states that unless good cause is shown, a public body shall approve the minutes of a meeting within 45 days of the meeting or at the next meeting of the public body, whichever occurs later. The attached minutes for October 28, 2021 were not submitted for approval within that timeframe due to the following:

- 1) The minutes were not completed before the submission date to be included on the agenda for the next District Board of Health Strategic Planning meeting on November 18, 2021.
- 2) Due to the Thanksgiving Holiday the November 18, 2021 Board of Health Strategic Planning meeting was held earlier in the month on the third Thursday rather than the fourth Thursday as would normally occur.
- 3) The next regular meeting of the District Board of Health was scheduled on December 16, 2021.

Therefore, it was not feasible for the minutes to be approved within the 45-day timeframe of December 12, 2021.

**FISCAL IMPACT**

No fiscal impact.

**RECOMMENDATION**

Staff recommend the Washoe County District Board of Health approve the delayed minutes for the regular District Board of Health of October 28, 2021, and find that good cause has been shown

Subject: October 28, 2021 Minutes

Date: December 16, 2021

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for the delayed approval of said minutes.

**POSSIBLE MOTION**

Move to approve minutes for the regular District Board of Health meeting of October 28, 2021 and find that good cause has been shown for the delayed approval.



## Washoe County District Board of Health Meeting Minutes

### Members

Oscar Delgado, Chair  
Robert Lucey, Vice Chair  
Michael D. Brown  
Kristopher Dahir  
Dr. Reka Danko  
Dr. John Novak  
Dr. John Klacking

Thursday, October 28, 2021  
1:00 p.m.

**Washoe County Health District  
Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV**

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

Chair Delgado called the meeting to order at 1:05 p.m.

The following members and staff were present:

Members present: Oscar Delgado, Chair  
Robert Lucey, Vice Chair (left at 1:45 p.m.)  
Kristopher Dahir  
Dr. Reka Danko  
Dr. John Klacking  
Michael Brown

Members absent: Dr. John Novak

### Mrs. Valdespin verified a quorum was present.

Staff present:

Kevin Dick, District Health Officer  
Julia Ratti  
Rayona LaVoie  
Michael Touhey  
Wes Rubio  
David Kelly  
Laurie Griffey  
Dr. Nancy Diao  
Francisco Vega  
Erin Dixon  
Lisa Lottritz

### 2. Pledge of Allegiance.

Dr. John Klacking led the pledge to the flag.

### 3. Approval of Agenda.

October 28, 2021

**Health Officer, Kevin Dick noted a clerical error on Item #13 regarding the dates of the term to reflect October 25, 2021 concluding October 24, 2024.**

**Councilman Dahir moved to approve the agenda for the October 28, 2021, District Board of Health regular meeting with the stated modifications. Michael Brown seconded the motion which was approved unanimously.**

Chair Delgado requested a moment of silence in honor of Dr. Randall Todd who passed away on October 7, 2021.

**4. Recognitions.**

**A. Introduction**

- i. Dr. John Klacking, District Board of Health Member, Non-Elected Washoe County Appointee

Chair Delgado welcomed Dr. Klacking as a new member of the Board of Health.

Dr. Klacking shared he has lived in Reno for over 40 years and attended graduate school in Reno as well. He added that he is a Board member of the UC Davis' Veterinary School for the past 20 years and sat on the National Board of the American Cancer Society for almost 4 years. He concluded by sharing that he lost his wife and son to cancer.

**B. New Hires**

- i. Kecia Olney, September 13, 2021, Account Clerk I – AHS (promoted from Clerks)
- ii. Sheri Martin, September 27, 2021, Account Clerk I – AHS
- iii. Gloriana Alvarez, October 11, 2021, Department System Technician – COVID EPHP
- iv. Briana Contreras, October 25, 2021, Office Assistant II – CCHS
- v. Lauren Huntsman, October 25, 2021, Storekeeper - CCHS

Health Officer, Kevin Dick invited Anna Heenan to introduce her division's new staff members.

Ms. Heenan introduced Ms. Olney and Ms. Martin as new members of her team. She shared these employees bring a tremendous amount of experience and expressed gratitude for having them in her team.

Mr. Dick invited Jim English to introduce Ms. Alvarez.

Mr. English introduced Ms. Alvarez and welcomed her as part of the COVID-19 Team. He expressed she will be a great asset to the Health District in the COVID Operations.

Mr. Dick invited Lisa Lottritz to introduce Ms. Contreras and Ms. Huntsman.

Ms. Lottritz introduced Ms. Contreras as the new IZ Clerical Team member and MS. Huntsman as the new Storekeeper. Ms. Lottritz shared a little bit about their experience and welcomed both to the Health District.

**C. Promotions**

- i. Stephanie Chen, Health Educator II to Health Educator Coordinator, effective September 27, 2021 - CCHS
- ii. Allison Schleicher, Public Health Investigator to Epidemiologist, effective October 11, 2021 – CCHS

Ms. Lottritz announced Ms. Schleicher's promotion as an Epidemiologist, making her the first epidemiologist for the Sexual Health Program. Ms. Lottritz shared Ms.

Schleicher's qualifications and experience. Ms. Lottritz also recognized Ms. Chen in her new role as Health Educator Coordinator.

D. Resignations

- i. Rachel Cord, Account Clerk I, effective September 18, 2021 – AHS
- ii. Elizabeth (Lisa) Iacoboni, Public Health Nurse II, effective October 8, 2021 – CCHS
- iii. Ashley Auer, Office Assistant II, effective September 3, 2021 – AHS

Health Officer, Kevin Dick, announced the resignations of Ms. Cord, Ms. Iacoboni, and Ms. Auer. Mr. Dick noted Ms. Auer's transferred to a different department.

E. Special Recognitions

- i. Kathleen Doyle, Homebound COVID-19 Testing and Vaccination Efforts
- ii. Aulene Schmitz, Homebound COVID-19 Testing and Vaccination Efforts
- iii. Julia Ratti, Nevada 2021 Hero Award - National Alliance on Mental Illness

Health Officer, Kevin Dick, asked Jim English to assist in recognizing Ms. Doyle and Ms. Schmitz.

Mr. English recognized the above and beyond work of Ms. Doyle and Ms. Schmitz. Mr. English shared both women have put in countless hours building their team as they run the homebound program. He added they have driven over 5,000 miles serving the community and have administered 17,080 vaccinations and given over 500 PCR tests. Additionally, they assist with the community PODs.

James English presented Ms. Doyle and Ms. Schmitz with a challenge coin for their ongoing efforts.

Mr. Dick added the difficulty in attendance was due to their commitment to being out in the field.

Mr. Dick concluded by recognizing Ms. Ratti for her recent Nevada Hero Award from the National Association on Mental Illness and acknowledging her leadership in Regional Behavioral Health Policy Board and facilitation to develop a Regional Implementation Plan for Crisis Stabilization Services.

**5. Public Comment.**

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

Ms. Valdespin called Dodie Hanson, who was not present.

On the call for public comment, Ms. Janet Butcher quoted "a society based on freedom to choose is better than a society based on principles of socialism, communism, and coercion." Ms. Butcher continued to share statistics from Sweden and the United Kingdom regarding COVID-19 deaths of fully vaccinated individuals. She opined the COVID-19 vaccines being pushed on people do not fit the definition of a vaccine. She further opined those monetarily benefiting from the vaccines are pharmaceutical companies and stockholders. She concluded that the problem with natural immunity is that it's free.

Ms. Kardi Davis took some time to thank Dr. Klacking for services her dog received at UC Davis. Ms. Davis continued to speak regarding the Health District statistics. Ms. Davis asked about the percentage of breakthrough cases in Washoe County, as she opined those stats are not provided. Additionally, she asked if breakthrough from natural immunity cases has been

added to the statistics. She referred to Clark County's stats regarding the reports on vaccinated hospitalized cases, but not positive cases for COVID-19 that had been vaccinated. Ms. Davis concluded by stating that lack of the listed statistics leads to distrust in the system.

Mr. Murray Kane stated the country is built on democratic principles; however, he opined the members of this Board were not elected for their positions. He opined treatment options should be given to people. Mr. Kane stated he was misled by item #13, as a significant change was made to the date by three years.

Ms. Cindy Sassenrath believed COVID-19 was an emergency back in March 2020, but it is no longer an emergency. She opined people understand their options as they are educated people who can take care of themselves. She expressed frustration as to why those with natural immunity are treated the same as those who have not had COVID-19. She asked for doctors to encourage early treatment. Ms. Sassenrath stated she would give Ms. Valdespin pamphlets to distribute to the Board. She concluded by asking the Board to revoke the emergency declaration, lift the mask mandate, and ban vaccine passports.

Ms. Susie Howell asked if we are asked to wear masks because we believe we are in a pandemic. Additionally, she opined people crossing the border are not required to wear masks. Ms. Howell questioned the excitement of vaccines being available for 5-11 years old.

Mr. Bruce Foster displayed a couple of pictures. Mr. Foster opined mandates have not gotten us anywhere, as we are still one of the 8 states that requires masks for both vaccinated and unvaccinated. Mr. Foster asked if it's discrimination between vaccinated and unvaccinated.

Ms. Bev Stenehjem name a few facts she has read. Ms. Stenehjem opined this is an endemic not a pandemic and the vaccine is not a traditional vaccine. She stated the only shot available is the Emergency Use Shot as she also believes the virus is 99.7% survivable. She opined the Health District must be receiving federal money to keep people under control. She opined there is treatment and asked the Board to end the emergency.

Ms. Cynthia Miller opined most of the news on television is not correct. She expressed she feels afraid, fearful, and disconnected when she wears a mask.

Ms. Donald Fossum shared he should not be alive as he is 76 years old and attended Trump rallies. Mr. Fossum played audio for an interview with Dr. Fauci regarding Dr. Fauci stepping down. He opined we are driven by a fear wave.

Recording Secretary, Ms. Valdespin distributed a document submitted by Ms. Ann Sweder. Ms. Sweder believed COVID-19 is 99.7% survivable and curable. She opined the vaccine is a shot that does not prevent from getting or spreading COVID-19. She believed using this vaccine as an experiment is a crime against humanity and should be subject to an official investigation. She provided information regarding early treatments and believed the World Health Organization knows about these treatments and is hiding the facts. She shared her opinion on mask wearing and concluded by stating medical mandates do not have a place in a free society.

Ms. Cindy Martinez read a quote from Aldous Huxley regarding "pharmacological method of making people love their servitude". Ms. Martinez stated a demand has been made to all the bodies of government to declare an end to the public health emergency, as there is no health emergency. Ms. Martinez opined the Board is guilty of crimes against humanity. She

concluded by expressing her support of Ms. Bennet over Dr. Klacking for the seat at the District Board of Health.

Ms. Jeanne Quintana asked the Board to make decision based on true science and statistics. She opined the test being administered to detect COVID-19 is not made to detect the virus as it provides false positives. Ms. Quintana asked about the statistics for the flu as they appear to have gone away. Ms. Quintana spoke of her relative's experience with the vaccine.

Ms. Patricia Toone stated the decisions of the Board have an impact on the citizens. She opined late decisions have had devastating consequences specifically on children. Additionally, she opined the mandates have caused a decline in moral and mental health. Ms. Toone concluded by asking the Board to do something to prevent catastrophe through a quote from Dietrick Bonhoeffer.

Ms. Darla Lee made note that more people would be attendance if these meetings would be in the evening. She asked the Board to figure out what the citizens want from this Board. Ms. Lee referred to the October 27 update from the Health District regarding the 300<sup>th</sup> COVID-19 related death and asked for more details to be included. Additionally, she asked for therapeutic information to be included in the updates.

Mr. Roger Edwards stated he will not be taking the COVID-19 vaccine. Mr. Edwards opined no one is taking responsibility for decisions regarding COVID-19. Mr. Edwards concluded by comparing an untested anthrax vaccine to the COVID-19 vaccine.

Ms. Sara H spoke about the definition of "health". She opined masks do not allow air to recirculate and vaccines are not a body's natural immune system. She stated she is upset as she has changed her family's schooling, grocery shopping, and traveling because of masks, COVID-19 testing and vaccines.

Mr. Wayne Gordon questioned if the Board knows what really is going on in the community. He believed this pandemic had to do with control, including mask wearing and vaccines. He opined comparing this pandemic with the Spanish flu pandemic is inaccurate. He concluded by stating that those stating facts and truth should not be silenced.

Ms. Erin Massengale was present via Zoom and reported she felt her civil and human rights were violated and felt discriminated and segregated as she could not enter Chambers because she cannot wear a mask. She continued to request the Board to agendize and pass a resolution to end the public health emergency, as well as pass a resolution for nutritional guidance for the Washoe County residents to gain optimal health and optimal immune system. She continued to ask that a resolution be passed regarding COVID-19 treatment guidance.

Ms. Melanie Sutton was present via Zoom and asked to end the public health emergency. She asked why the public is asked to wear masks now, when at the meetings for the Board County Commissioners it is not a requirement.

Ms. Victoria Myer was present via Zoom and stated they are watching everything the Board is doing. She opined medical mandates do not have a place in a free society. She opined the Board must broaden the scope of information they read. She believes the vaccine is for emergency use. Additionally, Ms. Myer opined the virus has a 99.9% survival rate and believed there's no reason for children to be masked as there are no children dying. She concluded by opining the Board has no authority to make policy decisions over the lives of people.

**6. Consent Items.**

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

A. Approval of Draft Minutes

- i. September 23, 2021

B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to July 1, 2021 through June 30, 2022 in the total amount of \$300,000.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Youth Vaping Prevention Fund (IO#11859) and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.  
Staff Representative: Kim Graham and Kelli Goatley-Seals
- ii. Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2021 through September 30, 2022 in the total amount of \$1,146,465.00 (no match required) in support of the Community and Clinical Health Services Division's Women, Infants and Children (WIC) Program IO#11901 and authorize the District Health Officer to execute the Subaward and any future amendments.  
Staff Representative: Kim Graham and Kelli Goatley-Seals

C. Approve a Settlement Agreement with VIA Motors, Inc., in the total amount of \$39,500.00 in resolution for the Beta Test Collaboration and Purchase Agreement entered into by the Washoe County Health District and VIA Motors, Inc., in September of 2012.  
Staff Representative: Francisco Vega

D. Recommendation for the re-appointment of Mr. Richard Harris, JD, PhD, to the Air Pollution Control Hearing Board for a three-year term beginning December 20, 2021 through December 20, 2024.  
Staff Representative: Francisco Vega

E. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.

- i. Paradiso Communities – Case No. 1310, NOV AQMV21-0035
- ii. Majestic Realty Company – Case No. 1311, NOV AQMV21-0039
- iii. Truckee Meadows Construction – Case No 1312, NOV AQMV21-0038
- iv. Indoor Sports Holdings, LLC – Case No. 1313, NOV AQMV21-0040
- v. Nevada Tri Partners, Case No. 1314, NOV AQMV21-0041
- vi. DR Horton Inc., Case No. 1320, NOV AQMV21-0046  
Staff Representative: Joshua Restori

F. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2022.

Staff Representative: Anna Heenan

**Michael Brown moved to approve the consent agenda. Councilman Dahir seconded the motion which was approved unanimously.**

**7. Presentation: Prevention and treatment of COVID-19.**

Presented by: Dr. Reka Danko

Dr. Reka Danko presented a PowerPoint discussing what is COVID-19, how it's transmitted, and how it can be prevented. Additionally, Dr. Danko spoke of natural immunity after COVID-19 infection as well as the different types of COVID-19 vaccines available in the United States as well as worldwide. Dr. Danko also included a brief explanation regarding boosters and additional doses of the COVID-19 vaccine.

Dr. Danko provided detailed information on how COVID-19 affects the lungs and breathing and shared ways of protecting ourselves before, during and after COVID-19. Dr. Danko provided suggestions on how to keep the bases of the lungs open.

Dr. Danko concluded by discussing potential treatment medications for outpatient/ambulatory and hospitalized patients as of October 2021. Dr. Danko's presentation and a list of medications for treatment was made available at the District Board of Health website under the meeting of October 28, 2021.

Chair Delgado open the item for questions from the Board.

Councilman Dahir thanked Dr. Danko for the presentation and expressed appreciation for the education provided, as he believes educating the public is one of the roles of the District Board of Health. Councilman Dahir asked for updates to benefit both the Board and the community. He continued to ask Dr. Danko for advice on how to protect ourselves.

Dr. Danko reported that boosting the immune system with healthy eating, exercise program, hand washing, mask wearing, distancing, taking vitamins, and healthy sleep patterns is a great way to protect the community from a variety of respiratory virus and non-respiratory conditions.

Dr. John Klacking expressed appreciation for the information provided. He reported he is not vaccinated and has traveled around the world. He reports he believes in Vitamin D and would like to present to the Board on that subject. He clarified he is pro-vaccination but has not received this vaccine yet. Dr. Klacking continued to speak of the role vitamin D plays in the immune system.

Michael Brown thanked Dr. Danko for the information provided.

Chair Delgado welcomed a presentation from Dr. Klacking at a future meeting, so that it is properly agendized.

Chair Delgado reported one of the District Board of Health meeting was flagged on YouTube as misinformation due to public comments, so his hope was that this presentation will assist in providing proper information for access of the public.

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

**A. Review and Acceptance of the REMSA Health Operations Report for September 2021.**

Presented by: Dean Dow

Mr. Aaron Abbott for Dean Dow opened this item for questions the Board may have regarding the report that was submitted by REMSA Health.

Chair Delgado asked about the progress regarding the staffing needs of REMSA Health, per last month's presentation to the Board.

Mr. Abbott reported an estimated amount of 10-15 field employees had been cleared from their training period as of last month's meeting. However, he reported there will be an additional 10-15 field employees from the November academy.

Chair Delgado asked if progress and/or improvements have been made to reduce the hospital delays that were reported last month.

Mr. Abbott reported REMSA Health is working closely with hospital partners since September to reduce those delays. However, in the last two weeks or so, REMSA Health is trending on the negative direction with offload delays. He reported they meet twice a week with hospital partners to address issues and put mitigation techniques in place. Mr. Abbott continued to report paramedics dedicated to the hospitals have been added the staffing schedule to assist with offloads.

Chair Delgado asked for a formal progress report from REMSA Health to the District Board of Health at the next meeting to include mutual aid requests.

Councilman Dahir asked for a report that reflects the needs of specific regions, specifically the City of Sparks.

Chair Delgado asked if an algorithm is utilized to determine where ambulances are stationed throughout the Washoe County.

Mr. Abbott affirmed REMSA Health uses a predictive analysis algorithm that helps understand the most probable area to have the heaviest 9-1-1 incident volume.

Councilman continued to specify it would help to know if one particular hospital seems to be having the most offload delay.

Michael Brown asked if REMSA Health is working with other agencies to identify their specific wall times and use that information to find a solution.

Mr. Abbott reported a representative from all three fire agencies is included in the calls with the hospital partners.

Mr. Abbott reported REMSA Health has provided a recommendation to community partner hospitals and fire departments to approve an assess and refer protocol and is now awaiting a final consensus from the group before implementing the recommended protocol. They are hoping to implement the new protocol the first week of November, which allows paramedics to assess patients and determine if an emergency exists based on a very specific protocol. If the patient agrees to accept the alternative transportation, the patients would be referred to an appropriate health care pathway such as urgent care.

Chair Delgado asked if the recommendation goes back to the Health Officer for approval or if it was considered approved.

Health Officer, Kevin Dick, asked if this item would go to the EMSAB.

Mr. Abbott affirmed this report would be presented to EMSAB as an informational report.

Mr. Dick clarified the regional partners must be on board, and this item would be presented to the EMSAB on Friday morning for approval.

Chair Delgado asked for clarification as to a formal process for approval.

Mr. Dick reports REMSA Health is moving forward with an adjustment to the system as directed at last month's meeting. The intent of this directive was to prevent the implementation from being delayed by the schedule of the Board of Health meeting.

However, Mr. Dick reports that the previous decision could potentially affect the way the EMS system responds and could lead to modification to the REMSA franchise agreement, if this process proves to be a more efficient utilization of the resources available.

Michael Brown expressed his hope is to have checks and balances to monitor this process as the risk exists of people slipping through the cracks. Additionally, he reiterated Chair Delgado's concern regarding this process being set in place without Board approval, as said process could potentially impact the franchise.

Chair Delgado affirmed that this Board is held responsible for these types of decisions.

Councilman Dahir agreed with checks and balances; however, he believed last month this seemed like an emergency conversation for hospitals and movement was necessary.

Chair Delgado affirmed that he appreciates the urgency; however, he asked for the right information to be presented to this Board when situation like these come forward. Chair Delgado requested REMSA Health to give notice to this Board as soon a decision is reached, to provide the opportunity to the Board to address any concerns.

Mr. Abbott affirmed REMSA Health has the intention of keeping the Board informed through the Health Officer.

**Michael Brown moved to approve REMSA Health's September 2021 Report. Dr. Reka Danko seconded the motion which was approved unanimously.**

**B. Update of REMSA's Public Relations during September 2021.**

Presented by: Alexia Jobson

Ms. Alexia Jobson presented the Public Relations report for September 2021.

Ms. Jobson provided updates since the writing of her report. She reported REMSA Health's Center for Integrated Health and Community Education graduated 9 paramedics. REMSA Health was recently recognized as a 2021 Mission Lifeline Gold Plus Organization by the American Heart Association which honors the quality care provided to STEMI and ACS patients.

Ms. Jobson opened her item for questions from the Board.

**C. Discussion and possible approval of the recommended market areas for the REMSA market survey.**

Staff Representative: Kevin Romero

Mr. Kevin Romero reported Fitch and Associates performed a market survey of REMSA. He additionally reports REMSA has completed all financial, operation, and data requests for Fitch and Associates and continued to speak of the recommendations that were being brought to the Board. Mr. Romero provided brief details to justify the recommendation.

Chair Delgado asked when the results could be expected.

Mr. Romero provided a timeline of all the steps taken so far to complete this survey and reported he hopes it would be completed through the middle of November.

Chair Delgado asked if REMSA is working with any of the regional partners as part of the study.

Mr. Romero reports that there are no real similarities or dissimilarities to anyone locally, because REMSA runs the high-performance EMS system through the franchise. Mr. Romero offered to ask Fitch and Associated, but he believes the scale would be different.

Chair Delgado affirmed his request is based off conversations to regionalize support, mutual aid, and transportation.

Mr. Aaron Abbott reported Fitch and Associates has been made aware of the recent changes that include Truckee Meadows Fire Protection District as a contractor with REMSA to help provide EMS services in Washoe County and will ensure that they highlight any markets that have similar relationships.

Michael Brown reiterated the need to address REMSA's need to solicit the assistance from the local government as it is the case in this region, when making comparisons to the entities listed in this report.

Mr. Romero agreed and affirmed that is why they approached the hybrid partnerships between private and public.

**Councilman Dahir moved to approve REMSA Health's September 2021 Report. Michael Brown seconded the motion which was approved unanimously.**

**9. Presentation and possible acceptance of the mid-year progress report on the 2021 Community Health Improvement Plan.**

Staff Representative: Rayona LaVoie

Ms. Rayona LaVoie began her report by providing brief background information on the Health Needs Assessment and the need to have a Community Health Improvement Plan to include needs assessments of the community, engaging the community, and planning to solve the needs.

Ms. LaVoie reports the focus areas include behavioral health, housing and homelessness, and physical activity and nutrition. Additionally, she provided details on the efforts that are put forth on the individual focus areas. Ms. LaVoie reported some of the activities to include the creation of Behavioral Health Crisis Response System and Family Health Festivals. She additionally announced the next Family Health Festival would be Wednesday, November 3, 2021, from 4-7 p.m. at the Neil Road Recreation Center.

Ms. LaVoie concluded by reporting the next steps for this program.

Ms. LaVoie opened her items for questions from the Board.

Councilman Dahir asked about the completion of the housing and homelessness initiative.

Ms. LaVoie replied that most of the initiatives are still in progress because there are several strategies within this initiative.

Councilman Dahir expressed that collaboration is the key and appreciates that the Health District has found its place in the conversation. He also inquired about the Care Center, as he believed the center is a crucial element.

Ms. Julia Ratti reports the 988 number has been approved and will go live in July 2022. She reported the goal is to make that number available to the community which requires a place to call (via text, chat or phone), someone to come to them, and somewhere to go. Additionally, Ms. Ratti reported they are waiting to determine what community partners are interested in this program. She concluded by informing an answer may be available around January.

Councilman Dahir additionally asked if there is anything community leaders can do to ensure this opportunity does not pass the community by.

Ms. Ratti replied that encouraging providers to recognize this as a community wide priority is a way for community leaders to assist in accomplishing this goal and reassure providers that the community is willing to look for ways to fill in any gaps.

Chair Delgado asked if the Health District is still partnering with Renown.

Ms. Ratti reported that during the pandemic the Health District got off cycle with Renown. However, she reported they are in conversations with Renown about partnering on the next Community Health Needs Assessment.

On the call for public comment, Mr. Wayne Gordon asked how the homeless are being accounted for and are those homeless by choice being counted separately. He additionally asked about how the Healthy Store initiative is going to be handled as a result of inflation.

**Councilman Dahir moved to accept of the mid-year progress report on the 2021 Community Health Improvement Plan. Michael Brown seconded the motion which was approved unanimously.**

**10. PUBLIC HEARING to review, discuss and possibly adopt the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of new provisions from the Supplement to the U.S. Food and Drug Administration Model Food Code, a new chapter covering Catering Operations, the Make-up of the Food Protection Hearing and Advisory Board, as well as minor edits and formatting corrections.**

Staff Representative: Mike Touhey

Mr. Mike Touhey open his item by reviewing the impacts and changes to the presented update.

Mr. Touhey opened his item for questions from the Board.

On the call for public comment, Mr. Murray Kane asked if additional regulations to Nevada businesses are necessary, considering these businesses barely came out of a lockdown. He additionally asked about the outreach efforts that have been made for this item. He asked the Board to fully consider the impact on these already hard-hit businesses. Mr. Kane asked for the Board to respond to his objection.

Chair Delgado asked Mr. Touhey if he had performed a Business Impact Statement as part of the roll out of the public hearing. Additionally, he asked if they had reached out to businesses that could be affected by these updates.

Mr. Touhey affirmed that those steps were followed. He added that for those following the regulations, this process is less restrictive as a result of the new amendment.

Councilman Dahir opined those changes should not be implemented just because it is mandated but appreciates the inquiry for clarification on the process as not everyone is aware of said process. Additionally, he asked if there was any negative response from the community.

Mr. Touhey reported there was no negative feedback from the local businesses. He also reiterated these changes offered more options to businesses.

Councilman confirmed that this regulation has had all the necessary vetting.

**Councilman Dahir moved to adopt of the proposed amendments to the regulations of the Washoe County District Board of Health Governing Food Establishments. Michael Brown seconded the motion which was approved unanimously.**

11. **Review, discuss and adopt the Business Impact Statement regarding Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities, with a finding that the permitting and fees do not impose a direct or significant economic burden on a business; nor do the proposed fees directly restrict formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed permitting and fees December 16, 2021, at 1:00 pm.**

Staff Representative: Wes Rubio

Mr. Wes Rubio provided a brief explanation with the purpose of the presented item as well as the efforts to inform the affected parties of the changes and way of accessing information online including public workshops. Mr. Rubio briefly described the content and format of all the public workshops and their outcomes.

Mr. Rubio provided a PowerPoint presentation describing installation, inspection, and removal of USTs as well as the implementation plan. This presentation was made available on the District Board of Health website.

Mr. Rubio shared an email from Jonathan McRae, supervisor for the State UST Program expressing his approval of the proposed changes to the Interlocal Agreement. This email was provided to the Recording Secretary to include in the record.

Mr. Rubio opened this item for question from the Board.

Councilman Dahir expressed he is not happy that people are being asked for fees; however, he asked to get confirmation that people have been involved in the process and are in agreement with these changes. Additionally, he asked if this agreement would go back if the federal government chooses to change.

Mr. Rubio confirmed his division reached out to as many people possible to allow for feedback, however, apart from the petroleum industry not many people responded. The petroleum industry spoke in favor of implementing fee and keeping it at a local level. Additionally, he reports the State will be seeking to implement their own permit fees to support their own program, so these fees will continue even if the jurisdiction moves to the State due to the reduced funding level from the EPA.

Chair Delgado asked Mr. Rubio to clarify what the fee would be if this program did not received the NDEP funding.

Mr. Rubio reported the fee would be \$1,384 as opposed to \$875.

Councilman reiterated this agreement is the right thing to do, as it keeps it local. He additionally asked if keeping it local meant keeping positions to continue to perform the inspections.

Mr. Rubio affirmed and additionally reported it allows the local jurisdiction to continue to work with the local inspected entities with an established process.

**Councilman Dahir moved to adopt the Business Impact Statement regarding Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities and set a hearing on December 16, 2021, at 1:00 p.m. Michael Brown seconded the motion which was approved unanimously.**

12. **Recommendation to approve an update to the interlocal agreement (ILA) between Washoe County Health District (WCHD), Nevada Division of Environmental Protection**

**Bureau of Safe Drinking Water (BSDW) and Truckee Meadows Water Authority (TMWA) to reflect 2021 – 2023 changes to contract scope of work and grant TMWA the same authorities provided to its groundwater systems.**

Staff Representative: David Kelly

Mr. David Kelly provided a brief description of this item. He reported that changes to the contract necessitated some of the listed changes. He additionally explained the intent was to have a process that streamlined engineering review and design, and all those involved agreed that this process has worked well. Mr. Kelly reported the Board of Truckee Meadows Authority has approved the agreement as well as legal counsel and risk management.

Mr. Kelly opened his item for questions from the Board.

Councilman Dahir recognized the great collaboration that this item represents.

Chair Delgado thanked Mr. Kelly for the great work.

**Michael Brown moved to approve an update to the interlocal agreement (ILA) between Washoe County Health District (WCHD), Nevada Division of Environmental Protection Bureau of Safe Drinking Water (BSDW) and Truckee Meadows Water Authority (TMWA). Dr. Reka Danko seconded the motion which was approved unanimously.**

- 13. Recommendation for appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member. Staff recommends: Ms. Yvonne Downs for a three-year term beginning on October 25, 2018, and concluding on October 24, 2021; Applicants include: Alan Horvath, Art O'Connor, Cathy Fitzgerald, Dorothy Hudig, Ph.D., Hazel Brown, James Mitcheltree, Lee Squire, Marcia Wilmes, Martin Breitmeyer, Phil Schweber, Pierre Mousset-Jones, Scott Courier, William Grey, William Foster McCoy, Ph.D.**

Staff Representative: Francisco Vega

This item was requested to be tabled until the meeting of December 16, 2021, due to the minor clerical error.

Deputy District Attorney, Dania Reid, advised the Board to continue this item based on the discrepancy and an audience member voicing the prospect of a complaint to the Attorney General.

Councilman Dahir asked if postponing this item sets a hold on the operation of the Board.

Mr. Francisco Vega reported this continuance would not impact any appeals or decision making.

**Councilman Dahir moved to continue this item to the December 16, 2021, meeting. Michael Brown seconded the motion which was approved unanimously.**

- 14. Recommendation to review and approve of the District Health Officer's Annual Performance Evaluation Results.**

Presented by: Laurie Griffey

Chair Delgado suggested this item be moved to December 16, 2021, due to a time constraint.

**Michael Brown moved to table the Health Officer Annual Performance Evaluation to December 16, 2021. Dr. Reka Danko seconded the motion which was approved unanimously.**

## 15. Staff Reports and Program Updates

### A. Air Quality Management, Francisco Vega, Division Director

EPA Report Shows Disproportionate Impacts of Climate Change, EPA to Limit Climate-Damaging Greenhouse Gases Used in Refrigeration, New WHO Global Air Quality Guidelines Aim to Save Millions of Lives Monitoring and Planning, Permitting and Compliance.

Mr. Vega open his item by updating the Board on the Clean Car Nevada initiative. He reported the initiative completed the regulatory process and was approved by the legislative commission, which means more options for residents of Washoe County to purchase low or zero emitting vehicles.

Mr. Vega opened his item for question from the Board.

### B. Community and Clinical Health Services, Lisa Lottritz, Division Director

Divisional Update – Fetal Infant Mortality Review Program; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 Vaccinations.

Ms. Lisa Lottritz began her report by adding that Health Plan of Nevada is partnering with Count the Kicks which will focus on the importance of tracking fetal movement on a daily basis in the third trimester. Additionally, she reports WIC was able to extend the expanded cash value amount for fruits and vegetables for WIC clients.

Ms. Lottritz opened her item for questions from the Board.

### C. Environmental Health Services, Erin Dixon, Division Director

Environmental Health Services (EHS) Division: Highlighted Program; Program Activities; Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and Inspections.

Erin Dixon began her report by highlighting the Temporary Foods program. Ms. Dixon reported this program doesn't just issue permits for the individual food operators but also requires a promoter's event permit, so that staff is onsite that monitors the event. Additionally, she provided details of the work that is done prior to the event to ensure operators have everything in order to be successful.

Ms. Dixon opened her item for questions from the Board.

### D. Epidemiology and Public Health Preparedness, Dr. Nancy Diao, Division Director

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Dr. Nancy Diao noted that in general communicable disease an increase has been seen on the number of open outbreaks in childcare and elementary school settings. She reported there are 5 open RSV outbreaks as of the current week.

Councilman asked for an update on flu.

Dr. Diao reported there is no uptick as of right now as they see more COVID like illness.

Dr. Diao made herself available to respond to questions from the Board.

Councilman Dahir asked if it mixes altogether and opens door for each other.

Dr. Diao explained those two viruses have similar symptoms; however, you can be infected with both at the same time.

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

District Health Officer Report – COVID-19 Response, Joint Information Center, Government Affairs Update, Public Health Accreditation, Community Health Improvement Plan, Workforce Development Survey, Washoe Impact Awards, Truckee Meadows Healthy Communities/Truckee Meadows Tomorrow Merger, and Public Communications and Outreach.

Health Officer, Kevin Dick opened his item by reporting the COVID-19 Response and provide clarification based on some of the comments. He reported the Health District and the District Board of Health do not have any direction over medical personnel in hospitals, pharmacists, treatments, or drugs available to the community. Additionally, the Governor issues the directives and neither the Health District and/or the Board of Health have the authority to end the Governor’s emergency.

Mr. Dick reported on vaccinations administered by the Health District.. Mr. Dick also reported that the test administered at the Health District tests for COVID-19 and the flu, so the few flu cases reported last year proved that masks and mitigation measures work to prevent the spread of respiratory diseases. Mr. Dick affirmed the mask mandate has been in effect since July 27 and has not changed. Mr. Dick reported that breakthrough cases are being tracked by the epidemiology team. Additionally, Mr. Dick provided possible reasons for these breakthroughs including but not limited to new variants and waning of efficacy.

Mr. Dick updated the Board regarding an increase in cases and pointed out some clerical errors in his report. Mr. Dick also reported a significant increase in vaccine administration because of people receiving their boosters and third doses. Mr. Dick reported the vaccination rate has increased to represent 65% of the population 12+ who has received their first dose and over 71% of the population has received their second dose. Mr. Dick reported a scheduling issue for the Moderna booster; however, he stated the problem had been dealt with and he anticipated a test of the platform to happen by Monday.

Mr. Dick also reported that the Health District received recognition from Washoe County with the Manager’s Award for the COVID-19 Response in addition to the Communications Award.

Mr. Dick concluded by reporting the Truckee Meadows Healthy Communities has merged with Truckee Meadows Tomorrow.

Mr. Dick opened his item for questions from the Board.

**16. Board Comment.**

Having no Board comments, Chair Delgado closed this item.

**17. Public Comment.**

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

On the call for public comment, Mr. Murray Kane rendered an apology for a previous outburst. Mr. Kane opined this is a very emotional subject among many and referred to the

reported deaths due to the vaccine on the CDC website. He opined that Emergency Use Authorization is not approval by the FDA. Mr. Kane invited the Board to read the Meta-analysis in the June 2021 American Journal of Therapeutics amongst other articles to learn about treatments. He asked the Board to encourage treatment not just vaccines.

Ms. Janet Butcher opined that not taking the vaccine does not make you antivaxxer. Ms. Butcher took time to thank essential workers especially those being disenfranchised by the mandates. Ms. Butcher shared the Art from the Well poem written by Krista Lee, a nurse. She asked the Board not to force others to take the vaccine.

Ms. Darla Lee thanked Dr. Danko for her report, however, she opined it gave her very little that she didn't know. She referred to a variety of situations regarding COVID-19 and the regulations she opined were unreasonable. Additionally, she asked why the Board is not standing against the vilifying of the unvaccinated.

Mr. Wayne Gordon asked the Health Officer to listen to the public comment. He expressed appreciating for Dr. Danko's presentation. Mr. Gordon made a differentiation between the flu vaccine and the COVID-19 vaccine. Mr. Gordon opined the Board of Health does have the authority to end the emergency. He added that a mandate is not the law.

## **Adjournment.**

**Chair Delgado adjourned the meeting at 4:45 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, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment:** Members of the public may make public comment by submitting an email comment to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. During the "Public Comment" items, emails may be submitted 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 emails will only be heard during items that are not marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

**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 – District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)"

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

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

Washoe County Health District Website <https://www.washoecounty.gov/health>

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

Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended.

**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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.gov](mailto:svaldespin@washoecounty.gov). Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.gov/health> pursuant to the requirements of NRS 241.020.

DRAFT

## Washoe County District Board of Health FY22-24 Strategic Planning Meeting Minutes

**Members**

Oscar Delgado, Chair  
Robert Lucey, Vice Chair  
Michael D. Brown  
Kristopher Dahir  
Dr. Reka Danko  
Dr. John Novak  
Dr. John Klacking

**Thursday, November 18, 2021  
1:00 p.m.**

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

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

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

The following members and staff were present:

Members present: Oscar Delgado, Chair  
Michael Brown  
Kristopher Dahir  
Dr. Reka Danko  
Dr. John Novak  
Dr. John Klacking

Members absent: Robert Lucey, Vice Chair

**Mrs. Valdespin verified a quorum was present.**

Staff present:

Kevin Dick, District Health Officer  
Anna Heenan, Administrative Health Services Officer  
Dr. Nancy Diao, EPHP Division Director  
Francisco Vega, AQM Division Director  
Erin Dixon, EHS Division Director  
Lisa Lottritz, CCHS, Division Director  
Dania Reid, Deputy District Attorney  
Heather Kerwin, Epidemiology Program Manager  
Julia Ratti, Director of Programs and Projects

**2. Pledge of Allegiance.**

Erica Olsen, COO for OnStrategy, led the pledge to the flag.

**3. Introductions, Meeting Outcomes, Discussion Flow, Ground Rules, History of Strategic Plan Development, and Recap Core Purpose and Strategic Direction.**

Presented by: Chair Delgado and Kevin Dick and facilitated by Erica Olsen with OnStrategy

Ms. Erica Olsen welcomed and thanked everyone for attending and introductions were made around the room.

Health Officer Kevin Dick opened by recognizing the hard work that went into planning this retreat and acknowledge the presence of supervisor as they have been involved in working to develop the strategic plan along with other staff representation. Mr. Dick highlighted that this meeting is more of a workshop to bring together the best ideas for moving forward. He added that next year it would be a more thorough approach in developing the strategic plan.

Chair Delgado quickly expressed his gratitude for all the team members present. He stated he was excited to hear from each one of the attendees and encouraged everyone to participate and share ideas.

Ms. Olsen reiterated that the goal on this day was to walk away with an update and a grounding on emerging issues and community trends. Ms. Olsen also reminded everyone today's purpose was to get the Board's input so that the plan can be brought forth at the December meeting for approval.

Ms. Olsen briefly referenced the agenda and explained the discussion flow of the items to be considered. Ms. Olsen also clarified her role and responsibility is to facilitate the process in coordination with staff. Additionally, she stated this plan is covering the strategic plan, workforce development, and performance management.

Ms. Olsen opened this item for question from the attendees.

Ms. Olsen went over how this cycle was planned which included building this plan from the "middle out".

Ms. Olsen discussed some ground rules for participating in this meeting, especially to stick with the topic as there was a lot of material to cover.

Chair Delgado thanked Ms. Olsen for the introduction.

**4. Strategic Planning Priorities and Goals Presentation and Discussion: Topics presented under this agenda item will include:**

- **The Health District Mission Statement, Values Statement and Vision**  
Presented by: Erica Olsen with OnStrategy
- **Community Health Trends**  
Presented by: Heather Kerwin

Ms. Heather Kerwin began this presentation by providing an overview of community health trends including a full update on the Community Health Needs Assessment in 2022. Additionally, she spoke of Maslow's Hierarchy of Needs.

Ms. Kerwin shared a comparison of 2018-2020 Community Health Improvement Plans versus the 2019 Nevada Department of Public and Behavioral Health Needs Assessment, which showed that the fundamental and foundational elements are the highest needs in the community.

Ms. Kerwin continued to speak about primary prevention, which includes improving physical activity, nutrition, reducing tobacco and alcohol use in order to prevent deaths. In addition, Ms. Kerwin described the impact of the COVID-19 pandemic which included financial impacts, health systems and staff impacts, and data impacts, as statistician and epidemiologists are redirected toward the COVID-19 efforts.

Ms. Kerwin concluded by discussing how to rebuild the public health system, which included health equity.

Chair Delgado asked about the community that is disproportionately impacted.

Ms. Kerwin stated she hopes the next Community Health Needs Assessment will help provide equal opportunities in education to those populations where English is not the language spoken at home.

Chair Delgado briefly spoke about achieving “health in all policies” and understanding his role in accomplishing this goal.

Councilman Dahir opined part of the responsibility of a District Board of Health member is to help educate and communicate.

- **Public Health Trends**

Presented by: Kevin Dick

Health Officer, Kevin Dick provided an overview of the public health trends. Mr. Dick stated this pandemic has helped in identifying how public health can be improved and how to be best prepared for future pandemics. Mr. Dick referenced some of the reports submitted for the Board’s review including Bipartisan Policy Center – Positioning America’s Public Health System for the Next Pandemic, National Academy of Medicine – COVID-19 Impact Assessment, and de Beaumont Foundation and Public Health National for Innovation – Staffing Up. He reported these reports identify very similar trends and needs to those in Washoe County.

Mr. Dick continued to report that increased public health challenges include climate change disaster, pandemic and increasing population health challenges, demands for data requested by policymakers and the public, disparate health outcome resulting from income levels, education status and neighborhood, transformation in public health funding, and insufficient workforce to meet basic public health needs.

Mr. Dick concluded by stating that in order to deliver basic everyday services adequately and equitably the de Beaumont report estimates state and local governmental public health departments need an 80% increase in their workforce, and for health department in a community the size of Washoe County a 40-50% increase in the workforce would be necessary.

Ms. Olsen opened the item for questions. Additionally, she briefly described the four themes that resulted in all the planning sessions, which included Organization & Workforce Capacity, Communications, Technology, and Health Equity.

Ms. Julia Ratti reiterated that the four strategic themes were a result of the input from interviews conducted with all Board members and five divisional retreats.

Ms. Olsen explained the priority flow and how the Strategic Priorities will be presented.

- **The Health District Strategic Priorities and Goals** for the next 18 months including:

- Priority #1 **Healthy Lives**

Presented by: Lisa Lottritz and Kevin Dick

Ms. Lisa Lottritz explained the community indicators motivate the focus of the Health District, highlighting child immunizations and e-cigarette use among youth.

Ms. Lottritz continued to discuss District Goals 1.1 through 1.3, which respectively focused on promoting healthy behaviors to reduce chronic disease, promoting preventive health services, and improving access to health care.

Mr. Dick complemented the presentation by speaking regarding District Goal 1.4 which is focused on preventing and reducing the spread of COVID-19 in Washoe County. Mr. Dick highlighted the initiatives to achieve this goal.

Mr. Dick opened this item for questions.

Councilman Dahir asked if the scorecard would be a tool to be used to represent progress.

Ms. Ratti reported the plan is to provide quarterly updates on the performance outcomes.

Chair Delgado asked how the Washoe County would be measured in terms of metrics in comparison to other communities.

Ms. Kerwin reported the data pulled is nationally measured, which allows for comparison between states, counties, and sister cities.

Michael Brown asked if other programs would suffer as a result of this focus.

Mr. Dick reported additional investments have been made since the 2019 Strategic Planning meeting, which allows for additional capacity.

- **Priority #2 Healthy Environment**

Presented by: Francisco Vega and Erin Dixon

Mr. Francisco Vega explained that the healthy environment priority focuses of Air Quality Management on tracking community data related to air quality.

Mr. Vega discussed District Goal 2.1 which includes protecting people from negative environmental impacts as it refers to ambient air and ozone. Mr. Vega continued to describe how these goals will be accomplished.

Ms. Erin Dixon continued discussing District Goal 2.1 as it refers to waste disposal and land development and offered highlighted initiatives that focused on how to improve processes.

Ms. Dixon also discussed District Goal 2.2 which focused on keeping people safe where they live, work, and play. Ms. Dixon explained that in addition to the enforcement role this goal also focuses on an educational component, which results in a strong impact. Ms. Dixon highlighted some of the initiatives to describe how this goal will be accomplished. Ms. Dixon concluded by describing the performance outcomes and provided examples of indicators that will be used to build out the scorecard.

Ms. Olsen opened this item for questions.

Councilman Dahir asked if the waste disposal component included recycling goals.

Ms. Dixon affirmed this item is aligned with the recycling goals and briefly described some of the program used to achieve this goal.

Councilman Dahir asked for a more robust way of trying to measure what is being done for recycling in the region.

Ms. Dixon highlighted that within the original goals, one of the community indicators is recycling rates at 33%. She explained they are looking for better ways to capture the recycling data.

Councilman Dahir opined that for this region an improvement is needed and hopes the Health District can find ways of achieving that goal.

Mr. Wes Rubio explained in Nevada recycling is voluntary; therefore, ideas are being navigated to address the recycling challenges.

Mr. Dick added that it's an area that could be used as a "health in all policies" type approach.

Dr. John Novak asked if it's necessary to let county and city governments create an ordinance to promote recycling by pushing to get recycling bins to the community.

Chair Delgado affirmed that taking it to the city and county governments would be an opportunity if the costs are being taking into consideration.

Councilman Dahir reported he does not hear great things about the recycling program, as an elected official.

Ms. Ratti stated the Health District has a relatively narrow role in recycling and asked Ms. Dixon to describe the Health District's role.

Ms. Dixon explained the Health District's role is mainly focused on licensing and opined that while the role is narrow the Health District is a partner at the table and advocating in any way possible.

Ms. Ratti stated that if the Board has the desire to see the Health District play a different role, then that would a place to provide direction on exploring how the Health District can help amplify the work.

The Board took a 10-minute recess at 2:30 p.m.

2:40 p.m. the Board reconvened with all members present.

- **Priority #3 Local Culture of Health**

Presented by: Scott Oxarart, Nancy Diao and Joelle Gutman Dodson

Mr. Scott Oxarart kicked off with local culture of health which focused on leading a transformation in our community' awareness, understanding and appreciation of health resulting in direct action and explained that this priority does not include community indicators.

Mr. Oxarart discussed Goal 3.1 which focused on ensuring community access to actionable public health information via website, media and social media and included the goals and the initiatives being used to achieve this goal. Some of those initiatives included new staff member, increasing social media

presence, branding project, and increase in Hispanic outreach events and communications. Mr. Oxarart reported that one positive note for COVID-19 is that it has improved how the Health District communicates with the community.

Dr. Nancy Diao continued to discuss Goal 3.2 which included informing the community of important community health trends by capturing and communicating health data. Dr. Diao shared some of the initiatives they have put in place to achieve this goal and hopefully guide policy decisions.

Ms. Joelle Gutman-Dodson discussed Goal 3.3 which focused on driving better health outcomes in Washoe County through improved public health system and policies. Ms. Gutman-Dodson reported some of the initiatives to achieve this goal included identifying priorities and sharing them with the Board of Health, participate in public health coalitions, and continue to focus on smoke-free policies. Additionally, Mr. Gutman-Dodson described some of the measures that will be used to build a scorecard.

Ms. Olsen opened this item for questions.

Chair Delgado expressed his appreciation for including efforts to be transparent and inform the community of all efforts being put forth with other jurisdictions.

○ Priority #4 **Impactful Partnerships**

Presented by: Francisco Vega, Lisa Lottritz, Nancy Diao, Kevin Dick

Mr. Vega introduced this priority by reporting this priority is focused on extending the impact by leveraging partnerships to make meaningful progress on health issues and stated that the community data in this priority aligns with the efforts of the partnerships that have been identified to be priorities.

Mr. Vega continued to discuss District Goal 4.1 which focused on reducing risk and improving health outcomes for children in Washoe County. Mr. Vega explained the goal is to lend support to childcares and school to reduce outbreaks and provide timely air quality data to protect the health of the students and described some of the initiatives that will help in achieving these goals.

Ms. Lottritz discussed District Goal 4.2 which focused on supporting and promoting behavioral health. Ms. Lottritz described the initiatives that will help achieve this goal.

Ms. Lottritz continued to discuss District Goal 4.3 which focused on empowering families and organizations to improve physical activity and nutrition. Ms. Lottritz described some of the initiative that will be used to achieve these goals.

Dr. Diao discussed District Goal 4.4 which focused on enhancing the regional emergency medical services (EMS) system. Dr. Diao offered some details on the importance of regional medical services as well as describing some of the initiatives used to achieve this particular goal including continued partnerships

with EMS providers to improve response and continuing to provide oversight of the REMSA franchise agreement.

Mr. Dick continued to discuss District Goal 4.5 which focused on engaging the community in public health improvement. Mr. Dick continued on to describe the initiatives that will be used to achieve this goal including an emphasis on a community organizing to further the Health District connections and community engagement.

Dr. Diao discussed District Goal 4.6 which focused on improving the ability of the community to respond to health emergencies. Dr. Diao provided some details on their goal to bridge the gap between public health and health preparedness planning for local jurisdictions, organizations, legal authorities, and stakeholders. Dr. Diao highlighted some of the initiatives that will be used to achieve this goal and reiterated the importance of preparing now, to allow for action when incidents happen.

Dr. Diao concluded by discussing District Goal 4.7 which focused on partnering with academia to advance public health goals. Dr. Diao reported that in July 2020 the Health District and University of Nevada Reno, School of Public Health signed an academic health initiative agreement and described some of the benefits of said agreement. Dr. Diao highlighted some of the initiatives that will continue the work on this goal. Dr. Diao shared some of the indicators that will be used to assess the outcome metrics for this priority.

Ms. Ratti explained the work under priority 4 cannot be done without significant community partnerships.

Ms. Olsen opened the item for question.

Councilman Dahir encouraged the continuance of having a relationship with the schools.

Ms. Ratti commented many of these partnerships come out of the Community Health Improvement Planning process.

- **Priority #5 Organizational Capacity**

Presented by: Kevin Dick

Mr. Dick began his presentation by stating this priority strengthens the Health District's workforce and increases operational capacity to support a growing population and shared that the Public Health Trends show a big focus on this priority. Mr. Dick discussed the community indicators and reported that the Health District contains about 36.54 full-time employees (FTE) per 100,000 population highlighting that most health districts do not have an air quality program like the Washoe County Health District does. He added that without the air quality program the Health District would be down to 32.50 FTE per 100,000 population. Mr. Dick reports that in a 2008 report the National Association of County and City Health Officials (NACCHO) show that an average health district should have 60.97 FTE per 100,000 population when providing clinical services, which this Health District provides. Mr. Dick reports that considering the numbers, the de Beaumont Foundation projects that

for Washoe County population a 40-50% increase in FTEs is recommended.

Mr. Dick continued to discuss District Goal 5.1 which focused on attracting and retaining a talented public health workforce to meet the needs of Washoe County. Mr. Dick stated that the goal is to create a positive and productive work environment in order to retain staff and attract staff to hire. Mr. Dick highlighted some of the initiatives that will be used to achieve this goal, including the implementation of a consistent flex, hybrid and remote work policy, and providing access to wellness and mental health resource.

Mr. Dick continued to discuss District Goal 5.2 thru District Goal 5.5 which respectively focused on meeting and exceeding national public health best practice standards, maximizing and expanding facilities to meet the needs of staff and clients, and leveraging technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data. Mr. Dick also highlighted the initiatives that will be used to achieve these goals. Mr. Dick explained that in order to meet some of these goals, an increase in workforce capacity and maximization of existing facilities to address shortage of workstations is imperative. Mr. Dick concluded by listing some of the measures that will be used to build out a scorecard.

Ms. Olsen opened the item for questions.

Chair Delgado asked about the positions funded by grants, he was interested on how these positions will be maintained.

Mr. Dick briefly reported there has been some discussion and some enthusiasm for increasing funding support for public health. However, while we wait to see if additional investment in public health occurs the issue of how to maintain these positions remains. The Health District does have some capacity to continue funding the positions while additional grant funding is sought.

Chair Delgado asked about the percentage of bilingual team members employed by the Health District.

Mr. Dick stated the statistics for Human Resources has this information as well as the race and ethnic composition. Additionally, he reported that in comparison to the Washoe County across the entire organization the Health District is doing well in matching the community.

- Priority #6 **Financial Stability**

Presented by: Kevin Dick

Mr. Dick introduced this priority by stating that it enables the Health District to make long-term commitment in areas that will positively impact the community's health by growing reliable sources of income noting that this goes hand in hand with increasing the workforce capacity. Mr. Dick briefly highlighted that the budget per capita which is \$53.97; however, the only 1.7% of this amount is from the State Health agency. He added that Nevada is 50<sup>th</sup> in the nation for the State's public health investment.

Chair Delgado asked if this information was based off the census.

Mr. Dick reported it comes from the Trust for Americas Health report.

Councilman Dahir asked if the same was being done down in Southern Nevada.

Mr. Dick explained Southern Nevada is a big city under the CDC funding allocations, so they are part of a special carve out distribution of funds for cities their size.

Mr. Dick discussed District Goal 6.1 which focused on updating the Health District's financial model to align with the needs of the community. Mr. Dick discussed some of the initiatives being implemented to achieve this goal.

Ms. Ratti explained the document provided to Board members encapsulates the 6 priorities that had been presented and went through a brief listing of the priorities. Mr. Ratti concluded by reminding the Board this plan will be coming to the Board for approval in December.

Ms. Olsen stated this plan covers almost all aspects of the Health District, which is different from the previous plan.

**5. Strategic Planning Financial Presentation and Discussion: The purpose of the Strategic Planning Retreat is to discuss the strategic priorities and goals of the Washoe County Health District. The Strategic Plan will influence the finances of the Health District. Topics presented under this agenda item will include:**

- The Health District Current Financial Position and Trends  
Presented by: Anna Heenan
- Strategic Plan Budget Implications  
Presented by: Anna Heenan and Joelle Gutman-Dodson

Ms. Anna Heenan presented the financial position of the Health District and trends as well as an overview of "buckets" of potential investments. Mr. Heenan reported the currently financial positions which included ending Fiscal Year (FY) 2021 with a \$15.3 million fund balance which is a 43.7% of expenditures. Additionally, Ms. Heenan provided details of the FY22 estimated year end including revenues and expenditures. Ms. Heenan concluded by providing a projection of \$1.2 million available for FY23 for one-time and ongoing expenditures for above the base requests which could include continuing to fund the current program and ongoing investments. Ms. Heenan added that additional above base expenditures beginning FY24 and continuing through FY26 are projected to bring the fund balance down to 10.5%. She also reported an FY23 budget will be brought to the Board in February 2022 for consideration and approval.

Ms. Gutman-Dodson provided an update on American Rescue Plan Act (ARPA), which is a \$1.3 trillion economic stimulus package. Ms. Gutman-Dodson provided a list of the funds received and spent on the first round of awards.

Councilman Dahir asked if there were large Health District items that were not funded.

Ms. Gutman-Dodson reported the Health District did not receive funding for their infrastructure needs i.e. Health District building or TB Clinic.

The Board took a 10-minute recess at 4:10 p.m.

4:20 p.m. the Board reconvened with all members present.

**6. Board discussion and possible direction regarding Strategic Priorities, and Goals and FY23 Budget: The board will discuss and possibly provide direction to staff regarding development of final drafts of the Strategic Plan and/or Budget for approval at a future meeting of the Board.**

**Topics of discussion under this agenda item will include:**

Staff Representative: Kevin Dick and facilitated by Erica Olsen with OnStrategy

- Are priorities and goals as presented in items 4 and 5 above appropriate or is there Board direction for adjustments
- Identify areas most critical for investment by the Health District

Ms. Olsen opened this item for discussion and direction.

Councilman Dahir asked if the grant funded positions for the COVID-19 Response are covered or will current staff have to cover those duties.

Mr. Dick explained that grant funding for the COVID-19 response will cover those positions and that most of the positions were temporary staffing. He explained the CDC the Diversity Grant had an 18-month duration and the 7 positions have been incorporated into the budget beyond the end of the grant throughout FY26 paid for out of the health fund. He added they hope to receive federal funds or funds from elsewhere to support these positions, so that the Health District can be in a better position.

Chair Delgado commended the Health District for creating temporary positions to prevent ongoing expenses by phasing those positions off.

Dr. Novak stated he is worried about the funds not being enough to cover the costs. He was particularly worried about the fleet.

Ms. Heenan confirmed the existing fleet is covered.

Chair Delgado thanked everyone for their hard work.

Ms. Olsen provided some guidance on how to proceed with this item.

Mr. Dick reported budget will be coming to the Board in February for adoption and approval.

Councilman Dahir asked when the extra finance would be discussed, at this meeting or in February.

Deputy District Attorney, Dania Reid, advised that the idea is to provide direction of the development of the Strategic Plan and Budget you will vote on your direction. The actual Budget and Strategic Plan will be presented at a later agenda for approval. She explained this item provided for discussion to provide direction to staff regarding incorporation to the budget and the strategic plan.

Councilman asked for clarification.

Ms. Reid responded that the Board could direct staff to incorporate specific direction in their final budget.

Councilman Dahir stated he does not believe there's a champion for the recycling efforts, aside from Keep Truckee Meadows Beautiful. He wondered if a more robust conversation needs to happen, so that the Health District can become a little bit of the champions.

Ms. Gutman-Dodson asked if councilman Dahir was asking for this item to be a legislative priority at the State level or a local conversation.

Councilman Dahir affirmed he does not believe the Health District has a big enough platform. He believed people like the idea that they can recycle and have an incentive to do it.

Mr. Dick stated staff have ideas about recycling and initiatives and suggested Board could direct staff to provide more development in strengthening initiatives around recycling.

Dr. Novak directed staff to look at options that could be considered regarding recycling and bring those back to the Board on a future agenda; however, he opined the Board should move forward on the current item.

Mr. Dick asked the Board to consider if the strategic plan is structured in a way that would allow to build initiatives under its goals to bolster recycling.

Councilman Dahir continued to opine that the strategic plan, as is, does not allow for building initiative to bolster recycling.

Ms. Ratti asked if adding "promote recycling" to Goal 2.1.5 would be appropriate according to Councilman Dahir direction.

Councilman Dahir agreed.

Mr. Dick suggested also adding "waste minimization" to Goal 2.1.5.

**Councilman Dahir moved to approve the Strategic Plan and/or Budget for approval at a future meeting of the Board with direction to modify Goal 2.1.5. Dr. John Novak seconded the motion which was approved unanimously.**

**7. Board Comment.**

Councilman Dahir expressed his appreciation this process and commended the team for a great job.

Dr. Novak expressed how proud he was of the Board and staff for what has been done throughout the pandemic including receiving a NACCHO award for Preparedness Planning.

Chair Delgado commended staff on a great presentation and thanked the team for their work.

Having no more Board comments, Chair Delgado closed this item.

**8. Public Comment.**

**Chair Delgado opened the public comment period and having no registered public comment, Chair Delgado closed the public comment period.**

**ADJOURNMENT.**

**Chair Delgado adjourned the meeting at 4:35 p.m.**

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

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**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, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment:** Members of the public may make public comment by submitting an email comment to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. During the “Public Comment” items, emails may be submitted 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 emails will only be heard during items that are not marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

**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 – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

**Posting of Agenda; Location of Website:**

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

Washoe County Health District Website <https://www.washoecounty.gov/health>

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

**Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended.**

**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. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.gov](mailto:svaldespin@washoecounty.gov). Supporting materials are also available at the Washoe County Health District Website <https://www.washoecounty.gov/health> pursuant to the requirements of NRS 241.020.

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 10, 2021  
**TO:** District Board of Health  
**FROM:** Kim Graham, Fiscal Compliance Officer  
775-328-2418; [kgraham@washoecounty.gov](mailto:kgraham@washoecounty.gov)

Victoria Nicolson-Hornblower, Public Health Nurse Supervisor  
775-328-6155; [vnicolson@washoecounty.gov](mailto:vnicolson@washoecounty.gov)

**SUBJECT:** Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2022 through December 31, 2022 in the total amount of \$109,112 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO#11923 and authorize the District Health Officer to execute the Subaward and any future amendments.

**SUMMARY**

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on November 4, 2021 to support the Tuberculosis (TB) Prevention Program. The funding period is January 1, 2022 through December 31, 2022. A copy of the Notice of Subaward is attached.

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

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

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND**

The scope of work includes the following: Tuberculosis (TB) evaluation, treatment and case management activities; TB surveillance, data collection and reporting; TB outreach and education to providers, organizations and communities in Nevada; adhere to all Nevada regulatory and Centers for Disease Control and Prevention recommended policies and protocols.

Subject: Tuberculosis Prevention Notice of Subaward

Date: December 16, 2021

Page 2 of 2

The Subaward provides funding for personnel, travel and training, lab/outpatient testing, operating expenses including housing and funding specifically for program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, etc.) and indirect expenditures.

### **FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY22 budget. As such, there is no fiscal impact to the FY22 adopted budget should the Board approve the Subaward.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2022 through December 31, 2022 in the total amount of \$109,112 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO#11923 and authorize the District Health Officer to execute the Subaward and any future amendments.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period January 1, 2022 through December 31, 2022 in the total amount of \$109,112 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention Program IO#11923 and authorize the District Health Officer to execute the Subaward and any future amendments."



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

Agency Ref. #: **SG 25527**  
 Budget Account: 3219  
 Category: 14  
 GL: 8516  
 Job Number: 9311622

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Division of Public and Behavioral Health (DPBH) Tuberculosis (TB) Program Office of Public Health Investigations and Epidemiology (OPHIE) Susan McElhany, DMD / smcelhany@health.nv.gov	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #300 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. Ninth Street, Bldg. B Reno, NV 89512
<b>Subaward Period:</b> January 1, 2022, through December 31, 2022	<b>Subrecipient's:</b> EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** To fund activities for the prevention and control of Mycobacterium tuberculosis as stated in the Nevada Administrative Code (NAC 441A) and Nevada Revised Statutes (NRS 441A).

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

<b>Approved Budget Categories:</b>	
1. Personnel	<b>\$88,983.00</b>
2. Travel	<b>\$1,791.00</b>
3. Operating	<b>\$4,190.00</b>
4. Equipment	<b>\$0.00</b>
5. Contractual/Consultant	<b>\$0.00</b>
6. Training	<b>\$0.00</b>
7. Other	<b>\$330.00</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$95,294.00</b>
8. Indirect Costs 14.5%	<b>\$13,818.00</b>
<b>TOTAL APPROVED BUDGET</b>	<b>\$109,112.00</b>

<b>FEDERAL AWARD COMPUTATION:</b>	
Total Obligated by this Action:	\$ 109,112.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 109,112.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>Federal Budget Period:</b> January 1, 2022, through December 31, 2022	
<b>Federal Project Period:</b> January 1, 2022, through December 31, 2022 (Full Cooperative Agreement project period January 1, 2020, through December 31, 2024)	
<b>FOR AGENCY USE, ONLY</b>	

<b>Source of Funds:</b> Centers for Disease Control and Prevention	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.116	<b>FAIN:</b> NU52PS910224	<b>Federal Grant #:</b> NU52PS910224-03	<b>Grant Award Date by Federal Agency:</b> TDB
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**Agency Approved Indirect Rate:** 7.4% **Subrecipient Approved Indirect Rate:** 14.5%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly by the 15<sup>th</sup> of each month unless specific exceptions are provided in writing by the grant administrator.

<b>Incorporated Documents:</b> Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum.
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Name	Signature	Date
Kevin Dick Health Officer, Washoe County Health District		
Lindsey Kinsinger OPHIE Manager		
for Lisa Sherych Administrator, DPBH		

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**SECTION A  
GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

**Grant Assurances**

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient 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

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implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
  - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation; or
    - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state or local legislation;
    - The enactment or modification of any pending federal, state or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

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**SECTION B**

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

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

**Scope of Work for Washoe County Health District (WCHD)**

<b><u>SECTION B</u></b>						
<b>Description of Services, Scope of Work and Deliverables for WCHD</b> January 1, 2022, through December 31, 2022						
<b>Goal 1: Improved TB Case Detection</b>						
<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target Population</i>	<i>Evaluation measure</i>	<i>Evaluation Tool</i>
<b>1.1: Through December 31, 2022, The Subrecipient will identify, track and report all individuals with suspected or confirmed active tuberculosis (TB) disease and latent tuberculosis infection (LTBI) in children less than 5 years of age.</b>	<b>1.1.1</b> Report 100% of all confirmed TB disease cases and LTBI cases in children less than 5 years of age through electronic Report of Verified Case of Tuberculosis (RVCT) in the National Electronic Disease Surveillance Based System (NBS) within seven (7) days of the confirmation of disease status.	RVCT data entry in NBS (Note: all data fields do not need completion by 7 days after confirmation of disease; initiation of RVCT report is required).	Jan 1, 2022 - Dec 31, 2022	TB active or suspected cases and LTBI < 5 years of age in Subrecipient's County	# of days from NAAT/Culture results reported to the Subrecipient to the NBS submit date	NBS reports
	<b>1.1.2</b> Conduct testing and evaluation for 100% of reported pediatric LTBI cases and potential source (reverse) contacts in children less than 2 years of age with LTBI, as recommended by the Centers for Disease Control and Prevention (CDC).	LTBI reports in NBS Contact Investigation reports	Jan 1, 2022 - Dec 31, 2022	Subrecipient's County children < 2 years of age with LTBI and associated contacts	# of cases LTBI in children < 2 # of source contacts identified # of source contacts evaluated	NBS reports Program data
<b>1.1.3</b> Through Electronic Disease Notification (EDN) follow-up worksheets and active TB case contact investigation information, perform targeted testing and evaluation on individuals with high-risk of TB disease or TB infection.	EDN Follow-up Worksheets Contact Investigation reports Aggregate Reports for Program Evaluation (ARPE)	Jan 1, 2022 - Dec 31, 2022	Individuals at high-risk of TB disease or TB infection	# of high-risk individuals identified # of high-risk individuals evaluated &/or tested	National TB Indicators Project (NTIP): Contact Investigations Indicators Immigrant and Refugee Indicators	

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Goal 1: Improved TB Case Detection						
Objective	Activity	Outputs	Timeline	Target Population	Evaluation measure	Evaluation Tool
<p><b>1.2: Through December 31, 2022, the Subrecipient will ensure at least 90% of all confirmed TB cases and TB labs are reported to the Subrecipient within the mandated 24 hours, as per NRS 441A statutes.</b></p>	<p>1.2.1 Evaluate the timeliness of active TB disease reporting by healthcare facilities, healthcare providers, correctional facilities, and laboratories.</p>	<p>Annual TB Program Report</p>	<p>Jan 1, 2022 - Dec 31, 2022</p>	<p>Healthcare providers, healthcare facilities, correctional facilities, and laboratories</p>	<p># of days from positive culture results to report to the Subrecipient</p>	<p>NBS reports LHA databases Medical records</p>
<p><b>1.3: By December 31, 2022, the Subrecipient will develop and implement a TB Outbreak Response Plan.</b></p>	<p>1.3.1 Develop, implement and review with the State's Division of Public and Behavioral Health (DPBH) TB Program a TB outbreak and large-scale contact investigations instructional manual outlining special circumstances, large scale investigations, and suspected outbreaks based on NAC and NRS regulations and CDC guidelines.</p>	<p>Outbreak Response and Special Circumstances Manual</p>	<p>Jan 1, 2022 - Dec 31, 2022</p>	<p>The Subrecipient staff</p>	<p># of SOP manuals developed (progress toward development)</p>	<p>NRS 441A statutes CDC, <i>Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis</i>, MMWR 2005 December</p>

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Goal 2: Improved TB Case Management and Treatment <i>(Note: TB grant funds may not be used for medication or inpatient treatment)</i>						
Objective	Activity	Outputs	Timeline	Target Population	Evaluation measure	Evaluation Tool
<b>2.1: Through December 31, 2022, the Subrecipient will maintain a 95% rate for Completion of Treatment within 12 months for patients with TB disease diagnosis, as case-appropriate.</b>	2.1.1 Establish partnerships with outside agencies and community providers to communicate case management and treatment status.	Medical records RVCT in NBS	Jan 1, 2022 - Dec 31, 2022	Individuals being treated for TB	# of TB disease cases treated by the Subrecipient or outside providers completing treatment within 12 months	NTIP: Completion of Treatment Indicators  NBS reports
	2.1.2 Utilize DOT (Directly Observed Therapy) and VDOT (Virtual DOT) to assist with TB case treatment adherence.	Medical records RVCT in NBS	Jan 1, 2022 - Dec 31, 2022	Individuals being treated for TB	# of TB disease cases treated by the Subrecipient completing treatment within 12 months	NTIP: Completion of Treatment Indicators  NBS reports
	2.1.3 Utilize and provide incentives and enablers to assist with evaluation, testing, and treatment completion of TB disease.	Medical records Incentives and enablers fiscal records/tracking	Jan 1, 2022 - Dec 31, 2022	Individuals who need incentives to complete treatment	# of incentive and enablers provided to patients # of TB disease cases treated by the Subrecipient	NTIP: Completion of Treatment Indicators
<b>2.2: Through December 31, 2022, the Subrecipient will maintain an 83% case rate for positive sputum culture cases to demonstrate culture conversion within 60 days.</b>	2.2.1 Assess adequacy and appropriateness of therapy for each patient by reviewing the initial regimen, drug-levels, susceptibility results, adherence, and response to therapy.	Medical records RVCT in NBS  Correspondence with laboratory	Jan 1, 2022 - Dec 31, 2022	Patients with positive sputum culture	# of positive sputum culture cases # of positive sputum culture conversion within 60 days	NTIP: Drug-Susceptibility Results  Sputum Culture Conversion  NBS reports

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<p><b>2.3:</b> Through December 31, 2022, the Subrecipient will report 100% of suspected or confirmed Multidrug-Resistant (MDR) TB, molecular drug susceptibility (MDS) laboratory results, and complex TB cases to the DPBH TB Program within five (5) days.</p>	<p>2.3.1 Obtain consultation for the treatment of MDR TB, molecular drug susceptibility, or complex laboratory cases from the Centers of Excellence (COE), if necessary.</p>	<p>Curry TB Center of Excellence Warmline Reports MDR TB CDC molecular test reports Annual TB Program Report</p>	<p>Jan 1, 2022 - Dec 31, 2022 Annual TB report due 7/15/22</p>	<p>TB disease cases in Subrecipient's County</p>	<p># of MDR or complex cases # COE consultations # of MDR lab results</p>	<p>NTIP: Drug Susceptibility Results Completion of Treatment NBS: Drug regimens</p>
<p><b>Goal 2: Improved TB Case Management and Treatment</b> <i>(Note: TB grant funds may not be used for medication or inpatient treatment)</i></p>						
<p><b>Objective</b></p> <p><b>2.4:</b> Through December 31, 2022, the Subrecipient will collaborate with the HIV/AIDS programs to ensure 100% of TB cases are tested for HIV and referred for HIV services.</p>	<p><b>Activity</b></p> <p>2.4.1 The HIV status will be identified at the time of TB diagnosis and results entered in RVCT in NBS in 100% of cases.</p> <p>2.4.2 Establish a relationship with the state HIV Prevention and Surveillance programs to ensure rapid linkage to care and support services.</p>	<p><b>Outputs</b></p> <p>RVCT in NBS Lab results</p>	<p><b>Timeline</b></p> <p>Jan 1, 2022 - Dec 31, 2022 Jan 1, 2022 - Dec 31, 2022</p>	<p><b>Target Population</b></p> <p>TB disease cases in Subrecipient's County TB cases with HIV coinfection</p>	<p><b>Evaluation measure</b></p> <p># of TB disease cases # of TB disease cases with known HIV status # of TB/HIV disease cases # of TB/HIV disease cases referred for HIV services</p>	<p><b>Evaluation Tool</b></p> <p>NTIP: Known HIV Status NTIP: Known HIV Status</p>
<p><b>2.5:</b> Through December 31, 2022, the Subrecipient will respond to 100% of notifications or requests regarding individuals detained or traveling in Nevada from states who border Mexico within 48 hours.</p>	<p>2.5.1 Utilize and promote effective binational referral mechanisms for patients who may cross along the U.S. - Mexico border and communicate these activities with the DPBH TB.</p> <p>2.5.2 Utilize the CureTB program for notification of TB case transfer in or out of Nevada to Mexico, South America, and additional countries, when appropriate, and communicate these activities with the DPBH TB.</p>	<p>Interjurisdictional Notification (IJN) Records of correspondence</p>	<p>Jan 1, 2022 - Dec 31, 2022</p>	<p>TB disease and LTBI cases in Subrecipient's County</p>	<p># of IJN requests by border US -Mexico states Dates IJN received and IJN returned</p>	<p>Internal records Log of Cure TB referral: number and nature</p>

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<p><b>2.6: Through December 31, 2022, the Subrecipient will maintain 100% compliance with all interstate, international, and bi-national TB quarantine efforts.</b></p>	<p>2.6.1 Partner with the Division of Global Migration and Quarantine (DGMQ) to support all international TB migration and quarantine efforts and provide reports as requested by DGMQ.</p> <p>2.6.2 Communicate with DPBH TB Program within five (5) days of notification from DGMQ and provide a follow-up report to the DPBH TB program.</p>	<p>DGMQ reports Records of correspondence Annual TB Program Report DGMQ reports Records of correspondence Cohort Review Process report, due with Annual TB Program report</p>	<p>Jan 1, 2022 - Dec 31, 2022 Jan 1, 2022 - Dec 31, 2022 Due by July 15, 2022 Annual TB report due 7/15/22</p>	<p>Subrecipient's County population, international visitors Subrecipient's County population, international visitors TB disease cases and associated contacts, and LTBI in children &lt; 5 years of age</p>	<p># of DGMQ requests # of DGMQ reports provided/created Date of DGMQ notification Date DPBH TB Program contacted # of Cohort reviews</p>	<p>Internal records DPBH TB Program's DGMQ records Internal records DPBH TB Program's DGMQ records CDC's <i>Understanding the TB Cohort Review Process: Instruction Guide</i> DPBH TB/LTBI Cohort Review Policy (2016)</p>
<p><b>2.7: Through December 31, 2022, the Subrecipient will conduct a Cohort Review of reported TB disease cases and LTBI in children less than 5 years of age.</b></p>	<p>2.7.1 Complete and report the Cohort Review Process for cohort reviews conducted in the Annual TB Program Report (period 7/1/21- 6/30/22 cohort reviews).</p>	<p>Cohort Review Process report, due with Annual TB Program report</p>	<p>Due by July 15, 2022 Annual TB report due 7/15/22</p>	<p>Subrecipient's County population, international visitors TB disease cases and associated contacts, and LTBI in children &lt; 5 years of age</p>	<p># of DGMQ requests # of DGMQ reports provided/created Date of DGMQ notification Date DPBH TB Program contacted # of Cohort reviews</p>	<p>Internal records DPBH TB Program's DGMQ records CDC's <i>Understanding the TB Cohort Review Process: Instruction Guide</i> DPBH TB/LTBI Cohort Review Policy (2016)</p>

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<b>Goal 3: Improve Surveillance of TB Cases and Case Reporting</b>						
<i>Objective</i>	<i>Activity</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Target population</i>	<i>Evaluation Measure</i>	<i>Evaluation Tool</i>
<b>3.1: By December 31, 2022, the Subrecipient will have a 100% completeness rating of the RVCTs.</b>	3.1.1 Assure quality and completeness of TB disease case and data reporting on the RVCT; respond to and complete MUNK reports quarterly.	DPBH TB MUNK (Missing and Unknown) Follow up Reports RVCTs in NBS	Quarterly, due by 4/15/22 7/15/22 10/15/22 1/15/23	TB disease cases	# of MUNK report items requiring data entry	MUNK reports from DPBH TB NBS reports NTIP: RVCT Data Reporting
<b>3.2: Through December 31, 2022, the Subrecipient will maintain 100% success rate in submitting and linking one isolate for genotyping from each culture-positive TB case.</b>	3.2.1 Collaborate with Nevada State Public Health Laboratory (NSPHL) to ensure genotyping of at least one isolate from each person with culture-positive TB.  3.2.2 Ensure that genotyping results are linked to surveillance data/RVCT within 8 weeks of TB GIMS reported genotype results.	RVCTs in NBS  TB GIMS genotype ID (TB Genotyping Information Management System)	Jan 1, 2022 - Dec 31, 2022	TB disease cases in Subrecipient's County	# of culture-positive TB cases # of culture-positive with TB GIMS genotype created	TB GIMS reports  NBS reports  NTIP: Universal Genotyping
<b>3.3: By December 31, 2022, the Subrecipient will develop an internal SOP for analyzing genotype clusters, including quarterly review of genotype information in their jurisdiction, and provide notifications as necessary.</b>	3.3.1 Create internal SOP for reviewing, analyzing, and interpreting genotype information and cluster identification, and apply to quarterly genotype review in TB GIMS.  3.3.2 Develop a reporting mechanism to notify the DPBH TB Program with a written cluster report.	RVCT in NBS TB GIMS genotype ID created  SOP Genotyping TB genotype cluster report	Jan 1, 2022 - Dec 31, 2022  By Dec 31, 2022	TB disease cases in Subrecipient's County	# of culture-positive TB cases with RVCT linked to genotype ID  # of SOP developed (progress toward development)	TB GIMS reports NBS reports NTIP: Universal Genotyping  CDC Guide to Application of Genotyping to Tuberculosis Prevention and Control, at <a href="http://www.cdc.gov/tb">www.cdc.gov/tb</a>
<b>3.4: By December 31, 2022, the Subrecipient will develop an internal SOP and training on all surveillance activities and processes to conduct annual training with 100% of the Subrecipient TB staff, based on Nevada regulations and CDC guidelines.</b>	3.4.1 Develop and implement an annual surveillance training to ensure complete, accurate and timely recording of data entry.	SOP Genotyping Review and Analysis TB genotype cluster report  SOP Surveillance training Surveillance training logs	Jan 1, 2022 - Dec 31, 2022  By Dec 31, 2022	Subrecipient's County population  The Subrecipient TB Program Staff	# of TB genotype clusters identified and reported  # of TB Program staff that received annual training  # of SOP	TB GIMS reports Internal reports  Internal reports Training Logs

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<b>Goal 4: Improve Contact Investigations</b>						
<b>Objective</b>	<b>Activity</b>	<b>Outputs</b>	<b>Timeline</b>	<b>Target Population</b>	<b>Evaluation Measure</b>	<b>Evaluation Tool</b>
<b>4.1: By December 31, 2022, the Subrecipient will increase the rate to at least 90% of TB patients with sputum smear-positive results who have contacts examined for infection or disease.</b> (National NTIP goal= 94%)	4.1.1 Initiate index/source case interview and contact investigations within 14 days of the report of TB/suspect TB disease case to LHA.	Contact Investigation reports	Jan 1, 2022 - Dec 31, 2022	TB disease cases Contacts	# of sputum smear-positive cases # of sputum smear-positive cases with contacts elicited # days from report of case to contact elicitation	Internal reports NTIP: Contact Investigation Indicators
	4.1.2 Identify contacts exposed to <i>M. tuberculosis</i> and ensure they are evaluated for TB/LTBI and facilitate interjurisdictional and facilitate interjurisdictional notification (IJN) if the contact resides outside Subrecipient's County.	Contact Investigation reports IJNs	Jan 1, 2022 - Dec 31, 2022	Contacts to TB disease, within and outside Subrecipient's County	# of sputum smear-positive cases # of sputum smear-positive cases with contacts evaluated	Internal reports NTIP: Contact Investigation Indicators
	4.1.3 Assess reasons for cases with no contacts identified or a low number (< 3) of contacts identified.	Contact Investigation reports Strategic Action Plan, if necessary	Jan 1, 2022 - Dec 31, 2022	TB disease cases TB disease contacts The Subrecipient TB Program staff	# of sputum smear-positive cases # of sputum smear-positive cases with < 3 contacts elicited	Internal reports
	4.1.4 Provide annual staff training (through TB COEs or similar) to improve strategies in case interviewing, contact elicitation, complications in contact investigations, and large-scale contact investigations.	Training Activity Annual TB Program Report	Jan 1, 2022 - Dec 31, 2022 Annual TB report due 7/15/22	The Subrecipient TB Program staff	# of TB Program staff that received annual training	Training logs Staff evaluations
<b>Goal 4: Improve Contact Investigations</b>						
<b>Objective</b>	<b>Activity</b>	<b>Outputs</b>	<b>Timeline</b>	<b>Target Population</b>	<b>Evaluation Measure</b>	<b>Evaluation Tool</b>
<b>4.2: By December 31, 2022, the Subrecipient will maintain at least 92% initiation of LTBI treatment and 93% completion in contacts diagnosed with LTBI.</b>	4.2.1 Provide education and supportive services, including incentives and enablers, to contacts of TB disease cases diagnosed with LTBI to facilitate initiation of LTBI treatment and completion of LTBI treatment.	Contact Investigation reports Incentives and enablers fiscal records	Jan 1, 2022 - Dec 31, 2022	Contacts to TB disease cases diagnosed with LTBI in Subrecipient's County	# of contacts diagnosed with LTBI # of contacts initiating LTBI treatment # contacts completing LTBI treatment	Internal reports NTIP: Contact Investigation Indicators

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<p><b>4.3: Through December 31, 2022, the Subrecipient will collect data and submit reports from 100% of contact investigations.</b></p>	<p>4.3.1 Collect data and create reports on contacts from each index TB disease case and source case in LTB in children less than 2 years of age case; reports are to be submitted to DPBH TB Program quarterly.</p> <p>4.3.2 Submit data from contact investigations in the Aggregate Reports for Program Evaluation (ARPE) format, for preliminary 2021 report and final 2020 report, to DPBH TB Program annually.</p>	<p>Contact Investigation reports</p> <p>ARPE reports</p>	<p>Quarterly, by 4/15/22 7/15/22 10/15/22 1/15/23</p> <p>On or before March 30, 2022</p>	<p>TB disease contacts TB source case contacts LTBI in children less than 2 years of age Contacts to TB disease cases</p>	<p># of Contact Investigation reports sent to DPBH program  # of ARPEs sent by 3/30/22</p>	<p>Internal reports  Internal reports NTIP: ARPEs Data Reporting</p>
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Goal 5: Increase the Evaluation of Immigrants and Refugees with TB Disease or TB Infection (LTBI)						
Objective	Activity	Outputs	Timeline	Target Population	Evaluation Measure	Evaluation Tool
<p><b>5.1: Through December 31, 2022, the Subrecipient will maintain at least 72% rate of immigrant and refugee examination within 30 days and 78% of immigrant and refugee complete the examination within 120 days (from notification date).</b></p>	<p>5.1.1 Through the EDN, ensure all immigrants and refugees classified as A, B1, or B2 are located and examined within 30 days and complete exams within 120 days.</p> <p>5.1.2 Through EDN, conduct surveillance notifications weekly and provide follow-up worksheets within 30 days of the clinical follow-up.</p>	<p>EDN Follow-up Worksheets  EDN Follow-up Worksheets</p>	<p>Jan 1, 2022 - Dec 31, 2022  Jan 1, 2022 - Dec 31, 2022</p>	<p>Immigrants and refugees Classification as A, B1, B2 assigned to Subrecipient's County  Immigrants and refugees classified as A, B1, B2 assigned to Subrecipient's County</p>	<p># of A, B1, B2 notifications # of A, B1, B2 notifications with initial exam within 30 days # of A, B1, B2 notifications with completed exams within 90 days  # of A, B1, B2 notifications # of A, B1, B2 notifications with initial exams within 30 days # of A, B1, B2 notifications with complete exams within 90 days</p>	<p>NTIP: Immigrant and Refugee Indicators EDN reports  NTIP: Immigrant and Refugee Indicators</p>

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	5.1.3 Develop an internal SOP outlining the policy on referrals within your agency and / or the community regarding immigrants and refugees.	SOP for service referrals Medical records	Jan 1, 2022 - Dec 31, 2022	Immigrants and refugees classified as A, B1, B2, and Non-U.S.-born individuals in Subrecipient's County	# of service referrals provided to immigrants, refugees, and non-U.S.-born	Internal reports
<b>5.2: Through December 31, 2022, the Subrecipient will increase initiation of immigrant and refugee LTBI treatment to 87% and LTBI treatment completion to 87%.</b>	5.2.1 Provide education and supportive services, including incentives and enablers, to Class A, B1, B2 immigrants and refugees diagnosed with LTBI to facilitate initiation of LTBI treatment and completion of LTBI treatment.	EDN Follow-up Worksheets Incentives and enablers fiscal records	Jan 1, 2022 - Dec 31, 2022	Immigrants and refugees classified as A, B1, B2 assigned to Subrecipient's County	# of immigrants and refugees diagnosed with LTBI # of immigrants and refugees initiating LTBI treatment # of immigrants and refugees completing LTBI treatment	NTIP: Immigrant and Refugee Indicators
<b>5.3: Through December 31, 2022, the Subrecipient will develop interventions to identify foreign-born and locally determined high-risk populations.</b>	5.3.1 Develop and strengthen partnerships with local immigrant/refugee agencies by communicating at least bi-annually to discuss current challenges and implement new interventions.	Records of correspondence	Jan 1, 2022 - Dec 31, 2022	Community agencies serving immigrants and refugees in Subrecipient's County	# of meetings # immigrant and refugees evaluated and treated	Internal reports

<b>Objective</b>	<b>Activity</b>	<b>Outputs</b>	<b>Timeline</b>	<b>Target Population</b>	<b>Evaluation Measure</b>	<b>Evaluation Tool</b>
<b>6.1: By December 31, 2022, the Subrecipient will assess the educational needs of healthcare providers in their jurisdiction.</b>	6.1.1 Analyze the data about healthcare providers' and facilities' reporting of LTBI/TB cases to develop outreach activities and educate the providers and facilities.	Provider needs assessment	Quarterly	Healthcare providers in Subrecipient's County	Demographics of healthcare providers types & facilities providing most TB/LTBI reporting Technical assistance data	Internal reports NBS reports
<b>6.2: Through December 31, 2022, the Subrecipient will continue to conduct educational outreach activities to healthcare providers, staff, and</b>	6.2.1 Educate all healthcare providers and staff on the reporting requirements for LTBI in children less than 5 years of age and TB disease/suspected disease.	Outreach activity Annual TB Program Report	Jan 1, 2022 - Dec 31, 2022 Annual TB report due 7/15/22	Healthcare providers in Subrecipient's County	# of Outreach activities provided	Internal reports

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students within high-risk populations through epidemiologic surveillance.	6.2.2 Educate healthcare providers and staff to identify TB risk factors to increase their targeted screening population.	Outreach activity Annual TB Program Report	Jan 1, 2022 - Dec 31, 2022 Annual TB report due 7/15/22	Healthcare providers in Subrecipient's County	# of Outreach activities provided per quarter	Provider needs assessment & follow-up
	6.2.3 Educate healthcare providers and staff on the treatment for TB infection.	Outreach activity Annual TB Program Report	Jan 1, 2022 - Dec 31, 2022 Annual TB report due 7/15/22	Healthcare providers in Subrecipient's County	# of Outreach activities provided per quarter	Provider needs assessment & follow-up
	6.2.4 Educate staff serving high-risk populations and other public groups on recognition the TB symptoms and referral processes to include telephone technical assistance.	Outreach activity Annual TB Program Report	Jan 1, 2022 - Dec 31, 2022 Annual TB report due 7/15/22	Staff serving high-risk populations	# of Outreach activities provided per quarter	Follow-up assessments

**Goal 7: Strengthen Human Resource Development (HRD)**

Objective	Activity	Outcome	Timeline	Target Population	Evaluation Measure	Evaluation Tool
7.1 Through December 31, 2022, the Subrecipient will assess 100% of staff for their knowledge of TB disease and surveillance processes and provide HRD activities.	7.1.1 Review past evaluation forms to identify HRD strengths and weaknesses to develop current in-service activities.	Training activity(s) Certificates of training Annual TB Program Report	Jan 1, 2022 - Dec 31, 2022 Annual TB report due 7/15/22	The Subrecipient TB staff	# of training needs identified # of trainings developed	Past HRD activity Evaluation forms Staff surveys
	7.1.2 Conduct staff training on all internal SOPs for TB disease control interventions and service referrals.	Training activities Certificates of training Annual TB Program Report	Jan 1, 2022 - Dec 31, 2022 Annual TB report due 7/15/22	The Subrecipient TB staff	# of trainings conducted # of staff attending trainings/# of certificates	Internal reports Staff surveys Staff evaluations
	7.1.3 Provide internal staff with training opportunities and activities through communication with local, state, regional, and national organizations.	Certificates of training Annual TB Program Report	Jan 1, 2022 - Dec 31, 2022 Annual TB report due 7/15/22	The Subrecipient TB staff	# of training opportunities communicated # of staff attending trainings	Internal reports Staff surveys Staff evaluations

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	7.1.4 Participate in four (4) DPBH Technical Assistance TB Program calls to assure communication and HRD needs are conveyed.	Attendance record	Quarterly	The Subrecipient TB staff	# training needs identified # of trainings developed	Internal reports Staff surveys Staff evaluations
<b>7.2: By December 31, 2022, the Subrecipient will ensure 100% of HIV, Hep, STD and TB program staff will conduct the annual Security and Confidentiality training, as developed by the State.</b>	7.2 Ensure the Data Security and Confidentiality Guidelines for HIV/AIDS, Viral Hepatitis, STD, and TB Programs are completed through the DPBH Security and Confidentiality training.	Certificates of Completion - Security and Confidentiality Training	By 12/31/22	The Subrecipient TB staff	# TB staff # TB staff training Security and Confidentiality training certificates	Training logs Security and Confidentiality Training access

**Deliverables:**

1) Compile/complete reports outlined throughout the Scope of Works objectives and activities.

Reporting Schedule from DPBH to Subrecipients: (to be provided electronically to subrecipient)

- a) MUNK Quarterly Reports, by the 30<sup>th</sup> day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)
- b) EDN Quarterly Reports, by the 30<sup>th</sup> day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)

**Deliverable to DPBH TB/Reporting Schedule from Subrecipients to DPBH:** (to be provided electronically to DPBH)

- a) **MUNK Follow-up Response Reports,** due the 15<sup>th</sup> day following the quarter's end (i.e., the 15<sup>th</sup> of April, July, October, January)
- b) **EDN Follow-up Response Reports,** due the 15<sup>th</sup> day following the quarter's end (i.e., the 15<sup>th</sup> of April, July, October, January)
- c) **Annual TB Program Report** by July 15, 2022
- d) **Annual ARPE Report** by March 30, 2022
- e) **Quarterly Contact Investigation Log Reports,** due the 15<sup>th</sup> day following the quarter's end (i.e., the 15<sup>th</sup> of April, July, October, January)

2) Participate in the following DPBH TB Program Technical Assistance/Updates calls throughout the project period, dates to be determined:

All-Program Calls: 2 calls, one in the project period's first half and one in the second half.

Local Health Authority Specific Technical Assistance Calls: To be determined as necessary

Subrecipient TB program annual progress report call: To be determined within the timeframe of July 15 – July 30, 2022.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

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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 subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number NU52PS910224 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number NU52PS910224 from the Centers for Disease Control and Prevention.

**Note: TB grant funds may not be used for medication or inpatient treatment.**

Subrecipient agrees to adhere to the following budget:

<b>Applicant Name: Washoe County Health District (WCHD) SG 25527</b>							
<b>Sect C BUDGET NARRATIVE</b>							
<b>Grant Year 22 CDC Tuberculosis Program - WCHD</b>							
<u>Method of Selection:</u> sole source; Washoe County Public Health Authority							
<u>Period of Performance:</u> January 1, 2022, through December 31, 2022							
<u>Scope of Work:</u>							
WCHD is the local health authority in Washoe County and will use these funds per the mission of the TB Program by conducting activities to promote and protect the well-being of Nevadans and visitors by prevention, control, and tracking. WCHD will provide services to control and eliminate TB for active tuberculosis cases and high-risk LTBI populations per NRS. Services include rapid identification and diagnosis of the disease, timely contact investigations and surveillance, case management and completion of treatment, and community/provider education and outreach.							
<u>Accountability:</u> The WCHD TB program will provide monthly subaward reimbursement requests, weekly reviews and/or data entry into NBS and EDN, an annual ARPE report, annual cohort review, quarterly data collection/reporting of contact investigation data and RVCT data/entry reconciliation. WCHD will participate in annual programmatic and fiscal monitoring visits by Nevada Division of Public and Behavioral Health. WCHD TB program will submit an annual performance report to the DPBH TB program.							
<b>WCHD P&amp;C Itemized Budget:</b>							
<b>TOTAL BUDGET</b>						<b>\$109,112</b>	
<b>WCHD Personnel Costs</b>							
					including fringe	<b>Total:</b>	<b>\$88,983</b>
-							
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked Annual</u>	<u>Amount Requested</u>	
<u>TB Program Coordinator, Public Health Nurse position</u>	\$92,533.66	40.670%	58.000%	12	100.00%	\$75,497	
<u>Registered Nurse (RN), Intermittent, Hourly</u>	\$66,268.80	1.750%	20.000%	12	100.00%	\$13,486	
<b>Justification/Narrative: TB Program Coordinator-</b> this position functions as the TB Control authority for Washoe County. The position works with the TB Controller, reports to the District Health Officer, and provides case management of Immigrant Class A & B TB cases. Case management includes, but is not limited to, reporting, contact investigation, assurance of patient adherence to medication regimen, legal referral for non-adherence, and home visits to assess and provide directly observed therapy (DOT). The position also provides education to health care providers including the detention centers, hospitals, and doctors, as well as works with homeless shelters and group home staff to increase screening and recognition of symptoms. The position develops and updates policies and protocols for care and investigation, infection control, and compliance with the Occupational Safety and Health Administration (OSHA) requirements, as needed. For the project period of 2020 to 2024, the program coordinator will focus on implementing LTBI data collection and analysis, including strategizing effective provider reporting outreach and training.							
<b>RNs, Intermittent</b> - supports clinic operations, DOT, and contact investigations for the clinic. The RNs also provides TB/LTBI education to health care providers including the detention centers, hospitals, and doctors, as well as works with homeless shelters and group home staff to increase screening and recognition of TB symptoms.							
Total Fringe Cost		\$22,059					
Total Budgeted FTE		0.78000	Total Salary Cost: \$66,923				
<b>WCHD Travel</b>							
<b>Total:</b>						<b>\$1,791</b>	
<u>Out-of-State Travel</u>						<u>Total</u>	
<u>TB Centers of Excellence, TBD, Training</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>			
Airfare: \$616 cost per trip, Reno, NV, to TBD, x 1 staff/trip	\$616	1		1	\$616		
Per Diem: \$66 per day per GSA rate for area TBD x 1 of staff x 5 days/trip	\$66	1	5	1	\$330		
Lodging: \$160 per day x 4 of nights x 1 of staff/trip	\$160	1	4	1	\$640		
Ground Transportation: \$100 per trip x 1 of staff/trip	\$100	1	1	1	\$100		
Mileage: 60 miles @\$0.58/mile per trip x 1 staff/trip	\$35	1		1	\$35		
Parking: \$14 per day x 5 of days/trip x 1 of staff/trip	\$14	1	5	1	\$70		
<b>Justification:</b> These funds will be used to facilitate travel for key personnel to attend conferences and training to improve program evaluation, develop LTBI outreach curriculum and materials. Out of state travel: to attend the Center of Excellence Tuberculosis training course, or equivalent.							
<b>Total:</b>						<b>\$4,190</b>	
<b>WCHD Operating</b>							
Patient housing support (enabler):	\$300/week X 1 patients x 5 weeks					\$1,500.00	
Incentives for treatment/evaluation:	\$10/ea. X 19 food/gift/gas cards					\$190.00	
TB testing, blood tests, Interferon gamma releasing assays:	\$50/TB blood test x 50 tests					\$2,500.00	

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**Justification:** Patient Housing Support - funds will be used to provide housing support for active patients who are homeless or individuals at-risk for being homeless during the initial treatment phase or until they are no longer infectious. Incentives and Enablers - enablers include food, gift, or gas cards to be used for contacts, patients and/or high-risk LTBI cases to bring them in for treatment and/or testing. TB Testing - QFT/TSpot TB blood tests.

<b>Other</b>	<b>Total:</b>	<b>\$330</b>
NTCA Annual Individual Membership dues: \$80/membership x 1	\$80.00	
<b>Justification:</b> One Individual membership will provide for ongoing education, collaboration with other states, and remaining current on relevant TB issues and research nationwide.		
Registration: National Conference \$250 - TB Coordinator	\$250.00	
<b>Justification:</b> National NTCA TB conference to provide education and training for TB coordinator.		
<b>TOTAL DIRECT CHARGES</b>	<b>\$95,294</b>	
<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>14.500%</b>
		<b>\$13,818</b>
<b>Indirect Methodology:</b> 14.5% of total direct charges. An annual indirect cost rate proposal is prepared in compliance with 45 CFR Part 75.		
<b>TOTAL BUDGET</b>	<b>Total:</b>	<b>\$109,112</b>

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**Applicant Name:** Washoe County Health District (WCHD) SG 25527  
PROPOSED BUDGET SUMMARY  
GY22 CDC TB Budget WCHD

**Form 2**

**A.** PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

<b>FUNDING SOURCES</b>	<b>CDC TB</b>	<b>Other Funding</b>	<b>Program Income</b>	<b>TOTAL</b>					
SECURED									
<b>ENTER TOTAL REQUEST</b>	\$109,112								\$109,112

**EXPENSE CATEGORY**

Personnel	\$88,983								\$88,983
Travel	\$1,791								\$1,791
Operating	\$4,190								\$4,190
Equipment	\$0								\$0
Contractual/Consultant	\$0								\$0
Training	\$0								\$0
Other Expenses	\$330								\$330
Indirect	\$13,818								\$13,818

<b>TOTAL EXPENSE</b>	\$109,112	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$109,112
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<b>These boxes should equal 0</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$13,818
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Total Agency Budget	\$109,112
Percent of Subrecipient Budget	100%

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$109,112;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, invoices, receipts, and agendas; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

Responsibilities of the DPBH Tuberculosis (TB) Program:

- Providing technical assistance, upon request from the Subrecipient;
- Providing prior approval of reports or documents to be developed;
- Coordinate with other states, federal, and international agencies;
- Collect and interpret the required data;
- Forwarding any changes in the recommendations for the testing and/or care of TB disease or latent TB infection;
- Forwarding reports to another party, i.e. CDC, interstate agencies, Division of Global Migration and Quarantine; and,
- Serve as the authority responsible for ensuring necessary reports and documents are submitted to the proper state agency and to the CDC, per reporting deadlines.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documents are submitted to and accepted by the Department.

**Both parties agree:**

The site visit/monitoring will occur as needed, but at least one (1) time per year, and will be conducted by the DBPH TB Program and/or the CDC with the related staff of the Subrecipient TB Program to evaluate progress and compliance with the activities outlined in the Scope of Work.

- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, 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 Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.
- Deliverables:
  - 1) Compile/complete reports outlined throughout the Scope of Works objectives and activities.
    - Reporting Schedule from DPBH to Subrecipients: (to be provided electronically to subrecipient)
      - a) MUNK Quarterly Reports, by the 30<sup>th</sup> day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)
      - b) EDN Quarterly Reports, by the 30<sup>th</sup> day of the last month in the quarter (i.e., March 30, June 30, September 30, December 30)
    - Reporting Schedule from Subrecipients to DPBH: (to be provided electronically to DPBH)
      - f) Annual TB Program Report by July 15, 2022
      - g) Annual ARPE Report by March 30, 2022
      - h) Quarterly Contact Investigation Log Reports, MUNK Follow-up Response Reports, EDN Follow-up Response Reports (as needed):
        - Due the 15<sup>th</sup> day following the quarter's end (i.e., the 15<sup>th</sup> of April, July, October, January)
  - 2) Participate in the following DPBH TB Program Technical Assistance/Update calls throughout the project period (dates are pending) as per Scope of Work.

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**Financial Reporting Requirements**

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

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Agency Ref. #: **HD 25527**  
 Budget Account: 3219  
 GL: 8516  
 Draw #: \_\_\_\_\_

**SECTION D**

**Request for Reimbursement**

<b>Program Name:</b> Division of Public and Behavioral Health (DPBH) Tuberculosis Program	<b>Subrecipient Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 300 Carson City, NV 89706-2009	<b>Address:</b> 1001 E. Ninth Street, Bldg. B Reno, NV 89512
<b>Subaward Period:</b> January 1, 2022, through December 31, 2022	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Month(s)

Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$88,983.00	\$0.00	\$0.00	\$0.00	\$88,983.00	0.0%
2. Travel	\$1,791.00	\$0.00	\$0.00	\$0.00	\$1,791.00	0.0%
3. Operating	\$4,190.00	\$0.00	\$0.00	\$0.00	\$4,190.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$330.00	\$0.00	\$0.00	\$0.00	\$330.00	0.0%
8. Indirect	\$13,818.00	\$0.00	\$0.00	\$0.00	\$13,818.00	0.0%
<b>Total</b>	<b>\$109,112.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$109,112.00</b>	<b>0.0%</b>

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____	Title _____	Date _____
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**FOR Department USE ONLY**

Is program contact required? \_\_\_ Yes \_\_\_ No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_

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

Chief (as required): \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD  
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).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES       NO
3. When does your organization's fiscal year end? \_\_\_\_\_
4. What is the official name of your organization? \_\_\_\_\_
5. How often is your organization audited? \_\_\_\_\_
6. When was your last audit performed? \_\_\_\_\_
7. What time-period did your last audit cover? \_\_\_\_\_
8. Which accounting firm conducted your last audit? \_\_\_\_\_

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**STATE OF NEVADA  
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DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
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**SECTION F**

**Current or Former State Employee Disclaimer**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

***The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.***

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.**

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

STATE OF NEVADA  
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SECTION G

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

---

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 Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

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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 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

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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.
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, 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.

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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
  - 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.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021

**TO:** District Board of Health

**FROM:** Kim Graham, Fiscal Compliance Officer  
775-328-2418; [kgraham@washoecounty.gov](mailto:kgraham@washoecounty.gov)

Sonya Smith, Public Health Nurse Supervisor  
775-328-6151; [ssmith@washoecounty.gov](mailto:ssmith@washoecounty.gov)

**SUBJECT:** Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2022 through December 31, 2022 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11943 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

**SUMMARY**

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on November 18, 2021 to support the HIV Prevention Program. The funding period is January 1, 2022 through December 31, 2022. A copy of the Notice of Subaward is attached.

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

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

**PREVIOUS ACTION**

The board approved a similar item on February 25, 2021, a Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2021 through December 31, 2021 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program.

**BACKGROUND/GRANT AWARD SUMMARY**

The scope of work includes the following: conduct HIV testing, conduct comprehensive prevention activities with HIV-positive individuals, distribute condoms, and perform prevention planning, reporting and evaluation activities.

Subject: Approve HIV Prevention Notice of Subaward

Date: December 16, 2021

Page 2 of 2

The Subaward provides funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising, lab/outpatient, and other expenses, including funding specifically for community outreach, planning meetings and program participation via the use of incentives/enablers (including but not limited to, gift cards/gift certificates, transportation and food vouchers, educational outreach items, nutritious food and beverage, behavioral reinforcers, etc.).

### **FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY22 budget. As such, there is no fiscal impact to the FY22 adopted budget should the Board approve the Notice of Subaward.

### **RECOMMENDATION**

It is recommended that the Washoe County Health District approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2022 through December 31, 2022 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11943 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective January 1, 2022 through December 31, 2022 in the total amount of \$287,496 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# 11943 and authorize the District Health Officer to execute the Notice of Subaward and any future amendments."



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

Agency Ref. #: **SG 25495**  
 Budget Account: 3215  
 Category: 15  
 GL: 8516  
 Job Number: 9394022

**NOTICE OF SUBAWARD**

<b>Program Name:</b> HIV Prevention Program - Office of HIV Preston Nguyen Tang, MPH / ptang@health.nv.gov	<b>Subrecipient's Name:</b> Washoe County Health District
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 E 9th Street Reno, NV 89512-2845
<b>Subaward Period:</b> January 1, 2022 through December 31, 2022.	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

**Purpose of Award:** The purpose of this subgrant is to support HIV prevention services in Washoe County.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:		
1. Personnel	<b>\$214,252.00</b>	Total Obligated by this Action:	\$	287,496.00
2. Travel	<b>\$5,371.00</b>	Cumulative Prior Awards this Budget Period:	\$	0.00
3. Operating	<b>\$5,703.00</b>	Total Federal Funds Awarded to Date:	\$	287,496.00
4. Supplies	<b>\$1,994.00</b>	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
5. Contractual/Consultant	<b>\$0.00</b>	Amount Required this Action:	\$	0.00
6. Training	<b>\$0.00</b>	Amount Required Prior Awards:	\$	0.00
7. Other	<b>\$31,686.00</b>	Total Match Amount Required:	\$	0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$259,006.00</b>	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
8. Indirect Costs	<b>\$28,490.00</b>	<b>Federal Budget Period:</b>		
<b>TOTAL APPROVED BUDGET</b>	<b>\$287,496.00</b>	January 1, 2022, through December 31, 2022.		
		<b>Federal Project Period:</b>		
		January 1, 2022, through December 31, 2022.		
		<b>FOR AGENCY USE, ONLY</b>		

<b>Source of Funds:</b> Center for Disease Control and Prevention (CDC) PS 18-1802	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.940	<b>FAIN:</b> NU62PS924579	<b>Federal Grant #:</b> 5 NU62PS924579-05-00	<b>Grant Award Date by Federal Agency:</b> TBD
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**Agency Approved Indirect Rate:** 7.4%      **Subrecipient Approved Indirect Rate:** 11%

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

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

<b>Incorporated Documents:</b> Section A: Grant Conditions and Assurances. Section B: Description of Services, Scope of Work and Deliverables. Section C: Budget and Financial Reporting Requirements. Section D: Request for Reimbursement;	Section E: Audit Information Request. Section F: Current/Former State Employee Disclaimer; and Section G: DHHS Business Associate Addendum.
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Name	Signature	Date
Kevin Dick District Health Officer (WCHD)		
Julia Peek, MHA, CPM Deputy Administrator		
for Lisa Sherych Administrator, DPBH		

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**SECTION A  
GRANT CONDITIONS AND ASSURANCES**

**General Conditions**

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating, or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend, and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
  - The Department may, in its discretion, amend this Agreement to conform with federal, state, or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
  - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

**Grant Assurances**

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability, or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient 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

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implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
  - Any attempt to influence the outcome of any federal, state, or local election, referendum, initiative, or similar procedure, through in-kind or cash contributions, endorsements, publicity, or a similar activity.
  - Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative, or similar procedure.
  - Any attempt to influence:
    - The introduction or formulation of federal, state, or local legislation; or
    - The enactment or modification of any pending federal, state, or local legislation, through communication with any member or employee of Congress, the Nevada Legislature, or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
  - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
  - Any attempt to influence:
    - The introduction or formulation of federal, state, or local legislation.
    - The enactment or modification of any pending federal, state, or local legislation; or
    - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
  - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
  - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
  - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
  - Not specifically directed at:
    - Any member or employee of Congress, the Nevada Legislature, or a local governmental entity responsible for enacting local legislation.
    - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
    - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying, or enacting a Federal, State, or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada, or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to such documents, which are funded by funds allotted in this agreement.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

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**SECTION B**

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

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

**Scope of Work for Subgrantee**

**Strategy 1: Systematically collect, analyze, interpret, and disseminate human immunodeficiency virus (HIV) data to characterize trends in HIV infection, detect active HIV transmission, implement public health interventions, and evaluate public health response**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
Human Immunodeficiency Virus (HIV) prevention program monitoring and evaluation	1. During the reporting period, the Subgrantee will collect and input data into EvaluationWeb and PartnerServicesWeb. Data will be used to monitor HIV testing activities and key performance indicators. Data must be entered in the required Centers for Disease Control and Prevention (CDC) format and by Centers for Disease Control and Prevention (CDC) required deadlines.	12/31/2022	1. EvaluationWeb and PartnerServicesWeb
	2. The Subgrantee will meet with the State HIV Prevention Program (HPP) at least semi-annually, or upon request, to discuss performance measures and program progress.	Semiannually, or upon request	2. Meetings Agendas and Notes from HIV Prevention Program.

**Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
HIV Testing	1. During the reporting period the Subgrantee will complete 2,000 HIV tests (of which no more than 500 may be conventional testing) targeted to high-risk individuals and target populations identified in the Nevada Integrated HIV Prevention and Care Plan. <ul style="list-style-type: none"> <li>If the Alere Determine™ HIV-1/2 Ag/Ab Combo is unavailable, the subgrantee must obtain permission from the grantor to utilize a 3rd Generation, CLIA-waived, Centers for Disease Control and Prevention (CDC) approved Rapid HIV test (suitable for non-clinical setting). <a href="https://www.cdc.gov/hiv/pdf/testing/rapid-hiv-tests-non-clinical.pdf">https://www.cdc.gov/hiv/pdf/testing/rapid-hiv-tests-non-clinical.pdf</a>.</li> <li>The subgrantee must obtain "Public Health Pricing" for all Centers for Disease Control and Prevention (CDC) approved, CLIA-waived Rapid HIV tests directly from the test's manufacturer.</li> </ul>	12/31/2022	2,000 HIV tests (of which no more than 500 may be conventional testing) targeted to high-risk individuals and target populations identified in the Nevada Integrated HIV Prevention and Care Plan entered into EvaluationWeb.
	2. During the reporting period, the Subgrantee will conduct two (2) provider education presentations to educate hospital and medical staff on the benefits of routine HIV testing.	12/31/2022	Documentation of two (2) provider education presentations to educate hospital and medical staff on the benefits of routine HIV testing.
	3. During the reporting period, the Subgrantee will conduct two (2) provider education presentations to educate hospital and medical staff on the requirement to test pregnant women who present themselves at hospitals, but with no evidence of previous prenatal care.	12/31/2022	Documentation of two (2) provider education presentations to educate hospital and medical staff on the requirement to test pregnant women who present themselves at hospitals, but with no evidence of previous prenatal care.
	4. The Subgrantee will utilize the social networks strategies to target high-risk networks for HIV testing.	12/31/2022	N/A
HIV Partner Services	1. The Subgrantee will utilize sexually transmitted disease (STD) and HIV Prevention data to identify HIV positive individuals, their contacts and disease clusters for Partner Services and other interventions.	12/31/2022	Documentation from Partner Services
	2. All Disease Intervention Specialists will receive the Centers for Disease Control and Prevention (CDC) supported Passport to Partner Services training.	12/31/2022	Certificate of Passport to Partner Services training.

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	3. The Subgrantee will provide local data and technical assistance to medical and community providers upon request.	12/31/2022	HIV Prevention Report(s)
Data to Care	1. The Subgrantee will work with HPP to provide missing or updated data to HIV Surveillance for review, entry into eHARS, and quality assurance.	12/31/2022	N/A
	2. Beginning January 1, 2018, through December 31, 2022, the Subgrantee will use the out of care list provided by the HIV Surveillance Program to contact HIV positive clients who appear to not be in medical care. Disease Intervention Specialists, or other health district staff will contact clients to re-engage them in medical care or determine if the client is no longer residing in their jurisdiction.	12/31/2022	N/A
	3. Beginning January 1, 2018, through December 31, 2022, the Subgrantee will track the number of clients they have contacted and how many have been re-engaged into medical care. This data will be included with all Centers for Disease Control and Prevention required reports.	12/31/2022	Documentation of linkage to care.

**Strategy 3: Develop, maintain, and implement a plan to respond to HIV transmission clusters and outbreaks**

Objective	Activities	Due Date	Documentation Needed
Rapidly respond to and intervene in HIV transmission clusters and outbreaks	1. The Subgrantee will work with the HPP to develop and maintain a Centers for Disease Control and Prevention (CDC) identified Rural Counties (Esmeralda and Storey) Outbreak and Detection Response Plan.	12/31/2022	Maintain a Centers for Disease Control and Prevention (CDC) identified Rural Counties Outbreak and Detection Response Plan.
	2. Partners of a transmission cluster will be referred to HIV testing and provided retesting within 6 months.	12/31/2022	N/A
	3. In the event of an outbreak, the Subgrantee will assist in an outbreak response and may use grant funds to support any travel related expenses.	12/31/2022	N/A

**Strategy 4: Provide for comprehensive HIV- related prevention services for people living with diagnosed HIV infection**

Objective	Activities	Due Date	Documentation Needed
Provide linkage to, re-engagement in, and retention in HIV medical care services using Data-to-Care activities and other strategies	1. The Subgrantee will perform data-to-care activities to identify HIV positive individuals who have not linked to care or have fallen out of care.	12/31/2022	Enhanced HIV/AIDS Reporting System (eHARS) and Out of Care List (OOCL)
	2. The Subgrantee will identify newly diagnosed positive individuals and ensure they are linked into care and monitored until they attend their first appointment.	12/31/2022	PartnerServices Data
	3. The Subgrantee will work with the HPP to identify social determinants of health that are impacting a client's ability to successfully link and be retained in HIV care.	12/31/2022	N/A
	4. The Subgrantee will use the out of care list provided by the HIV Surveillance Program to contact HIV positive clients who appear to not be in medical care. Disease Intervention Specialists or other health district staff will contact clients to re-engage them in medical care or determine if the client is no longer residing in their jurisdiction.	12/31/2022	Documentation of re-engagement.
	5. The Subgrantee will track the number of clients they have contacted and how many have been re-engaged into medical care. This data will be included with all Centers for Disease Control and Prevention required reports.	12/31/2022	Documentation of re-engagement.
Promote early ART initiation and support medication adherence	1. The Subgrantee will educate primary care physicians on the importance of early antiretroviral treatment (ART) initiation.	12/31/2022	Sign in sheet
	2. The Subgrantee will continue to offer the Anti-Retroviral Treatment and Access to Services (ARTAS) intervention and wrap-around services to ensure clients access and remain in medical care.	12/31/2022	ARTAS Documentation

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Promote and monitor HIV viral suppression & Monitor HIV drug resistance	1. The Subgrantee will use peer navigators to engage and support clients' access and retention into medical care and treatment adherence.	12/31/2022	N/A
	2. The Subgrantee must use client-centered counseling during HIV testing and condom distribution, as Health Reduction and Health Education strategies.	12/31/2022	N/A
Conduct risk reduction interventions for people living with HIV (PLWH)	1. The Subgrantee will ensure client-centered counseling is performed during the HIV testing process. Once identified as positive, the Subgrantee's Disease Intervention Specialist (DIS) must provide health education to reduce high-risk behaviors and future transmissions.	12/31/2022	EvaluationWeb Data
Refer people living with HIV (PLWH) to other essential support services	1. The Subgrantee will upon initial identification of newly diagnosed positive individuals, refer them to care and support services, such as screenings and active referrals for healthcare benefits, behavioral health, and other medical and social services. Clients will continue to be monitored through the first medical appointment by local DIS.	12/31/2022	EvaluationWeb Data

**Strategy 5: Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection.**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
Periodic HIV testing and risk screening HIV Testing	1. The Subgrantee will work with HPP and community partners to introduce legislation to require physicians to offer an HIV test annually, as part of routine medical care for ages 13 – 64.	12/31/2022	Development of policies that impact HIV Prevention in Nevada.
Increase awareness of and expand access to Pre-exposure prophylaxis (PrEP) and medication adherence to PrEP/Post-exposure Prophylaxis (PEP) Screening for PrEP eligibility	1. The Subgrantee will provide community education for Pre-exposure prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) awareness through social media strategies.	12/31/2022	Social Media Campaign(s).
Linkage to and support for PrEP	1. The Subgrantee will employ a PrEP Program Coordinator and a PrEP Navigator to assist clients accessing PrEP and PEP services and navigating insurance, Medicaid, and patient assistance programs.	12/31/2022	N/A
Risk reduction interventions for HIV-negative persons at risk for HIV infection	1. The Subgrantee will offer Personalized Cognitive Counseling, RESPECT, Motivational Interviewing, and other interventions as identified, to HIV-negative persons at risk for HIV infection.	12/31/2022	High Impact Prevention Documentation.
Refer HIV-negative persons at risk for HIV infection to other essential support services	1. The Subgrantee will work with HIV-negative persons to identify essential support services that the client needs to improve their health outcomes, such as: transportation, substance abuse treatment, mental health services, housing, etc.	12/31/2022	N/A

**Strategy 6: Conduct perinatal HIV prevention and surveillance activities.**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
Universal prenatal HIV testing	1. The Subgrantee will re-educate providers on the Nevada Revised Statutes pertaining to HIV testing for pregnant women, i.e., to test pregnant women who present themselves at hospitals, but with no evidence of previous prenatal care.	12/31/2022	Sign in sheet.
	2. The Subgrantee will develop new online tools that assist medical providers with educating expecting mothers and provide the necessary mandatory reporting forms.	12/31/2022	New online educational tool(s) for medical providers.
Perinatal HIV exposure reporting	1. The Subgrantee will conduct Fetal Infant Mortality Review (FIMR) activities and address HIV related case review as appropriate.	12/31/2022	N/A
	2. The Subgrantee will develop and implement standard operating procedures for identifying and conducting follow-up of perinatally HIV-exposed infants according to Centers for Disease Control and Prevention (CDC) guidance.	12/31/2022	Updated Policy and Procedures.

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Perinatal HIV service coordination (e.g., fetal, and infant mortality review)	1. The Subgrantee will review the FIMR and will discuss with clinic personal and local medical providers to ensure patients are receiving the newest treatment protocols.	12/31/2022	N/A
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**Strategy 7: Conduct community level HIV prevention activities**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
Social marketing campaigns and social media strategies	1. Should the Subgrantee choose to develop a media campaign, the Subgrantee must use a Centers for Disease Control and Prevention (CDC) approved media campaign, such as the Act Against AIDS initiative.	12/31/2022	Centers For Disease Control and Prevention (CDC) approved media campaign.
Community mobilization	1. During the reporting period, the Subgrantee will involve the HIV Prevention Planning Groups (HPPG) and community partners to promote marketing and outreach plans that provide stigma and discrimination free messaging.	12/31/2022	HPPG Minutes and Agendas.
Syringe services programs	1. During the reporting period, the Subgrantee will continue the development and implementation of a syringe exchange program in Clark County (Las Vegas) in locations visited by injection drug users.	12/31/2022	N/A
	2. During the reporting period, the Subgrantee will make available safe injection and safe sex kits through vending machines or other appropriate methods statewide.	12/31/2022	Documentation on the amount of safe injection and safe sex kits provided.
Condom distribution programs	1. During the reporting period, the Subgrantee will distribute condoms to high-risk HIV negative and positive individuals; 67,611 by 12/31/2022.	12/31/2022	Document Condom Distribution amount.
	2. During the reporting period, the Subgrantee will use vending machines and/or mail order to provide sexually transmitted disease (STD) testing self-collection kits; specimen collection kits will be packaged with condoms for distribution.	12/31/2022	Documentation of sexually transmitted disease (STD) testing, self-collection kits and specimen collection.

**Strategy 8: Develop partnerships to conduct integrated HIV prevention and care planning**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
Maintain HIV Planning Group	1. The Subgrantee will manage, oversee, and provide logistical coordination of the HPPG of Northern Nevada and meet at least quarterly throughout the year to discuss and monitor the progress of the State's HIV Prevention grant. The Subgrantee is also responsible for providing nutrition and hydration at all HPPG meetings.	12/31/2022	Receipt(s), Meeting Agenda(s), and Meeting Minute(s).
Develop HIV prevention and care networks	1. The Subgrantee will continue working with community partners, other local health authorities, and the University Nevada Reno- Center for Program Evaluation to identify new stakeholders and engage them in the Integrated HIV Prevention and Care Plan process to evaluate and monitor the Plan.	12/31/2022	N/A

**Strategy 9: Implement structural strategies to support and facilitate HIV surveillance and prevention**

<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation Needed</b>
Ensure data security, confidentiality, and sharing	1. The Subgrantee will ensure that all staff is trained and in compliance with the Centers for Disease Control and Prevention (CDC)'s Data Security and Confidentiality Guidelines.	12/31/2022	Documentation of completion of Centers for Disease Control and Prevention (CDC)'s Data Security and Confidentiality Guidelines.
Strengthen laws, regulations, and policies	1. The Subgrantee will work with the HPP and other advocacy groups to support legislation or policy changes that will benefit HIV prevention, care, and surveillance in Nevada.	12/31/2022	N/A

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Strengthen health information systems infrastructure	1. The Subgrantee will maintain and/or enhance integrated information systems and workforces between HIV Prevention and Surveillance.	12/31/2022	N/A
	2. The Subgrantee will support Centers for Disease Control and Prevention (CDC) approved software and hardware equipment necessary to strengthen health information systems infrastructure, such as Enhanced HIV/AIDS Reporting System (eHARS), Statistical Analysis System (SAS) licenses, and the organization's Electronic Medical Record (EMR) systems. The Subgrantee will ensure that all Centers for Disease Control and Prevention (CDC) provided software releases and upgrades are installed within required time frames.	12/31/2022	N/A

**Strategy 10: Conduct data- driven planning, monitoring, and evaluation to continuously improve HIV surveillance, prevention, and care activities**

Objective	Activities	Due Date	Documentation Needed
Monitor the Integrated HIV Prevention and Care Plan	1. The Subgrantee will continue working with community partners, other local health authorities, and the University Nevada Reno- Center for Program Evaluation to evaluate and monitor the Integrated HIV Prevention and Care Plan.	12/31/2022	Semi-annual jurisdictional plan monitoring report.
Monitor HIV within the jurisdiction for program planning, resource allocation, and monitoring and evaluation purposes	1. The Subgrantee will use epidemiological data to assist with monitoring HIV in their jurisdiction. This data will be used in the community planning process to identify priority populations and resource allocation.	12/31/2022	Epidemiological Profile.

**Strategy 11: Build capacity for conducting effective HIV program activities, epidemiological science, and geocoding**

Objective	Activities	Due Date	Documentation Needed
Assess capacity building and technical assistance needs	1. The Subgrantee will participate in an annual statewide survey to assess capacity building and technical assistance needs.	12/31/2022	N/A
	2. The Subgrantee will comply with the HPP's annual site visit, provide all supporting documentation, and provide programmatic feedback.	12/31/2022	HPP's Annual site visit report.
Develop and implement capacity building assistance plan, including technical assistance	1. The Subgrantee will participate in all Centers for Disease Control and Prevention (CDC) identified trainings.	12/31/2022	Registration and Sign in Sheets for CDC identified training(s).
	2. The Subgrantee will adequately train new hires in current Centers for Disease Control and Prevention (CDC) prevention interventions.	12/31/2022	Training Materials.
	3. The Subgrantee will ensure the development and implementation of standard operating procedures are in place or in process.	12/31/2022	Policy and Procedures.

**Health Department Participation**

Objective	Activities	Due Date	Documentation Needed
Nevada Initiatives	1. The Subgrantee is required to participate in the Northern Nevada HIV Prevention Planning Group. The subgrantee must attend all meetings in person.	12/31/2022	Sign in Sheets, Minutes, and Agendas.
	2. The subgrantee must participate in the following meetings/groups: Nevada Integrated HIV Prevention and Care Plan (NIHPCP or IHPCP), Getting to Zero (G2Z or GTZ), Ending the HIV Epidemic (EtHE), and any additional initiatives identified by the grantor.	12/31/2022	Sign in Sheets, Minutes, and Agendas.

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**Administrative**

Objective	Activities	Due Date	Documentation Needed
Programmatic Reporting	1. The Subgrantee will submit to the HPP narrative and statistical reports in a format established by the HPP and the Centers for Disease Control and Prevention (CDC). By July 31 each year, the Subgrantee will report on the first six (6) months of the grant year. By January 31 each year, the Subgrantee will report on the entire twelve (12) months of the grant year.	12/31/2022	Reports.
	2. The Subgrantee will measure all performance indicators and objectives identified in the Evaluation and Monitoring Plan using the program template provided, monthly. The report is due by the fifteenth (15) of each month, reporting on the previous month.	12/31/2022	Reports.
	3. The Subgrantee will be responsible for HIV counseling, testing, Partner Services, and referral data collection and timely entry into respective databases.	12/31/2022	Reports.
Fiscal	1. The Subgrantee must submit a "Request for Reimbursement" (RFR) monthly, not later than the 15th of the following month, via FedEx or email. Requests for Reimbursement must be on the approved form and include all back-up documentation (*Please maintain a copy for your records). Electronic submission to Janet St Amant at <a href="mailto:jestamant@health.nv.gov">jestamant@health.nv.gov</a> .	12/31/2022	RFR.

\*Important Notice: Any unspent funding may result in having the next year's grant reduced by that amount. \*

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

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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 subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number NU62PS924579 from Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Nevada State Department of Health and Human Services by Grant Number NU62PS924579 from Centers for Disease Control and Prevention.

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE**

<b>Total Personnel Costs</b>	including fringe			<b>Total:</b>		<b>\$ 214,252</b>
	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% Of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Public Health Nursing Supervisor (Sonya Smith)</u></b>	\$93,254.00	4.378%	30.000%	12	100.00%	In Kind

Public Health Nursing Supervisor (PHNS) – This position supervises the HIV Program Coordinator intermittent hourly Nurse and Health Educator positions, Office Assistants, and Public Health Investigators. Duties of this position include planning, developing, managing, and implementing public health nursing programs for communities, families, and individuals. This position also schedules and coordinates clinic activities, and performs related work as required.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% Of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Health Educator Coordinator (Jennifer Howell)</u></b>	\$92,779.00	53.258%	5.000%	12	100.00%	\$7,109

Health Educator Coordinator – This position provides overall guidance and direction to the Health District’s HIV Prevention Program to ensure achievement of CDC’s HIV Prevention Performance Indicators at the local level. Additional activities include the provision of technical assistance, planning, evaluation, and monitoring of evidence-based interventions in the delivery of quality HIV prevention programs. This position develops and updates protocols, writes grant applications, submits reports to the State and CDC as required, and monitors the Health District’s performance measures and benchmarks for reporting to the District Board of Health and Board of County Commissioners. The duties of this position also include the coordination of staff and community trainings, integration of services between HIV, STD, and Family Planning, as well as media relations.

This position has also taken on the responsibilities of the Health Educator II position. Duties include coordination of HIV prevention education, prevention supply distribution, and testing services in Washoe County, targeting populations identified through jurisdictional planning. The position also develops and implements community-wide interventions. Additionally, this position serves as the Health District’s representative for the Northern Nevada Outreach Team (NNOT).

The Program Coordinator also oversees the Washoe County instance of Evaluation Web and Partner Services Web, ensuring that data is being collected according to Centers for Disease Control and Prevention and Nevada Division of Public and Behavioral Health guidelines. Additionally, this position serves as the Washoe County Health District’s liaison to the Integrated HIV Prevention and Care workgroup and the Evaluation and Monitoring workgroup.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% Of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Public Health Investigator/PHI (Jessica Conner)</u></b>	\$73,951.00	46.528%	80.000%	12	100.00%	\$86,687

Public Health Investigator(s) I/II – This position provides direct client services, including counseling, testing and referral, partner identification, contact tracing and notification, initial case management, linkage and retention efforts of HIV positive clients, data collection and management.

This position delivers risk reduction counseling messages and referral information containing specifics on HIV in all venues utilized, including the Health District’s on-site comprehensive sexual health clinic and at non-traditional testing sites where individuals at high risk for acquiring HIV congregate, including those sites identified by NNOT. This position also works directly with Washoe County legal counsel regarding cases that may need a legal opinion, and local hospitals’ infection control staff regarding all inpatients and outpatients who test positive for HIV or have a history of HIV infection mentioned in their medical records; and with local law enforcement to ensure victim notification regarding HIV/STD testing among all people arrested for sexual assault and related crimes in Washoe County. This position is also responsible for tracing laboratory and physician reporting of HIV testing as outlined in NRS 441a.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% Of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b><u>Public Health Investigator (Heather Holmstadt)</u></b>	\$84,087.00	42.939%	50.000%	12	100.00%	\$60,097

Public Health Investigator(s) I/II – This position provides direct client services, including counseling, testing and referral, partner identification, contact tracing and notification, initial case management, linkage and retention efforts of HIV positive clients, data collection and management.

This position delivers risk reduction counseling messages and referral information containing specifics on HIV in all venues utilized, including the Health District’s on-site comprehensive sexual health clinic and at non-traditional testing sites where individuals at high risk for acquiring HIV congregate, including those sites identified by NNOT. This position also works directly with Washoe County legal counsel regarding cases that may need a legal opinion, and local hospitals’ infection control staff regarding all inpatients and outpatients who test positive for HIV or have a history of HIV infection mentioned in their medical records; and with local law enforcement to ensure victim notification regarding HIV/STD testing among all people arrested for sexual assault and related crimes in Washoe County. This position is also responsible for tracing laboratory and physician reporting of HIV testing as outlined in NRS 441a.

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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% Of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b>Office Assistant II (C. Arredondo)</b>	\$55,924.00	54.825%	7.000%	12	100.00%	\$6,061
Office Assistant II – This position assists with logistical support for material distribution, including condoms and other harm-reduction supplies to community partners and members of target populations. This position also screens clients for services needed and schedules offsite (non-clinical) testing opportunities. Spanish translation services are provided by this position as well.						

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% Of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b>Office Assistant II (A. Gonzalez)</b>	\$56,699.00	49.971%	7.000%	12	100.00%	\$5,952
Office Assistant II – This position assists with logistical support for material distribution, including condoms and other harm-reduction supplies to community partners and members of target populations. This position also screens clients for services needed and schedules offsite (non-clinical) testing opportunities. Spanish translation services are provided by this position as well.						

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% Of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b>Intermittent Hourly Registered Nurse</b>	\$64,994.40	1.750%	50.250%	12	100.00%	\$33,231
I/H Pooled RN – This position provides HIV testing at locations and events that occur outside of normal business hours and on weekends. This allows for HIV testing at after-hours venues, and provides greater flexibility for the program, in order to meet the HIV testing needs of high-risk individuals. The per diem nurse will also be used to supplement program staffing at special events throughout the year, such as the AIDS Memorial, Pride, National HIV Testing Day, and World AIDS Day.						

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% Of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
<b>Intermittent Hourly Health Educator</b>	\$60,608.40	1.750%	24.510%	12	100.00%	\$15,115
Intermittent Hourly Pooled Health Educator – This position provides testing, education, and outreach for the program, with the goal of increasing HIV testing to priority populations. Representing Washoe County Health District (WCHD) and providing programmatic support to Northern Nevada Outreach Team (NNOT) the position also supports harm reduction supply distribution and organizing community involvement in policy development. Jurisdictional planning activities, such as mobilizing community provider meetings for feedback on the integrated plan is also included in this position, as well as providing support during prevention planning group meetings.						

The Director of Community and Clinical Health has limited overtime as a cost saving measure, resulting in staff not being able to work at any events that occur after normal business hours. The hourly pooled nurse position is required, in order to meet testing obligations after normal business hours and on weekends. The hours are charged at straight time, with no overtime incurred.

<b>Total Fringe Cost</b>	<b>\$53,011</b>	<b>Total Salary Cost:</b>	<b>\$161,242</b>
<b>Total Budgeted FTE</b>	<b>2.53760</b>		
<b>Travel</b>		<b>Total:</b>	<b>\$5,371</b>
<b>Out-of-State Travel</b>			<b>\$3,682</b>

<u>US Conference on HIV/AIDS: Washington, DC</u>	<u>Cost</u>	<u># Of Trips</u>	<u># Of days</u>	<u># Of Staff</u>	
Airfare: \$425 per trip x 1 trips x 2 staff	\$425	1		2	\$850
Per Diem: \$76 per day x 1 of trips x 4 days x 2 staff	\$76	1	4	2	\$608
Lodging: \$188 per day x 1 trips x 3 nights x 2 staff	\$188	1	3	2	\$1,128
Ground Transportation: \$ 12 per r/trip x 1 trips x 4 days x 2 staff	\$12	1	4	2	\$96
Registration: \$500 fee x 2 staff	\$500			2	\$1,000

**Justification:**

Funds are requested for the HIV Health Educator Coordinator, program supervisor, staff, or appropriate community member, to attend the US Conference on HIV/AIDS in Washington, DC, or other national HIV Prevention-related conference approved by the state.

<b>In-State Travel</b>					<b>\$1,689</b>
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<u>Origin &amp; Destination</u>	<u>Cost</u>	<u># Of Trips</u>	<u># Of days</u>	<u># Of Staff</u>	
Airfare: \$200 per trip x 1 trips x 2 staff	\$200	1	1	2	\$400
Per Diem: \$61 per day x 1 trips x 2 days x 2 staff	\$61	1	2	2	\$244
Lodging: \$114 per day x 1 night x 1 trip x 2 staff	\$114	1	1	2	\$228
Ground transportation: \$12 per day x 1 trip x 2 days x 2 staff	\$12	1	2	2	\$48
Mileage: \$0.56 rate per mile x 569 miles	\$0.560	569			\$319
Registration: \$150 per staff x 3 staff	\$150			3	\$450

**Justification:**

In-State Travel - Funds are requested to reimburse day-to-day travel expenses, including mileage for relative HIV prevention services, i.e., testing, supply distribution, and local meetings. Funding is also requested for 2 staff to travel to Las Vegas for trainings or meetings. Registrations are requested for 3 staff registrations for the AIDS Education and Training Center (AETC) Autumn Update. This would be attended by the HIV Health Educator Coordinator and Public Health Nurse/Public Health Investigator, and per diem staff or program supervisor.

<b>Operating</b>		<b>Total:</b>	<b>\$5,703</b>
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Postage & Freight: \$4 per mo. x 12 mos.	\$48
Copy Machine: \$29.17 per mo. x 12 mos.	\$350
Printing: \$20.83 per mo. x 12 mos.	\$250
Licenses & Certifications	\$100
Telephone: \$63 per mo. x 12 mos.	\$756

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Cell Phone: \$30 per mo. x 12 mos.	\$360
Books and subscriptions	\$50
People search engine for case and Partner Services locating: \$303.75 x 12 mos.	\$3,645
Cleaning costs for lab coats: \$12/mo. x 12 mos.	\$144

**Justification:**

Expenses needed to support HIV prevention activities in Washoe County, including all testing, evidence-based interventions, Partner Services, prevention supply distribution, subscriptions to professional journals/publications, and search engines to locate people for case locating and Partner Services activities.

<b>Supplies</b>	<b>Total:</b>	<b>\$1,994</b>
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Educational Materials	\$373.00
Medical Supplies	\$1,261.00
Office Supplies: \$30 x 12 months	\$360.00

**Justification:**

Required for supporting HIV prevention and testing activities, including Partner Services, and prevention supplies. Educational materials include HIV Prevention brochures, posters, DVDs, etc., and imprinted items for off-site HIV testing and special events.

Medical Supplies include the purchase of condoms and lubricant to enhance the condom distribution program in northern Nevada. Other medical supplies to be purchased include HIV testing supplies, such as gloves, tubes, syringes, hygiene materials, etc. Office supplies are necessary to support daily program activities.

<b>Other</b>	<b>Total:</b>	<b>\$31,686</b>
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Professional Services: Expenses related to the statewide Integrated HIV Prevention and Care Plan, marketing development and materials.	\$69
Advertising: for targeted HIV testing efforts, including social network strategies: \$8.33/mo. x 12 mos.	\$100
Program Incentives - for implementing the Social Network Strategy intervention and Partner Services participation: \$16.67/mo. x 12 mos.	\$200
Transportation - including ride sharing taxi vouchers and bus passes to facilitate client prevention and partner services participation: \$10/mo. x 12 mos.	\$120
Hydration at testing events	\$50
Event Fees - to include rental expenses, event fees, security expenses at testing events	\$250
<i>Subtotal</i>	<i>\$789</i>

<b>Lab/Outpatient Services:</b>		<b>\$30,297</b>
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<b>Rapid HIV Tests &amp; Controls:</b>		<b>\$26,180</b>
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2,000 HIV tests @ \$10/test = \$20,000	\$20,000
3 Controls/mo. x \$30/control x 12 mos. = \$1,080	\$1,080
20 Qty Control tests/mo. @ \$10/test x 12 mos. = \$2,400	\$2,400
45 staff x 2 tests/staff x 3 proficiency tests/yr. x \$10/test = \$2,700	\$2,700
<i>Subtotal</i>	<i>\$26,180</i>

<b>Blood Tests:</b>		<b>\$2,500</b>
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300 HIV blood tests x \$5/test = \$1,500	\$1,500
200 HIV blood tests @ juvenile detention x \$5/test = \$1,000	\$1,000
<i>Subtotal</i>	<i>\$2,500</i>

<b>Confirmatory Tests:</b>		<b>\$1,617</b>
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20 estimated positive tests @ \$42/HIV AB differential test = \$840	\$840
6 estimated tests @ \$129.58/HIV RNA test = \$777.48	\$777
<i>Subtotal</i>	<i>\$1,617</i>

**Justification:**

Funds will support other operating needs for HIV Prevention efforts, including continued targeted HIV testing and service integration. Advertising materials and incentives will be purchased to support the social network strategy intervention and HIV testing. Additionally, Advertising funds will be used for media advertising to the public through print and radio, television, and Internet venues. Advertising will also include handout cards that will be distributed in the community that contain safe sex messages. Hydration to facilitate HIV testing with priority populations. Meeting spaces, storage space for materials, and audio/visual equipment will be used for educational efforts as well. Lab/Outpatient services include costs associated with HIV testing. The Nevada State Public Health Laboratory is used to process all conventional and confirmatory HIV tests.

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**Northern Nevada HIV Prevention Planning Group: \$600**

Hydration/Nutrition: Prevention Planning Meetings \$5.83 x 10 attendees x 6 meetings per year	\$350	
Community Engagement Meetings \$100 per meeting x 2 meetings	\$200	
Supplies for HIV Prevention Planning Group meetings \$8.33 per meeting x 6 meetings per year	\$50	
<i>Subtotal</i>		<i>\$600</i>

**Justification:**

Providing hydration and nutritional items will allow clients to attend and participate in Northern Nevada HIV Prevention Planning Group meetings. These costs are based on historical attendance by members and guests attending Prevention Planning meetings and funds available. The meetings are held every other month throughout the year.

Supplies to support Prevention Planning Group meetings may include pens, easel tablets, magic markers/highlighters, post-it pads, name placards, etc.

<b>TOTAL DIRECT CHARGES</b>	<b>\$259,006.00</b>
<b>Indirect Charges</b>	<b>\$28,490</b>
Indirect Costs: 11% of Direct Costs (including Personnel) \$259,006 x 11% = \$28,490	Indirect Rate: 11.000%
<b>TOTAL BUDGET</b>	<b>Total: \$287,496</b>

\*Important Notice: Any unspent funding may result in having the next year's grant reduced by that amount. \*

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Form 2

**Applicant Name:** Washoe County Health District

**PROPOSED BUDGET SUMMARY**

**A.** PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

<u>FUNDING SOURCES</u>	Center for Disease Control and Prevention (CDC) PS 18-1802	Other Funding	Program Income	TOTAL						
SECURED										
ENTER TOTAL REQUEST	\$287,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0

**EXPENSE CATEGORY**

Personnel	\$214,252									\$0
Travel	\$5,371									\$0
Operating	\$5,703									\$0
Supplies	\$1,994									\$0
Contractual/Consultant	\$0									\$0
Training	\$0									\$0
Other Expenses	\$31,686									\$0
Indirect	\$28,490									\$0

TOTAL EXPENSE	\$287,496	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
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These boxes should equal 0	\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$28,490
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Total Agency Budget	\$287,496
Percent of Subrecipient Budget	100%

**B.** Explain any items noted as pending:

**C.** Program Income Calculation:

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications more than 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$287,496.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred.
- Supporting documentation to support reimbursement requests must be retained and made available to the Nevada Division of Public and Behavioral Health when requested; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

**The Department agrees:**

- Providing technical assistance, upon request from the Subrecipient, and when feasible.
- Will be responsible for forwarding all documents or other required reports to the Centers for Disease Control and Prevention (CDC) or other entity, as required under this grant.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

**Both parties agree:**

- The Department's HIV Prevention Program will conduct at least annually, one (1) programmatic and fiscal review of the subgrantee. The Division of Public and Behavioral Health has the option to conduct site visits more often should they be necessary.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, 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 and unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

**Financial Reporting Requirements**

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

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SECTION D**

Agency Ref. #: **SG 25495**  
 Budget Account: 3215  
 GL: 8503  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> HIV Prevention Program - Office of HIV Preston Nguyen Tang, MPH / ptang@health.nv.gov	<b>Subrecipient Name:</b> Washoe County Health District
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 E 9th Street Reno, NV 89512-2845
<b>Subaward Period:</b> January 1, 2022, through December 31, 2022.	<b>Subrecipient's:</b> EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$214,252.00	\$0.00	\$0.00	\$0.00	\$214,252.00	0.0%
2. Travel	\$5,371.00	\$0.00	\$0.00	\$0.00	\$5,371.00	0.0%
3. Operating	\$5,703.00	\$0.00	\$0.00	\$0.00	\$5,703.00	0.0%
4. Supplies	\$1,994.00	\$0.00	\$0.00	\$0.00	\$1,994.00	0.0%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$31,686.00	\$0.00	\$0.00	\$0.00	\$31,686.00	0.0%
8. Indirect	\$28,490.00	\$0.00	\$0.00	\$0.00	\$28,490.00	0.0%
<b>Total</b>	<b>\$287,496.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$287,496.00</b>	<b>0.0%</b>

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR Department USE ONLY**

Is program contact required?  Yes  No      Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_

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

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

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

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**SECTION F**

**Current or Former State Employee Disclaimer**

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

***The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.***

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES  If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO  Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.**

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC & BEHAVIORAL HEALTH  
NOTICE OF SUBAWARD**

**SECTION G**

**Business Associate Addendum**

BETWEEN

**Nevada Department of Health and Human Services**

---

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 Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

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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 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

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

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use, and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses, or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity, and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the 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, 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.

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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
  - 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.

**Compliance with this section is acknowledged by signing the subaward cover page of this packet.**

DD_AH _____
DHO _____ <i>KD</i>

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** December 3, 2021  
**TO:** District Board of Health  
**FROM:** Kristen Palmer, Fiscal Compliance Officer  
775-328-2419, [kpalmer@washoecounty.gov](mailto:kpalmer@washoecounty.gov)  
**SUBJECT:** Approve Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and the Washoe County Health District upon approval of the Board of Examiners through June 30, 2025 in the total amount of \$350,000 (\$100,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Underground Storage Tank (UST) Program, and if approved authorize the District Health Officer to execute the agreement and any future amendments.

**SUMMARY**

The Washoe County Health District had been in discussions with the State of Nevada regarding this contract for several months and received the final version November 12, 2021. The deliverables were negotiated to align with the funding level and to incorporate the planned permitting and fees to support the Health District activities and program requirements.

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

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
  
- 6. 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 prior Interlocal agreement was terminated by the Board to provide staffing resources to support SB 4 Resort/Hotel inspections. As stated in the September 10, 2020, DBOH Staff Report, WCHD is seeking to enter a new contract with NDEP now that the SB4 inspection requirement has been reduced with recent regulatory updates to NAC 447E. The SB4 inspections have been incorporated and have been assumed by specific REHS staff as part of their routine workload.

**BACKGROUND**

The primary goal of the UST Program is to protect human health and the environment from leaking underground storage tanks. The UST staff oversee: UST notification, installation, inspection, removal, and compliance with State and Federal Regulations concerning UST release prevention. These



Subject: Approval of Intrastate Interlocal Contract Agreement – Underground Storage Tanks

Date: December 16, 2021

Page 2 of 2

inspections support the goals of NDEP ensuring discharges to the water and soil are minimized and within acceptable standards that protect the human health and the environment. Permitting facilities in Washoe County will allow for increased contact with operators to ensure they are operating within and meeting State and Federal leak detection requirements and ensure they will not adversely affect the environment. Permits inform facilities of legally enforceable conditions for operation, as well as provide any reporting requirements and pollution monitoring or testing requirements.

NDEP and WCHD have been working diligently to create a funding mechanism to re-establish the Interlocal agreement; however, NDEP received approximately 50% less funding for the State UST program from the Federal Government. Due to reduced funding, the original Interlocal agreement with NDEP cannot be re-instated, and a new Interlocal agreement funded in the amount of \$350,000 (\$100,000 per fiscal year) must be established.

### **FISCAL IMPACT**

There is no additional fiscal impact should the Board approve the Agreement as this award was anticipated and included in the proposed budget for FY22.

### **RECOMMENDATION**

Staff recommends the Washoe County District Board of Health approve the Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and the Washoe County Health District upon approval of the Board of Examiners through June 30, 2025 in the total amount of \$350,000 (\$100,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Underground Storage Tank (UST) Program, and if approved authorize the District Health Officer to execute the agreement and any future amendments.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and the Washoe County Health District upon approval of the Board of Examiners through June 30, 2025 in the total amount of \$350,000 (\$100,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Underground Storage Tank (UST) Program, and if approved authorize the District Health Officer to execute the agreement and any future amendments."

CETS #:	24987
Agency Reference #:	22-017

## INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada  
Acting by and through its

Public Entity #1:	<b>Nevada Division of Environmental Protection, Bureau of Corrective Actions</b>
Address:	<b>901 S. Stewart St., Suite 4001</b>
City, State, Zip Code:	<b>Carson City, NV 89701</b>
Contact:	<b>Kim Valdez, Management Analyst II, Contract Manager</b>
Phone:	<b>775-687-9370</b>
Fax:	<b>775-687-8336</b>
Email:	<b>kvaldez@ndep.nv.gov</b>

Public Entity #2:	<b>Washoe County Health District</b>
Address:	<b>1001 E. Ninth St., Bldg. B</b>
City, State, Zip Code:	<b>Reno, NV 89512</b>
Contact:	<b>Kevin Dick, District Health Officer</b>
Phone:	<b>775-328-2415</b>
Fax:	
Email:	<b>kdick@washoecounty.gov</b>

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

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

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

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.

2. **DEFINITIONS**

TERM	DEFINITION
State	The State of Nevada and any State agency identified herein, its officers, employees and immune contractors.
Contracting Entity	The public entities identified above.
Fiscal Year	The period beginning July 1 <sup>st</sup> and ending June 30 <sup>th</sup> of the following year.
Contract	Unless the context otherwise requires, 'Contract' means this document titled Interlocal Contract Between Public Agencies and all Attachments or Incorporated Documents.

<b>CETS #:</b>	<b>24987</b>
<b>Agency Reference #:</b>	<b>22-017</b>

3. **CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 4, Termination*.

Effective From:	Upon Board of Examiners Approval	To:	June 30, 2025
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4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in *Section 3, Contract Term*, provided that a termination shall not be effective until **30** days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All communications, including notices, required or permitted to be given under this Contract shall be in writing and directed to the parties at the addresses stated above. Notices may be given: (a) by delivery in person; (b) by a nationally recognized next day courier service, return receipt requested; or (c) by certified mail, return receipt requested. If specifically requested by the party to be notified, valid notice may be given by facsimile transmission or email to the address(es) such party has specified in writing.
6. **INCORPORATED DOCUMENTS.** The parties agree that this Contract, inclusive of the following Attachments, specifically describes the Scope of Work. This Contract incorporates the following Attachments in descending order of constructive precedence:

ATTACHMENT A:	Scope of Work, Deliverables, Budget
ATTACHMENT B:	Agency Additional Terms and Conditions

Any provision, term or condition of an Attachment that contradicts the terms of this Contract, or that would change the obligations of the State under this Contract, shall be void and unenforceable.

7. **CONSIDERATION.** The parties agree that the services specified in *Section 6, Incorporated Documents* at a cost as noted below:

\$50,000	Per Fiscal Year	FY 2022
Total FY22 Contract or installments payable:		Monthly, with a \$20,000 per month maximum request

\$100,000	Per Fiscal Year	FY 2023, FY 2024, FY 2025
Total FY23 – FY25 Contract or installments payable:		Monthly, with a \$20,000 per month maximum request

Total Contract Not to Exceed:	\$350,000
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Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the result of legislative appropriation may require.

8. **ASSENT.** The parties agree that the terms and conditions listed in the incorporated Attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

CETS #:	24987
Agency Reference #:	22-017

9. **INSPECTION & AUDIT**

- A. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and document as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all State and federal regulations and statutes.
- B. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.
- C. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained a minimum three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

- 10. **BREACH - REMEDIES.** Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall not exceed \$150.00 per hour.
- 11. **LIMITED LIABILITY.** The parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Actual damages for any State breach shall never exceed the amount of funds which have been appropriated for payment under this Contract, but not yet paid, for the fiscal year budget in existence at the time of the breach.
- 12. **FORCE MAJEURE.** Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, acts of public enemy, acts of terrorism, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
- 13. **INDEMNIFICATION.** Neither party waives any right or defense to indemnification that may exist in law or equity.
- 14. **INDEPENDENT PUBLIC AGENCIES.** The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or constructed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.
- 15. **WAIVER OF BREACH.** Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
- 16. **SEVERABILITY.** If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

CETS #:	24987
Agency Reference #:	22-017

17. **ASSIGNMENT.** Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.
18. **OWNERSHIP OF PROPRIETARY INFORMATION.** Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.
19. **PUBLIC RECORDS.** Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
20. **CONFIDENTIALITY.** Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
21. **FEDERAL FUNDING.** In the event, federal funds are used for payment of all or part of this Contract, the parties agree to comply with all applicable federal laws, regulations and executive orders, including, without limitation the following:
  - A. The parties certify, by signing this Contract, 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 Executive Orders 12549 and 12689 and Federal Acquisition Regulation Subpart 9.4, and any relevant program-specific regulations. This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.
  - B. The parties and its subcontractors shall comply with all terms, conditions, and requirements of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder, including 28 C.F.R. Section 35, inclusive, and any relevant program-specific regulations.
  - C. The parties and its subcontractors shall comply with the requirements of the Civil Rights Act of 1964 (P.L. 88-352), as amended, 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.)
  - D. Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended. Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
22. **PROPER AUTHORITY.** The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in *Section 6, Incorporated Documents*.
23. **GOVERNING LAW – JURISDICTION.** This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the exclusive jurisdiction of and venue in the First Judicial District Court, Carson City, Nevada for enforcement of this Contract.

<b>CETS #:</b>	<b>24987</b>
<b>Agency Reference #:</b>	<b>22-017</b>

24. **ENTIRE AGREEMENT AND MODIFICATION.** This Contract and its integrated Attachment(s) constitute the entire agreement of the parties and as such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated Attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such Attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.

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

Mr. Kevin Dick, Washoe County Health District	Date	District Health Officer Title
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Mr. Greg Lovato, NDEP Administrator	Date	Administrator, NDEP Title
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APPROVED BY BOARD OF EXAMINERS

\_\_\_\_\_  
Signature – Board of Examiners

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

Approved as to form by:

\_\_\_\_\_  
Deputy Attorney General for Attorney General

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

# Attachment A

**ATTACHMENT A**  
**Program Objectives, Scope of Work, and Budget**  
**Underground Storage Tank Inspection**  
**And**  
**Release Determination**

**SFY 22-25**  
**Upon Board of Examiners Approval - June 30, 2025**  
**Contract # DEP 22-017**

**1. Program Implementation**

As part of the State Underground Storage Tank (UST) Program, the Washoe County Health District (WCHD) will perform activities relative to the time frames and definitions of the UST Program requirements delegated to the State in the Federal Register 40 CFR Part 280, §§ 280.10 through 280.112; NRS 459.800 to 459.856; and NAC 459.9921 to 459.999, inclusive. WCHD will work within the Nevada Division of Environmental Protection (NDEP) guidance and oversight and its U.S. EPA delegated authority. Any variation from the regulations, guidance, or oversight requires written concurrence from the NDEP. It is recognized that guidance or directive from the U.S. EPA, that may modify the reporting requirements or definitions reported herein, shall be incorporated into this scope of work and made a part.

Objectives of the Nevada UST program are:

- A. Ensure consistent application and enforcement of State and Federal UST Regulations.
- B. Improve compliance with the regulations through increased in-field interaction and education of owners, operators, and managers of UST facilities.
- C. Conduct consistent inspections at each facility through a prioritization system that ensures each facility is inspected at least once every 24 months. An alternative inspection schedule can be proposed to NDEP for approval.
- D. Provide accurate and timely information to the NDEP to enable timely updates to the State UST database and the U.S. EPA.
- E. Compile accurate and consistent compliance data as required by the US EPA.
- F. Provide reports to NDEP within five days following the end of each month.

**WCHD will perform items 2 through 6 as follows:**

**2. UST Notification**

- A. Inform UST owner/operators of their responsibility to use EPA Form 7530-1 for new, upgraded, or closed UST systems and to submit that information electronically through the NDEP Petroleum Fund Database. WCHD to review the information submitted by the owner/operator after the database routes the form to WCHD via email to ensure the 7530-1 forms are accurate and complete.

Report monthly and by electronic means:

- i. The number of verification emails from the NDEP Petroleum Fund Database and identify if they are accurate and complete.
- B. Receive and respond in writing to an operator's notice of intent to permanently close or make a change-in-service to their underground storage tank system, as required by 40 CFR, § 280.71. Inform operators of all applicable requirements under 40 CFR, § 280 and NAC 459.970 through 459.9729 (certification) in the response letters.

Report monthly by electronic means.

- i. The number of response letters sent in acknowledgment of an operator's intent to close or make a change in the service.
  - ii. The number of site inspections conducted for USTs being permanently closed.

### **3. UST Compliance / Enforcement**

- A.** Conduct on-site facility inspections that are consistent with the UST Inspection Protocol. NDEP will provide the UST Inspection Protocol and may engage in one or more joint inspections per calendar year to assist with achieving consistency of inspections. The format for monthly electronic submittal is at the end of this document, noted as UST/LUST Monthly Tracking.
- B.** WCHD will query the NDEP Petroleum Fund Database on the 15<sup>th</sup> of every month, at a minimum, to determine which UST owner/operators are compliant with financial responsibility requirements. Owner/operators without financial responsibility will be contacted consistent with NDEP's Compliance Assistance and Enforcement Guidance document discussed in Section C below.
- C.** Provide for a 'Step Wise' progressive compliance/enforcement program consistent with NDEP's Compliance Assistance and Enforcement Guidance document. Provide documentation to the owner/operator acknowledging correction of non-compliance deficiencies. Submit a copy of documentation (i.e., correspondence) to NDEP.

Report monthly by electronic means:

- i.** The number of facilities sent compliance assistance letters regarding UST non-compliance issues.
  - ii.** The number of facilities that have resolved all compliance issues during the reporting period (regardless of the period in which the issues were initiated).
- D.** Conduct re-inspections as necessary to ensure compliance at those facilities for which owner/operators were issued compliance assistance letters.

Report monthly by electronic means:

- i.** The number of on-site UST facility re-inspections.
- E.** Any UST non-compliance cases that have not been resolved by telephone calls, follow-up letters, or re-inspections will be referred to NDEP for formal enforcement action. Provide supporting documentation, sufficient for issuance of an enforcement order. All cases referred to NDEP will include the following:
    - i.** A formal referral letter addressed to NDEP, referring the case. The letter should cite:
      - 1.** The specific UST regulation that is alleged to have been violated.
      - 2.** The owner/operator is to be courtesy copied.
    - ii.** An accurately compiled written summary of all submittals, responses, and actions relating to the case; and
    - iii.** A copy of all correspondence and submittals related to the non-compliance issue.Report monthly by electronic means: the number of NOV2 and NOV3 UST cases referred to NDEP for formal enforcement action.
- F.** Refer any suspected non-compliance with NAC 459.970 through 459.9729 (Certification) to the NDEP within 5 days of discovery.
  - G.** Report the number of monthly compliance inspections conducted and include that information and the associated inspection reports with the WCHD monthly invoice submitted to NDEP.

#### 4. UST Closures and Leaking USTs (LUST)

- A. Track the number of UST closures with reported non-detect sampling results.

Report monthly by electronic means:

- i. The number of UST closures with no detected contamination

- B. Track the number of confirmed releases identified during UST closure sampling that are reported above non-detect, but below the State action level (100 ppm TPH).

Report monthly by electronic means:

- i. The number of UST closures with confirmed releases below the State action level.

- C. Track the number of confirmed releases identified during UST closure sampling that are reported above the State action level (100 ppm TPH).

Report monthly by electronic means:

- i. The number of UST closures with confirmed releases above the State action level (100 ppm TPH). (Include State Facility ID Numbers)

- D. Track the number of confirmed releases from UST systems above the State Reportable Quantities (RQ) not undergoing closure.

Report monthly by electronic means:

- i. The number of confirmed or suspected releases above the RQ from UST systems not undergoing closure.

- E. Notify owners/operators with confirmed UST leaks above the State RQ that the case is being referred to NDEP. Inform operators of the applicable requirements under 40 CFR, §280 and NAC 459.970 through 459.9729 (certification) in these letters.

Report monthly by electronic means:

- i. The number of notification letters mailed to owners and operators.  
(Include State Facility ID Numbers)

- F. Provide initial abatement oversight at UST closure sites for the removal of up to 140 cubic yards of contaminated soil suspected of being above 100 ppm TPH. Communicate with NDEP staff if contaminated soil beyond the 10 cubic yard threshold remains in the excavation and if additional excavation is recommended.

Report monthly by electronic means:

- i. The number of cases where initial abatement oversight was provided by WCHD.  
(Include State Facility ID Numbers)

- G. Refer LUST cases to NDEP where release/discharge is in excess of the State RQ. All cases referred to NDEP should include the following:

- i. All pertinent UST information that led WCHD to determine this case was above State RQ and other supporting documentation.

Report monthly by electronic means:

- ii. The number of LUST cases formally referred to NDEP.  
(Include State Facility ID Numbers)

**5. Program Tracking**

UST/LUST Monthly Tracking

Month \_\_\_\_\_ Reporting Period \_\_\_\_\_ through \_\_\_\_\_  
*Monthly report due within five (5) days following the end of each month*

<b>Output - UST Notification and Compliance/Enforcement</b>	<b>TASK</b>	<b>Month</b>	<b>Fiscal Year</b>
Reported number of 7530-1 form verification e-mails received from the NDEP Petroleum Fund Database; identified accurate and complete.	2.B.i		
Number of response letters mailed in acknowledgment of an operator's intent to close or make a change in service.	2.B.i		
Number of site inspections conducted for USTs being permanently closed.	2.B.ii		
Number of initial facility 2015 compliance inspections completed/ inspection reports submitted to NDEP.	3.A.i		
Number of facilities in compliance with 2015 spill prevention.	3.B.i		
Number of facilities in compliance with 2015 overfill prevention.	3.B.ii		
Number of facilities in compliance with 2015 corrosion prevention.	3.B.iii		
Number of facilities in compliance with 2015 release detection.	3.B.iv		
Number of facilities in compliance with 2015 Technical Compliance Review (TCR).	3.B.v		
Number of facilities in compliance with Energy Policy Act operator training.	3.B.vi		
Number of facilities in compliance with financial responsibility.	3.B.vii		
Number of facilities in compliance with 2015 walkthrough requirements.	3.B.viii		
Number of facilities sent formal enforcement letters regarding UST non-compliance issues.	3.C.i		
Number of facilities that resolved all compliance issues in the month (regardless of the quarter in which the issue was initiated).	3.C.ii		
Number of on-site UST facility re-inspections and compliance documentation review re-inspections.	3.D.i		
Number of UST cases referred to NDEP for formal enforcement action.	3.F		
Number of UST closures with no detected contamination.	4.A.i		
Number of UST closures with confirmed releases below the State action level of 100 mg/Kg or 100 ppm.	4.B.i		
Number of UST closures with confirmed releases above the State action level. Include State Facility ID Numbers (FID).	4.C.i		
Number of confirmed or suspected releases above the State reportable quantities of 25 gals. Of product or 3 cubic yards of contaminated soil from the UST systems not undergoing closure.	4.D.i		
Number of LUST cases where initial abatement oversight was provided by WCHD. Include State Facility ID Numbers (FID).	4.F.i		
Number of LUST cases formally referred to NDEP. Include State Facility ID Numbers (FID).	4.G.ii		

**6. Contract Budget**

<b>WCHD Annual Contract Budget</b> <b>DEP # 22-017</b> <b>State Fiscal Year 22-25</b> <b>Upon Board of Examiners Approval - June 30, 2025</b>	
<b>FY22 Site Visits:</b> 55 total visits max in FY22. Monthly draw limit, \$20,000	
Personnel and Reporting per Site Visit	\$909.09**
Site Visits per FY	55
<b>FY 2022 Maximum Draw*</b>	<b>\$50,000</b>
<b>FY23 - FY25 Site Visits:</b> 110 total visits maximum each respective FY. Monthly draw limit, \$20,000	
Personnel and Reporting per Site Visit	\$909.09***
Total Site Visits per FY	110
<b>FY 23-25, each FY Maximum Draw*</b>	<b>\$100,000</b>
<b>NDEP Funding Total:</b>	
<b>FY22 Maximum Draw*</b>	<b>\$50,000</b>
<b>FY23-FY25, each FY Maximum Draw*</b>	<b>\$100,000</b>
<b>Total Contract Value FY22-25</b>	<b>\$350,000</b>
<p>*FY allocated funds not drawn during the budgeted FY, do not carry forward to the next FY.  **Last FY22 inspection billed at \$909.14.  ***Last respective FY23-25 inspections each billed at \$909.19.</p>	

# Attachment B

**Attachment B**  
**NDEP Additional Terms and Conditions**  
**DEP # 22-017**

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection (NDEP) shall pay no more compensation per individual (including any subcontractors) than the federal Executive Schedule Level 4 daily rate (exclusive of overhead). This limitation as defined in 2 CFR § 1500.9 applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is **\$78.94** per hour.

2. ***NDEP shall only reimburse the Contractor for actual cash disbursed.*** Invoices may be provided via email or facsimile and must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except:

- at the end of the fiscal year of the State of Nevada (June 30th), at which time invoices must be received by the first Friday in August of the same calendar year;
- at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date.

Failure of the Contractor to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Contractor shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Contractor shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.

3. If match is required, the Contractor shall, as part of its approved Scope of Work or Workplan and budget under this Contract, provide third party match funds of not less than: **\$ 0**. If match funds are required, the Contractor shall comply with additional record-keeping requirements as specified in 48 CFR 31.2 (which, if applicable, is attached hereto and by this reference is incorporated herein and made part of this contract).

4. Unless otherwise provided in the Scope of Work or Workplan, the Contractor shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.

5. At the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the Scope of Work /Workplan agreed to.

6. Any funds obligated by NDEP under this Contract that are not expended by the Contractor shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract. NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Contractor. The Contractor shall have no claim of any sort to such unexpended funds.

7. For contracts utilizing federal funds, the Contractor shall ensure, to the fullest extent possible, that at least the “fair share” percentages as stated below for prime contracts for construction, services, supplies or equipment are made available to Disadvantaged Business Enterprise (DBE) organizations owned or controlled by Minority Business Enterprise (MBE) or (Women Business Enterprise (WBE).

	MBE	WBE
Construction	2%	2%
Services	1%	2%
Supplies	1%	1%
Equipment	1%	1%

The Contractor agrees and is required to utilize the following seven affirmative steps:

- a. Include in its bid documents applicable “fair share” percentages as stated above and require all of its prime contractors to include in their bid documents for subcontracts the “fair share” percentages;
  - b. Include qualified MBEs and WBEs on solicitation lists;
  - c. Assure that MBEs, and WBEs are solicited whenever they are potential sources;
  - d. Divide total requirements, when economically feasible, into small tasks or quantities to permit maximum participation of MBEs, and WBEs;
  - e. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by MBEs, and WBEs;
  - f. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency, U.S. Department of commerce as appropriate; and
  - g. If a subcontractor awards contracts/procurements, require the subcontractor to take the affirmative steps in subparagraphs a. through e. of this condition.
8. The Contractor shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (EPA Form 5700-52A) within fifteen (15) calendar days after the end of each federal fiscal year (September 30th) for each year this Contract is in effect and within fifteen (15) calendar days after the termination date of this Contract.
9. Unless otherwise provided in the Scope of Work or Workplan Attachment A, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with funds provided under this Contract, the Contractor shall clearly state that funding for the project or program was provided by the Nevada Division of Environmental Protection and, if applicable, the U.S. Environmental Protection Agency. The Contractor will ensure that NDEP is given credit in all approved official publications relative to this specific project and that the content of such publications will be coordinated with NDEP prior to being published.
10. Unless otherwise provided in the Scope of Work or Workplan Attachment A, all property purchased with funds provided pursuant to this Contract is the property of NDEP and shall, if NDEP elects within four (4) years after the completion, termination or cancellation of this Contract or after the conclusion of the use of the property for the purposes of this Contract during its term, be returned to NDEP at the Contractor’s expense.

Such property includes but is not limited to vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Contractor shall use all purchased property in accordance with local, state and federal law, and shall use the property only for Contract purposes unless otherwise agreed to in writing by NDEP.

For any unauthorized use of such property by the Contractor, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Contractor at the Contractor's expense. To the extent authorized by law, the Contractor shall indemnify and save and hold the State of Nevada and NDEP harmless from any and all claims, causes of action or liability arising from any use or custody of the property by the Contractor or the Contractor's agents or employees or any subcontractor or their agents or employees.

For any project involving new or replacement equipment acquired, in whole or in part, using federal funding sources under a subgrant, the Subgrantee is subject to the terms and conditions set forth in 41 CFR § 105-71.132, which contains provisions that govern the title, use, and disposal of the equipment. Equipment means tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

**11.** The Contractor shall use recycled paper for all reports that are prepared as part of this Contract and delivered to NDEP. This requirement does not apply to standard forms.

**12.** The Contractor and any subcontractors shall obtain any necessary permission needed, before entering private or public property, to conduct activities related to the Scope of Work or Workplan. The property owner will be informed of the program, the type of data to be gathered, and the reason for the requested access to the property.

**13.** Nothing in this Contract shall be construed as a waiver of sovereign immunity by the State of Nevada. Any action brought to enforce this contract shall be brought in the First Judicial District Court of the State of Nevada. The Contractor and any of its subcontractors shall comply with all applicable local, state and federal laws in carrying out the obligations of this Contract, including all federal and state accounting procedures and requirements established in 2 CFR 1500 EPA Uniform Administrative Requirements, Cost Principles, and audit requirements for federal awards. The Contractor and any of its subcontractors shall also comply with the following:

- a. 40 CFR Part 7 - Nondiscrimination In Programs Receiving Federal Assistance From EPA
- b. 40 CFR Part 29 - Intergovernmental Review of EPA Programs and Activities.
- c. 40 CFR Part 31 - Uniform Administrative Requirements For Grants And Cooperative Agreements To State and Local Governments;
- d. 40 CFR Part 32 - Government-wide Debarment And Suspension (Non-procurement) And Government-wide Requirements For Drug-Free Workplace (Grants);
- e. 40 CFR Part 34 - Lobbying Activities;
- f. 40 CFR Part 35, Subpart O - Cooperative Agreements And Superfund State Contracts For Superfund Response Actions (Superfund Only); and
- g. The Hotel and Motel Fire Safety Act of 1990.

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DHO	KD

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 30, 2021

**TO:** District Board of Health

**FROM:** Kristen Palmer, Fiscal Compliance Officer  
775-328-2419, [kpalmer@washoecounty.gov](mailto:kpalmer@washoecounty.gov)

**SUBJECT:** Approve donation of a Norwesco 5,025 gallon water tank to Northern Nevada Medical Center with a current market value estimated at \$1,000.00.

**SUMMARY**

The Washoe County District Board of Health must approve the donation of equipment to ensure there is a benefit to the citizens of Washoe County.

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

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

**PREVIOUS ACTION**

There has been no previous action taken this fiscal year.

**BACKGROUND**

In June 2015, the Washoe County Health District purchased a Norwesco 5,025 gallon water tank due to needing a backup water source in the event that hospitals and other healthcare provider partners lose their main water source. Saint Mary’s and Renown hospitals already have water tanks for emergency use.

**FISCAL IMPACT**

Should the Board approve this donation, there will be no additional fiscal impact to the adopted FY22 budget.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the donation of a Norwesco 5,025 gallon water tank to Northern Nevada Medical Center with a current market value estimated at \$1,000.00.

**POSSIBLE MOTION**

Move to approve the donation of a Norwesco 5,025 gallon water tank to Northern Nevada Medical Center with a current market value estimated at \$1,000.00



**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021

**TO:** District Board of Health

**FROM:** Kristen Palmer, Fiscal Compliance Officer, 775-328-2419,  
[kpalmer@washoecounty.gov](mailto:kpalmer@washoecounty.gov)  
Jim English, Regional Operations Chief COVID-19 Response & Vaccine Deployment,  
775-328-2610, [jenglish@washoecounty.gov](mailto:jenglish@washoecounty.gov)

**SUBJECT:** Authorize FY22 Purchase Order to My Next Career Path in the anticipated amount of \$3,000,000.00 to provide temporary staffing in support of the COVID-19 response and vaccination events.

**SUMMARY**

The Washoe County District Board of Health must approve purchases in excess of \$100,000.00.

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

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

**PREVIOUS ACTION**

On July 22, 2021, the District Board of Health approved the purchase amount of \$1,500,000 to My Next Career Path for temporary staffing in support of the COVID-19 response and vaccination events.

**BACKGROUND**

Washoe County Health District has used My Next Career Path for temporary employment to support the COVID-19 response and other public health related events. To continue with these efforts, a request of an anticipated \$3,000,000.00 purchase order is made which will allow temporary hires of necessary staff such as nurses, disease investigators and call center staff.

**FISCAL IMPACT**

This request has no fiscal impact to the FY22 adopted budget as current grants allow for sufficient expenditure authority to support this request.

**RECOMMENDATION**

Authorize FY22 Purchase Order to My Next Career Path in the anticipated amount of \$3,000,000.00 to provide temporary staffing in support of the COVID-19 response and vaccination events.

Subject: Approve My Next Career Path PO

Date: December 16, 2021

Page 2 of 2

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "move to authorize FY22 Purchase Order to My Next Career Path in the anticipated amount of \$3,000,000.00 to provide temporary staffing in support of the COVID-19 response and vaccination events."

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021  
**TO:** District Board of Health  
**FROM:** Francisco Vega, Director, Air Quality Management Division  
 775-784-7211, [fvega@washoecounty.gov](mailto:fvega@washoecounty.gov)  
**SUBJECT:** Recommendation for the Board to uphold an uncontested citation issued to Atlantic Aviation - RNO, Case No. 1256, Notice of Violation No. AQMV21-0044 with a \$1,000.00 penalty.

**SUMMARY**

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation (NOV) No. AQMV21-0044 be **upheld** and a fine in the amount of **\$1,000.00** be levied against Atlantic Aviation - RNO for failure to conduct vapor recovery equipment compliance testing in accordance with the conditional requirements of Permit to Operate No. AAIR16-0098. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations), specifically Section 040.080 (Gasoline Transfer and Dispensing Facilities) Section C. (Standards) 1. (Gasoline Transfer into Stationary Storage Containers (Phase I)).

**District Health Strategic Priority 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**

No previous actions.

**BACKGROUND**

Atlantic Aviation – RNO conducted and passed a 2 Inch WC Static Pressure Performance Test on October 26, 2018. The next 2 Inch WC Static Pressure Performance Test was conducted and passed on April 28, 2020, which exceeded the annual testing interval indicated in Permit to Operate No. AAIR16-0098 issued to Atlantic Aviation - RNO. The next 2 Inch WC Static Pressure Performance Test on 06/29/2021 which again exceeded the annual testing interval indicated on the Permit to Operate.

Atlantic Aviation was previously issued a written warning on October 2, 2018 for exceeding the 2 Inch WC Static Pressure Performance Test interval indicated on the Permit to Operate.

NOV No. AQMV21-0044 and associated documentation supporting the NOV was sent certified mail to the offices of Atlantic Aviation - RNO and was received on August 28, 2021. The certified

mail contained the instructions for filing an appeal of the NOV to the Air Pollution Control Hearing Board and the "Appeal Petition to the Air Pollution Control Hearing Board" form.

An appeal of NOV No. AQMV21-0044 was not exercised by Atlantic Aviation - RNO within the 10-day appeal timeframe pursuant to 020.030 C. As such, NOV No. AQMV21-0044 was determined to be final by the AQMD with a penalty amount of \$1,000.00.

### **FISCAL IMPACT**

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

### **RECOMMENDATION**

Staff recommends the Board uphold an uncontested citation issued to Atlantic Aviation - RNO, Case No. 1256, Notice of Violation No. AQMV21-0044, with a \$1,000.00 fine.

### **ALTERNATIVE**

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation No. AQMV21-0044; or
2. The Board may determine to uphold Notice of Violation No. AQMV21-0044 and levy any fine in the range of \$0.00 to \$1,000.00 per day per violation.

### **POSSIBLE MOTION(s)**

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to Atlantic Aviation - RNO, Case No. 1256, Notice of Violation No. AQMV21-0044 with a \$1,000.00 fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

1. "Move to dismiss Case No. 1256, Notice of Violation No. AQMV21-0044, issued to Atlantic Aviation - RNO", or
2. "Move to uphold Case No. 1256, Notice of Violation No. AQMV21-0044, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Atlantic Aviation - RNO to be properly noticed."

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

## WASHOE COUNTY HEALTH DISTRICT AIR QUALITY MANAGEMENT DIVISION

1001 East Ninth Street Suite B171

Reno, Nevada 89512

### NOTICE OF VIOLATION No: AQMV21-0044

#### ISSUED TO

**Atlantic Aviation**

**Location: 655 S. Rock Blvd.**

**Permit Number: AAIR16-0098**

**Date of Issuance: August 26, 2021**

**Case No.: 1256**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that Atlantic Aviation is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.080 – Gasoline Transfer and Dispensing Facilities.

#### 1. VIOLATION

- A. Failure to comply with the provisions of Permit to Operate AAIR16-0098, specifically Condition No. 6: The owner/operator must conduct and pass a 2 Inch WC Static Pressure Performance Test of Vapor Recovery System annually to demonstrate compliance with the California Air Resource Board (CARB) Executive Orders.

#### 2. BASIS OF VIOLATION

##### A. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.080 Section C.1.b:

A “District Approved Vapor Control System” is utilized, preventing the release to the atmosphere of not less than 95 percent by weight, of organic compounds in the vapors displaced. The displaced vapors shall be recovered by a vapor control system involving the transfer of fuel from the distribution vehicle to the stationary storage vessel.

##### B. Facts to Constitute the Violation

Atlantic Aviation conducted and passed a 2 Inch WC Static Pressure Performance Test on 10/26/2018. The next 2 Inch WC Static Pressure Performance Test was conducted and passed on 04/28/2020 which exceeded the annual testing interval indicated on the Permit to Operate. The next 2 Inch WC Static Pressure Performance

#### AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512

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Test on 06/29/2021 which again exceeded the annual testing interval indicated on the Permit to Operate.

Atlantic Aviation was previously issued a written warning on 10/02/2018 for exceeding the 2 Inch WC Static Pressure Performance Test interval indicated on the Permit to Operate.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

A. Appeal Procedure

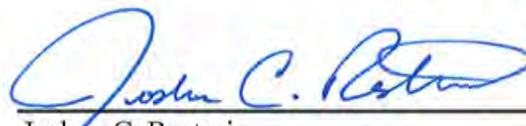
Atlantic Aviation is advised that within (10) working days of the receipt of this Notice of Violation, Atlantic Aviation may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$1,000.00.

Aug. 26, 2021

Date



Joshua C. Restori  
Supervisor, Permitting and Compliance  
Air Quality Management Division  
Washoe County Health District

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

Company Name Atlantic Aviation  
Contact Name Bernard Conaway  
Case Number 1256

I. Violation of Section Section 040.080 (Gasoline Transfer)

I. Recommended Penalty = \$ 1000.00

II. Violation of Section 0

II. Recommended Penalty = \$ 0.00

III. Violation of Section 0

III. Recommended Penalty = \$ 0.00

IV. Violation of Section 0

IV. Recommended Penalty = \$ 0.00

V. Violation of Section 0

V. Recommended Penalty = \$ 0.00

**Total Recommended Penalty** = \$ 1,000.00

  
Senior AQ Specialist/Supervisor

Aug. 26, 2021  
Date

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

Company Name Atlantic Aviation  
 Contact Name Bernard Conaway  
 Case Number 1256  
 Violation Number AQMV21-0044

Violation of Section Section 040.080 (Gasoline Transfer)  
 Permit Condition Permit Condition No. 6

I. **Base Penalty as specified in the Penalty Table** = \$ **1,000.00**

II. **Severity of Violation**

A. **Public Health Impact**

1. **Toxicity of Release** (For Emissions Exceedances)

Unable to Quantify - 1x      Criteria Pollutant - 1x      Hazardous Air Pollutant - 2x  
 Adjustment Factor **1**

Comment: Penalty by rule

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

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

Comment: Penalty by rule

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

B. **Adjusted Base Penalty**

Base Penalty \$ 1,000.00 x Adjustment Factor 1 = \$ **1,000.00**

C. **Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 1,000.00 x Number of Days/Weeks/Mo **1** = \$ **1,000.00**

Comment: Penalty by rule

D. **Economic Benefit**

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

Comment: Penalty by rule

**Penalty Subtotal**

Adjusted Base Penalty \$ 1,000.00 + Economic Benefit \$ 0.00 = \$ **1,000.00**

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

**III. Penalty Adjustment Consideration**

**A. Mitigating Factors** (0 +/- 25%)

0%

**Comment:** Penalty by rule

**B. Compliance History**

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x   , # of previous violations

+ 0%

**Comment:** Penalty by rule

**Total Penalty Adjustment Factors – Sum of A & B**

0%

**IV. Recommended Penalty**

Penalty Adjustment:

\$ 1,000.00	x	<u>0%</u>	=	<span style="border: 1px solid black; background-color: #FFFF00; padding: 2px; display: inline-block;">\$ 0.00</span>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training	-	<span style="border: 1px solid black; background-color: #ADD8E6; padding: 2px; display: inline-block;">\$ 0.00</span>
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**Comment:** \_\_\_\_\_

Adjusted Penalty:

\$ 1,000.00	+/-	<u>\$ 0.00</u>	=	<span style="border: 1px solid black; background-color: #FFFF00; padding: 2px; display: inline-block;">\$ 1,000.00</span>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty

*John C. [Signature]*

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Senior AQ Specialist/Supervisor

*Aug. 26, 2021*

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Date

## Administrative Penalty Table

### Air Quality Management Division Washoe County Health District

#### I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005 Visible Emissions	1000	2500
040.030 Dust Control (fugitive)	1000	2000
040.035 Open Fires	500	1000
040.040 Fire Training	500	1000
040.050 Incinerator	1000	2000
040.051 Woodstoves	500	1000
040.055 Odors	1000	2000
040.080 Gasoline Transfer (maintenance)	1000	2000
040.200 Diesel Idling	500	1000
050.001 Emergency Episode	1000	2000
040.030 Construction Without a Dust Control Permit		
Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
Project Size – 10 acres or more	\$1,000 + \$50 per acre	

#### II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

#### III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, [fvega@washoecounty.gov](mailto:fvega@washoecounty.gov)

**SUBJECT:** Recommendation for the Board to consider approval of a Supplemental Environmental Project valued at no more than \$1,000.00 for McCarthy Building Companies, Inc. as required in Order No. 00008 as a settlement for Notice of Violation associated with Case No. 1308.

**SUMMARY**

The Washoe County Health District, Air Quality Management Division (AQMD) staff recommends approval of a Supplemental Environmental Project (SEP) for McCarthy Building Companies, Inc. (McCarthy) as required in Order No. 00008 as a settlement for Notice of Violations associated with Case No. 1308.

**District Health Strategic Priority 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**

No prior actions.

**BACKGROUND**

Please refer the attached NOV No. AQMV21-0037. This NOV contains the facts associated with the incident of noncompliance and supporting documentation relevant to the NOV.

Case No. 1308, Notice of Violation (NOV) No. AQMV21-0037 was issued to McCarthy on May 28, 2021, for failure to comply with the provisions of Dust Control Permit APCP20-0151 for Dodge Flat Solar. An Appeal Petition from McCarthy for the issuance of NOV No. AQMV21-0037 and the associated administrative penalty was received by the AQMD on June 11, 2021. An Air Pollution Control Hearing Board (APCHB) meeting was held on July 13, 2021, where Case No. 1308 was heard. The APCHB voted to uphold NOV No. AQMV21-0037 with a recommended administrative fine of \$500.00.

On October 5, 2021, the parties entered into a Settlement Agreement to settle AQMV21-0037 wherein McCarthy agreed to fund a SEP valued at no more than \$1,000.00 for the purchase of low-cost air quality sensors to be approved by the Washoe County District Board of Health.

The AQMD recommends approval of a SEP for McCarthy as required in Order No. 00008 as a settlement for Notice of Violations associated with Case No. 1308.

**FISCAL IMPACT**

There are no fiscal impacts resulting from the Board approving a SEP. A SEP is an environmentally beneficial activity completed by a respondent or defendant who agrees to perform the activity as part of a settlement of an enforcement action, but which the respondent is not otherwise legally obligated to perform.

**RECOMMENDATION**

Staff recommends the Board approval of a SEP for McCarthy Building Companies, Inc. as required in Order No. 00008 as a settlement for Notice of Violations associated with Case No. 1308.

**POSSIBLE MOTION(S)**

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to approve of a Supplemental Environmental Project for McCarthy Building Companies, Inc. as required in Order No. 00008 as a settlement for Notice of Violations associated with Case No.'s 1308."

**WASHOE COUNTY  
HEALTH DISTRICT**

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**WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION**

1001 East Ninth Street, Suite B171  
Reno, Nevada 89512

**COMPLIANCE ORDER NO. 00008**  
ISSUED TO

**McCarthy Building Companies, Inc.**  
2580 St. Rose Parkway  
Las Vegas, Nevada 89074  
Permit No.: APCP20-0151  
Date of Issuance: November 3, 2021

The Washoe County Health District, Air Quality Management Division (AQMD) has determined that McCarthy Building Companies, Inc. (McCarthy) with an Air Pollution Control Permit at Dodge Flat located at 2505 State Route 447 Reno, Nevada 89510 is subject to the requirements of Washoe County District Board of Health Regulations Governing Air Quality Management (DBOH Regulations).

**I. BASIS for COMPLIANCE ORDER**

**A. Regulatory Authority**

1. The AQMD under authority of DBOH Regulations 020.0051.C. has the power and duty to make such determinations and issue such orders as may be necessary to implement the provisions of the DBOH Regulations Section 020.0051.A. to achieve air quality standards in accordance with law.
2. The DBOH Regulations 020.030 – Notice of Violation states: “Whenever the Control Officer or his authorized agent or representative has a reasonable cause to believe that any section of these regulations for the prevention, abatement or control of air pollution has been violated, he shall cause written notice to be served upon the person or persons responsible for the alleged violations. The notice may include an order to take corrective action within a reasonable time, which shall be specified. Such an order becomes final unless, within ten (10) days after service of the notice, a person named in the order requests a hearing before the Hearing Board.”
3. The DBOH Regulations 020.040 H. Civil Fines and Penalties states: “In those cases where it is determined by the District Board of Health that a violation of the regulations has occurred, the Board at its discretion may choose to waive the fine for a first violation, levy any fine providing it does not exceed the appropriate range limitation, require use of other mitigation methods or schedules of compliance and in emergency situations, require a Stop Work Order to be issued

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and/or any other combination of remedies to bring about compliance with the Regulations.”

**B. Facts to Constitute the Compliance Order**

1. Case No. 1308, Notice of Violation (NOV) No. AQMV21-0037 was issued to McCarthy on May 28, 2021, for failure to comply with the provisions of Dust Control Permit APCP20-0151 for Dodge Flat Solar.

On October 5, 2021, the parties entered into a Settlement Agreement wherein McCarthy agreed to fund a Supplemental Environmental Project (SEP) valued at no more than \$1,000.00 for the purchase of low-cost air quality sensors to be approved by the DBOH.

**II. CONCLUSION**

- A. Based on the information presented above, the AQMD and McCarthy have fully and finally settled the subject NOV with McCarthy’s agreement to complete the above-mentioned SEP.

**III. COMPLIANCE ORDER**

- A. The following Order is issued on this date pursuant to the powers and duties vested in the Control Officer of the Washoe County Health District (020.020).

Based on the information presented above and made a part of this Order, the Control Officer of the Washoe County Health District, pursuant to authority delegated to him by the District Board of Health, has determined that McCarthy shall comply with the provisions of this Order.

1. McCarthy shall conduct a SEP and no penalties or fines associated with NOV No. AQMV21-0037 will be assessed by the AQMD.
2. As part of the SEP, McCarthy shall purchase low-cost air quality monitors in the amount of no more than \$1,000.00. The monitors shall be placed in Washoe County community locations chosen by the AQMD which are considered sensitive or at risk to air pollution such as, but not limited to:
  - a. Washoe County School District Locations
  - b. Community Centers
  - c. Youth Community Centers
  - d. City and Regional Parks
  - e. Other locations as approved
3. McCarthy shall complete the purchase of the low-cost air quality sensors within 60 days of approval of the SEP by the DBOH.

B. Pursuant to NRS 445B.450(5), the Washoe County Health District, Air Quality Management Division reserves the right to rescind any of the provisions of this Order if McCarthy fails to meet the requirements established in this Order.

**IV. SIGNATURES**

November 3, 2021

Date

Joshua C. Restori

Joshua C. Restori  
Supervisor, Permitting and Compliance  
Air Quality Management Division  
Washoe County Health District

11-3-2021

Date

Francisco Vega

Francisco Vega, P.E., MBA  
Director  
Air Quality Management Division  
Washoe County Health District

11-5-2021

Date

Jared Carlson

Signature of Company Representative

Jared Carlson

Printed Name of Company Representative

**SETTLEMENT AGREEMENT**

WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION

Date: October 5, 2021

Company Name: McCarthy Building Companies, Inc  
Address: 2580 St. Rose Parkway, Ste 200, Henderson, NV 89704  
Notice of Violation # AQMV21-0037 Case # Case No. 1308

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: Failure to comply with the provisions of APCP20-151. Specifically, permit condition No.12. Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than five (5) minutes in any hour period. (Regulation 040.030, Section C. 1.)

A settlement of this matter has been negotiated between the undersigned parties resulting in: a Supplemental Environmental Project (SEP) with a value of \$1,000.00. This project will include the purchase of low cost air quality sensors for the Washoe County School District. The Health District may provide a compliance order to outline the SEP. The settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on October 28, 2021.

[Signature]  
Signature of Company Representative

Jared Carlson  
Print Name

VP Operations  
Title

[Signature]  
Witness

[Signature]  
Signature of District Representative

Joshua C. Restori  
Print Name

Supervisor  
Title

[Signature]  
Witness



**WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512**

## **NOTICE OF VIOLATION No: AQMV21-0037**

### **ISSUED TO**

**McCarthy Building Companies  
Permit Number: APCP20-0151  
Date of Issuance: May 28, 2021  
Case No.: 1308**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that McCarthy Building Companies is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C. 3. Dust Control Permit Requirements.

#### **1. VIOLATION**

- A. Failure to comply with the provisions of Dust Control Permit APCP20-0151. Specifically, permit condition No. 12: Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1).

#### **2. BASIS OF VIOLATION**

A. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

**DUST CONTROL PERMIT REQUIREMENTS:** The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

B. Facts to Constitute the Violation

On April 5, 2021, an Air Quality Specialist (AQS) responded to a complaint concerning fugitive dust from the Dodge Flats Solar project. At the time of the



response, the AQS conducted an EPA Reference Method 22 observation of the project site. The AQS documented 9 minutes 35 seconds of visible fugitive dust during an 11 minute 1 second observation. This exceeds the standard set in the Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C.1. and referenced in Condition No. 12 of Dust Control Permit APCP20-0151.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

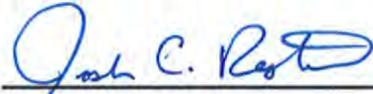
A. Appeal Procedure

McCarthy Building Companies is advised that within (10) working days of the receipt of this Notice of Violation, McCarthy Building Companies may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$1,000.00.

5/28/2021  
Date

  
Joshua C. Restori  
Supervisor, Permitting and Compliance  
Air Quality Management Division  
Washoe County Health District

## Administrative Penalty Table

### Air Quality Management Division Washoe County Health District

#### I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
040.005	Visible Emissions	1000	2500
040.030	Dust Control (fugitive)	1000	2000
040.035	Open Fires	500	1000
040.040	Fire Training	500	1000
040.050	Incinerator	1000	2000
040.051	Woodstoves	500	1000
040.055	Odors	1000	2000
040.080	Gasoline Transfer (maintenance)	1000	2000
040.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000
040.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres		\$ 500 + \$50 per acre
	Project Size – 10 acres or more		\$1,000 + \$50 per acre

#### II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

#### III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

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

Company Name McCarthy Building Companies  
Contact Name Kenny Whisenhunt  
Case Number 1308

I. Violation of Section 040.030 Section C. 3.

I. **Recommended Penalty** = \$ 1000.00

II. Violation of Section 0

II. **Recommended Penalty** = \$ 0.00

III. Violation of Section 0

III. **Recommended Penalty** = \$ 0.00

IV. Violation of Section 0

IV. **Recommended Penalty** = \$ 0.00

V. Violation of Section 0

V. **Recommended Penalty** = \$ 0.00

**Total Recommended Penalty** = \$ 1,000.00

  
\_\_\_\_\_  
Senior AQ Specialist/Supervisor

5/28/2021  
\_\_\_\_\_  
Date

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

Company Name McCarthy Building Companies  
 Contact Name Kenny Whisenhunt  
 Case Number 1308  
 Violation Number AQMV21-0037

Violation of Section 040.030 Section C. 3.  
 Permit Condition Condition No.12 of Permit No. APCP20-0151

I. **Base Penalty as specified in the Penalty Table** = \$ **1,000.00**

II. **Severity of Violation**

A. **Public Health Impact**

1. **Toxicity of Release (For Emissions Exceedances)**

Unable to Quantify - 1x      Criteria Pollutant - 1x      Hazardous Air Pollutant - 2x  
 Adjustment Factor **1**

Comment: Penalty by rule

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

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

Comment: Penalty by rule

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

B. **Adjusted Base Penalty**

Base Penalty \$ 1,000.00 x Adjustment Factor 1 = \$ **1,000.00**

C. **Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 1,000.00 x Number of Days/Weeks/Mo **1** = \$ **1,000.00**

Comment: 1 occurrence of violation was observed

D. **Economic Benefit**

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

Comment: No economic benefit was associated with this violation.

**Penalty Subtotal**

Adjusted Base Penalty \$ 1,000.00 + Economic Benefit \$ 0.00 = \$ **1,000.00**

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

**III. Penalty Adjustment Consideration**

**A. Mitigating Factors** (0 +/- 25%)

0%

**Comment:** Penalty by rule

**B. Compliance History**

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x   , # of previous violations

+ 0%

**Comment:** Penalty by rule

**Total Penalty Adjustment Factors** – Sum of A & B

0%

**IV. Recommended Penalty**

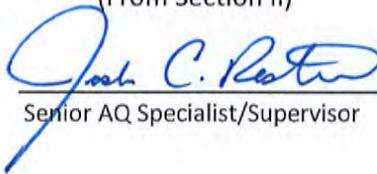
Penalty Adjustment:

\$ 1,000.00	x	0%	=	\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$   

**Comment:** \_\_\_\_\_  
Adjusted Penalty:

\$ 1,000.00	+/-	\$ 0.00	=	\$ <span style="border: 1px solid black; padding: 2px;">1,000.00</span>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty

  
Senior AQ Specialist/Supervisor

5/28/2021  
Date

JUN 11 2021

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

## APPEAL PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD

Return to: Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street B171  
Reno, Nevada 89512  
(775) 784-7200

[www.OurCleanAir.com](http://www.OurCleanAir.com)

PETITIONER: McCarthy Building Companies

PHONE: 650-9669-4980

MAILING ADDRESS: 2580 St. Rose Parkway Suite 200

CITY: Henderson STATE: NV ZIP CODE: 89704

PHYSICAL ADDRESS: 1901 Olinghouse R.

CITY: Wadsworth STATE: NV ZIP CODE: 89442

EQUIPMENT OR PROCESS REGISTERED WITH CONTROL OFFICER? YES  NO

APPEAL OF ORDER

APPEAL OF VIOLATION

VIOLATION NUMBER: AQMV21-0037 DATE RECEIVED: 6/4/2021

REGULATION INVOLVED: SECTION: 040.030 Section C.3- Dust Control

BASIS FOR APPEAL/VARIANCE: See Attached

Jeff Tharp

PRINT NAME



SIGNATURE

Project Manager

TITLE

6/11/2021

DATE

Revised 06-2020





6225 N 24th St, Suite 200, Phoenix, Arizona 85016  
P 480-449-4700 | F 480-449-4747  
mccarthy.com

Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512

RE: Permit # APCP20-0151  
Project: Dodge Flat Solar  
Notice of Violation AQMV21-0042

We appreciate the opportunity to appeal violations AQMV21-0037 & AQMV21-0042. McCarthy understands the importance of maintaining a compliant site and has been working diligently to stay in compliance. The above violations reference 040.030 Section C.3 – Dust Control Permit Requirements. This section allows for the Permit Operator (McCarthy) to take corrective actions if the Control Officer determines there is fugitive dust. Days with winds above 20mph are typically when we experience increased dust-generating activities. McCarthy monitors the winds and the dust to shut down if the winds are creating excessive dust. Attached, please see notifications that go out to the onsite supervision to cease activities when the winds increase. On notification days, April 5, 2021, and May 6, 2021, we did cease activities.

In addition to ceasing activities, McCarthy has increased its fleet of water trucks from 2 to 11 and added additional filling stations. This is a \$500,000 addition cost to McCarthy which was not originally anticipated. I only mention this to help show the extent of the efforts we will go to maintain compliance and our willingness to work with the Air Quality Management Division. We believe this is compliant with the allowed corrective actions in 040.030 Section C.3 – Dust Control Permit Requirements.

It is also worth mentioning the project conditions for those who may not be familiar with the site. We are located over a mile outside of the town of Wadsworth. The adjacent area is all open desert and typically when it is windy, like on the days of the violations, there is also dust being generated from the natural desert land, which can create a perception that the site is generating more dust than reality.

I hope this explanation of our sincere efforts and challenges will help in your consideration for annulling violations AQMV21-0037 & AQMV21-0042.

Respectfully,  
Kenny Whisenhunt  
Sr. Project Manager  
McCarthy Building Companies, Inc.



A McCarthy Holdings, Inc. company

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

May 28, 2021

McCarthy Building Companies  
Attn: Kenney Whisenhunt  
2580 St Rose Pkwy., Suite 200  
Las Vegas, NV 89074

## **RE: Notice of Violation AQMV21-0042 of Dust Control Permit APCP20-0151**

Dear Mr. Whisenhunt,

On May 6, 2021, the Air Quality Management Division (AQMD) of the Washoe County Health District identified an incident of noncompliance associated with Dust Control Permit APCP20-0151 located at the Dodge Flats Solar project site adjacent to S.R. 447. The attached Notice of Violation (NOV) No. AQMV21-0042 state the specifics of Case No. 1316.

**Based on the incident of noncompliance, McCarthy Building Companies has violated the following Section of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations):**

- 040.030 Section C.3. – Dust Control Permit Requirements

Based on the available information associated with Case No. 1316 the AQMD has determined that formal issuance of NOV No. AQMV21-0042 is warranted.

The AQMD makes recommendations to the Washoe County District Board of Health (DBOH) as to what an appropriate penalty may be for a violation of the DBOH Regulations. The penalty is based on the Penalty Table and DBOH Regulations Section 020.040 Civil Fines and Penalties. NOV No. AQMV21-0042 was cited as a violation of Section 040.030 Section C.1. constituting a minor violation per Section 020.040 (C). Therefore, the AQMD is making a recommendation to the DBOH to uphold NOV No. AQMV21-0042 and administer a penalty by rule in the amount of \$2,000.00 to McCarthy Building Companies.

An appeal of NOV No. AQMV21-0042 may be requested per DBOH Regulation 020.0252 Hearing Board – Appeal Procedure. A copy of the Appeal Petition to the Air Pollution Control Hearing Board is enclosed. Appeal Petitions must be received within (10) days of receipt of this notice. Appeal Petitions may be submitted to:

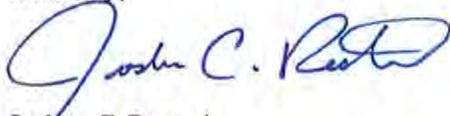
Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512

Subject: Notice of Violation AQMV21-0042/McCarthy Building Companies  
Date: May 28, 2021  
Page 2 of 2

Failure to submit an appeal, using the supplied Appeal Petition Form available in Attachment 4, within the specified timeframe will be considered consent of NOV No. AQMV21-0042 with the recommended penalty of \$2,000.00 to McCarthy Building Companies. The AQMD will then submit NOV No. AQMV21-0042 to the Washoe County District Board of Health for approval. The item will be placed as a consent agenda item with a recommendation for the assessment of an administrative fine of \$2,000.00. McCarthy Building Companies will receive notice of the submittal to the Washoe County District Board of Health prior to the meeting where the item will be heard.

If you have any questions regarding the information contained in this letter or the attachments, please contact me at (775) 784-7202. If I am unavailable, please contact Francisco Vega at (775) 784-7211.

Sincerely,



Joshua C. Restori  
Supervisor, Permitting and Compliance  
Washoe County Health District, Air Quality Management Division

Enclosed:

Attachment 1 - Notice of Violation (Final)

Attachment 2 - DBOH Regulations Section 020.040 Civil Fines and Penalties

Attachment 3 - Penalty Table

Attachment 4 - Appeal Petition Form

E-copy: AQMD Enforcement Group

Cert. Mail No. (Return Receipt Required): 9171 9690 0935 0218 6779 92

## Dust Shutdown 05/06/2021

McCarthy Building Companies , Dodge Flats Foreman's

Sent 05/06/2021 16:52 CDT via  by Luis Beltran

Dodge Team, SHUTDOWN all operations due to wind and large clouds of dust.

### Post Updates (0)

## Shutdown Dust Operations 5/7/2021

McCarthy Building Companies , Dodge Flats Foreman's

Sent 05/07/2021 16:38 CDT via  by Luis Beltran

Dodge Team, shutdown all equipment with the potential to make dust due to high winds.

### Post Updates (0)

## Site Shutdow 5/7/2021

McCarthy Building Companies , Dodge Flats Foreman's

Sent 05/07/2021 16:50 CDT via  by **Luis Beltran**

Dodge Team, at this point the site is shutdown due to persistent high winds.

### Post Updates (0)

## Wind Alert

McCarthy Building Companies , Dodge Flats Foreman's

Sent 05/20/2021 12:21 CDT via  by **Jason Faltinowski**

Dodge Leadership, wind speeds are approaching/exceeding 20 mph. Please pay close attention to your tasks and make the best determination regarding activities.

### Post Updates (0)

## Site Shut Down

McCarthy Building Companies , Dodge Flats Foreman's

Sent 05/20/2021 15:06 CDT via   by Jason Faltinowski

Dodge Team, at this time please secure all trash. We are going to cease operations out of an abundance of caution due to the weather. Drive safely.

## Post Updates (0)

## Wind Advisory

McCarthy Building Companies , Dodge Flats Foreman's

Sent 06/07/2021 14:44 CDT via   by Jason Faltinowski

Dodge Team, We currently have winds blowing from the SSW at 18 mph with gusts in excess of 25. Please monitor your activities and make the best decision.

## Post Updates (0)

## High Wind Advisory

McCarthy Building Companies , Dodge Flats Foreman's

Sent 06/08/2021 14:58 CDT via  by Jason Fallinowski

Dodge Team, we are approaching winds of 20 mph. Currently @18 mph SSW with gusts @27 mph. Please monitor activities and make the best decision for your crews.

### Post Updates (0)

## Wind Advisory

McCarthy Building Companies , Dodge Flats Foreman's

Sent 06/09/2021 14:51 CDT via  by Jason Fallinowski

Dodge Team: The winds are due to pick up around the 3:00 pm hour with forecasted wind gusts in excess of 40 mph. Please ensure materials are secured in advance.

### Post Updates (0)

Environmental Protection Agency.

- d. Open Storage Piles: All open storage piles shall be stabilized by utilizing at least one of the following standards:
- (1) Maintain a visible crust;
  - (2) Cover or tarp to prevent visible fugitive dust emissions for a period or periods accumulating more than 5 minutes in any hour;
  - (3) Adequate moisture to control fugitive dust or apply water to maintain a soil moisture content at a minimum of 12 percent, as determined by ASTM Method D2216-98, or other equivalent as approved by the Control Officer and the Administrator of EPA. For areas which have an optimum moisture content for compaction of less than 12 percent, as determined by ASTM Method D1557-91 (1998) or other equivalent approved by the Control Officer and the Administrator of EPA, maintain at least 70 percent of the optimum soil moisture content;
  - (4) Stabilize material in the stockpile using a palliative for compliance as described in **Sections E.1.b.(3).i and E.1.b.(3).ii** of this Rule;
  - (5) An alternate control measure approved in writing by the Control Officer and the U.S. Environmental Protection Agency.
3. DUST CONTROL PERMIT REQUIREMENTS: The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.
- a. ELEMENTS OF A DUST CONTROL PERMIT: The Dust Control Permit shall describe all control measures to be implemented before, after, and while conducting any dust generating activity, including weekends, after work hours, and on holidays.
- b. DUST CONTROL PERMIT REVISIONS:
- (1) If the Control Officer determines that an approved Dust Control Permit has been followed, yet fugitive dust emissions from any given fugitive dust source still exceed the standards of Section C of this Rule, then the Control Officer shall issue a written notice to the owner and/or operator of such source explaining such determination. The owner and/or operator of such source shall make written revisions to the Dust Control Permit. These revisions shall be made in consultation with the Control Officer and be submitted within three working days of receipt of the Control Officer's written notice. The Control Officer, upon request, may extend such time period. During the time that such owner and/or operator is preparing revisions to the approved Dust



**CASE NO. 1308 – AS REVIEWED BEFORE THE AIR POLLUTION CONTROL  
HEARING BOARD**

In Re: Appeal of McCARTHY BUILDING )  
COMPANIES for Dodge Flat Solar Project )  
For violation of Section 040.030 (Dust Control), )  
Subsection C (Standards), 3. (Dust Control Permit )  
Requirements), of the Washoe County District )  
Board of Health Regulations Governing Air )  
Quality Management. )

At a hearing of the Air Pollution Control  
Hearing Board at Wells Avenue and Ninth  
Street, Reno, Nevada  
July 13, 2021

PRESENT: Chair Cathleen Fitzgerald, DEnv, PE  
Member Richard Harris, JD, PhD  
Member Paul Kaplan  
Member Lee Squire  
Francisco Vega, AQM Division Director  
Joshua Restori, Supervisor, Permitting and Enforcement  
Genine Rosa, Environmental Engineer  
Jessica Cabrales, Office Support Specialist  
Kelly Parsons, Office Assistant II

ABSENT: Vice Chair Jeanne Rucker, REHS  
Member Yvonne Downs, CEM  
Member Jim Kenney

## **GENERAL COMMENTS**

Dr. Fitzgerald advised the Hearing Board that Staff recommends the denial of the appeal of McCarthy Building for the Dodge Flat Solar Project, Notice of Violation AQMV21-0037, Case No. 1308 issued for failure to comply with the requirements of Section 040.030 (Dust Control), Subsection C.3 Dust Control Permit of the Washoe County District Board of Health Regulations, with a recommended administrative fine in the amount of \$1,000.

Mr. Joshua Restori, Permitting and Compliance Supervisor, being duly sworn, advised AQMV21-0037, Case No. 1308, was issued to McCarthy Building Company at the Dodge Flat Solar Project, State Route 447, for the failure to control fugitive dust emissions, a violation of Section 040.030 (Dust Control).

Mr. Restori advised that AQMD is the delegated agency for determining compliance and enforcement of the Washoe County District Board of Health Regulations Governing Air Quality Management. Mr. Restori stated the authority for the governing of prohibited emissions is delineated in Section 040.030 (Dust Control) of the Regulations, for the purpose of limiting particulate material emissions into the ambient air from any property, operations or activities that may serve as a fugitive dust source.

Mr. Restori advised in 1991 Washoe County was designated as moderate non-attainment for PM<sup>10</sup> (Particulate Matter); and in February 2001 was designated as serious non-attainment. Mr. Restori advised the AQMD Division was required to implement strategies, including revisions to the Regulations, delineating how compliance would be achieved for attainment status. Mr. Restori advised these strategies and regulatory amendments were approved by Federal EPA Region IX; and incorporated in the State Implementation Plan (SIP) for Washoe County. Mr. Restori advised that Section 040.030 was one of the Sections of the Regulations which were amended, and the revisions adopted. Mr. Restori stated adoption by the Federal EPA resulted in these requirements being incorporated into the Clean Air Act, thus, becoming Federal requirements. Mr. Restori advised based upon the revisions to the Regulations; and the AQMD's diligence in pursuit of compliance to the requirements of the Regulations, Washoe County was designated as attainment for PM<sup>10</sup> in 2016. Mr. Restori stated the requirements of the Regulations remain in effect "for periods of time because they work;" and demonstrate the importance of adherence to the requirements of the Regulations without exception.

Mr. Restori advised specific to this case, Section 040.030 (Dust Control), AQMV21-0037 was issued for failure to comply with the conditions of an approved Dust Control Permit, which is a violation of Section 040.030 (Dust Control), Subsection C. 3 – Dust Control Permit requirements. Mr. Restori advised the parameters of a Dust Control Permit are delineated in an approved Dust Control Permit. Mr. Restori advised the requirements of what shall occur on-site specific to a dust generating activities, including stabilization, are delineated in an approved Dust Control Permit to remain in compliance. Mr. Restori advised McCarthy Building Company failed to comply with those requirements, which shall be deemed a violation of the Regulations.

Mr. Restori stated, if necessary, there may be revisions to an approved Dust Control Permit. Mr. Restori stated should a Control Officer determine an applicant has adhered to the current requirements of an approved Dust Control Permit. Mr. Restori stated should those efforts fail to contain fugitive dust emissions from any source exceeding the standards of Section C the Control Officer shall then issue a written notice to the owner and/or operator of that source and providing an explanation of such a determination. Mr. Restori advised the owner and/or operator then can develop written revisions to the provisions of the Dust Control Permit delineating efforts to control the dust emissions. Mr. Restori stated it is the contention of the appellant “that this provision allowed McCarthy Building to take corrective action if the Control Officer determines there is fugitive dust in violation of the Regulations.” Mr. Restori stated this corrective action must occur “within three (3) working days from receipt of the Control Officer’s written notice as stipulated. Mr. Restori advised during the interim the owner/operator must continue to comply with the requirements of the Dust Control Regulations and any other provisions as delineated in the issued Permit to maintain the standard of controlling the dust.

Mr. Restori advised no written proposed revisions were ever submitted to AQMD or to the Control Officer after the appellant was notified on April 6, 2021, of the incident of fugitive dust and non-compliance with the standard as observed on April 5, 2021. Mr. Restori stated the intent of the appellant to submit a proposed written revision to Staff; and the notification by Staff of an on-site occurring issue does not preclude Staff from issuing a Notice of Violation specific to the Air Quality Management Regulations.

Mr. Restori reviewed the requirements of APCP20-0151 issued to Dodge Flat Solar, specifically condition 12., which stipulates: “Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than five (5) minutes in anyone (1) hour. All disturbed areas must maintain a visible surface crust or other covering in compliance with the Regulations.” Mr. Restori advised compliance of the standard is determined utilizing the written Regulations, specifically the provisions of Section 040.030 (Dust Control), Subsection C. 1., which stipulates: “The owner or operator of a dust generating activity equal to or greater than one (1) acre must obtain a Dust Control Permit prior to commencement of a dust generating activity.” Mr. Restori stated if a Dust Control Permit is slated to expire the applicant must reapply and maintain an active Dust Control Permit until such time as the acreage is permanently stabilized or the project is complete.

Mr. Restori advised “disturbed surface area” is defined as “any surface area which has been physically moved, uncovered, destabilized, or otherwise modified from its undisturbed native condition; thereby, increasing the potential of emissions of fugitive dust.” Mr. Restori advised “fugitive dust” is any particulate matter (PM) entrained into the ambient air caused from human and/or natural activities such as, but not limited to, the movement of soil, vehicles, equipment, blasting and wind.”

Mr. Restori presented a brief history of Case No. 1308, advising on September 23, 2020, Staff issued APCP20-0151 to McCarthy Building Company for Dodge Flat Solar for 1,079 acres. Mr. Restori stated on April 5, 2021, AQMD Staff reported to a citizen complaint regarding fugitive dust emissions at Dodge Flat Solar; that the complainant indicated the project at Olinghouse Road, State Route 447, “the installation of solar panels was generating major dust which was

blowing towards the residences in Wadsworth.” Mr. Restori advised that during the investigation Staff observed fugitive dust emissions being generated by the operation of heavy equipment and from disturbed areas of the project.

Mr. Restori advised it is the contention of the appellant that winds in excess of twenty (20) miles per hour “are typical when experiencing these types of dust generating activities;” that McCarthy Building monitors these winds and dust; that McCarthy ceases operations if the wind produce excessive dust. Mr. Restori presented a video of the violation, advising that, as depicted, on the video of April 5, 2021, the appellant did not cease operations nor did the appellant provide sufficient control measures to mitigate fugitive dust from the equipment operations. Mr. Restori advised, further, on the day in question, “there was also fugitive dust from the disturbed areas where there may not have been activity; however, there was no appropriate control measures being implemented. Mr. Restori advised as depicted in the video there was heavy equipment operating, including a crane; and a water truck driving on-site; that there are other activities being observed on this site; that the emissions from the operation of this equipment are easily visible. Mr. Restori, again, as depicted in the video there is fugitive dust disturbance “blowing off” of another unstable area of the project.

In response to Mr. Squire regarding the specific dust emissions (from this portion of the video), Mr. Restori advised those emissions were wind generated from an unstable source. visible fugitive dust for five (5) minutes or greater within any given hour.” Mr. Restori advised Staff determines this utilizing the EPA Method 22 Observation (a copy of which was placed on file for the record). Mr. Restori stated should the Inspectors be able to demonstrate fugitive dust emissions five (5) minutes or greater within a one-hour period from a site “that should stand alone” without photograph(s) or video in determining a violation.

Mr. Restori advised Notice of Violation AQMV21-0037 was issued to McCarthy Building Company for failure to comply with the requirements as set forth in APCP20-0151, specifically condition number twelve (12) for “allowing visible dust to be emitted into the ambient air by operations of disturbed acres of this project for more than five (5) minutes within a one (1) hour period.” Mr. Restori advised the appellant was in violation of the conditions of an approved Dust Control Permit, for the emissions of fugitive dust into the ambient air; that this was a violation of both local and Federal Regulations.

In response to Mr. Squire regarding projects being required to cease operations during incidents of windy conditions, Mr. Restori advised that the appellant should have ceased operations; however, for heavy equipment operations there should have also been dust emission mitigation measures occurring on the project. Mr. Restori stated stockpile areas should have an adequate level of water to prevent fugitive dust emissions when those stockpiles are “dug into” for whatever use. Mr. Restori stated, should the stockpiles not have an adequate level of moisture to prevent fugitive dust emissions, then there should always be mitigation measures available on-site. Mr. Restori advised should wind gusts prevent the control of fugitive dust emissions there should be a cessation of operations; however, cessation of operations does not translate to no control measures. Mr. Restori stated high wind gusts would require a cessation of operations; and “all hands-on deck” to control dust emissions. Mr. Restori advised there are a minimum

number of water truck recommended for the acreage of each project; that should conditions require “more than that number”, then that is what is required to be done. Mr. Restori stated whatever measures are necessary to control the dust, (i.e., application of palliatives, tackifiers etc.), “then that is what has to be done.”

In response to Dr. Fitzgerald regarding if there is a maximum number of disturbed acres for a Dust Control Project at one time, Mr. Restori advised per the Regulations there is not. In response to Dr. Fitzgerald regarding the number of water trucks on-site, Mr. Restori, stated, as he advised, Staff recommends the minimum number which should be on-site. In response to Dr. Fitzgerald regarding how many water trucks were on-site at the time the violation was noted, Mr. Restori advised he is not aware of who many water trucks were on-site at that time. In response to Dr. Fitzgerald regarding if the entire 1,079 acres of this project were open at-this-time, Mr. Restori advised that the project is being completed in phases; therefore, not all of the 1,079 acres were open. In response to Mr. Restori regarding “the observation method” for determining a violation, Mr. Restori stated EPA Method 22 is an observation method for determining a dust violation. Mr. Restori advised Staff Inspectors receive certification to be proficient in this method. Mr. Restori advised in utilizing Method 22 an Inspector utilizes two (2) stop watches, one (1) calculates total time of an hour; that the other one calculates the accumulated time of observing fugitive dust.

In response to Mr. Squire regarding the current phase of the project, Mr. Restori advised the appellant can advise as to which phase the project is in; that this phase was specific to the installation of the panels and construction of the roads.

Mr. Kenny Whisenhunt, Senior Project Manager, Dodge Flat Solar Project, being duly sworn, introduced Mr. Ryan Schatz, stated, he disputes Mr. Restori’s statement that McCarthy Building failed to reply to the email specific to an amendment to the Dust Control Plan. Mr. Whisenhunt stated, he emailed Ms. Osborn (Air Quality with an amended Plan; and “was in constant contact” with Ms. Osborn. Mr. Whisenhunt stated McCarthy Building did submit an updated plan indicating the mitigation plans for controlling the dust emissions. Mr. Whisenhunt stated, “there is a benefit to understanding” the challenges in attempting to control dust emissions on a project which is in excess of 1,000 acres.

In response to Mr. Squire regarding the issuance of the Notice of Violation, Mr. Whisenhunt stated, the Citation was issued in April; that, at that time, McCarthy Building had “graded and disturbed the topography” of all four (4) phases of the project. Mr. Whisenhunt stated as of May approximately 1,000 acres of the project had been disturbed “to some degree”.

Mr. Whisenhunt stated, as Staff’s video depicted, there was a water truck which was observed “passing by”; that that truck “was obviously empty”; otherwise it would have discharged water. Mr. Whisenhunt stated the well for obtaining water for the project is approximately 2.5 miles south of the site. Mr. Whisenhunt stated, that with speed limit restriction, and for safety reasons a round trip for a water truck is thirty (30) minutes; that there are other water trucks on-site; that each driver has an assigned location for watering.

Mr. Whisenhunt stated on the day in question trenches were being excavated; that as the trenches are excavated the soil crust is disturbed; “and in this particular area the soils are really sandy.” Mr. Whisenhunt stated, that “it would not make sense” to spray water as the areas being excavated as the soil would “slough off and create a mudhole.” Mr. Whisenhunt stated the excavated material piles are watered as is the material when it is backfilled.

Mr. Whisenhunt stated, as depicted in the video there is a “dust devil” visible to the south of the site; a portion of which is “their property and a portion of which not” the property of McCarthy Building. Mr. Whisenhunt stated McCarthy Building “can create a crust”, and apply water to the site; however, it was not possible to control the dust emissions from a dust devil. Mr. Whisenhunt stated a dust devil creates as much disturbance as a truck driving across does. Mr. Whisenhunt stated that to the south approximately 100 yards from Olinghouse Road is Bureau of Land Management (BLM) property, which cannot be entered upon.

In response to Mr. Squire regarding the distance to the hockey venue, Mr. Whisenhunt stated the venue is approximately a half-hour west of the southwest boundary of the Dodge Flat Solar project.

Mr. Whisenhunt stated a major issue for the project is in the evening and on weekends there are a number of off-road (4-wheel drive) vehicles and motorcycles driving on the roads of the project and across the property; that the security guards for the project “have been run off the road.” Mr. Whisenhunt stated, this has been an on-going issue that has been a challenge. Mr. Whisenhunt stated the size of the site does create more of a challenge. Mr. Whisenhunt stated the Sheriff’s Office has been contacted regarding the problem; however, he has been advised by the Sheriff’s Department that there is not much the Sheriff’s Office can do to stop or (even) alleviate this from occurring.

Mr. Whisenhunt stated McCarthy did submit and comply with the revised mitigation plan “from that point forward.” Mr. Whisenhunt reiterated the project does have a private well from which the water trucks are filled; that there is approximately a thirty (30) minute turn-around time in refilling the water trucks.

In response to Mr. Squire regarding the number of water trucks on the project, Mr. Whisenhunt stated, “they have tripled the amount of water trucks on the site”; that McCarthy Building has been able to control the dust on the project; however, dust from the surrounding area remains a problem.

In response to Dr. Harris regarding the underestimating the number of water trucks necessary for the project, Mr. Whisenhunt stated, “he didn’t say that.”

In response to Mr. Harris regarding the number of water trucks, Mr. Ryan Schatz, being duly sworn, stated, there were three (3) 8,000-gallon water trucks and six (6) 4,000-gallon water trucks on-site for the project. Mr. Schatz stated, there were three (3) 8,000-gallon water trucks on-site for mass excavation; that there were three (3) additional trucks from Granite mass text. Mr. Whisenhunt stated the individual who was approached (by AQMD Staff) about the dust emissions on the day in question was a subcontractor and didn’t receive the notification. Mr.

Whisenhunt stated, “he believes this individual, once approached, didn’t understand why he was being asked to stop work.” Mr. Whisenhunt stated, one of the regulatory restrictions for the project mandates there “can’t be a certain amount of trenches left open”; therefore, McCarthy Building has to ‘dig the trenches and have a number filled back-in’ to remain in compliance. Mr. Whisenhunt stated the worker was therefore ‘confused as what to do’ when he was approached by AQM Staff to stop the work.

Mr. Whisenhunt stated the “main concern is the violation”; and possible ramifications resulting from the Citation, including being able to obtain work for other projects. Mr. Whisenhunt stated McCarthy Building takes “dust control very seriously”; that McCarthy Building ‘takes every effort’ possible to control dust emissions; however, “sometimes it is not known something isn’t working until there is a high wind day.’

In response to Mr. Squire regarding the number of projects McCarthy Building has performed in the area, Mr. Whisenhunt stated this is the first project in Northern Nevada; that McCarthy Building has done several projects in Clark County. In response to Mr. Squire regarding previous violations, Mr. Whisenhunt stated to his knowledge there haven’t been any previous violations in Nevada.

Mr. Squire stated, “in attempting to understand what occurred”, when working in this type of area, McCarthy Building had to be aware that there is going to be dust; and McCarthy Building would have to do whatever is necessary to control the dust emissions.

In response to Mr. Squire, Mr. Whisenhunt stated McCarthy Building “believed it had taken every step necessary” to control the dust; that McCarthy Building had “far more water trucks” on-site for this project than “what he is used to for any project in any other area.” Mr. Whisenhunt stated that with the project being in a high desert area controlling the dust is a challenge. Mr. Whisenhunt stated in working from the south to southeast on the project there are very different soil conditions; that “it is a constant battle whether applying palliatives or increasing the number of water trucks, monitoring the track-out areas”; that McCarthy Building has done everything possible to control the dust emissions.

In response to Dr. Harris regarding controlling the dirt that accumulates underneath the solar panels, which are on top of disturbed ground, from becoming wind-blown dust, Mr. Whisenhunt advised the SWPP requirements stipulate McCarthy Building maintain the revegetation so that dust emissions aren’t a recurring problem. Mr. Whisenhunt stated “there is a difference of Construction, a subcontractor, two (2) of which were 2,000-gallons and one (1) 4,000-gallons, Mr. Schatz stated, McCarthy Building had four (4) 4,000-gallon water trucks on-site.

In response to Dr. Fitzgerald regarding the water trucks on-site, Mr. Schatz stated, “this was the number of water trucks on-site” on April 5, 2021.

Mr. Whisenhunt advised every portion of the project has two (2) to three (3) water trucks available. Mr. Whisenhunt stated McCarthy Building did “take corrective action and did write a response.” Mr. Whisenhunt stated, on the date in question McCarthy Building had issued a Stop Work Notice for the entire site; that this is accomplished through radio communication and a

opinion” as to whether or not the solar panels and the modules provide a level of stabilization; however, there is no definitive proof of that. Mr. Whisenhunt stated the Storm Water Prevention Permit (SWPP), to do stabilization through revegetation.

In response to Dr. Harris regarding the project, Mr. Whisenhunt stated he is unaware of “how many industrial-scale solar projects are in the area”; however, “they keep getting bigger every time” McCarthy Building develops one.

In response to Dr. Fitzgerald regarding how many acres of the project currently have a palliative applied, Mr. Schatz stated after the Inspector was on-site McCarthy Building acknowledged there was a problem. Mr. Schatz stated in response McCarthy Building increased the number of water trucks, adding a water buffalo; and applied “gorilla snot”, which is a plastic palliative, on fifty to sixty (50-60) acres. Mr. Schatz stated at the time of the inspection by the AQM Division, McCarthy Building was conducting the trenching operations; that McCarthy Building implemented remediation efforts, including the application of gorilla snot prior to the beginning of work attempting to keep reduce any problems from occurring. Mr. Schatz stated the revised remediation plans were submitted with the MSDS (Material Safety Data Sheets). Mr. Schatz stated shutdowns are costly and delay operations; that McCarthy Building “attempts to better themselves.” Mr. Schatz stated per the requirements McCarthy Building had issued a Stop Work Notice; that McCarthy Building then submitted a revised action plan two (2) days after the Citation was issued. Mr. Schatz stated McCarthy Building “has an action plan”; that McCarthy Building has complied with the guidelines in ceasing operations and increasing control measures. Mr. Schatz stated “there isn’t a lot of residential areas” surrounding this project.

In response to Dr. Fitzgerald regarding the issue of the off-road vehicles and motorcycles creating problems breaking up the applied palliatives, Mr. Schatz stated McCarthy Building has added additional security to the site; however, although the extra security has “helped a little” the off-roading on the property remains a problem. Mr. Schatz stated the off-road vehicles issues continue to be a regular occurrence for the project.

In response to Dr. Harris regarding the recommended fine of \$2,000 for the next case; and whether Staff would have any objections to considering the cases together, Mr. Restori advised the first violation was written with a maximum penalty of \$1,000 per the Regulations specific to administrative fines. Mr. Restori stated subsequently the second violation was issued with a recommendation of a \$2,000 penalty based upon “the assumption the first violation” would be upheld. Mr. Restori advised the recommended administrative fine, was “again based upon” the Regulations. Mr. Restori advised a third violation would be a recommended fine of a maximum of \$10,000 as a third violation would be deemed a “major violation.” Mr. Restori stated, “that is the only guidance he can provide regarding considering the violations concurrently.

In response to Dr. Harris regarding considering the two (2) violations concurrently, Mr. Chaz Lehman, Deputy District Attorney stated “there are no concerns regarding a possible Open Meeting Law violation in considering the violations concurrently. Mr. Lehman stated the Hearing Board could consider making two (2) different motions. Mr. Lehman stated he would recommend the Hearing Board members not discuss the second violation until after a motion has been presented for the first violation.

In response to Mr. Squire regarding the two (2) violations, Mr. Restori stated the second violation occurred one (1) month apart from the first.

**MOTION**

Dr. Fitzgerald suggested the Hearing Board consider a determination on the first violation; and then discuss the second Citation, as the Hearing Board has received the testimony on the Citations.

Dr, Fitzgerald stated the recommended fine for AQMV21-0037, Case No. 1208 is \$1,000., which occurred on April 5, 2021. Dr. Fitzgerald stated the Hearing Board can recommend to uphold the Citation and levying a fine in the amount of \$1,000; or the Hearing Board may recommend upholding the fine and adjust a recommended fine; or the Hearing Board can recommend the Citation be dismissed.

Dr. Harris stated based upon the efforts of the appellant he would recommend the Board deny the appeal of McCarthy Building, upholding Citation No. AQMV21-0037, Case No. 1208 and recommend levying an administrative fine in the amount of \$500 for a first violation.

Mr. Squire seconded the motion. Upon a roll call vote the motion carried unanimously.

Ms. Cabrales, Recording Secretary, stated, for the record, Mr. Whisenhunt, McCarthy Building Companies, has been advised the Air Pollution Control Hearing Board is a recommending body only; that the recommendation of the Hearing Board will be forwarded to the District Board of Health for final review and action. Ms. Cabrales stated Mr. Whisenhunt was further advised of McCarthy's Building Companies' right to appeal the recommendation of the Hearing Board, in writing, within five (5) working days of tonight's hearing, to the District Health Officer.

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CATHLEEN FITZGERALD, DENV, PE  
CHAIR

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JESSICA CABRALES  
RECORDING SECRETARY

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, [fvega@washoecounty.gov](mailto:fvega@washoecounty.gov)

**SUBJECT:** Recommendation for the Board to consider approval of a Supplemental Environmental Project valued at no more than \$3,000.00 for McCarthy Building Companies, Inc. as required in Order No. 00009 as a settlement for Notice of Violations associated with Case No. 1316.

**SUMMARY**

The Washoe County Health District, Air Quality Management Division (AQMD) staff recommends approval of a Supplemental Environmental Project (SEP) for McCarthy Building Companies, Inc. (McCarthy) as required in Order No. 00009 as a settlement for Notice of Violations associated with Case No. 1316.

**District Health Strategic Priority 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**

No prior actions.

**BACKGROUND**

Please refer the attached NOV No. AQMV21-0042. This NOV contains the facts associated with the incident of noncompliance and supporting documentation relevant to the NOV.

Case No. 1316, Notice of Violation (NOV) No. AQMV21-0042 was issued to McCarthy on May 28, 2021, for failure to comply with the provisions of Dust Control Permit APCP20-0151 for Dodge Flat Solar. An Appeal Petition from McCarthy for the issuance of NOV No. AQMV21-0042 and the associated administrative penalty was received by the AQMD on June 11, 2021. An Air Pollution Control Hearing Board (APCHB) meeting was held on July 13, 2021, where Case No. 1316 was heard. The APCHB voted to uphold NOV No. AQMV21-0042 with a recommended administrative fine of \$2,000.00.

On October 5, 2021, the parties entered into a Settlement Agreement to settle NOV No. AQMV21-0042 wherein McCarthy agreed to fund a SEP valued at no more than \$3,000.00 for the purchase of low-cost air quality sensors to be approved by the Washoe County District Board of Health.

**AIR QUALITY MANAGEMENT**

1001 East Ninth Street, Building B-171, Reno, Nevada 89512  
AQM Office: 775-784-7200 | Fax: 775-784-7225 | [OurCleanAir.com](http://OurCleanAir.com)  
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



The AQMD recommends approval of a SEP for McCarthy as required in Order No. 00009 as a settlement for Notice of Violations associated with Case No. 1316.

**FISCAL IMPACT**

There are no fiscal impacts resulting from the Board approving a SEP. A SEP is an environmentally beneficial activity completed by a respondent or defendant who agrees to perform the activity as part of a settlement of an enforcement action, but which the respondent is not otherwise legally obligated to perform.

**RECOMMENDATION**

Staff recommends the Board approval of a SEP for McCarthy Building Companies, Inc. as required in Order No. 00009 as a settlement for Notice of Violations associated with Case No. 1316.

**POSSIBLE MOTION(s)**

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to approve of a Supplemental Environmental Project for McCarthy Building Companies, Inc. as required in Order No. 00009 as a settlement for Notice of Violations associated with Case No.'s 1316."

**WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION**

1001 East Ninth Street, Suite B171  
Reno, Nevada 89512

**COMPLIANCE ORDER NO. 00009**  
**ISSUED TO**

**McCarthy Building Companies, Inc.**  
**2580 St. Rose Parkway**  
**Las Vegas, Nevada 89074**  
**Permit No.: APCP20-0151**  
**Date of Issuance: November 3, 2021**

The Washoe County Health District, Air Quality Management Division (AQMD) has determined that McCarthy Building Companies, Inc. (McCarthy) with an Air Pollution Control Permit at Dodge Flat located at 2505 State Route 447 Reno, Nevada 89510 is subject to the requirements of Washoe County District Board of Health Regulations Governing Air Quality Management (DBOH Regulations).

**I. BASIS for COMPLIANCE ORDER**

**A. Regulatory Authority**

1. The AQMD under authority of DBOH Regulations 020.0051.C. has the power and duty to make such determinations and issue such orders as may be necessary to implement the provisions of the DBOH Regulations Section 020.0051.A. to achieve air quality standards in accordance with law.
2. The DBOH Regulations 020.030 – Notice of Violation states: “Whenever the Control Officer or his authorized agent or representative has a reasonable cause to believe that any section of these regulations for the prevention, abatement or control of air pollution has been violated, he shall cause written notice to be served upon the person or persons responsible for the alleged violations. The notice may include an order to take corrective action within a reasonable time, which shall be specified. Such an order becomes final unless, within ten (10) days after service of the notice, a person named in the order requests a hearing before the Hearing Board.”
3. The DBOH Regulations 020.040 H. Civil Fines and Penalties states: “In those cases where it is determined by the District Board of Health that a violation of the regulations has occurred, the Board at its discretion may choose to waive the fine for a first violation, levy any fine providing it does not exceed the appropriate range limitation, require use of other mitigation methods or schedules of compliance and in emergency situations, require a Stop Work Order to be issued

and/or any other combination of remedies to bring about compliance with the Regulations.”

**B. Facts to Constitute the Compliance Order**

1. Case No. 1316, Notice of Violation (NOV) No. AQMV21-0042 was issued to McCarthy on May 28, 2021, for failure to comply with the provisions of Dust Control Permit APCP20-0151 for Dodge Flat Solar.

On October 5, 2021, the parties entered into a Settlement Agreement wherein McCarthy agreed to fund a Supplemental Environmental Project (SEP) valued at no more than \$3,000.00 for the purchase of low-cost air quality sensors to be approved by the DBOH.

**II. CONCLUSION**

- A. Based on the information presented above, the AQMD and McCarthy have fully and finally settled the subject NOV with McCarthy’s agreement to complete the above-mentioned SEP.

**III. COMPLIANCE ORDER**

- A. The following Order is issued on this date pursuant to the powers and duties vested in the Control Officer of the Washoe County Health District (020.020).

Based on the information presented above and made a part of this Order, the Control Officer of the Washoe County Health District, pursuant to authority delegated to him by the District Board of Health, has determined that McCarthy shall comply with the provisions of this Order.

1. McCarthy shall conduct a SEP and no penalties or fines associated with NOV No. AQMV21-0042 will be assessed by the AQMD.
2. As part of the SEP, McCarthy shall purchase low-cost air quality monitors in the amount of no more than \$3,000.00. The monitors shall be placed in Washoe County community locations chosen by the AQMD which are considered sensitive or at risk to air pollution such as but not limited to:
  - a. Washoe County School District Locations
  - b. Community Centers
  - c. Youth Community Centers
  - d. City and Regional Parks
  - e. Other locations as approved
3. McCarthy shall complete the purchase of the low-cost air quality sensors within 60 days of approval of the SEP by the DBOH.



B. Pursuant to NRS 445B.450(5), the Washoe County Health District, Air Quality Management Division reserves the right to rescind any of the provisions of this Order if McCarthy fails to meet the requirements established in this Order.

IV. SIGNATURES

November 3, 2021

Date

Joshua C. Restori

Joshua C. Restori  
Supervisor, Permitting and Compliance  
Air Quality Management Division  
Washoe County Health District

11-3-2021

Date

Francisco Vega

Francisco Vega, P.E., MBA  
Director  
Air Quality Management Division  
Washoe County Health District

11-5-2021

Date

Jared Carlson

Signature of Company Representative

Jared Carlson

Printed Name of Company Representative



SETTLEMENT AGREEMENT

WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION

Date: October 5, 2021

Company Name: McCarthy Building Companies, Inc  
Address: 2580 St. Rose Parkway, Ste 200, Henderson, NV 89704  
Notice of Violation # AQMV21-00042 Case # Case No. 1316

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: Failure to comply with the provisions of APCP20-151. Specifically, permit condition No.12. Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than five (5) minutes in any hour period. (Regulation 040.030, Section C. 1.)

A settlement of this matter has been negotiated between the undersigned parties resulting in: a Supplemental Environmental Project (SEP) with a value of \$3,000.00. This project will include the purchase of low cost air quality sensors for the Washoe County School District. The Health District may provide a compliance order to outline the SEP. The settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on October 28, 2021.

Jared Carlson  
Signature of Company Representative

Jared Carlson  
Print Name

VP Operations  
Title

Aleshaciddas  
Witness

Joshua C. Restori  
Signature of District Representative

Joshua C. Restori  
Print Name

Supervisor  
Title

Francisco Vega  
Witness



**WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512**

**NOTICE OF VIOLATION No. AQMV21-0042  
ISSUED TO  
McCarthy Building Companies  
Permit Number: APCP20-0151  
Date of Issuance: May 28, 2021  
Case No.: 1316**

The Air Quality Management Division of the Washoe County Health District (AQMD) has determined that McCarthy Building Companies is in violation of the Washoe County District Board of Health Regulations Governing Air Quality Management Section 040.030 Section C. 3. Dust Control Permit Requirements.

1. VIOLATION

- A. Failure to comply with the provisions of Dust Control Permit APCP20-0151. Specifically, permit condition No. 12: Visible dust may not be emitted into the air from any operations or disturbed areas of this project for more than 5 minutes in any hour period (Regulation 040.030, Section C. 1).

2. BASIS OF VIOLATION

A. Regulatory Authority

The Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C. 3. Dust Control Permit Requirements:

**DUST CONTROL PERMIT REQUIREMENTS:** The owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity. In the Dust Control Permit application, the owner and/or operator shall designate a person responsible for compliance with the "District Board of Health Regulations Governing Air Quality Management." Failure to comply with the provisions of an approved Dust Control Permit shall be deemed a violation of this Rule.

B. Facts to Constitute the Violation

On May 6, 2021, an Air Quality Specialist (AQS) responded to a complaint concerning fugitive dust from the Dodge Flats Solar project. At the time of the

response, the AQS conducted an EPA Reference Method 22 observation of the project site. The AQS documented 6 minutes of visible fugitive dust during a 6 minute observation. This exceeds the standard set in the Washoe County District Board of Health Regulations Governing Air Quality Management 040.030 Section C.1. and referenced in Condition No. 12 of Dust Control Permit APCP20-0151.

3. APPEAL PROCEDURE AND TIME LIMITATIONS

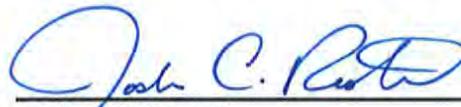
A. Appeal Procedure

McCarthy Building Companies is advised that within (10) working days of the receipt of this Notice of Violation, McCarthy Building Companies may submit a written petition for appeal to the Washoe County Air Quality Hearing Board. The written petition for appeal shall be submitted to the AQMD at the following address:

Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512

Failure to submit a petition for appeal within the specified timeframe will result in the submission of this Notice of Violation to the Washoe County District Board of Health with a recommendation for the assessment of an administrative fine of \$2,000.00.

5/28/2021  
Date



Joshua C. Restori  
Supervisor, Permitting and Compliance  
Air Quality Management Division  
Washoe County Health District

## Administrative Penalty Table

### Air Quality Management Division Washoe County Health District

#### I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005 Visible Emissions	1000	2500
040.030 Dust Control (fugitive)	1000	2000
040.035 Open Fires	500	1000
040.040 Fire Training	500	1000
040.050 Incinerator	1000	2000
040.051 Woodstoves	500	1000
040.055 Odors	1000	2000
040.080 Gasoline Transfer (maintenance)	1000	2000
040.200 Diesel Idling	500	1000
050.001 Emergency Episode	1000	2000
040.030 Construction Without a Dust Control Permit		
Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
Project Size – 10 acres or more	\$1,000 + \$50 per acre	

#### II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

#### III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

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

Company Name McCarthy Building Companies  
Contact Name Kenney Whisenhunt  
Case Number 1316

I. Violation of Section 040.030 Section C.3. Dust Control Permit Requirements

I. **Recommended Penalty** = \$ 2000.00

II. Violation of Section 0

II. **Recommended Penalty** = \$ 0.00

III. Violation of Section 0

III. **Recommended Penalty** = \$ 0.00

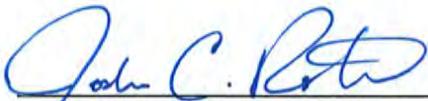
IV. Violation of Section 0

IV. **Recommended Penalty** = \$ 0.00

V. Violation of Section 0

V. **Recommended Penalty** = \$ 0.00

**Total Recommended Penalty** = \$ 2,000.00

  
\_\_\_\_\_  
Senior AQ Specialist/Supervisor

5/28/2021  
\_\_\_\_\_  
Date

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

Company Name McCarthy Building Companies  
 Contact Name Kenney Whisenhunt  
 Case Number 1316  
 Violation Number AQMV21-0041

Violation of Section 040.030 Section C.3. Dust Control Permit Requirements  
 Permit Condition Condition No.12 of Permit No. APCP20-0151

I. **Base Penalty as specified in the Penalty Table** = \$ **2,000.00**

II. **Severity of Violation**

A. **Public Health Impact**

1. **Toxicity of Release (For Emissions Exceedances)**

Unable to Quantify - 1x      Criteria Pollutant - 1x      Hazardous Air Pollutant - 2x  
**Adjustment Factor** **1**

**Comment:** Penalty by rule

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

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

**Comment:** Penalty by rule

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

B. **Adjusted Base Penalty**

Base Penalty \$ 2,000.00 x Adjustment Factor 1 = \$ **2,000.00**

C. **Number of Days/Weeks/Months or Units in Violation**

Adjusted Penalty \$ 2,000.00 x Number of Days/Weeks/Mo **1** = \$ **2,000.00**

**Comment:** 1 occurrence of the violation was observed

D. **Economic Benefit**

Avoided Costs \$ **0.00** + Delayed Costs \$ **0.00** = \$ 0.00

**Comment:** No economic benefit was associated with this violation.

**Penalty Subtotal**

Adjusted Base Penalty \$ 2,000.00 + Economic Benefit \$ 0.00 = \$ **2,000.00**

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

**III. Penalty Adjustment Consideration**

**A. Mitigating Factors** (0 +/- 25%)

0%

Comment Penalty by rule

**B. Compliance History**

Similar Violation < 12 months (300%)

+ 0%

Similar Violation < 3 years (200%)

+ 0%

Similar Violation > 3 years (150%)

+ 0%

Previous Unrelated Violations < 5years

5% x   , # of previous violations

+ 0%

Comment: Penalty by rule

**Total Penalty Adjustment Factors** – Sum of A & B

0%

**IV. Recommended Penalty**

Penalty Adjustment:

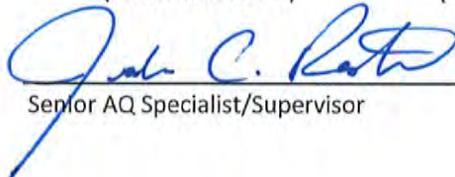
\$ 2,000.00	x	<u>0%</u>	=	\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training	-	\$ <span style="border: 1px solid black; padding: 2px;">0.00</span>
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Comment: \_\_\_\_\_

Adjusted Penalty:

\$ 2,000.00	+/-	\$ 0.00	=	\$ <span style="border: 1px solid black; padding: 2px;">2,000.00</span>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended Penalty

  
Senior AQ Specialist/Supervisor

5/28/2021  
Date

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

AIR QUALITY MGMT.

JUN 11 2021

WASHOE COUNTY  
HEALTH DIST.

**APPEAL PETITION TO THE AIR POLLUTION CONTROL HEARING BOARD**

Return to: Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street B171  
Reno, Nevada 89512  
(775) 784-7200

[www.OurCleanAir.com](http://www.OurCleanAir.com)

PETITIONER: McCarthy Building Companies

PHONE: 650-96694980

MAILING ADDRESS: 2580 St. Rose Parkway Suite 200

CITY: Henderson STATE: NV ZIP CODE: 89704

PHYSICAL ADDRESS: 1901 Olinghouse R.

CITY: Wadsworth STATE: NV ZIP CODE: 89442

EQUIPMENT OR PROCESS REGISTERED WITH CONTROL OFFICER? YES  NO

APPEAL OF ORDER

APPEAL OF VIOLATION

VIOLATION NUMBER: AQMV21-0042 DATE RECEIVED: 6/4/2021

REGULATION INVOLVED: SECTION: 040.030 Section C.3- Dust Control

BASIS FOR APPEAL/VARIANCE: See Attached

Jeff Tharp

PRINT NAME



SIGNATURE

Project Manager

TITLE

6/11/2021

DATE

Revised 06-2020





6225 N 24th St, Suite 200, Phoenix, Arizona 85016  
 P 480-449-4700 | F 480-449-4747  
 mccarthy.com

Washoe County Health District  
 Air Quality Management Division  
 1001 East Ninth Street Suite B171  
 Reno, Nevada 89512

RE: Permit # APCP20-0151  
 Project: Dodge Flat Solar  
 Notice of Violation AQMV21-0042

We appreciate the opportunity to appeal violations AQMV21-0037 & AQMV21-0042. McCarthy understands the importance of maintaining a compliant site and has been working diligently to stay in compliance. The above violations reference 040.030 Section C.3 – Dust Control Permit Requirements. This section allows for the Permit Operator (McCarthy) to take corrective actions if the Control Officer determines there is fugitive dust. Days with winds above 20mph are typically when we experience increased dust-generating activities. McCarthy monitors the winds and the dust to shut down if the winds are creating excessive dust. Attached, please see notifications that go out to the onsite supervision to cease activities when the winds increase. On notification days, April 5, 2021, and May 6, 2021, we did cease activities.

In addition to ceasing activities, McCarthy has increased its fleet of water trucks from 2 to 11 and added additional filling stations. This is a \$500,000 addition cost to McCarthy which was not originally anticipated. I only mention this to help show the extent of the efforts we will go to maintain compliance and our willingness to work with the Air Quality Management Division. We believe this is compliant with the allowed corrective actions in 040.030 Section C.3 – Dust Control Permit Requirements.

It is also worth mentioning the project conditions for those who may not be familiar with the site. We are located over a mile outside of the town of Wadsworth. The adjacent area is all open desert and typically when it is windy, like on the days of the violations, there is also dust being generated from the natural desert land, which can create a perception that the site is generating more dust than reality.

I hope this explanation of our sincere efforts and challenges will help in your consideration for annulling violations AQMV21-0037 & AQMV21-0042.

Respectfully,  
 Kenny Whisenhunt  
 Sr. Project Manager  
 McCarthy Building Companies, Inc.



A McCarthy Holdings, Inc. company

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

May 28, 2021

McCarthy Building Companies  
Attn: Kenney Whisenhunt  
2580 St Rose Pkwy., Suite 200  
Las Vegas, NV 89074

**RE: Notice of Violation AQMV21-0037 of Dust Control Permit APCP20-0151**

Dear Mr. Whisenhunt,

On April 5, 2021, the Air Quality Management Division (AQMD) of the Washoe County Health District identified an incident of noncompliance associated with Dust Control Permit APCP20-0151 located at the Dodge Flats Solar project site adjacent to S.R. 447. The attached Notice of Violation (NOV) No. AQMV21-0037 state the specifics of Case No. 1308.

**Based on the incidents of noncompliance, McCarthy Building Companies has violated the following Section of the District Board of Health Regulations Governing Air Quality Management (DBOH Regulations):**

- 040.030 Section C.3. – Dust Control Permit Requirements

Based on the available information associated with Case No. 1308, the AQMD has determined that formal issuance of NOV No. AQMV21-0037 is warranted.

The AQMD makes recommendations to the Washoe County District Board of Health (DBOH) as to what an appropriate penalty may be for a violation of the DBOH Regulations. The penalty is based on the Penalty Table and DBOH Regulations Section 020.040 Civil Fines and Penalties. NOV No. AQMV21-0037 was cited as a violation of Section 040.030 Section C.1. constituting a minor violation per Section 020.040 (C). Therefore, the AQMD is making a recommendation to the DBOH to uphold NOV No. AQMV21-0037 and administer a penalty by rule in the amount of \$1,000.00 to McCarthy Building Companies.

An appeal of NOV No. AQMV21-0037 may be requested per DBOH Regulation 020.0252 Hearing Board – Appeal Procedure. A copy of the Appeal Petition to the Air Pollution Control Hearing Board is enclosed. Appeal Petitions must be received within (10) days of receipt of this notice. Appeal Petitions may be submitted to:

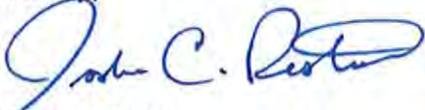
Washoe County Health District  
Air Quality Management Division  
1001 East Ninth Street Suite B171  
Reno, Nevada 89512

Subject: Notice of Violation AQMV21-0037/McCarthy Building Companies  
Date: May 28, 2021  
Page 2 of 2

Failure to submit an appeal, using the supplied Appeal Petition Form available in Attachment 4, within the specified timeframe will be considered consent of NOV No AQMV21-0037 with the recommended penalty of \$1,000.00 to McCarthy Building Companies. The AQMD will then submit NOV No. AQMV21-0037 to the Washoe County District Board of Health for approval. The item will be placed as a consent agenda item with a recommendation for the assessment of an administrative fine of \$1000.00. McCarthy Building Companies will receive notice of the submittal to the Washoe County District Board of Health prior to the meeting where the item will be heard.

If you have any questions regarding the information contained in this letter or the attachments, please contact me at (775) 784-7202. If I am unavailable, please contact Francisco Vega at (775) 784-7211.

Sincerely,



Joshua C. Restori  
Supervisor, Permitting and Compliance  
Washoe County Health District, Air Quality Management Division

Enclosed:

Attachment 1 - Notice of Violation (Final)

Attachment 2 - DBOH Regulations Section 020.040 Civil Fines and Penalties

Attachment 3 - Penalty Table

Attachment 4 - Appeal Petition Form

E-copy: AQMD Enforcement Group

Cert. Mail No. (Return Receipt Required) 9171 9690 0935 0218 6774 80

## Wind Alert

McCarthy Building Companies , Dodge Flats Foreman's

Sent 04/13/2021 15:03 CDT via   by Jason Faltinowski

Team, Winds are holding steady N 20 mph at this time. Please ensure we are securing lightweight materials, and evaluating activities where wind can be a hazard.

## Post Updates (0)

## Wind Alert

McCarthy Building Companies , Dodge Flats Foreman's

Sent 04/13/2021 15:21 CDT via   by Jason Faltinowski

McCarthy Leaders- Please ensure we are not driving equipment off the approved routes. If generating dust at this time, let's shut down as a precaution for now.

## Post Updates (0)



**CASE NO. 1316 – AS REVIEWED BEFORE THE AIR POLLUTION CONTROL  
HEARING BOARD**

In Re: Appeal of McCARTHY BUILDING )  
COMPANIES for Dodge Flat Solar Project )  
For violation of Section 040.030 (Dust Control), )  
Subsection C (Standards), 3. (Dust Control Permit )  
Requirements), of the Washoe County District )  
Board of Health Regulations Governing Air )  
Quality Management. )

At a hearing of the Air Pollution Control  
Hearing Board at Wells Avenue and Ninth  
Street, Reno, Nevada  
July 13, 2021

PRESENT: Chair Cathleen Fitzgerald, DEnv, PE  
Member Richard Harris, JD, PhD  
Member Paul Kaplan  
Member Lee Squire  
Francisco Vega, AQM Division Director  
Joshua Restori, Supervisor, Permitting and Enforcement  
Genine Rosa, Environmental Engineer  
Jessica Cabrales, Office Support Specialist  
Kelly Parsons, Office Assistant II

ABSENT: Vice Chair Jeanne Rucker, REHS  
Member Yvonne Downs, CEM  
Member Jim Kenney

## **GENERAL COMMENTS**

Dr. Fitzgerald advised the Hearing Board that Staff recommends the denial of the appeal of McCarthy Building for the Dodge Flat Solar Project, Notice of Violation AQMV21-0042, Case No. 1316 issued for failure to comply with the requirements of Section 040.030 (Dust Control), Subsection C.3 Dust Control Permit of the Washoe County District Board of Health Regulations, with a recommended administrative fine in the amount of \$2,000.

Mr. Josh Restori, Supervisor, Permitting and Compliance, being duly sworn, advised the Air Quality Management Division has received numerous complaints regarding the Dodge Flats Solar Project site. Mr. Restori advised the parameters of this case are the same as the previous case reviewed by the Hearing Board. Mr. Restori stated the dust emission control measures for Washoe County are “doing whatever it takes” to control dust from becoming entrained into the ambient air. Mr. Restori advised that Staff is aware Washoe County is in a desert; and that there are frequent winds creating blowing dust; however, that is exactly why there are Regulations specific to dust control and why those Regulations are important.

Mr. Restori reiterated that the control measures “are whatever it takes”; that he concurs some entities are doing “what they can.” Mr. Restori stated the appellant did forward an email to the Inspector indicating an expenditure of an additional \$500,000 for dust control measures after the incident of April 5, 2021. Mr. Restori stated this second violation occurred after those additional control measures were implemented. Mr. Restori stated although this project is located in what is considered a “desolate area” there are citizens who live out in the area; that the citizens of Wadsworth are entitled to the same consideration for clean air as those citizens living within Reno and Sparks.

Mr. Restori stated the issues of the first case was regarding the operation of equipment and disturbed soil; that this second violation is specific to disturbed soils; that as noted by the Inspector there was no activity occurring on the site at the time of this violation. Mr. Restori advised that during this incident there were high winds occurring and the developer had ceased operations on the site; however, the dust emissions were not being controlled.

Mr. Restori presented a video of the site on the day the violation occurring depicting what the Inspector was observing. Mr. Restori advised there was no activity on site; that the requirements stipulate: “If the required number of water trucks cannot control fugitive dust emissions from equipment operations or dusty wind conditions the applicant shall immediately provide requirement could not be clearer regarding dust control; that, again, an applicant “must do whatever it takes” to control dust emissions. Mr. Restori advised Staff determines dust emission violations utilizing the EPA Method 22 Observation for the record), to demonstrate fugitive dust emissions five (5) minutes or greater within a one-hour period from any site.

Mr. Restori stated in this incident the appellant did not comply with the requirements for containing fugitive dust control emissions from a site in violation of Section 040030 (Dust Control), which is in violation of both County and Federal Regulations.

Mr. Kenny Whisenhunt, representing McCarthy Building Company, being duly sworn, stated McCarthy Building Company did provide additional water trucks to the site after the initial Citation; and has been doing everything possible to control dust emissions. Mr. Whisenhunt stated on the day in question the “pump had shut down”; that McCarthy Building immediately pulled all the water from the two-million-gallon pond; and contacted a contractor to repair the pump. Mr. Whisenhunt stated there was no one on the site, as there was no work that could be done; that the site was shut down with no water trucks operating and it was a high wind day. Mr. Whisenhunt stated McCarthy Building “lost the ability to do anything.” Mr. Whisenhunt stated after this incident McCarthy Building “once again increased the number of water trucks on-site.

Mr. Ryan Schatz, being duly sworn, stated on the day of the second violation, as Mr. Whisenhunt indicated the “pump went out”; that he has photographs of the situation. Mr. Schatz stated the site was shut down with high winds occurring. Mr. Schatz stated the pump for the well at the pond shut down and McCarthy Building was unable to control the dust in compliance with the revised remediation plan; that all of this occurred in one-day. Mr. Schatz stated McCarthy Building obtained an additional 4,000-gallon water truck and a water buffalo to help control “the foot traffic.” Mr. Schatz stated it is important for McCarthy Building “to maintain a good presence in the State of Nevada in Las Vegas and Northern Nevada.” Mr. Schatz stated that McCarthy Building “was able to water minimally because of the water in the pond”; however, with minimal water McCarthy Building “had to cease all operations because the dust could not be controlled.” Mr. Schatz stated McCarthy Building Safety Team forward texts to cease operations because of a high-wind day; that the emails to Staff indicate what McCarthy Building implemented.

Mr. Schatz stated with the \$500,000 McCarthy Building procured eleven (11) additional 4,000-gallon water trucks to demonstrate an effort of what was being done in an attempt to control the dust, as what was being done previously was not working to control the dust. Mr. Schatz stated McCarthy Building “ramped-up” efforts to control the dust as it is a requirement of the Dust Control Permit, as McCarthy Building “couldn’t keep shutting-down the job.”

In response to Mr. Squire regarding having a “back-up pump on-site”, Mr. Whisenhunt stated the “original plan was for McCarthy Building to install the pump and for the owner to buy one as well”; that prior to this incident McCarthy Building thought there was a back-up pump; however, that did not occur. Mr. Whisenhunt stated the owner provides the water to McCarthy Building.

Mr. Squire stated. “if it was his house where the dust was blowing he would be upset.”

Mr. Whisenhunt stated, “with COVID, the modules and equipment delivery delays McCarthy Building has constantly been having to adapt.” Mr. Whisenhunt stated the modules are the end product, which determines when McCarthy Building “stops disturbing areas has been sorely delayed.”

Mr. Schatz stated McCarthy Building “understands that control measures are whatever it takes”; that the pump is located two-hundred-fifty (250) underground; therefore, it takes “a lot to pull that pump out.” Mr. Schatz stated with the pump not functioning McCarthy Building was not able to “keep up with the demand for all the water trucks that were on-site” without getting the

pump fixed. Mr. Schatz stated McCarthy Building “had a back-up plan”; that the water was there in an attempt to mitigate the dust; and the pump was fixed the next day.

Mr. Kenney stated with a back-up pump McCarthy Building “could have pulled water from the well” regardless if it would have “been enough” there would have been water.

Mr. Whisenhunt stated, “the well was fine”; that “the pump wasn’t the issue as much as it was not having the manpower to pull the old pump and install the new one.” Mr. Whisenhunt stated McCarthy Building did contact a well contractor.

In response to Dr. Fitzgerald regarding “the pond”, Mr. Schatz stated there is a retention pond “pulls from the ground well.” Mr. Schatz described the process of the pump and the pond.

### **MOTION**

Mr. Squire moved that based upon the evidence, he would move that the appeal of McCarthy Building Company for Dodge Flat Solar be denied, upholding Citation No. AQMV21-0042, Case No. 1316; and recommending levying an administrative fine in the amount of \$2,000.

Dr. Harris seconded the motion, which upon a roll call voted carried unanimously.

Dr. Harris stated he is aware McCarthy Building “is doing their very best; that they just got thrown for a ride.”

Mr. Whisenhunt stated the requirements for a Dust Control Permit “seems to be applied whether it is just a 30 - 40-acre site; that it “is a substantial investment in the permit” from Washoe County as compared to other areas. Mr. Whisenhunt stated he would rather see the money spent on water trucks; that that is something to be considered as there will be more projects of this size “coming into the area.” Mr. Whisenhunt stated he is not being critical.

Mr. Squire questioned if McCarthy Building Company has consultants investigate the areas and conditions of those areas prior to beginning a project. In response to Mr. Squire, Mr. Whisenhunt stated the company does have that done. Mr. Squire stated that McCarthy Building should have been forewarned that this type of situation could occur in Nevada.

Ms. Cabrales, Recording Secretary, stated, for the record, Mr. Whisenhunt, McCarthy Building Companies, has been advised the Air Pollution Control Hearing Board is a recommending body only; that the recommendation of the Hearing Board will be forwarded to the District Board of Health for final review and action. Ms. Cabrales stated Mr. Whisenhunt was further advised of McCarthy’s Building Companies’ right to appeal the recommendation of the Hearing Board, in writing, within five (5) working days of tonight’s hearing, to the District Health Officer.

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CATHLEEN FITZGERALD, DENV, PE  
CHAIR

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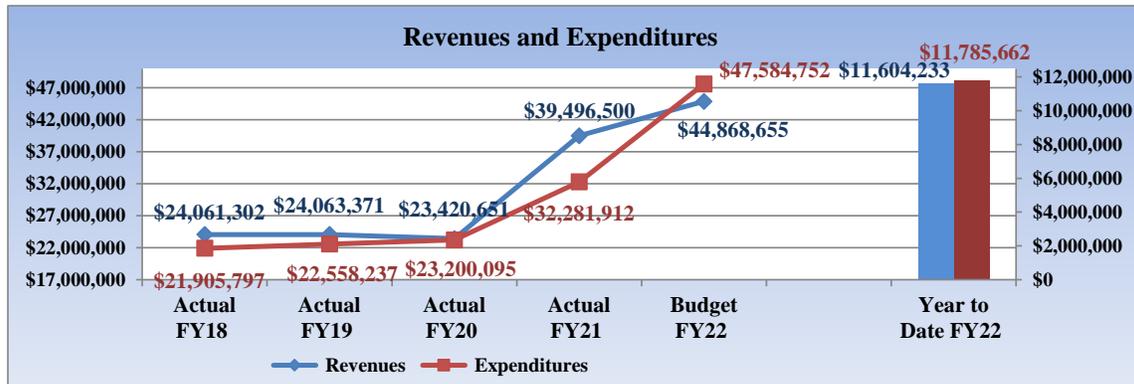
JESSICA CABRALES  
RECORDING SECRETARY

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
328-2417, [ahenan@washoecounty.gov](mailto:ahenan@washoecounty.gov)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2022

**SUMMARY**

The fifth month of FY22 ended with a cash balance of \$14,834,068. The total revenues were \$11,604,233 or 25.9% of budget and down 2.2%, \$258,515 less than FY21. The expenditures totaled \$11,785,662 or 14.8% of budget up \$1,522,764 or 14.8% compared to FY21 with the largest single increase of \$1,674,326 in temporary help for the COVID-19 response.



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

**6. 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.

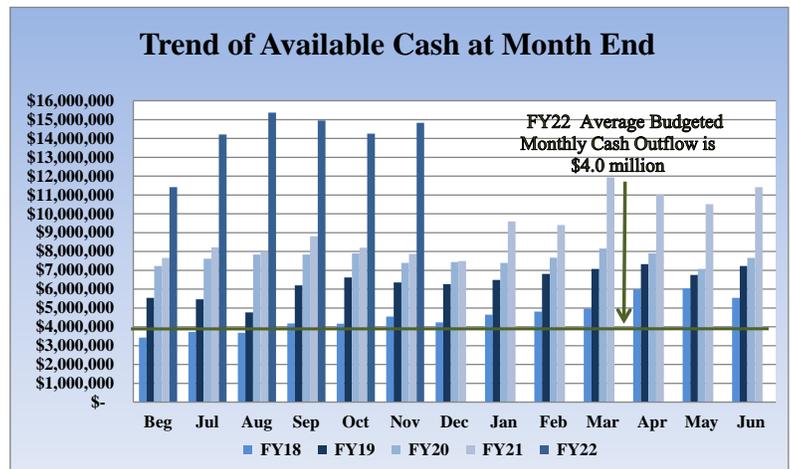
**PREVIOUS ACTION**

Fiscal Year 2022 Budget was adopted May 19, 2021.

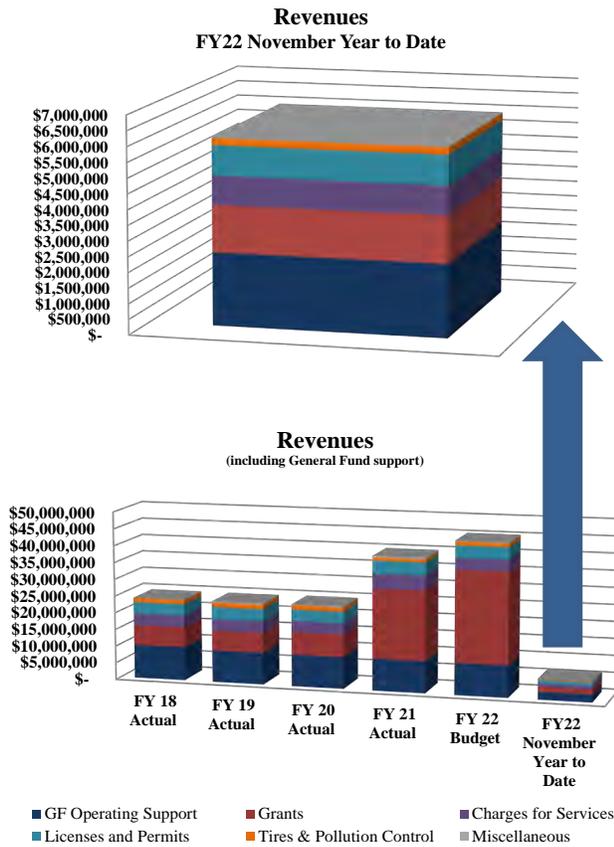
**BACKGROUND**

**Review of Cash**

The available cash at the end of November, FY22, was \$14,834,068 which is enough to cover approximately 3.7 months of expenditures. The cash balance is \$6,970,112 greater than November of FY21. The encumbrances and other liability portion of the cash totals \$5.3 million; the cash restricted as to use is approximately \$1.8 million (includes \$712,013 DMV pollution control revenue, \$426,960 Solid Waste Management Tire Revenue, \$532,487 Accela Regional Permitting Technology Fees and the \$108,246 Hazardous Materials 1995 litigation revenue); leaving a balance of \$7.9 million.

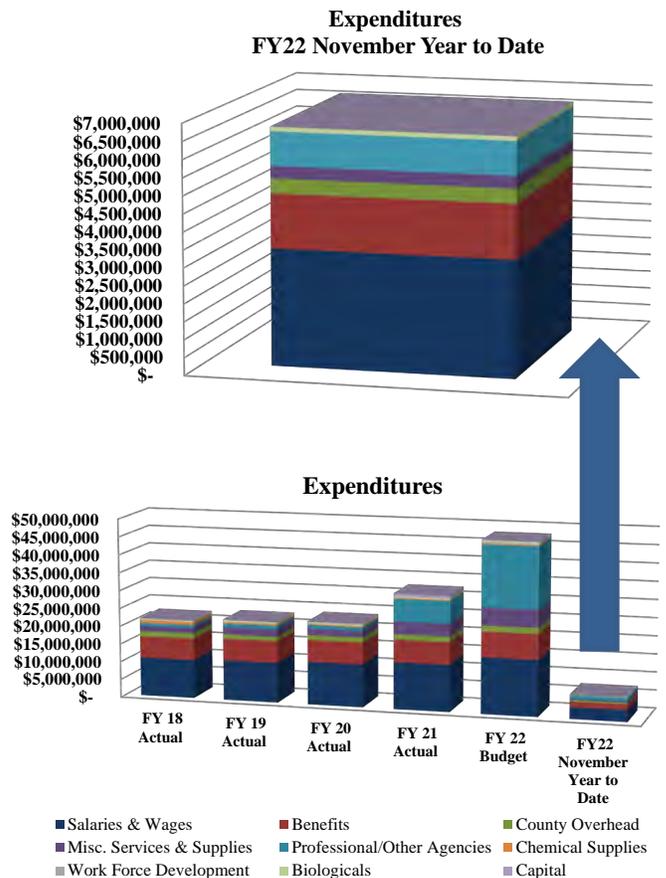


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$11,604,233 down \$258,515 or 2.2% compared to November FY21. The revenue categories up over FY21 were licenses and permits of \$1,566,311 up \$219,403 or 16.3% with the single largest increase of \$98,496 being in Environmental Health Special Event permits; fines of \$53,000 up \$37,000; and tire and pollution control revenue of \$341,340 up \$30,113 or 9.7%. The revenue categories down compared to FY21 were Federal and State grants of \$4,038,466 down \$273,058 or 6.3%; charges for services of \$1,577,581 down \$243,915 or 13.4% mainly due to \$269,353 decline in Air Quality Dust Plan revenue and miscellaneous revenues of \$62,178 down \$28,058. The County General Fund support of \$3,965,357 is level compared to FY21 and has remained level since FY19.

The total year to date **expenditures** of \$11,785,662 were up \$1,522,764 or 14.8% compared to FY21. Salaries and benefits expenditures for FY22 were \$8,136,662 up \$438,894 or 5.7% over the prior year and 35.8% of budget. The total services and supplies of \$3,622,329 were up \$1,063,706 or 41.6% compared to FY21 and 14.7% of budget. The major expenditures included in the services and supplies were the professional services, which totaled \$2,008,663 up \$1,445,764 mainly due to an increase of \$1,674,326 for temporary help for the COVID-19 response; the biologicals of \$170,490 were up \$52,202; chemical supplies were not needed in November, so no expenditures were made; and County overhead charges of \$701,786 up \$59,756 or 9.3% over FY21. There were \$26,672 spent on capital expenditures for year to date November FY22.



**Review of Revenues and Expenditures by Division**

**ODHO** has spent \$542,733 up \$258,157 or 90.7% over FY21 mainly due to the reallocation of staff off the COVID-19 response, filling vacant positions and funding spent for community public health initiatives that were delayed in FY21 due to the COVID-19 response.

**AHS** has spent \$480,755 up \$61,695 or 14.7% compared to FY21 due to the staff working the COVID-19 response in FY21 returning to their normal operations.

**AQM** revenues were \$1,356,276 down \$277,249 or 17.0% mainly due to a one-time payment of \$262,197 in Dust Plans in FY21 not received in FY22. The Division spent \$1,235,652 up \$103,096 or 9.1% due to vacancies now being filled and staff working the COVID-19 response in FY21 that are now back to working normal operations.

**CCHS** revenues were \$1,759,024 up \$364,878 or 26.2% over FY21 mainly due to an increase in grant funding in the Immunization Program for the COVID response. The division spent \$3,819,685 up \$753,480 or 24.6% more than FY21 mainly due to additional staff, supplies and equipment needed for the COVID-19 response.

**EHS** revenues were \$1,819,433 down \$372,776 or 17.0% over FY21 mainly due to the \$500,000 one-time funding from SB4 for the COVID-19 response received in FY21. Total expenditures were \$2,580,099 up \$264,339 or 11.4% compared to FY21 mainly due to the reallocation of staff off the response.

**EPHP** revenues were \$2,704,144 up \$26,631 or 1.0%. The division spent \$3,126,739 up \$81,996 or 2.7% over FY21 mainly due to \$1,521,339 increase in temporary staff required for the COVID-19 response offset by \$572,386 in salary savings due to vacancies, \$269,667 decline in lab testing, and \$597,290 decline in operating, equipment, and other supplies for the COVID-19 response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2017/2018 through November Year to Date Fiscal Year 2021/2022 (FY22)									
	Actual Fiscal Year			FY 2020/2021		Fiscal Year 2021/2022			
	2017/2018	2018/2019	2019/2020	Year End (unaudited)	November Year to Date	Adjusted Budget	November Year to Date	Percent of Budget	FY22 Increase over FY21
<b>Revenues (all sources of funds)</b>									
ODHO	3,365	-	-	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	3,543,340	3,443,270	3,493,840	3,966,854	1,633,524	3,591,431	1,356,276	37.8%	-17.0%
CCHS	4,179,750	4,104,874	4,044,674	5,107,072	1,394,146	8,734,479	1,759,024	20.1%	26.2%
EHS	4,428,294	4,871,791	4,297,872	5,389,858	2,192,209	4,389,356	1,819,433	41.5%	-17.0%
EPHP	1,854,862	2,126,580	2,067,409	15,515,861	2,677,512	18,636,532	2,704,144	14.5%	1.0%
GF support	10,051,691	9,516,856	9,516,856	9,516,856	3,965,357	9,516,856	3,965,357	41.7%	0.0%
<b>Total Revenues</b>	<b>\$ 24,061,302</b>	<b>\$ 24,063,371</b>	<b>\$ 23,420,651</b>	<b>\$ 39,496,500</b>	<b>\$ 11,862,747</b>	<b>\$ 44,868,655</b>	<b>\$ 11,604,233</b>	<b>25.9%</b>	<b>-2.2%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	826,325	1,336,494	1,153,186	776,920	284,575	2,477,840	542,733	21.9%	90.7%
AHS	1,016,660	1,059,669	1,083,771	1,040,308	419,059	1,511,936	480,755	31.8%	14.7%
AQM	2,936,261	2,935,843	2,985,827	2,778,205	1,132,556	3,875,133	1,235,652	31.9%	9.1%
CCHS	7,538,728	7,700,440	7,547,364	7,925,975	3,066,206	12,978,844	3,819,685	29.4%	24.6%
EHS	7,030,470	6,669,768	5,815,690	5,935,159	2,315,760	7,328,490	2,580,099	35.2%	11.4%
EPHP	2,557,352	2,856,024	4,614,255	13,825,345	3,044,742	19,412,509	3,126,739	16.1%	2.7%
<b>Total Expenditures</b>	<b>\$ 21,905,797</b>	<b>\$ 22,558,237</b>	<b>\$ 23,200,095</b>	<b>\$ 32,281,912</b>	<b>\$ 10,262,899</b>	<b>\$ 47,584,752</b>	<b>\$ 11,785,662</b>	<b>24.8%</b>	<b>14.8%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(822,960)	(1,336,494)	(1,153,186)	(776,920)	(284,575)	(2,477,840)	(542,733)		
AHS	(1,016,660)	(1,059,669)	(1,083,771)	(1,040,308)	(419,059)	(1,511,936)	(480,755)		
AQM	607,078	507,427	508,014	1,188,649	500,968	(283,703)	120,623		
CCHS	(3,358,978)	(3,595,566)	(3,502,690)	(2,818,903)	(1,672,060)	(4,244,364)	(2,060,661)		
EHS	(2,602,177)	(1,797,977)	(1,517,818)	(545,301)	(123,551)	(2,939,134)	(760,666)		
EPHP	(702,490)	(729,444)	(2,546,846)	1,690,516	(367,230)	(775,977)	(422,595)		
GF Operating	10,051,691	9,516,856	9,516,856	9,516,856	3,965,357	9,516,856	3,965,357		
<b>Surplus (deficit)</b>	<b>\$ 2,155,505</b>	<b>\$ 1,505,134</b>	<b>\$ 220,557</b>	<b>\$ 7,214,588</b>	<b>\$ 1,599,849</b>	<b>\$ (2,716,098)</b>	<b>\$ (181,430)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 6,336,402</b>	<b>\$ 7,841,536</b>	<b>\$ 8,062,093</b>	<b>\$ 15,276,681</b>		<b>\$ 12,560,584</b>			
FB as a % of Expenditures	28.9%	34.8%	34.8%	47.3%		26.4%			

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 November, Fiscal Year 2022.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health Fund financial review for November, Fiscal Year 2022.

Attachment:  
Health District Fund financial system summary report

Period: 1 thru 5 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
422503 Environmental Permits	129,414-	41,080-	88,334-	32	127,376-	35,150-	92,226-	28
422504 Pool Permits	310,595-	70,301-	240,294-	23	305,703-	74,390-	231,314-	24
422505 RV Permits	29,856-	13,772-	16,084-	46	29,386-	16,901-	12,485-	58
422507 Food Service Permits	1,662,560-	684,259-	978,301-	41	1,636,378-	664,213-	972,164-	41
422508 Wat Well Const Perm	95,000-	76,881-	18,119-	81	91,018-	72,910-	18,108-	80
422509 Water Company Permits	3,351-	3,453-	102	103	3,298-	7,372-	4,075	224
422510 Air Pollution Permits	691,950-	313,147-	378,803-	45	709,437-	278,822-	430,615-	39
422511 ISDS Permits	420,000-	188,569-	231,432-	45	412,744-	163,056-	249,688-	40
422513 Special Event Permits	125,000-	97,651-	27,349-	78	194,950-	845	195,795-	0-
422514 Initial Applic Fee	118,000-	77,199-	40,801-	65	116,022-	34,940-	81,082-	30
* Licenses and Permits	3,585,726-	1,566,311-	2,019,415-	44	3,626,311-	1,346,908-	2,279,403-	37
431100 Federal Grants	25,814,769-	3,512,261-	22,302,508-	14	38,626,377-	3,913,055-	34,713,323-	10
431105 Federal Grants - Indirect	597,362-	411,752-	185,610-	69	508,832-	270,963-	237,870-	53
432100 State Grants	573,456-	101,847-	471,609-	18	673,512-	112,789-	560,723-	17
432105 State Grants-Indirect	41,069-	12,605-	28,464-	31	41,013-	14,718-	26,296-	36
432310 Tire Fee NRS 444A.090	525,000-	147,656-	377,344-	28	525,000-	123,927-	401,073-	24
432311 Pol Ctrl 445B.830	610,000-	193,685-	416,316-	32	628,105-	187,300-	440,805-	30
* Intergovernmental	28,161,656-	4,379,806-	23,781,850-	16	41,002,839-	4,622,751-	36,380,089-	11
460160 Other General Government		73-	73			49-	49	
460162 Services to Other Agencies	5,000-		5,000-		10,000-		10,000-	
460500 Other Immunizations	66,040-	30,257-	35,783-	46	65,000-	37,822-	27,178-	58
460501 Medicaid Clinical Services	158,496-	93,794-	64,702-	59	156,000-	80,692-	75,308-	52
460508 Tuberculosis								
460509 Water Quality								
460510 IT Overlay								
460511 Birth and Death Certificates	597,476-	324,677-	272,799-	54	589,467-	272,057-	317,410-	46
460512 Duplication Service Fees								
460513 Other Health Service Charges	70,000-	49,949-	20,051-	71	68,154-	58,466-	9,688-	86
460514 Food Service Certification								
460516 Pgm Inc-3rd Prty Rec	226,568-	102,445-	124,123-	45	223,000-	134,328-	88,672-	60
460518 STD Fees	15,240-	6,269-	8,971-	41	15,000-	17,445-	2,445	116
460519 Outpatient Services								
460520 Eng Serv Health	300,000-	163,852-	136,148-	55	295,255-	148,878-	146,377-	50
460521 Plan Review - Pools & Spas	2,500-	2,740-	240	110	2,588-	7,356-	4,767	284
460523 Plan Review - Food Services	102,000-	34,589-	67,411-	34	99,442-	49,970-	49,472-	50
460524 Family Planning	89,408-	57,729-	31,679-	65	88,000-	40,063-	47,937-	46
460525 Plan Review - Vector	84,169-	42,619-	41,550-	51	82,843-	53,074-	29,769-	64
460526 Plan Review-Air Quality	115,994-	46,931-	69,063-	40	118,045-	43,393-	74,651-	37
460527 NOE-AQM	288,220-	136,945-	151,275-	48	272,665-	152,880-	119,785-	56
460528 NESHAP-AQM	246,130-	108,913-	137,217-	44	249,213-	83,305-	165,908-	33
460529 Assessments-AQM	84,500-	33,315-	51,185-	39	120,422-	29,433-	90,989-	24
460530 Inspector Registr-AQ	2,240-	110-	2,130-	5	3,485-		3,485-	
460531 Dust Plan-Air Quality	664,600-	233,950-	430,650-	35	578,414-	503,303-	75,111-	87

Period: 1 thru 5 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
460532 Plan Rvw Hotel/Motel		2,744-	2,744					
460534 Child Care Inspection	23,700-	12,832-	10,868-	54	23,263-	11,937-	11,326-	51
460535 Pub Accomod Inspectn	30,000-	13,161-	16,840-	44	29,316-	15,265-	14,052-	52
460570 Education Revenue		858-						
460723 Other Fees	223,061-	78,832-	144,229-	35	230,234-	81,781-	148,453-	36
461202 OH-Health								
* Charges for Services	3,395,342-	1,577,581-	1,817,760-	46	3,319,806-	1,821,496-	1,498,310-	55
441071 Other Settlement Revenue		39,500-	39,500					
441079 COVID Non Compliance Fines		13,500-	13,500			16,000-	16,000	
* Fines and Forfeitures		53,000-	53,000			16,000-	16,000	
481150 Interest-Non Pooled		0-	0			2-	2	
484000 Donations,Contributions	4,000-	287-	3,713-	7	8,950-	847-	8,103-	9
484050 Donations Federal Pgm Income	6,000-	795-	5,205-	13	6,000-	1,138-	4,862-	19
484195 Non-Govt'l Grants	125,231-	21,074-	104,157-	17	125,231-	21,581-	103,650-	17
484197 Non-Gov. Grants-Indirect	24,987-	1,118-	23,869-	4	24,987-	659-	24,328-	3
485100 Reimbursements	48,857-	32,403-	16,454-	66	48,857-	58,942-	10,086	121
485300 Other Misc Govt Rev		6,500-	6,500			7,067-	7,067	
* Miscellaneous	209,074-	62,178-	146,897-	30	214,024-	90,236-	123,788-	42
** Revenue	35,351,798-	7,638,876-	27,712,922-	22	48,162,981-	7,897,391-	40,265,590-	16
701110 Base Salaries	11,486,710	4,870,686	6,616,024	42	11,141,668	4,493,434	6,648,234	40
701120 Part Time	484,081	232,164	251,917	48	508,540	194,024	314,515	38
701130 Pooled Positions	592,494	351,752	240,742	59	504,800	280,846	223,953	56
701140 Holiday Work	4,717	4,116	601	87	4,319	18,159	13,841-	420
701199 Bud Labor Cost Savings-Wages								
701200 Incentive Longevity	143,401	2,006	141,395	1	144,900	412	144,488	0
701300 Overtime	86,820	132,663	45,842-	153	63,017	194,630	131,613-	309
701403 Shift Differential	300	121	179	40	300	93	207	31
701406 Standby Pay	38,950	15,974	22,976	41	38,000	35,476	2,524	93
701408 Call Back	4,050	1,183	2,867	29	5,000	183	4,817	4
701412 Salary Adjustment	2,597,720	150,402-	2,748,122	6-	6,117,240	90,054-	6,207,294	1-
701413 Vac Payoff/Sick Pay-Term	208,970	98,798	110,172	47	228,970	37,668	191,302	16
701414 Vacation Denied-Payoff	13,852	25,565	11,713-	185	3,852	34,166	30,315-	887
701417 Comp Time		24,034	24,034-			13,945	13,945-	
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	15,662,065	5,608,661	10,053,404	36	18,760,604	5,212,982	13,547,622	28
705110 Group Insurance	1,612,765	640,003	972,762	40	1,526,134	607,698	918,436	40
705115 Employer HSA Contributions	181,540	4,984	176,556	3	170,000	4,528	165,472	3
705190 OPEB Contribution	600,808	250,337	350,471	42	1,113,772	382,646	731,127	34
705199 Lab Cost Sav-Benef								
705210 Retirement	3,592,296	1,518,709	2,073,587	42	3,441,515	1,383,814	2,057,701	40
705215 Retirement Calculation	12,578		12,578		12,578		12,578	
705230 Medicare April 1986	167,256	79,467	87,789	48	163,320	73,446	89,874	45

Period: 1 thru 5 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
705240 Insur Budgeted Incr	49,199		49,199		46,656		46,656	
705320 Workmens Comp	75,718	32,674	43,044	43	77,146	30,959	46,187	40
705330 Unemply Comp	11,374	1,827	9,548	16	11,501	1,694	9,807	15
705360 Benefit Adjustment	750,253		750,253		1,931,048		1,931,048	
* Employee Benefits	7,053,788	2,528,001	4,525,787	36	8,493,671	2,484,785	6,008,886	29
710100 Professional Services	1,297,774	87,628	1,210,146	7	1,053,981	126,727	927,254	12
710101 Lab Testing Services		25	25-		1,550,809	269,867	1,280,942	17
710105 Medical Services	11,663	24,572	12,909-	211	11,288	5,884	5,405	52
710108 MD Consultants	60,327	12,044	48,282	20	55,401	16,123	39,278	29
710110 Contracted/Temp Services	14,595,359	1,729,129	12,866,231	12	17,197,459	65,390	17,132,068	0
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	137,518	74,558	62,960	54	436,847	151,917	284,930	35
710201 Laundry Services	2,290	1,374	916	60	2,322	544	1,778	23
710203 Landscape Maint. Agreements								
710205 Repairs and Maintenance	10,307	5,908	4,398	57	10,307	2,887	7,420	28
710210 Software Maintenance	4,200		4,200		4,200	4,543	343-	108
710212 Software Subscription	138,836	16,630	122,206	12	233,510	17,299	216,211	7
710215 Operating Contracts	196,000		196,000		1,720,558	21,658	1,698,900	1
710300 Operating Supplies	705,648	41,247	664,401	6	1,686,167	269,813	1,416,354	16
710302 Small Tools & Allow	1,435	579	856	40	1,735	282	1,453	16
710308 Animal Supplies	1,600		1,600		1,600		1,600	
710310 Parts and Supplies	533		533			8,255	8,255-	
710312 Special Dept Expense	100,000	239	99,761	0	100,000		100,000	
710319 Chemical Supplies	236,200		236,200		236,200		236,200	
710325 Signs and Markers	9,725		9,725					
710334 Copy Machine Expense	37,399	15,729	21,670	42	54,203	18,627	35,575	34
710335 Copy Machine-Copy Charges	14,584	3,026	11,557	21	11,348	4,781	6,567	42
710350 Office Supplies	124,752	18,903	105,849	15	192,019	26,316	165,703	14
710355 Books and Subscriptions	12,080	5,001	7,079	41	10,990	17,048	6,058-	155
710360 Postage	26,980	11,551	15,429	43	17,034	5,810	11,225	34
710361 Express and Courier	100	3,089	2,989-	3,089	100	38	62	38
710391 Fuel & Lube	8,558		8,558		8,558		8,558	
710400 Payments to Other Agencies	743,434	155,266	588,168	21	920,975	78,908	842,067	9
710412 Do Not Use								
710500 Other Expense	1,130,280	5,061	1,125,219	0	1,255,286	8,396	1,246,891	1
710502 Printing	59,855	9,131	50,724	15	67,729	28,417	39,312	42
710503 Licenses & Permits	8,730	3,260	5,470	37	9,345	4,688	4,657	50
710504 Registration	2,250	3,067	817-	136	1,900	6,226	4,326-	328
710505 Rental Equipment	2,000	7,902	5,902-	395				
710506 Dept Insurance Deductible		418	418-			150	150-	
710507 Network and Data Lines	61,042	13,800	47,241	23	60,196	2,682	57,514	4
710508 Telephone Land Lines	38,838	21,692	17,146	56	48,815	19,195	29,620	39
710509 Seminars and Meetings	152,326	17,356	134,969	11	76,690	9,372	67,318	12

Period: 1 thru 5 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
710512 Auto Expense	22,086	1,342	20,744	6	18,948	1,544	17,404	8
710514 Regulatory Assessments	25,000		25,000		25,000	11,828	13,172	47
710519 Cellular Phone	18,861	12,391	6,470	66	18,165	5,616	12,549	31
710529 Dues	23,825	11,097	12,728	47	21,755	3,199	18,556	15
710535 Credit Card Fees	60,890	14,337	46,553	24	60,890	12,222	48,668	20
710546 Advertising	353,533	28,532	325,001	8	353,594	40,316	313,278	11
710551 Cash Discounts Lost		35	35-			86	86-	
710563 Recruitment						799	799-	
710571 Safety Expense	50,000	2,101	47,899	4	68,000	9,779	58,221	14
710577 Uniforms & Special Clothing	12,570	3,813	8,757	30	7,800	999	6,801	13
710585 Undesignated Budget	871,932		871,932		631,771		631,771	
710594 Insurance Premium	5,815		5,815		5,815	50	5,765	1
710595 Excess Insur & Bond Prem		523	523-					
710600 LT Lease-Office Space	77,422	43,537	33,886	56	83,722	30,398	53,324	36
710620 LT Lease-Equipment								
710703 Biologicals	391,708	170,490	221,218	44	357,635	118,288	239,346	33
710714 Referral Services	5,040	904	4,136	18	9,040	452	8,588	5
710721 Outpatient	95,735	32,627	63,108	34	63,216	26,497	36,718	42
710872 Food Purchases	6,510	1,872	4,638	29	22,710	2,159	20,551	10
711008 Combined Utilities	105,926	44,136	61,790	42	107,715	44,881	62,834	42
711011 Waste Removal	24,502		24,502		25,000	520	24,480	2
711050 Propane	500		500					
711100 ESD Asset Management	58,680	21,828	36,852	37	46,200	19,670	26,530	43
711113 Equip Srv Replace	83,757	24,580	59,177	29	58,410	22,605	35,805	39
711114 Equip Srv O & M	53,787	36,865	16,922	69	53,015	20,978	32,037	40
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	29,994	17,821	12,173	59	27,211	10,096	17,115	37
711119 Prop & Liab Billings	30,679	12,783	17,896	42	95,845	39,935	55,910	42
711210 Travel	226,211	11,808	214,403	5	207,562	743	206,818	0
711213 Travel-Non Cnty Pers	16,000		16,000		16,000	608	15,392	4
711300 Cash Over Short						179	179-	
711399 ProCard in Process		656-	656					
711400 Overhead - General Fund	1,684,286	701,786	982,500	42	1,540,871	642,030	898,842	42
711410 Overhead - Administration								
711503 Road Bridge non Capital								
711504 Equipment nonCapital	125,848	44,973	80,875	36	320,200	177,443	142,756	55
711508 Computers nonCapital	134,720	10,423	124,297	8	213,143	38,118	175,025	18
711509 Comp Sftw nonCap	102,321	1,453	100,868	1	286,821	12,187	274,634	4
* Services and Supplies	24,636,360	3,539,586	21,096,775	14	31,789,225	2,486,070	29,303,155	8
781002 Build Imprv Capital					182,627		182,627	
781004 Equipment Capital	163,050	26,672	136,378	16	348,635	6,509	342,126	2
781007 Vehicles Capital					177,616		177,616	

Period: 1 thru 5 2022	Fund: 202	Health Fund
Accounts: GO-P-L P&L Accounts	Fund Center: 000	Default Washoe County
Business Area: *	Functional Area: 000	Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
<b>781009 Computer Software Capital</b>					147,172		147,172	
* Capital Outlay	163,050	26,672	136,378	16	856,050	6,509	849,541	1
** Expenses	47,515,263	11,702,919	35,812,344	25	59,899,551	10,190,347	49,709,203	17
<b>621001 Transfer From General</b>					9,516,856-	3,965,357-	5,551,499-	42
* Transfers In	9,516,856-	3,965,357-	5,551,499-	42	9,516,856-	3,965,357-	5,551,499-	42
<b>812230 TF to Regional Permt</b>	69,489	82,743	13,254-	119	69,489	72,552	3,063-	104
<b>814430 To Reg Permits Capit</b>								
* Transfers Out	69,489	82,743	13,254-	119	69,489	72,552	3,063-	104
** Other Financing Src/Use	9,447,367-	3,882,614-	5,564,753-	41	9,447,367-	3,892,805-	5,554,562-	41
*** Total	2,716,098	181,430	2,534,668	7	2,289,203	1,599,849-	3,889,052	70-

# **REMSA HEALTH**

## **FRANCHISE COMPLIANCE REPORT**

### **OCTOBER 2021**



## Fiscal 2020 REMSA Accounts Receivable Summary

Note: Fiscal 2021 July, August & September numbers are pending

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 33%
July	4,253	\$5,839,002.20	\$1,372.91	\$1,372.84	\$ 453.04
August	4,224	\$5,806,006.60	\$1,374.53	\$1,373.06	\$ 453.11
September	4,089	\$5,622,367.80	\$1,375.00	\$1,373.28	\$ 453.18
October	4,409	\$6,040,357.20	\$1,370.01	\$1,372.93	\$ 453.07
November	4,251	\$5,800,733.40	\$1,364.56	\$1,372.14	\$ 452.80
December	4,347	\$5,981,323.40	\$1,375.97	\$1,372.47	\$ 452.92
January	4,227	\$6,306,218.60	\$1,491.89	\$1,372.79	\$ 453.02
February	3,780	\$5,623,933.60	\$1,487.81	\$1,372.79	\$ 491.69
March	4,093	\$6,108,707.20	\$1,492.48	\$1,372.79	\$ 491.97
April	4,180	\$6,315,334.80	\$1,510.85	\$1,372.79	\$ 493.67
May	4,196	\$6,400,979.20	\$1,525.50	\$1,372.79	\$ 495.66
June	4,461	\$6,809,069.60	\$1,526.35	\$1,372.79	\$ 497.10
<b>Totals</b>	<b>50,510</b>	<b>\$72,654,033.60</b>	<b>\$1,438.99</b>		

Current Allowable Average Bill: \$1,517.66

### Year to Date: October 2021

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-21	6 Minutes 44 Seconds	84%	77%
Aug-21	7 Minutes 13 Seconds	86%	86%
Sep-21	7 Minutes 30 Seconds	88%	75%
Oct-21	7 Minutes 07 Seconds	84%	76%
Nov-21			
Dec-21			
Jan-22			
Feb-22			
Mar-22			
Apr-22			
May-22			
Jun-22			

**Fiscal Year to Date**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
7 Minutes 08 Seconds	85%	79%

**Year to Date: October 2021**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-21	P-1	6:02	7:00	11:00
	P-2	6:50	7:37	11:03
Aug-21	P-1	6:31	7:11	22:53
	P-2	7:17	8:47	11:06
Sep-21	P-1	6:49	7:25	11:45
	P-2	7:50	9:25	12:06
Oct-21	P-1	6:34	7:11	11:02
	P-2	7:19	8:12	11:52
Nov-21	P-1			
	P-2			
Dec-21	P-1			
	P-2			
Jan-22	P-1			
	P-2			
Feb-22	P-1			
	P-2			
Mar-22	P-1			
	P-2			
Apr-22	P-1			
	P-2			
May-22	P-1			
	P-2			
Jun-22	P-1			
	P-2			

**Fiscal Year to Date: October 2021**

Priority	Reno	Sparks	Washoe County
<b>P1</b>	06:28	07:11	11:03
<b>P2</b>	07:19	08:30	11:33

**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 10/01/2021 THRU 10/31/2021**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	10/1/21 22:48	10/1/21 22:49	1P31	23:59:14	0:00:50
Zone A	10/2/21 3:11	10/2/21 3:12	1C35	23:59:57	0:00:34
Zone A	10/2/21 13:32	10/2/21 13:35	1C24	0:17:20	0:02:52
Zone A	10/4/21 1:41	10/4/21 1:46	1C39	0:19:00	0:04:38
Zone A	10/4/21 12:40	10/4/21 12:44	1C33	0:04:24	0:04:24
Zone A	10/7/21 12:01	10/7/21 12:09	1C39	0:30:34	0:08:06
Zone A	10/8/21 10:59	10/8/21 11:06	1C36	0:07:23	0:07:23
Zone A	10/12/21 1:06	10/12/21 1:10	1C27	0:27:08	0:03:43
Zone A	10/17/21 8:11	10/17/21 8:14	1C20	0:10:15	0:03:34
Zone A	10/19/21 14:31	10/19/21 14:31	1C05	23:59:24	0:01:00
Zone A	10/20/21 4:37	10/20/21 4:37	1C32	-0:00:04	0:01:56
Zone A	10/22/21 18:40	10/22/21 18:39	1C39	-0:00:19	0:00:32
Zone A	10/26/21 8:31	10/26/21 8:44	1C22	0:12:57	0:12:57
Zone A	10/27/21 10:42	10/27/21 10:48	1C35	0:06:12	0:06:12
Zone A	10/29/21 11:22	10/29/21 11:26	1C29	0:09:45	0:03:05
Zone A	10/29/21 20:45	10/29/21 20:52	1C19	0:13:15	0:07:14

<b>UPGRADE REQUESTED</b>				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
NONE				

EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
10/01/2021	Exemption Approved	Overload	Zone A	:10:59
10/09/2021	Exemption Approved	Overload	Zone A	:09:42
10/09/2021	Exemption Approved	Overload	Zone A	:09:13
10/09/2021	Exemption Approved	Overload	Zone A	:10:15
10/12/2021	Exemption Approved	Overload	Zone A	:20:42
10/12/2021	Exemption Approved	Overload	Zone A	:10:17
10/12/2021	Exemption Approved	Overload	Zone A	:11:09
10/12/2021	Exemption Approved	Overload	Zone A	:11:17
10/13/2021	Exemption Approved	Overload	Zone A	:15:12
10/13/2021	Exemption Approved	Overload	Zone B	:24:23
10/13/2021	Exemption Approved	Overload	Zone A	:18:52
10/13/2021	Exemption Approved	Overload	Zone A	:12:06
10/13/2021	Exemption Approved	Overload	Zone A	:09:00
10/13/2021	Exemption Approved	Overload	Zone A	:10:12
10/13/2021	Exemption Approved	Overload	Zone A	:09:34
10/13/2021	Exemption Approved	Overload	Zone A	:12:51
10/13/2021	Exemption Approved	Overload	Zone A	:09:33
10/13/2021	Exemption Approved	Overload	Zone A	:11:45
10/13/2021	Exemption Approved	Overload	Zone A	:12:25
10/13/2021	Exemption Approved	Overload	Zone A	:12:25
10/13/2021	Exemption Approved	Overload	Zone A	:09:08
10/13/2021	Exemption Approved	Overload	Zone A	:11:01
10/13/2021	Exemption Approved	Overload	Zone A	:11:19
10/13/2021	Exemption Approved	Overload	Zone C	:27:16
10/13/2021	Exemption Approved	Overload	Zone A	:09:05
10/13/2021	Exemption Approved	Overload	Zone A	:12:26
10/13/2021	Exemption Approved	Overload	Zone B	:19:12
10/21/2021	Exemption Approved	Overload	Zone A	:14:47
10/21/2021	Exemption Approved	Overload	Zone A	:12:31
10/21/2021	Exemption Approved	Overload	Zone A	:12:34
10/24/2021	Exemption Approved	Overload	Zone A	:16:30
10/24/2021	Exemption Approved	Overload	Zone A	:19:07
10/24/2021	Exemption Approved	Overload	Zone A	:10:49
10/24/2021	Exemption Approved	Overload	Zone A	:13:39
10/24/2021	Exemption Approved	Overload	Zone A	:09:12
10/24/2021	Exemption Approved	Overload	Zone A	:15:35
10/24/2021	Exemption Approved	Overload	Zone A	:10:34
10/24/2021	Exemption Approved	Overload	Zone A	:11:38
10/24/2021	Exemption Approved	Overload	Zone A	:16:22
10/24/2021	Exemption Approved	Overload	Zone A	:11:11
10/24/2021	Exemption Approved	Overload	Zone A	:13:37
10/24/2021	Exemption Approved	Overload	Zone A	:10:06
10/24/2021	Exemption Approved	Overload	Zone A	:09:54

10/24/2021	Exemption Approved	Overload	Zone A	:09:02
10/24/2021	Exemption Approved	Overload	Zone A	:12:25
10/24/2021	Exemption Approved	Overload	Zone A	:09:32
10/24/2021	Exemption Approved	Overload	Zone A	:09:42
10/24/2021	Exemption Approved	Overload	Zone A	:12:45
10/24/2021	Exemption Approved	Overload	Zone A	:11:14
10/24/2021	Exemption Approved	Overload	Zone A	:15:20
10/25/2021	Exemption Approved	Overload	Zone A	:14:21
10/25/2021	Exemption Approved	Overload	Zone A	:12:23
10/25/2021	Exemption Approved	Overload	Zone A	:12:23
10/25/2021	Exemption Approved	Overload	Zone A	:09:01
10/25/2021	Exemption Approved	Overload	Zone A	:09:03
10/25/2021	Exemption Approved	Overload	Zone A	:11:06
10/25/2021	Exemption Approved	Overload	Zone A	:13:31
10/25/2021	Exemption Approved	Overload	Zone A	:10:28
10/30/2021	Exemption Approved	Overload	Zone A	:13:11
10/30/2021	Exemption Approved	Overload	Zone A	:10:33
10/30/2021	Exemption Approved	Overload	Zone A	:11:57
10/30/2021	Exemption Approved	Overload	Zone A	:17:32
10/30/2021	Exemption Approved	Overload	Zone A	:15:58
10/30/2021	Exemption Approved	Overload	Zone A	:13:31
10/30/2021	Exemption Approved	Overload	Zone A	:09:01
10/30/2021	Exemption Approved	Overload	Zone A	:09:24
10/31/2021	Exemption Approved	Overload	Zone A	:09:01
10/31/2021	Exemption Approved	Overload	Zone A	:09:35
10/31/2021	Exemption Approved	Overload	Zone A	:09:31
10/31/2021	Exemption Approved	Overload	Zone A	:10:11
10/31/2021	Exemption Approved	Overload	Zone A	:10:39
10/02/2021	Exemption Approved	Status 99	Zone A	:09:32
10/02/2021	Exemption Approved	Status 99	Zone A	:12:07
10/02/2021	Exemption Approved	Status 99	Zone A	:09:17
10/03/2021	Exemption Approved	Status 99	Zone A	:14:01
10/03/2021	Exemption Approved	Status 99	Zone A	:10:28
10/03/2021	Exemption Approved	Status 99	Zone A	:14:02
10/03/2021	Exemption Approved	Status 99	Zone A	:09:30
10/03/2021	Exemption Approved	Status 99	Zone A	:10:46
10/03/2021	Exemption Approved	Status 99	Zone A	:14:02
10/03/2021	Exemption Approved	Status 99	Zone A	:24:53
10/03/2021	Exemption Approved	Status 99	Zone A	:22:12
10/03/2021	Exemption Approved	Status 99	Zone A	:11:50
10/03/2021	Exemption Approved	Status 99	Zone B	:19:59
10/03/2021	Exemption Approved	Status 99	Zone A	:13:54
10/04/2021	Exemption Approved	Status 99	Zone A	:12:18
10/04/2021	Exemption Approved	Status 99	Zone A	:09:33
10/04/2021	Exemption Approved	Status 99	Zone A	:13:19
10/04/2021	Exemption Approved	Status 99	Zone A	:09:29
10/04/2021	Exemption Approved	Status 99	Zone A	:11:16

10/04/2021	Exemption Approved	Status 99	Zone A	:09:31
10/04/2021	Exemption Approved	Status 99	Zone A	:09:33
10/04/2021	Exemption Approved	Status 99	Zone B	:21:45
10/04/2021	Exemption Approved	Status 99	Zone A	:12:37
10/04/2021	Exemption Approved	Status 99	Zone A	:13:37
10/04/2021	Exemption Approved	Status 99	Zone A	:09:23
10/04/2021	Exemption Approved	Status 99	Zone A	:09:52
10/07/2021	Exemption Approved	Status 99	Zone A	:10:32
10/07/2021	Exemption Approved	Status 99	Zone A	:11:57
10/07/2021	Exemption Approved	Status 99	Zone A	:12:16
10/07/2021	Exemption Approved	Status 99	Zone A	:10:20
10/12/2021	Exemption Approved	Status 99	Zone A	:16:39
10/12/2021	Exemption Approved	Status 99	Zone A	:11:54
10/13/2021	Exemption Approved	Status 99	Zone B	:17:12
10/13/2021	Exemption Approved	Status 99	Zone A	:09:26
10/13/2021	Exemption Approved	Status 99	Zone A	:10:38
10/16/2021	Exemption Approved	Status 99	Zone A	:19:01
10/16/2021	Exemption Approved	Status 99	Zone A	:17:11
10/16/2021	Exemption Approved	Status 99	Zone A	:10:01
10/18/2021	Exemption Approved	Status 99	Zone A	:17:45
10/18/2021	Exemption Approved	Status 99	Zone A	:09:32
10/19/2021	Exemption Approved	Status 99	Zone A	:09:40
10/19/2021	Exemption Approved	Status 99	Zone A	:14:48
10/19/2021	Exemption Approved	Status 99	Zone A	:10:05
10/19/2021	Exemption Approved	Status 99	Zone A	:11:26
10/19/2021	Exemption Approved	Status 99	Zone A	:09:26
10/19/2021	Exemption Approved	Status 99	Zone A	:09:00
10/19/2021	Exemption Approved	Status 99	Zone A	:11:54
10/19/2021	Exemption Approved	Status 99	Zone A	:09:00
10/19/2021	Exemption Approved	Status 99	Zone A	:09:42
10/19/2021	Exemption Approved	Status 99	Zone A	:14:12
10/19/2021	Exemption Approved	Status 99	Zone A	:09:43
10/19/2021	Exemption Approved	Status 99	Zone B	:30:54
10/20/2021	Exemption Approved	Status 99	Zone A	:09:39
10/20/2021	Exemption Approved	Status 99	Zone A	:16:31
10/20/2021	Exemption Approved	Status 99	Zone A	:09:12
10/20/2021	Exemption Approved	Status 99	Zone A	:10:24
10/22/2021	Exemption Approved	Status 99	Zone A	:14:59
10/22/2021	Exemption Approved	Status 99	Zone A	:10:40
10/22/2021	Exemption Approved	Status 99	Zone A	:15:47
10/22/2021	Exemption Approved	Status 99	Zone A	:35:40
10/24/2021	Exemption Approved	Status 99	Zone A	:10:35
10/24/2021	Exemption Approved	Status 99	Zone A	:14:29
10/24/2021	Exemption Approved	Status 99	Zone B	:21:20
10/24/2021	Exemption Approved	Status 99	Zone A	:12:46
10/24/2021	Exemption Approved	Status 99	Zone A	:18:33
10/24/2021	Exemption Approved	Status 99	Zone A	:21:06

10/25/2021	Exemption Approved	Status 99	Zone A	:09:34
10/25/2021	Exemption Approved	Status 99	Zone A	:12:26
10/25/2021	Exemption Approved	Status 99	Zone A	:20:59
10/25/2021	Exemption Approved	Status 99	Zone A	:14:02
10/25/2021	Exemption Approved	Status 99	Zone A	:16:46
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10/25/2021	Exemption Approved	Status 99	Zone A	:09:03
10/25/2021	Exemption Approved	Status 99	Zone A	:14:10
10/25/2021	Exemption Approved	Status 99	Zone A	:10:14
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10/25/2021	Exemption Approved	Status 99	Zone A	:09:41
10/25/2021	Exemption Approved	Status 99	Zone A	:11:18
10/25/2021	Exemption Approved	Status 99	Zone A	:09:20
10/25/2021	Exemption Approved	Status 99	Zone A	:17:41
10/26/2021	Exemption Approved	Status 99	Zone A	:10:14
10/26/2021	Exemption Approved	Status 99	Zone A	:09:14
10/26/2021	Exemption Approved	Status 99	Zone A	:14:11
10/26/2021	Exemption Approved	Status 99	Zone A	:11:10
10/26/2021	Exemption Approved	Status 99	Zone A	:14:17
10/26/2021	Exemption Approved	Status 99	Zone A	:10:04
10/26/2021	Exemption Approved	Status 99	Zone A	:10:43
10/26/2021	Exemption Approved	Status 99	Zone A	:11:17
10/26/2021	Exemption Approved	Status 99	Zone A	:09:34
10/26/2021	Exemption Approved	Status 99	Zone A	:09:25
10/26/2021	Exemption Approved	Status 99	Zone A	:17:21
10/26/2021	Exemption Approved	Status 99	Zone A	:12:21
10/26/2021	Exemption Approved	Status 99	Zone A	:18:04
10/26/2021	Exemption Approved	Status 99	Zone A	:09:27
10/26/2021	Exemption Approved	Status 99	Zone A	:10:58
10/27/2021	Exemption Approved	Status 99	Zone A	:10:07
10/27/2021	Exemption Approved	Status 99	Zone A	:09:42
10/27/2021	Exemption Approved	Status 99	Zone A	:11:58
10/27/2021	Exemption Approved	Status 99	Zone B	:22:58
10/28/2021	Exemption Approved	Status 99	Zone C	:23:20
10/28/2021	Exemption Approved	Status 99	Zone A	:10:31
10/28/2021	Exemption Approved	Status 99	Zone A	:10:17
10/28/2021	Exemption Approved	Status 99	Zone A	:09:52
10/28/2021	Exemption Approved	Status 99	Zone A	:12:28
10/29/2021	Exemption Approved	Status 99	Zone A	:09:03
10/29/2021	Exemption Approved	Status 99	Zone A	:14:12
10/30/2021	Exemption Approved	Status 99	Zone A	:14:24
10/31/2021	Exemption Approved	Status 99	Zone A	:14:30
10/31/2021	Exemption Approved	Status 99	Zone A	:19:53
10/31/2021	Exemption Approved	Status 99	Zone A	:09:16
10/31/2021	Exemption Approved	Status 99	Zone A	:10:37
10/31/2021	Exemption Approved	Status 99	Zone A	:14:50
10/31/2021	Exemption Approved	Status 99	Zone A	:09:31



10/31/2021	Exemption Approved	Status 99	Zone A	:14:08
10/31/2021	Exemption Approved	Status 99	Zone A	:13:11
10/31/2021	Exemption Approved	Status 99	Zone A	:13:20
10/31/2021	Exemption Approved	Status 99	Zone A	:53:06
10/31/2021	Exemption Approved	Status 99	Zone A	:11:21
10/31/2021	Exemption Approved	Status 99	Zone A	:16:36
10/31/2021	Exemption Approved	Status 99	Zone A	:09:56

## GROUND AMBULANCE OPERATIONS REPORT OCTOBER 2021

### 1. Overall Statics

- a) Total number of system responses: 7,132
- b) Total number of responses in which no transports resulted: 2,851
- c) Total number of system transports: 4,281

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.5%
- b) Medical: 48.7
- c) Obstetrics (OB): 0.4%
- d) Psychiatric/Behavioral: 5.8%
- e) Transfers: 15.2%
- f) Trauma – MVA: 7.1%
- g) Trauma – Non MVA: 17.6%
- h) Unknown: 3.8%

### 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: 1,524

Total number of above calls receiving QA Reviews: 91

Percentage of charts reviewed from the above transports: 5.9%

### OCTOBER 2021 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	27	123
BLS (CPR)	153	737
Heartsaver (CPR)	105	518
ITLS/PHTLS	2	9
PALS	30	86

### COMMUNITY OUTREACH OCTOBER 2021

Point of Impact		
10/16/2021	Checkpoint at Raley`s (Robb Drive Location): 21 vehicles and 35 car seats checked; 14 seats donated	3 staff; 5 volunteers
10/01-31/2021	22 office installation appointments; 22 cars and 24 seats inspected.	

Cribs for Kids/Community		
10/1/2021	Washoe County Child Death Review	
10/7/2021	Immunize Nevada Community meeting	
10/13/2021	Community Baby Shower	10 participants
10/14/2021	Indian Health Services conversation about rural C4K expansion	
10/14/2021	Northern Nevada MCH Coalition meeting	
10/14/2021	NV SHAP Safe Drivers and Passenger Task Force meeting	
10/18/2021	Vision Zero Truckee Meadows Task Force meeting	
10/18-19/2021	Attend Child Passenger Safety Technician track for Nevada Traffic Safety Summit	

REMSA

Reno, NV  
Client 7299



1515 Center Street  
Lansing, MI 48096  
(517) 318-3800  
support@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

# Patient Experience Report

October 1, 2021 to October 31, 2021

Your Score

**94.49**

Your Patients in this Report

**53**

Total Patients in this Report

**5,611**

Total EMS Organizations

**182**





## Executive Summary

Your overall score for the time period selected is **94.49**. This is a difference of **-0.06** from your previous period's score of **96.45**.

Your overall Top Box score, which represents the percentage of the highest possible rating Very Good, is **80.14%**.

In addition, your rolling 12- month score of **96.39** is a difference of **0.83** from the national database score of **93.66**.

When compared to all organizations in the national database, your score of **96.39** is ranked **5th** and **1st** for comparably sized organizations.

### 5 Highest Scores



### 5 Lowest Scores

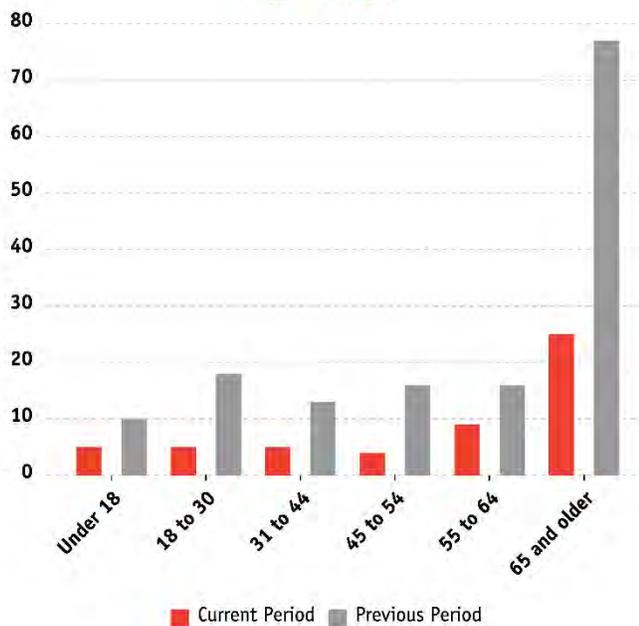




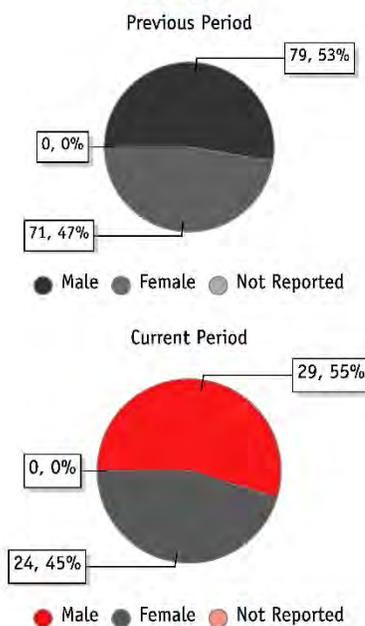
**Demographics** — This report provides basic information about the patient's age and gender.

	Previous Period				Total	Current Period			
	Total	Male	Female	Not Reported		Total	Male	Female	Not Reported
Under 18	10	6	4	0	5	4	1	0	
18 to 30	18	9	9	0	5	3	2	0	
31 to 44	13	5	8	0	5	4	1	0	
45 to 54	16	8	8	0	4	2	2	0	
55 to 64	16	12	4	0	9	6	3	0	
65 and older	77	39	38	0	25	10	15	0	
<b>Total</b>	<b>150</b>	<b>79</b>	<b>71</b>	<b>0</b>	<b>53</b>	<b>29</b>	<b>24</b>	<b>0</b>	

**Age Ranges**



**Gender**





**Monthly Breakdown**

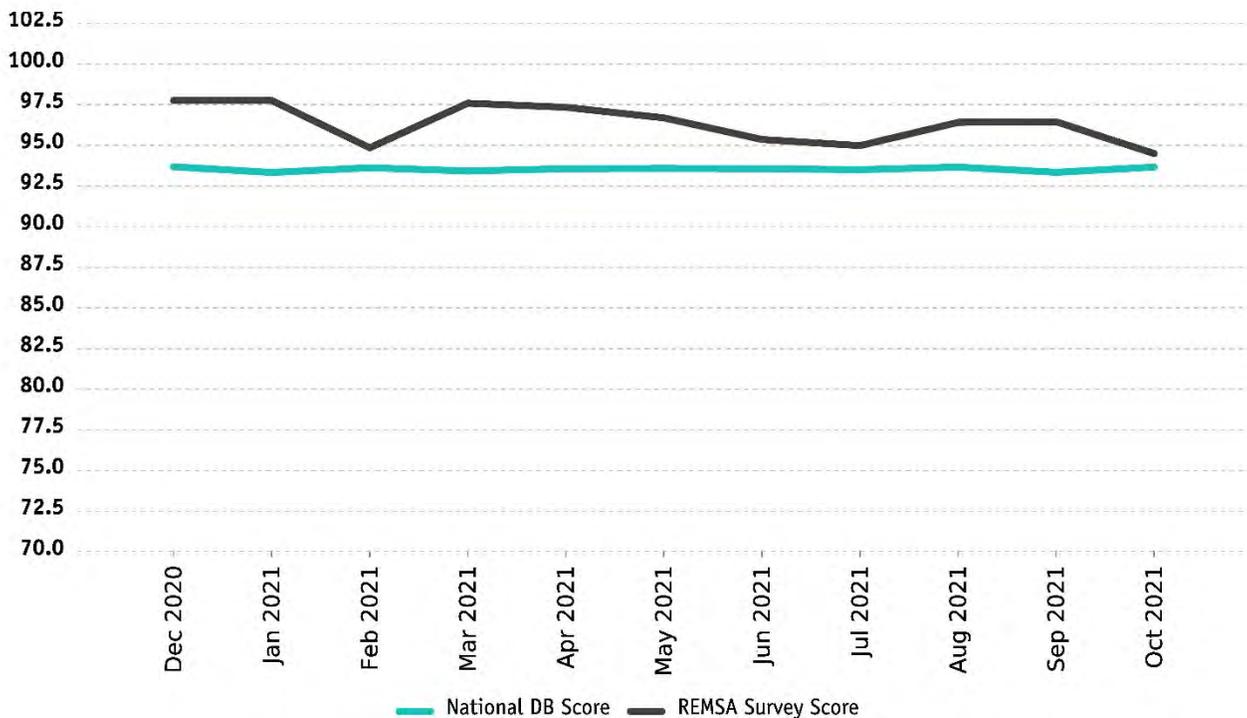
This report provides individual item scores by month, your overall organization monthly score, and the number of survey respondents.

	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021
Helpfulness of the person you called for ambulance service	97.85	98.46	98.13	96.53	97.69	94.40	95.63	93.42	92.86	97.39	95.83	94.64
Extent to which you were told what to do until the ambulance arrived	97.83	98.45	98.13	96.26	98.36	94.40	96.25	94.20	92.74	97.58	97.08	96.15
Extent to which the ambulance arrived in a timely manner	98.04	96.53	97.96	95.11	98.37	96.43	95.04	93.89	93.93	92.23	95.21	87.75
Cleanliness of the ambulance	99.06	98.33	98.47	97.20	98.99	99.35	97.71	97.27	97.39	97.65	97.95	95.74
Skill of the person driving the ambulance	97.79	98.35	97.93	95.68	97.88	97.83	95.77	95.22	96.55	96.60	96.49	95.41
Care shown by the medics who arrived with the ambulance	97.51	97.83	97.64	94.83	97.82	98.17	98.15	95.68	95.81	97.15	97.17	95.75
Degree to which the medics took your problem seriously	98.33	97.32	97.64	95.00	97.48	98.15	98.31	95.65	95.01	97.32	97.45	96.15
Degree to which the medics listened to you and/or your family	97.99	96.96	97.29	94.05	97.43	97.93	97.41	95.05	94.41	96.72	96.63	95.19
Extent to which the medics kept you informed about your treatment	98.14	97.40	97.92	94.18	97.07	98.21	95.57	95.87	93.59	95.01	96.25	94.61
Extent to which medics included you in the treatment decisions (if	97.91	98.32	97.78	94.44	96.95	97.14	95.54	94.26	95.89	95.05	93.68	93.09
Degree to which the medics relieved your pain or discomfort	96.79	96.92	96.83	90.36	94.81	91.76	92.98	90.88	90.41	94.95	94.67	93.75
Medics' concern for your privacy	98.41	97.57	98.05	95.65	98.58	98.35	98.02	97.16	96.59	97.31	96.74	94.79
Extent to which medics cared for you as a person	98.33	97.97	96.96	95.27	97.97	99.00	98.63	96.99	96.15	97.96	97.67	96.70
Professionalism of the staff in our ambulance service billing office	100.00	100.00	100.00	100.00	85.00	93.75	75.00		81.25	100.00	100.00	100.00
Willingness of the staff in our billing office to address your needs	100.00	100.00	100.00	100.00	100.00	87.50	75.00		81.25	100.00	100.00	100.00
How well did our staff work together to care for you	98.49	98.00	97.83	95.21	97.28	98.97	98.44	96.92	96.55	97.50	97.77	96.63
Extent to which the services received were worth the fees charged	97.62	98.02	98.03	90.63	97.31	88.69	87.21	89.50	85.16	92.26	87.82	79.55
Overall rating of the care provided by our Emergency Medical Transportation	97.98	97.50	97.67	95.24	97.62	97.82	97.11	95.61	95.47	96.45	96.50	94.81
Likelihood of recommending this ambulance service to others	98.14	98.31	97.80	95.41	97.73	98.26	97.20	95.53	96.27	96.69	96.38	94.61
Overall Score	98.03	97.76	97.76	94.85	97.59	97.34	96.69	95.36	94.98	96.41	96.45	94.49
Respondents	150	150	150	150	150	150	150	150	150	150	150	53

REMSA  
October 1, 2021 to October 31, 2021



Monthly Overall Survey Score



**REMSA HEALTH GROUND AMBULANCE OCTOBER 2021 CUSTOMER REPORT**

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
1	07/01/2021		"Professionalism of the medics"	"Please give the patient the option of which way to be loaded in the ambulance. Going down the road facing the opposite direction made the patient feel queasy."	
2	07/01/2021		"It was a smooth transport and the medics handed her off to the right people."		
3	07/01/2021		"Mother took the survey regarding her young daughter. The medics kept her updated on the situation and was very appreciative of their communication with her."		
4	07/01/2021			"The back window was dirty and the patient couldn't see out of it, that annoyed him."	
5	07/01/2021		"The medics took care of his pain and discomfort."		
6	07/01/2021		"The ambulance got him to the hospital in a timely		

			manner. The patient doesn't remember details of the event but feels he was well cared for and was safely admitted."		
7	07/01/2021		"Patient said the medics were very kind, thoughtful and calming. The care was very good and their life was saved."		
8	07/01/2021		"Patient stated the medics were very competent, professional and made her comfortable on the ride."		
9	07/03/2021		"Patient stated the medics were efficient and if she ever needed and ambulance again, she would feel comfortable with calling them."		
10	07/03/2021		"Patient stated nearly everything was done well."		
11	07/03/2021	"The medics were fabulous."	"The medics analyzed his condition. They spoke clearly. They made positive comments to relax him. They were terrific young medics."		
12	07/03/2021		"He felt that the medics saved his life. They did a very good job. They were there to		

			help him in less than five minutes."		
13	07/03/2021		"The medics took care of her well. They did their best to make sure that she was comfortable. They tried to alleviate the problem."		
14	07/02/2021		"The medics got him to the hospital fast."		
15	07/02/2021		"POA/husband said that the medics did what they needed to do medically. They did a good job."		
16	07/02/2021		"The medics got her out of her home and got going. They were very careful with her. They were aware of her condition and helped her not to worry."		
17	07/02/2021		"POA said that the medics knew what they were doing. They assessed the situation and took the matter into their hands. They did everything that they needed to do in a timely manner."		
18	07/02/2021		"The medics did fine. They got there fast."		
19	07/02/2021		"The medics communicated amongst	"The ambulance was too small. They were trying out a	

			themselves well. They worked well as a team."	new type of van. It was difficult to get in and out of. It was hard for the medics to do their jobs with him inside."	
20	07/02/2021		"The service was great. Loved it. Everything was fine. No complaints."		
21	07/02/2021		"The medics joked around with her and were easy to talk to."		
22	07/02/2021	"Mother completed survey."			
23	07/02/2021	"She felt well taken care of. The medics were very attentive. They took good care of her after her accident."	"The medics were very good. She liked them."		
24	07/03/2021		"The medics did very well. They picked him up and took him to the hospital."		
25	07/02/2021		"The medics paid attention to him."		
26	07/02/2021		"The medics listened to him about how he is a hard stick with IVs."		
27	07/03/2021		"The medics did their job very well. Everything was great."		
28	07/03/2021		"The medics knew what they were doing. They were very concerned."		
29	07/03/2021	"The ride was bumpy. She did not feel it was the driver, but the fault of the roads."	"The medics did a very good job. They were helpful and answered		

			questions."		
30	07/04/2021	"Patient and her translator said that her grandkids were hugging the medics because they were helping their grandma."	"She was semi-conscious and could not speak. Her young grandchildren called the ambulance and answered the medics questions. The medics asked them questions and listened to them. They were very patient."		
31	07/04/2021		"The medics understood his needs. They comforted him."		
32	07/04/2021		"The medics were phenomenal at working together. The lead medic seemed to be good at explaining things to him."		
33	07/04/2021	"Driver was a good driver. The lead medic, in the back, was pushy. The patient tried to tell him IVs are hard to start on her and to wait until they got to the hospital. He would not listen. It made her jump. It hurt. He was not patient with her. The staff resolved her billing issue. They were great. She likes having her membership in case she needs the ambulance."	"The medics got there quickly. They were careful at helping her get into the ambulance."		YES
34	07/04/2021	"The medics treated him very well."			

35	07/04/2021		"REMSA Health provided a valuable service and did it pretty well."		
36	07/04/2021		"The medics gave good customer service. Everything was great."		
37	07/04/2021		"The medics transported her well. They kept her comfortable. They did their jobs nicely, quickly and together."		
38	07/04/2021		"POA/daughter said that the medics did everything well overall. They were calm and gentle with her elderly mother."		
39	07/04/2021		"Father said that the medics were very attentive and seemed genuinely concerned for his child."		
40	07/04/2021		"The medics listened to her and understood what she was going through. They took her seriously. The medics did their jobs well."		
41	07/04/2021		"The medics were wonderful. They had a great sense of humor. They worked really great as a team."		
42	07/04/2021	"The medics told her what was going on. They took good care of her and made	"The medics were excellent. They were nice. They		

		her very comfortable. The medics tried to not move her to cause more pain. The medics worked well together, like gears."	waited with her at the hospital until the nurses took over."		
43	07/04/2021	"Very clean ambulance."	"The medics got him out of his home and into the ambulance pretty well. They were nice and knowledgeable. Very happy with the service."		
44	07/05/2021		"Everything was fine."		
45	07/06/2021		"The medics saved his life. He would rate them a twenty-five!"		
46	07/06/2021		"The medics did a good job checking him over before they got to the hospital."		
47	07/05/2021		"The medics were kind. They were professional."		
48	07/05/2021	"The driver was awesome. The female medic, who rode with her, was very good. She gave her what she needed on the way to the hospital."	"The medics were great. The medics made her pain bearable."		
49	07/05/2021	"The medics could not come onto the property to get him because of a situation with a neighbor. This made him have to walk to the ambulance with his injury. He did not blame the medics for this."			
50	07/05/2021		"REMSA Health is a good outfit. The medics were prompt. They did everything to keep		

			him comfortable."		
51	07/05/2021		"Mother said that the medics got there very fast and took care of her son."		
<b>Follow Up</b>					
#33 - Paramedic said that he does not remember this call. He said that he does not feel that he is pushy and does not believe in performing unnecessary treatments. He said he will try to be more aware.					

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**REMSA HEALTH**

**FRANCHISE COMPLIANCE**

**REPORT**

**NOVEMBER 2021**



## Fiscal 2020 REMSA Accounts Receivable Summary

**Note: July, August, September, & October numbers are pending.**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 33%
July	4,253	\$5,839,002.20	\$1,372.91	\$1,372.84	\$ 453.04
August	4,224	\$5,806,006.60	\$1,374.53	\$1,373.06	\$ 453.11
September	4,089	\$5,622,367.80	\$1,375.00	\$1,373.28	\$ 453.18
October	4,409	\$6,040,357.20	\$1,370.01	\$1,372.93	\$ 453.07
November	4,251	\$5,800,733.40	\$1,364.56	\$1,372.14	\$ 452.80
December	4,347	\$5,981,323.40	\$1,375.97	\$1,372.47	\$ 452.92
January	4,227	\$6,306,218.60	\$1,491.89	\$1,372.79	\$ 453.02
February	3,780	\$5,623,933.60	\$1,487.81	\$1,372.79	\$ 491.69
March	4,093	\$6,108,707.20	\$1,492.48	\$1,372.79	\$ 491.97
April	4,180	\$6,315,334.80	\$1,510.85	\$1,372.79	\$ 493.67
May	4,196	\$6,400,979.20	\$1,525.50	\$1,372.79	\$ 495.66
June	4,461	\$6,809,069.60	\$1,526.35	\$1,372.79	\$ 497.10
<b>Totals</b>	<b>50,510</b>	<b>\$72,654,033.60</b>	<b>\$1,438.99</b>		

Current Allowable Average Bill: \$1,517.66

### Year to Date: November 2021

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-21	6 Minutes 44 Seconds	84%	77%
Aug-21	7 Minutes 13 Seconds	86%	86%
Sep-21	7 Minutes 30 Seconds	88%	75%
Oct-21	7 Minutes 07 Seconds	84%	76%
Nov-21	7 Minutes 09 Seconds	85%	81%
Dec-21			
Jan-22			
Feb-22			
Mar-22			
Apr-22			
May-22			
Jun-22			

**Fiscal Year to Date**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
7 Minutes 08 Seconds	85%	81%

**Year to Date: November 2021**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-21	P-1	6:02	7:00	11:00
	P-2	6:50	7:37	11:03
Aug-21	P-1	6:31	7:11	22:53
	P-2	7:17	8:47	11:06
Sep-21	P-1	6:49	7:25	11:45
	P-2	7:50	9:25	12:06
Oct-21	P-1	6:34	7:11	11:02
	P-2	7:19	8:12	11:52
Nov-21	P-1	6:14	7:22	11:17
	P-2	7:10	8:14	10:49
Dec-21	P-1			
	P-2			
Jan-22	P-1			
	P-2			
Feb-22	P-1			
	P-2			
Mar-22	P-1			
	P-2			
Apr-22	P-1			
	P-2			
May-22	P-1			
	P-2			
Jun-22	P-1			
	P-2			

**Fiscal Year to Date: November 2021**

Priority	Reno	Sparks	Washoe County
<b>P1</b>	06:28	07:11	11:03
<b>P2</b>	07:19	08:30	11:33

**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 11/01/2021 THRU 11/30/2021**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	11/1/21 14:33	11/1/21 14:38	A632	0:14:25	0:04:48
Zone A	11/1/21 21:37	11/1/21 21:36	A618	23:59:47	0:00:31
Zone A	11/2/21 15:14	11/2/21 15:20	A605	0:05:55	0:05:55
Zone A	11/3/21 9:21	11/3/21 9:25	A629	0:10:20	0:03:57
Zone A	11/6/21 6:16	11/6/21 6:18	A626	0:02:47	0:02:47
Zone A	11/6/21 10:41	11/6/21 10:45	A634	0:11:41	0:04:02
Zone B	11/6/21 16:20	11/6/21 16:27	A641	0:25:20	0:07:22
Zone A	11/7/21 1:56	11/7/21 1:01	A605	-0:54:13	0:05:47
Zone A	11/7/21 1:57	11/7/21 1:02	A611	-0:54:06	0:05:54
Zone A	11/8/21 18:11	11/8/21 18:13	A618	0:15:36	0:02:07
Zone C	11/9/21 1:14	11/9/21 1:22	TM Medic 3	0:54:02	0:07:43
Zone A	11/10/21 22:19	11/10/21 22:23	A606	0:09:12	0:03:42
Zone A	11/13/21 3:31	11/13/21 3:30	A606	23:59:11	0:00:16
Zone A	11/14/21 11:59	11/14/21 12:03	A609	0:03:44	0:03:44
Zone A	11/15/21 18:28	11/15/21 18:35	A628	0:15:22	0:06:30
Zone A	11/19/21 0:23	11/19/21 0:27	A623	0:11:33	0:03:41
Zone A	11/19/21 14:05	11/19/21 14:12	A636	0:11:20	0:06:11
Zone A	11/20/21 16:40	11/20/21 16:40	A617	0:00:00	0:00:00
Zone A	11/21/21 12:38	11/21/21 12:42	A619	0:16:44	0:04:06
Zone A	11/23/21 3:21	11/23/21 3:26	A602	0:15:06	0:05:47
Zone A	11/24/21 14:01	11/24/21 14:07	A635	0:10:12	0:05:32
Zone A	11/25/21 17:13	11/25/21 17:22	A632	0:13:08	0:08:30
Zone A	11/26/21 1:09	11/26/21 1:14	A631	0:11:59	0:05:23

<b>UPGRADE REQUESTED</b>				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
NONE				

EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
11/05/2021	Exemption Approved	Overload	Zone A	:13:59
11/05/2021	Exemption Approved	Overload	Zone A	:11:28
11/05/2021	Exemption Approved	Overload	Zone A	:13:33
11/05/2021	Exemption Approved	Overload	Zone A	:13:44
11/05/2021	Exemption Approved	Overload	Zone A	:15:32
11/05/2021	Exemption Approved	Overload	Zone A	:13:06
11/05/2021	Exemption Approved	Overload	Zone A	:16:49
11/05/2021	Exemption Approved	Overload	Zone A	:09:37
11/05/2021	Exemption Approved	Overload	Zone A	:11:02
11/05/2021	Exemption Approved	Overload	Zone A	:09:48
11/12/2021	Exemption Approved	Overload	Zone A	:12:35
11/12/2021	Exemption Approved	Overload	Zone A	:10:19
11/12/2021	Exemption Approved	Overload	Zone A	:18:46
11/12/2021	Exemption Approved	Overload	Zone A	:09:22
11/12/2021	Exemption Approved	Overload	Zone A	:09:39
11/13/2021	Exemption Approved	Overload	Zone A	:09:47
11/13/2021	Exemption Approved	Overload	Zone A	:14:04
11/20/2021	Exemption Approved	Overload	Zone A	:11:48
11/20/2021	Exemption Approved	Overload	Zone A	:09:54
11/20/2021	Exemption Approved	Overload	Zone A	:09:54
11/20/2021	Exemption Approved	Overload	Zone A	:09:51
11/02/2021	Exemption Approved	Status 99	Zone A	:11:42
11/02/2021	Exemption Approved	Status 99	Zone A	:10:49
11/02/2021	Exemption Approved	Status 99	Zone A	:13:41
11/02/2021	Exemption Approved	Status 99	Zone A	:10:21
11/03/2021	Exemption Approved	Status 99	Zone B	:21:02
11/03/2021	Exemption Approved	Status 99	Zone A	:09:44
11/04/2021	Exemption Approved	Status 99	Zone A	:09:10
11/05/2021	Exemption Approved	Status 99	Zone A	:12:42
11/05/2021	Exemption Approved	Status 99	Zone A	:09:21
11/05/2021	Exemption Approved	Status 99	Zone A	:11:44
11/05/2021	Exemption Approved	Status 99	Zone A	:11:26
11/05/2021	Exemption Approved	Status 99	Zone A	:11:48
11/05/2021	Exemption Approved	Status 99	Zone A	:10:04
11/05/2021	Exemption Approved	Status 99	Zone A	:16:03
11/05/2021	Exemption Approved	Status 99	Zone A	:10:30
11/05/2021	Exemption Approved	Status 99	Zone A	:16:25
11/05/2021	Exemption Approved	Status 99	Zone A	:13:57
11/05/2021	Exemption Approved	Status 99	Zone A	:10:31
11/05/2021	Exemption Approved	Status 99	Zone A	:09:02
11/05/2021	Exemption Approved	Status 99	Zone A	:10:08
11/05/2021	Exemption Approved	Status 99	Zone A	:10:31
11/07/2021	Exemption Approved	Status 99	Zone A	:13:59

11/07/2021	Exemption Approved	Status 99	Zone A	:09:05
11/07/2021	Exemption Approved	Status 99	Zone A	:16:09
11/07/2021	Exemption Approved	Status 99	Zone A	:11:51
11/07/2021	Exemption Approved	Status 99	Zone A	:11:08
11/07/2021	Exemption Approved	Status 99	Zone A	:14:53
11/07/2021	Exemption Approved	Status 99	Zone A	:12:04
11/07/2021	Exemption Approved	Status 99	Zone A	:11:37
11/07/2021	Exemption Approved	Status 99	Zone A	:12:06
11/07/2021	Exemption Approved	Status 99	Zone A	:12:11
11/09/2021	Exemption Approved	Status 99	Zone A	:21:10
11/09/2021	Exemption Approved	Status 99	Zone A	:09:22
11/15/2021	Exemption Approved	Status 99	Zone A	:15:44
11/15/2021	Exemption Approved	Status 99	Zone A	:10:37
11/16/2021	Exemption Denied	Status 99	Zone B	:18:48
11/17/2021	Exemption Approved	Status 99	Zone A	:17:46
11/18/2021	Exemption Approved	Status 99	Zone A	:11:07
11/18/2021	Exemption Approved	Status 99	Zone A	:10:14
11/18/2021	Exemption Approved	Status 99	Zone A	:12:32
11/20/2021	Exemption Approved	Status 99	Zone A	:09:27
11/22/2021	Exemption Approved	Status 99	Zone A	:10:39
11/22/2021	Exemption Approved	Status 99	Zone A	:09:12
11/22/2021	Exemption Approved	Status 99	Zone B	:21:01

## GROUND AMBULANCE OPERATIONS REPORT NOVEMBER 2021

### 1. Overall Statics

- a) Total number of system responses: 7,040
- b) Total number of responses in which no transports resulted: 2,803
- c) Total number of system transports: 4,237

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.7%
- b) Medical: 49.2%
- c) Obstetrics (OB): 0.4%
- d) Psychiatric/Behavioral: 6.3%
- e) Transfers: 14.1%
- f) Trauma – MVA: 6.7%
- g) Trauma – Non MVA: 17.3%
- h) Unknown: 4.4%

### 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: 1,534

Total number of above calls receiving QA Reviews: 80

Percentage of charts reviewed from the above transports: 5.2%

**NOVEMBER 2021 MONTHLY REMSA EDUCATION REPORT**

DISCIPLINE	CLASSES	STUDENTS
ACLS	27	87
BLS (CPR)	144	512
Heartsaver (CPR)	91	451
ITLS/PHTLS	2	12
PALS	23	70

**COMMUNITY OUTREACH NOVEMBER 2021**

<b>Point of Impact</b>		
11/6/2021	Checkpoint at UNR Early Headstart: 15 vehicles and 21 car seats checked; 9 seats donated	3 staff; 7 volunteers
11/01-30/2021	29 office installation appointments; 29 cars and 31 seats inspected.	
<b>Cribs for Kids/Community</b>		
11/2/2021	Attended Safe Kids Washoe County Advisory meeting via video conference	
11/3/2021	Attended Family Health Festival at Neil Recreation Center	450 participants
11/4/2021	Attended Immunize Nevada Community meeting via Zoom	
11/16/2021	Attended Safe Kids Washoe County meeting via video conference	
11/22/2021	Taught Cribs for Kids Train the Trainer via Zoom	5 participants
11/14/2021	NV SHAP Safe Drivers and Passenger Task Force meeting	
11/18/2021	Vision Zero Truckee Meadows Task Force meeting	
11/18-19/2021	Attend Child Passenger Safety Technician track for Nevada Traffic Safety Summit	



**PATIENT EXPERIENCE REPORT - Pending new system integration.**

**REMSA HEALTH GROUND AMBULANCE NOVEMBER 2021 CUSTOMER REPORT**

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
Pending new system integration.					

# REMSA Health

## Information Request

July '21 - November '21

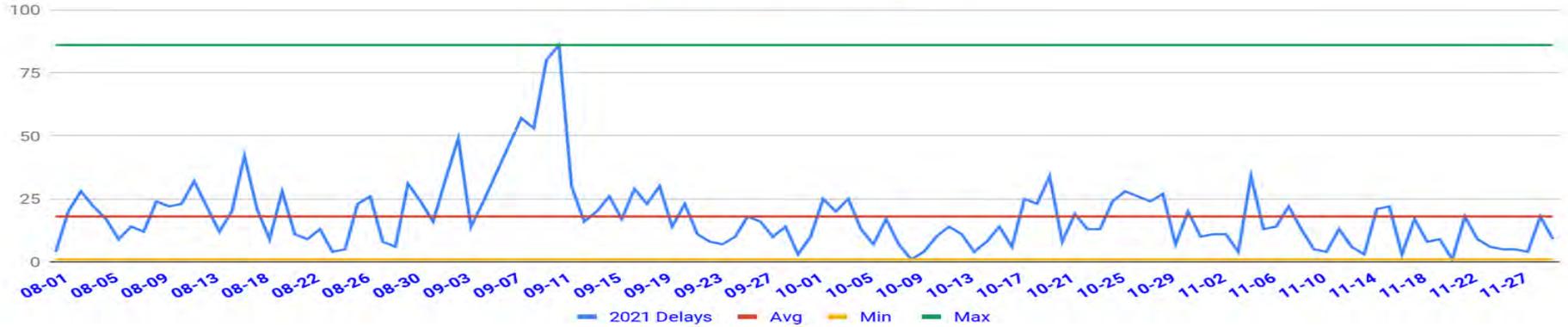
Aaron Abbott, Executive Director

## REMSA Average Response Times (P1, P2, P3, P99)



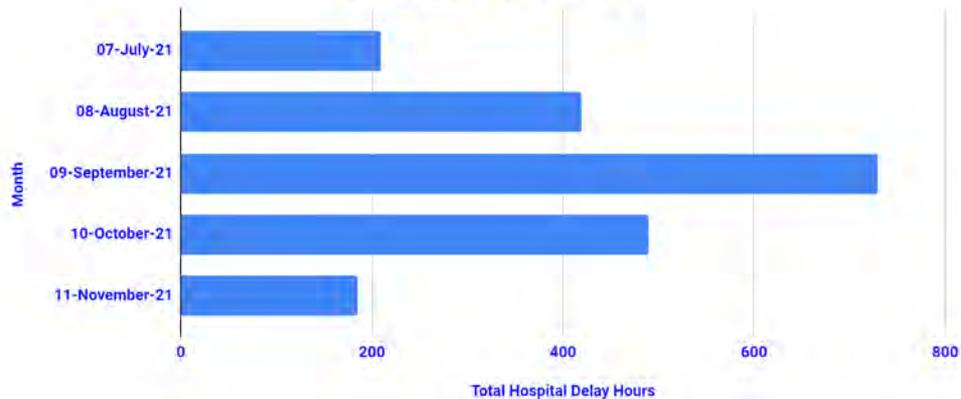
Month	System	Reno	Sparks	Washoe County
July	0:09:28	0:08:49	0:10:02	0:12:51
August	0:08:28	0:07:49	0:09:13	0:11:53
September	0:08:32	0:07:49	0:09:14	0:11:04
October	0:09:56	0:09:29	0:09:24	0:13:07
November	0:10:07	0:09:29	0:10:35	0:13:47
YTD	0:09:24	0:08:47	0:09:46	0:12:45

## 2021 Hospital Delays

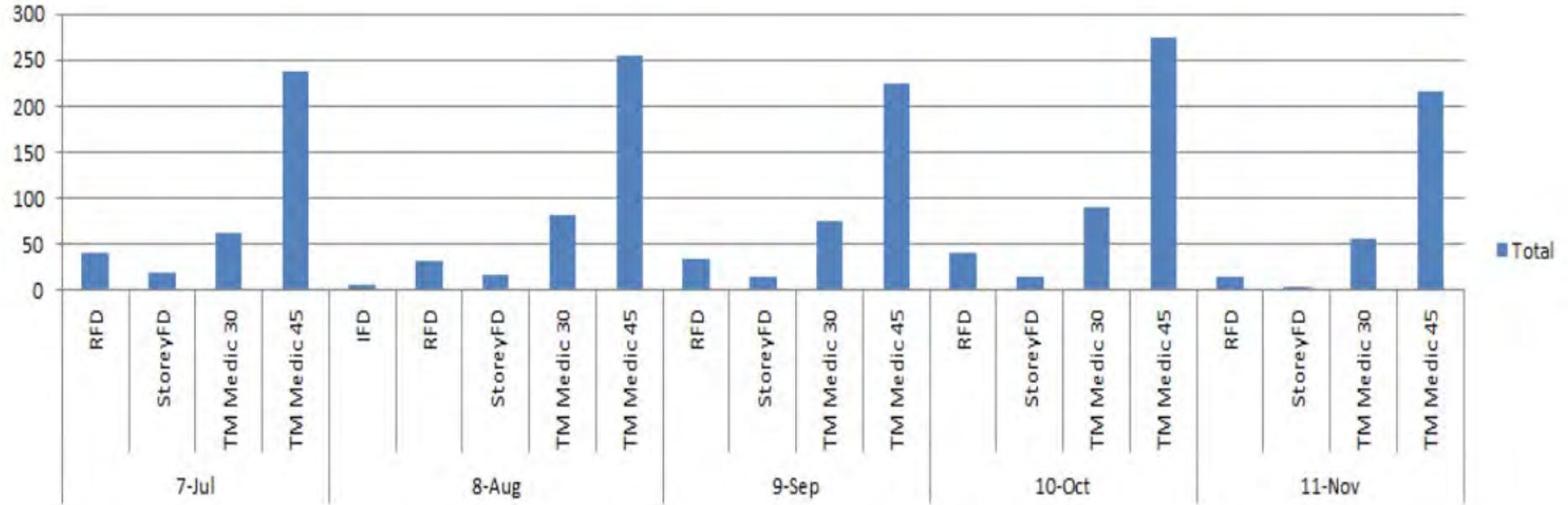


Average	Min	Max
0:54:19	0:00:00	5:34:38

## Total Hospital Delay Hours

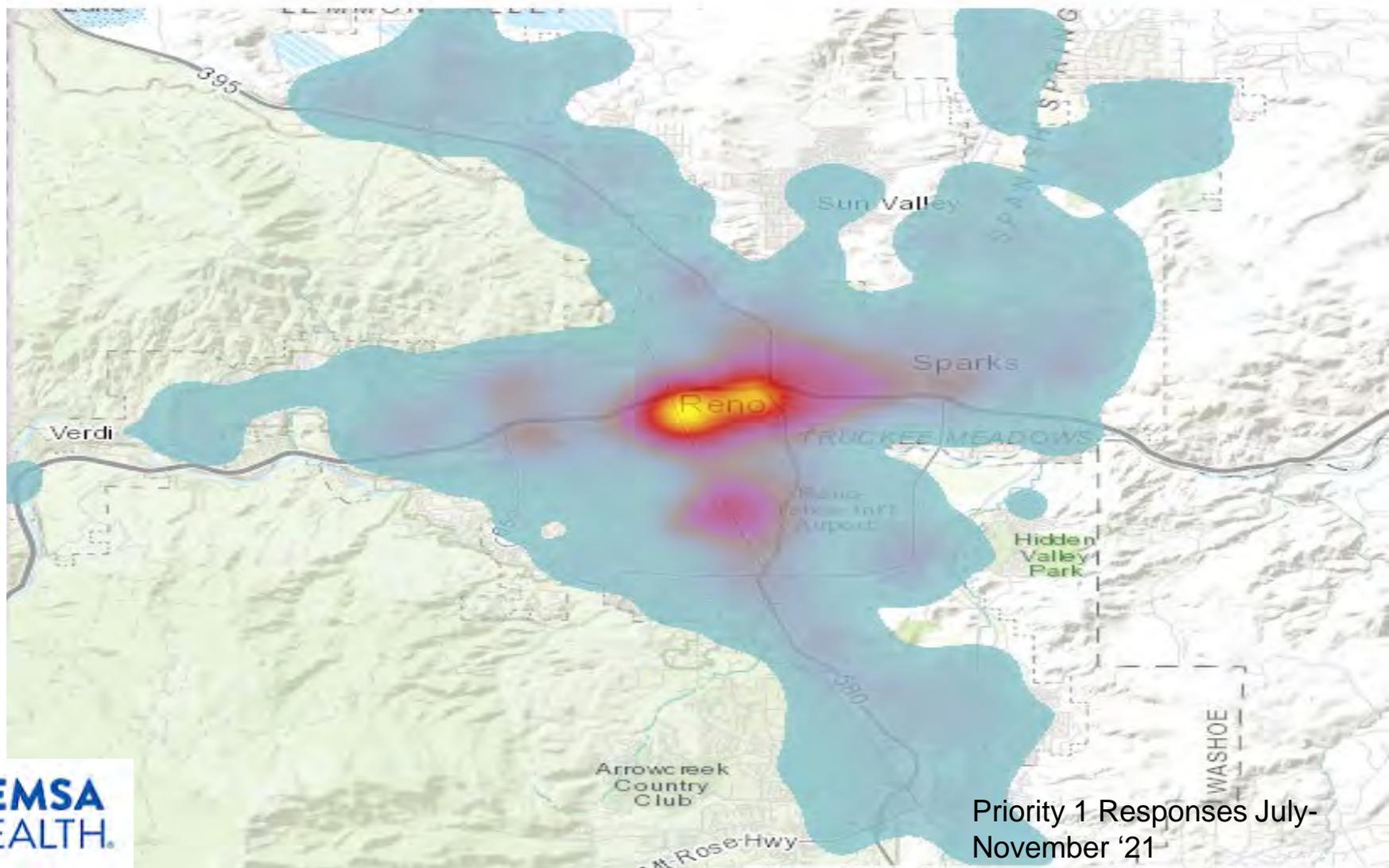


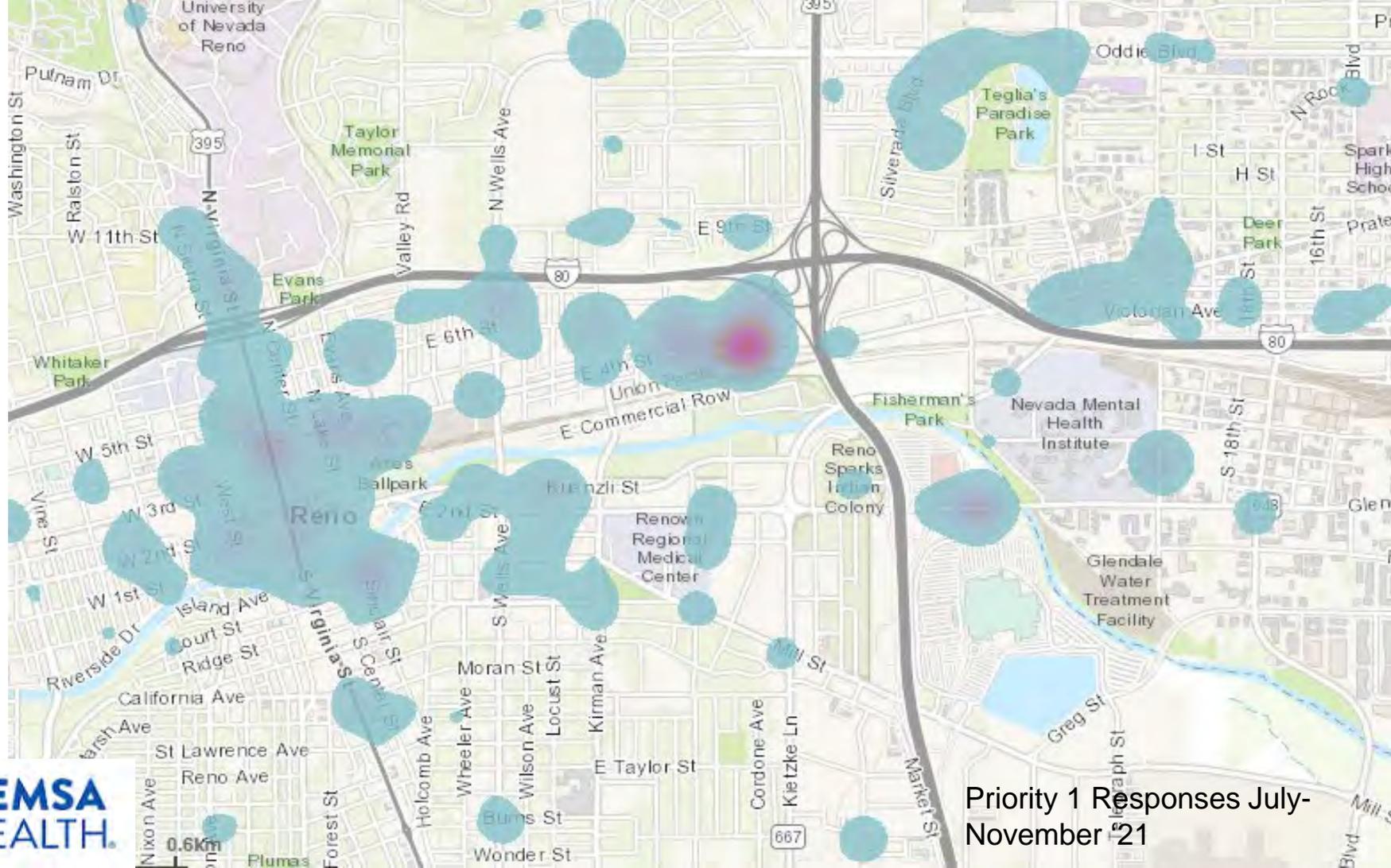
## Mutual Aid Responses



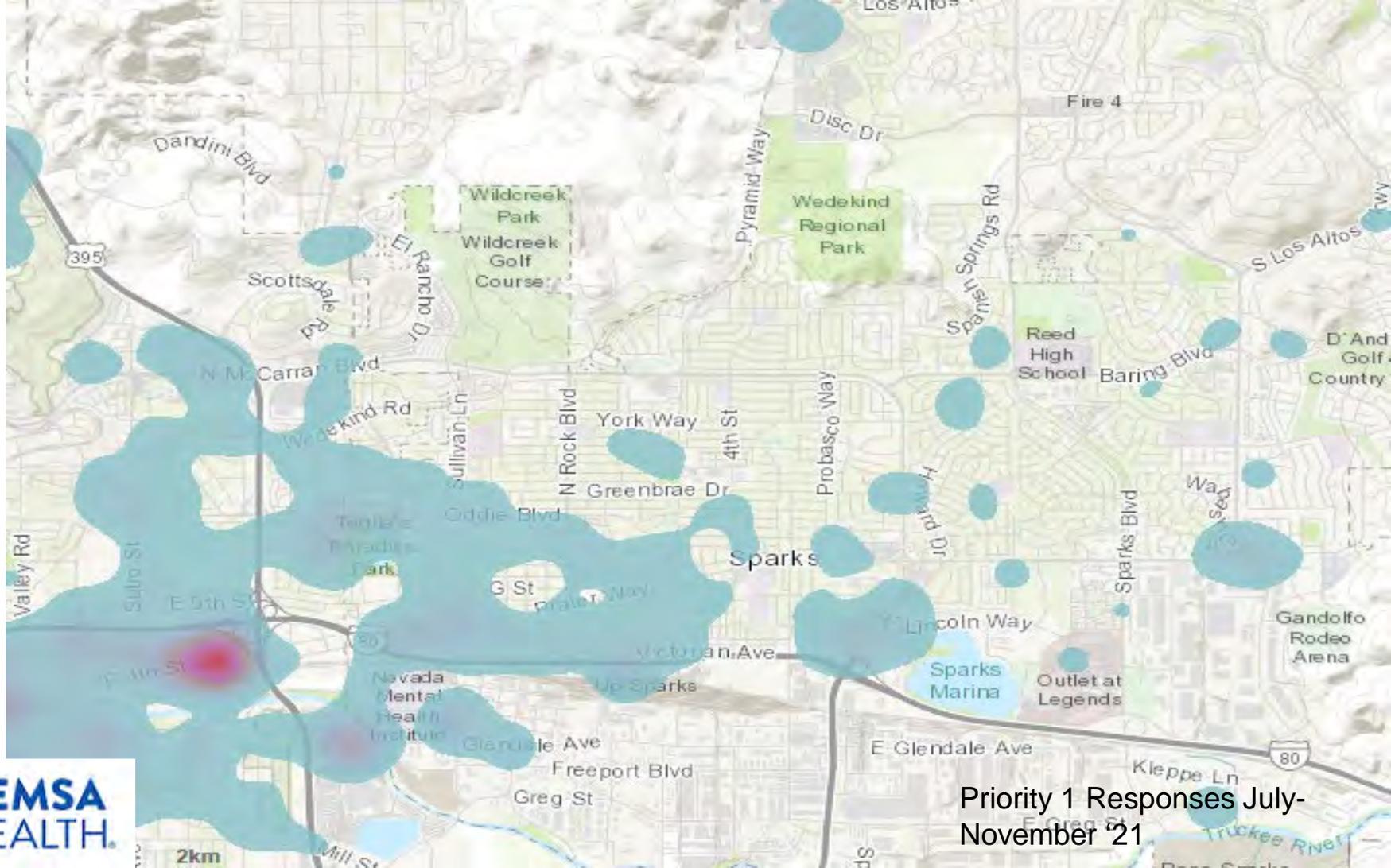
\*Truckee Meadows 45 and Truckee Meadows 30 Responses By Design

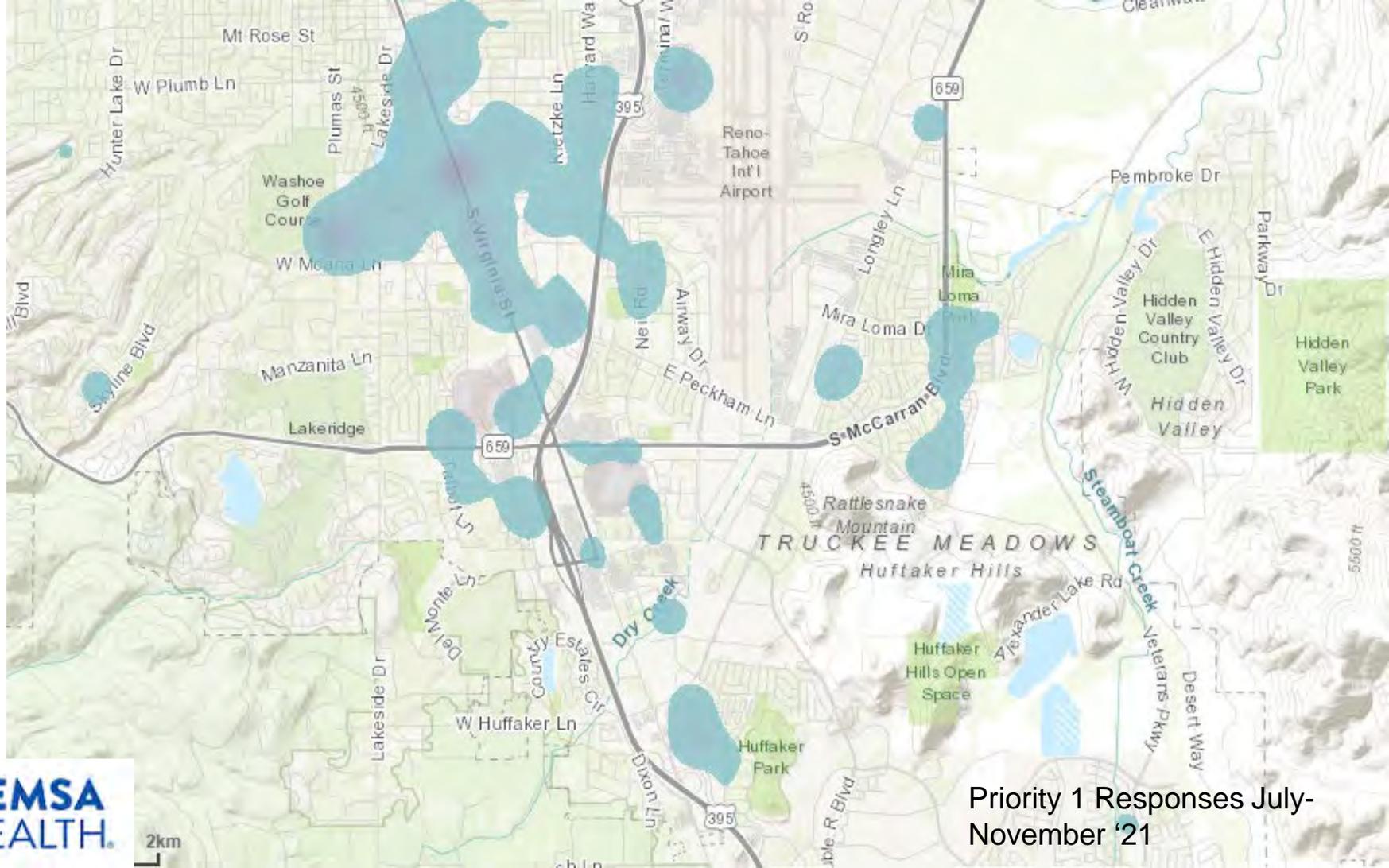
# Responses





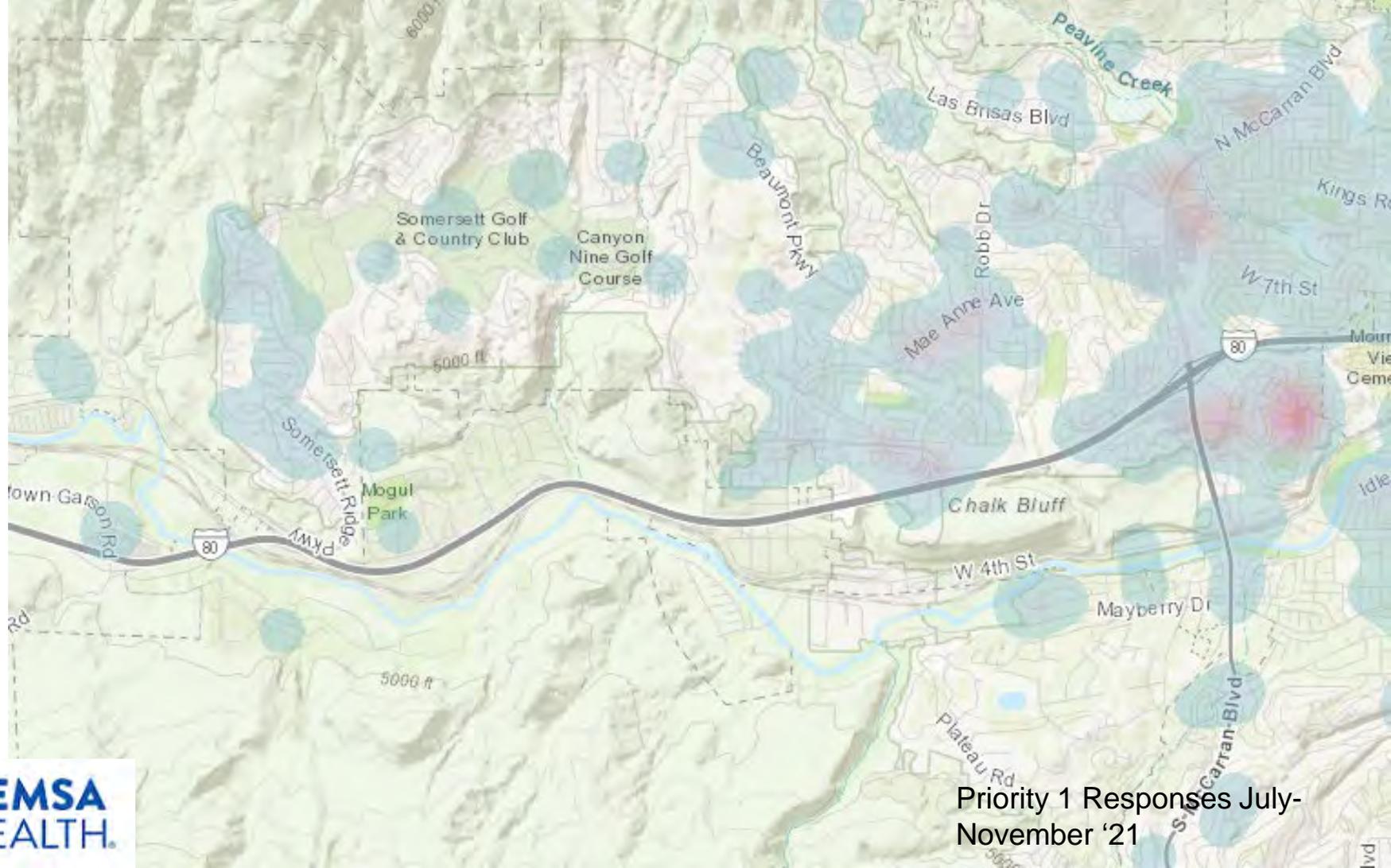
Priority 1 Responses July-  
November '21



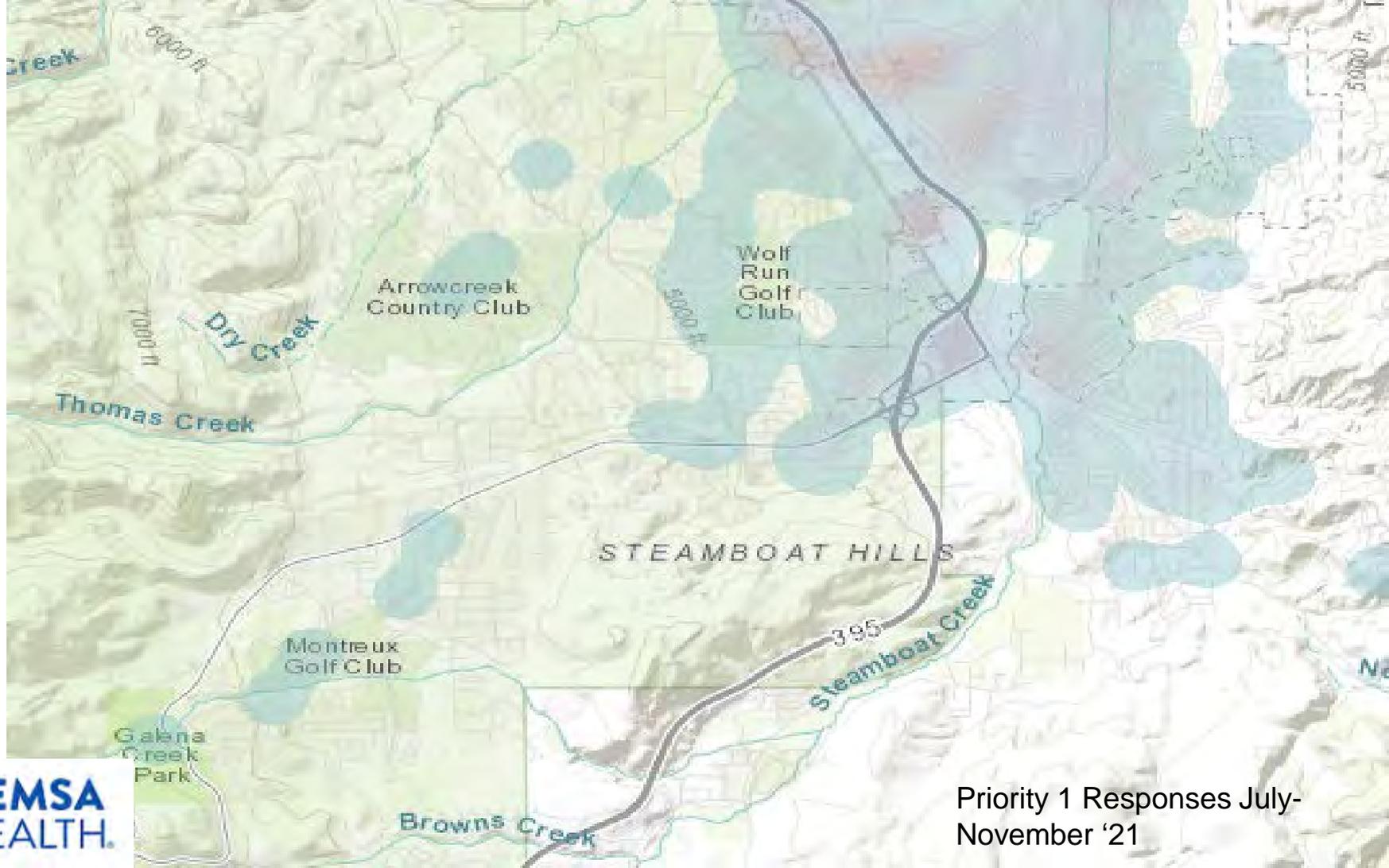


2km

Priority 1 Responses July-  
November '21

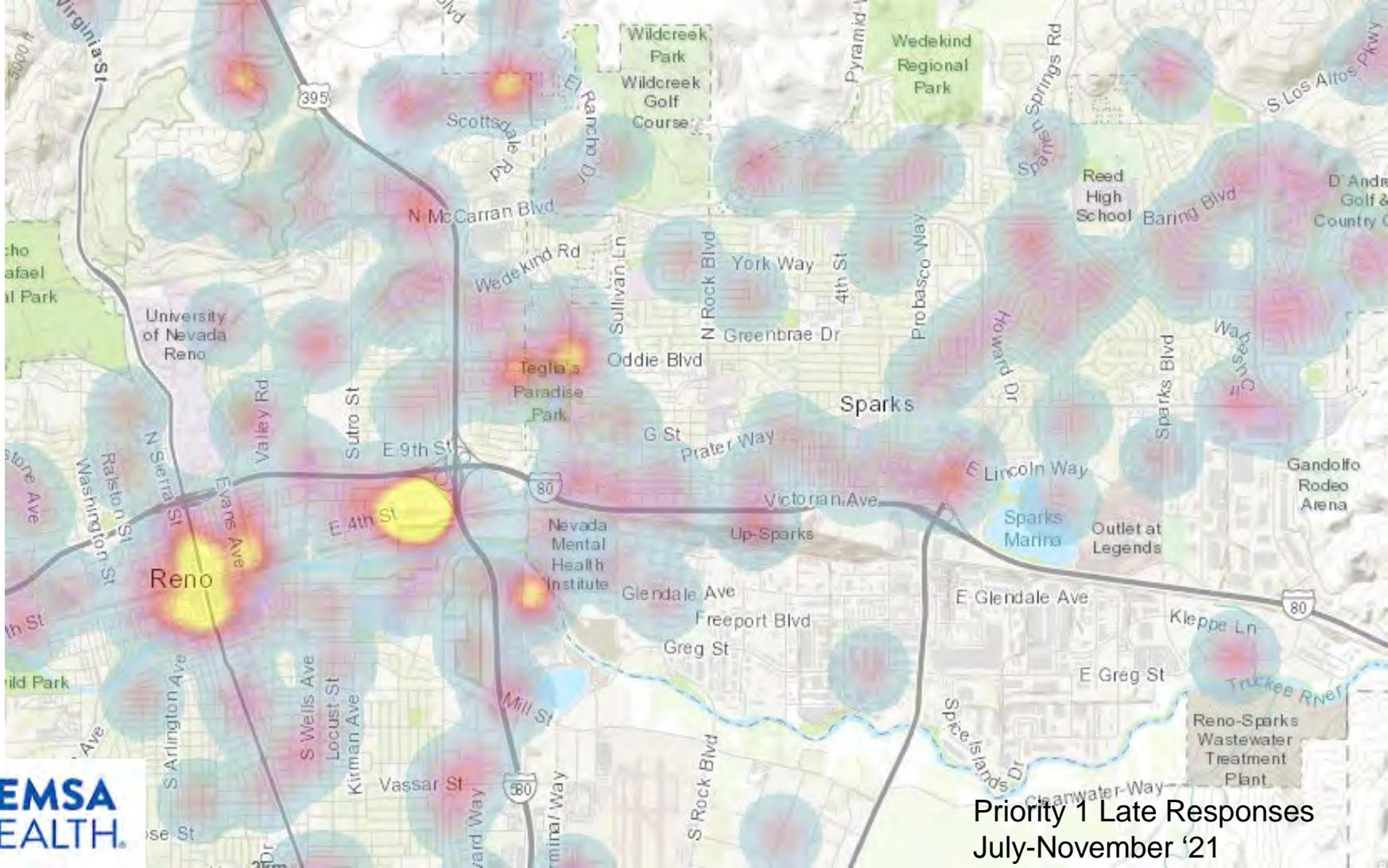


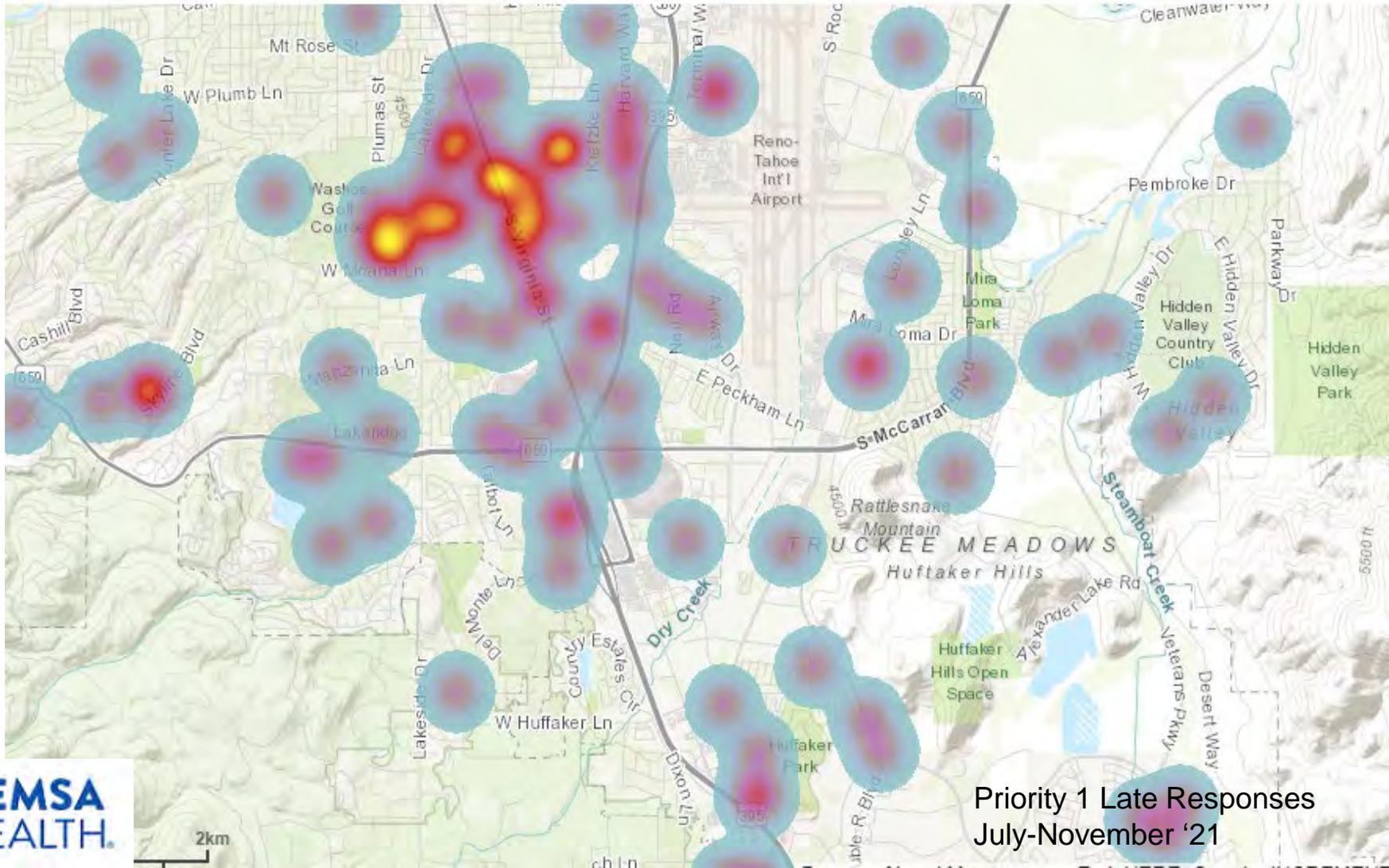
Priority 1 Responses July-  
November '21

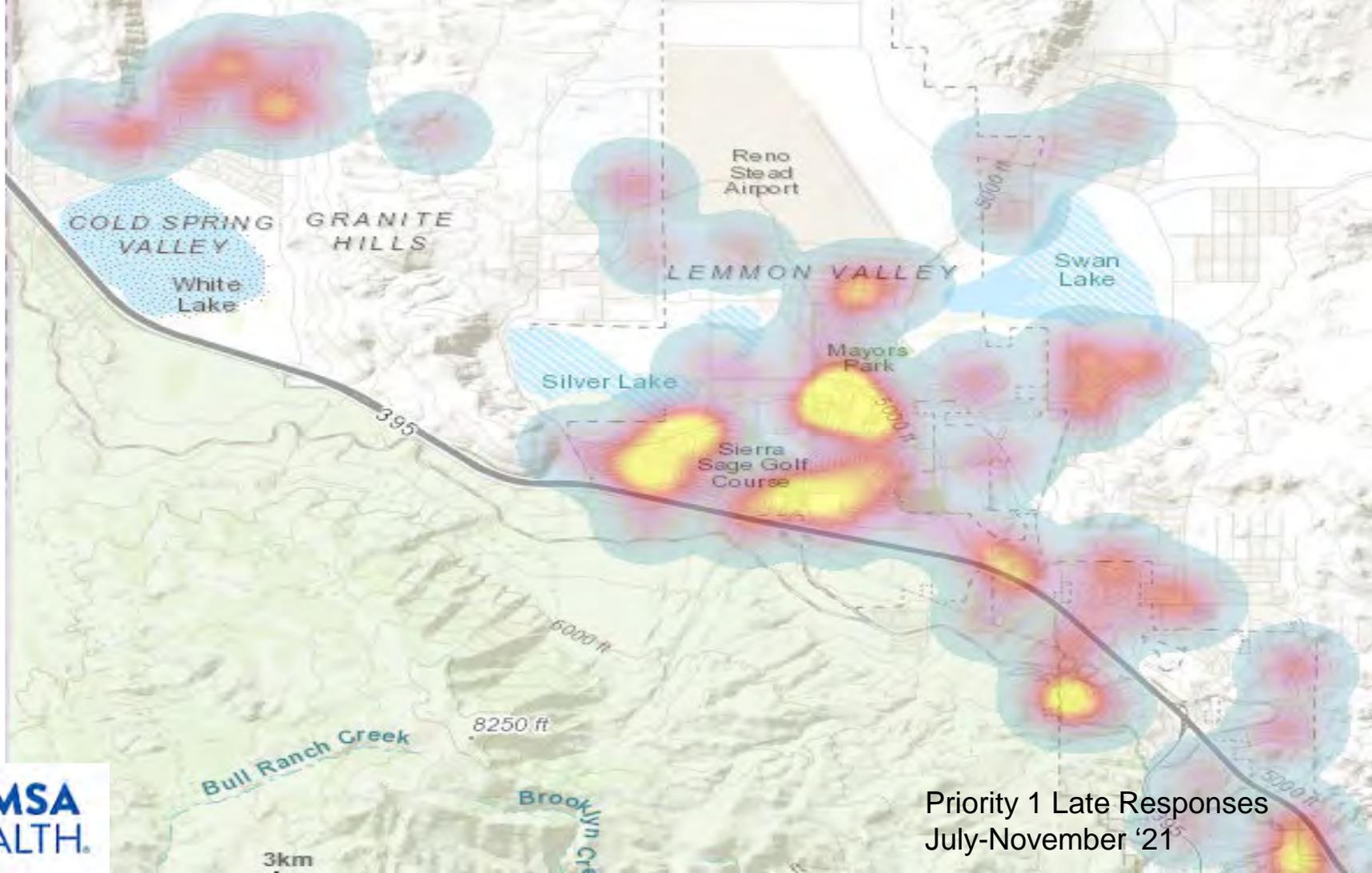


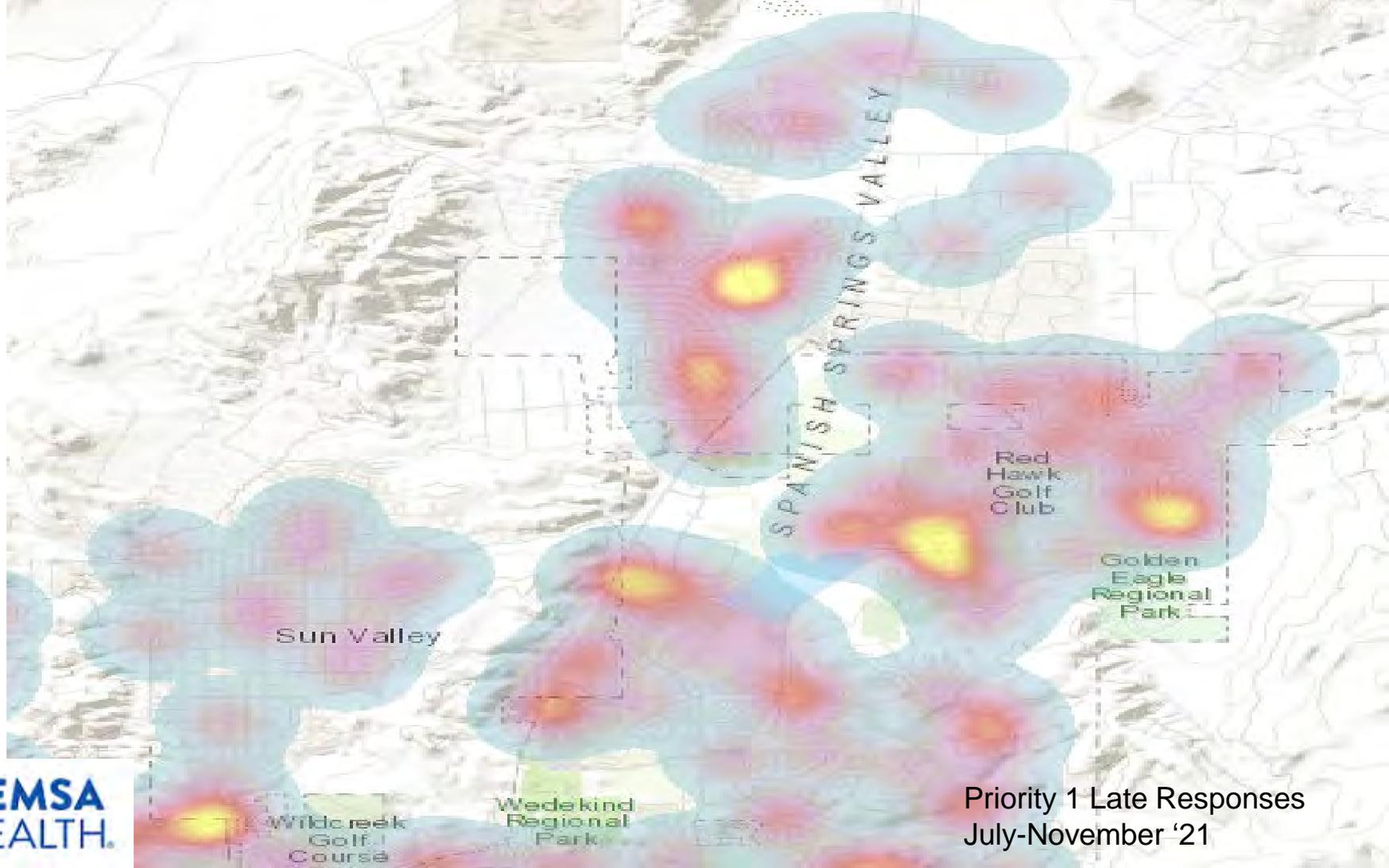
# Late Responses

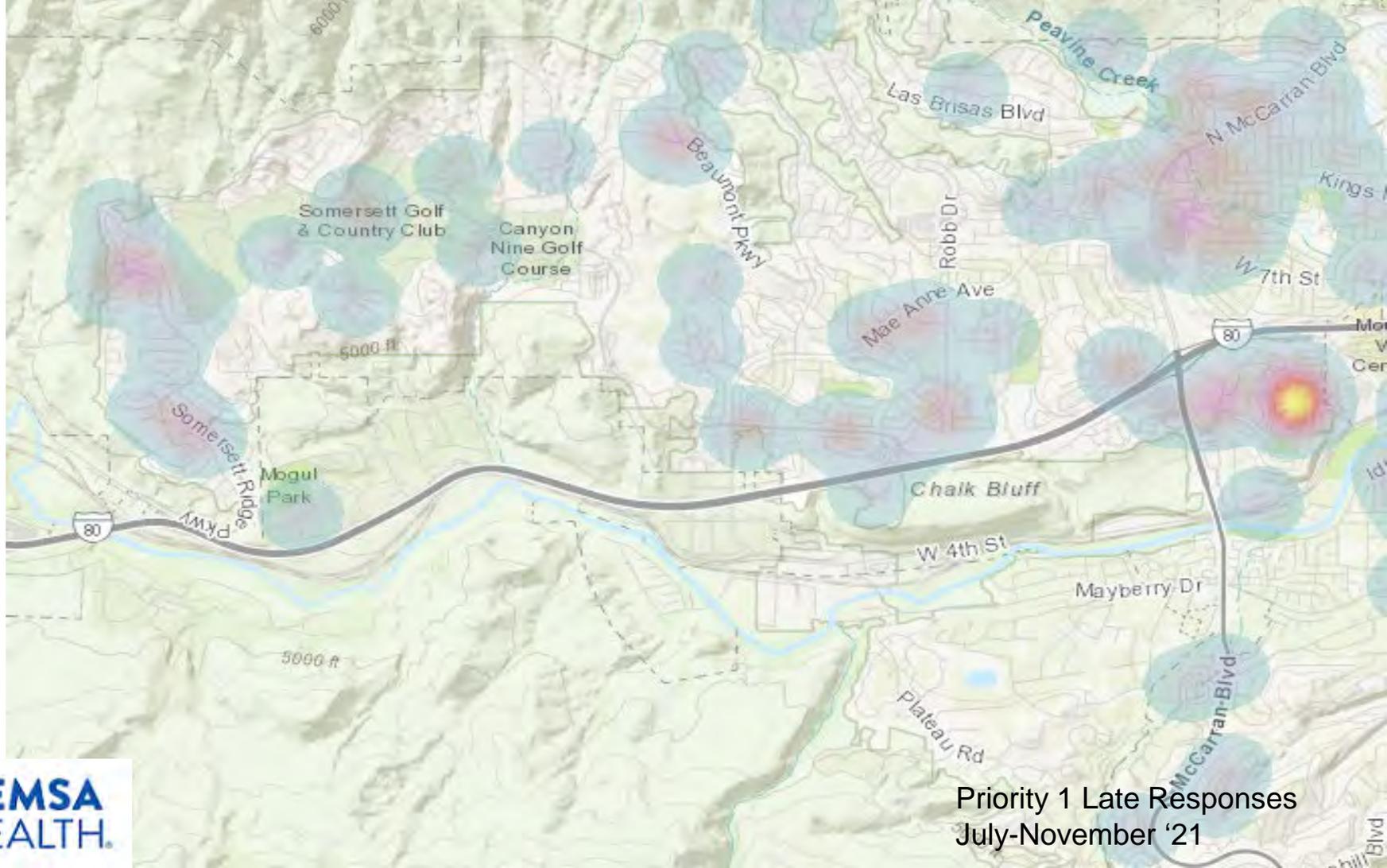


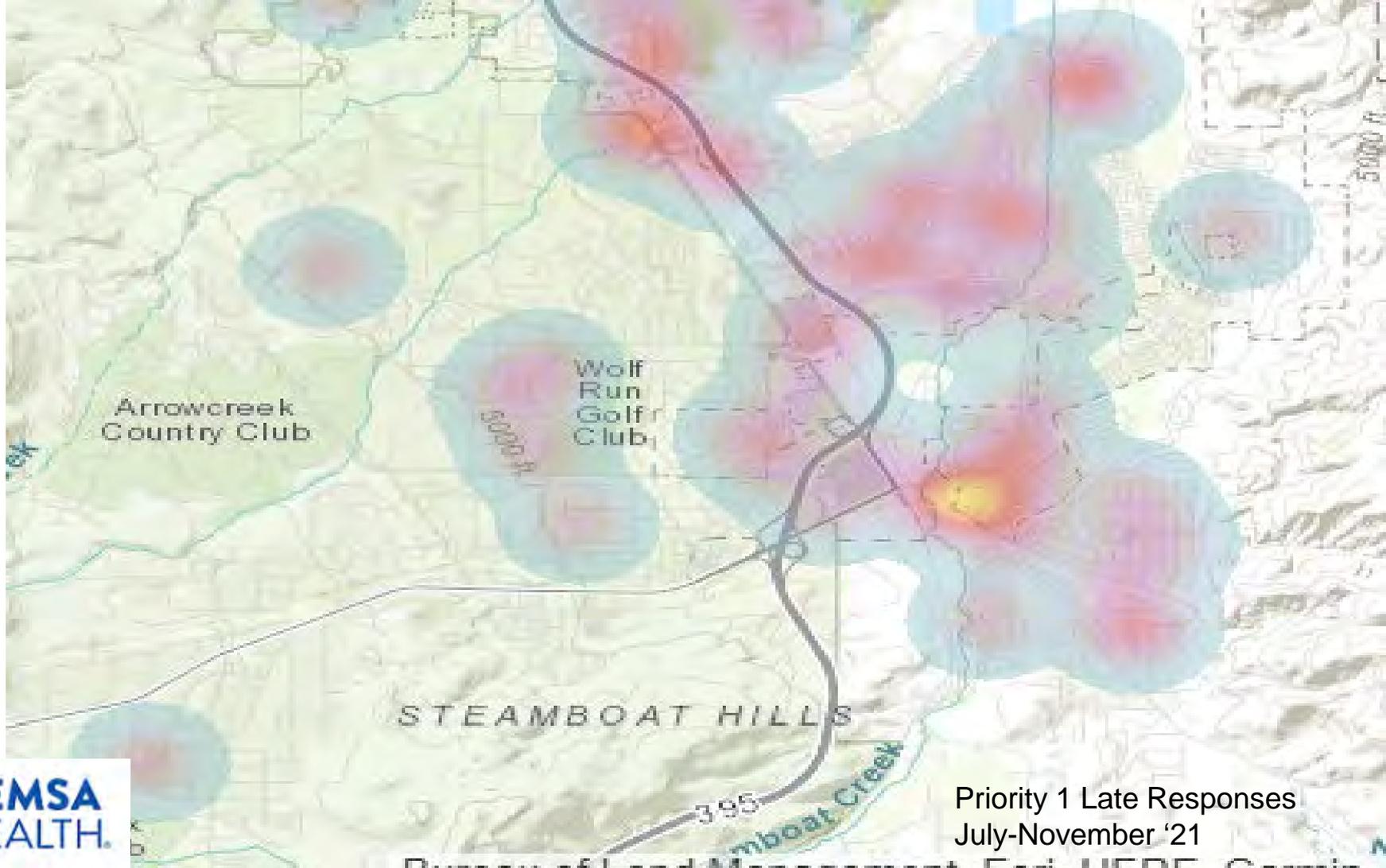


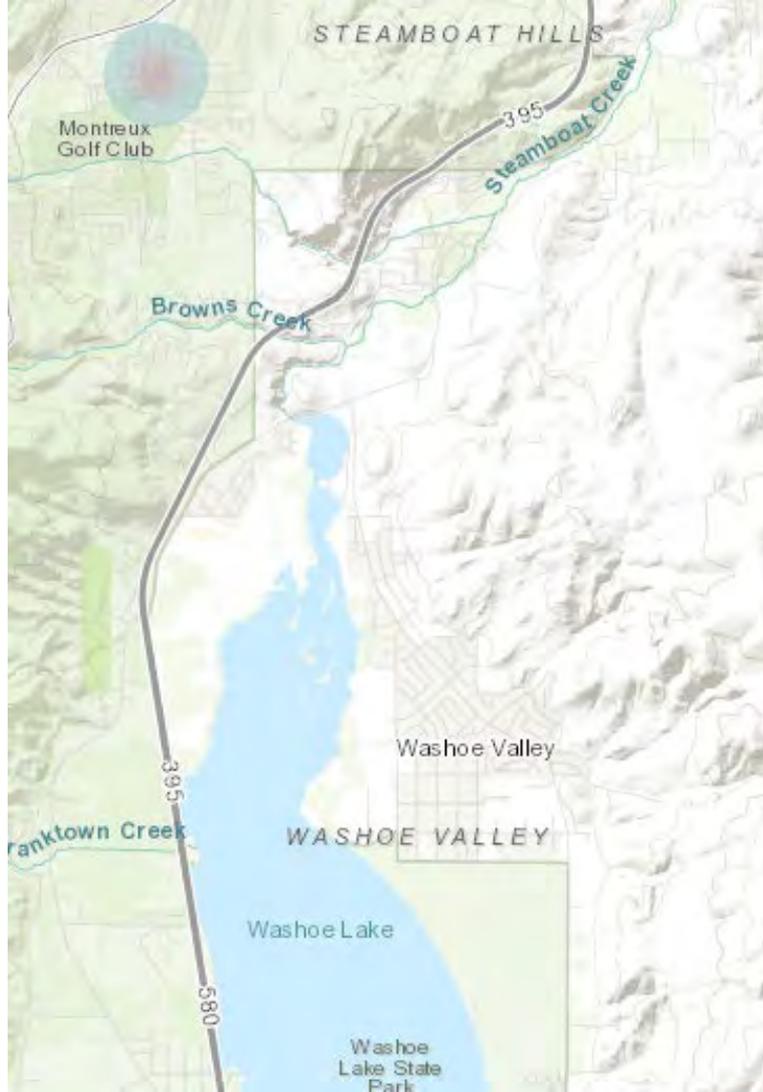








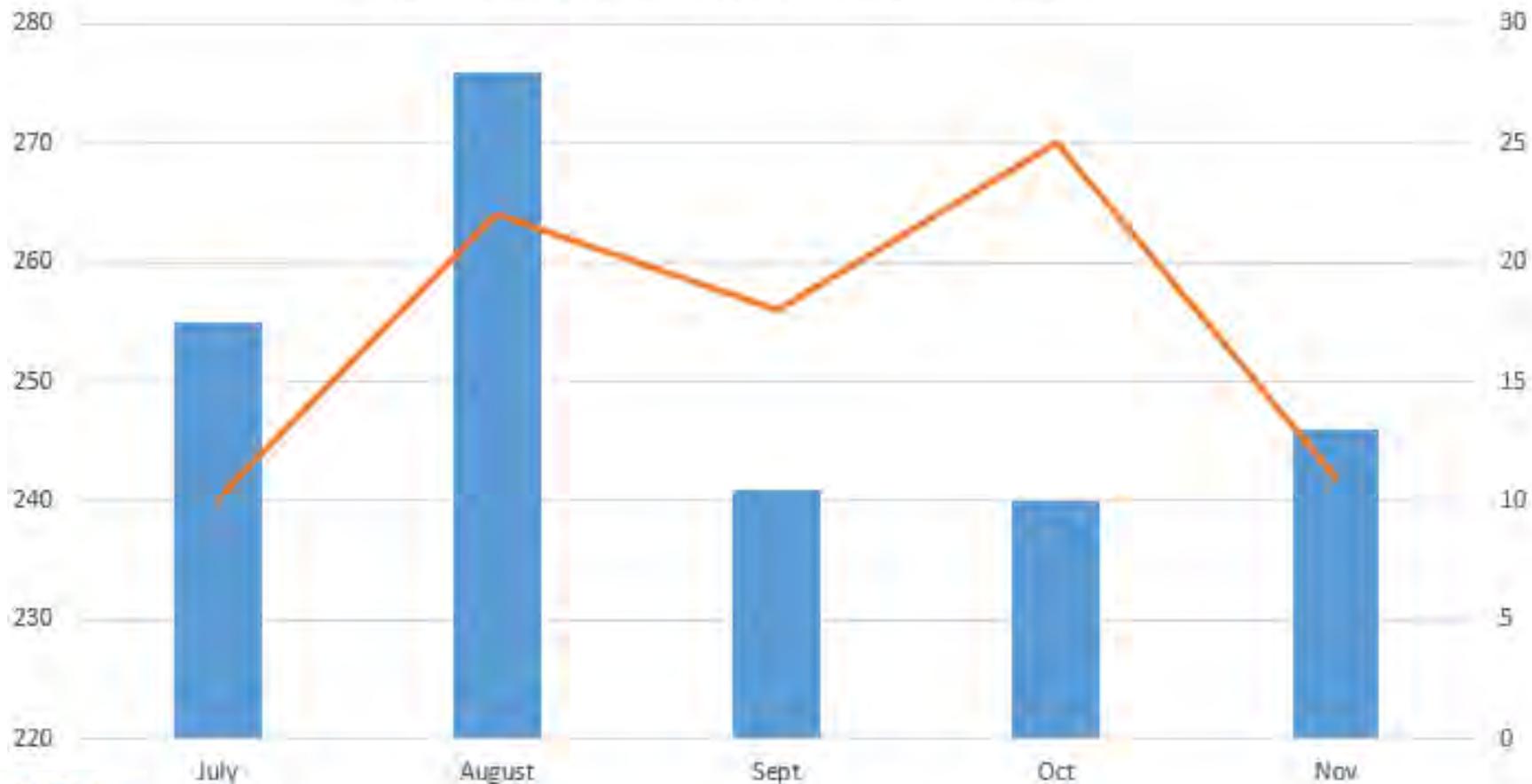




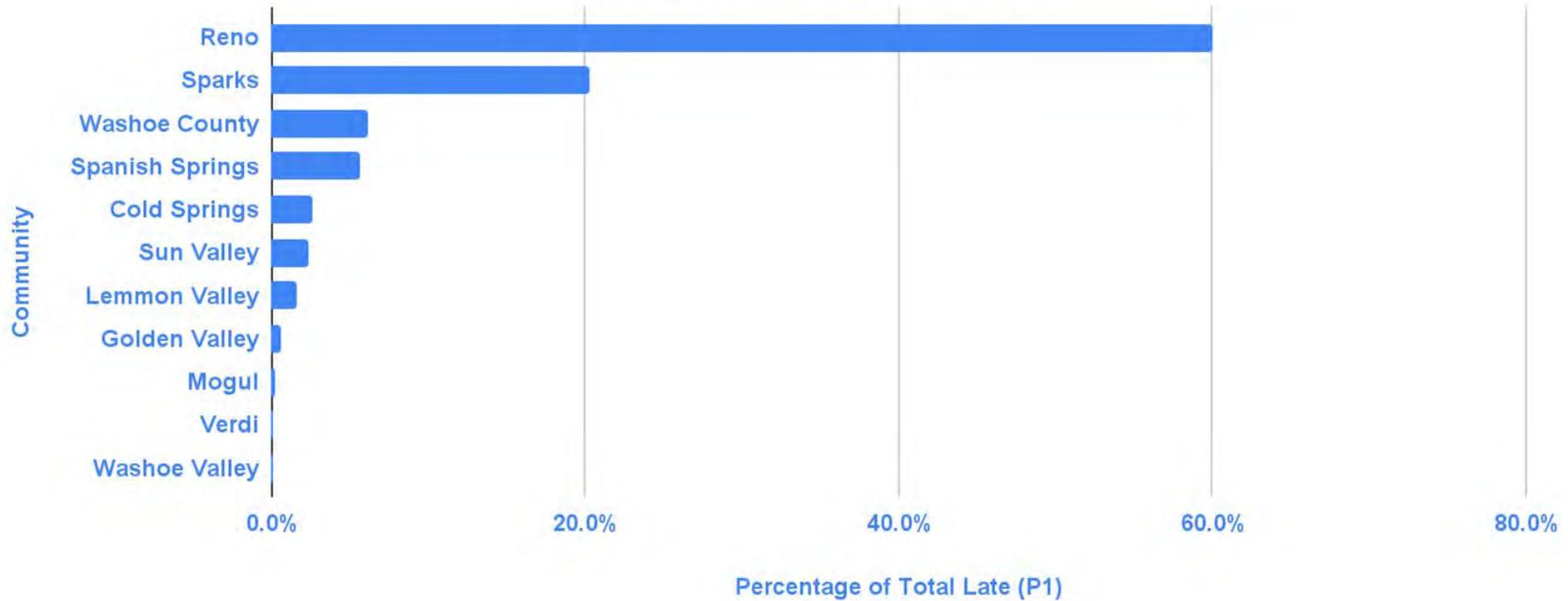
Priority 1 Late Responses  
July-November '21



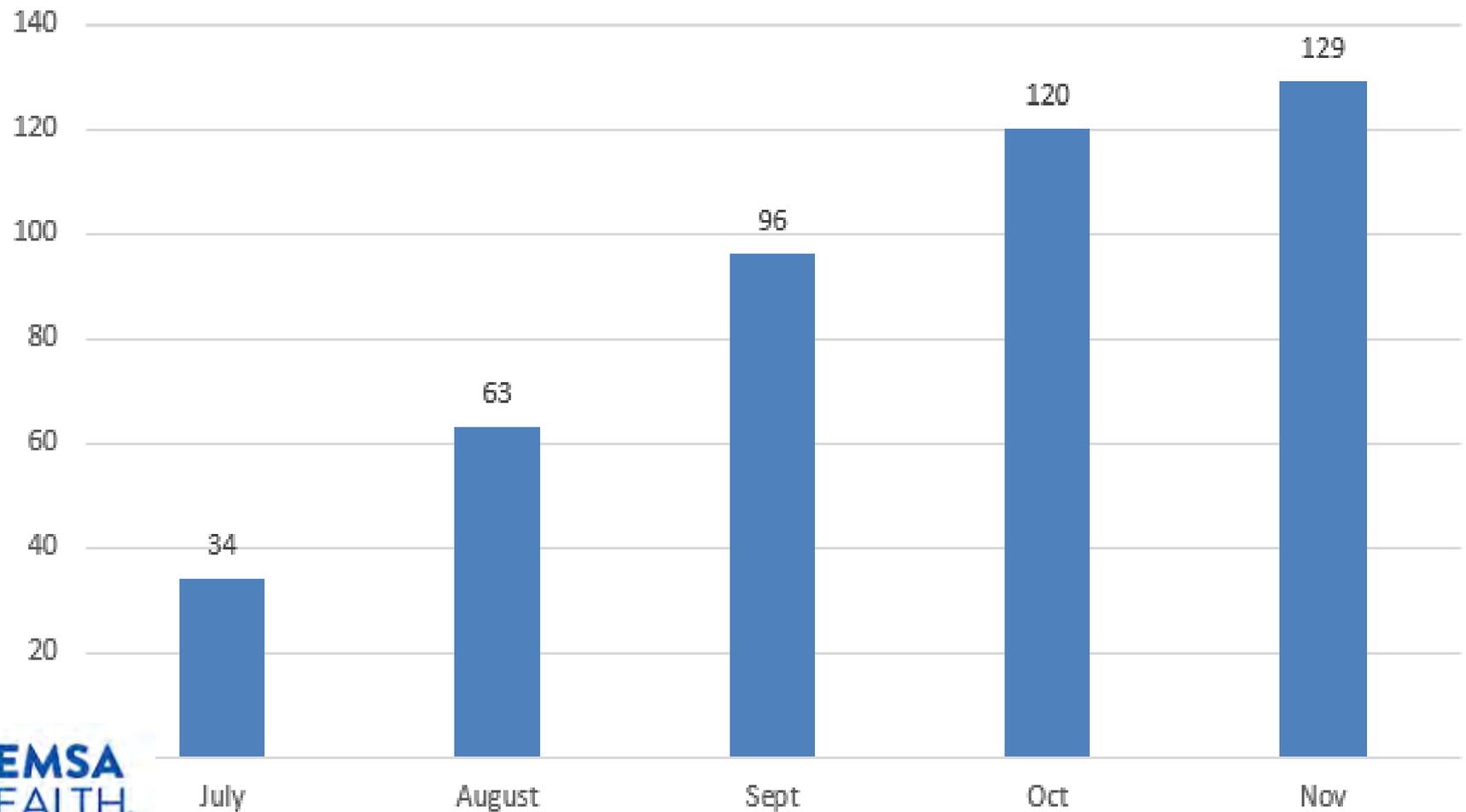
## Cares Campus Responses & Late Responses



## Percentage of Total Late (P1)



## ILS Unit Responses (911)



# Action Items - Last 6 Months

- Leased Two Ambulances to City of Reno for surge capacity - August '21 (no longer active as of Nov.)
- Meetings began with Cares Campus Leadership to discuss high call volume and establishing services - August '21
- Weekly Hospital Partner Meetings to address offload times - Sept, '21
- Staffing REMSA Paramedics in Hospital Emergency Department to help with offload delays - Sept '21
- Increased the number of ILS Units to 911 Responses (7 Daily Units)- Sept '21
- Addition of Truckee Meadows FPD Ambulances 45 (Sun Valley) & 30 Washoe Valley) into the REMSA Franchise - Sept. '21
- Addition of Truckee Meadows Ambulance 46 (Spanish Springs) via REMSA Ambulance Lease and subcontractor agreement- Dec 1st '21
- Dispatch Services Agreement with Truckee Meadows FPD (will improve closest resources via AVL) - July '21, Go live in December '21.

# QUESTIONS

Aaron Abbott, MS, NRP  
Executive Director, REMSA Health  
[aabbott@remsa-cf.com](mailto:aabbott@remsa-cf.com)



# OCTOBER 2021

## REMSA HEALTH AND CARE FLIGHT

### PUBLIC RELATIONS REPORT



Since 1986, REMSA Health has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA Health provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA Health provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA Health is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA Health maintains its operational and clinical standards as one of the most recognized high- performance EMS systems in the country. REMSA Health responds to approximately 70,000 requests for service per year.

## PUBLIC & COMMUNITY RELATIONS

**October community and public relations were focused on strategy building and project management regarding proper patient navigation and outreach efforts.**



**REMSA Health 2021-22 Penalty Fund Reconciliation as of  
September 30, 2021**

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**2021-22 Penalty Fund Dollars Accrued by Month**

<b>Month</b>	<b>Amount</b>
July 2021	21,525.93
August 2021	20,138.78
September 2021	16,982.15
October 2021	
November 2021	
December 2021	
January 2022	
February 2022	
March 2022	
April 2022	
May 2022	
June 2022	
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$58,646.86</b>

**2021-22 Penalty Fund Dollars Encumbered by Month**

<b>Program</b>	<b>Amount</b>	<b>Description</b>	<b>Submitted</b>

Total Encumbered as of 09/30/2021 \$0.00

Penalty Fund Balance at  
09/30/2021 \$58,646.86

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**REMSA HEALTH  
INQUIRIES**

No inquiries for October 2021.

# NOVEMBER 2021

## REMSA HEALTH AND CARE FLIGHT

### PUBLIC RELATIONS REPORT



Since 1986, REMSA Health has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA Health provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA Health provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA Health is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA Health maintains its operational and clinical standards as one of the most recognized high- performance EMS systems in the country. REMSA Health responds to approximately 70,000 requests for service per year.

## PUBLIC & COMMUNITY RELATIONS

### ARMBAND DONATION

REMSA Health made two donations in November to Washoe County Safe Routes to School Program and Kiwanis Bike Program. These programs were given a total of 600 armbands each to help benefit the safety of pedestrians in our community.



## PUBLIC & COMMUNITY RELATIONS

### **WASHOE COUNTY RESIDENT DONATES SCARVES TO REMSA HEALTH**

Anita, a community member, knitted 99 scarves for REMSA Health's medics and EMTs as a thank you for all their hard work in our community.







**REMSA HEALTH  
INQUIRIES**

No inquiries for November 2021.

# REMSA Health Assess & Refer Protocol

## Purpose

Provide guidance for evaluation, assessment and referral for patients seeking care for low acuity complaints consistent with conditions that can be safely accessed and treated without the need for care or monitoring in an emergency ambulance. This protocol should be reserved for those individuals who meet the eligibility and clinical criteria, in addition to the judgement of the provider that they can safely access healthcare by other means. This protocol is not intended as a “refusal” to transport, rather should help EMS providers navigate low acuity patients to the right level of care, preserving emergency resources, such as an ambulance for emergencies. Patients, family members, guardians, or providers have the ultimate right to request transport despite meeting the clinical eligibility of this protocol.

## Procedure

<p><b>ELIGIBILITY</b></p>	<p>≥ 18 years old                  Has capacity and able to illicit competency                  Free of impairment                  ALS provider present</p>
<p><b>ASSESSMENT</b></p>	<p>All patients will have a complete and thorough assessment; including, a complete set of vital signs, complaint based physical exam, and medical history.</p>
<p><b>CLINICAL PRESENTATIONS</b></p>	<ul style="list-style-type: none"> <li>• Allergic Reactions (Minor) / Rashes</li> <li>• Lacerations (Non-complicated, minor) / Abrasions / Wounds / Burns</li> <li>• Cough / Sore Throat / Suspected URI, ILI or CLI</li> <li>• Extremity Fractures (neurovascularly intact, closed) / Sprains &amp; Strains</li> <li>• Medication Refill</li> <li>• Suspected Eye Infection</li> <li>• Suspected Sexually Transmitted Infection / Dysuria</li> <li>• Vomiting and/or Diarrhea (&lt;24 hours)</li> <li>• No Medical Complaint</li> <li>• Other low acuity complaint with online medical control consultation patched &amp; recorded through REMSA Health dispatch</li> </ul>
<p><b>DOCUMENTATION</b></p>	<p>All patient contacts will be documented in Image Trend.</p>

	<p>A valid phone number for the patient MUST be documented for nurse follow up.</p> <p>Completing the insurance section of the electronic patient care report is required to include a copy of the patient insurance and government issued identification.</p> <p>Disposition will be <b>“ASSESS &amp; REFER”</b></p>
<b>MOBILITY / TRANSPORTATION</b>	<p>Patient exhibits baseline mobility with the ability to safely access alternative means of transportation. If the patient does not have access to safe transportation, a round trip taxi or ride share shall be offered at REMSA Health’s expense.</p>
<b>SCRIPTING</b>	<p>“Based on your current complaint and clinical presentation your condition does not necessitate transportation via an emergency ambulance. It is our recommendation that you seek care at the most appropriate level that matches your current complaint.”</p>
<b>INSTRUCTIONS</b>	<p>Assess &amp; refer instructions will be provided to every patient including a list of local resources, and REMSA’s 24-hour nurse health line.</p>
<b>FOLLOW UP</b>	<p>A REMSA Health Emergency Care Nurse (ECN) will contact the patient within 24 hours with the intention to check on the patient’s clinical condition, solicit the level of care accessed and offer any additional medical triage or navigation.</p>
<b>TRAINING</b>	<p>All employees will attend a (1) hour mandatory training session that will include participation and approved content from the organization’s medical directors and complete a competency examination prior to implementation. Providers who have not successfully completed the training and competency evaluations are not authorized to apply this protocol.</p>
<b>QUALITY ASSURANCE</b>	<p>100% of Assess &amp; Refer encounters will be reviewed by REMSA Health’s Clinical Standards &amp; Practices, including patient care reports, ECN follow-up calls, and online medical control consultations.</p>
<b>PATIENT CARE REPORT SIGNATURE ACKNOWLEDGEMENT</b>	<p>I have received an evaluation and based on my current complaint and assessment by a trained emergency medical service provider, it has been determined that I do not require the services of an emergency ambulance. I have been advised to seek care and provided with instructions on how to manage my condition until I am able to do so. I have been advised to recontact 9-1-1 should my condition worsen or change. I understand failure to seek care may result in worsening or progression of my current condition</p>

which may require emergency care. I understand that a member of the REMSA Health clinical team may contact me to check in on my condition in the next 24 hours.

VITAL SIGN ELIGIBILITY PARAMETERS				
Blood Pressure	Pulse Rate	SpO2	Blood Glucose	Mentation
SBP 90-180 DBP <110	< 120 >50	≥92% on RA or on baseline oxygen	<300 OR >60 w/o S/S of DKA	Alert & Oriented to Baseline

DISQUALIFICATION CRITERIA
<p>The Patient</p> <ul style="list-style-type: none"> <li>• adamantly requests transport to an Emergency Department.</li> <li>• requires immediate, urgent lifesaving intervention.</li> <li>• is a minor.</li> <li>• does not have the capacity or competency to understand condition and need to follow up.</li> <li>• presents with a high-risk clinical complaint (e.g., chest pain, dyspnea, ALOC, CVA, etc.).</li> <li>• meets state trauma criteria.</li> <li>• is not able to transfer with minimal assistance.</li> <li>• is gravid &gt; 16 weeks.</li> <li>• would benefit from the evaluation, care or services provided in an emergency department.</li> <li>• cannot safely access care by other means.</li> </ul>

MINOR ALLERGIC REACTIONS		
History	Signs & Symptoms	Differentials
Symptoms following exposure (e.g., food, medication, insect, etc.)  Symptoms not rapidly worsening or progressing. No history of anaphylaxis	Itching Redness Urticaria Rhinorrhea Rash	Anaphylaxis Seasonal allergies Unknown infectious process Contact dermatitis Chemical burn Idiopathic angioedema Evolving / Impending anaphylaxis Envenomation

QUALIFICATIONS FOR ASSESS AND REFER
<ul style="list-style-type: none"> <li>• Allergic reaction is minor, not involving or does not have the predicted potential to involve the patient's airway.</li> <li>• Patient may receive oral over the counter antihistamines as clinically indicated and per protocol.</li> <li>• Does not have difficulty breathing, speaking, or swallowing.</li> <li>• Does not present with the need for bronchodilator or oxygen therapy.</li> </ul>

### SORE THROAT / COUGH / FLU-LIKE SYMPTOMS

History	Signs & Symptoms	Differentials
Symptoms, history, and physical exam consistent with an acute infectious process. Confirmed ILI / CLI Communal Exposure	Cough Rhinorrhea Nasal congestion Fever Headache Chills Body aches Sore throat Malaise	Pneumonia Bronchitis Pulmonary emboli Seasonal allergies Pneumothorax Asthma COPD exacerbation Sepsis Influenza COVID-19

### QUALIFICATIONS FOR ASSESS AND REFER

- Sepsis is not suspected.
- Patient does not meet criteria or the need for treatment under the sepsis protocol.
- Does not present with the need for bronchodilator or oxygen therapy.
- Patient is able to manage secretions, no stridor, normal phonation, and does not have any facial swelling or trismus.

### LACERATIONS / MINOR BURNS & WOUNDS

History	Signs & Symptoms	Differentials
Low mechanism of injury Does not meet state trauma criteria Thermal burn	Abrasions Skin tears Superficial thermal burn Laceration	Infection Occult internal injury Chemical burn Electrical burn

### QUALIFICATIONS FOR ASSESS AND REFER

- Hemorrhage is controlled using basic wound care techniques.
- No impaled or penetrating objects.
- No chemical burns or need for decontamination.
- Superficial thermal burns
- No groin or joint involvement.
- No obvious need for intravenous antibiotics.
- No full thickness burns
- No partial thickness burns <5% of BSA
- No facial burns or burns that involve or have the potential to involve the airway.
- No circumferential burns

### EXTREMITY INJURY / SPRAINS / STRAINS

History	Signs & Symptoms	Differentials
Recent traumatic injury Low mechanism of injury Does not meet state trauma criteria	Pain at site Swelling Distal CMS intact Deformity	Occult Injury

### QUALIFICATIONS FOR ASSESS AND REFER

- Involving the wrist, hand, ankle or foot.
- No indication of neurovascular compromise.
- Able to splint if needed.
- Pain managed with splinting, elevation, ice and/or OTC analgesics.
- No open fractures
- Hip / pelvic / femur fracture is not suspected.

### PRESCRIPTION MEDICATION REFILL

History	Signs & Symptoms	Differentials
Current prescription of medication requesting to be refilled.	Without complaint of acute illness or injury	Acute illness or injury

### QUALIFICATIONS FOR ASSESS AND REFER

- Patient is solely requesting refill of their medication and is currently without an acute medical or traumatic complaint.

### SUSPECTED EYE INFECTION

History	Signs & Symptoms	Differentials
Ocular discomfort, typically unilateral.	Pain Itching Redness Tearing Discharge	Conjunctivitis Traumatic injury Foreign Body CVA Migraine Chemical exposure

### QUALIFICATIONS FOR ASSESS AND REFER

- Suspected minor eye infection based on exam and history
- No change in baseline visual acuity

### SUSPECTED SEXUALLY TRANSMITTED INFECTION / DYSURIA

History	Signs & Symptoms	Differentials
Genital or urinary discomfort	Dysuria Hematuria Itching Pain Rash Discharge Fever	Urosepsis Candidiasis Urinary Tract Infection Sexually Transmitted Infection

	Increased Frequency Increased Urgency	
<b>QUALIFICATIONS FOR ASSESS AND REFER</b>		
<ul style="list-style-type: none"> <li>• Urosepsis is not suspected</li> <li>• Not a result of a traumatic injury</li> <li>• Urinary retention (inability to urinate) is not suspected based on history and exam</li> </ul>		

<b>VOMITING AND/OR DIARRHEA (&lt; 24 HOURS)</b>		
<b>History</b>	<b>Signs &amp; Symptoms</b>	<b>Differentials</b>
Vomiting and/or Diarrhea	Vomiting Diarrhea Fever	Gastroenteritis Appendicitis Peptic ulcer Bowel obstruction Increased Intracranial Pressure CVA Cardiac Emergency AMI
<b>QUALIFICATIONS FOR ASSESS AND REFER</b>		
<ul style="list-style-type: none"> <li>• Symptoms must be for less than 24 hours</li> <li>• Denies abdominal pain or tenderness</li> <li>• No presentation or recent history of GI bleed (vomit, stool).</li> <li>• Without suspicion of a subtle cardiac or neurologic presentation (e.g., AMI, increased ICP). *High index of suspicion with diabetic patients.</li> <li>• Does not present with the need for intravenous fluids or IV antiemetics</li> <li>• Check glucose and if diabetic with signs of DKA or glucose &gt;300, not eligible for Assess and Refer, transport.</li> </ul>		

# Assess and Refer



## What's the best way for me to get care?

Based on your current complaint and clinical presentation, your condition does not require transportation in an emergency ambulance to an emergency room or an urgent care. It is our recommendation that you seek the level of care that matches your current complaint. The clinical provider that reviewed your symptoms, medical history, and vital signs has made a care recommendation on this sheet. You can find information for care and community resources on the back of this page.

## What do I do if my condition changes?

Call 9-1-1 for any changes or worsening of your current condition, or for signs and symptoms including chest pain, sudden loss of consciousness, weakness on one side, sudden slurring of words or difficulty speaking, seizure, coughing or vomiting blood, severe allergic reaction, shortness of breath, trauma, poisoning, or severe stomach pain.



Scan for a list  
of Care Resources

Date / Time	EMS Unit Number
-------------	-----------------

Patient Name

Chief Complaint

Blood Pressure	Pulse
----------------	-------

Respiratory Rate	Temperature
------------------	-------------

SP02	FS Blood Glucose
------	------------------

Recommended Level of Care

Care Instructions

# Care Resources

## URGENT CARE

### Northern Nevada Medical Group

5265 Vista Blvd, Sparks, NV  
(775) 352-5300  
www.nnmg.com

### Renown Health

910 Vista Blvd, Sparks  
975 Ryland St, Reno  
4791 Summit Ridge Dr, Reno  
1075 N Hills Blvd, Ste. 180, Reno  
202 Los Altos Pkwy, Sparks  
197 Damonte Ranch Pkwy Ste A-B, Reno  
(775) 982-5000  
www.renown.org

### Saint Mary's

18653 Wedge Pkwy, Reno  
5070 Ion Dr. Ste. 100, Sparks  
280 Vista Knoll Pkwy Ste. 106, Reno  
6255 Sharlands Ave, Reno  
(775) 298-5379  
www.saintmarysreno.com

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## TELEHEALTH

**Renown Health:** (775) 982-5000

**Saint Mary's:** (775) 298-5379

**Northern Nevada Medical Center:** (775) 331-7000

**TELEDOC:** (800) 835 2362

**Doctor on Demand:** (800) 997-6196

**MDLIVE:** (800) 400-6354

**Nurse Health Line:** Varies By Insurance Provider/Check your individual health benefits provider

## 24-HOUR PHARMACIES

### Walgreens Pharmacy (N Virginia St Location)

750 N Virginia St, Reno  
(775) 337-8703

### CVS Pharmacy (N McCarran Blvd Location)

680 N McCarran Blvd, Sparks  
(775) 359-6808

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## 24-HOUR DENTAL CARE

**Contact your usual dentist office's number for after hours emergency information.**

### Absolute Dental

(702) 744-8009 (Emergency Hotline)  
*Accepts patients with no insurance.*

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## NON-MEDICAL TRANSPORT

**Uber:** Cell Phone App or Website (www.uber.com)

**Lyft:** Cell Phone App or Website (ride.lyft.com)

### RTC Washoe County

*Multiple Locations*  
(775) 348-0477  
www.rtcwashoe.com

### GMT

(775) 204-7474  
gmtcare.com

### Reno-Sparks Cab

(775) 333-3333  
www.renocab.com

### MedExpress

(775) 858-3300  
www.med-express.me

## COMMUNITY HEALTHCARE CLINICS

### Northern Nevada Hopes

580 W 5th St, Reno  
(775) 786-4673

### Community Health Alliance

*Multiple Locations*  
(775) 329-6300  
www.chanevada.org

### Access to Healthcare Network

(877) 385-2345  
www.accesstohealthcare.org

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## SOCIAL SERVICES

**CARES Campus:** 1775 E 4th St, Reno

**Our Place:** 605 S 21st St, Sparks, 775-327-7501

**The EDDY House (ages 18-24):** 888 Willow St, Reno,  
(775) 384-1129

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## NON-EMERGENCY LAW ENFORCEMENT

**Reno Police Department:** (775) 334-2677

**Washoe County Sheriff's Office:** (775) 785-9276

**Sparks Police Department:** (775) 353-2231

# Evaluar y referir



## ¿Cuál es la mejor manera de recibir atención médica?

Basado en su queja actual y presentación clínica, su condición no requiere transporte en una ambulancia a una sala de emergencias o a una sala de atención primaria urgente. Es nuestra recomendación que usted busque el nivel de cuidado que coincida con su queja actual. El proveedor clínico que revisó sus síntomas, antecedentes médicos y signos vitales ha hecho una recomendación sobre su cuidado en esta hoja. Usted puede encontrar información sobre el cuidado y los recursos de la comunidad en la parte de atrás de esta página.

## ¿Qué hago si mi condición cambia?

Llame al 911 por cualquier cambio o empeoramiento de su condición actual, o para los signos y síntomas incluyendo dolor de pecho, pérdida repentina del conocimiento, debilidad en un lado, trastornos del habla repentinos o dificultad para hablar, convulsiones, tos o vómitos con sangre, reacción alérgica severa, falta de aire, trauma, envenenamiento, o dolor de estómago severo.



Escanee para obtener una lista de recursos de atención

Fecha/Hora

Número de la unidad de servicios médicos de emergencia

Nombre del paciente

Queja principal

Presión arterial

Pulso

Frecuencia respiratoria

Temperatura

Niveles de oxígeno SP02

Nivel de glucosa en la sangre

Nivel de asistencia recomendado

Instrucciones de asistencia

# Recursos para la atención

## ATENCIÓN PRIMARIA URGENTE

### Northern Nevada Medical Group (Centro médico del norte de Nevada)

5265 Vista Blvd., Sparks, NV  
(775) 352-530  
www.nnmg.com

### Renown Health

910 Vista Blvd, Sparks  
975 Ryland St, Reno  
4791 Summit Ridge Dr, Reno  
1075 N Hills Blvd, Ste. 180, Reno  
202 Los Altos Pkwy, Sparks  
197 Damonte Ranch Pkwy Ste A-B, Reno  
(775) 982-5000  
www.renown.org

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5070 Ion Dr, Ste. 100, Sparks  
280 Vista Knoll Pkwy, Ste. 106, Reno  
6255 Sharlands Ave, Reno  
(775) 298-5379  
www.saintmarysreno.com

## TELESALUD

**Renown Health:** (775) 982-5000

**Saint Mary's:** (775) 298-5379

**Northern Nevada Medical Center (Centro médico del norte de Nevada):** (775) 331-7000

**TELEDOC:** (800) 835 2362

**Doctor on Demand (Médico a petición):** (800) 997-6196

**MDLIVE:** (800) 400-6354

**Nurse Health Line (Línea de salud de los enfermeros):**

Varía según el proveedor de seguros. Verifique su proveedor de beneficios de salud individual.

## FARMACIAS DE 24 HORAS

### Walgreens Pharmacy (N Virginia St Location)

750 N Virginia St., Reno, NV  
(775) 337-8703

### CVS Pharmacy (N McCarran Blvd)

680 N McCarran Blvd., Sparks, NV  
(775) 359-6808

## ASISTENCIA DENTAL DE 24 HORAS

**Comuníquese con el número del consultorio de su dentista habitual para obtener información de emergencia fuera del horario de atención.**

### Absolute Dental

(702) 744-8009 (PARA EMERGENCIAS)  
*Ellos aceptan pacientes sin seguro.*

## TRANSPORTE NO MEDICAL

**Uber:** Descargue la aplicación **Lyft:** Descargue la aplicación  
móvil o siga este enlace móvil o siga este enlace  
www.uber.com ride.lyft.com

### RTC Washoe County (Línea de autobús)

*Varias ubicaciones*  
(775) 348-0477  
www.rtcwashoe.com

### Reno-Sparks Cab (Los taxis)

(775) 333-3333  
renocab.com

### MedExpress

(775) 858-3300  
www.med-express.me

### GMT (Transporte médico terrestre)

(775) 204-7474  
gmtcare.com

## CLÍNICAS COMUNITARIAS

**Northern Nevada Hopes:** Un centro de salud comunitario sin fines de lucro en el centro de Reno, NV que ofrece atención médica integrada y apoyo médico.  
580 W 5th St., Reno, NV  
(775) 786-4673

**Community Health Alliance:** Los servicios ofrecidos incluyen medicina preventiva, servicios dentales, salud del comportamiento, salud reproductiva, inmunizaciones, WIC (Mujeres, Bebés y Niños) y asesoramiento nutricional. Ofrecen asistencia incluso si usted no tiene seguro.

*Varias ubicaciones*

www.chanevada.org  
1055 S Wells Ave, Reno, NV  
(775) 329-6300

**Access to Healthcare Network:** Ellos ofrecen servicios a personas sin seguro, subaseguradas y de bajos ingresos.  
580 W 5th St., Reno, NV  
(775) 786-4673

## SERVICIOS SOCIALES

**CARES Campus:** El Nevada Cares Campus proporciona refugio y servicios integrales para ayudar a los residentes más vulnerables de nuestra región.  
1775 E. 4th St., Reno, NV

**Our Place:** Eso es un campus que fue diseñado para crear un ambiente seguro y estable donde las mujeres y las familias que están experimentando la falta de vivienda son tratadas con dignidad y respeto mientras están conectadas a los servicios.  
605 S 21st St., Sparks, NV  
(775) 327-7501

**The EDDY House (edades 18-24):** Ellos trabajan con jóvenes sin hogar y en peligro para ayudarlos desarrollar las habilidades de vida y laboral necesarias para obtener una independencia sostenible.  
888 Willow St., Reno, NV 89502  
(775) 384-1129

## EL CUERPO POLICIAL DE NO EMERGENCIA

**Departamento de policía de Reno:** (775) 334-2677  
**Oficina del sheriff del condado de Washoe:** (775) 785-9276  
**Departamento de policía de Sparks:** (775) 353-2231

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 29, 2021  
**TO:** District Board of Health  
**FROM:** Luke Franklin, Senior Environmental Health Specialist  
775-328-2642, lfranklin@washoecounty.gov  
**SUBJECT:** PUBLIC HEARING to review, discuss and possibly adopt the Washoe County District Board of Health Permitting and Fees for all Underground Storage Tank Facilities beginning January 3, 2022 with all facilities permitted no later than June 29, 2022.

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**SUMMARY**

The Washoe County District Board of Health (Board) must approve the proposed permitting and fees as part of the Health District Fee Schedule.

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

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 6. 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 Business Impact Statement associated with the proposed Permitting and Fees for all Underground Storage Tank Facilities was considered and accepted by the District Board of Health at the regular District Board of Health meeting on October 28, 2021. The Board also approved the next regular meeting of the Board, December 16, 2021, as the public hearing to consider adoption of the proposed permit and fee.

**BACKGROUND**

On February 27, 2014, the Board directed the Washoe County Health District (WCHD) that permit fees reflect the full cost of service provision, including a proportional share of infrastructure support. To ensure WCHD continues as directed, a permit fee has been proposed to support the necessary staff resources.

Washoe County Health District, Environmental Health Services has been conducting Underground Storage Tank (UST) inspections with funding from the State of Nevada, Division of Environmental Protection, Bureau of Corrective Actions (NDEP) since 1989. WCHD has implemented an inspection

Subject: Public Hearing Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities

Date: December 16, 2021

Page 2 of 3

process and coordinated with NDEP to ensure regular inspections of all facilities with underground storage tanks and has continued to ensure facilities were meeting the requirements and provide local oversight for information and education.

The primary goal of the UST Program is to protect human health and the environment from leaking underground storage tanks. The UST staff oversee: UST notification, installation, inspection, removal, and compliance with State and Federal Regulations concerning UST release prevention. These inspections support the goals of NDEP ensuring discharges to the water and soil are minimized and within acceptable standards that protect the human health and the environment. Permitting facilities in Washoe County will allow for increased contact with operators to ensure they are operating within and meeting State and Federal leak detection requirements and ensure they will not adversely affect the environment. Permits inform facilities of legally enforceable conditions for operation, as well as provide any reporting requirements and pollution monitoring or testing requirements.

The prior Interlocal agreement was terminated by the Board to provide staffing resources to support SB 4 Resort/Hotel inspections. As stated in the September 10, 2020, DBOH Staff Report, WCHD is seeking to enter a new contract with NDEP now that the SB4 inspection requirement has been reduced with recent regulatory updates to NAC 447E. The SB4 inspections have been incorporated and have been assumed by specific REHS staff as part of their routine workload.

NDEP and WCHD have been working diligently to create a funding mechanism to re-establish the Interlocal agreement; however, NDEP received approximately 50% less funding for the State UST program from the Federal Government. Due to reduced funding, the original Interlocal agreement with NDEP cannot be re-instated, and a new Interlocal agreement funded in the amount of \$100,000 annually must be established. With the reduction in Federal funding from the EPA through NDEP, the WCHD may establish permit fees to fund the necessary staffing resources required to permit and conduct required inspections for Underground Storage Tank facilities.

To create the proposed permit fee staffing needs were evaluated and the UST program was revised and the FTE's required to complete the program elements the were reduced from 1.6 to 1.1.

The WCHD is proposing a permit fee of \$875.00 per UST facility. This fee incorporates the funding received through the Interlocal agreement with NDEP and reduces the financial impact to the businesses.

- \$875.00 – per permit with \$100,000 from NDEP Interlocal agreement
- \$1,334.00 – per permit without NDEP funding
- The proposed fee is equal to or less than neighboring counties and states where information was publicly available.
- The fee will be adjusted annually with the Western Consumer Price Index on July 1 of each year in accordance with existing Health District policy.

In an effort to provide an overview of the proposed permit fee, inspection process, answer questions and receive input from all interested and affected parties, three (3) public workshops were held on the following dates and times: September 21, at 11:30 am, September 22, at 1:30 pm, and September 22 at 5:00 pm. All three workshops were available in person and via Zoom to ensure attendance for

Subject: Public Hearing Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities

Date: December 16, 2021

Page 3 of 3

interested parties was as convenient as possible. The following methods were utilized to provide notice of the proposed fees:

- A total of 208 postcards were mailed via USPS to permit holders giving notice of the proposed permit fee and methods of attendance and providing input.
- A total of 111 emails were sent to permit holders giving notice of the proposed permit fee and methods of attendance and providing input.
- Workshop and hearing announcements and the proposed permit fee were posted on the Health District website.
- A total of 7 persons attended the workshops via Zoom. Two (2) attendees on September 21, and five (5) attendees combined for September 22 at 1:30 pm and 5:00 pm.

The workshops included a presentation with an overview of UST Inspections, requirements, and the elements required of Environmental Health Services to complete the requirements for regulatory compliance. Discussion occurred and no specific negative comments were received. There was discussion with representatives from the Petroleum Industry who voiced concern with additional regulatory permitting and a fee for small operators, however maintaining these services with the local jurisdiction was favorable compared to State oversight.

On October 28, 2021, the Board reviewed and approved the Business Impact Statement and no public comment was received.

### **FISCAL IMPACT**

If the proposed Permitting and Fees for all Underground Storage Tank Facilities is not approved the Interlocal agreement in the amount of \$100,000 cannot proceed since the UST program would not have sufficient funding. WCHD would not have the funding to support 1.1 FTEs. There would be additional revenue loss by no longer continuing Underground Storage Tank plan review for construction, UST Removals, and UST Remodels of an estimated \$31,000 – \$59,000 annually.

### **RECOMMENDATION**

Staff recommends the Washoe County District Board of Health adopt the Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities beginning January 3, 2022 with all facilities permitted no later than June 29, 2022.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to adopt the Washoe County Health District Permitting and Fees for all Underground Storage Tank Facilities beginning January 3, 2022 with all facilities permitted no later than June 29, 2022."

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021  
**TO:** District Board of Health  
**FROM:** Francisco Vega, P.E., Division Director  
775-784-7211; [fvega@washoecounty.gov](mailto:fvega@washoecounty.gov)  
**SUBJECT:** Recommendation for appointment to the Air Pollution Control Hearing Board as the Nevada Registered Professional Engineer Member. Staff recommends: Mr. Anthony Dimpel for a two-year term beginning on December 16, 2021 and concluding on December 15, 2023; Applicants include Art O'Connor.

---

**SUMMARY**

In accordance with the District Board of Health Regulations Governing Air Quality Management Section 020.025, Hearing Board Creation and Organization, staff is recommending the District Board of Health (DBOH) appoint Mr. Anthony Dimpel to fill the Nevada Registered Professional Engineer position on the Air Pollution Control Hearing Board (APCHB) for a three-year term.

**District Health Strategic Priority 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**

On September 24, 2015, the DBOH approved the re-appointment of Dr. Cathleen Fitzgerald, DEnv, PE, to fill the Nevada Registered Professional Engineer position on the APCHB for a three-year term beginning on September 27, 2018, and concluding on September 27, 2021. Dr. Fitzgerald's service on the APCHB began on October 22, 2009.

**BACKGROUND**

The APCHB, as established in regulation, considers appeals of notice of violation issued by the Air Quality Management Division and petitions for variances authorized by the regulations. The APCHB consists of seven (7) members who are not employees of the state or any of its political subdivision. Pursuant to NRS 445B.275, the membership is required to include one attorney admitted to practice law in Nevada, one member must be a professional engineer licensed in Nevada and one member must be licensed in Nevada as a general engineering contractor or a general building contractor as defined by NRS 624.215. Initial appointments to the board may be for a one, two, or three-year terms with each succeeding term required to be for a period of 3 years.

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As presented in the table below, all APCHB members will have their terms expire over the next 5 months. It should be noted that Ms. Cathleen M. Fitzgerald no longer carries her professional engineering certification in the State of Nevada and no longer qualifies for the Nevada Registered Professional Engineer position with the APCHB. In addition, Ms. Jeanne Rucker and Mr. Jim Kenney have indicated that they would like to provide other community members to join the board and will not be applying for re-appointment. Over the next several months, the Air Quality Management Division (AQMD) will be looking to re-appoint or replace all members of the APCHB by making recommendations to the DBOH for approval.

<b>Member</b>	<b>Qualification</b>	<b>Term Expires</b>	<b>Number Years Served</b>
Cathleen M. Fitzgerald, P.E.	Nevada Registered Professional Engineer	September 27, 2021	12
Richard W. Harris	Nevada Licensed Attorney	December 20, 2021	12
Paul Kaplan	General Engineer/Building Contractor	March 28, 2022	3
Jeanne Rucker	At-Large	October 24, 2021	9
Lee Squire	At-Large	September 27, 2021	6
Yvonne Downs	At-Large	October 24, 2021	3
Jim Kenney	At-Large	January 26, 2022	9

On September 7, 2021, the AQMD issued a press release soliciting members of the community to apply to participate on the APCHB. The press release was posted to the AQMD website. In addition, the AQMD sent the press release to the email addresses of all individuals that have subscribed to the AMQD email list. Emails were also sent to other various organizations, including all DBOH members and NAIOP. Lastly, the AQMD posted the press release on social media such as Facebook and Twitter. The press release remains on the AQMD website under trending topics and can be found at the following link ([OurCleanAir.com](http://OurCleanAir.com)). The AQMD will continue to accept applicants indefinitely.

In total and to date, the AQMD has received a total of two (2) applications to join the APCHB to fill the Nevada Registered Professional Engineer position. The applications for all applicants have been attached to this report.

Mr. Dimpel currently holds a Nevada Professional Environmental Engineering License (Lic. No. 024029), is a Nevada Certified Environmental Manager (CEM), and holds a Bachelor's Degree in Civil Engineering and a Master' degree in Civil and Environmental Engineering, both from the University of Nevada-Reno (UNR). Mr. Dimpel currently serves as the Vice President of McGinley & Associates, a local environmental engineering and science consulting firm with about 40 employees that provides environmental services across the state to a variety of clients in the public and private sectors. Mr. Dimpel also serves as a part-time instructor at UNR in the Civil and Environmental Engineering Department.

**FISCAL IMPACT**

As these are voluntary positions, there will be no fiscal impact to the Washoe County Health District associated with the re-appointments.

**RECOMMENDATION**

The board may consider all the applicants for this position, but it is staff's recommendation that Mr. Dimpel be appointed for a three-year term. Considering Mr. Dimpel's vast experience in air pollution control, current Nevada Professional Environmental Engineering License and Nevada CEM, AQMD staff recommends the DBOH appoint Mr. Anthony Dimpel to the Nevada Registered Professional Engineer position on the APCHB for a two-year term beginning on December 16, 2021, and concluding on December 15, 2023.

**POSSIBLE MOTION**

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

1. "Move to appoint Mr. Anthony Dimpel to the Nevada Registered Professional Engineer position on the Air Pollution Control Hearing Board for a two-year term beginning on December 16, 2021, and concluding on December 15, 2023."

or, should the Board wish to consider an alternative motion the possible motion may be:

1. "Move to appoint (*name of one of the other applicants*) to the Air Pollution Control Hearing Board for a (*one, two, or three-year*) term beginning December 16, 2021, through (*December 15, 2022, December 15, 2023, or December 15, 2024*).", or
2. "Move to continue the item to the next meeting to allow for additional consideration by the Board."

**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: **Anthony Dimpel**

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I wish to become further engaged and involved in the local air quality community and serving on the APCHB is an ideal way to accomplish that. As indicated below, I have substantial experience as an air quality professional in Northern Nevada and I believe that experience and perspective will allow me to serve as an effective member of the APCHB.

List your relevant qualifications below:

I hold a Nevada Professional Environmental Engineering License (Lic. No. 024029), am a Nevada Certified Environmental Manager (CEM), and hold a Bachelor's Degree in civil engineering and a Master's degree in civil and environmental engineering, both from the University of Nevada-Reno (UNR). I currently serve as the Vice President of McGinley & Associates, a local environmental engineering and science consulting firm with about 40 employees that provides environmental services across the state to a variety of clients in the public and private sectors. I also serve as a part-time instructor at UNR in the Civil and Environmental Engineering Department.

During my ten year professional career I have gained experience across a wide-variety of environmental services but one of my main areas of focus and expertise has been in air quality. I have worked on hundreds of projects across the state of Nevada and have authored hundreds of air quality permit applications, air quality dispersion modeling reports, air quality impacts assessments (AQIA) for NEPA actions, compliance and enforcement related deliverables, and a variety of other documents. I have also represented my clients on numerous air quality compliance and enforcement actions.

Through my air quality work, I have become very familiar with and knowledgeable of county, state, and federal air quality regulations and am considered an expert and leading professional in the Northern Nevada professional air quality community.

**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Art O'Connor

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Help out my County

List your relevant qualifications below:

Licensed Civil Engineer.  
WC resident since 1971.  
Licensed Land Surveyor.  
Very familiar with all of Washoe County, not just Truckee Meadows.  
Active member Community Emergency Response Team under Washoe County Sheriff.  
Volunteer as CERT for Health Department POST/POD.  
PE/PLS 5650.

DD\_FV\_\_\_\_

DHO\_\_\_\_\_KD

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021  
**TO:** District Board of Health  
**FROM:** Francisco Vega, P.E., Division Director  
775-784-7211; [fvega@washoecounty.gov](mailto:fvega@washoecounty.gov)  
**SUBJECT:** Recommendation for appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member. Staff recommends: The re-appointment of Ms. Yvonne Downs for a three-year term beginning on December 16, 2021, and concluding on December 15, 2024; the re-appointment of Mr. Lee Squire for a three-year term beginning on December 16, 2021, and concluding on December 15, 2024; the appointment of Mr. Phil Schweber for a two-year term beginning on December 16, 2021, and concluding on December 15, 2023; the appointment of Mr. Martin Brietmeyer for a one-year term beginning on January 27, 2022, and concluding on January 26, 2023; Applicants include: Alan Horvath, Cathy Fitzgerald, Dorothy Hudig, Ph.D., Hazel Brown, James Mitcheltree, Marcia Wilmes, Pierre Mousset-Jones, Scott Courier, William Grey, William Foster McCoy, Ph.D.

**SUMMARY**

In accordance with the District Board of Health Regulations Governing Air Quality Management Section 020.025, Hearing Board Creation and Organization, staff is recommending the District Board of Health (DBOH) re-appoint Ms. Yvonne Downs for a three-year term, re-appoint Mr. Lee Squire for a three-year term, appoint Mr. Phil Schweber for a two-year term, and appoint Mr. Martin Brietmeyer for a one-year term to the to the Air Pollution Control Hearing Board (APCHB).

**District Health Strategic Priority 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**

August 27, 2015, DBOH approved the initial appointment of Mr. Lee Squire to the APCHB for a three-year term beginning on August 27, 2015, and concluding on August 26, 2018.

September 27, 2018, DBOH approved the re-appointment of Mr. Lee Squire to the APCHB for a three-year term beginning on September 27, 2018, and concluding on September 27, 2021.

October 25, 2018, DBOH approved the initial appointment of Ms. Yvonne Downs to the APCHB for a three-year term beginning on October 25, 2018, and concluding on October 24, 2021.

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## **BACKGROUND**

The APCHB, as established in regulation, considers appeals of notice of violation issued by the Air Quality Management Division and petitions for variances authorized by the regulations. The APCHB consists of seven (7) members who are not employees of the state or any of its political subdivision. Pursuant to NRS 445B.275, the membership is required to include one attorney admitted to practice law in Nevada, one member must be a professional engineer licensed in Nevada and one member must be licensed in Nevada as a general engineering contractor or a general building contractor as defined by NRS 624.215. Initial appointments to the board may be for a one, two, or three-year terms with each succeeding term required to be for a period of 3 years.

As presented in the table below, all APCHB members will have their terms expire over the next 4 months. It should be noted that Ms. Cathleen M. Fitzgerald no longer carries her professional engineering certification in the State of Nevada and no longer qualifies for the Nevada Registered Professional Engineer position with the APCHB. In addition, Ms. Jeanne Rucker and Mr. Jim Kenney have indicated that they would like to provide other community members to join the board and will not be applying for re-appointment. Over the next several months, the Air Quality Management Division (AQMD) will be looking to re-appoint or replace all members of the APCHB by making recommendations to the DBOH for approval.

<b>Member</b>	<b>Qualification</b>	<b>Term Expires</b>	<b>Number Years Served</b>
Cathleen M. Fitzgerald, P.E.	Nevada Registered Professional Engineer	September 27, 2021	12
Richard W. Harris	Nevada Licensed Attorney	December 20, 2021	12
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Lee Squire	At-Large	September 27, 2021	6
Yvonne Downs	At-Large	October 24, 2021	3
Jim Kenney	At-Large	January 26, 2022	9

On September 7, 2021, the AQMD issued a press release soliciting members of the community to apply to participate on the APCHB. The press release was posted to the AQMD website. In addition, the AQMD sent the press release to the email addresses of all individuals that have subscribed to the AMQD email list. Emails were also sent to other various organizations, including all DBOH members and NAIOP. Lastly, the AQMD posted the press release on social media such as Facebook and Twitter. The press release remains on the AQMD website under trending topics and can be found at the following link ([OurCleanAir.com](http://OurCleanAir.com)). The AQMD will continue to accept applicants indefinitely.

In total and to date, the AQMD has received a total of fourteen (14) applications to join the APCHB as an at-large member. The applications for all applicants have been attached to this report.

Subject: Recommendation for appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member.

December 16, 2021

Page 3 of 4

Ms. Downs has completed her initial term and has proven to be a valuable and reliable asset to the APCHB. Ms. Downs has an extensive environmental background including a contractor for EPA Region 10 and the Hawthorne Army Depot. Currently, Ms. Downs is the Manager of Environmental Services at the Nevada Air National Guard. Additionally, Ms. Downs experience with environmental compliance and permitting includes Title V Federal Permits. Ms. Downs has consistently provided valuable expertise to the APCHB and is the only applicant that currently holds an asbestos building inspector license.

Mr. Squire is the owner/operator of ABL Chimney Sweep and a Certified Washoe County Wood Stove Inspector. Mr. Squire has demonstrated knowledge of the regulations, an appreciation of the mission of AQMD, and provides the perspective of a small business owner. With this combination of qualities, he has proven to be a valuable member serving as an at-large appointee.

Mr. Schweber previously served on the Missoula Montana Board of Health and Air Pollution Control Board from 1993 to 2000. Mr. Schweber's experience dealing with various air pollution control issues and business background in a highly regulated industry will provide significant value to the Washoe County APCHB.

Mr. Breitmeyer has worked in the construction business for 23 years and has specifically worked in the earth moving and crushing sections for 20 of those years. Mr. Breitmeyer's experience working with the various air quality regulations and permitting processes will benefit the APCHB.

### **FISCAL IMPACT**

As these are voluntary positions, there will be no fiscal impact to the Washoe County Health District associated with the re-appointments.

### **RECOMMENDATION**

The board may consider all the applicants for these positions, but it is staff's recommendation that the board re-appoint Ms. Yvonne Downs for a three-year term beginning on December 16, 2021, and concluding on December 15, 2024, re-appoint Mr. Lee Squire for a three-year term beginning on December 16, 2021, and concluding on December 15, 2024, appoint Mr. Phil Schweber for a two-year term beginning on December 16, 2021, and concluding on December 15, 2023, appoint Mr. Martin Brietmeyer for a one-year term beginning on January 27, 2022, and concluding on January 26, 2023, to the APCHB.

### **POSSIBLE MOTION**

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

1. "Move to re-appoint Ms. Yvonne Downs for a three-year term beginning December 16, 2021, and concluding on December 15, 2024, re-appoint Mr. Lee Squire for a three-year term beginning on December 16, 2021, and concluding on December 15, 2024, appoint Mr. Phil Schweber for a two-year term beginning on December 16, 2021, and concluding on December 15, 2023, appoint Mr. Martin Brietmeyer for a one-year term beginning on January 27, 2022, and concluding on January 26, 2023, to the Air Pollution Control Hearing Board"

Subject: Recommendation for appointment to the Air Pollution Control Hearing Board as an At-Large Committee Member.

December 16, 2021

Page 4 of 4

or, should the Board wish to consider an alternative motion the possible motion may be:

1. "Move to appoint (*name of one of the other applicants*) to the Air Pollution Control Hearing Board for a (*one, two, or three-year*) term beginning December 16, 2021, and concluding on (*December 15, 2022, December 15, 2023, or December 15, 2024*).", or
2. "Move to continue the item to the next meeting to allow for additional consideration by the Board."

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[health-airqualitycontactus@washoecounty.us](mailto:health-airqualitycontactus@washoecounty.us)

**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box      NV Reg. P.E.     NV Lic. Attorney     Contractor     At-large

Name: Alan Horvath

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I moved to Reno in the fall of 2019 from rural Calaveras County, California. I was quickly concerned with the quality of the air here compared to what I was used to. My concern led me to educate myself on the issues, and I am anxious to serve the community in any way that would help in improving air quality.

List your relevant qualifications below:

I worked for roughly 30 years in information systems and then went back to school nights in 2002 which resulted in receiving a JD degree in 2006. I passed the California bar the same year. All of which is at best tangentially related to any qualifications for your position.

As mentioned above, my knowledge of air pollution issues is a result of self education. The results of that education can be reviewed in the Web site I have created on the subject; <http://www.fixrenosmog.com>.

I am presently 76 years old and retired.

Thank you for your consideration.

Alan Horvath

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[health-airqualitycontactus@washoecounty.us](mailto:health-airqualitycontactus@washoecounty.us)

**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Cathy Fitzgerald

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]s)

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Am currently serving on the Board.

List your relevant qualifications below:

CA Professional Engineer (PE) - active  
NV Professional Engineer (PE) - registration currently inactive, retired  
Qualified SWPPP Developer/Practitioner (QSD/QSP)  
Certified Environmental Manager (CEM) - registration currently inactive, retired  
  
Performed air quality risk assessments for school districts and projects in California.  
Conducted hazardous waste site investigations and designed methane/vapor intrusion mitigation systems.  
Conducted numerous Phase I Environmental Site Assessments (ESAs) and field investigations at commercial and industrial sites in Reno and Sparks.  
Developed Roadway Pollution Mitigation Measures under a grant by South Coast Air Quality Management District (SCAQMD).  
Prepared Stormwater Pollution Prevention Management Plans (SWPPPs) and conducted stormwater monitoring for Nevada Barricade & Sign Company.

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**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Dorothy Hudig, Ph.D.

Address: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_

Contact #1: \_\_\_\_\_

Contact #2: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Interest in joining the Air Pollution Control Hearing Board:

I would like to participate in order to keep air quality at an excellent level in Washoe County. Clean, safe air is important for everyone. A recent scientific publication indicated that Covid-19 incidences rise shortly after wildfire PM2.5 pollution. While we locally may have only marginal ability to affect wildfires, we can influence local pollution and sustain best practices to limit sources of pollution. Dust from construction, sand used to deice roads, and wood-burning are local sources. I am a lifetime asthmatic. When I came to Washoe County in 1984 the air pollution (from autos and wood-burning fires) in winter was so high that by 11 AM indoors my lungs detected the conditions.

List your relevant qualifications below:

I am a tenured professor of immunology at the School of Medicine, UNR, and a trained research scientist familiar with statistical analyses. Also, I am qualified to judge conditions that would provoke allergic or chemical asthma. I have served on the Nevada Faculty Alliance for over 10 years and through helping others, have become familiar with the difficult emotional and legal aspects of appeal processes.

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**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Hazel Bowen

Address: [REDACTED] City, ST ZIP:

Contact #1: [REDACTED] Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Avid walker/hiker. Would like to give back to the community.

List your relevant qualifications below:

No relevant qualifications. BS Nutrition, Adjunct Professor Dept. of Nutrition, UNR

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[health-airqualitycontactus@washoecounty.us](mailto:health-airqualitycontactus@washoecounty.us)

**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: James Mitchelltree

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Moved to the Reno area from Las Vegas 2 years ago and currently believe its extremely important to have this board monitoring the Air Pollution Control. After the multiple fires in California and Nevada in recent times, it's obviously a serious concern for Nevadans dealing with possible health issues due to the pollution levels. I would love to volunteer my background and expertise if needed to help deal with these issues and helping to find solutions.

List your relevant qualifications below:

I am currently contracted to the Washoe County School District as an owner representative. The contract is with CMWorks, Inc. a Kleinfelder Company. We represent several GMP' s for the \$200 million dollar project for the new Proter R. Hug High School at Wildcreek. These phases include plan development and construction, and responsibilities include daily coordination, oversight, and documentation, facilitation of weekly progress meetings, enforcement of contract documents, management of team relationships, coordination with CMAR and A/E, and schedule management. CMWorks lead the development of a Communication Matrix in close coordination with critical project stakeholders which clearly defined lines of communication, roles, responsibilities, and accountability. Which the school district will adopt for all future capital projects.

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**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: *LEE SQUIRE - ABL CHIMNEY SWEEP*

Address: *[REDACTED]* City, ST ZIP: *[REDACTED]*  
*#182*

Contact #1: *[REDACTED]* Contact #2: *[REDACTED]*

Email: *[REDACTED]*

Reason for Interest in joining the Air Pollution Control Hearing Board:

*I HAVE BEEN A BOARD MEMBER FOR 6 YRS  
AND WOULD LIKE TO CONTINUE.*

List your relevant qualifications below:

*LONG TIME SMALL BUSINESS OWNER -  
36 YEARS AS A LEAD IN MY FIELD -  
BORN & RAISED HERE - 57 YRS -  
AND I AM INTERESTED IN TRYING TO KEEP  
WASHOE COUNTY CLEAN AND SAFE*

 "Quality Service You Can Afford"  
**Chimney Sweep**

District Health Department  
  
Lee Squire  
"Washoe County District Health Department Certified  
Wood Stove Air Pollution Inspector" License #291  
Residential • Commercial • Industrial

**WASHOE COUNTY  
HEALTH DISTRICT**  
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WASHOE COUNTY HEALTH DISTRICT  
AIR QUALITY MANAGEMENT DIVISION  
1001 East 9th Street, Building B171 • Reno, NV 89512  
Telephone (775) 784-7200 • Fax (775) 784-7225  
[OurCleanAir.com](http://OurCleanAir.com)  
[health-airqualitycontactus@washoecounty.us](mailto:health-airqualitycontactus@washoecounty.us)

**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Marcia Wilmes

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I am currently the Global Benefits Director for a high tech company based in California. I am retiring in January and looking for a way to support my community.

List your relevant qualifications below:

Extensive experience in wellness programs world wide  
Exceptional project management skills  
Strong communications skills  
Extensive experience working with legal on executing programs and plans  
Extensive experience working with government agencies such as Department of Labor

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**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Martin W Breitmeyer

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I feel that I have a good background and skill set that would allow me to support our local air board in resolving problems. I have training in the permit process and also in the observation and reading of dust pollution. I spent ten years working with the health district while at my previous job. I worked for Q&D construction for 23 years and was in the earth moving and crushing divisions for 20 years of that time. I can bring alot of real world experience to the table.  
Thank you

List your relevant qualifications below:

20 years in constrution  
10 years as a foreman in crushing plants  
have had 8 years of smoke school and held certifacation  
did the daily reporting for the dust permit for ten years  
did the weekly SWPP reporting for 10 years  
I would do the yearly pemit renewals with Washoe County and NDEP

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**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Phil Schweber

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I am retired, have the time and want to contribute to the community. I believe my prior experience with air pollution issues and my business background in a fairly regulated industry coupled with my temperament provides me with experience in dealing with conflict situations.

List your relevant qualifications below:

served on the Missoula Montana Board of Health and Air Pollution Control Board from 1993 to 2000

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**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Pierre Mousset-Jones

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Interested in the topic and contributing to better air quality in the county

List your relevant qualifications below:

Professor Emeritus of Mining Engineering at UNR  
Teaching and research in Mine Ventilation

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**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Scott Courier

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I would like to get more involved in the community and being a lover of outdoor activities this seemed to be a logical place to start.

List your relevant qualifications below:

I was a 30+ year electrician that worked on high end high rise jobs in San Francisco. That being said, I've had to work with many individuals at different levels while trying to complete the smallest of tasks to million dollar projects. I believe this experience has taught me how to play well with others when trying to accomplish similar goals.

**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: William J. Grey

Address: [REDACTED] City, ST ZIP: [REDACTED]

Contact #1: [REDACTED] Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

My wife and I moved to Reno in 2017 from San Clemente, CA. I have always been concerned with conservation and the quality of our environment. At 76 years of age my health is excellent. I am very active in several organizations. As a veteran I volunteer at the VA Hospital and would very much like to serve on the Pollution Control Board.

List your relevant qualifications below:

1. BS, in Business w/minor in Civil Eng. University of Redlands, CA (1979)
2. MBA, Pepperdine Univ. CA. (1982)
3. Worked in Civil Eng. for 30 years.
4. Spent the last 17 years at the County of Orange, CA with the Public Works, Dept. as the Chief of Facilities Maintenance.

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**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box    NV Reg. P.E.     NV Lic. Attorney     Contractor     At-large

Name: William Foster McCoy, PhD

Address: 6 [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2:

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

I can help assess unresolved claims. I am a scientist and business owner dealing with pollution control and risk management mostly in water-related issues. I have been associated with the IAQ and on the Environmental Health Committee of ASHRAE, the largest organization of scientists and engineers in the field of air and water management issues. I am an Adjunct Professor in the School of Medicine at UNR.

List your relevant qualifications below:

Please see my CV attached.

# William F. McCoy, PhD

**Position** Co-Founder and Chief Technology Officer, Phigenics, LLC.  
Phone: [REDACTED]

## Chronology of Professional Experience:

2004 - Present Co-Founder, Chief Technology Officer, Phigenics, LLC  
2019 - Present Adjunct Professor, University of Nevada, Reno. School of Medicine (concurrent)  
2002-2004 Research Director, Nalco  
2000-2002 Managing Technical Director, Global Research, Ondeo Nalco, A Division of Suez  
1994-2000 Technical Director, Global Microbiology and Food Process, Nalco Chemical Corp.  
1992-1994 Group Leader, Microbiology, Nalco Chemical Corporation  
1990-1992 Group Leader, Great Lakes Chemical Corporation, West Lafayette, Indiana  
1988-1991 Visiting Professor, Dept of Environmental Engineering, Purdue University (concurrent)  
1987-1990 Research Associate, Great Lakes Chemical Corporation, West Lafayette, Indiana  
1984-1987 Senior Research Scientist, Rohm and Haas Company, Research Laboratories, PA  
1982-1984 Post-Doctoral Research Fellow, University of California, Irvine, California

## Awards

- Suez Trophy of Merit (the highest innovation award given by the group), Brussels, Dec. 2002
- 2002 Grand Prize Management Innovation Trophy, Suez Group, Brussels, December 2002
- Medal for Outstanding Contribution to Management and Science. Intl. Water Assoc., Berlin, 2001
- Inventor of the Year Award. The Intellectual Property Law Association. Chicago, May 2001
- 2000 Grand Prize Technical Innovation Trophy, Suez Group. Paris, December 2000.
- Governor's Pollution Prevention Award. The State of Illinois. 1999.
- R&D 100 Award. Research and Development Magazine. 1998. 40(10):140
- Rohm and Haas Computer Applications Research Award. November, 1986.
- Rohm and Haas Performance Merit Award. January, 1986.
- Environmental Protection Agency (EPA) Post-Doctoral Fellowship. 1982-1984.
- NOVA Foundation Scholar, Full Graduate Stipend, University of Calgary, 1981.
- Graduate Research Assistant, University of Calgary, Calgary, Alberta, Canada 1980.
- Graduate Research and Teaching Assistantships, University of Hawaii, 1977-1979.

## Professional Elections and Appointments

Adjunct Professor (Appointed 2019). University of Nevada, Reno. School of Medicine. Department of Molecular Microbiology and Immunology. <https://med.unr.edu/directory/william-mccoy>

Member, *Legionella* Task Group (appointed 2019), International Association of Plumbing and Mechanical Officials (IAPMO).

Subject Matter Expert (SME) for CDC (appointed 2016), Nation-wide educational program for the development and implementation of water management programs to prevent legionellosis associated with the built environment.

Advisor (Appointed 2013), NSF International, to develop national education, training and certification program for HACCP-based Building Water System Management course and standard practice.

Voting Member (appointed 2015), American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE), Environmental Health Committee, standing committee responsible for policy.

Voting Member (2005-present), American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE), Committee SPC188, with members from CDC and many other industry experts. The committee has been convened to produce an ASHRAE Standard for preventing legionellosis associated with building water systems.

Chair (Appointed 2008-2009), Environmental Health Committee, American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE); oversight responsibility for all health-related issues for the 52,000 member society.

Member (Appointed), World Health Organization, committee to write a global guideline entitled *Legionella and the Prevention of Legionellosis*, Published 2007.

Vice-Chair (Appointed 2005), American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE), Committee SPC188, with members from CDC and many other industry experts. The

committee has been convened to produce an ASHRAE Standard for preventing legionellosis.

Board of Directors (2007-2013), ALDA Pharmaceuticals Corp. Vancouver, British Columbia, Canada

Voting Member (appointed), American Society of Heating, Refrigerating and Air-conditioning Engineers (ASHRAE), Committee GPC-12, with EPA, CDC, and industry experts. Produced *Guideline 12-2000: Minimizing the Risk of Legionellosis Associated with Building Water Systems*. The committee has been reconvened to upgrade the guideline to an ASHRAE Standard.

Symposium Chairman (appointed), National Association of Corrosion Engineers (National Association of Corrosion Engineers). For the 1997 meeting of T-7A-16 (Application/Misapplication of Biocides).

Chairman (elected), Technical Advisory Committee, Engineering Research Center, National Science Foundation, Center for Biofilm Engineering, Montana State University, 1992-1994. Directed activities of the Advisory Board, especially in strategic planning.

Chairman (appointed), Joint Task Group, *Standard Methods for the Examination of Water and Wastewater*, 17<sup>th</sup> ed., Section 9216, Direct Total Count by Epifluorescence Microscopy. 1990. Led the group that wrote a method that has now been adopted as a standard.

Vice-Chairman (elected), National Association of Corrosion Engineers (National Association of Corrosion Engineers). Work Group T-7A-16c: Biocide Effectiveness Monitoring in Cooling Water Systems.

Editor (invited). Member of the Board of Editors for the research and review journal *International Biodeterioration*, 1989-1991.

## Patents and Commercial Development

This portfolio of 29 patents, all with international equivalents, disclose innovations in water treatment methods, diagnostics, antimicrobials and monitoring devices that have produced revenue over \$US 2 billion.

### U.S. Patents

7,939,314	6,287,473	6,017,459	5,702,684	5,246,963
7,935,521	6,270,722	6,007,726	5,683,654	5,122,301
7,901,932	6,156,229	5,948,315	5,670,055	5,090,990
6,423,267	6,136,205	5,942,126	5,416,198	5,045,104
6,419,879	6,123,870	5,922,745	5,416,107	4,965,377
6,322,749	6,096,225	5,795,487	5,358,963	

## Selected Titles From Over 100 Publications: Book Chapters, Patents, Peer-Reviewed Scientific Publications, Business Briefings, Magazine Articles and Presentations:

Fisher, K.E., L.P. Wickenberg, L.F. Leonidas, A.A. Ranz, M.A. Habib, R.M. Buford, W.F. McCoy. 2020. Next Day *Legionella* PCR: a highly reliable negative screen for *Legionella* in the built environment. *J. Water & Health* (2020) 18 (3): 345–357.

Jinadatha, C, Stock, E.M., Miller, S.E. and W. F. McCoy. 2018. Environmental validation of *Legionella* control in a VHA facility water system. *Inf. Cont. Hosp. Epidemiol.* 39(3):1–8

McCoy, W.F. and A.A. Rosenblatt. 2015. HACCP-Based Programs for Preventing Disease and Injury from Premise Plumbing: A Building Consensus. *Pathogens* 2015; 4: 513–528.

Krageschmidt, D.A., A.F. Kubly, M.S. Browning, A.J. Wright, J.D. Lonneman, M.J. Detmer and W.F. McCoy. 2014. A Comprehensive Water Management Program For Multi-campus Healthcare Facilities. *Inf. Control and Hosp. Epidemiology.* 35(5):556-63

McCoy, W.F., Downes, E.L., Leonidas, L.F., Cain, M.F., Sherman, D.L., Chen, K., Devender, S. and M.J. Neville. 2012. Inaccuracy in *Legionella* Tests of Building Water Systems Due to Sample Holding Time. *Water Research*, 46(2012): 3497-3506

McCoy, W.F. and W.E Pearson. 2011. ASHRAE Standard 188P: Prevention of Legionellosis Associated with Building Water Systems. *The Analyst.* 19(2): 10-21.

McCoy, W.F., Downes, E.L., Lasko, T.M, Neville, M.J. and M.F. Cain. 2009. A new method to measure viable *Legionella* and total heterotrophic aerobic bacteria. *The CTI Journal*. 30(1): 14-32. ISSN: 0273-3250

McCoy, W.F. 2006. Preventing legionellosis with hazard analysis and control systems. In: *Legionella: State of the art 30 years after its recognition*, Eds: Cianciotto, N. P., *et al.*; Chapter 130, pp. 538-542. ISBN: 978-1-55581-390-1; ASM Press, Washington, DC

McCoy, W.F. 2005 (2005). Preventing Legionellosis. Commissioned full-length book published by the International Water Association, London, UK ISBN: 1843390949

McCoy, W.F. 2004. *Legionella*. Chapter 5, In: Microbial Waterborne Pathogens, E Cloete, *et al.* (eds); IWA Publishing and The World Health Organization. ISBN: 1843390558

McCoy, W.F. 2003. Microbial fouling control for cooling water. In: Business Briefing: CPI Technology, pg. 65-67. World Markets Research Centre, Ltd, WMRC plc, London, UK [www.wmrc.com](http://www.wmrc.com)

McCoy, W.F. 2003. Microbial-fouling control for industrial systems. In: *Biofilms in Medicine, Industry and Environ. Biotechnology: Characteristics, Analysis and Control*. P. Lens *et al.* (eds), IWA Publishing, London.

McCoy, W.F. 2003. Why you should care about microbial control. *Process Cooling & Equip.* January 2003: 19-21.

McCoy, W.F. 2002. A New Environmentally Sensible Chlorine Alternative, pg. 52-62. In: *Industrial Biocides: Selection and Application* (eds. Karsa, DR. and D. Ashworth). The Royal Society of Chemistry, Cambridge, UK

Borchardt, S.A., E.J. Allain, J. J. Michels, G.W. Stearns, R.F. Kelly, and W.F. McCoy. 2001. Reaction of acylated homoserine lactone signal molecules with oxidized halogen antimicrobials. *Appl. Environ. Microbiol.* 67(7):3174-3179.

Michels, J.J, E. J. Allain , S. A. Borchardt , P. Hu , W. F. McCoy . 2000. Degradation pathway of homoserine lactone bacterial signal molecules by halogen antimicrobials identified by liquid chromatography with photodiode array and mass spectrometric detection. *J. Chromatography A*. 898(2000): 153-165.

McCoy, W.F. 1999. A New Environmentally Sensible Chlorine Alternative. 3<sup>rd</sup> Annual Green Chemistry and Engineering Conference Proceedings, June29-July 1, 1999. American Chemical Society Publication.

Yu, F.P., D. Ginn, and W.F. McCoy. 1999. Cooling tower fill fouling control in a geothermal power plant. *Corrosion Reviews*. 17(3-4):205-217.

McCoy, W.F. 1998. Imitating natural microbial fouling control. *Materials Performance*. 37(4): 45-48.

## Certifications

Non-transient, Non-Community Public Water Supply Operator, USEPA, PWS I.D. #11890

Analytical Laboratory Certifications:

USEPA: National Environmental Laboratory Accreditation Program, Registry No. 17595

CDC: Environmental *Legionella* Isolation Technique Evaluation (ELITE) program. Certified 1/16/09

Certified Indoor Environmentalist (CIE), Indoor Air Quality Association, 2004

Certified HACCP Manager, NSF International and Experior, 2005

**Education:** Ph.D. Microbiology, 1982, University of Calgary (Professor: J.W. Costerton)  
M.Sc. Microbiology, 1979, University of Hawaii (Professor: L.R. Berger)  
B.Sc. Microbiology 1977 with Distinction, Calif. State University, Long Beach  
B.A. Chemistry 1976 with Honors, Calif. State University, Long Beach

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**Air Pollution Control Hearing Board  
Member Application**

I am interested in joining the Air Pollution Control Hearing Board in the following role:

Please Check the Box  NV Reg. P.E.  NV Lic. Attorney  Contractor  At-large

Name: Yvonne Downs

Address: [REDACTED]

City, ST ZIP: [REDACTED]

Contact #1: [REDACTED]

Contact #2: [REDACTED]

Email: [REDACTED]

Reason for Interest in joining the Air Pollution Control Hearing Board:

Help the County with regulatory perspective.

List your relevant qualifications below:

Was the Environmental Manager at the Hawthorne Army Depot that has a Title 5 permit. Worked on applications for plasma and rotary incineration, hot gas, open burning and open detonation of conventional munitions. The HWAD has over 500 buildings with known asbestos while the HWAD has it's own asbestos landfill, there was a consent order to help the schools in Mineral County and keep very accurate records of RACM and PACM.

Current Environmental Manager at the Nevada Air National Guard. While this installation has two permits to operate, there is still asbestos here. I keep my asbestos building inspector license current.

DD\_JR\_\_\_\_  
DHO\_\_\_\_\_ KD

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** December 8, 2021  
**TO:** District Board of Health  
**FROM:** Julia Ratti, Director of Programs and Projects  
775-328-2416, [juratti@washoecounty.gov](mailto:juratti@washoecounty.gov)  
**THROUGH:** Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.gov](mailto:kdick@washoecounty.gov)  
**SUBJECT:** Presentation and possible acceptance of the 2022-2024 Strategic Plan.

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**SUMMARY**

On November 18, 2021, a Strategic Planning Retreat was held to discuss a refresh of the Health District's Strategic Plan. The discussion included a review of information on public health sector trends and community health trends as well as potential health district priorities, community indicators, and goals. The presentation also included examples of measurable outcomes and supporting initiatives. After review of information presented and discussion, the DBOH provided general approval of the content with minor revisions. The final draft of the Strategic Plan is presented for acceptance by the Washoe County District Board of Health.

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

**This Item addresses all Health District Strategic Priorities.**

**PREVIOUS ACTION**

On June 18, 2020, a report was provided to the DBOH detailing how the COVID-19 response impacted the ability of the Health District to achieve the goals, objectives and activities outlined in the 2020-2022 Strategic Plan and the need to temporarily suspend additional planning and performance management efforts.

A strategic planning retreat was held November 7, 2019, to discuss progress on new initiatives such as the 2018-2020 Community Health Improvement Plan, new data in areas such as behavioral health and a discussion on emerging priorities that prompted revisions to the strategic plan. The 2020-2022 Strategic Plan was presented and accepted at the Dec. 19, 2019, DBOH meeting.

On August 22, 2019, the 2018-2021 Strategic Plan progress report was presented and accepted by the DBOH.

On February 19, 2019, a semi-annual progress report for the 2018-2021 Strategic Plan was presented and accepted by the DBOH.

A strategic planning retreat was held on November 1, 2018 to review current data, emerging community trends and to revise the strategic plan accordingly. The 2018-2021 Strategic Plan was presented and accepted at the December 13, 2018 DBOH meeting.

On February 22, 2018, a semi-annual progress report for the 2017-2020 Strategic Plan was presented and accepted by the DBOH and on August 23, 2018 the annual progress report was presented and accepted.

On November 2, 2017, the DBOH held a retreat to discuss preparation of a refreshed and updated 2017-2020 Strategic Plan. Based on DBOH input the plan was updated and the DBOH accepted the 2017-2020 Strategic Plan at the December 14, 2017 DBOH meeting.

On August 24, 2017 the DBOH accepted a semi-annual progress report on the 2016-2018 Strategic Plan.

On April 14, 2016, the DBOH conducted a Strategic Planning Meeting to discuss and provide input for the development of a 2016-2018 Strategic Plan. On June 23, 2016 the DBOH approved the 2016-2018 Strategic Plan which was developed from the input and direction provided during the April 14, 2016 DBOH meeting.

### **BACKGROUND**

The 2022-2024 Strategic Plan includes Mission, Values, Vision, Strategic Priorities, District Goals and Division Goals. An Action Plan including community indicators, outcomes and initiatives has also been developed and will be used at the staff level to guide activities and monitor progress. Progress will be tracked and reported in an online system and summarized in the reports that will be provided to the DBOH.

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY22 budget should the Board accept the 2022-2024 Strategic Plan.

### **RECOMMENDATION**

Staff recommends the District Board of Health accept the 2022-2024 Strategic Plan.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the 2022-2024 Strategic Plan."

# WASHOE COUNTY HEALTH DISTRICT

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ENHANCING QUALITY OF LIFE

FY22-24 Strategic Plan

December 2021



**Public Health**  
Prevent. Promote. Protect.

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## LETTER FROM THE DISTRICT BOARD OF HEALTH CHAIR



As we close in on the new year, I can't help but be reminded that we've been living with the COVID 19 pandemic for a full two years. During that time, we've learned some difficult lessons and experienced some terrible heartbreaks. But we've also seen the brilliance of the human spirit and watched our public health workers, health care workers, first responders, social service agencies, nonprofits, front-line workers, and so many others step up to the challenge and continue to serve others.

As Chair of the District Board of Health, it is my personal responsibility to remember and remind others that this pandemic has impacted some more than others. And as such, I am pleased to report that this strategic plan calls on the Health District to step up its efforts to improve health equity and make meaningful progress on addressing health disparities in our community.

Through funding provided by a CDC Health Disparities grant and ongoing local investment, the Health District is investing in seven additional staff members who will lift up these efforts, as well as assess our internal strengths and weaknesses and assist in building bridges with neighborhoods to address their specific needs. I'd like to acknowledge the many efforts the Health District has made to reach all members of our community and celebrate this significant investment.

As a public health professional, I know that we are living in a pivotal moment for public health. We have an opportunity to learn from the experience of the past two years and build back better. This strategic plan will drive the Health District toward improved communication and community engagement, additional investments in workforce and organization capacity, and improved information and technology systems to make the work of public health more informed, accessible, and transparent.

We will continue to seek out and work with community partners who share the Health District's mission to protect and enhance the well-being and quality of life for all in Washoe County. I look forward to working with you.

Councilman Oscar Delgado, MSW, MUP  
District Board of Health Chair

## LETTER FROM THE DISTRICT HEALTH OFFICER



I recently heard someone say that a disaster is like an x-ray because it reveals what is broken in our systems, infrastructure, and communities. Our experience with the COVID-19 pandemic has engendered national discussion of how public health can be improved and how we can be better prepared for future pandemics.

There is no question that the challenges are abundant, and we are vulnerable to numerous public health threats. We have experienced California Wildfires that have severely impacted air quality during our summers and warming is also expected to create opportunities for more infectious diseases to spread in Washoe County. We have already seen the Zika virus spread to Clark County and our own West Nile virus season extended with warmer temperatures. As with COVID, we anticipate that socio-economic conditions that lead to disparities in health status will also have health impacts to those same populations resulting from other public health threats.

At a national, state, and local level, this is a pivotal moment in history for public health. What COVID-19 has highlighted is the need to be able to respond, pivot, and surge in response to a pandemic or other types of disaster as well as be proactive to improve policies and systems so everyone in our community has the best possible opportunity to achieve optimal health.

For my part, I am optimistic. Amidst the challenges, I witnessed the dedication, innovation and resiliency of our employees, volunteers, and community members as they responded to the greatest public health threat of our lifetime. The Washoe County Health District staff did an incredible job responding to the pandemic, and they and their families made great sacrifices as they devoted and continue to devote long-hours to the response. For that I am deeply grateful.

There is a national conversation about the critical role played by public health in our lives and the consequences of neglecting the critical infrastructure necessary to maintain and improve the public's health. As you will see in this Strategic Plan, WCHD will continue to lean into the challenges, learn from our experiences, partner with others, and take steps that will benefit our community now and into the future.

Kevin Dick  
Washoe County District Health Officer

## STRATEGIC PLAN

### MISSION

To protect and enhance the well-being and quality of life for all in Washoe County

### VALUES

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partner-Collaborate:** be flexible, adapt, be accessible, be proactive, innovate and create

### VISION

A healthy community

### STRATEGIC DIRECTION

Leaders in a unified community making measurable improvements in the health of its people and environment. Success for the WCHD is determined by the overall health of the community it serves. First and foremost, the WCHD wants to make measurable progress on public health and quality of life indicators. While the WCHD can make a meaningful impact on many public health indicators, many of the challenges the community faces can only be overcome by multiple agencies working together. The WCHD can play a leadership role in the coordination of multiple entities and individuals to create a local culture of health.

## STRATEGIC PRIORITIES

1. **HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.** The health of a community depends on the health of the individuals within it. A wide range of factors impact one's health. These factors include individual nutrition and lifestyle choices, socio-economic conditions, and health policy decisions. The aim of the WCHD is to identify and address the most important factors contributing to the health of individuals within the community and implement solutions that allow people to live healthier lives.
2. **HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.** The external environment we interact with every day—the air we breathe, the water we drink, the buildings we work in—can impact the health of a community. The aim of the WCHD is to monitor and

maintain a safe natural and built environment so the community feels confident living, working, and playing anywhere in Washoe County.

3. **LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.** Many of the decisions community leaders, organizations, and individuals make every day can impact the community's health. However, the community's health is not always a factor in the decision-making process. The WCHD's aim is to work with the community to assign greater value to its health and consider health implications in the decisions it makes.
4. **IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.** Many of the issues impacting the health and quality of life within Washoe County do not fall under the WCHD's direct jurisdiction nor can they be addressed by a single organization. To make meaningful progress on these issues requires a community effort. The WCHD will extend its reach by working with key partners to identify and address issues that require community collaboration.
5. **ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support growing population.** As the community grows, the service demands on the WCHD will grow. To maintain and improve levels of service, the WCHD workforce needs to grow along with the community. By investing in the capabilities of the WCHD staff and creating a positive and productive work environment, the WCHD will continually improve its ability to serve the community.
6. **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 on income.** Public health requires an up-front investment. The programs and services the WCHD offer require resources to implement but those programs and services create value for the community over time. When funding is insufficient or unreliable, it limits the positive impact of the WCHD. The WCHD's aim is to have greater control over its finances to be able to better predict and control future funding levels.

## STRATEGIC PRIORITIES AND GOALS WITH DIVISION OWNERSHIP

**Strategic Priority 1: HEALTHY LIVES: Improve the health of our community by empowering individuals to live healthier lives.**

**District Goal: 1.1 Promote healthy behaviors to reduce chronic disease.**

Division Goal: 1.1.1 Proactively prevent disease utilizing effective health education strategies.

**District Goal: 1.2 Promote preventive health services that are proven to improve health outcomes in the community.**

Division Goal: 1.2.1 Act as a safety net by providing accessible health services when/where community members otherwise may not have access.

Division Goal: 1.2.2 Reduce the spread of disease through proactive surveillance, monitoring and intervention.

**District Goal: 1.3 Improve access to health care so people of all means receive the health care services they need.**

Division Goal: 1.3.1 Assist clients with access to health insurance.

Division Goal: 1.3.2 Build a bridge between communities, clients, and services with community health workers.

**District Goal: 1.4 Prevent and reduce the spread of COVID-19 in Washoe County.**

Division Goal: 1.4.1 Reduce the spread of COVID-19 through proactive surveillance, monitoring and intervention.

Division Goal: 1.4.2 Increase COVID-19 vaccination capacity across Washoe County including among high risk and underserved populations.

Division Goal: 1.4.3 Increase confidence in vaccines among targeted racial and ethnic groups and individuals with disabilities through outreach and access to accurate information.

Division Goal: 1.4.4 Provide the public with accurate, actionable, and timely information about COVID-19

Division Goal: 1.4.5 Maintain infrastructure and organizational capacity necessary to respond to the COVID pandemic.

Division Goal: 1.4.6 Maintain a consistent level of customer service to the community.

**Strategic Priority 2: HEALTHY ENVIRONMENT: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**

**District Goal: 2.1 Protect people from negative environmental impacts.**

Division Goal: 2.1.1 Monitor ambient air to assess attainment status of the ozone and PM2.5 NAAQS (Monitoring)

Division Goal: 2.1.2 Evaluate effectiveness of regulations and programs governing ozone precursor and PM2.5 emissions (Planning)

Division Goal: 2.1.3 Reduce Ozone Precursor Emissions from the Transportation Sector (Planning)

Division Goal: 2.1.4 Evaluate Permitting of Ozone and PM2.5 Stationary Sources (Permitting)

Division Goal: 2.1.5 Inspect sources of ozone and PM2.5 emissions to determine compliance with state, county, and federal regulations (Compliance)

Division Goal: 2.1.5 Coordinate with State and local partners on waste reduction education, diversion education and proper disposal.

Division Goal: 2.1.6 Reduce negative environmental health impacts associated with land development.

**District Goal: 2.2 Keep people safe where they live, work and play.**

Division Goal: 2.2.1 Improve safety of residents through education, inspections, and enforcement.

Division Goal: 2.2.2 Reduce the spread of vector-borne disease.

Division Goal: 2.2.3 Review building plans in advance to assure new facilities meet health standards.

**Strategic Priority 3: LOCAL CULTURE OF HEALTH: Lead a transformation in our community's awareness, understanding and appreciation of health resulting in direct action.**

District Goal 3.1 Ensure community access to actionable public health information via website, media, and social media

Division Goal 3.1.1: Update public-facing digital presence on website and social media.

Division Goal: 3.1.2 Position the Health District to be the trusted, reputable source of public health information for our community.

District Goal 3.2 Inform the community of important community health trends by capturing and communicating health data.

Division Goal 3.2.1: Increase data integrity and data standardization.

Division Goal 3.2.2: Produce original public health research that advances public health knowledge.

Division Goal 3.2.3: Regularly share timely public health data and trends with the community.

Division Goal 3.2.4: Build the capacity of the health district to process data.

District Goal 3.3: Drive better health outcomes in Washoe County through improved public health systems and policies.

Division Goal 3.3.1: Advocate for state and local policies that positively impact public health.

Division Goal 3.3.2: Build, support and participate in coalitions to advance improved public health policies.

**Strategic Priority 4: IMPACTFUL PARTNERSHIPS: Extend our impact by leveraging partnerships to make meaningful progress on health issues.**

District Goal: 4.1 Reduce risk and improve health outcomes for children in Washoe County.

Division Goal: 4.1.1 Lend support in childcare and educational settings to reduce outbreaks.

Division Goal: 4.1.2 Provide quality and timely air quality data for students and WCSD staff.

District Goal: 4.2 Support and promote behavioral health.

Division Goal: 4.2.1 Improve outcomes for residents who are experiencing a behavioral health crisis.

Division Goal: 4.2.2 Reduce isolation for seniors who are experiencing loneliness.

District Goal: 4.3 Empower families and organizations to improve physical activity and nutrition.

Division Goal: 4.3.1 Increase community participation in physical activity and nutrition programs.

District Goal: 4.4 Enhance the regional emergency medical services system.

Division Goal: 4.4.1 Provide EMS oversight to enhance system performance.

District Goal: 4.5 Engage the community in public health improvement.

Division Goal: 4.5.1 Engage the community in assessing community health needs.

Division Goal: 4.5.2 Engage the community in planning for community health improvement with a focus on disparate health outcomes.

Division Goal 4.5.3: Facilitate community engagement in public health improvement initiatives designed to improve health outcomes and/or reduce health disparities.

District Goal: 4.6 Improve the ability of the community to respond to health emergencies.

Division Goal 4.6.1: Improve public health emergency preparedness.

Division Goal 4.6.2: Improve hospital emergency preparedness.

District Goal: 4.7 Partner with academia to advance public health goals.

Division Goal 4.7.1: Maintain Academic Health Department with the University of Nevada, Reno.

**Strategic Priority 5: ORGANIZATIONAL CAPACITY: Strengthen our workforce and increase operational capacity to support a growing population.**

District Goal: 5.1 Attract and retain a talented public health workforce to meet the needs of Washoe County.

Division Goal: 5.1.1 Create a positive and productive work environment.

Division Goal: 5.1.2 Focus on building staff expertise.

Division Goal: 5.1.3 Maintain and build staff resiliency.

Current 5.2 Meet and exceed national public health best practice standards.

Division Goal: 5.2.1 Maintain National Public Health Accreditation

District Goal: 5.3 Invest in expanded Health District capacity and targeted services to meet the needs of a growing and diverse community.

Division Goal: 5.3.1 Increase workforce capacity.

Division Goal: 5.3.2 Increase organizational capacity to address health equity and reduce disparate health outcomes.

Division Goal: 5.3.3 Recruit, retain and train a workforce that meets the diverse needs of our community.

New 5.4 Maximize and expand facilities to meet the needs of staff and clients.

Division Goal: 5.4.1 Maximize existing facilities to address shortage of workstations.

Division Goal: 5.4.2 Identify opportunities for facility expansion.

All New 5.5 Leverage technology to improve services, increase effectiveness and efficiency, and provide access to higher quality data.

Division Goal: 5.5.1 Increase access to self-service platforms and systems.

Division Goal: 5.5.2 Improve data tracking and information sharing.

Division Goal: 5.5.3 Assure technology needs are addressed by a health district technology resource or County Technology Services.

**Strategic Priority 6: 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.**

All District Goal 6.1 Update the WCHD's financial model to align with the needs of the community.

Division Goal 6.1.1 Increase dedicated public health funding support to Washoe County.

Division Goal 6.1.2 Capture grant and federal relief resources to meet public health goals.

Division Goal 6.1.3 Maximize revenue generated from cost recovery.

Division Goal 6.1.4 Provide the DBOH the information necessary to provide financial oversight.

**Key for Division Ownership**

CCHS	Community and Clinical Health Services
AQM	Air Quality Management
EHS	Environmental Health Services
EPHP	Epidemiology and Public Health Preparedness
AHS	Administrative Health Services
ODHO	Office of the District Health Officer
ICS	Incident Command System

## PUBLIC HEALTH SECTOR TRENDS

The COVID-19 pandemic revealed shortcomings in public health agency capacity and capabilities to provide public health protections to the communities they serve. While the Washoe County Community Health Needs Assessment identifies that income, educational status, and the neighborhoods in which one lives result in health disparities, the pandemic harshly demonstrated this. A disproportionate number of COVID-19 cases occurred and continue to occur in our Hispanic community. Washoe County Health District (WCHD) was also confronted with the challenges of communicating effectively with different segments of our population and providing easy access to needed services. Our data management systems and information technology systems proved to be inadequate.

The cost-control environment in which WCHD has operated following the Great Recession left us ill-prepared to handle the surge of workload, staffing, expanded responsibilities, and community engagement needed to respond to the pandemic. Trust in public health agencies has eroded as inconsistent and contradictory messaging occurred from different levels of government. Meanwhile, inaccurate, and misleading information is amplified through social media often for political purposes with devastating public health consequences.

While WCHD responded to COVID-19, we also experienced the devastating impacts of wildfires and droughts and saw climate change disasters that in other areas of our country including stronger storm events, power outages, and flash flooding. Increasingly, we recognize that climate change is a public health emergency that comes with a need to develop our programs and communications to support regional initiatives and further develop resiliency to address its impacts.

The challenges our community faces were encountered by public health agencies throughout the country which has led to several assessments that identify shortcomings in our public health sector infrastructure and capabilities along with recommendations for improving public health's foundational role in American communities. Two notable documents are the *Public Health COVID-19 Impact Assessment: Lessons Learned and Compelling Needs* prepared by the National Academy of Medicine, and *Positioning America's Public Health System for the Next Pandemic* prepared by the Bipartisan Policy Center.

The National Academy of Medicine report identified the priority actions and policy considerations for public health as follows:

- 1) transforming public health funding,
- 2) affirming the mandate for public health,
- 3) promoting structural alignment across the public health sector,
- 4) investing in leadership and workforce development,
- 5) modernizing data and IT capabilities, and
- 6) supporting partnerships and community engagement.

The Bipartisan Policy Center report recommendations focus on three areas as follows:

- 1) creating clarity and accountability in federal leadership and operations during a pandemic,
- 2) improving public health information technology and data systems, and
- 3) committing the United States to more and consistent funding of public health to prepare for inevitable public health crises.

Based on an evaluation of the Washoe County Health District's experience with the COVID-19 response as well as the national assessments and current revisions occurring with the Public Health Accreditation Board (PHAB) standards and measures the following priorities are recommended to be considered and addressed in the WCHD strategic plan:

- 1) communication and community engagement,
- 2) organization and workforce capacity,
- 3) health equity, and
- 4) information technology and data systems.

**Communication and Community Engagement** - Bolstering investment in communications and community engagement will be needed to better inform and work with the community on a wide range of public health initiatives. The Health District is engaged in many issues and factors that impact the health of our residents and health districts can be, and should be, a trusted source of information and a safe and productive place for the community to engage. These investments will include culturally appropriate messaging to reach the diverse populations that live within our community. WCHD will need to increase our community engagement efforts to build neighborhood level relationships designed to increase trust in public health. Public health leaders will also need to engage community partners whose support for, and collaboration with, public health is essential to the success of our efforts.

**Organization and Workforce Capacity** - For all organizations and particularly in public health, our workforce is our most valuable asset. There is a continued need to ramp up investment in the public health workforce to attract new professionals, increase employee retention, and to meet the public health challenges we face now and in the future. The pandemic demonstrated the importance of leadership skills and adaptability to be able to function effectively outside of the range of one's normal responsibilities. The public health workforce needs to be able to understand and deliver services in a culturally appropriate manner, manage, analyze, and present "big data," and effectively engage communities and partners to develop consensus around solutions and collaborative approaches. Organizational capacity must expand to provide the tools, facilities, training, and other resources for the workforce to be successful.

WCHD learned from the pandemic response experience and can use that knowledge strategically to develop our public health infrastructure, capacity, and capabilities. This will require additional resource investments. It appears promising that the national attention to

public health, and our historic lack of investment will result in additional federal and state investments in local public health agencies. Fortunately, we have already received grant funding support in some of these areas, and the Health District is in a strong fiscal position to be able to make additional investments now while building our sustainable funding sources for ongoing capacity.

**Health Equity** - The disproportionate impacts that occurred in minority populations, and in certain sectors of our community's workforce harshly revealed structural systems that lead to disparate health outcomes. Public health agencies and professionals need to work not only externally to better engage diverse communities, but also internally to ensure that our programs are designed to effectively meet the needs of our diverse community members and our staff are prepared to provide culturally appropriate services, as well as to understand and address root causes of health disparities.

**Information Technology and Data Systems** - Public health information technology and data systems proved inadequate to handle the massive amounts of data required to be collected and analyzed to understand and respond to the pandemic and be responsive to the granular level data that was requested by policymakers and the public. Health districts struggled to present this data in a format that was easy for the public to be able to understand and access. As we work to address health disparities in our community and the health inequities that cause them, we need the ability to collect and process large quantities of data to understand and be able to communicate information about health conditions and factors affecting the health of individuals at a neighborhood level. The public expects and deserves user-friendly systems that allow for easy access to information and services. Additionally, WCHD struggled through the pandemic with deployment of computers, peripherals, and communication equipment to keep up with new staffing while maintaining the equipment already in use. We need to improve our ability to support the information technology needs of the Health District.

## COMMUNITY HEALTH ASSESSMENT AND COMMUNITY PLANNING

WCHD serves as a facilitator to produce regular community health needs assessments and community health improvement plans. These efforts stand alone to inform the strategic efforts of many partners within Washoe County. These efforts also serve as key inputs to inform Health District strategic planning.

The [2018-2020 Community Health Needs Assessment \(CHNA\)](#) for Washoe County was completed in 2017. The data and conclusions from the assessment were used to inform the subsequent 2018-2020 Community Health Improvement Plan (CHIP) developed during the spring of 2018 and approved by the Washoe County District Board of Health in June of 2018.

The following focus areas were selected to be included in the CHIP as it was determined they were the highest areas of need and the areas where there was community capacity to initiate work:

1. Housing
2. Behavioral Health
3. Nutrition/Physical Activity

In the summer of 2019, the Behavioral Health focus area was revised as all items in that focus area were either complete or obsolete. A revised 2018-2020 Community Health Improvement Plan was approved by the Washoe County District Board of Health at the September 2019.

Also, in 2019 the Nevada Department of Public and Behavioral Health published a statewide needs assessment, which identified priority health issues at the county level. Behavioral health, housing/poverty, and preventive behaviors (nutrition and physical activity) were among the top five most frequently identified needs in Washoe County (Table C175).<sup>1</sup>

Although the methods of identifying and ranking health needs for the state health assessment were different from Washoe County's most recent assessment and CHIP, the identified gaps were relatively the same.

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<sup>1</sup> Nevada Department of Health and Human Services. 2019 Nevada State Health Needs Assessment. Accessed August 2021  
[https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/NV\\_SHNA\\_FINAL.pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/NV_SHNA_FINAL.pdf)

Health Issue	#	%
Behavioral Health	251	33%
Housing/Poverty	192	25%
Access to Health Care	172	22%
Preventive Behaviors	48	6%
Education	38	5%
Chronic Diseases	34	4%
Other	12	2%
Employment and Job Training	9	1%
Environment and Built Environment	6	1%
Family Dynamics and Maternal Child Health	3	0%
Communicable Diseases	1	0%
<b>Total</b>	<b>766</b>	<b>100%</b>

While it was time to produce an updated CHNA and CHIP in 2020, the redeployment of resources to COVID-19 made completing assessment and planning efforts impractical for both the Health District and its community partners. Instead, the [CHIP](#) was extended through 2021 using a modified community engagement process that followed COVID protocols while facilitating a refresh of the goals and objectives in the same focus areas of housing, behavioral health, and nutrition/physical activity.

Below are the updated goals and objectives from the 2020 CHIP refresh.

Focus Area One: Housing		
Goals	Objectives	
1 To stabilize and improve housing security for people spending more than 30% of their income on housing.	1.	By June 15, 2018, complete Phase I of the Regional Strategy for Housing Affordability. (Complete)
	2.	By September 1, 2018, complete Phase II of the Regional Strategy for Housing Affordability. (Complete)
	3.	By December 31, 2018, complete Phase III of the Regional Strategy for Housing Affordability. (Complete)
	4.	By December 31, 2021, implement a portion of the Regional Strategy for Housing Affordability. (Modified to include new strategies)
	5.	By December 31, 2021, improve policies and processes designed to preserve existing and increase new subsidized affordable housing units. (New objective and strategies)

2	To stabilize and improve housing security for people spending more than 50% of their income on housing.	1.	By September 30, 2021, identify, support, and implement alternative funding models for housing severely mentally ill (SMI). (Modified to include new strategy)
		2.	By December 31, 2021, identify best practices for incorporating community case management** for people receiving housing assistance and increase access to case management for those in emergency shelter. (Modified to include new strategy)
		3.	By December 31, 2021, complete the first phase of the Built for Zero regional strategy to end homelessness. (New objective)
		4.	By December 31, 2021, strengthen processes and promote implementation of evidence-based practices among homeless services providers. (New objective)

Focus Area Two: Behavioral Health			
Goals		Objectives	
1	To stabilize and improve housing security for people experiencing homelessness.	2.	By December 31, 2021, identify best practices for incorporating community case management** for people experiencing homelessness. (Extended)
		3.	By May 31, 2021, expand implementation of Peer Recovery Support Specialists in Washoe County (Modified to include new strategies.)
2	Assess and address current status and need for Behavioral Health services in Washoe County	1.	By May 31, 2021, develop a strategy to collect and disseminate information related to the annual statistics on Behavioral Health providers in Washoe County. (Updated with additional strategies.)
		2.	By October 1 each year identify gaps in service and access for those needing behavioral health services in Washoe County. (Updated with additional strategy)
		3.	By May 31, 2021 develop strategies and advocate for policies to address gaps and needs identified. (Updated with additional strategy.)
		4.	By Sept. 30, 2021, expand training and education to providers on SBIRT. (Updated with additional strategy)

3	Reduce depression and suicidal behaviors in adolescents and seniors (age 65+).	1.	By April 1, 2020, increase mental health screening of 7th grade students in Washoe County using a standardized screening tool and provide appropriate referral to care. (Extended)
		2.	By December 31, 2020, implement BUILD Health Challenge Year 1 Strategies. (Complete)
		3.	By December 31, 2021, implement BUILD Health Challenge Year 1 and 2 Strategies. (New objective and strategy)
		4.	By Sept 29, 2021, have 1 more hospital system within Washoe County complete the Zero Suicide Academy. (New objective and strategy)
		5.	By Dec. 31, 2021, expand the Living Ideation adolescent suicide prevention model to a broader community audience. (New objective and strategy)
		6.	By Dec. 31, 2021, increase access to supports and services for adolescents experiencing behavioral health challenges. (New objective and strategies)
4	Divert individuals experiencing behavioral health challenges from emergency departments and detention facilities by strengthening the behavioral health system of care for adults.	1.	By Dec. 31, 2021, fill gaps in the system of care to meet both the behavioral and physical health needs of individuals with serious mental illness and/or complex diagnoses. (New objective and strategies)
		2.	By Sept. 30, 2021, finalize a road map for Washoe County to build a behavioral health crisis response system based on nationally recognized best practices. (New objective and strategies)
		3.	By Dec. 31, 2021, implement early intervention care to individuals experiencing a first episode of psychosis to prevent psychological and medical deterioration and improve medical and social outcomes. (New objective and strategy)

5	Strengthen behavioral health component of emergency preparedness and response. (New goal)	1.	By June 30, 2021, finalize the Regional Behavioral Health Emergency Response plan and increase the number of individuals available to assist with response. (New objective and strategies)
		2.	By June 30, 2021, develop and publish the Community Overdose Response Plan. (New objective and strategies)
		3.	By June 30, 2021, fully implement COVID-19 resiliency response. (New objective and strategy)

Focus Area Three: Nutrition and Physical Activity			
Goals		Objectives	
1	To increase physical activity and improve nutrition among adults and youth using the 5210 Let's Go framework.	1.	By July 2019, increase the number of community organizations implementing aspects of the 5210. (Extended and modified to include new strategies)
		2.	By December 2021, increase the number of community organizations implementing 5210 Healthy Washoe. (New objective and new strategies)
2	Improve access an environment that support physical activity and nutrition for all ages and abilities in low-income communities.	1.	By July 2019, improve access and availability of nutrition and physical activity opportunities by implementing three Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. (Complete and moved from goal 1 to goal 2)
		2.	By July 2020, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high Community Needs Index (CNI) scores. (Complete)
		3.	By December 2021, improve access and availability of nutrition and physical activity opportunities by implementing four Family Health Festivals in zip codes with high

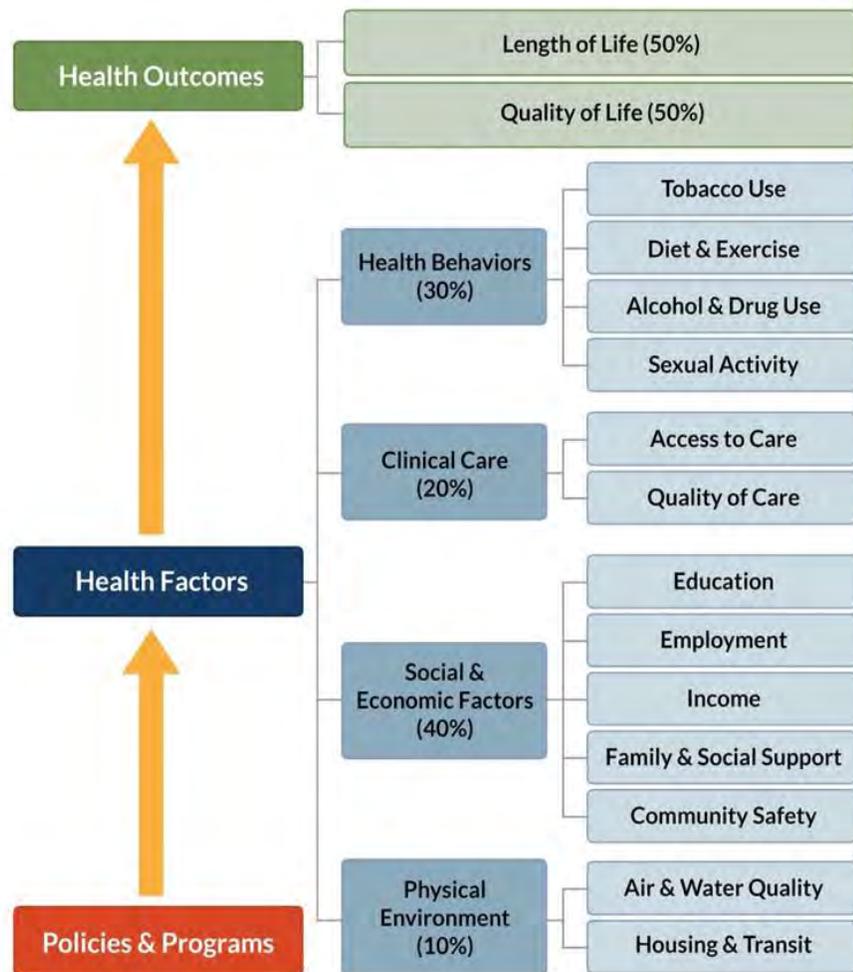
			Community Needs Index (CNI) scores. (New objective and new strategies)
		4.	By July 2019, improve the nutrition environment in targeted parks by increasing the number of environmental cues related to healthy food and beverage consumption by at least 3. (Complete)
		5.	By July 2019, improve the nutrition environment in the community by improving the nutritional offerings in vending machines and concession stands in schools, workplaces, and community settings. (Partially Complete)
		6.	By December 2021, improve the nutrition environment in low-income neighborhoods by increasing the nutritional offerings in convenience stores. (New objective and new strategies)
		7.	By December 2021, increase awareness of available sources of whole foods in the community and how to use them, including: local and direct food retail outlets; local emergency food assistance services; and others among families. (New objective and new strategies)
3	Improve the health and nutritional status of children and adults while promoting the development of good eating habits.	1	By December 2021, increase the consumption of meals through food distribution programs in school year 2020-2021. (New objective and new strategies)

## COMMUNITY HEALTH TRENDS AND COMMUNITY INDICATORS

While the Health District was not able to facilitate a full Community Health Needs Assessment process in advance of the strategic planning refresh, the epidemiology and statistician team as well as other Health District subject matter experts did provide an update using the most recent available data on community health trends as input to the planning process.

The COVID-19 pandemic has impacted humanity across most aspects of life, resulting in rapid change of societal norms and practices ranging from an individual level to the ways countries engage on a global scale. In the United States, the pandemic demonstrated an inability to prevent detrimental health outcomes among the most marginalized populations and magnified already existing weaknesses in healthcare systems.

Recovery from the impacts of the pandemic should take advantage of opportunities to rebuild a framework focused on health equity. The focus of health equity is to reduce or remove barriers to access the foundational elements necessary for achieving the highest possible health outcomes including affordable housing, healthy food, quality education, and a safe, healthy environment.<sup>2,3,4</sup>



County Health Rankings model © 2016 UWPHI

Figure 1

<sup>2</sup> The Centers for Disease Control and Prevention. Health Equity. Accessed August 2021 <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

<sup>3</sup> Robert Wood Johnson Foundation. Achieving Health Equity. Accessed August 2021 <https://www.rwjf.org/en/library/features/achieving-health-equity.html>

<sup>4</sup> American Public Health Association. Health Equity. Accessed August 2021 <https://www.apha.org/topics-and-issues/health-equity>

Often the term “health” is associated with the physical state of health and whether a person has access to healthcare. However, public health has led a paradigm shift demonstrating how socioeconomic factors are strongly associated with health outcomes and encompass more than just physical well-being. The Robert Wood Johnson Foundation’s County Health Rankings Model (Figure 1) illustrates the myriad of elements which impact health outcomes, measured by length and quality of life. Many health disparities are driven by deep-rooted cultural and societal norms, which are recognized and being addressed through the health equity movement.

**Primary Prevention is Key**

An assessment of the most recent available data indicated that needs identified in prior community health assessments have not shifted in the post-pandemic landscape. Instead, the global pandemic has magnified systemic issues which already existed.

Select causes of death in Washoe County are provided in Figure 2, demonstrating how an infectious disease (COVID-19) has surpassed. While this is a unique and new threat, this serves as a reminder that investments in primary prevention strategies to reduce disease, chronic or acute, are worth making, prior to loss of life occurring. Primary prevention involves upstream efforts to reduce or eliminate the occurrence of a poor health outcome from occurring

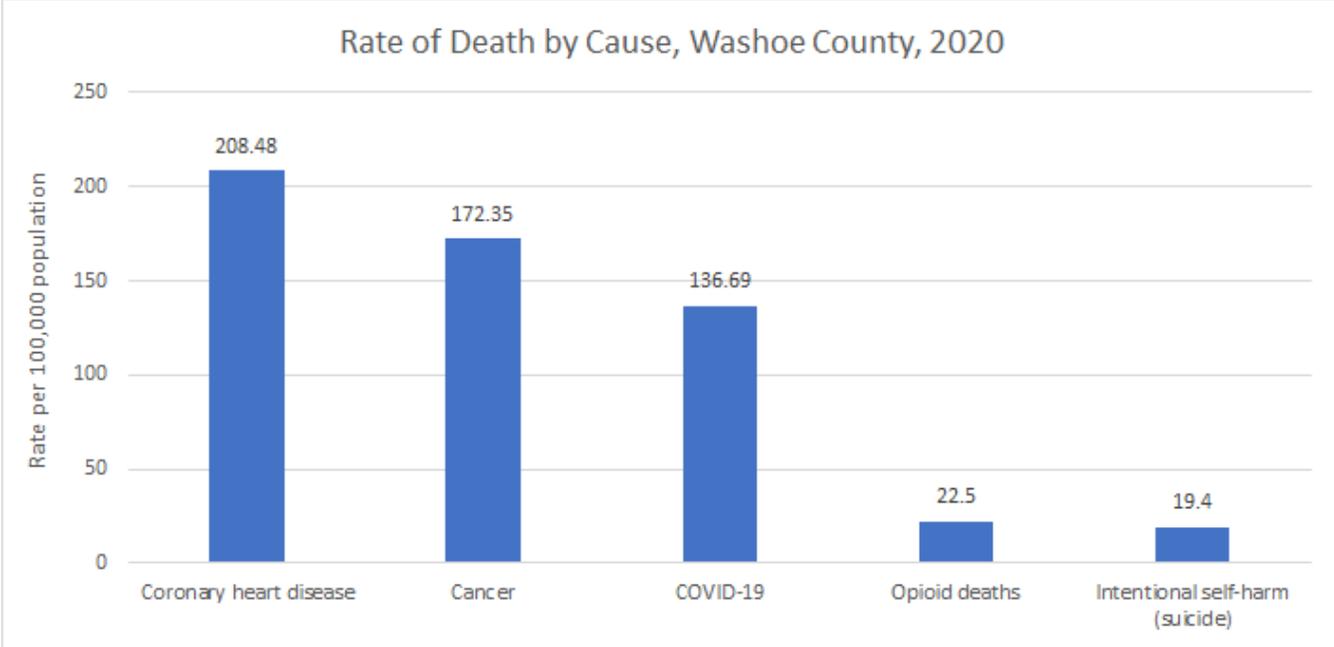


Figure 2

Note: Figure 2, COVID deaths were counted for a cumulative, non-calendar year (March 2020 through April 2021), as COVID was not detected in Washoe County until March of 2020. All other diseases were counted for the calendar year of 2020.

The planning process included refreshed community health indicators to inform specific strategic priorities. Sources are identified in a key at the end of this section.

**Strategic Priority One, Healthy Lives – Improve the health of our community by empowering individuals to live healthier lives.**

<b>Community Indicators</b>	<b>Result</b>	<b>Current</b>	<b>Source</b>
% of overweight adolescents	13.70%	2019	YRBS
% of obese adolescents	11.90%	2019	YRBS
% of overweight adults	35.40%	2020	BRFFS
% of obese adults	29.30%	2020	BRFSS
% of adults who are current smokers	15.93%	2020	BRFSS
% of youth who currently smoke cigarettes	4.50%	2019	YRBS
Teen ages 15-19 years old birth rates per 100,000	15.4	2020	WCHD-EPHP
% of newly reported hepatitis C cases with confirmatory test results	82%	2020	WCHD-EPHP
Child immunization rates (children 19-35 months receiving childhood vaccination series)	67.9%	2020	NV IZ
% of adults ages 18-64 with health insurance	82.70%	2020	BRFFS
% of Washoe County residents with a usual primary care provider	71.19%	2020	BRFFS
% of e-cigarette use among youth	28.30%	2019	YRBS
Percentage of population defined as food insecure	11.00%	2019	MMG
COVID cases per 100,000	225.9	10/7/21	WCHD-EPHP
% of population ages 12 and over fully vaccinated for COVID	63.82%	10/7/21	WCHD-EPHP

**Strategic Priority Two, Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.**

<b>Community Indicators</b>	<b>Result</b>	<b>Current</b>	<b>Source</b>
NAAQS for Ozone	0.072 ppm	2020	WCHD-AQM
NAAQS for PM2.5	39 ug/m3	2020	WCHD-AQM
Washoe County total municipal solid waste	247,453	2019	NDEP
Washoe County recycling rates	33%	2019	NDEP
Reduce the duration of GI outbreaks in schools.	17 days	2020	WCHD-EHPH

**Strategic Priority Three, Local Culture of Health – Lead a transformation in our community’s awareness, understanding and appreciation of health resulting in direction action.** (No community indicators)

**Strategic Priority Four, Impactful Partnerships – Extend our impact by leveraging partnerships to make meaningful progress on health issues.**

<b>Community Indicators</b>	<b>Result</b>	<b>Current</b>	<b>Source</b>
% of high school students who attempt suicide	9.90%	2019	YRBS
% of high school students who ever took a prescription pain medicine without a doctor's prescription or differently than prescribed	17.60%	2019	YRBS
% of high school students who currently drink alcohol (past 30 days)	26.70%	2019	YRBS
Prevalence of diabetes	6.70%	2020	BRFFS
Coronary heart disease mortality rate (per 100,000)	awaiting latest data		DHHS
Cancer mortality rate (per 100,000)	awaiting latest data		DHHS

Medical emergency 911 calls received per 100,000 population	14,352	2020	WCHD-EPHP
Opioid-related deaths in Washoe County per 100,000 population	awaiting latest data		DHHS
Rate of death due to suicide among persons aged 65 years and older per 100,000	awaiting latest data		DHHS

**Strategic Priority Five, Organizational Capacity – Strengthen our workforce and increase operational capacity to support a growing population.**

Community Indicators	Result	Current	Source
Washoe County population	480,965	2021	NV Dem
Washoe County annual % population growth	1.13%	2020 - 2021	NV Dem
Staff per 100,000 population	36.54	FY2022	WCHD - AHS

**Strategic Priority Six, 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.**

Community Indicators	Result	Current	Source
% State funding support	1.7%	FY2021	WCHD-AHS
Budget per capita	\$53.97	FY2022	WCHD-AHS

**Key for Data Sources**

- BRFFS – Behavioral Risk Factor Surveillance System
- DHHS- Nevada Department of Health and Human Services
- MMG – Mind the Mental Gap County Level Data
- NV Dem – Nevada Demographer
- NDEP – Nevada Department of Environmental Protection
- NV IZ – Nevada Immunization Program
- WCHD AHS – Washoe County Health District Administrative Health Services
- WCHD AQM – Washoe County Health District Air Quality Management
- WCHD EPHP = Washoe County Health District Epidemiology and Public Health Preparedness
- YRBS – Nevada Youth Risk Behavior Survey

## PERFORMANCE MANAGEMENT OF STRATEGIC PLAN

The Strategic Plan is implemented through the development of an Action Plan which includes outcome measures and initiatives to support each Strategic Priority and its related District and Division Goals.

Results for each outcome measure and progress to date for each initiative are updated in an online performance management software system with the ability to produce scorecards and dashboards designed to report out on progress. Reports will be provided quarterly to the staff for organizational learning and accountability, to the District Board of Health to support good governance and to the community to support transparency.

An annual report will also be compiled and presented to the District Board of Health and to all staff during an all-staff meeting.

## APPENDIX A - PLANNING PROCESS PROJECT PLAN

Strategic Planning is a process for defining and determining an organizations roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and taking action to pursue strategies and priorities.

### **Pre-Planning**

**July 8 – August 4, 2021**

Division Directors and Supervisors will have a high-level understanding of the project work plan and deadlines and have a general understanding of the opportunities for participation and workload for their teams. The planning framework will be finalized based on input collected from the teams. In 2021, particular emphasis will be placed on braiding the workforce development planning and performance management system refresh into the planning process.

#### **Meetings:**

July 21 - Leadership Orientation at DD Meeting  
August 4 – Strategic Plan Kick-off at DD and Supervisor’s Meeting

### **Gathering Insights**

**August 4 – Sept. 24, 2021**

Divisions will work individually and collectively to gather information that will provide key insights to the planning process. In addition, input will be collected through staff surveys and board interviews. Input will be collected and published in a discussion guide and PowerPoint decks that will be used to inform the next steps in the planning process as well as tools for the retreat with the District Board of Health. Content developed during this phase will also be used to populate sections of the plan.

#### **Meetings:**

Sept. 1 - Facilitated discussion to identify key issues at DD and Supervisor’s Meeting

#### **Deadlines:**

Sept. 10	2021 Results	Division Directors, Falisa and Julia
Sept. 22	Community Trends	Nancy and Heather
Sept. 22	Public Health Trends	Kevin and Rayona
Sept. 22	Financial Trends	Anna
Sept. 10	Board Interviews	OnStrategy
August 28	Workforce Survey	Rayona, Nancy and Heather
Sept. 17	Health Equity Survey	Rayona, Nancy and Heather
Sept. 24	Discussion Guide	Julia

## **Division Planning**

**August 4 – Sept. 24, 2021**

Divisions will work with OnStrategy to gather input and insight from team members in a retreat setting to inform the development of division goals, outcomes, and initiatives. Building off existing work plans and using input gathered from the retreats, Directors will draft new Division level plans deciding what work to closeout, continue or create new direction.

### **Meetings:**

One-on-one planning prep meeting with OnStrategy and Julia

2-3 hour facilitated retreats for each Division including all staff/or representative group of staff

AQM	August 10	EHS	August 26
CCHS	August 11	EPHP	August 27
AHS/ODHO	August 17		

DDs            Sept. 15 (focus on workforce development plan/goals)

### **Deadlines:**

Sept. 24        Draft Division 2022-2024 strategic outcomes and initiatives Division Directors

## **District-Wide Planning/Retreat**

**Sept. 15 – Nov. 17, 2021**

Division Directors will reconvene in a facilitated meeting for cross pollination of division plans to identify opportunities to leverage resources and collaborate. This meeting will also include final identification of any key issues that have emerged through the planning process and need to be addressed in the plan.

### **Meetings:**

Sept. 28	Division Sharing and Retreat Planning	Extra DD meeting
Oct. 6	Supervisor engagement	DDs and Supervisors
Oct. 20	Retreat run through	DD meeting
Nov. 18	Retreat with District Board of Health	DDs and Supervisors

### **Deadlines:**

Oct. 28                      Retreat Materials w/OnStrategy                      Julia and DDs

The plan draft will be modified and finalized based on results of the planning retreat.

**Deadlines:**

Dec. 10                      Final Draft                      Julia

**Meetings:**

Dec. 16                      Plan Approval                      District Board of Health

**Participant Lists**

**Core Planning Team**

- 1. Kevin Dick, District Health Officer
- 2. Julia Ratti, Director of Programs and Projects
- 3. Rayona LaVoie, Health Educator II
- 4. Falisa Hilliard, Program Assistant
- 5. Erica Olsen, Principal with OnStrategy

**District Board of Health**

- 1. Bob Lucey, Washoe County Commissioner
- 2. Kristopher Dahir, Sparks City Council
- 3. Oscar Delgado, Reno City Council
- 4. Dr. John Novak, Non-Elected Washoe County Appointee
- 5. Michael D. Brown, Non-Elected Washoe County Appointee
- 6. Reka Danko, Non-Elected Washoe County Appointee
- 7. Tom Young, Non-Elected Washoe County Appointee
- 8. Dr. John Klacking, Non-Elected Washoe County Appointee

**WCHD Division Directors**

- 1. Kevin Dick, DHO
- 2. Anna Heenan, AHS
- 3. Francisco Vega, AQM
- 4. Lisa Lottritz, CCHS
- 5. Erin Dixon, EHS
- 6. Nancy Diao, EPHP

**WCHD Supervisors**

- 1. Daniel Inouye, AQM
- 2. Josh Restori, AQM
- 3. Kim Graham, AHS
- 4. Kristen Palmer, AHS
- 5. Victoria Nicolson-Hornblower, CCHS
- 6. Kara Roseburrough, CCHS
- 7. Kelli Seals, CCHS
- 8. Sonya Smith, CCHS
- 9. Kelly Verling, CCHS

10. Amber English, EHS
11. Jim English, EHS
12. David Kelly, EHS
13. Wes Rubio, EHS
14. Paula Valentin, EHS
15. Andrea Esp, EPHP
16. Heather Kerwin, EPHP

**WCHD Division Retreat Participants**

Administrative Health Services and Office of the District Health Officer - 15  
Air Quality Management - 18  
Community and Clinical Health Services - 16  
Environmental Health Services - 20  
Epidemiology and Public Health Preparedness - 17  
**Total number of WCHD staff Retreat Participants - 86**

**WCHD Workforce Development Survey Participants**

Total Number: 167  
Percentage of Workforce: 60%

**WCHD Health Equity Survey Participants**

Total Number: 242  
Percentage of Workforce: 70%

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

Please contact Julia Ratti for  
questions or comments at  
[juratti@washoecounty.gov](mailto:juratti@washoecounty.gov)

AHSO_AH _____
DHO _____ KD

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021  
**TO:** District Board of Health  
**FROM:** Laurie Griffey, Admin Assist I/HR Rep  
775-328-2403, [lgriffey@washoecounty.us](mailto:lgriffey@washoecounty.us)  
**SUBJECT:** Recommendation to review and approve of the District Health Officer's Annual Performance Evaluation Results.

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**SUMMARY**

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer prior to, or as near as possible to, the anniversary / evaluation dates of October 24<sup>th</sup>, as approved by the District Board of Health meeting on April 24, 2014; and approves all wage and salary adjustments for the District Health Officer position. We recommend the approval of the 2021 District Health Officer's Performance Evaluation as presented.

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. Regular County employees (up to and including Unclassified Division Directors) receive an annual five percent (5%) merit increase until they reach the top of their pay range. Mr. Dick is at the top of his pay range.

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

- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

On September 23, 2021, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2021 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On October 22, 2020, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation in an open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2020. The Board accepted the performance evaluation as presented. Mr. Dick is at the top of his pay range, so no wage increase was requested or approved.

On September 24, 2020, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2020 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On October 24, 2019, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation in an open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2019. The Board accepted the performance evaluation as presented. Mr. Dick is at the top of his pay range, so no wage increase was requested or approved.

On September 26, 2019, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2019 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation.

### **BACKGROUND**

The Washoe County District Board of Health conducts the annual performance evaluation of the Washoe County District Health Officer, prior to, or as near as possible to, the anniversary / evaluation dates of October 24<sup>th</sup>, as approved by the District Board of Health at their meeting of April 24, 2014. The District Board of Health reviews and discusses the performance evaluation information and the previous year's goals. The District Board of Health either approves and accepts the evaluation results as is or asks the District Health Officer additional clarifying questions. Upon completion of the evaluation review, the District Board of Health votes to accept the performance evaluation as presented, or as adjusted by the board; adjustments are noted in the record. Upon approval and acceptance of the Performance Evaluation, the District Board of Health discusses possible goals for the coming year and possible adjustments to the compensation package of the District Health Officer. The Chair and District Health Officer usually discuss possible compensation adjustments prior to the performance evaluation meeting and the Chair presents the recommendation to the Board. The Board discusses the proposed compensation adjustments and votes to accept the proposed compensation or an adjusted compensation as determined by the Board.

The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved at the January 23, 2014, regularly scheduled meeting; states under Section 4 Item B – "Employee's annual salary may be adjusted as follows, by a vote of the Board:

- A) A cost of living adjustment consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or,
- B) The Board may adjust the annual salary of the Employee by increasing the base salary until the maximum of the salary range is reached."

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Resource Department advising them Mr. Dick's annual performance evaluation has been conducted in open meeting and will outline any compensation adjustment approved by the board.

Subject: 2021 DHO Evaluation  
Date: December 16, 2021  
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A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. County Code 5.121 provides for merit salary adjustments of 5% to the employee's base salary based upon satisfactory job performance, up to the top of their positions pay range. Mr. Dick is at the top of the District Health Officer pay range; no merit increase is requested at this time.

**FISCAL IMPACT**

No Fiscal Impact.

**RECOMMENDATION**

Recommend to review and approve the District Health Officer's Annual Performance Evaluation Results.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation a possible motion would be: Move to approve the District Health Officer's Annual Performance Evaluation Results.



# 2021 District Health Officer’s Annual Performance Evaluation

**Mr. Kevin Dick**

**Presented at the District Board of Health (DBOH) Meeting**

**Thursday, December 16, 2021**

Based on the question “Select the best statement for the overall evaluation of District Health Officer Kevin Dick”

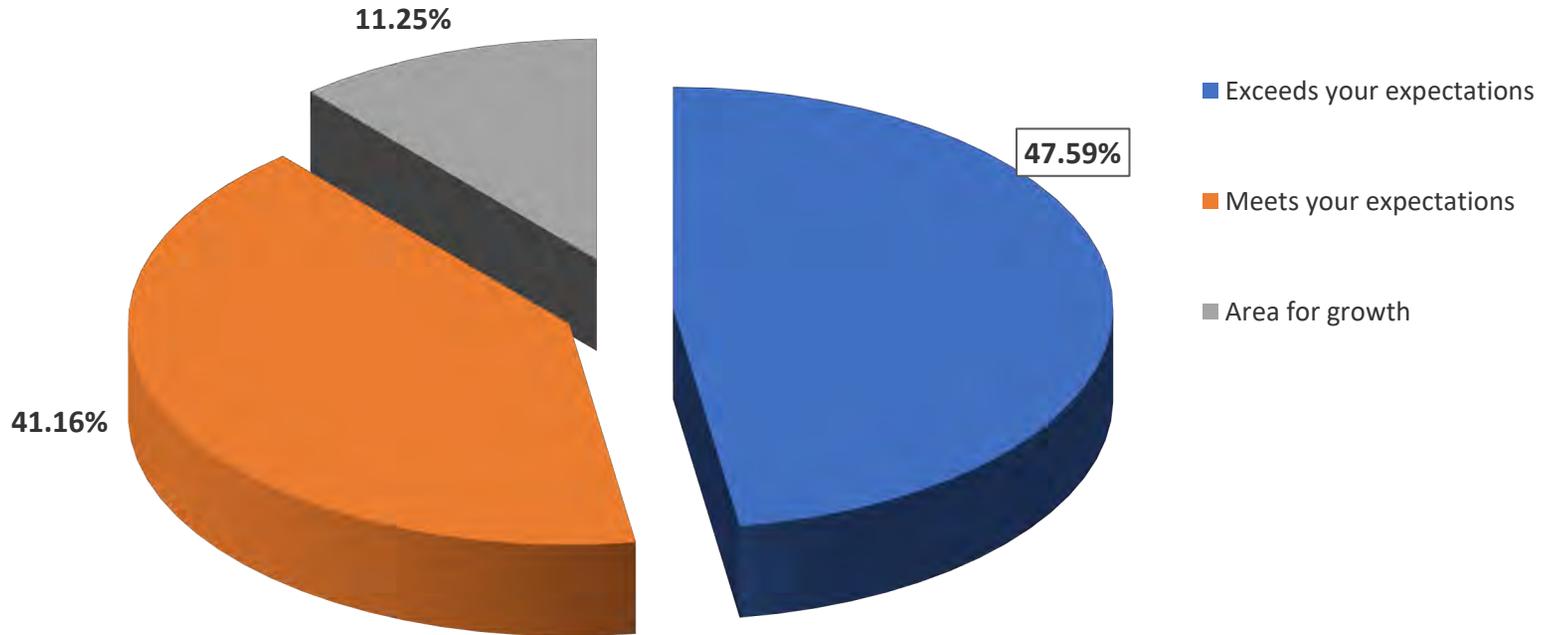
Mr. Dick was rated as Meets or Exceeds Expectations by the following percentages:

Board of Health Members Overall Evaluation Rating for Mr. Dick	85.71%
Direct Reports Overall Evaluation Rating for Mr. Dick	100.00%
Stakeholders Overall Evaluation Rating for Mr. Dick	90.48%
Average	92.06%

# Kevin Dick's 2021 Overall Performance Evaluation Results

Excluding the "No Basis for Judgement" responses

The Combination of all questions asked  
provided an overall percentage rating of  
**88.75% Meets or Exceeds Expectations**  
**11.25% indicated areas for growth**



SUMMARY		Exceeds your expectations	Meets your expectations	Area for growth
311	Combine total of all questions answered on all 3 surveys	148.00	128.00	35.00
	Rated Mr. Dick as Meets or Exceeds Expectations.	47.59%	41.16%	11.25%

Participants	Invited Participants	Response Count	Response Percent
District Board of Health Member	7	7	100.00%
Direct Reports	9	7	77.78%
Stakeholders	24	21	87.50%

35 out of 40 participants completed the survey

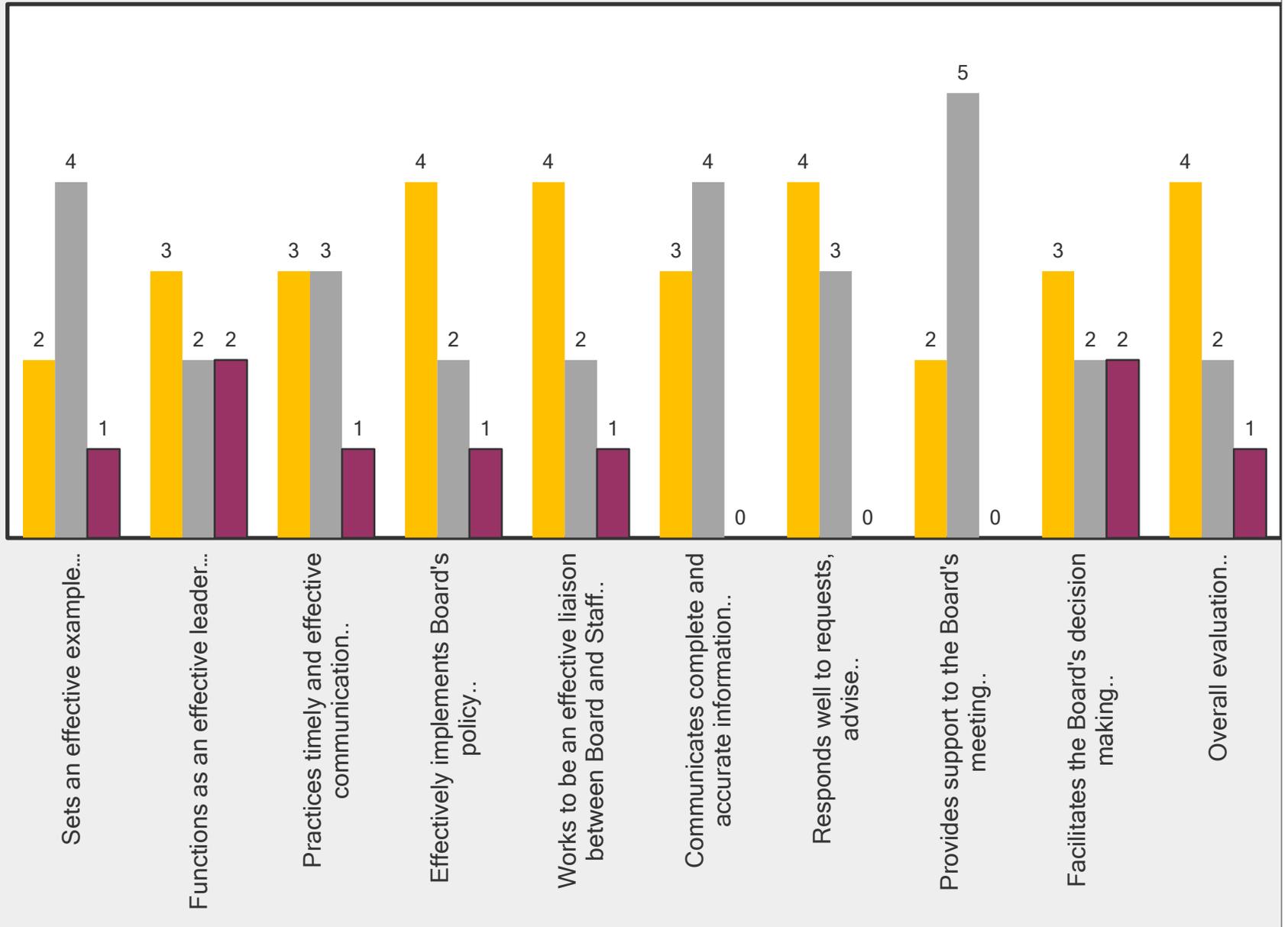
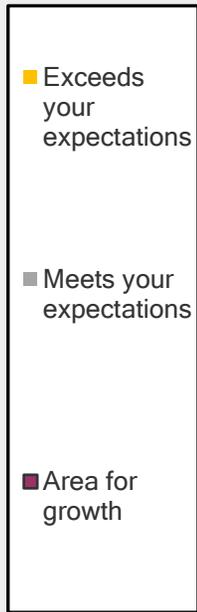
Board of Health Members Survey Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Q1- Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	2	4	1	0	7
Q2 - Functions as an effective leader of the organization, gaining respect and cooperation from others.	3	2	2	0	7
Q3 - Practices timely and effective communication with all stakeholders and on emergency issues within the Health District's scope of authority.	3	3	1	0	7
Q4 - Effectively implements the Board's policy directions and philosophy.	4	2	1	0	7
Q5 - Works to be an effective liaison between Board members and staff, allowing staff the space needed to successfully execute the Board policies.	4	2	1	0	7
Q6 - Communicates complete and accurate information to all Board Members in a timely manner.	3	4	0	0	7
Q7 -Responds well to requests, advice and constructive criticism.	4	3	0	0	7
Q8 - Provides support to the Board's meeting process that allows for open transparent decision making.	2	5	0	0	7
Q9 - Facilitates the Board's decision making without usurping authority.	3	2	2	0	7
<b>Total Responses</b>	28	27	8	0	63
<b>Combine total of all responses including Q10 gives a Meets or Exceeds Expectation percentage of 87.14%</b>	<b>Exceeds your expectations</b>	<b>Meets your expectations</b>	<b>Area for growth</b>	<b>Percentage overall rating</b>	
Q10 - Select the best statement for the overall evaluation of District Health Officer Kevin Dick.	4	2	1	85.71%	

<b>Direct Reports Answer Options</b>	<b>Exceeds your expectations</b>	<b>Meets your expectations</b>	<b>Area for growth</b>	<b>Evaluator has no basis for judgment</b>	<b>Response Count</b>
Q1 - Sets an effective example of high personal standards and integrity, inspiring staff to do the same.	6	1	0	0	7
Q2 - Functions as an effective leader of the organization, gaining trust, respect and cooperation.	4	3	0	0	7
Q3 - Practices timely and effective communication with all stakeholders and on emergency issues within the Health District's scope of authority.	4	2	0	1	7
Q4 - Values staff, helps staff develop a passion for their work and recognizes their contributions.	3	4	0	0	7
Q5 - Develops a talented team and challenges them to perform to their highest level.	4	3	0	0	7
Q6 - Listens attentively and effectively, which includes encouraging feedback and using that feedback in decision making.	4	3	0	0	7
Q7 - Works to be an effective liaison between Board members and staff; allowing staff the space needed to successfully execute the Board policies.	4	3	0	0	7
Q8 - Provides support to the Board's meeting process that allows for open, transparent decision making.	3	4	0	0	7
<b>Total Responses</b>	32	23	0	1	56
<b>Combine total of all responses including Q10 gives a Meets or Exceeds Expectation percentage of 98.41%</b>	<b>Exceeds your expectations</b>	<b>Meets your expectations</b>	<b>Area for growth</b>	<b>Percentage overall rating</b>	
Q9 -Select the best statement for the overall evaluation of District Health Officer Kevin Dick.	5	2	0	100.00%	

<b>Stakeholders Answer Options</b>	<b>Exceeds your expectations</b>	<b>Meets your expectations</b>	<b>Area for growth</b>	<b>Evaluator has no basis for judgment</b>	<b>Response Count</b>
Q1 - Maintains a successful working relationship with community stakeholders and community organizations.	9	9	3	0	21
Q2 - Functions as an effective leader of the organization, gaining trust, respect, and cooperation.	8	10	3	0	21
Q3 - Practices timely and effective communication with all stakeholders and on emergency issues within the Health District's scope of authority.	8	7	4	2	21
Q4 - Effectively represents the Health District in public; projects a positive public image based upon courtesy, professionalism, and integrity.	9	10	2	0	21
Q5 - Encourages and considers community input on issues the Health District can impact.	9	7	4	1	21
Q6 - Assessable to leadership of other agencies, jurisdictions and organizations; displaying appropriate diplomacy and tact.	10	8	1	1	20
Q7 - Effectively communicates and coordinates with a variety of stakeholders throughout the region and state.	9	5	5	2	21
Q8 - Ensures that the Health District is represented and appropriately involved in projects and programs sponsored by outside stakeholders that have impact on the Health District and that the Health District can impact.	9	7	2	3	21
<b>Total Responses</b>	71	63	24	9	167
<b>Combine total of all responses including Q10 gives a Meets or Exceeds Expectation percentage of 81.38%</b>	<b>Exceeds your expectations</b>	<b>Meets your expectations</b>	<b>Area for growth</b>	<b>Percentage overall rating</b>	
Q9 - Select the best statement for the overall evaluation of District Health Officer Kevin Dick.	8	11	2	90.48%	

# District Board of Health Survey Results Kevin Dick's Evaluation 2021

## 87.14% Rated Him as Meets or Exceeds Expectations



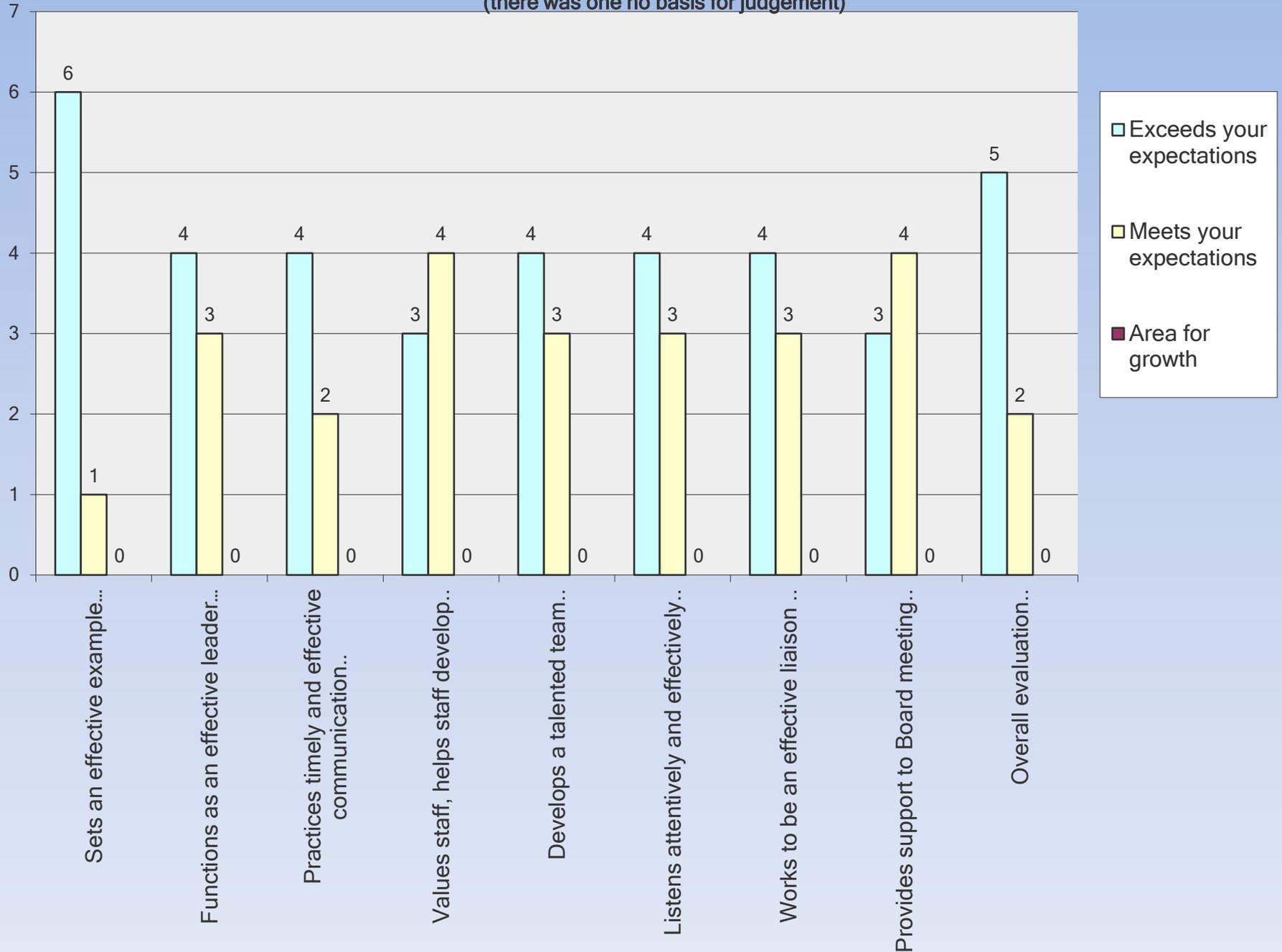
<b>Comments from the District Board of Health Survey</b>
Q1 - Dick is consistent in his approach to managing staff.
Q2- No Comments
Q3 - These have been very difficult times when decisions must be made quickly.
Q4 - Always seems to follow up on inquiries and directives by the board.
Q5 - No Comments
Q6 - Makes himself available to answer questions and offer information about new directions and challenges. We meet weekly, and sometimes more often so that I can be more aware and make generally better decisions.
Q7 - This year has been especially challenging with lots of opinions being offered to Mr. Dick. He has handled the situation admirably.
Q9 - No Comments
Q10 - This last year and a half has proven to be very difficult. We have to make sure that what is hitting the media and our community from the Health District Officer is not a surprise to those on the board.
<b>Additional comments from Board Members:</b>
Has had amazing stamina during the pandemic--trying to administer thru the unknown, handling almost twice the staff (with up and down guard numbers). All of this while having to listen to constant negative and political noise....
Always available, professional, and doing what is best to promote a healthy community.
We all are excited to move beyond the current pandemic to re-focus our attention to all of the diverse responsibilities that the Health District holds. Despite the challenges and enormous resources that the Pandemic has demanded, we have done an admirable job in operating an efficient and organization. Awards like the prestigious Crumbine Award for Food Safety, is a huge accomplishment for our Washoe County Health District. This national award truly recognizes the strength and competency of our team. It is testament to the high quality of our programs. Our vaccination pod in the Livestock Events Center drew national praise for efficiency and service to our community. The staff at the Washoe County Health District has been the backbone of the organization and continues to show great competence and strength. It has been "challenging" to say the least, but, fortunately, they seem to like "challenges".
Health Officer Dick has shown exemplary leadership capabilities during very trying times this last year. No one could of predicted the situations any health officer would be faced with, with the covid situation.

# DIRECT REPORT SURVEY RESULTS

## Kevin Dick Evaluation 2021

### 98.41% Rated Him at Meets or Exceeds Expectations

(there was one no basis for judgement)



**Comments from the Direct Reports Survey:**

Q1 - There were many times during the pandemic where difficult decisions were necessary. Kevin consistently lead with purpose and mission in the forefront and was an important advocate for utilizing tried and true public health principles to address the pandemic. There were many times he could have taken an easier path with less integrity. I never saw that occur.

Q1 - Mr. Dick has shown the highest level of personal integrity over the course of this past year. His decisions have been made in the best interest of public health even when there was significant pressure to do otherwise.

Q1 - Kevin consistently demonstrates professionalism and integrity. Being a Health Officer during a pandemic is an extremely difficult position to be in. He always keeps the health of the community as his number one priority.

Q1 - Through challenging times and personal attacks, Mr. Dick has always maintained a high personal standard.

Q1 - Kevin has consistently and continually exuded examples of integrity, resilience, and dedication to all of the staff at the Health District. Not only has Kevin stayed on top of all of the day-to-day duties of the Health District, but he has also led the charge and carried the weight of the Health District's Covid response. Day in and day out, he has listened to inaccurate and unfair criticism by the public and local leadership, but no matter what he shows up and does the best he can to protect the public and his staff. His humble poise is admirable, and I seriously doubt that many others have the strength to withstand this amount of pressure and responsibility he has had over the course of the last 22 months, with no end in sight. The ability to manage an organization alone is a huge task, but leading an organization, in crises mode, largely responsible for responding to a crisis, for an indeterminate amount of time with a ridiculous amount of roadblocks, both logistically and politically is something to admire. I am so appreciative of his leadership both for the health district and the community at large.

Q1- I can personally attest to Mr. Dick's integrity and inspiration to staff. The COVID-19 pandemic has caused a cascading amount of stress and tension for those working on the response, and despite those extenuating circumstances, I have witnessed Mr. Dick remain calm, dignified and professional in the midst of the COVID-19 crisis the past 18 months. Mr. Dick has encouraged staff to look at health equity issues in both Washoe County at at the Health District. He has allowed staff to take on the subject of health equity, which has never been done before, and steps are being made to educate the staff and general public about it. For COVID-19, Mr. Dick has faced incredibly difficult decisions to ensure the safety of Washoe County residents. He has faced public scrutiny at every stage of the response and has never veered outside of himself emotionally to media or staff - he's been remarkable steady and consistent despite the challenges and vast damage COVID-19 has done to our community. Add that to the fact that Mr. Dick worked almost every day for a year straight, including weekends, it's impressive he has been able to uphold his integrity and inspired staff to continue fighting COVID-19 despite the challenges.

Q2 - The authority of the health district is limited and requires the collaboration of local jurisdictions as well as other huge organizations in Washoe County. Without the ability to collaborate, Kevin would not be able to succeed in his job. He is willing and able to collaborate and maintain flexibility when working with stakeholders and does so on a daily basis. Kevin also is capable of holding his own and not bending to political wills. He remains focused on his ultimate job: public health and safety and is willing to face the consequences of making difficult decisions that could be considered "unpopular". He weighs tough decisions using facts and data that support public health. Our community is healthier and safer because we have a leader that is willing to stand up and protect the health of our community, especially our most vulnerable residents.

Q2 - I believe there is mutual trust, respect, and cooperation within the organization.

Q2 -Kevin is a very effective leader for the WCHD. He has gained the trust and respect of the staff at WCHD by being honest and upfront about situations and by working collaboratively with the individuals that have been delegated to do the work.

Q2 - Mr. Dick, in many ways, has been the face of the COVID-19 response in Washoe County since day 1 of the COVID-19 pandemic, especially when you consider he's delivered remarks to more than 110 separate media briefings for COVID-19. Pre pandemic, many did not know Mr. Dick or exactly what the Health District did in the community. Now, it's very well-known and Mr. Dick has made the organization more credible thanks to his intelligence of communicable diseases, knowledge of local, state and CDC procedures to pandemics, and his focus on ensuring the public had access to credible information and updated guidance. Mr. Dick has relied on his relationships with other community partners to ensure all were in the loop on developing events, both with COVID-19 and other events, so that the best services were delivered to residents. Mr. Dick has pulled no punches and has been a refreshing breath of fresh air to provide straight-to-the-point direction that is truthful and perfectly summarizes how it is.

Q3 - There has been so much to communicate! I believe Kevin (and team) have done an excellent job with the resources available.

Q3 - Over the past year Mr. Dick has effectively communicated with the public, community partners, and staff. Due to the political nature of the pandemic some members of the public and community partners may not always agree with him, but he continues to actively communicate with them.

Q3 - Kevin has worked countless hours for the last 20 months. He is always available and responds timely regarding emergency issues.

Q3 - The Health District, at Mr. Dick's direction, has been completely transparent with timely and effective communication to community stakeholders, media and the public. Mr. Dick is in constant communication with the District Board of Health chair, which is tasked with providing direction on behalf of the Board of Health that includes representatives of Washoe County, the City of Reno and the City of Sparks. All emergency crisis communication was vetted through the DBOH chair prior to any public dissemination. Under Dick's leadership, announcements on behalf of the Health District were widely recognized by the public due to the success with media broadcasting the announcements widely to their audiences. The communication was delivered so well throughout the community that his Communications Manager was recognized by the Public Relations Society of America - Sierra Nevada Chapter with the COVID-19 Communications Award in 2020. The Health District is the public health authority of Washoe County and served as the primary source of leadership during the COVID-19 pandemic when many others were afraid to act based on risks to political stature. Early on during the COVID-19 pandemic, Mr. Dick provided a COVID-19 report to staff and elected officials from the City of Reno, City of Sparks, Washoe County and several other departments, reports that were done for over a year. Despite getting inundated with emails and call during the pandemic, I know that Mr. Dick took great pride in allotting enough time to respond to those who contacted him with the questions, both elected officials and members of the public.

Q3 - No matter how busy Kevin is, he always is accessible. Always. He attends most, if not all emergency meetings himself, and responds to all stakeholders promptly and even more importantly, accurately. Kevin knows what he's talking about and never delivers information that isn't factual. Kevin is a believer in government transparency and his work reflects that. He trusts and relies on his staff to give him the right information. Kevin is in constant communication with the DBOH, especially the Chair. If there are requests for information from other members, he gladly responds armed with all of the information requested. Kevin goes beyond what is required to share with the board because he values their input and expertise. Kevin asks for guidance when necessary and is open to other points of view.

Q4 - Kevin very much believes in his team and provides them opportunity to excel. He provides recognition for a job well-done. Some of the more formal recognitions for staff deeper in the organization have fallen off during the pandemic response. He has recently formed a working group to revitalize an organization-wide recognition program.

Q4 - Mr. Dick regularly communicates to staff how much he personally appreciates their hard work. He has shown great concern regarding the impact that the pandemic has had on public health employees.

Q4 - Mr. Dick helped organize several employee and volunteer appreciation events, including an ice cream social, coffee and breakfast event and worked with the City of Reno on showing appreciation to all employees who aided in the COVID-19 response. As an example, the Health District sends out a report almost every day on the number of vaccines distributed by staff. For nearly all of those updates, Mr. Dick replied all and acknowledged the hard work of staff and profusely thanked them for their efforts. Every week we have an Incident Command Systems meeting and the last part of his report is showing his appreciation to volunteers and staff. He's awarded several Challenge Coins to those involved in the COVID-19 response.

Q4 - Kevin does demonstrate that he values staff. He asks for feedback and goes out of his way to recognize staff for their contributions.

Q4 - Even though his time is extremely limited, Kevin tries his hardest to highlight the work of the Health District. He rarely takes credit and instead celebrates the work of his employees. Kevin is the first leader I have worked for that seems to really value his staff's expertise. He trusts us enough to let us do our jobs but is always there for guidance and support.

Q5 - Mr. Dick has made some recent hires that have transformed how business is done at the Health District. He hired a State Legislator to help with strategic planning, one who has several connections to make a significant positive impact on the organization. His latest hire for Communications Manager has led to very positive feedback in surveys in terms of effective outreach and communication with staff, the public, media and stakeholders. He promoted an epidemiologist, Heather Kerwin, prior to the pandemic and Ms. Kerwin was recently named a top public health professional in the category of 40 under 40 nationally by deBeaumont foundation. He successfully hired a EPHP Division Director, Dr. Nancy Diao, in the middle of a pandemic who is Harvard educated and has made an extremely positive impact since her arrival. He tasked his staff with developing a drive-through COVID-19 testing operation that was launched the day after the first COVID-19 positive case in Washoe County, and has since performed over 85,000 sample collections. That drive-through site also included COVID-19 vaccines when they were authorized and since then over 90,000 people have been fully vaccinated at the drive-through POD. We expanded to over 50 disease investigators at one point and had to organize space for those employees to sit as well as organize staff structure. When phones were ringing off the hook, he got staff to formalize a COVID-19 call center from scratch that has taken over 90,000 calls in the last 12 months. Mr. Dick has been remarkable in developing talented teams to overcome tremendous challenges

Q5 - Kevin develops talent, trusts his team and the work is endlessly challenging. He can be somewhat hands off when he has confidence in a team member's ability and so I'm not sure about the "challenges them to perform at their highest level" part of the statement

Q5 - Mr. Dick sets high expectations and encourages all staff to meet those standards.

Q5 - Kevin provides growth opportunities for his team.

Q5 - Kevin is the first leader I have worked for that seems to really value his staff's expertise. He trusts us enough to let us do our jobs, but is always there for guidance and support. Kevin is there when things get hairy, and will be there to support and even defend you if necessary. The amount of respect Kevin gives his staff instills a sense of confidence that motivates people to work hard and have pride in their work.

Q6 - I always feel that I have opportunities for feedback and that feedback is considered.

Q6 - Like my comment above, I think Kevin seriously weighs the opinions of his leadership teams, other experts in the community, and the DBOH. Kevin has an incredible ability to listen, absorb, and then concisely convey the right message in an accurate way. He is talented in his ability to take advice/expertise and make it work within the confines of the health district.

Q6 - Throughout the 2020 and 2021, Mr. Dick has taken very few days off and worked a large amount of overtime, but he has never stopped providing detailed responses to questions in a timely manner. He's always working and making sure to respond to emails that need his attention. He's constantly asks for feedback and information when making decisions. I have witnessed several occasions when Mr. Dick had indicated which way he was leaning on a decision and has changed his stance after listening to staff. He's always listening, always asking relevant questions and always engaging despite being pulled in many directions. It's been amazing to see how well his mind has performed in terms of staying on track, remembering key details about previous conversations or actions being taken by others and by being able to provide vision and direction on future developments. He's had his "Ask Kevin" feature on the employee intranet since he became DHO as he is always looking to hear how things can be done differently, which isn't surprising. On his desk is a paper weight that states "We've always done it this way" with a big red line struck through the middle of it, indicating we should not just "do it as well always do" when we can make positive improvements.

Q6 - Kevin meets with his team on a regular basis. He demonstrates active listening and encourages feedback.

Q7 - Mr. Dick is in constant communication with the District Board of Health Chair on direction to take from the Health District's perspective. I've heard him on numerous occasions indicate that before we move forward on something that he has to notify board members. He has set up weekly meetings with staff to ensure we're constantly communicating and operating on the same page. He's instituted clear procedures in the strategic plan to make sure we're accomplishing tasks set out by the Board of Health. He's always following procedure on when to notify the board. He's very aware of NRS and obligations he has to both the board and the general public.

Q7 - I have never worked for a leader more supportive of an open dialogue between Board members and staff. I have worked at other organizations where the director made it clear that staff was not to interact with the board. I feel like Kevin trusts his staff enough to feel confident that they are representing the Health District to the Board in a professional and helpful way. Kevin spends a considerable amount of time working with each division to ensure that all activities are properly documented and reported to the board. Kevin relays information from the Board to staff on a regular basis.

Q8 - Kevin provides and directs his staff to provide ample information to the board. Kevin and the division directors go beyond the minimum to really paint the picture of all of the happenings within the District.

Q8 - Mr. Dick is in frequent communication with the District Board of Health Chair on a myriad of different subjects. Every DBOH meeting includes staff reports that also include reports from each of the major divisions within the Health District. Any time the board requests a presentation, it's almost always presented the very next meeting. Trying to uphold open meeting law, he still provides communication to board members when they ask for updates on different subjects. He communications staff sends out a daily media report so that the board is aware of news coverage regarding the Health District.

Q9 - Kevin is a very effective leader. I believe he has done a tremendous job as Health Officer throughout the COVID-19 response.

Q9 - This has been a challenging time for the health district. Kevin has been steady, consistent, pro-active - in other words everything an organization needs during a time of crisis, exponential need, growth and change. He is able to keep an eye on the bigger picture and keep a longer view even when the urgent is ever present. I am particularly appreciative of Kevin's efforts to bring the rest of the health district's operations back to some level of "normalcy" and, through our planning processes, to start to address some of the significant gaps and weaknesses that were exposed during the pandemic response.

Q9 - I have so much respect for Kevin, and I think the Board and his staff should be grateful that he has remained our Health Officer during these long and grueling months. I find myself offended on a personal level when there is a discussion that a medical doctor (MD) should have the role of a health officer. Yes, a medical doctor has extensive knowledge in medicine, but we are not a doctor's office, we are a Public Health Agency. A health officer as smart and capable as Kevin knows each division inside out. I'm not even sure our board has any idea just how many programs and activities the health district oversees. What does a medical doctor know about underwater septic tanks, air quality inspections, waste, food safety, pool inspections, grant management, WIC clinics, health equity, community needs assessments, emergency management, and franchise management to just name a few? Does an MD mean that they know how to manage an organization, maintain a budget, be a leader to over 150 staff members, and work within the confines of the government while answering to a Board? If anyone has been around long enough, we have had medical doctors and PhDs in Kevin's role, and it didn't always go well. We also must not forget that through Kevin's leadership and forward-thinking we are a nationally recognized and accredited health district in a state that is ranked 50th in funding. Did a medical doctor get us there? No, Kevin did. An MD does not equate to a good health officer. No matter the criticism or offending comments Kevin endured throughout this pandemic, he has always remained professional and dignified in his demeanor. We should all strive to be as dedicated to the Health District's mission as Kevin.

Q9 - The District Health Officer is designed to be the CEO of the Health District. There are five different divisions that cover a lot of different services and matters around the community, include air quality, communicable diseases, emergency medical services, emergency preparedness, food safety, vector-borne diseases, underground storage tanks, sexual health, immunizations, WIC, and more as well as education to the public for all those components. The DHO has to have expertise in all of those and it's rare to have someone who has that, which I believe to be more valuable than someone who has a narrow focus on certain subjects like a MD, PhD or others with a specific educational designation. To have someone like Mr. Dick, who has been able to navigate all those programs with grace and leadership, has been extremely valuable to staff and the community.

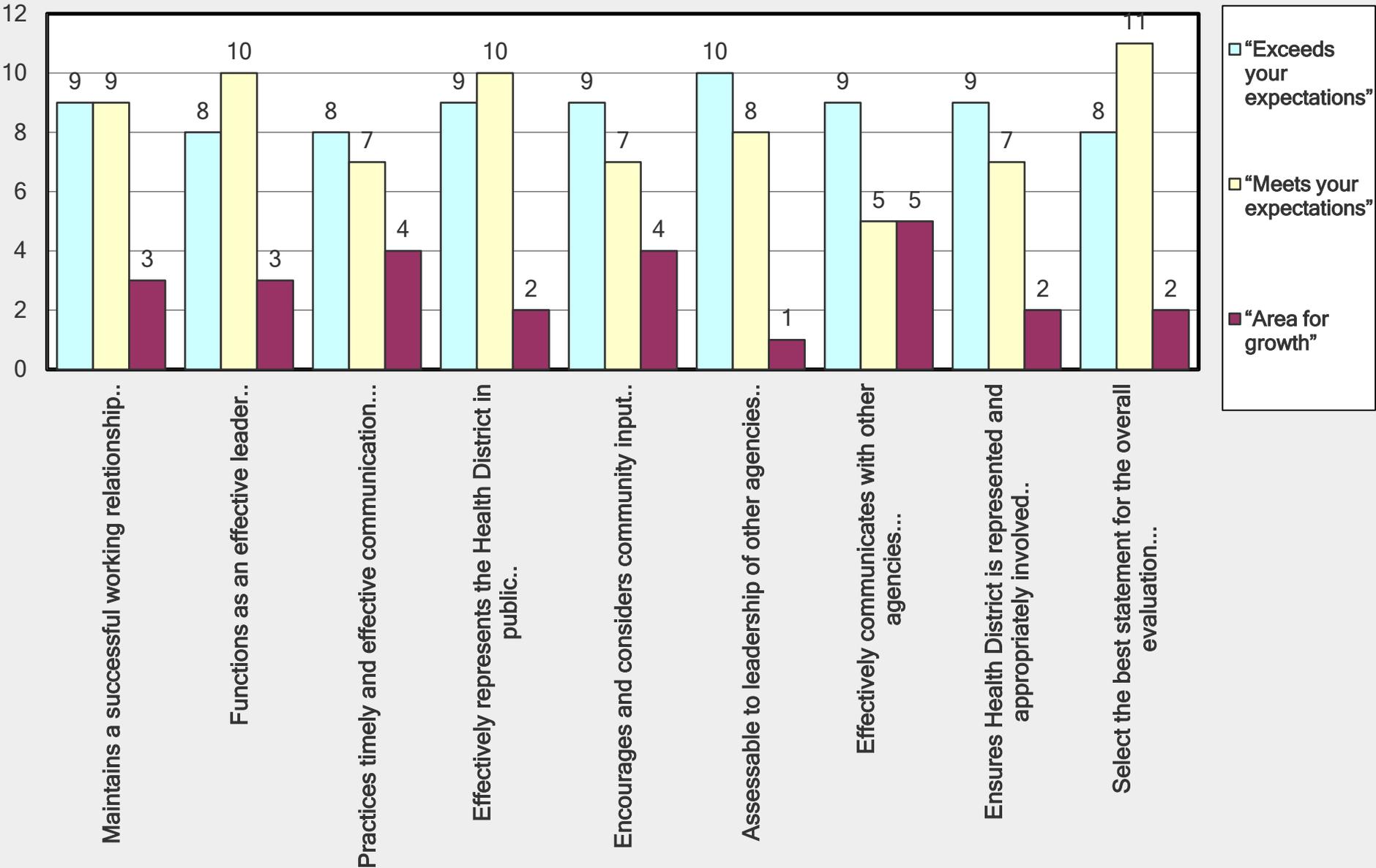
**Additional comments from Direct Reports:**

Q10 - I have seen the health district steadily improve over the past several years and excel at times during the pandemic response. There seems to be a new culture emerging with talented, positive individuals leading each of the divisions with fresh energy and openness. The pandemic response demonstrated that we can be flexible, creative and innovative. I am excited about what's ahead and believe that, for the most part, Kevin has developed a leadership team that can move the health district to the next level with his steady support.

Q10 - Mr. Dick is respected by staff and stakeholders in the community. Those who know him are proud to work for him and to associate with him. During the COVID-19 pandemic, Mr. Dick has been a consistent and level-headed leader and has performed honorably in the face of the most extreme adversity. A pandemic has caused so many issues for people who have had to be part of large COVID-19 response and Mr. Dick has handled his duties with grace, humility and excellence. Mr. Dick has exceeded my expectations in every regard to the position as District Health Officer.

Q10 - Being a Health Officer during a pandemic is not an easy task. Throughout this past year, Mr. Dick has focused on improving public health and has faced every challenge with professionalism.

**STAKEHOLDER SURVEY RESULTS**  
**Kevin Dick's Evaluation 2021**  
**81.38% Rated Him as Meets or Exceeds Expectations**  
 (there were 9 no basis for judgement)



<b>Comments from the Stakeholders Survey:</b>
Q1 - The Health Officer has an approach that is condescending and derogatory. There are ways to engage others to reach meaningful outcomes through influence versus a heavy-handed approach.
Q1 - Throughout COVID-19, Kevin has worked hard to make himself available to the hospital community. We really appreciate his efforts and leadership during these trying times.
Q1 - Mr. Dick has been relentless about communication throughout COVID-19, despite the fact that many have not agreed with his statements and he's had to weather the negativity and vitriol without much county support.
Q1 - Provided a timely response to our organizational need for information in the early stages of the pandemic.
Q1 - Mr. Dicks an excellent partner to local hospitals
Q1 - Mr. Dick works very hard to establish and maintain positive working relationships with the community, including agencies, non-profits, and other community-based groups.
Q1 - Appreciate that Kevin makes himself available to our team.
Q2 - Established and maintained a coordinated response to the pandemic which allowed us to return to work.
Q2 - On average, there seems to be an opportunity to enhance the belief that both the Health Officer and the Health Department are trusted, respected and act in a cooperative manner.
Q2 - It's a difficult time to be a healthcare or public health leader. Everything is politicized, criticized, and evaluated with the benefit of hindsight. Every decision is second-guessed. Kevin has maintained his composure and professionalism. This leads to both trust and respect.
Q2 - I know people who work for the department and speak highly of Mr. Dick
Q2 - This has been a very challenging and divisive period for our county as well as our nation and in fact our planet. Mr. Dick has effectively navigated these challenges to the best of his ability to position the Health District as a resource for our community and a source of trusted, vetted, scientifically based recommendations.
Q2 - There were several lessons learned from the COVID public health response. Overall, the health district was ill prepared and lacked the resources necessary to plan and execute. I would recommend Kevin hold a stakeholder debrief to capture lessons learned and improve processes and planning.
Q3 - Kevin has traded cell numbers and is always willing to take emergency calls or conversely ask for the hospital's perspective on critical issues. This is a very welcomed partnership.
Q3 - Answered in #1.
Q3 - Rarely takes feedback well. Often, attempts to portray as all knowing when the reality is that there is a lot unknown. Overall, not viewed as a credible spokesperson on the community's health or the dangers to it.
Q3 - Mr. Dick provides up to date, relevant, and timely information about the Health District's activities, obstacles and opportunities. The COVID-19 Newsletter has proven exceptionally useful and helpful during the pandemic. In terms of his work with our organization Mr. Dick has been responsive and provided excellent feedback and direction.

Q3 - I can always count on Mr. Dick reaching out when something is brewing, often ahead of hearing it from other sources.
Q4 - Lacks credibility. Public image compromised, especially among some stakeholder groups and diverse constituencies where their public health is differentially compromised. Not seen as an advocate for the public's health.
Q4 - In the face of hostility, a lack of support from WC Commissioners and tough subject matter, Mr. Dick always speaks truth to power.
Q4 - Mr. Dick appears knowledgeable, even-keeled, trustworthy, and committed to the health of our community in all public appearances I have observed including press releases, news articles and videos and via social media.
Q4 - During the past 19 months Mr. Dick has had to endure unsupportive comments from some healthcare leaders in our community. He has risen above it all with immeasurable professionalism
Q5 - Rarely. Follows dogma. Ill-equipped.
Q6 - Kevin does respond in a timely manner to my inquires in spite of the fact he has a very busy schedule.
Q6 - Everyone's "diplomacy and tact" have been tested by the pandemic -- Mr. Dick has done an excellent job of rising to the challenges generated by the pandemic.
Q6 - Mr. Dick has been accessible and available for collaboration with the agency I lead.
Q6 - Lacks diplomacy and tact. Concrete and dogmatic.
Q6 - Mr. Dick is always responsive and shows diplomacy and courtesy at all times.
Q7 - Mr. Dick has important, factual information to convey and does so despite numerous nay-sayers, nasty comments, and those who have no expertise to criticize his points of view or statements.
Q7 - Coordination and communication efforts limited. Attempts are feeble
Q8 - Over-reach in many areas, under-performance in many areas.
Q8 - He is always available to our organization and to others who request his time and expertise.
Q9 - If there were a possible middle response for between "meets" and "exceeds" I would select that. There are areas where Mr. Dick has been challenged but he has also proven to be more effective that just "meets".
Q9 - Kevin has done a tremendous job working with us and keeping us informed throughout the Covid pandemic. Great leader.
Q9 - Knowledge, skills, aptitudes, and abilities lacking

**Additional comments from Stakeholders:**

Q10 - In addition to the Health Officer, the same tenor holds true of multiple staff in the Department. Leadership is lacking. Dogmatic and non-collaborative team. Lacks the respect of the community. Followed only for fear of retribution, not because of leadership. Staff consistently portrays themselves as over-confident and know-it-all when they have limited experience in their area of supervision. Crisis can bring out the best and worst in people. The last 18 months have demonstrated the vulnerability of the Health Department and its leadership.

Q10 - Kevin Dick is an excellent communicator and wields data intelligently. I admire that he draws intelligent conclusions from complex data. His actions and opinions appear to have been the right choice for protecting the public in every case. I feel lucky to live in his jurisdiction, and I admire working with him.

Q10 - The level of cooperation and partnership between Kevin and the hospital association far exceeds our expectations as he also manages the 2+ years of a public health emergency. Kevin has been terrific. He continues to be a thoughtful community leader and professional. We are lucky to have him directing the health district.

Q10 - Mr. Dick is a pleasure to work with. He listens to others and offers thoughtful responses.

Q10 - I was extremely frustrated in my search for vaccinations for the essential workforce our organization supports. Employees who held essential jobs that had no choice but to work were prioritized below workers who could, and did (e.g. college professors) work remotely. This made no sense yet nobody in the decision structure seemed interested or aware of the hypocrisy of the practice that was applied. Kevin and his team did eventually help get the vaccinations for these essential workers and for that I am thankful to WCDH.

Q10 - We are fortunate to have someone of Mr. Dick's composure, work ethic, and integrity.

Q10 - Mr. Dick is an effective public health leader for our county and state. One of the hallmarks of his leadership is the professionalism and expertise of department managers and public health professionals at WCHD -- they are a reflection of the professionalism and expertise that starts with the District Health Officer.

Q10 - Washoe County is very fortunate to have Mr. Kevin Dick as our Health District Officer. He is very knowledgeable and committed to the health and well-being of our community and a pleasure to work with

**Staff Report**  
**Board Meeting Date: December 16, 2021**

**DATE:** November 23, 2021  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416, [kdick@washoecounty.gov](mailto:kdick@washoecounty.gov)  
**SUBJECT:** Possible approval of the proposed 2022 Washoe County District Board of Health Meeting Calendar.

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**SUMMARY**

A proposed District Board of Health (DBOH) meeting Calendar for 2022 is attached. Per the Bylaws approved in July of 2021, DBOH meeting dates for November and December are scheduled the third Thursdays of those months rather than the fourth Thursday.

Staff proposes that the Board consider scheduling the December meeting on the December 15, 2022 and scheduling the November meeting as a tentative meeting on November 17, 2022, that may be cancelled if not necessary. Rather than scheduling the strategic planning retreat at this time, we will have staff discuss the strategic planning process with the Board during a future meeting and receive direction from the Board on scheduling a special meeting(s), or incorporating the strategic planning discussion and direction in regularly scheduled DBOH meetings.

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

- 1. Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 3. Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 5. 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.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

Subject: 2022 Meeting Calendar  
Date: December 16, 2021  
Page 2 of 2

### **PREVIOUS ACTION**

On December 17, 2020 the District Board of Health approved the meeting calendar for 2021.

### **BACKGROUND**

The Bylaws approved in July of 2021 provide for the November and December DBOH meetings to be scheduled on the third Thursdays of those months due to the close proximity to the holidays. The regular November meeting has been canceled when not necessary to be held.

### **FISCAL IMPACT**

There is no fiscal impact to the FY22 budget should the Board approve the proposed meeting calendar.

### **RECOMMENDATION**

Staff recommends that the Board move to approve the proposed 2022 Washoe County District Board of Health meeting calendar.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Approve the proposed 2022 Washoe County District Board of Health meeting calendar."

## 2022 DBOH MEETING CALENDAR

January						
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30	31					

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29	30	31				

June						
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26	27	28	29	30		

July						
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24	25	26	27	28	29	30
31						

August						
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28	29	30	31			

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30	31					

November						
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December						
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18	19	20	21	22	23	24
25	26	27	28	29	30	31



**DBOH Meetings** - Fourth Thursday of each month *EXCEPT* November and December\*

\*November and December 2022 DBOH meetings are scheduled on the 3rd Thursday due to holidays.

**HOLIDAY**

**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: December 16, 2021**

**DATE:** December 2, 2021

**TO:** District Board of Health

**FROM:** Francisco Vega, P.E., Division Director  
775-784-7211; fvega@washoecounty.gov

**SUBJECT:** Long-Term Exposure to Even Permissible Levels of Air Pollutants Increases Risk of Mortality, EPA Staff Preliminarily Conclude Tightening of PM NAAQS Is Warranted, Infrastructure Investment and Jobs Act: An Investment in Electric Vehicles, Monitoring and Planning, Permitting and Compliance.

## 1. Program Update

### a. Long-Term Exposure to Even Permissible Levels of Air Pollutants Increases Risk of Mortality

A new study by the Harvard T.H. Chan School of Public Health finds that Exposure to low concentrations of air pollution, even at levels permitted under federal regulations, may be causing tens of thousands of early deaths each year among elderly people and other vulnerable groups in the U.S.

The analysis included data on millions of Medicare enrollees from 2000 to 2016. The researchers predicted people's exposure levels by using satellite-based measurements, land-use data, meteorological data, and chemical-transport models to generate daily air pollution predictions as well as annual averages of exposure levels across the U.S. Participants were assigned exposures based on their residential postal codes. The researchers adjusted for factors such as age, sex, race, education level, and smoking history.

The study looked at the effects of three different types of pollutants, including fine particulate matter (PM<sub>2.5</sub>), nitrogen dioxide (NO<sub>2</sub>), and ozone (O<sub>3</sub>). The researchers limited their dataset to individuals who were exposed to air pollution concentrations below the annual maximums recommended by the EPA.

The results suggest that a 2020 EPA decision not to strengthen standards for ambient PM<sub>2.5</sub> "was unjustified," the researchers wrote. They listed interventions that could reduce air pollutants, such as stricter controls on



industry and fossil-fuel electric-generating units, larger and more efficient catalysts on automobiles, city planning to promote active transport, and improved public transit.

“Our finding that people living in lower income areas are more susceptible to the harmful effects of air pollution means they are suffering a double whammy—more exposure, and greater risk from that exposure,” said Joel Schwartz, professor of environmental epidemiology and senior author of the study. “The Clean Air Act requires the EPA to protect sensitive populations with an adequate margin of safety. It is time for it to do so.”

For more information about the study can be found here:

[https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(21\)00204-7/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00204-7/fulltext)

**b. EPA Staff Preliminarily Conclude Tightening of PM NAAQS is Warranted**

EPA career employees have again found grounds to strengthen national particulate matter standards. Of note, in the *Policy Assessment for the Reconsideration of the National*



*Ambient Air Quality Standards for Particulate Matter, External Review Draft*, is the discussion of the EPA staff's preliminary conclusions relative to the primary PM<sub>2.5</sub> standards, including, “When taken together, we reach the conclusion that the available scientific evidence, air quality analyses, and the risk assessment, as summarized above, can reasonably be viewed as calling into question the adequacy of the public health protection afforded by the combination of the current annual and 24-hour primary PM<sub>2.5</sub> standards. In particular, we note the information and analyses new to this reconsideration (and discussed in detail above) in reaching this conclusion.”

EPA staff go on to explain their preliminary conclusion that available evidence suggests that the current annual PM<sub>2.5</sub> standard of 12 micrograms per cubic meter ( $\mu\text{g}/\text{m}^3$ ) could be strengthened to as low as 8  $\mu\text{g}/\text{m}^3$  and the current daily standard of 35  $\mu\text{g}/\text{m}^3$  to as low as 30  $\mu\text{g}/\text{m}^3$ .

PM<sub>2.5</sub> can reach deep into the lungs and cause a variety of health problems. It is subject to National Ambient Air Quality Standards (NAAQS) and must be assessed periodically to ensure the standards are up to date with current environmental and health research. Furthermore, prolonged exposure can trigger asthma attacks, breathing problems and can lead to premature death, potentially claiming as many as 200,000 lives every year.

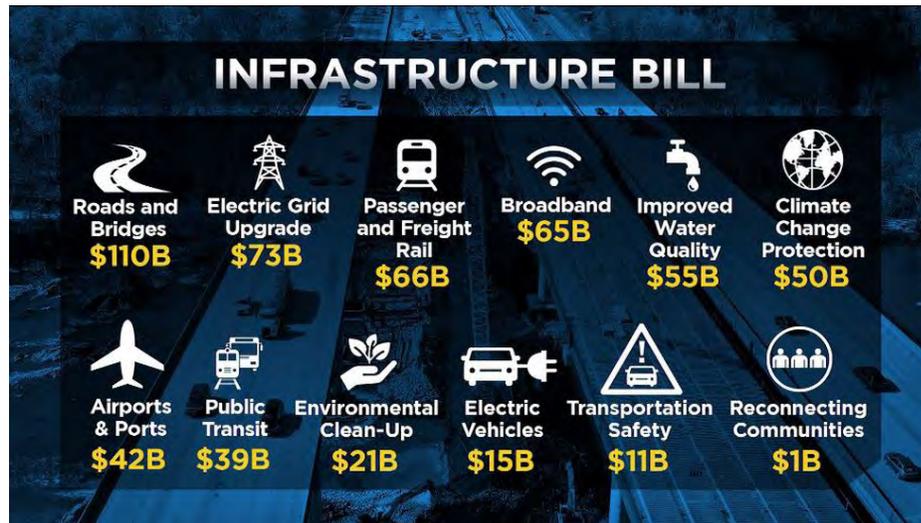
**c. Infrastructure Investment and Jobs Act: An Investment in Electric Vehicles**

The Infrastructure Investment and Jobs Act (IIJA) signed into law by President Joe Biden will direct \$1.2 trillion to rebuild roads, bridges, highways, and clean energy projects across the United States through 2026 injecting hundreds of millions into Nevada's infrastructure. The money could speed up or supplement investments already underway on the state level designed to make owning and driving electric vehicles easier, more convenient, and cheaper as Nevada state officials and NV Energy move toward 100% carbon-neutral energy production.

Congress affirmed that the future of transportation is electric by investing:

- \$5 billion for the build-out of a nation-wide EV charging network.
- \$2.5 billion for EV charging station grants, of which \$1.25 billion will serve disadvantaged communities and rural areas.
- \$2.5 billion to replace dirty school buses with clean electric buses.
- \$6.1 billion for battery processing, manufacturing, and recycling grants.

NV Energy, in conjunction with the Nevada Governor's Office of Energy, has built the vast majority of highway EV charging stations along U.S. 95 between Reno and Las Vegas but pledged to invest \$100,000,000 into EV Infrastructure with the passage of SB448 during the 2021 Regular Legislative Session.

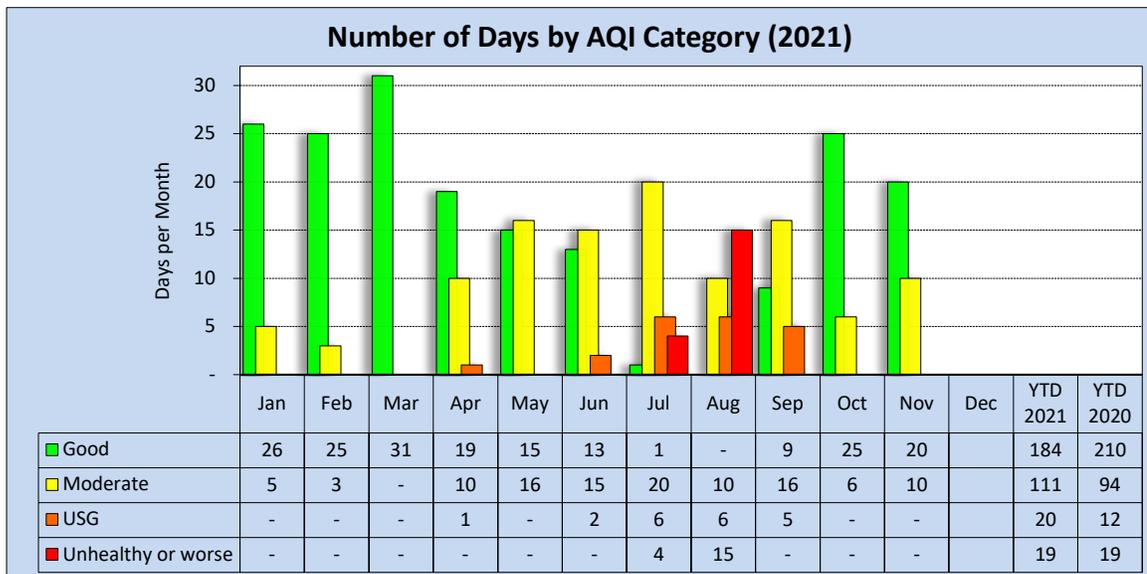
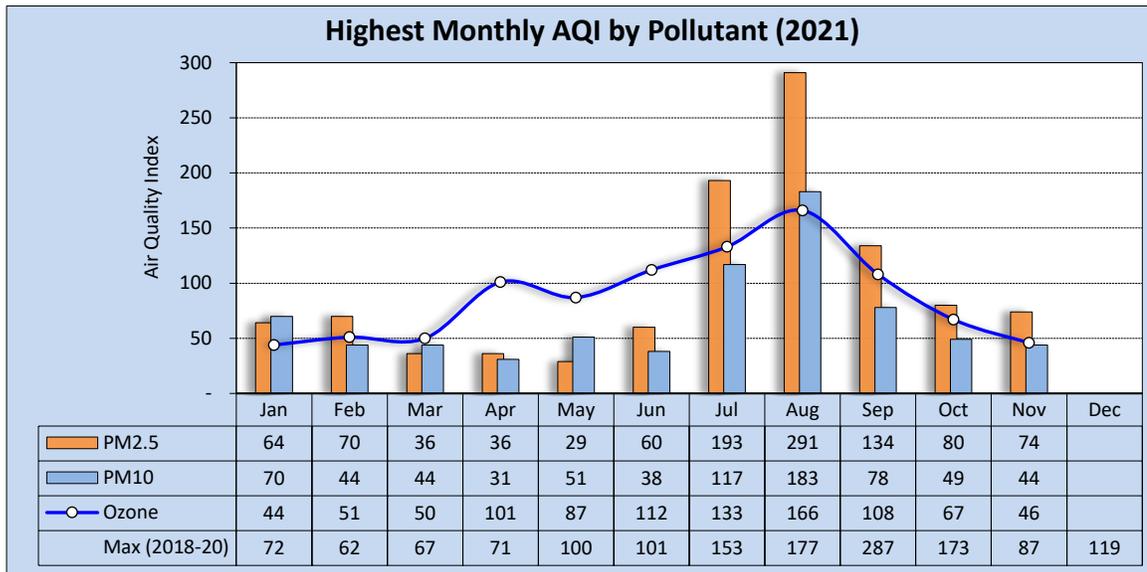


NV Energy submitted their Economic Recovery Transportation Electrification Plan (ERTCP) to the Nevada Public Utilities Commission in September and could receive approval to begin investment and construction on EV charging stations along interstates, in urban regions, at public buildings, at transit hubs, and around outdoor recreation areas by the end of November.

Francisco Vega, P.E., MBA  
Division Director

## 2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three (3) years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Ambient air monitoring data in these charts represent midnight to midnight concentrations to illustrate comparisons to the NAAQS. These 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.

### 3. Program Reports

#### a. Monitoring and Planning

October/November Air Quality: There were no exceedances of the National Ambient Air Quality Standards (NAAQS). The highest ozone, PM<sub>2.5</sub>, and PM<sub>10</sub> concentrations for the months are listed in the table below.

Pollutant	Concentration	Date(s)	Site(s)	Notes
Ozone (8-hour)	0.060 ppm	10/04	Incline	Windy and KNP Complex Fires
PM <sub>2.5</sub> (24-hour)	25.7 µg/m <sup>3</sup>	10/04	Toll	Windy and KNP Complex Fires
PM <sub>10</sub> (24-hour)	53 µg/m <sup>3</sup>	10/04	Toll	Windy and KNP Complex Fires

Outdoor Open Burning: This year's season began on December 1<sup>st</sup>. Truckee Meadows Fire & Rescue (TMFR) manages this program which allows residents one of several options to dispose of vegetative waste. Prior to 2019, outdoor open burning was prohibited from Nov-Feb. AQM and TMFR collaborated on a Health District rule revision to allow burning during the previously prohibited months when weather conditions are favorable for good smoke dispersion.



TMFR issues Outdoor Open Burning Codes each day. They only allow burning when weather conditions are safe and do not cause buildup of PM<sub>2.5</sub> in the valleys. Similar to AQM's woodstove program, open burning decisions are made to ensure the air we breathe is healthy. More open burning information can be found at <https://tmfprd.us/2021/11/16/truckee-meadows-fire-rescue-announces-open-burning-in-december-2021/>.



A better alternative to outdoor open burning to create defensible space is TMFR's Green Waste Collection Days. Green waste collection allows residents to dispose of their dry and dead vegetation, shrubs, tree branches, and other wildland fuels. More information about these free events can be found here - <https://tmfprd.us/2021/09/21/prepare-defensible-space-locations-for-truckee-meadows-fire-rescue-green-waste-collection-autumn-2021-2/>.

Daniel K. Inouye  
 Supervisor, Monitoring and Planning

**b. Permitting and Compliance**

**October**

Staff reviewed sixty-two (62) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In October 2021, Staff conducted twenty-three (23) stationary source inspections; thirteen (13) gasoline station inspections; and five (5) initial compliance inspection. Staff was also assigned fourteen (14) new asbestos abatement projects, monitoring the removal of approximately ninety-one thousand nine hundred thirty-six (91,936) square feet and seven hundred thirty-five (735) linear feet of asbestos-containing materials. Staff received four (4) facility demolition projects to monitor. Each asbestos demolition and renovation notification and construction notification projects are monitored regularly until each project is complete and the permit is closed. Further, there were thirteen (13) new construction/dust projects comprised of an additional three hundred twenty-two (322) acres. Staff documented twenty-nine (29) construction site inspections. During the month enforcement staff also responded to six (6) complaints.

Type of Permit	2021		2020	
	October	YTD	October	Annual Total
<b>Renewal of Existing Air Permits</b>	71	928	72	1,088
<b>New Authorities to Construct</b>	9 (New and Major Modifications)	54	4	60
<b>Dust Control Permits</b>	13 (322 acres)	181 (3,034 acres)	10 (87 acres)	238 (3,708 acres)
<b>Wood Stove (WS) Certificates</b>	29	328	32	418
<b>WS Dealers Affidavit of Sale</b>	12 (5 replacements)	95 (57 replacements)	14 (4 replacements)	108 (65 replacements)
<b>WS Notice of Exemptions</b>	1364 (13 stoves removed)	7712 (89 stoves removed)	933 (4 stoves removed)	8,740 (58 stoves removed)
<b>Asbestos Assessments</b>	48	590	31	648
<b>Asbestos Demo and Removal (NESHAP)</b>	18	205	21	242

COMPLAINTS	2021		2020	
	October	YTD	October	Annual Total
Asbestos	1	2	0	10
Diesel Idling	0	2	0	3
Dust	3	126	17	141
Nuisance Odor	2	53	3	36
Permit to Operate	0	8	1	4
Burn Code	0	0	0	0
General	0	0	0	0
<b>TOTAL</b>	<b>6</b>	<b>191</b>	<b>21</b>	<b>194</b>
NOV's	October	YTD	October	Annual Total
Warnings	0	58	0	5
Notice of Violation	0	32	0	3
<b>TOTAL</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>8</b>

### November

Staff reviewed forty-four (44) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In November 2021, Staff conducted twenty-eight (28) stationary source inspections; twenty (20) gasoline station inspections; and one (1) initial compliance inspection. Staff was also assigned fifteen (15) new asbestos abatement projects, monitoring the removal of approximately eighty-five thousand five hundred eighty-two (85,582) square feet and two thousand eight hundred fifty (2,850) linear feet of asbestos-containing materials. Staff received three (3) facility demolition projects to monitor. Each asbestos demolition and renovation notification and construction notification projects are monitored regularly until each project is complete and the permit is closed. Further, there were eleven (11) new construction/dust projects comprised of an additional one hundred twenty-four (124) acres. Staff documented ten (18) construction site inspections. During the month enforcement staff also responded to seven (7) complaints.

Type of Permit	2021		2020	
	November	YTD	November	Annual Total
<b>Renewal of Existing Air Permits</b>	78	1,006	83	1,088
<b>New Authorities to Construct</b>	5 (New and Major Modifications)	59	2	60
<b>Dust Control Permits</b>	11 (124 acres)	192 (3,158 acres)	16 (481 acres)	238 (3,708 acres)
<b>Wood Stove (WS) Certificates</b>	41	369	34	418
<b>WS Dealers Affidavit of Sale</b>	18 (5 replacements)	113 (62 replacements)	17 (9 replacements)	108 (65 replacements)
<b>WS Notice of Exemptions</b>	709 (5 stoves removed)	8,421 (94 stoves removed)	842 (5 stoves removed)	8,740 (58 stoves removed)
<b>Asbestos Assessments</b>	41	631	45	648
<b>Asbestos Demo and Removal (NESHAP)</b>	18	223	19	242

COMPLAINTS	2021		2020	
	November	YTD	November	Annual Total
<b>Asbestos</b>	0	2	1	10
<b>Diesel Idling</b>	0	2	0	3
<b>Dust</b>	6	132	18	141
<b>Nuisance Odor</b>	1	54	6	36
<b>Permit to Operate</b>	0	8	0	4
<b>Burn Code</b>	0	0	0	0
<b>General</b>	0	0	0	0
<b>TOTAL</b>	<b>7</b>	<b>198</b>	<b>25</b>	<b>194</b>
NOV's	November	YTD	November	Annual Total
<b>Warnings</b>	4	62	0	5
<b>Notice of Violation</b>	0	32	0	3
<b>TOTAL</b>	<b>4</b>	<b>94</b>	<b>0</b>	<b>8</b>

Joshua C. Restori  
Supervisor, Permitting & Compliance

DD	LL	_____
DHO	_____	KD

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: December 16, 2021**

**DATE:** December 3, 2021  
**TO:** District Board of Health  
**FROM:** Lisa Lottritz, MPH, RN

775-328-6159; [llottritz@washoecounty.gov](mailto:llottritz@washoecounty.gov)

**SUBJECT:** Divisional Update – World AIDS Day; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 Vaccinations.

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**1.**  
**a. Program Report**



First observed in 1988, World AIDS Day brings organizations and individuals together to bring attention to the HIV epidemic, increase awareness and knowledge, speak out against HIV stigma, and call for an increased response toward ending the HIV epidemic.

The national plan of *Ending the HIV Epidemic in the U.S.* was launched in 2019 with the aim of reducing new HIV infections in the U.S. by 75% by 2025 and 90% by 2030. Four pillars of the strategy include testing, treatment, prevention, and outbreak response.

Ending  
 the  
 HIV  
 Epidemic

**Overall Goal: Decrease the number of new HIV diagnoses to 9,588 by 2025 and 3,000 by 2030.**



There were **36,801 NEW HIV DIAGNOSES** in the US and dependent areas in 2019. Of those:



69%  
 (25,552) were among gay and bisexual men\*



23%  
 (8,617) were among heterosexuals

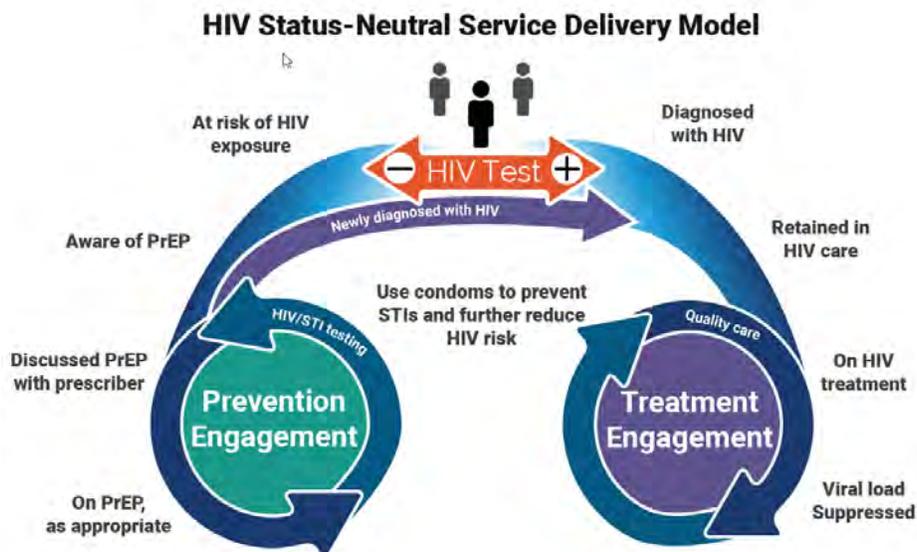


7%  
 (2,508) were among people who inject drugs

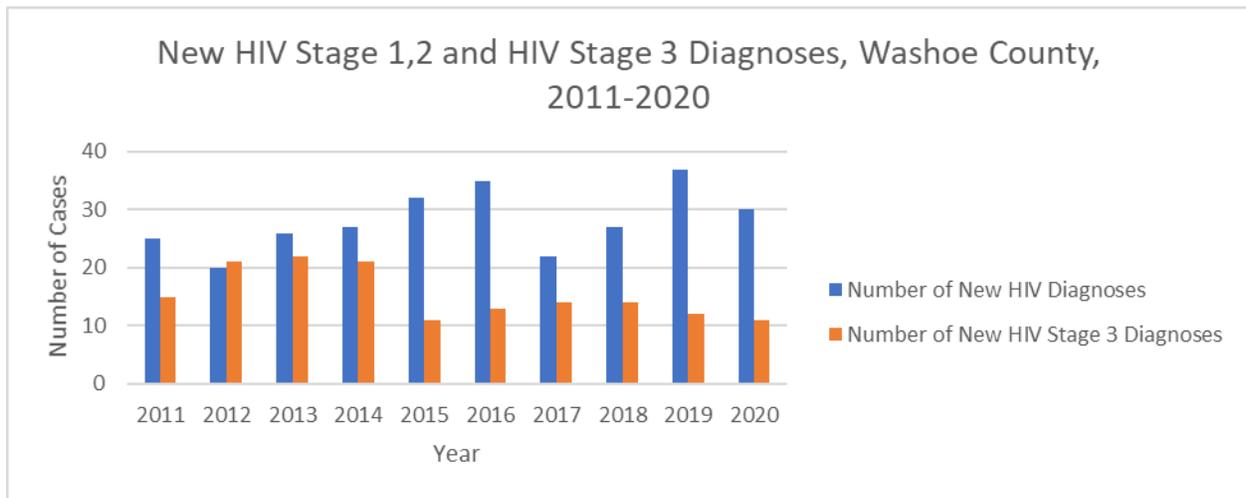
\* Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).

Approximately 1.1 million people are living with HIV (PLHIV) in the U.S., with 36,801 new diagnoses in 2019. An estimated one in seven (15%) of PLHIV are unaware of their status because they have not been tested. They are not getting the care and treatment that can preserve their health and protect their partners from getting HIV.

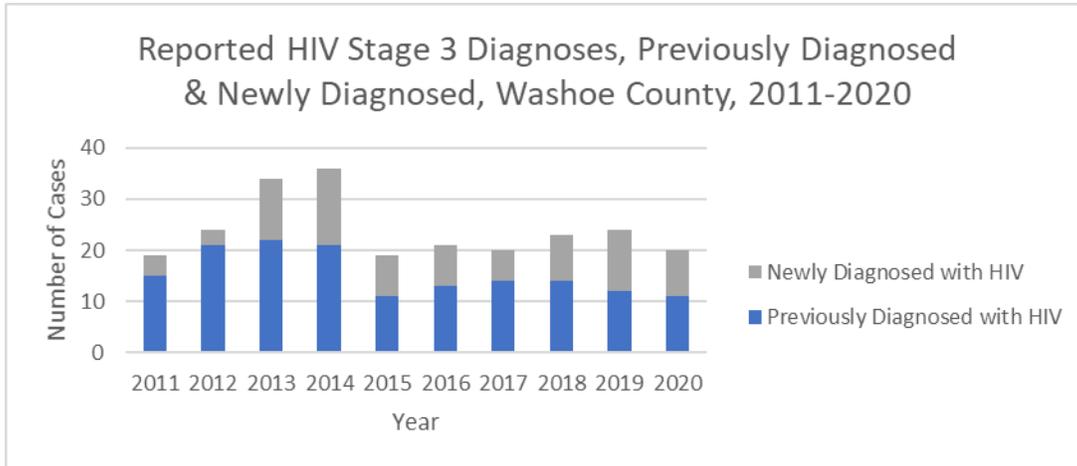
When a person knows their HIV status, they have powerful information to make choices about their health. If they test positive, highly effective medication protects their health to the point where they can live a long and healthy life and prevent transmitting the virus to their sex partners. If a person tests negative and are considered at risk for HIV acquisition, preexposure prophylaxis (PrEP) medication will prevent acquiring HIV over 99%, if taken daily. Syringe service programs also help reduce HIV and Hepatitis B and C transmission, while assisting individuals to seeking substance use treatment, preventing overdose deaths, and disposing of syringes safely.



Nevada ranks fifth for new HIV diagnoses with a rate of 16.6 per 100,000 population and eighth for people living with HIV with a rate of 348.7 per 100,000 in the U.S. (2019). An estimated one-in-five Nevadans are unaware of their status, which is higher than the U.S. estimate. Washoe County represents 10.5% of new infections in Nevada and 9.2% of people living with HIV in the state (2020). Of the new cases in Washoe County 69.2% are among people between the ages of 13-34. Communities of color are disproportionately represented among new cases, with Blacks representing 10.3 % of new cases and 2.8% of the population, Hispanics representing 28.2% of cases and 25% of the population. Men who have sex with men (MSM) represent 59% of cases, 5.1% were among people who inject drugs, 5.1% among heterosexuals, 2.6% among MSM who inject drugs and 28.2 % who would not identify their risk.



Late testers, people who test positive for HIV with advanced disease (HIV Stage 3, formerly known as AIDS), continue to be of concern in Washoe County. While the number of advanced HIV diagnoses has decreased, the majority of those diagnosed with advanced disease are also newly diagnosed. People are discovering their HIV status when they have advanced disease, likely acquiring HIV at least 10 years prior to having symptoms or opportunistic infections that led to medical intervention and testing. Treatment and medication will still be beneficial to most of these individuals, but some may not have immune systems that recover.



The HIV section of the Sexual Health Program implements data driven interventions that focus on the pillars of ending the HIV epidemic. Testing is provided in the clinic and is rebounding at community sites. Newly diagnosed people, as well as those who have been diagnosed and are out of HIV care services, are linked and supported in their engagement with treatment and wrap around services. Case investigations are often done in tandem with STD case investigations, as many people have co-morbidities. For those that have a negative HIV test, referral to PrEP services are provided. The program looks forward to the PrEP pilot program in 2022 to provide services at the time of contact with the client. At all points of contact, PLHIV are asked about their HIV to ensure engagement. Clusters of cases are evaluated, and disease thresholds are monitored weekly to determine if an outbreak status.

WCHD has signed on to support the Prevention Access Campaign in their efforts to share the science of Undetectable = Untransmittable (U=U). Robust research confirms that when a PLHIV is on effective treatment, it will reduce the level of HIV to undetectable levels which protects their health and makes them incapable of transmitting HIV to their sexual partners. Transmission to needle-sharing partners is decreased with more research being conducted. U=U, coupled with stopping HIV acquisitions with people who test negative for HIV with PrEP use are the treatments as prevention methods (TasP) that support ending the epidemic. The U=U message is an unprecedented opportunity to transform the lives of millions of people with and affected by HIV and to radically transform the field:

- Well-being of people with HIV: Transforms the social, sexual, and reproductive lives of people with HIV by freeing them from the shame and fear of sexual transmission to their partners.
- HIV stigma: Dismantles the HIV stigma that has been destroying lives and impeding progress in the field since the beginning of the epidemic.
- Treatment goals: Reduces the anxiety associated with testing and encourages people living with HIV to stay on treatment to stay healthy and prevent transmission.

- Universal access: Offers a public health argument to increase access and remove barriers to treatment, care, and diagnostics to save lives and prevent new transmissions. (<https://www.preventionaccess.org/about>)

WCHD is also working on the policy front on legislation and implementation of legislation that supports modernizing HIV response to current science. Encouraging community providers to engage in the response has also been a focus. During the 2021 Nevada Legislative Session, multiple bills were passed to support HIV/STD testing, modernizing HIV related laws to match science and address HIV like other communicable diseases, increase access to PrEP, and support the sexual health of pregnant individuals through increased testing. Staff were involved in the drafting of legislation, community education and coalition building, and education to legislators to support these efforts.

Dr. Demetre Daskalakis, Director of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention, recently spoke of the importance of addressing HIV in the context that it exists, as a syndemic, "I believe that the EHE initiative and the national strategy provide a great road map for addressing HIV. My goal is to push CDC's role in implementing the HIV strategy forward and tweak it so it is more operational for delivering HIV services and data to end the epidemic. To end the epidemic, we must have a clear focus on the STI and hepatitis syndemics and we must address the systemic racism, sexism, homophobia, and transphobia that hamper our progress."

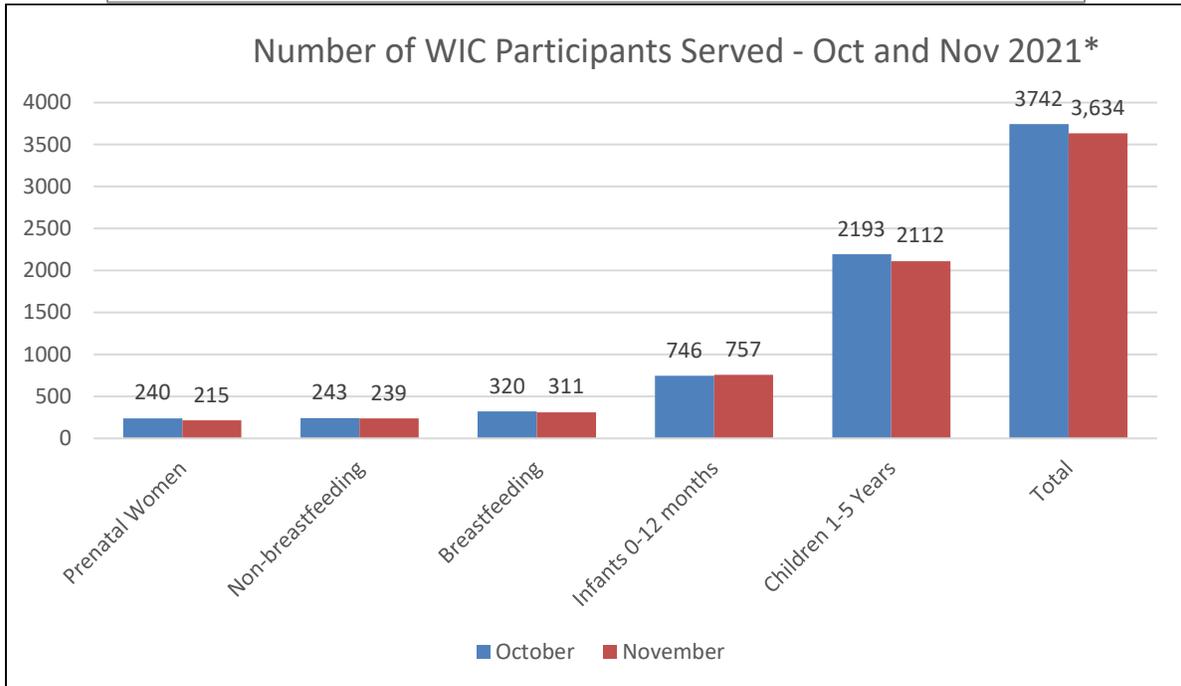
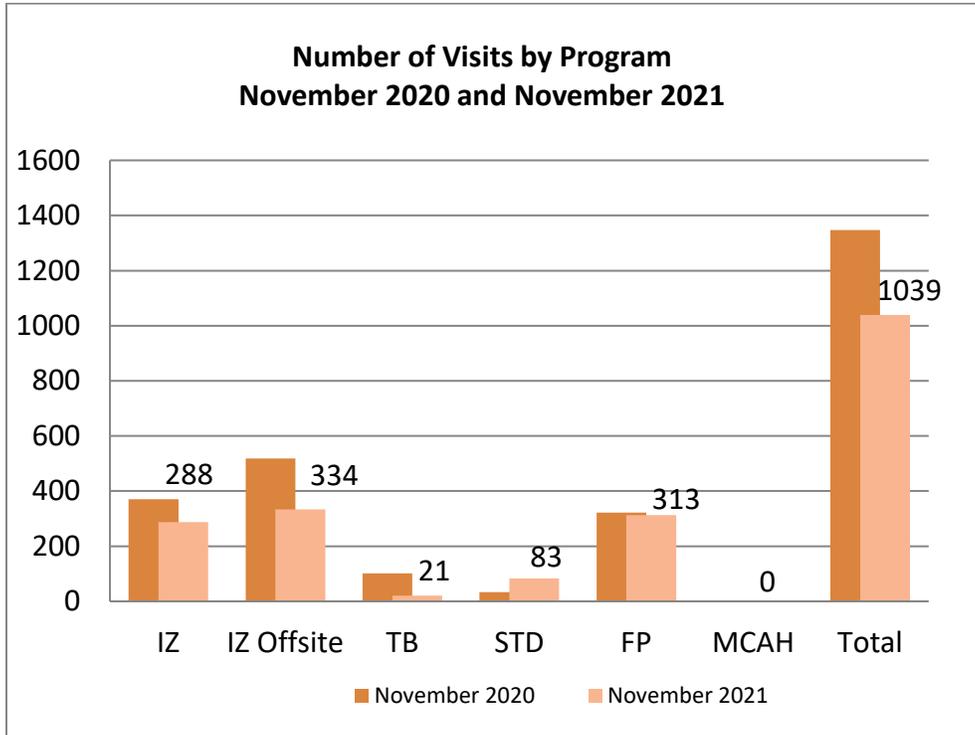
"...Controlling the HIV epidemic means that we need to relentlessly address the root causes and social determinants that stand in our way. We need to aggressively work to disrupt the systems that create the schism between people based on their identity, including the result of their HIV test. Our work must challenge the core drivers of HIV, including stigma..."

(<https://www.hivplusmag.com/print-issue/2021/2/24/meet-dr-demetre-daskalakis-bidens-new-weapon-against-hiv>)

The integration of HIV, STD and family planning in the Sexual Health Program is in line with this vision, serving our clients with the broad range of sexual health issues and addressing the systems in place that impact health outcomes. Our work supports the eventual end of the HIV epidemic in Washoe County and improving the health outcomes of our community.

**b. Data & Metrics**





\* Changes in data can be attributed to several 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 (Outreach and Disease Investigation) –

- Staff have completed a grant proposal offered through NACCHO, *Routine, Opt-Out Syphilis Screening of Women and Other Individuals of Childbearing Capacity in Jails*. This is a pilot project to determine the feasibility of this screening in a jail setting as an intervention to address syphilis among women and congenital syphilis. Often jails are points of contact with high-risk individuals that will not present in the clinical setting. Staff have been collaborating with Washoe County Sheriff’s Office and NaphCare, the contracted medical provider, on this proposal. WCHD will partner with NACCHO and CDC on the monitoring and evaluation of the project. Successful applications will be announced in December.

Chlamydia, gonorrhea, and syphilis disease counts were compared between the first three quarter of 2020 to the same time period in 2021. Of the most infectious stages of syphilis, there has been a 34% increase between the time periods.

	2020	2021	
<b>First 3 Quarters (Disease Reporting Weeks 1-39)</b>			
Chlamydia	1849	1901	<b>2.8% Increase</b>
Gonorrhea	802	801	<b>0.1% Decrease</b>
Primary & Secondary Syphilis	98	132	<b>34.7% Increase</b>
Early Latent Syphilis	67	86	<b>13.2% Increase</b>
Late Latent/Unknown Duration	79	89	<b>12.7% Increase</b>

- Additions to the team:
    - Allison Schleicher was recently promoted to Epidemiologist. Allison is the first Epidemiologist for the Sexual Health Program.
    - Karley Crane was hired to fill the new position of Office Support Specialist for the Sexual Health Program. She will be responsible for supporting the DIS staff with assigning cases, treatment verifications, data entry and general support.
- b. **Immunizations** – October and November are the busiest months for the Immunization Program staff as they diligently work to provide flu and COVID vaccination through the homebound program, onsite clinic, community events, and RSLEC location. The COVID team held 16 community events for the month of October and vaccinated 1329 individuals at these events.

The summary of Influenza offsite clinic activities implemented by the Immunization Program is below. COVID vaccines were available during all flu events held. Our homebound program

vaccinated a total of 286 individuals against influenza at their home from 9/28/2021 to 11/18/2021. Additional flu events are scheduled on November 22<sup>nd</sup> at Wooster High School and November 29<sup>th</sup> at the Boys and Girls Club on 9<sup>th</sup> St. in collaboration with Liberty Dental and Immunize Nevada.

<b>Influenza - Immunization Program Offsite Clinic Activities October 1, 2021, to November 19, 2021</b>				
<b># of Clinics</b>	<b># of Children Served</b>	<b># of Adults Served</b>	<b># Flu vaccine Administered/ Individuals vaccinated</b>	<b>Collaborating Agencies</b>
<b>Employee Flu Clinic</b>				
2	0	107	107	<ul style="list-style-type: none"> <li>• WDHD staff</li> </ul>
<b>Reno Sparks Livestock Events Center Flu POD (Point of Dispensing)-Drive through</b>				
2	236	872	1108	<ul style="list-style-type: none"> <li>• Immunize Nevada</li> </ul>
<b>Community PODs targeting low income/high risk adult</b>				
4	170	417	587	<ul style="list-style-type: none"> <li>• St. Peter's Church in Sun Valley</li> <li>• Washoe County Senior Services</li> <li>• Gerlach K-12 School</li> <li>• Immunize Nevada</li> </ul>
<b>Community Flu Events</b>				
6	73	165	238	<ul style="list-style-type: none"> <li>• R.E.A.C.H Binational Event</li> <li>• Washoe County Senior Services</li> <li>• The Discovery Museum</li> <li>• Immunize Nevada</li> <li>• Liberty Dental</li> <li>• Family Health Festival</li> <li>• Washoe County School District</li> <li>• Boys and Girls Club of the Sierras</li> <li>• Gerlach K-12 School</li> </ul>
<b>Total Offsite Clinics</b>	<b>Total # of Children Served</b>	<b>Total # of Adults Served</b>	<b># Flu vaccine Administered/ Individuals vaccinated</b>	<b>In partnership with multiple community agencies</b>
15	479	1561	2040	

Immunization staff continue to work on Vaccines for Children (VFC) and COVID-19 grant deliverables. Staff completed two VFC Provider trainings, one VFC Provider compliance visit in October and one COVID-19 Provider compliance visit in November. Staff continue to provide provider education on vaccine storage and handling, vaccine inventory and vaccine redistribution to providers.

Staff redistributed 1,818 Pfizer, 908 Moderna and 35 Janssen doses to support 13 community providers in the month of October and increase availability of COVID-19 vaccine in our community.

The Immunization Program continue to provide vaccination at our onsite Immunization clinic. Staff vaccinated 322 clients and provided 887 doses of vaccine during the month of October. Staffing for the Immunization program continues to be a challenge as the program has been unable to hire two full time Public Health Nurse positions in the last two months.

The Immunization Program completed a virtual site visit from the Nevada State Immunization Program (NSIP) on November 9<sup>th</sup> to review VFC all immunization grant funding. The program is still awaiting feedback from the State.

- c. **Tuberculosis Prevention and Control Program** – Staff presented Washoe County's 2020 TB cases at the TB Cohort Review on October 28, 2021. This review is attended by the Nevada Division of Public and Behavioral Health as well as medical staff from Northern Nevada. It is a great opportunity to provide insight on how we can better manage TB and to provide additional education to the community.

Currently, the TB program has a caseload of 4 active cases of TB. All of which are pulmonary TB. This case count includes the most recent client who was diagnosed at the beginning of November. TB staff are also awaiting lab confirmation on a suspect extrapulmonary TB case. Staff are working to close August case investigations.

The program is managing treatment for 10 cases of LTBI. Immigration referrals are remaining steady currently. Staff continue to receive calls from primary care providers on latent TB treatment options for their clients and several of them are working to treat these clients on their own.

Staff continue to see an increase in community LTBI "equivocal" results due to the number of COVID cases in the hospital. Staff have been working with the State TB Controller to figure out other ways in which to distinguish whether it is TB as well as COVID or just COVID. Staff will likely have to evaluate these results on a case-by-case basis.

November brought more staffing changes for the TB program, including the retirement of our Program Coordinator Cory Sobrio, RN. The team will miss him dearly but are very excited for him to have more time to spend with his family. Tasha Pascal, RN will be taking over as the TB Program Coordinator. Alex Velasco, RN will be joining the TB program as the new TB Case Manager; the team is grateful to have her join and have no doubt she will pick up case management quickly. The TB program has a new per diem RN that started in November, Patrick Brumley. He has been picking things up quickly and is a great fit. Our per diem nurse Mary Ellen will be utilized

more frequently to assist in training both Patrick and Alex as they learn their new roles in the clinic.

- d. **Reproductive and Sexual Health Services** – The Family Planning program continues to host medical students, interns and APRN students on an ongoing basis.

The program continues to do program outreach. October 16<sup>th</sup> Family Planning staff attended the Bi-National Health Festival, November 3<sup>rd</sup> staff attended the Family Health Festival in Reno and November 16<sup>th</sup> attended a community event in Gerlach Nevada. Staff continue to provide services to the Washoe County Sheriff's Office and the Eddy House regularly.

Utilizing the Notice of Award received in September the program is working on expanding services to clients who are at risk for diabetes by offering point of care Hba1c testing. A handheld ultrasound machine was purchased, and the funds also facilitated the hiring of a temporary Technology Specialist to assist with the implementation of FPAR 2.0, bidirectional lab and telehealth services.

Program staff are working with the Epidemiology team on a needs assessment in preparation for applying for the Title X competitive grant. In support of the needs assessment, client surveys were completed, and key informant questionnaires of community partners were distributed. In preparation for the Title X competitive grant application, staff have been working with GIS on population mapping data and obtaining letters of commitment from community partners. Staff is currently working on the semi-annual report for Title X and preparing for the annual FPAR reporting. Staff is currently working with Patagonia Health to have data fields ready for the implementation of FPAR 2.0 in January of 2022.

Staff attended the OPA Title X Technical Assistance webinar on November 9<sup>th</sup>, NFPHRA Disparity Impact Statement webinar on November 10<sup>th</sup>, and NFPHRA health equity webinar on November 17<sup>th</sup>. The program staff is working to change policies to reflect the revocation of the 2019 Title X Rule which banned referrals for abortions by Title X grantees.

Staff continues to administer flu, Tdap, HPV and Hepatitis A & B vaccines in the Family Planning/Sexual Health clinic to participants 18 years and older. Flu vaccine was received in the Family Planning Clinic on November 5<sup>th</sup> and staff are administering to clients.

- e. **Chronic Disease and Injury Prevention (CDIP) Program**

The CDIP Injury Prevention Health Educator assumed responsibility for two projects previously under ODHO. Projects are

- 1) BUILD Health Challenge; The HELLO Project grant, which is working towards the goal of improving the mental health and well-being of seniors in zip code 89512. On November 6<sup>th</sup> staff coordinated free public transportation and vaccinations by CCHS for seniors on the inaugural Hello Project - 89521 senior Neighborhood Connection event.

- 2) Washoe County Substance Abuse Task Force: CDIP staff is now serving as co-chair of the group.

On Oct 19<sup>th</sup> staff developed and presented a public comment to the Cannabis Advisory Committee – Public Health Subcommittee to show support for strategies to keep indoor air quality safe in cannabis lounges.

On October 23<sup>rd</sup>, staff supported and participated in the DEA Prescription Drug Take Back event, collecting unused prescription medications to reduce the incidence of prescription drug overdose and abuse.

In October, staff communicated and met with the Dilworth Middle School principal to establish a pilot e-cigarette prevention program designed to support students, parents, educators, and the neighborhood community in avoiding e-cigarette use and promoting healthy choices.

On November 3<sup>rd</sup>, staff hosted a table with resources about CDIP and other Health District resources at the Incline Village General Improvement District annual health fair for over 100 Incline Village residents.

In November, staff participated in the state Tobacco Quitline Evaluation Committee to review proposals and make recommendations on the Nevada Quitline vendor for next four years. Additionally, staff participated in the annual Nevada Tobacco Prevention Coalition strategic planning session.

- f. **Maternal, Child and Adolescent Health (MCAH)** --Staff have been meeting with the State statisticians on abstraction of FIMR data for the FIMR annual report. Staff is also currently working on the annual Maternal Child Health Block Grant Report. There is still currently an opening for a co-coordinator for the FIMR team for 10 hours a week. Letters of interest have been requested internally. The FIMR program has been recognized in multiple national publications recently for community collaboration during COVID-19 response and the statewide launch of Count the Kicks. Count the Kicks was recommended by the FIMR Case Review Team (CRT) and supported by Health Plan of Nevada. Staff was interviewed by Leanna Faulk from Channel 4 news due to the statewide increase in infant mortality prior to the pandemic. The CRT continues to meet in person with teleconference option. Maternal Child Health continues to follow lead cases in children and newborn screenings upon request.
- g. **Women, Infants and Children (WIC)** - Staff received a letter from the August state review/audit of the WCHD WIC program. The letter communicated areas of excellence as well as recommendations and areas for attention. WIC leadership planned for discussions and training

with staff to review expected policy and procedure and address areas of attention that were identified, which began in October and continued into November.

Staff received notification that Congress passed a continuing resolution that allowed for funding appropriations (including WIC) through December 3, 2021. In WIC, these appropriations include additional cash value benefits for WIC participants to purchase fruits and vegetables. Previously an across-the-board issuance of \$35 for use on fruit and vegetable purchases was approved for eligible participants. In October, increases were approved as follows for fruit and vegetable purchases: \$24/month for children, \$43/month for pregnant and postpartum participants, and \$47/month for breastfeeding participants. Benefits started November 1st and staff put significant time towards reissuing benefits for about 2700 WIC participants.

Between November 8<sup>th</sup> and November 19<sup>th</sup>, the 9th St. WIC office worked with WeStat to participate in the USDA WIC Nutrition Assessment and Tailoring Study (NATS). A total of 12 certification and recertification appointments were observed to gain insight into how remote telephone WIC appointments are conducted. In addition to the 12 observations, clinic staff and clients completed interviews about their experiences and clients were given a \$30 Visa gift card as a "thank you" for their participation. Information from WCHD WIC will be compiled with data gathered from WIC offices nationwide and made available to the public in a final report which will be published and presented to the USDA's Food & Nutrition Service.

- h. **COVID-19 Vaccinations** -- There were 12 COVID vaccination clinics in October at the Reno-Sparks Livestock Events Center and 16 community vaccination PODs. Approximately 5,018 individuals were vaccinated in October.

There were 8 COVID vaccination clinics in November at the Reno-Sparks Livestock Events Center and 20 community vaccination PODs. Approximately 5,788 individuals were vaccinated in November.

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DHO	<i>KD</i>

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: December 16, 2021**

**DATE:** December 2, 2021  
**TO:** District Board of Health  
**FROM:** Erin Dixon, Division Director  
 775-328-2644; [edixon@washoecounty.gov](mailto:edixon@washoecounty.gov)  
**SUBJECT:** Environmental Health Services (EHS) Division: **Highlighted Program; Program Activities; Consumer Protection** (Food/Food Safety, Commercial Plans, Permitted Facilities); **Environmental Protection** (Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management); and **Inspections**.

**Highlighted Program: Food Safety**

The Food Safety Program strives to maintain the highest level of food safety in Washoe County for locals and visitors alike. Staff conducts inspections of approximately 3,700 food establishments that include restaurants, food manufacturers, grocery stores, and mobile food operations to determine compliance with current food safety regulations.

The Federal government estimates that there are about 48 million cases of foodborne illness annually—the equivalent of sickening 1 in 6 Americans each year. Each year these illnesses result in an estimated 128,000 hospitalizations and 3,000 deaths. The most common foods implicated in foodborne illnesses are produce, dairy, and meat.

The goal of the Food Safety Program is to prevent and reduce the occurrence of foodborne illness in Washoe County Food establishments by promoting active managerial control of food handling behaviors most associated with foodborne illness. This is accomplished through routine inspections of retail food establishments where program staff ensure compliance with food safety regulations and through education and collaboration with the food service industry.





In addition to our efforts to prevent foodborne illness from occurring, the program also monitors and responds to instances of foodborne disease. The Food Safety Program staff work collaboratively with the Communicable Disease Program staff to address these instances of foodborne disease. The Food Safety Program reviewed and investigated over 100 foodborne illnesses complaints and another 175 enteric diseases referred by the Communicable Disease Program so far in 2021. The team has also reviewed over 200 recalled food products for potential impacts to our local food supply. Additionally, the program participates in the National Environmental Assessment Reporting System (NEARS) which has enhanced the program's ability to collect data on environmental assessments, or foodborne illness investigations, and review trends related to environmental assessments.

The EHS division has a total of 21 food establishment inspectors who play an instrumental part in the success of the food program. The Food Safety Program has a dedicated Supervisor, 2 Senior Environmental Health Specialist, and 6 field inspectors who spend half of their productive hours supporting and developing the overall program.

The Food Safety Program enrolled in the Voluntary National Retail Food Regulatory Program Standards (Program Standards) in 2004 but made little progress towards meeting the Program Standards criteria. However, in 2013, the program received the FDA Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards grant. The program also began applying for and receiving the FDA/AFDO awards to work on achieving conformance with the Program Standards. In 2015, the Food Safety program participated in a Nevada Program Standards Strategic Planning Workshop hosted by our FDA Retail Food Specialist. As a result of the workshop, the additional funding, and dedicated staff resources, the program has made significant progress towards becoming an effective and focused retail regulatory program in the last six years. The Food Safety Program is the largest permitting program in EHS and generates most of the permit fee revenue for the division in addition to the grant funding it receives.

The Food Safety Program uses a risk-based inspection process with a focus on activities most likely to cause foodborne illness and methods to help food establishment operators develop and improve food safety management systems. To ensure staff have the knowledge and skills needed to adequately perform their inspections, the Food Safety Program has implemented a comprehensive training program that includes training courses and the completion of over 50 joint field training inspections using a field training manual. Staff must complete this training program over an eight to twelve-week period and must demonstrate competency in all performance measures listed in the training manual prior to being released to conduct independent inspections.

The Food Safety Program has been fortunate enough to celebrate several achievements over the last several years.



In 2019, The Food Safety Program won the Washoe Impact Award for its work and development of the Washoe Eats mobile app to make inspection scores more accessible to the public. Additionally, in 2020, the Food Safety Program created and implemented the 'Excellence in Food Safety Awards' to acknowledge and honor those restaurants that demonstrate superior food safety practices. This was all accomplished while the team was also adapting to the new challenges brought on by the pandemic. The inaugural Excellence in Food Safety Award was won by BJ's Barbecue Company in Sparks, NV.

This year, The Food Safety Program was awarded the Samuel J. Crumbine Award. The Crumbine Award is a prestigious national award given annually to one local environmental health jurisdictions that demonstrates excellence and continual improvement in a comprehensive food protection program.

## Crumbine Award



### Samuel J. Crumbine Consumer Protection Award

The Samuel J. Crumbine Award Consumer Protection Award is a prestigious award given annually to local environmental health jurisdictions that demonstrate unsurpassed achievement in providing outstanding food protection services to their communities. The purpose of the award is to encourage innovative programs and methods that reduce or eliminate the occurrence of foodborne illnesses, recognize the importance of food protection at the local level, and stimulate public interest in food service sanitation. Winning programs often offer best practices that can be used by others to advance their own food protection programs.



[NEHA congratulates Washoe County Health District on receiving the 2021 Samuel J. Crumbine Consumer Protection Award for Excellence in Food Protection at the Local Level.](#)

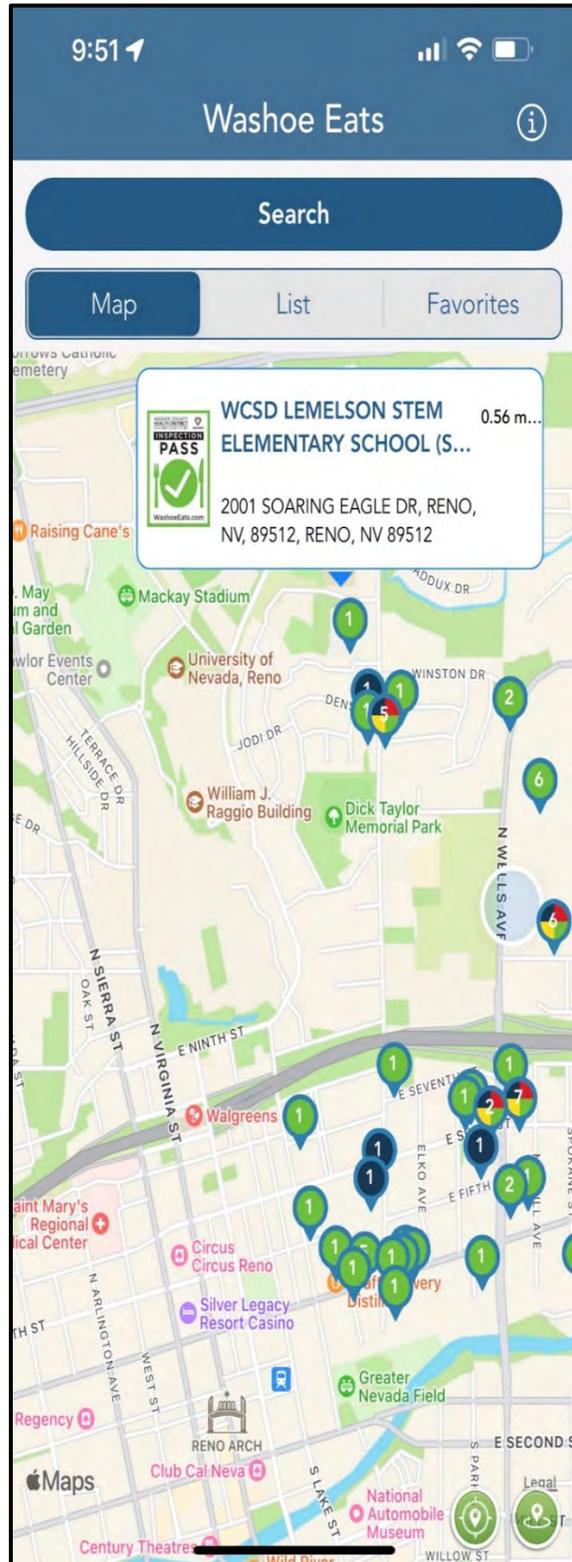
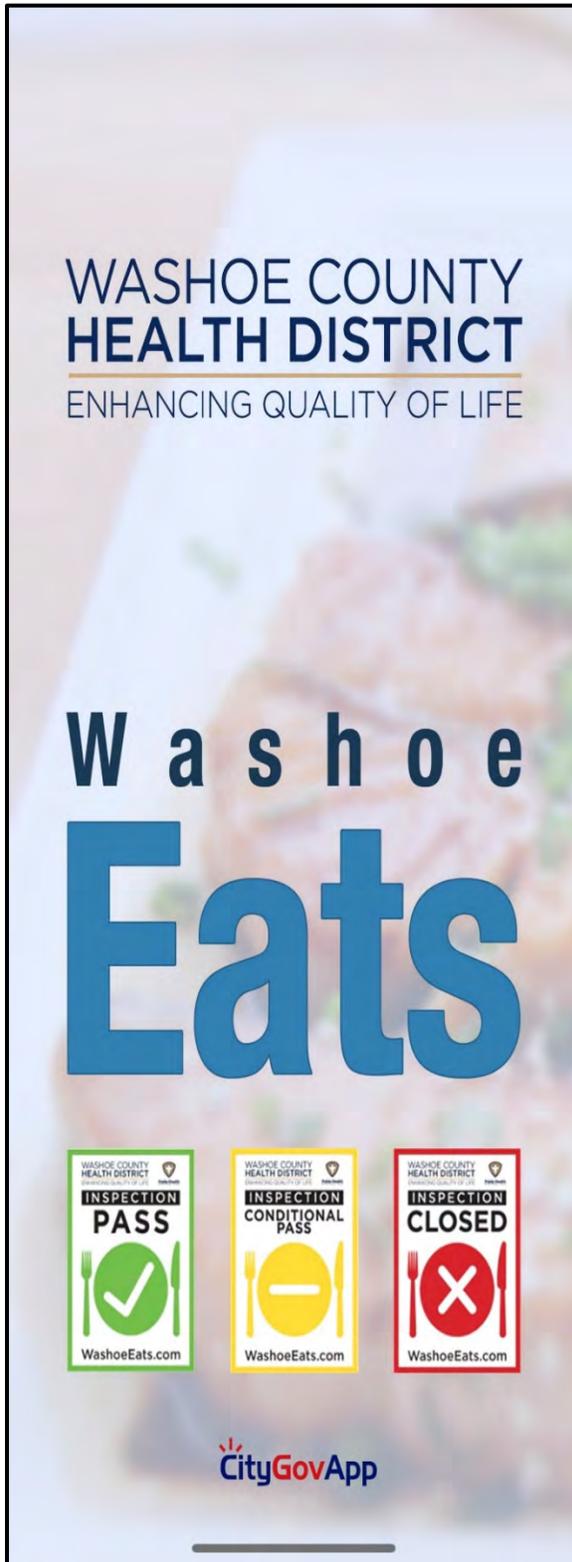
For more information, please visit the [Crumbine Award page](#).



In addition to the program successes, the Food Safety Program also faces several challenges as well. One of the biggest complaints received from local food establishments is inspection consistency. Most local restaurants want to make food safety a top priority and count on the Food Safety Team's educational approach when conducting food inspections. To be more consistent across the 21-person inspection team, the Food Safety Program has developed a Quality Assurance Program to improve overall consistency and uniformity. Unfortunately, since the program's development in 2017, it has never been able to be fully implemented within our division due staff turnover and lack of resources.

The local food and beverage community in Washoe County continues to innovate and show its resilience as we emerge from the pandemic. With the intention to keep up with the newest trends in food safety such as Ghost Kitchens, 3<sup>rd</sup> Party Delivery Services, and the ever-increasing culinary diversity in our area, it is imperative that our Food Safety Program remain flexible and knowledgeable to tackle these new challenges. The Food Safety Program has actively participated in the Conference for Food Protection for many years and attends the latest

food safety workshops and trainings to ensure the program remains at its award-winning level and stays current with the latest food trends. The mission of the Food Safety Program is to continue to protect and enhance the safety and well-being of both locals and visitors alike when consuming food in Washoe County.



**Environmental Health Program Activities:**

**Consumer Protection**

Food/Food Safety

- The Food Safety Program has been working on training as we head towards the end of the year with an unprecedented sixth newly hired staff member this year. The food training program consists of online course work, joint field inspections, and other internal policies and procedures. Newly hired staff spend about 8-12 weeks in training with current staff before they are completing inspections on their own. The training curriculum was developed to be in conformity with the FDA Program Standard 2: Trained Regulatory Staff and covers the key elements to ensure staff are trained and knowledgeable on enforcement and food safety.
- The Food Safety Program completed its third Self-Assessment of all nine Standards in the FDA Voluntary National Retail Food Regulatory Program Standards. A self-assessment of programs must be completed every five years to determine our program’s compliance and continued conformance with the FDA Standards Program. This most recent self-assessment determined that our Food Safety Program currently meets four out of the nine Standards. The Food Safety Program has developed a Comprehensive Strategic Implementation Plan (CSIP) for the next five years to continue to maintain and meet the FDA Program Standards.
- The Food Safety Program completed a verification audit of Standard 5: Foodborne Illness and Food Defense Preparedness and Response. All verification audits are performed by a third party to determine the Food Safety Program’s compliance with the standard. The results of the audit are reported to the FDA. Southern Nevada Health District completed the verification audit and found our program to be in compliance with all the elements and criteria of Standard 5.
- Epidemiology (EPI) –
  - Staff assisted the EPHP Communicable Disease Epidemiology Program on a gastrointestinal (GI) outbreak at a middle school in October and early November. EHS staff was able to obtain six stool samples from students and their family members and deliver them to the Nevada State Public Health Laboratory. Two of the six samples came back positive for Norovirus
  - EHS staff conducted onsite investigations at two food establishments. These investigations were prompted by reports of foodborne illness from two separate households for each establishment. No issues or possible contributing factors were noted at either of the restaurants.

<b>Epidemiology</b>	<b>JAN 2021</b>	<b>FEB 2021</b>	<b>MAR 2021</b>	<b>APR 2021</b>	<b>MAY 2021</b>	<b>JUN 2021</b>	<b>JUL 2021</b>	<b>AUG 2021</b>	<b>SEP 2021</b>	<b>OCT 2021</b>	<b>NOV 2021</b>	<b>2021 YTD</b>	<b>2020</b>
Foodborne Disease Complaints	8	6	4	8	9	11	16	12	9	3	10	96	130
Foodborne Disease Interviews	4	5	2	5	4	7	5	8	5	3	9	57	66
Foodborne Disease	0	1	0	0	1	2	4	2	0	0	2	12	7
CD Referrals Reviewed	13	13	13	18	20	12	19	22	8	7	23	168	82
Product Recalls Reviewed	13	19	26	27	26	20	14	18	23	19	22	227	61
Child Care/School Outbreaks Monitored	1	1	2	10	6	6	5	9	19	9	18	86	64

- Temp Foods/Special Events – October was another busy month for staff working special events. EHS staff conducted temporary food inspections at farmer’s markets, outdoor concerts, a beer and chili festival, the Day of the Dead Festival, several pumpkin patches, and the Reno Italian Festival. In November, staff conducted inspections at farmer’s markets, Disney on Ice, the Chemistry of the Cocktail event at the Discovery Museum, and more. All the events mentioned had multiple temporary food permits, with a separate inspection conducted for each permit.

Commercial Plans

- Commercial Plans continues to see the same trends observed over much of the past year in all program aspects. Staff continues to exceed the regional goal of a 10-business day turnaround time for all commercial reviews.
- Program staff continues to assist in the development of draft regulations for the Pool/Spa Program.
- Program staff attended the City of Reno Building Enterprise Fund quarterly meeting where it was reported that development growth is projected to continue at least through 2025. Although this growth may not be a direct correlation of health-related commercial development, it can be used as an indicator of what the Commercial Plans program can expect in the coming years.

<b>Community Development</b>	<b>JAN 2021</b>	<b>FEB 2021</b>	<b>MAR 2021</b>	<b>APR 2021</b>	<b>MAY 2021</b>	<b>JUN 2021</b>	<b>JUL 2021</b>	<b>AUG 2021</b>	<b>SEP 2021</b>	<b>OCT 2021</b>	<b>NOV 2021</b>	<b>2021 YTD</b>	<b>2020</b>
Development Reviews	41	28	50	34	32	39	30	15	33	19	24	345	357
Commercial Plans Received	83	73	113	100	102	107	123	114	99	87	71	1,072	1,059
Commercial Plan Inspections	22	33	36	41	37	40	42	51	34	20	34	392	396
Water Projects Received	1	5	1	10	5	10	1	3	0	2	2	40	64
Lots/Units Approved for Construction	251	233	197	192	228	95	53	243	296	143	268	2,199	1,685

Permitted Facilities

- Child Care – Program staff met with Human Services Agency (HSA) in October to review changes in Childcare Regulation Environmental Health Sections. The changes require that children under 12 months of age not be allowed to sleep in swings, bouncy seats, car seats and other type devices, and that children must be placed on their back on a firm mattress, mat or pad when napping or sleeping. Swings that promote sleep will still be allowed in the childcare centers; however, the child must be removed immediately upon falling asleep. The allowance for swings is based on a minimum ratio of 4:1 infant to caregiver as required elsewhere in the regulations. On October 22, EHS staff met with staff from HSA and Community Services Head Start Program to discuss recent violations and concerns in a Head Start Facility. Staff from all agencies came to consensus on resolutions for addressing and managing outbreaks, limitations on foodservice, closing for imminent health hazards and communications with the Health District for inspections, and payments for health permits.
- Schools – EHS completed all permitted school inspections in Washoe County for the Fall Semester. The Permitted Facilities Program is currently working on an Outbreak Site Investigation Standard Operating Procedure (SOP) so that all field staff will be trained to respond to EHS school locations as requested by the Communicable Disease Program when there are issues managing outbreaks. Currently there are only 5 of 19 field staff trained to handle outbreaks.

**Environmental Protection**

Land Development

- Land Development plan review numbers were consistent in both October and November as compared to 2019 and 2020. Well plan permit applications are approximately 14% higher than 2020 and 53% higher than 2019.
- Septic and Well inspection numbers remain steady. The annual push by industry personnel to complete construction projects before winter continues.
- Program staff continue to train a new staff member on septic and well plan reviews and inspections.

- Staff are planning for program development related projects for the winter months.

<b>Land Development</b>	<b>JAN 2021</b>	<b>FEB 2021</b>	<b>MAR 2021</b>	<b>APR 2021</b>	<b>MAY 2021</b>	<b>JUN 2021</b>	<b>JUL 2021</b>	<b>AUG 2021</b>	<b>SEP 2021</b>	<b>OCT 2021</b>	<b>NOV 2021</b>	<b>2021 YTD</b>	<b>2020</b>
Plans Received (Residential/Septic)	79	75	83	90	80	81	84	78	82	81	55	868	705
Residential Septic/Well Inspections	109	99	136	114	107	115	118	91	117	93	111	1,211	1,075
Well Permits	13	11	16	23	13	12	9	12	11	9	17	146	131

Safe Drinking Water (SDW)

- Four Sanitary Surveys remain to be conducted in 2021. Staff conducted a Sanitary Survey of a potential new Public Water System (PWS) in Verdi. This PWS was identified via a business license review by the EHS Commercial Development team. The owners of the facility in question are evaluating their options with respect to becoming a permitted PWS or altering their business model to ensure their population falls below the thresholds that would require they become permitted.
- Discussions have begun with Bureau of Safe Drinking Water (BSDW) staff for the EHS-SDW team to take over the Found Water System permitting process. BSDW staff would possibly provide their list of potential Found Water Systems to EHS, and our team would ensure the systems either become properly permitted as a PWS or they are able to demonstrate that they fall below the thresholds which require permitting.
- Staff addressed 20 chemical monitoring exceedances for items input into the state drinking water database during September and October. As these exceedances are addressed, staff are creating templates and SOPs to ensure consistency across all team members and public water systems.

Vector-Borne Diseases (VBD)

- Staff attended pesticide education and safety seminars provided by the University of Nevada Cooperative Extension office and the Nevada Department of Agriculture.
- Staff are conducting maintenance and winterization of all mosquito abatement equipment.
- Program planning for the 2022 season is ongoing. This includes mosquito control product rotation schedules and geographic information system updates.
- Program staff participated in a CDC bottle bioassay training seminar for testing adult mosquitoes for pesticide resistance.

<b>Vector</b>	<b>JAN 2021</b>	<b>FEB 2021</b>	<b>MAR 2021</b>	<b>APR 2021</b>	<b>MAY 2021</b>	<b>JUN 2021</b>	<b>JUL 2021</b>	<b>AUG 2021</b>	<b>SEP 2021</b>	<b>OCT 2021</b>	<b>NOV 2021</b>	<b>2021 YTD</b>	<b>2020</b>
Total Service Requests	1	0	2	9	12	15	8	4	7	0	1	59	135
Mosquito Pools Tested	0	0	0	0	5	54	200	93	33	0	0	385	280
Mosquito Surveys and Treatments	0	2	1	126	60	371	171	86	4	0	0	821	72

Waste Management (WM)/Underground Storage Tanks (UST)

- WM staff continues to work with operators for report submission and permit renewal.
- UST staff inspected the removal of a non-regulated system on Prater Way on November 3, 2021.

Date: December 16, 2021

Subject: EHS Division Director's Report

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**Inspections:**

<b>EHS Inspections</b>	<b>JAN 2021</b>	<b>FEB 2021</b>	<b>MAR 2021</b>	<b>APR 2021</b>	<b>MAY 2021</b>	<b>JUN 2021</b>	<b>JUL 2021</b>	<b>AUG 2021</b>	<b>SEP 2021</b>	<b>OCT 2021</b>	<b>NOV 2021</b>	<b>2021 YTD</b>	<b>2020</b>
Child Care	5	8	5	4	8	13	10	10	22	16	8	101	142
Food/Exempt Food	356	496	610	565	373	491	333	358	375	389	441	4,346	4,264
Schools/Institutions	9	25	32	35	37	8	0	9	69	33	32	257	199
Tattoo/Permanent Make-Up (IBD)	5	7	9	8	9	14	9	3	12	29	20	105	112
Temporary IBD Events	0	0	0	0	0	0	0	0	0	0	0	0	1
Liquid Waste Trucks	5	4	4	2	0	16	19	16	10	4	21	81	110
Mobile Home/RV Parks	6	8	6	10	14	6	12	11	14	11	13	99	202
Public Accommodations	17	19	22	6	7	8	16	4	23	10	17	132	130
Aquatic Facilities/ Pools/Spas	4	19	13	36	311	213	199	303	9	6	3	1,115	408
RV Dump Station	2	1	1	1	1	1	1	0	2	6	2	16	17
Underground Storage Tanks	0	0	0	0	3	1	0	0	0	0	0	4	10
Waste Management	12	9	9	21	10	22	8	12	14	3	6	121	211
Temporary Foods/Special Events	0	0	0	5	12	92	71	126	255	133	26	711	48
Complaints	47	40	41	55	55	91	96	59	67	50	48	601	911
<b>TOTAL</b>	<b>468</b>	<b>636</b>	<b>752</b>	<b>748</b>	<b>840</b>	<b>976</b>	<b>774</b>	<b>911</b>	<b>872</b>	<b>689</b>	<b>637</b>	<b>8,327</b>	<b>6,765</b>
EHS Public Record Requests	331	393	655	375	719	318	474	312	173	339	500	4,589	3,249

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: December 16, 2021**

**DATE:** December 2, 2021

**TO:** District Board of Health

**FROM:** Nancy Diao, ScD, EPHP Division Director  
775-328-2443, [ndiao@washoecounty.gov](mailto:ndiao@washoecounty.gov)

**SUBJECT:** Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

**Communicable Disease (CD)**

SARS-CoV-2 (COVID-19) - By the end of November, Washoe County Health District’s COVID Epidemiology team had received reports of 68,656 cumulative cases of COVID-19 among Washoe County residents.

The first Washoe County case with Delta variant was sequenced and reported in early June 2021. This new variant created a spike in cases during the summer that increased to levels not seen since early November and mid-December 2020. While case numbers generally decreased in recent 2 months, Delta remains the dominating variant in Washoe County.

Case investigations are currently prioritized as follows: 1) Cases aged 5-12 years; 2) Cases aged 18-24 years (college-aged); 3) Cases aged 13-17 years; 4) Cases aged 0-4 years; 5) Households with multiple positives. At this time, approximately 73% of the cases reported in the past 14 days have been interviewed by or assigned to a disease investigator.

<b>Table 1: Number and Percent of Total COVID-19 Cases Reported by Month and Year, Washoe County, March 2020 – November 2021</b>			
<b>Month Reported</b>	<b>Number of COVID-19 Cases Reported</b>	<b>Avg Number of Cases per Day</b>	<b>Percent of Cumulative Cases</b>
<b>2020</b>			
March	142	5	0.2%
April	767	26	1.1%
May	658	21	1.0%
June	1230	41	1.8%
July	2368	76	3.4%
August	2096	68	3.1%
September	2301	77	3.4%

<b>Table 1: Number and Percent of Total COVID-19 Cases Reported by Month and Year, Washoe County, March 2020 – November 2021</b>			
<b>Month Reported</b>	<b>Number of COVID-19 Cases Reported</b>	<b>Avg Number of Cases per Day</b>	<b>Percent of Cumulative Cases</b>
October	4025	130	5.9%
November	11123	371	16.2%
December	10045	324	14.6%
<b>2021</b>			
January	5490	177	8.0%
February	1635	58	2.4%
March	1387	45	2.0%
April	1479	49	2.2%
May	725	23	1.1%
June	621	21	0.9%
July	1634	53	2.4%
August	6582	212	9.6%
September	7355	245	10.7%
October	3637	117	5.3%
November	3356	112	4.9%

Figure 1 provides an overview to date of the total number of confirmed COVID-19 cases reported to Washoe County by MMWR week for both 2020 and 2021. From MMWR week 27 through week 36 case counts increased, leveled out and then declined to MMWR week 41. From MMWR week 42 through 45 cases increased, before dropping consistently through week 47.

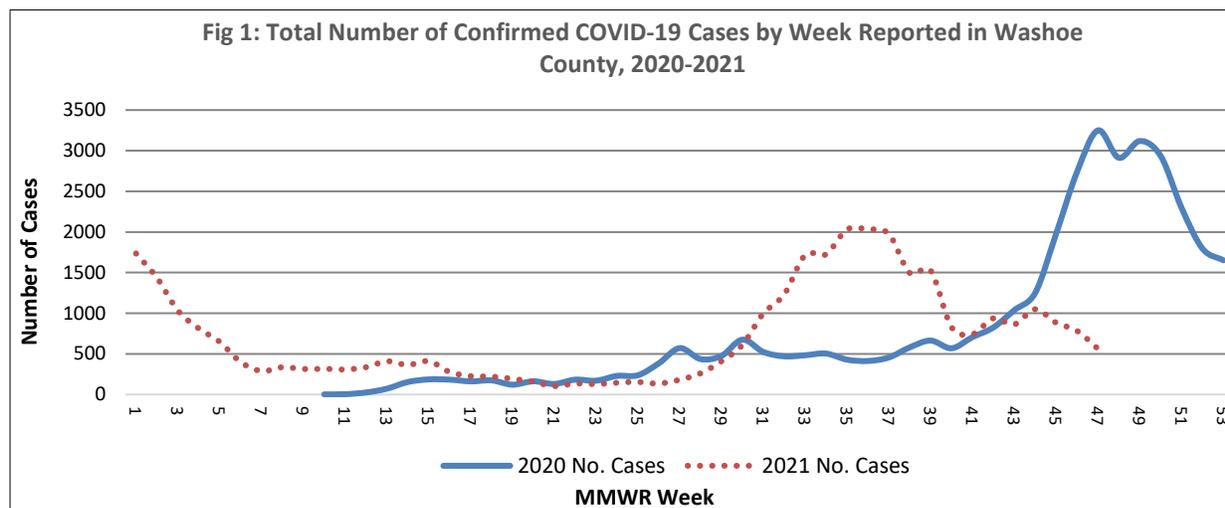


Figure 2 illustrates the number of new cases per 100,000 over the course of an eight-week period, starting from the second week in October through the end of November. The case rate per 100,000 population declined from MMWR week 44 (216.74) through MMWR week 47 (116.56). The low,

substantial, and high thresholds per 100,000 population are based on the CDC's indicators of community transmission.<sup>1,2</sup>

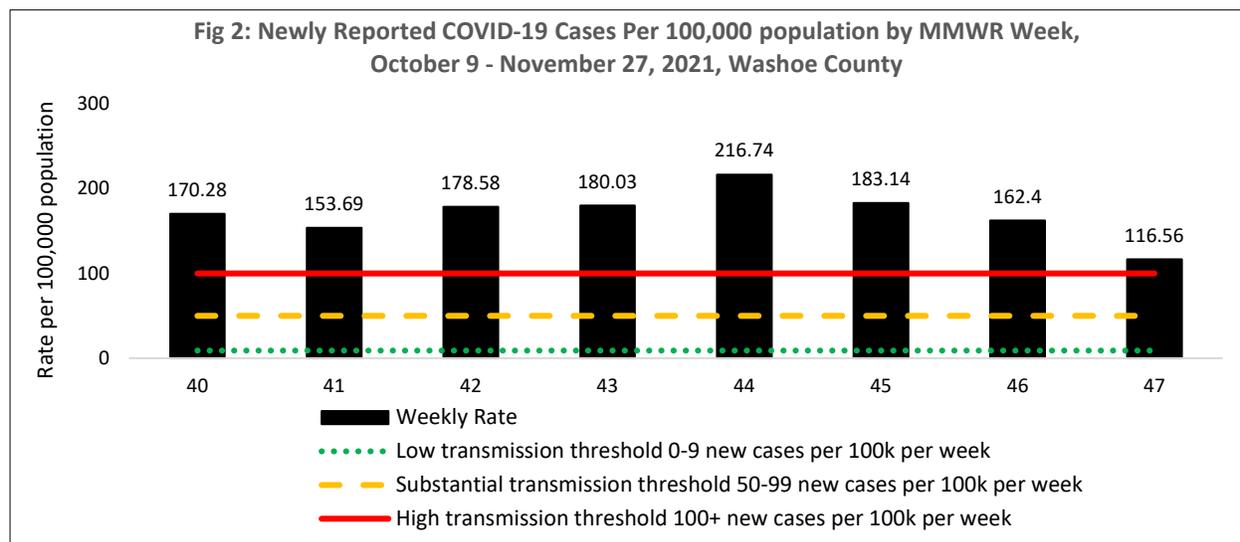
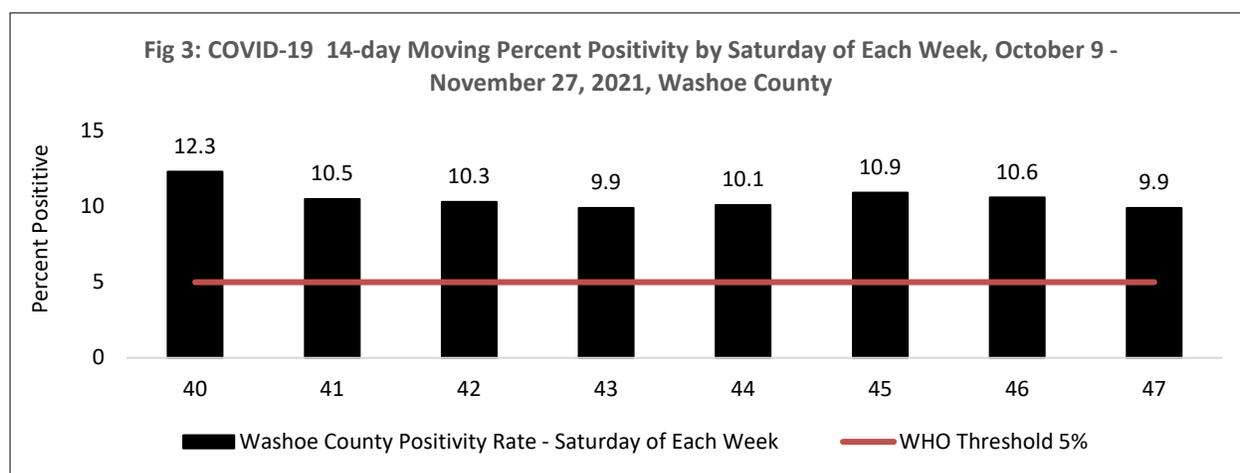


Figure 3 illustrates the percent positivity on the Saturday of each week. Percent positivity is defined as the number of tests that are positive divided by the total number of tests conducted on a given date. These data are calculated daily by the Nevada Department of Health and Human Services (NV DHHS) and the trends are provided in context with the World Health Organizations' threshold of 5%. As of October 1, 2021, the NV DHHS dashboard percent positivity includes antigen tests. Prior calculations were inclusive of only molecular tests. NV DHHS dashboard recalculated percent positivity retrospectively, therefore, moving forward WCHD will be reporting out percent positivity to mirror the state's dashboard. The percent positivity has been stable from MMWR week 41 (10.5%) to week 47 (9.9%).



<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#footnote-1a>

<sup>2</sup> <https://covid.cdc.gov/covid-data-tracker/#county-view>

Partner Outreach & Communications - On August 21, the EPHP Division Director, the Washoe County Health District Regional Operations Chief/Health Branch Director for the COVID-19 response, and the Epidemiology Program Manager met with representatives of the Washoe County School District to discuss ability to divide contact tracing between the two organizations. Both organizations recognized the need for this due to the number of cases that attend school while infectious and neither can sustain the workload burden alone. The WCHD proposed the cases be divided by grade level, such that WCHD conducts the contact tracing in the elementary school settings, and WCSD conducts contact tracing at the secondary school levels. This model will bring efficiency to the operations. This will reduce the amount of email traffic and phone calls required when WCHD is requesting from middle and high schools for seating charts and attendance information for multiple classrooms that had cases who attended while infectious. This new proposed model went into effect on September 7, 2021, and weekly meetings with the Washoe County School District were reinstated the week of the 7<sup>th</sup> as well.

The Epidemiology Program Manager provided school partners with a training video and supportive materials to be able to conduct contact tracing in the K-12 classroom and school settings. This helps to expedite the process when a parent or guardian notifies the school of a positive test result, prior to the Health District receiving the electronic submission of the test result from a laboratory.

From January 2020 through May 2021, the Epidemiology Program Manager has hosted a weekly local provider call Fridays at 0900. This call offers an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local physicians to provide updates and ask questions as they relate to COVID-19. As of the end of September, vaccine partners joined this call to provide weekly updates. On average there were 65 persons who attended this virtual meeting each week. Updates are now occurring via email for efficiency of operations, sent out on Friday of each week.

On November 19, 2021 the first recurring COVID-19 snapshot report was sent out to over 100 recipients community-wide and is posted to the COVID-19 regional information website at <https://covid19washoe.com/daily-updates/washoe-county-covid-19-data-report/>. This report includes data indicators related to new cases, breakthrough infections, hospitalizations, and deaths, and will be sent out on a repeated basis.

Outbreaks – There were 10 declared outbreaks in October and 18 declared outbreaks in November, all occurred in school/daycare/childcare settings. Across both months combined, there were seven (7) gastrointestinal outbreaks, five (5) COVID-like illness outbreaks, and 16 outbreaks categorized as “other”. Among those 16 outbreaks categorized as “other” 12 have been identified as RSV outbreaks and the other four (4) are rash-like illness including hand, foot, and mouth disease.

Type	January	February	March	April	May	June	July	August	September	October	November
GI - Gastrointestinal	1	1	2	12	4	4	2	4	4	3	4
ILI - Influenza Like Illness	0	0	0	1	0	0	0	0	0	0	0
CLI - COVID Like Illness	1	0	0	0	1	2	2	1	11	3	2
Other	0	0	0	1	1	2	3	5	4	4	12
<b>Total</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>14</b>	<b>6</b>	<b>8</b>	<b>7</b>	<b>10</b>	<b>19</b>	<b>10</b>	<b>18</b>

Epi News – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Washoe County Health District Epidemiology Program since 1997. Epi News publications are emailed and faxed to 700-800 subscribers and are available on the County website at <https://www.washoecounty.us/health/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

In October and November, there were two Epi News newsletters:

- Hand, Foot, and Mouth Disease
- Food Safety at Home

General Communicable Diseases – During October and November, 349 and 416 positive labs for reportable conditions were investigated by the Epidemiology team, respectively.

There was a backlog of data in the 2020 calendar year, during which the epidemiology staff were operating almost exclusively on the COVID response. To date the epidemiology program has caught back up with data processing for all diseases, except for hepatitis C.

All 2020 case data for infectious diseases were due for final reporting to the Centers for Disease Prevention and Control (CDC) by end of October. Epi and COVID staff focused on closing out cases and finalizing data entry across all disease types.

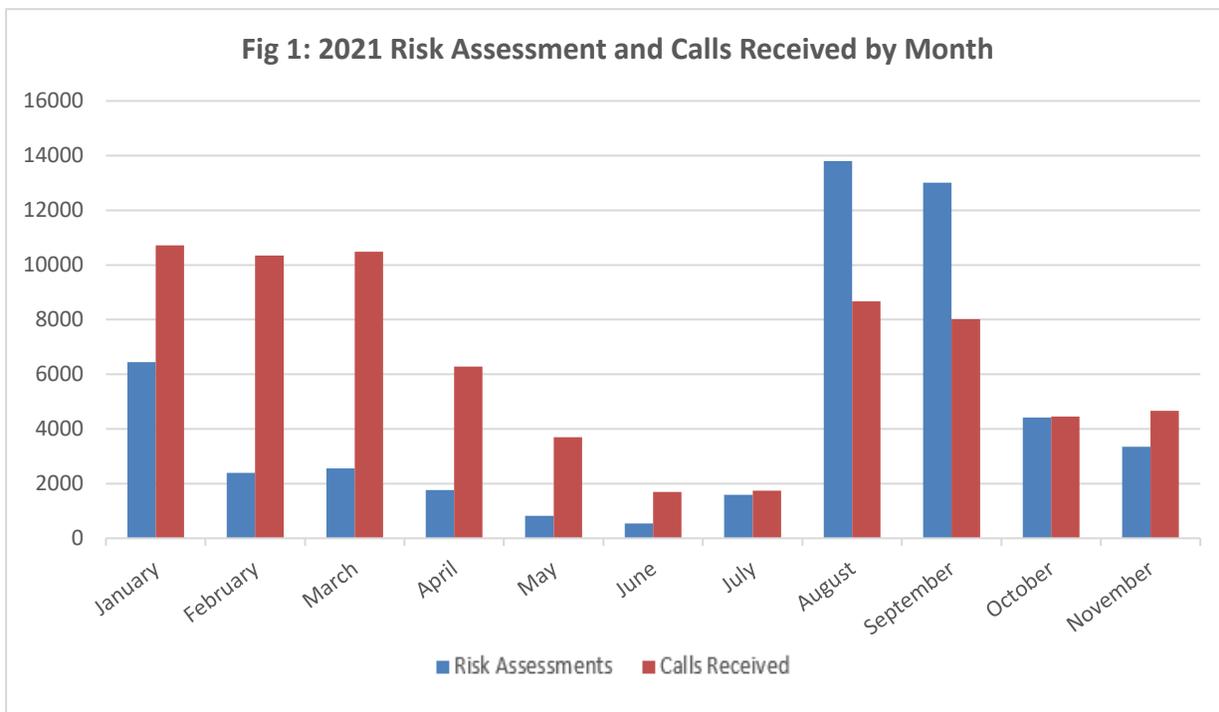
### **Public Health Emergency Preparedness (PHEP)**

COVID-19 Response – The PHEP program continues to support the COVID-19 response by developing the Incident Action Plan (IAP) and the Incident Command System (ICS) 209 report for the Health District. The PHEP program continues to provide management and oversight of the COVID-19 testing program.

The PHEP program is coordinating with Washoe County schools (public, private and charter) to support their emergency planning processes for their Emergency Operations Plans (EOP) based on the passage of Senate Bill 36. This bill requires a representative of the Health District to participate in school's emergency planning efforts. The PHEP program has identified and contacted a total of 46 private and charter schools that are affected by SB36 as well as all the public schools. So far, the program has participated in the emergency planning process of three schools and has meetings with two more scheduled for early December.

Call Center and POST –The COVID-19 Call Center received 4,420 risk assessments in October and 3349 in November, resulting in decreases of 66% and 24% respectively compared to the previous month. Some risk assessments were entered by end-users through the web portal, and others were entered by the Call Center staff. During the month of October, the Call Center saw a 44% decrease in call volume from September, and in the month of November saw a 5% increase over calls received in October. Table 1 and Figure 1 summarizes calls received at the call center and risk assessment totals to date since the beginning of year 2021.

Table 1. Total Calls and Risk Assessments				
Month Reported	Risk Assessments	Inc/Dec	Calls Received	Inc/Dec
<b>2021</b>				
January	6447		10720	
February	2389	-63%	10347	-3%
March	2553	7%	10486	1%
April	1762	-31%	6278	-40%
May	822	-53%	3699	-41%
June	537	-35%	1694	-54%
July	1593	197%	1744	3%
August	13803	766%	8666	397%
September	13010	-6%	8010	-8%
October	4420	-66%	4449	-44%
November	3349	-24%	4669	5%

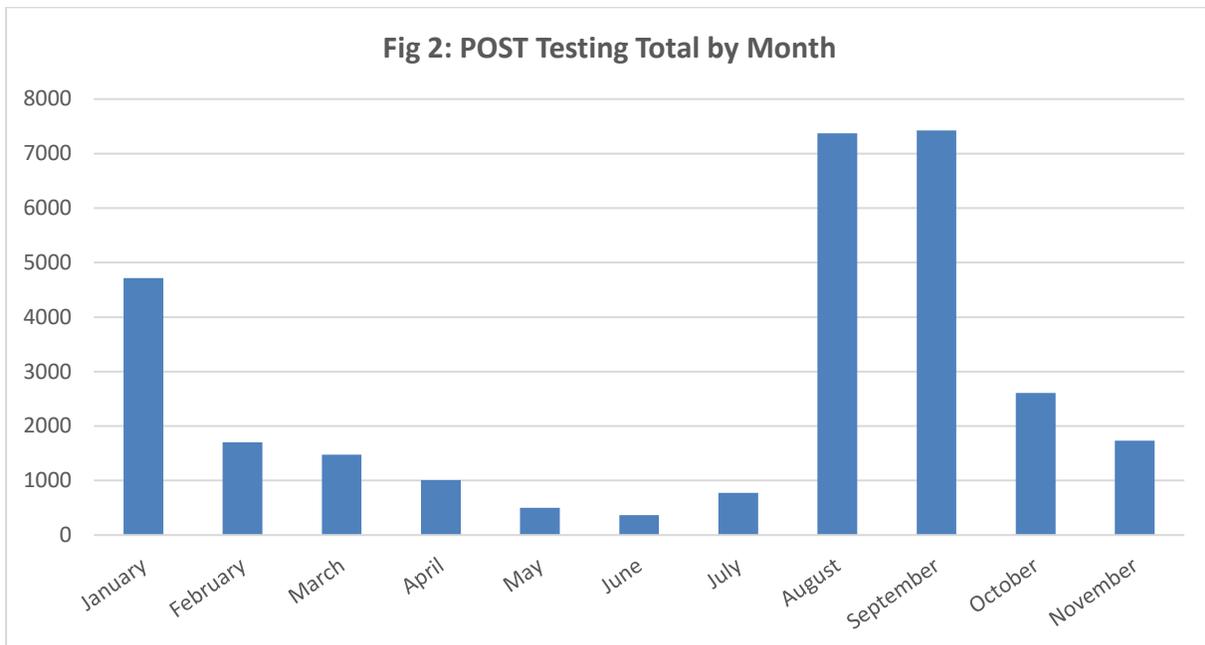


During this reporting period, POST continued with five-day operations until October 11 when testing was decreased to Monday, Wednesday, and Friday, and capped at 300 tests per shift. On November 1, testing capacity was further decreased and capped at 200 tests per shift. On

November 16, filters to limit testing to symptomatic and close contacts to positive cases were put in place, and testing capacity was further decreased to 150 tests per shift on November 22.

The POST tested 2,608 individuals in October and 1,733 in November, decreases of 65% and 34% respectively over the previous month. Table 2 and Figure 2 summarizes the number of tests completed at POST to date since the beginning of year 2021.

Table 2. Number of Tests Conducted at POST		
Month Reported	POST Tests	Inc/Dec
<b>2021</b>		
January	4718	
February	1704	-64%
March	1474	-13%
April	1005	-32%
May	500	-50%
June	365	-27%
July	776	113%
August	7371	850%
September	7424	1%
October	2608	-65%
November	1733	-34%



## **Healthcare Preparedness Planning (HPP)/Inter-Hospital Coordinating Council (IHCC)**

The PHEP and HPP programs continue to work closely with the Nevada Division of Emergency Management on a Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) full-scale exercise planned for March 22-24, 2022. This exercise will utilize multiple regional and hospital emergency plans. On November 19, program staff and other planning members toured the new Northern Nevada Sierra Medical Center facility to better understand the layout for planning purposes.



On October 21, the Healthcare Coalition held a redundant communications exercise in coordination with the Nevada Healthcare Association's Earthquake Notifications exercise. Twenty-one healthcare facilities participated by utilizing WebEOC to communicate their facility's status after the earthquake. Exercises like this help establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and establishes situational awareness for all involved in an incident.

The IHCC Response Guide and Preparedness Planning Guidelines have been revised and will be approved in during the December monthly meeting. Notable changes include:

### Response Guide

- Added final Resource Requesting procedure
- Added fillable forms to the document as well as attaching the forms separately within the PDF

### Preparedness Planning Guide

- Added 2022 Hazard Vulnerability Assessment (HVA), Resource and Gap Analysis information
- Updated emPOWER (Medicare beneficiaries who rely on electricity-dependent durable medical and assistive equipment and devices) and Social Vulnerability Index (SVI) data
- Added an attachment of an MOU for commitment to participate

On November 15 and 16, the Public Health Emergency Response Coordinator and REMSA conducted Mutual Aid Evacuation Agreement (MAEA) trainings at Northern Nevada Medical Center and Saint Mary's Regional Medical Center. These trainings included a tabletop exercise. Exercises and trainings such as these are important to provide opportunities to practice and maintain familiarity with different communication methods that might be used during an incident.

**EMS Oversight Program**

EMS Joint Advisory Committee (JAC) - The JAC continues to meet bi-weekly to develop processes and protocols to accomplish the approved revisions and additions of goals in the Strategic Plan. JAC and the Program continue to meet with hospital partners to discuss solutions to reduce the burden on the emergency rooms and EMS partners.

REMSA Exemption Requests - Table 1 summarizes REMSA Exemption Requests.

Table 1: REMSA Exemption Requests							
Exemption	System Overload	Status 99	Weather	Other	Pending Review	Approved	Total
January 2021	23	2	3 (BWE)			28	28
February 2021	5					5	5
March 2021	13					13	13
April 2021	52					52	52
May 2021	34					34	34
June 2021	135	47				182	182
July 2021	68	5				73	73
August 2021	121	111				232	232
September 2021	115	224				339	339
October 2021	71	120				191	191
November 2021*	22	39			10	51	61

\* Not all exemptions have been received and reviewed

REMSA Call Compliance – The franchise area is divided into response zones. The response zones will have response time compliance standards for all Priority 1 calls as follows, per the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014.

- Zone A – REMSA shall insure that 90% of all presumptively defined life-threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.
- Zones B, C, and D – REMSA shall insure that 90% of all presumptively defined life-threatening calls (Priority 1 Calls) collectively have a response time of; 15minutes and 59 seconds or less for the combined Zone B areas, 20 minutes and 59 seconds or less for the

combined Zone C areas, and 30 minutes and 59 seconds or less for the combined Zone D areas.

Table 2 shows REMSA's compliance rate starting FY 2021-2022.

<b>Month</b>	<b>Zone A</b>	<b>Zone B, C, and D</b>
July 2021	84%	77%
August 2021	81%	80%
September	88%	75%
October	84%	76%
November**		

\*\*Compliance rate for the month will be calculated once all Priority 1 calls are received from REMSA and reviewed.

REMSA Franchise Agreement Updates - The Program is preparing data for the REMSA Franchise Map Review for FY 2020-21. Program staff is also compiling REMSA compliance documentation for FY 2020-21, per the revised REMSA Franchise Compliance Checklist.

EMS Program Planning Updates: - The Program has prepared data and compiled agency and EMS Program highlights and accomplishments for the EMS Annual Report for FY 2019-20 and FY 2020-21. The report will be represented to ESMAB in February.

Community Services Department (CSD) – Memo Review - The EMS Oversight Program staff reviews and analyzes project applications received from the Planning and Building Divisions of the CSD and provides feedback. Program staff and REMSA reviewed five project applications for October, and six for November and had comments on three projects that may impact EMS response.

Mass Gatherings/Special Events - The EMS Oversight Program did not receive any mass gathering/special events applications in the past two months.

### **Vital Statistics**

The Vital Statistics program continues to serve the public through the mail, online and in-person. During October, Vital Statistics staff registered 538 deaths and 479 births. In November, 609 deaths and 461 births were registered, and corrections were made for 73 births and 14 deaths. The Vital Statistics program also compiles and submits weekly records on decedent information for HIV/AIDS surveillance, as well as providing a monthly update to senior services.

**Table 1: Number of Processed Death and Birth Records**

<b>October</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Death	1887	72	490	2449
Birth	713	38	385	1136
<b>Total</b>	<b>2600</b>	<b>110</b>	<b>875</b>	<b>3585</b>

<b>November</b>	<b>In Person</b>	<b>Mail</b>	<b>Online</b>	<b>Total</b>
Death	2222	67	412	2701
Birth	855	42	412	1309
<b>Total</b>	<b>3077</b>	<b>109</b>	<b>824</b>	<b>4010</b>

**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: December 16, 2021**

**DATE:** December 8, 2021

**TO:** District Board of Health

**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.gov](mailto:kdick@washoecounty.gov)

**SUBJECT:** District Health Officer Report – COVID-19 Response, Joint Information Center, Strategic Planning Retreat, Government Affairs Update, Public Health Accreditation, Emergency Medical Services, CCHS Added Fee for vaccinations, and Public Communications and Outreach.

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COVID-19 Response

The Health District’s response to COVID-19 is predicated on our statutory obligations under NRS 441A and NAC 441A to “carry out measures for the investigation, prevention, suppression and control of communicable disease.” These activities include informing the public of levels of COVID-19 transmission occurring in the community and educating them on risk mitigation practices, required measures such as mask wearing in public indoor places under the Governor’s Directive 047, investigating confirmed cases of COVID-19 to have cases isolate and close contacts quarantine, providing testing to confirm cases of COVID-19, and dispensing vaccinations to prevent or suppress COVID-19 transmission and reduce morbidity and mortality form the disease.

As of December 8, the test positivity rate under the State County Tracker system over 14 days with a seven-day lag was 7.8% and the case rate per 100,000 over 30 days was 547. This represents a 25.7 % decrease in the test positivity rate and a 40% decrease in the case rate per 100,000 over 30 days from those rates reported in the October monthly report. On December 8, the 7-day average of new cases was 87.6. This represents 15% decrease from the 7-day average of 102.9 new cases per day reported in the October monthly report. The CDC designates the County as a region of high transmission due to the number of new cases per 100,000 over a 7-day period exceeding 100, at 122.37 and the 7-day average test positivity through December 8 exceeding 10% at 10.73%. On December 8, the Nevada Hospital Association reported 60 people hospitalized in Washoe County with confirmed or suspected COVID-19, this is a decrease from 98 people hospitalized reported in the October monthly report. COVID-19 hospitalizations have decreased 39% since then. However, the Nevada Hospital Association has northern Nevada hospitals at the warning level for hospital occupancy rates and the alert level for staffing.

Health District staff continue to conduct disease investigations of cases occurring to isolate them and notify close contacts. As our rate of new daily cases has decreased, our ability to provide timely disease investigations has improved to about 75% of cases from 60% in the October report and 25-30% in September. As of December 3, we have had 1,724 people attend school while infectious since schools reopened on

August 9. The Health District is now conducting COVID-19 testing only 3 days per week at the Reno Sparks Livestock Events Center (RSLEC) which are analyzed by the Nevada State Public Health Laboratory (NSPHL). Testing is limited to those who are symptomatic, have had close contact with a COVID-19 case, or have recently returned from international travel.

The Health District is in the process of transitioning our vaccination efforts as winter weather sets in, the National Guard are demobilizing, and our community capacity and capability for administering vaccinations has been established. The percentage of COVID-19 vaccinations administered by the Health District has been declining and currently less than 10% of vaccinations administered county-wide (using a four-week running average) are administered by the Health District. The Health District will be transitioning to providing vaccinations through regularly scheduled community POD events and indoors through our clinical services program. Over the 10 days beginning December 8 the Health District along with community partners, the Washoe County School District, Community Health Alliance, Renown Health and Immunize Nevada will provide 14 POD events for children 5-11 years old. Over the past four weeks we have averaged 13,335 vaccinations administered per week county-wide by all providers. As of December 8, 61.34 percent of the population twelve and older were fully vaccinated and 68.99 percent of the population twelve and older had initiated vaccinations.

Currently booster doses are recommended for everyone 18 and older six months following the initial 2 dose series, or 2 months following the Janssen immunization, and vaccinations are available for everyone 11 years of age or older.

#### Joint Information Center (JIC)

The Washoe County COVID-19 Regional Information Center (RIC) continued messaging about COVID-19, which included updated age eligibility on COVID-19 vaccine boosters, updated guidance on COVID-19 vaccines for those aged 5-11 and updates to current COVID-19 case trends. The RIC also informed the public of the 900th COVID-19-related death in Washoe County. We also hosted a COVID-19 vaccine media day for Spanish speaking journalist and news outlets, which included six media outlets that filmed a 6-year-old Washoe County resident, JJ, who got a pediatric COVID-19 vaccine.

The Washoe County Health District communications program sent out messaging about flu shot clinics held at the Health District, a public workshop for changes to wood burning device regulations from AQMD and the Great American Smokeout, which is a day that encourages residents to quit smoking or vaping. The team recently hired Yeraldin Deavila as its Media & Communications Specialist.

#### Strategic Planning Retreat

The DBOH held a strategic planning retreat meeting on November 18. The District Board of Health provided feedback on the strategic plan framework which was collected and included in the strategic plan draft included in the December Board meeting agenda for approval. The Board also heard a presentation on the strategic plan implications for the budget. The information and feedback from the presentation will be included in the budget that the Board will see at the February DBOH meeting. The team will now shift its efforts to building out the performance management system to track results and the workforce development plan.

#### Government Affairs Update

On November 12, the 33rd Special Session of the Nevada State Legislative convened to approve the new congressional, legislative, and Board of Regents boundaries within the state. The updated maps and districts

were approved and voted on in four days. The session adjourned sine die on November 16, and Governor Sisolak signed the bill into law later that day.

Public Health Accreditation

In November we received notification from the Public Health Accreditation Board (PHAB) that Section II of the Annual Report was accepted. PHAB commended staff’s efforts to utilize informal QI processes in crisis scenarios with rapid-fire projects and pulling all staff together to refresh the strategic plan. The next annual report is due August 2022.

Emergency Medical Services

A regional meeting is scheduled December 10 with EMS/REMSA leaders, City and County Managers, and hospital leaders to discuss approaches to improve and optimize regional emergency medical services. It is anticipated that this discussion will build upon ongoing discussions between EMS and REMSA leadership, and the staff level EMS Joint Advisory Committee working on this topic with the Health District’s Regional EMS Oversight Program.

New Fee Added for CCHS vaccinations

A request from CCHS was approved to add an administration fee for the COVID-19 vaccine. The suggested fee is \$40.44, which is what Medicaid pays. This fee is only for administration and not the vaccine itself. This fee will be collected for COVID-19 vaccines administered to insured individuals in the clinic setting utilizing the Patagonia software program. Vaccinations administered at Community POD events will continue to be scheduled with the Salesforce and reimbursement will not be sought except through our federal grant funding.

Below please find the COVID Administration codes:

Proc	Desc	Mod	Enhancement	Rate	Rate Begin Date
0001A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3ML DOSAGE, DILUENT RECONSTITUTED; FIRST DOSE		DEF	\$40.44	03/15/2021
0002A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3ML DOSAGE, DILUENT RECONSTITUTED; SECOND DOSE		DEF	\$40.44	03/15/2021
0003A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3ML DOSAGE, DILUENT RECONSTITUTED; THIRD DOSE		DEF	\$40.44	8/12/2021

Date: December 16, 2021

Subject: ODHO District Health Officer Report

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0011A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 100 MCG/0.5ML DOSAGE; FIRST DOSE		DEF	\$40.44	03/15/2021
0012A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 100 MCG/0.5ML DOSAGE; SECOND DOSE		DEF	\$40.44	03/15/2021
0013A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 100 MCG/0.5ML DOSAGE; THIRD DOSE		DEF	\$40.44	8/12/2021
0031A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, DNA, SPIKE PROTEIN, ADENOVIRUS TYPE 26 (AD26) VECTOR, PRESERVATIVE FREE, 5X10 <sup>10</sup> VIRAL PARTICLES/0.5ML DOSAGE, SINGLE DOSE		DEF	\$40.44	03/15/2021

Att.: October and November Media Mentions

<b>DATE</b>	<b>STORY</b>	<b>Inquiries</b>
10/4/2021	<p><a href="#">KOLO: COVID-19 vaccine: More than 2,000 third doses given in Washoe Co.</a></p> <p><a href="#">Nevada Independent: Infant Safe Sleep Awareness Month highlights importance of babies sleeping alone</a></p> <p><a href="#">Nevada Today: Mandatory COVID-19 vaccine requirement for NSHE employees</a></p> <p><a href="#">KOH: Positivity rate in Washoe County at 16%; ivermectin as a COVID treatment being blamed for some deaths</a></p> <p><a href="#">Nevada Today: If vaccinated people can get COVID, why should I get vaccinated?</a></p>	<p><b>KTVN:</b> Bryan Hofmann interviewed Nicole Mertz about flu shots.</p> <p><b>RGJ:</b> Evan Haddad inquired about the WashoeEats mobile app and what it does. He's new to the RGJ restaurant beat and was looking for more info. Amber English provided some information.</p>
10/5/2021	<p><a href="#">KTVN: Washoe County Health District urges residents to get flu shot</a></p> <p><a href="#">KRVN: Health District seeing success with flu shot POD</a></p> <p><a href="#">KTVN: Nevada Reports 106 New COVID-19 Cases, 33 Deaths Over Weekend</a></p> <p><a href="#">Associated Press: Nevada adds rapid test results to COVID tally</a></p> <p><a href="#">KOLO: COVID-19 vaccine: More than 2,000 third doses given in Washoe Co.</a></p> <p><a href="#">RGJ: Want a free beer with that shot? Great Basin Brewery offering free pints with vaccines Thursday</a></p>	<p><b>KTVN:</b> Ryan Canaday had a "Your Two Cents" inquiry about senior flu shots. WCHD does not administer the senior shots, just the standard ones.</p> <p><b>RGJ:</b> Evan Haddad had questions about the vaccine POD at Great Basin on Thursday.</p>
10/6/2021	<p><a href="#">This is Reno: COVID-19 cases continue downward trend for second week in a row</a></p> <p><a href="#">Associated Press: COVID-19 trends continuing to improve across Nevada</a></p> <p><a href="#">KTVN: COVID-19 trends going in the right direction</a></p> <p><a href="#">KRVN: Health District: Don't forget about flu shots</a></p> <p><a href="#">KTVN: Health District giving out free flu shots on Saturday</a></p> <p><a href="#">99.1 Talk: Health District has administered more than 2,000 booster and third doses</a></p>	<p><b>KTVN:</b> They asked to shoot b-roll from the POD.</p>
10/7/2021	<p><a href="#">KOLO: District Health Officer concerned we could take a step back with COVID-19 due to holiday gatherings</a></p> <p><a href="#">KNPR (Las Vegas): September third deadliest COVID-19 month</a></p> <p><a href="#">KTVN: Pregnant mothers seeing lower vaccination rate</a></p> <p><a href="#">KOH: COVID-19 test positivity rates continue to fall</a></p> <p><a href="#">KTVN: COVID-19 test positivity rate continues to fall in Washoe County</a></p> <p><a href="#">99.1 Talk: Health District has administered more than 2,000 booster and third doses</a></p> <p><a href="#">El Sol (Spanish newspaper): WIC esta aqui para ayudar a familias impactadas por COVID-19</a></p>	<p><b>KOLO:</b> Denise Wong inquired about COVID-19 vaccines for pregnant women.</p> <p><b>Nevada Independent:</b> Jasmin Orozco Rodriguez asked about breakthrough COVID-19 deaths.</p> <p><b>KRVN:</b> A producer asked us about Dr. Randall Todd.</p>
10/8/2021	<p><a href="#">KOLO: Flu shot clinic set for Saturday at Livestock Events Center</a></p> <p><a href="#">KOLO: WCHD urging pregnant women to get COVID-19 vaccine</a></p> <p><a href="#">KOH: 70% of Washoe County residents have COVID-19 vaccine initiated</a></p>	
10/11/2021	<p><a href="#">Nevada Independent: Reno Latinos mourn, celebrate long-time Spanish-speaking radio DJ 'El Compa Lalo'</a></p> <p><a href="#">This is Reno: Open government advocates blast Washoe County proposal to hike public records fees</a></p> <p><a href="#">KLAS: NEW: Nevada's COVID-19 hospitalizations dropping as weekend case count declines</a></p> <p><a href="#">Associated Press: Nevada among last states to add rapid tests to virus tally</a></p> <p><a href="#">Associated Press: Fauci says children fine to trick-or-treat outdoors this year</a></p>	<p><b>RGJ:</b> Siobhan McAndrew asked about our public records request policy.</p>
10/12/2021	<p><a href="#">KTVN: WCSD Partners With Health District to Give COVID-19 Vaccines to Students, Community</a></p> <p><a href="#">RGJ: Washoe County, citing 'harassment,' to vote on charging labor costs for public records</a></p> <p><a href="#">RGJ: UPDATED: County Commission delays action on adding fees for public records</a></p>	<p><b>KTVN:</b> Bryan Hofmann asked about Moderna boosters.</p> <p><b>RGJ:</b> Siobhan McAndrew filed a records request about records requests.</p>

	<p><a href="#">This is Reno: County commissioners delay decision on public records fee hike</a>  <a href="#">KRNV: COVID Risk Meter down to "high" - based off our tweet</a>  <a href="#">KOLO: Washoe County COVID risk drops to "High" - based off our tweet</a>  <a href="#">KRNV: Commissioners delay vote whether to charge for public records in Washoe County</a>  <a href="#">KOH: COVID-19 Risk Meter now "high"...that's a good thing.</a>  <a href="#">KOLO: Washoe Co. School District to offer COVID shots at some campuses</a>  <a href="#">KRNV: WCSO, WCHD partnering for COVID-19 vaccines</a>  <a href="#">KOH: Dan Mason talks fees for public records requests</a>  <a href="#">99.1 Talk: School district to partner with Health District for COVID-19 vaccines</a>  <a href="#">Radio Lazer: Jackie from WIC spoke last week about resources for residents</a></p>	
10/13/2021	<p><a href="#">KTVN: How to get a booster in COVID-19</a>  <a href="#">KOLO: Washoe County Health District provides update on COVID boosters</a></p>	<b>KTVN:</b> Bryan Hofmann asked about boosters after the media call.
10/14/2021	<p><a href="#">KRNV: Washoe County sees downtrend in COVID-19 cases and hospitalizations</a>  <a href="#">KOLO: COVID-19 Booster Or Third Dose: What You Need To Know</a>  <a href="#">KUNR: Washoe Co. hospitals remain strained</a>  <a href="#">KOH: Health District prepared to give Moderna/J&amp;J boosters upon FDA, CDC approval</a>  <a href="#">KTVN: Health District monitoring FDA, CDC meetings this week</a>  <a href="#">99.1 Talk: Risk meter, positivity rate going down</a>  <a href="#">Carson Now: More than 30 public-sector, government agency employers at upcoming job fair</a>  <a href="#">This is Reno: Please don't politicize the District Board of Health (opinion)</a>  <a href="#">This is Reno: State updates vaccine scheduling tool for COVID booster, encourages flu shots</a></p>	
10/18/2021	<p><a href="#">8NewsNow (Las Vegas): NEW: COVID-19 hospitalizations, test positivity rates fall over the weekend</a>  <a href="#">Northern Nevada Business Weekly: Nursing shortage in Northern Nevada worsening as pandemic lingers</a>  <a href="#">Associated Press: COVID-19 delta surge continues to recede in Nevada</a>  <a href="#">Nevada Independent: Coronavirus Contextualized, 63rd edition: Nevada recovers from its summer COVID-19 wave as the booster shot effort continues</a>  <a href="#">KOLO: Monoclonal antibody treatment available in Nevada</a>  <a href="#">KRNV: WCHD, WCSO administer COVID-19 vaccines</a>  <a href="#">KOH: Government job fair this Wednesday at Old Town Mall, COVID-19 vaccines available</a></p>	<b>KTVN:</b> Paul Nelson interviewed Jim English about COVID-19 booster shots.
10/19/2021	<p><a href="#">KTVN: Moderna, J&amp;J Await Booster Approval</a>  <a href="#">RGJ: WCSO says no attendance dip amid nationwide protest of potential COVID-19 vaccine mandates</a>  <a href="#">KTVN: COVID-19 positivity rate continues to drop</a></p>	<b>KRNV:</b> Kenzie Margiott asked a question about a BCC item.
10/20/2021	<p><a href="#">This is Reno: County commissioners appoint John Klacking to health board</a>  <a href="#">Food Safety News: IAFP asks for award nominations for 2022 annual meeting and conference; h/t to EHS as 2021 Crumline Award winner</a>  <a href="#">KOLO: Vaccine clinic at Reno Town Mall</a></p>	<p><b>KRNV:</b> Leanna Faulk asked about preparation for 5-11 COVID-19 vaccine eligibility.  <b>KTVN:</b> Valentina Bonaparte asked for clarification regarding third dose vs boosters.  <b>KOLO:</b> Terri Russell asked for any emails/phone calls from an anti-vaccine organization.</p>
10/21/2021	<p><a href="#">This is Reno: Decline in COVID-19 cases flattening in Washoe County, deaths on the decline</a>  <a href="#">KTVN: Nevada Reports 653 New COVID-19 Cases, 29 Deaths</a>  <a href="#">KTVN: WCHD waiting on final call from CDC on boosters, mix and matching</a>  <a href="#">KOLO: Update on COVID-19 boosters, scheduling</a></p>	
10/22/2021	<p><a href="#">KOLO: Washoe Co. Health District now offering Moderna and Johnson &amp; Johnson boosters</a>  <a href="#">Nevada Independent: Coronavirus Contextualized, 64th edition: Cases plateau in Washoe while the rest of Nevada continues to recover from summer Delta surge</a>  <a href="#">Las Vegas Review Journal: COVID-19 cases, deaths remain flat in Clark County</a>  <a href="#">KTVN: WCHD to give out all three brands of the COVID-19 vaccine</a></p>	

	<a href="#">KOLO: Health leaders concerned about new case count flattening</a> <a href="#">KOLO: More COVID-19 vaccine clinics at schools available</a>	
10/27/2021	<a href="#">RGJ: Planning a large gathering for Nevada Day, Halloween? Washoe health officials warn against it</a> <a href="#">KOLO: Washoe County Health District now providing all three COVID-19 booster shots</a> <a href="#">KTVN: Nevada Athletics to Require Proof of Vaccination at Wolf Pack Basketball Games</a> <a href="#">Nevada Sports Net: Vaccinations required for 12 and older at Nevada basketball home games to start season</a> <a href="#">KTVN: Nevada Reports 669 New COVID-19 Cases, 23 Deaths; Washoe County Surpasses 900 Total Deaths</a>	<b>KTVN:</b> Bryan Hoffman asked to shoot b-roll of the POD.  <b>Nevada Sports Net:</b> Chris Murray asked for clarification on mask mandate.
10/28/2021	<a href="#">KUNR: COVID-19 deaths reach 900 in Washoe Co.</a>  <a href="#">This is Reno: 'Tragic Milestone': Washoe County surpasses 900 COVID-19 deaths</a>  <a href="#">KRNV: Washoe County prepares with lower dose Pfizer vaccine for kids on horizon</a> <a href="#">Las Vegas Review Journal: New COVID-19 cases, hospitalizations edge higher in mixed report</a> <a href="#">KOH: 900 COVID-19 deaths in Washoe County</a> <a href="#">KOLO: 900 COVID deaths in Washoe County, averaging two deaths per day</a> <a href="#">KTVN: Nevada Reports 669 New COVID-19 Cases, 23 Deaths; Washoe County Surpasses 900 Total Deaths</a> <a href="#">KRNV: WCHD wants pediatricians to help with vaccinating children</a> <a href="#">KRNV: Long lines to get COVID booster</a> <a href="#">KOLO: WCHD waiting for state vaccine scheduling tool to be updated</a>	<b>This is Reno:</b> Bob Conrad requested comment on a DBOH member's comment during today's DBOH meeting.  <b>KRNV:</b> Leanna Faulk requested an interview about infant mortality. Interview set for Monday.
<b>Total</b>	<b>94</b>	<b>21</b>
<b>Press Releases</b>		
10/8/2021	<a href="#">Final Drive-Through Flu Vaccine Event On Saturday</a>	
10/27/2021	<a href="#">900th COVID-19-related death reported in Washoe County</a>	
<b>Total</b>	<b>2</b>	
<b>Social Media Followers</b>	WCHD Facebook: 5,610 (+22 since Oct. 1) WCHD Twitter: 2,791 (+24 since Oct. 1)	

<u>DATE</u>	<u>STORY</u>	<u>Inquiries</u>
11/1/2021	<p><a href="#">South Tahoe Now: Public workshops for new wood-burning device regulations starting in Washoe County in 2022</a></p> <p><a href="#">This is Reno: Former Washoe County epidemiologist Randall Todd has died</a></p> <p><a href="#">KOLO: Former Washoe Health District official Randall Todd has died</a></p> <p><a href="#">KTVN: Former Washoe County And Nevada Epidemiologist Dr. Randall Todd Dies At 68</a></p> <p><a href="#">KTVN: Nevada Reports 2,035 New COVID-19 Cases, 25 Deaths Over 4-Days</a></p> <p><a href="#">KOLO: COVID-19 vaccine clinic at Wooster High</a></p>	<p><b>KTVN:</b> John Macaluso interviewed Josh Restori about upcoming wood stove regulation change workshops.</p> <p><b>KRNV:</b> Leanna Faulk interviewed Rebecca Gonzalez about infant mortality.</p> <p><b>Radio Lazer:</b> Liliana Wilbert participated in a 30-minute radio segment about COVID-19 vaccines that will run Sunday.</p> <p><b>KTVN:</b> John Macaluso interviewed Jim English about vaccine cards and how Washoe County residents can get a new one if they lose it.</p> <p><b>KRNV:</b> Leanna Faulk interviewed Josh Restori about upcoming wood stove regulation change workshops.</p>
11/2/2021	<p><a href="#">KOLO: Replacing Covid vaccination cards in Washoe County</a></p> <p><a href="#">KRNV: Health District to release COVID-19 vaccine info for ages 5-11 on Wednesday</a></p> <p><a href="#">KTVN: No, media cannot schedule a COVID-19 vaccine booster for you</a></p> <p><a href="#">KRNV: Health District hosting public workshops this week for wood burning devices</a></p> <p><a href="#">KRNV: Know the Code - burn code starts today</a></p> <p><a href="#">KOLO: Wood burning device public workshops this week</a></p> <p><a href="#">This is Reno: UNR researchers: People who feel invincible hinder COVID-19 fight</a></p> <p><a href="#">KOH: Washoe County COVID-19 test positivity rate at 10.1%</a></p>	<p><b>KTVN:</b> Scheduled an interview about AQMD public workshops for Wednesday.</p>
11/3/2021	<p><a href="#">RGJ: What we know about the COVID-19 vaccine availability for 5-11 year olds in Washoe County</a></p> <p><a href="#">KRNV: Health District working to address rising infant mortality rates</a></p> <p><a href="#">KTVN: Washoe County to Begin Administering COVID-19 Shots for Kids on Saturday</a></p> <p><a href="#">KRNV: Kids ages 5 to 11 can get COVID-19 vaccine starting Saturday in Washoe County</a></p> <p><a href="#">KOLO: Moderna and J&amp;J COVID vaccine boosters can now be scheduled in Washoe County</a></p> <p><a href="#">KOLO: Children 5-11 can get the COVID vaccine starting Saturday</a></p> <p><a href="#">KRNV: WCHD reinstates burn code: What that means for in-home heating</a></p> <p><a href="#">KOLO: Connecting Seniors with Services and Resources</a></p> <p><a href="#">KTVN: Getting a negative COVID-19 test at WCHD to see Hamilton not advised</a></p> <p><a href="#">KOLO: WCHD doesn't provide replacement cards, go to WebIZ</a></p> <p><a href="#">KTVN: Wood burning device regulation changes to occur</a></p> <p><a href="#">KOH: WCHD doesn't provide COVID-19 vaccine replacement cards – same as KOLO story above</a></p> <p><a href="#">This is Reno: COVID-19 vaccinations soon available for children, county still seeing 'very high' cases</a></p>	<p><b>KTVN:</b> They interviewed Josh Restori about upcoming reg changes to wood burning devices.</p>
11/4/2021	<p><a href="#">KUNR: Washoe County will start giving COVID-19 vaccine to kids ages 5-11 this weekend</a></p> <p><a href="#">KRXI: Health District to administer COVID-19 vaccine to 5-11 this Saturday</a></p> <p><a href="#">KTVN: Health District received 2,400 COVID-19 vaccine doses for 5-11</a></p>	
11/5/2021	<p><a href="#">KOLO: Pediatricians ask parents to stay vigilant after rare summer spike in RSV cases</a></p> <p><a href="#">KTVN: Renown Health Announces COVID-19 Vaccine Clinics for Ages 5-11</a></p> <p><a href="#">KRNV: Health District to give COVID-19 vaccine kid sized doses for 5-11 tomorrow</a></p>	<p><b>KTVN:</b> Bryan Hofmann interviewed Reka Danko about COVID-19 treatment and potential approval of COVID-19 pills.</p> <p><b>KRNV:</b> Reached out about an anonymous email regarding a politician not wearing a mask indoors.</p> <p><b>KOLO:</b> Reached out about doing a story tomorrow at our POD for 5-11.</p> <p><b>KTVN:</b> Reached out about doing a story tomorrow at our POD for 5-11.</p>
11/8/2021	<p><a href="#">RGJ: Health district vaccine clinic for children full as all 300 slots taken for Saturday</a></p>	<p><b>KOLO:</b> John Macaluso requested interview regarding COVID-19 vaccine and 5-11 age range.</p>

	<a href="#">KTVN: Health District started first COVID-19 vaccine pediatric clinic</a> <a href="#">KRVN: Hundreds of kids in Washoe County get first dose of COVID-19 vaccine</a> <a href="#">KOLO: Hundreds of children line up at Washoe County Health District for COVID-19 vaccine</a> <a href="#">RGJ: Health district vaccine clinic for children full as all 300 slots taken for Saturday</a>	<b>KOLO:</b> Denise Wong asked a few questions about the 11/6 COVID-19 vaccine POD <b>KRVN:</b> Kenzie Margiott requested the number of vaccines administered on 11/6
11/9/2021	<a href="#">KRVN: WCHD administered 288 COVID-19 doses over the weekend for 5-11</a>	<b>KOLO:</b> John Macaluso interviewed Jim English regarding COVID-19 vaccine-5-11 age range and lessons learned.
11/10/2021	<a href="#">KOLO: Lessons learned help WCHD improve vaccine distribution</a> <a href="#">This is Reno: Health District: It's 'go time' to be fully vaccinated by Christmas</a> <a href="#">KRVN: COVID-19 Misinformation is harming residents, according to Health Officer</a>	<b>KUNR:</b> Lucia Starbuck asked for more information about our COVID-19 community PODs. <b>KTVN:</b> Bryan Hofmann asked if he could get some b-roll of the drive-through POD. <b>KTVN:</b> Angela Schilling interviewed Brendan Schnieder about inversions and the burn code
11/11/2021	<a href="#">Associated Press: Nevada encouraged by demand for COVID-19 shots for ages 5-11</a> <a href="#">FOX11: Health District continues to administer COVID-19 vaccine to youngest residents</a> <a href="#">KRVN: Washoe County Health District hosting second COVID-19 vaccine clinic for kids Saturday</a> <a href="#">KTVN: Health District to Host COVID-19 Vaccine Clinic for Kids 5-11 Saturday</a>	<b>KOLO:</b> Terri Russell had a question about the COVID-19 5-11 vaccine event. <b>KRVN:</b> Zac Slotemaker interviewed Jim English about the 5-11 vaccine event. <b>Juan 101.7:</b> Juan had questions about the 5-11 vaccine event tomorrow.
11/15/2021	<a href="#">KTVN: Health District to Hold Several COVID-19 Vaccine Events This Week</a> <a href="#">KRVN: Upcoming COVID-19 vaccine events in Washoe County</a> <a href="#">Nevada Independent: Nevada's vaccine rollout for children 5 to 11 sees initial rush, protest</a> <a href="#">Patch.com: State Boundaries Will Be Redrawn + Jail Calls For HAZMAT Team and more</a> <a href="#">KRVN: Washoe County Health District hosting second COVID-19 vaccine clinic for kids Saturday</a> <a href="#">KTVN: Health District administered COVID-19 vaccines to kids 5-11 Saturday</a>	<b>KTVN:</b> Valentina Bonaparte interviewed Jim English about COVID-19 vaccines for 5-11
11/16/2021	<a href="#">KTVN: Health District continues to administer vaccines to those 5-11 – Jim English interviewed</a> <a href="#">KRVN: Upcoming COVID-19 vaccine events in Washoe County</a>	<b>KTVN:</b> Susie Deller was interviewed about COVID-19 vaccines for 5-11 on Monday. <b>Associated Press:</b> Scott Sonner inquired about COVID-19 misinformation. <b>KRVN:</b> Madison McKay asked for information about COVID-19 mitigation and Thanksgiving. <b>RGJ:</b> Siobhan McAndrew requested information about pediatric COVID-19 cases.
11/17/2021	<a href="#">This is Reno: Health District pleased with demand for COVID vaccines for children, cases remain high</a> <a href="#">KTVN: Parents can now schedule vaccine appointments for kids 5-11</a> <a href="#">KRVN: Friday is the last day to start vaccine process to be fully vaccinated by Christmas</a> <a href="#">KTVN: Washoe County surpasses two milestones for COVID-19 vaccinations</a> <a href="#">FOX11: Parents can now schedule vaccines for 5-11 at Health District</a>	<b>KTVN:</b> Bryan Hofmann requested permission to shoot footage of the POD. <b>KRVN:</b> Audrey Mayer requested the raw file of the press briefing. <b>RGJ:</b> We gave Siobhan McAndrew her requested information about pediatric COVID-19 cases.
11/18/2021	<a href="#">KUNR: Daily COVID cases declining in Washoe Co.</a> <a href="#">KOLO: Washoe County reports a rise in COVID-19 cases in children</a> <a href="#">KTVN: New developments in fight against COVID-19</a>	
11/19/2021	<a href="#">Associated Press: Coronavirus boosters now available to all adults in Nevada: here's how to get one</a> <a href="#">This is Reno: COVID-19 Vaccine boosters for all adults now available in Nevada</a> <a href="#">KTVN: CDC Expands Eligibility for COVID-19 Booster Shots to All Adults</a> <a href="#">KRVN: COVID-19 booster shots now available for all adults in Nevada</a> <a href="#">KOLO: COVID-19 booster shots now available for all Nevada adults</a>	<b>KTVN:</b> Bryan Hofmann inquired about West Hills Hospital closing. Nothing to do with WCHD. <b>RGJ:</b> Siobhan McAndrew had a question about COVID-19 boosters. <b>This is Reno:</b> Kristen Hackbarth asked about COVID-19 boosters.
11/22/2021	<a href="#">Associated Press: 'Unconstitutional intrusion': UNR student files suit over University of Nevada vaccine mandate</a> <a href="#">RGJ: Sparks Democrat Julia Ratti resigns from Legislature, plans to focus on health district job</a>	<b>KOLO:</b> John Macaluso inquired about COVID-19 testing.

	<a href="#">KUNR: State Senator Julia Ratti resigns</a> <a href="#">KOLO: CDC, FDA approve boosters; WCHD says they have enough supply</a> <a href="#">KRNV: State Sen. Julia Ratti resigns, to focus on job with Health District</a> <a href="#">KOLO: Julia Ratti announces resignation from State Senate</a> <a href="#">KTVN: Julia Ratti To Resign From Nevada State Senate</a>	
11/24/2021	<a href="#">KTVN: Health Officials Encourage Precautions at Thanksgiving Gatherings</a> <a href="#">KRNV: Health District urges caution with Thanksgiving</a>	<b>RGJ:</b> Siobhan McAndrews asked about rates of COVID-19 for kids. <b>KTVN:</b> Bryan Hofmann asked for an interview with Dr. Danko about long hauler COVID-19 symptoms
11/29/2021	<a href="#">KTVN: Health District tracking omicron COVID-19 variant – Nancy Diao interviewed</a>  <a href="#">KTVN: Health District, Renown Health to Host 4 COVID-19 Vaccine Events for Ages 5-11</a>  <a href="#">KOLO: Get a COVID-19 vaccine at Boys and Girls Club today</a>  <a href="#">KOLO: Renown to host COVID vaccine clinics for ages 5-11</a>	<b>KTVN:</b> Paul Nelson interviewed Nancy Diao about the omicron variant.  <b>KTVN:</b> Producers reached out to see if they could film the COVID-19 vaccine POD at the Boys and Girls Club.  <b>KRNV:</b> Zac Slotemaker asked if we had any Omicron cases in Washoe County. No. <b>KOH:</b> Daniela Sonino interviewed Scott Oxarart about the WCHD-Renown Health covid-19 vaccine events.
11/30/2021	<a href="#">KRNV: Health officials in Nevada closely monitoring omicron COVID-19 variant</a>  <a href="#">KOH: Renown Holding Vaccination Clinics For School Age Children</a>  <a href="#">KTVN: Immunize Nevada &amp; Washoe County Health District Boys &amp; Girls Club Vaccine Clinic</a>  <a href="#">KOLO: Renown to host COVID vaccine clinics for ages 5-11</a>	<b>KOLO:</b> Freixys Casado had a few questions about Omicron, which will be discussed at tomorrow's media briefing.
<b>Total</b>	<b>84</b>	<b>40</b>
<b>Press Releases</b>		
11/1/2021	<a href="#">Health District To Host Public Workshop For Changes To Wood-Burning Device Regulations</a>	
11/2/2021	<a href="#">Know The Code: Burn Code Notifications Underway</a>	
11/3/2021	<a href="#">CDC endorses Pfizer COVID-19 vaccine for those aged 5-11</a>	
11/12/2021	<a href="#">Health District to host COVID-19 vaccine event for ages 5-11 years Saturday at 9 a.m.</a>	
11/18/2021	<a href="#">Health District Encourages Residents To Go Smoke-Free For The Great American Smokeout</a>	
11/29/2021	<a href="#">Health District, Renown Health Partner To Host 4 Covid-19 Vaccine Events For Ages 5-11</a>	
<b>Total</b>	<b>6</b>	
<b>Social Media Followers</b>	WCHD Facebook: 5,638 (+28 since Nov. 1) WCHD Twitter: 2,810 (+21 since Nov. 1)	